As 2018 began, many of us made New Year’s resolutions. We tend to resolve to do things that we know are good for us. Most of us start out the year with every intention to keep our resolutions. The reality is most of us break our resolutions very early on because we tend to fall back into old habits. The physicians in attendance at our Escambia County Medical Society Inaugural Ball on January 20th, resolved to do something of great importance, they resolved to activate in defense of our beloved profession.

Unfortunately, many physicians today are in a dormant state. I, myself, suffered from this inaction for most of my 30 years in medicine. The definition of dormant is... something that is not active, growing or being used but is capable of becoming so. We are all capable of becoming activated, so the dormant state that afflicts many of us, is totally curable. I believe doctors are in what is called a “consequential” dormancy. We, physicians have been driven into dormancy as a consequence of the many adverse conditions we face. The adverse conditions facing physicians include, but are not limited to, MACRA/MIPS, ICD-10 formally ICD-9, 3rd party interference with the Doctor’s ability to practice medicine, RAC audits/Penalties, HIPPA, MOC, STARK and the Electronic Health Record. If we want to fight back against these adverse conditions, we must activate in defense of our beloved profession and each and every one of us must become a Defender of the Profession. We need to come forth as a profession and begin to say the simple but very powerful word No.

The direct primary care movement is doing just that, direct primary care doctors are taking their valuable knowledge and skill set directly to the patient and it is revolutionizing care in a 21st century way. But, it is also going back to a kind of traditionalism because that’s the way it used to be; the doctor and the patient had a very direct relationship in all things including payments. The direct primary doctor is now rising, coming out of their dormancy.

We must guard against falling back into old habits as we resolve to stand in defense of our profession. Those old habits include inaction by physicians because we are too busy and acquiescing to the defeatist attitude that doctors are powerless to change things. If we resolve to...
True pediatric care is more than a colorful room with kid-friendly artwork and toys. Only one hospital has been caring for the region's children for 48 years – The Studer Family Children's Hospital at Sacred Heart.

Now, the families we serve can take comfort in the fact that the care Sacred Heart offers regionally is also backed by the most comprehensive academic health center in the Southeast – University of Florida Health, recognized among the nation's best hospitals by US News and World Report in six children's medical specialties.

Through our affiliation with University of Florida Health, Sacred Heart is staying on the leading edge of children's healthcare providing access to the latest medical research with a local network of pediatric specialists, including:

- Pediatric Cardiology
- Pediatric Gastroenterology
- Pediatric Hematology/Oncology
- Pediatric Infectious Diseases
- Pediatric Nephrology
- Pediatric Neurosurgery
- Pediatric Orthopedics
- Pediatric Pulmonology
- Pediatric Surgery
- Pediatric Urology

To learn more, visit www.sacred-heart.org/childrenshospital.

The best care for children comes from the heart.

To schedule or refer a patient, call 850-416-1575.
E.C.M.S. Bulletin
The Bulletin is a publication for and by the members of the Escambia County Medical Society. The Bulletin publishes six times a year: Jan/Feb, Mar/Apr, May/Jun, Jul/Aug, Sept/Oct, Nov/Dec. We will consider for publication articles relating to medical science, photos, book reviews, memorials, medical/legal articles, and practice management.

Vision for the Bulletin:
• Appeal to the family of medicine in Escambia and Santa Rosa County and to the world beyond.
• A powerful instrument to attract and induct members to organized medicine.

Mission:
Advancing physicians’ practice of medicine in our community.

NEW MEMBERS

David Dozer, M.D.
Internal Medicine
Baptist Medical Group-Gastroenterology
1717 North “E” Street Ste. 401
Pensacola, FL 32501
P: 626-9626
www.baptistmedicalgroup.org

Mitchell Dugas, M.D.
Internal Medicine
Baptist Hospital-Hospitalist
1000 W. Moreno Street 4th Floor
Pensacola, FL 32501
P: 469-7406
www.baptistmedicalgroup.org

Alan Grossett, M.D.
Oncology/Hematology
Baptist Medical Group

Michael Hennigan, M.D.
Internal Medicine
Baptist Medical Group
1717 North “E” Street Ste. 533
Pensacola, FL 32501
P: 908-1220
F: 908-1229
www.baptistmedicalgroup.org

Tareq Khairalla, M.D.
Baptist Medical Group
Endocrinology

Steven Kronlage, M.D.
Hand & Upper Extremity/Orthopaedic Surgery
1049 Gulf Breeze Parkway
Gulf Breeze, FL 32561
P: 916-8480
F: 916-8499
www.stevenkronlage.com

Jada Leahy, M.D.
General Surgery
Baptist Medical Group
1717 North “E” Street Ste 205
Pensacola, FL 32501
P: 437-8810
www.baptistmedicalgroup.org

Badar Muneer, M.D.
Gastroenterology
Baptist Medical Group-Gastroenterology
1717 North “E” Street Ste. 401
Pensacola, FL 32501
www.baptistmedicalgroup.org

Eddie Powell, M.D.
Orthopaedics
Andrews Institute Orthopaedic Trauma & Fracture Care
1717 North “E” Street Ste 208
Pensacola, FL 32501
P: 437-8600
www.baptistmedicalgroup.org

Scott Pusateri, M.D.
Family Medicine
Baptist Medical Group-Nine Mile
9400 University Parkway Ste. 409
Pensacola, FL 32514
P: 208-6160
F: 208-6169
www.baptistmedicalgroup.org

Jason Rocha, M.D.
Orthopedic Surgery
Comprehensive Orthopaedics of the Gulf Coast
3111 Peggy Bond Drive
Pensacola, FL 32504
P: 492-7775
F: 888-974-1051
http://comporthogulfcoast.com/

Ad placement
Contact Erica Huffman
at 478-0706 x2
Ad rates
1/2 page: $350 · 1/4 page: $200 · 1/8 page: $150

View and opinions expressed in the Bulletin are those of the authors and are not necessarily those of the board of directors, staff or advertisers. The editorial staff reserves the right to edit or reject any submission.
defend the profession of medicine and we do what we know it right for it, that translates into what is right for our patients.

Thank you for giving me the privilege to serve as your 2018 ECMS president. I ask that you join me and other members in rising out of our dormancy to proudly stand in defense of our great profession.

Very Sincerely,

Ellen W. McKnight, M.D.

---

ECMS ADVANCEMENT TEAMS

- **Advocacy and Government Relations Legislative Advancement Team (LAT) Chair: Ellen W. McKnight**, ECMS advocates for physicians and preserving the practice of medicine.

- **Member Value and Service Membership Advancement Team (MAT) and Education Advancement Team (EAT) Chair: Hillary Hultstrand, M.D.,** ECMS unites the profession through membership and delivery of value, service and relevance.

- **Trusted Community Resource Community Health Advancement Team (CHAT) Chair: Hillary Hultstrand, M.D.,** ECMS promotes a healthy community and favorable public image.

- **Medical Society Strength Executive Committee Officers, Chair: Karen Snow, MD,** ECMS sustains the leadership and resources for a dynamic medical society.
2018 ECMS CALENDAR OF EVENTS

**2018 Inaugural Ball**
Hilton Garden Inn, Airport Boulevard
*January 20*

**General Membership Meeting**
Opioid/Prescribing Controlled Substances
Pensacola Yacht Club
*February 20*

**General Membership Meeting**
Vendor Fair & Speed Networking
Hilton Garden Inn, Airport Boulevard
*May 22*

**General Membership Meeting**
Young Physicians Section Meeting
V. Pauls
*July 17*

**General Membership Meeting**
Opt Out of Medicare
Hancock Bank
*August 28*

**Women in Medicine**
Painting with a Twist
*September 30*

**General Membership Meeting**
Topic TBD
V. Paul’s
*October 23*

**General Membership Meeting**
Prevention of Medical Errors
Pensacola Yacht Club
*November 29*

Member Benefit: The Health Care Attorney On Call Hotline (561) 306-5699
ECMS 2018 President installed Saturday night with record-breaking attendance!

On Saturday, January 20th ECMS physicians and friends of medicine gathered at the Hilton Garden Inn on Airport Boulevard for the Annual Inaugural Ball. With over 130 physicians and guest in attendance, ECMS broke top attendance records. “This year, we focused a lot on socialization and movement around the room”, said McKnight. The evening began at 6:00pm with passed hors d’oeuvres during cocktail hour. As guest entered the main ballroom at 7:00pm Dr. Hillary Hultstrand welcomed everyone and musician Adam Young gave the invocation. After a charge to the Foundation was given, Dr. John Lanza, Director of the Florida Department of Health in Escambia County recognized and awarded the We Care facilities and Bell-Shippee Doctor of the Year. Throughout the evening a variety of food stations were opened including prime rib, carved turkey, salmon, shrimp, salad, and a pasta action station. The next presentation was the installation officers lead by 2017 President Hillary Hultstrand. As incoming President, Dr. Ellen McKnight ignited the room with her charge and passion for organized medicine. McKnight urged doctors to become activated physicians to stand in defense of their profession.

A special thank you to all of our event sponsors for the evening: Florida Blue, Vitas Healthcare, Woodlands Medical Specialist, Medical Center Clinic, Underwood Anderson & Associates, Combined Health Insurance, and Barrett, Liner, Buss Insurance.

**2018 Board of Directors**

President: Ellen W. McKnight, M.D.
President-Elect: Brett Parra, M.D.
Vice-President: Karen Snow, M.D.
Secretary/Treasurer: Nutan De Joubner, M.D.

**Members at Large**

Casey Mickler, M.D.
Michelle Grier-Hall, M.D.
Kasey Montgomery, M.D.

John Lanza, M.D., Florida Dept. of Health in Escambia County
Paul McLeod, M.D., Dean, Florida State University College of Medicine Pensacola Regional Campus
2017 We Care Awards

2017 Bell-Shippey We Care Doctor of the Year: Raymond Noellert, M.D., $34,241 in donated care

Medical Group with the most services and highest dollar amount donated: Gastroenterology Associates of Pensacola 272 services and $79,138 in donated care

Facility with highest dollar amount donated: Coastal Vascular & Interventional, $28,571

Facility with the most services donated: Pensacola Pathologists, 200

2017 total amount: $2.3 million
Inaugural Ball 2018

Top: Dr. Hultstrand swears in the 2018 ECMS President, Dr. McKnight. Right: The McKnight family enjoys the ball. Bottom: ECMS members pose for the camera.
As a cardiologist with a particular interest in medical liability, I was intrigued by the recent study on misdiagnosed cardiovascular disease by general practitioners in The Joint Commission Journal on Quality and Patient Safety. This study—by The Doctors Company and CRICO Strategies—found that a significant proportion of liability cases involving cardiovascular disease were due to errors of diagnosis. This is unsurprising, and consistent with previous research. The initial presentation of cardiovascular disease can be quite ambiguous. Persistent chest pain may be due to cardiac ischemia, but there are numerous benign, or non-cardiac, explanations as well. These include gastrointestinal disorders such as reflux disease or esophageal spasm, musculoskeletal diseases such as chest wall inflammation, or vascular disorders such as pulmonary embolism or aortic dissection.

There are many tests that can clarify the clinical picture, but universal diagnostic testing is clearly not an option. One common way the list of potential diagnoses is culled to a more manageable level is by using the principle of pretest probability. The concept is very intuitive: The likelihood that a patient’s complaints are due to cardiac disease is strongly influenced by whether a patient has a high pretest risk of cardiovascular disease, including risk factors such as diabetes or hypertension. For example, it is very unlikely that a young woman with no cardiac risk factors would develop acute coronary syndrome. If a patient like this presents with chest pain, she should not undergo an aggressive workup to rule out that diagnosis, since that workup would almost certainly be negative.

Despite these relatively straightforward algorithms, defensive medicine persists. As this study mentions, patients who are unlikely to have cardiac pathology continue to receive excessive workups. There are many likely explanations for this, one of which may a continuing fear of misdiagnosing a rare or otherwise ambiguous case, despite the low pretest probability. Nobody wants to face a lawsuit because they failed to order a test, even if the patient had no risk factors. It is possible that non-cardiologists may be even more risk averse, as they do not specialize in the evaluation of cardiovascular disease.

However, the most interesting aspect of this recent study is that it suggests that perhaps the real liability danger doesn’t come from unusual or ambiguous cases, but from the relatively straightforward ones. In this study, in many of the liability cases when a cardiac illness was missed, the patient had at least one cardiac risk factor. These patients were not low risk, but at least intermediate to high risk. In such cases, cardiovascular disease needs to be considered. Sometimes even relatively easy cases can be a source of liability risk.

The take-home message is that perhaps practitioners shouldn’t worry as much about getting burned by unusual or unexpected cases. Risk-stratify your patients based on their previous medical history, and focus on the fundamentals.
Disaster Preparedness for Your Medical Practice

Julie Brightwell, JD, RN, Director, Healthcare System Patient Safety, The Doctors Company

Recent fires, hurricanes, and floods nationwide have highlighted the importance of planning for disasters. Wildfires in California forced several physicians to quickly relocate their practices—some permanently—and to move scheduled procedures to different facilities. Hurricane and flood damage in Texas and Florida left practices without power for days or even weeks. Is your practice prepared for this type of situation?

A disaster can overwhelm a medical practice, with damage that can include shattered windows, flood debris, power outages, disrupted telephone systems, computer and system outages, unsafe drinking water, destroyed medical records, medication exposure to temperature and humidity extremes, contaminated instruments, and building structure failure.

Disaster preparedness requires a continuous cycle of planning, organizing, training, equipping, rehearsing, and evaluating. Physicians are critical participants in disaster preparedness, ensuring that patient care and critical services are not interrupted—especially for at-risk individuals who may have special medical needs.

Plan Ahead Now
Before the next disaster strikes, make sure your practice has a plan in place. A checklist, ordered by priority and customized to specific types of disasters, can provide the framework for a comprehensive plan. The checklist should include these elements:

- A full-circle call tree that outlines who contacts whom.
- Instructions for setting up instant messaging technology that enables staff to communicate without a wireless network or cellular data connection.
- Instructions for securing records of patients undergoing diagnostic testing and a list of outstanding diagnostic studies.
- Guidelines for maintaining Health Insurance Portability and Accountability Act (HIPAA) compliance. Although the HIPAA Privacy Rule is not suspended during a natural disaster or other emergency, the Secretary of Health and Human Services may waive certain provisions of the Privacy Rule.
- A Certificate of Insurance for your medical malpractice coverage, or instructions for contacting your agent or insurer directly to obtain proof of coverage. This document will be necessary if you are forced to temporarily relocate your practice or procedures.
- Verification that home health agencies caring for your patients have plans in place to provide adequate services in a disaster.
- Steps to follow upon returning from evacuation.

When Disaster Strikes
Planning today makes accomplishing the following tasks more feasible during a disaster:

Communication
- Contact staff immediately to determine realistic return-to-work time frames.
- Notify external vendors and business associates of your practice interruption and targeted resumption of operation.
- Implement staff briefings at the beginning and end of each day.
- Create temporary phone, fax, and answering services.
- Establish patient telephone triage.
- Implement temporary controls to ensure HIPAA compliance.

Computers and systems
- Contact computer service vendors to ensure integrity and recovery.
- Verify insurance coverage for repair or replacement costs and losses.
- Evaluate applicable warranties and consider an information technology restoration service contract.
- Inventory and document hardware and software.
- Document the type and extent of both lost electronic and paper data.
- Ensure data back-up and periodically test compliance.
- Reestablish filing systems and internal programs.

Medical records
- Determine the extent of damage to, or loss of, patient records and filing systems.
- Attempt to restore all damaged charts and document inventory findings.
- Notify the state medical board for specific guidance pertaining to lost or damaged records.
- Document all efforts to restore and protect existing records.
- Reconstruct lost charts at the next patient encounter.
• Contact your insurance carrier for restorative services and/or claim procedures.
• Reestablish a filing system and temporary storage if necessary.
• Obtain legal guidance for patient notification during recovery efforts.
• Contemporaneously date and initial all late entries and duplicate information in context of recovery efforts.

In addition, create an inventory of all equipment and medications that may have been exposed to water or extremes in temperature. Repair, replace, or discard damaged items appropriately.

Once your plan is in place, regularly reevaluate its steps and update all contact information. Practice and rehearse the plan’s protocols. An effective disaster preparedness plan will help keep your practice focused on delivering care during an emergency.

---

**2018 MEMBERSHIP DUES**

2018 ECMS Invoices have been mailed. If you did not receive a copy of your invoice please contact Erica Huffman at (850-478-0706).

Please remit payment for your dues prior to March 1st to be included in the 2018 ECMS Pictorial Directory.

---

**Your complimentary signed copy of**

**GET IT RIGHT!**

In Dr. Jason Dyken’s new bestseller, you will learn how you can overcome the 5 important financial planning concepts doctors get wrong.

Securities offered through First Allied Securities, Inc., a Registered Broker/Dealer, Member FINRA/SIPC. Advisory services offered through First Allied Advisory Services, Inc., a Registered Investment Adviser.

---

**Coldwell Banker**

RESIDENTIAL REAL ESTATE

"Your friendly face in real estate!"

Jill Tidwell
jill.tidwell@floridamoves.com
850-635-1610
4475 Bayou Blvd.
Pensacola, FL 32503

COLDWELL BANKER Real Estate LLC. Coldwell Banker is a registered service mark licensed to Coldwell Banker Real Estate LLC. An Equal Opportunity Company. Equal Housing Opportunity. Operated by a subsidiary of NRT LLC.
Give Your Patient Safety Culture a Check Up Using Assessment Survey

By Robin Diamond, MSN, JD, RN, Senior Vice President of Patient Safety and Risk Management, The Doctors Company.

In today’s rapidly changing healthcare environment, physicians and practice administrators are taking stock of their organization’s culture to ensure it promotes patient safety. For many years, when a mistake occurred in a healthcare organization, the standard practice was to identify who was to blame and take corrective action to minimize the chance of a recurrence.

More and more, healthcare managers are making concerted efforts to cultivate a pervasive culture of patient safety. While patient safety has always been paramount to medical practitioners, the way it is achieved is changing. Creating a patient safety culture shifts the focus away from the blame game that punishes individuals for failures—which can increase liability over the long term—toward creating policies and procedures that cultivate an environment of openness and foster patient safety.

In a healthcare organization that promotes a strong, patient safety-first culture, managers make decisions based on the best outcomes for patients, and encourage employees’ efforts to advance the practice of good medicine. Employees are empowered to point out potential risks and communicate ideas for improvement. They become invested in strengthening the organization’s patient safety culture because they’ve collectively helped develop it.

While final responsibility rests with the physician leaders, in a medical practice centered on patient safety, the entire staff is vested in positive outcomes—from the appointment scheduler to the front desk receptionist to the medical assistant and beyond. Patient safety becomes everyone’s responsibility, not just the doctors’ or managers’.

With a greater focus on fostering a patient safety culture, practice leaders have developed a strong interest in benchmarking their efforts in that area. To do that, they may look to assessment tools to help. These tools can measure whether current office procedures and policies enhance a practice’s culture of patient safety or undermine it.

The Agency for Healthcare Research and Quality developed an online assessment survey that serves as a status checkup on a practice’s culture. Risk managers then compare an individual practice’s survey results with those of practices across the nation and provide specific recommendations for cultivating a culture that promotes patient safety.

“The survey set important benchmarks for where we were and the areas we need to devote our energy,” said Jason Miller, practice administrator for Reiter, Hill, Johnson & Nevin, an OB/GYN practice in Washington, D.C. “For a big practice like ours with three locations, it’s a good learning tool for mitigating risks and achieving goals.”

Administered online to clinicians, support staff, and managers under strict confidentiality, the assessments cover contributing risk factors, including managers’ communication styles, management practices, policies, procedures, and daily office routines across all departments and clinical areas. Practices have been able to identify the need for changes that include staff training and communication, follow-up protocols, and medication management.

“The survey provided a great opportunity for our practice to step back and take a good look at what needs to be done to operate as safely as possible and promote a culture of patient safety across the organization,” said Darryl Willett, MD, group president of Ohio ENT & Allergy Physicians in Columbus, Ohio.

A culture assessment can be especially beneficial to practices that are expanding quickly or that have grown through mergers or acquisition. It helps identify gaps in training, communication, and the consistency of policies and procedures, especially among organizations spread out over multiple locations.

Dr. Willett’s practice used results to add a liaison to communicate concerns from the staff to the physicians in a constructive, non-accusatory manner. The group also assigned each doctor a “person of attachment” to keep close track of the doctor’s client work, and limited the physicians’ schedules to relieve pressure on supporting staff. What resulted was a more engaged staff that is eager to work collaboratively to improve the practice.

Ted Abernathy, MD, managing partner of Pediatric & Adolescent Health Partners in Midlothian, Virginia, used a culture assessment to make procedural changes to how they communicate and manage referrals. Each was designed to enhance patient safety and give the staff more confidence that their protocols and standards were working as intended.

Mr. Miller, Dr. Willett, and Dr. Abernathy invited The Doctors Company risk managers to analyze the survey results, benchmark them against other practices, and make recommendations for specific initiative and interventions that build on their practice’s strengths. It was offered without cost as part of their membership in the physician-owned organization.

“We totally trusted the results and recommendations from the risk manager, who made everyone feel comfortable,” Dr. Abernathy said. “It wasn’t about making accusations or pointing fingers. It was about showing us that by doing [insert specific actions], we could improve our delivery of care and enhance the practice of good medicine.”

Healthcare organizations should not only take safety culture assessments, but repeat them regularly to gauge the impact of new policies, procedures, and initiatives. Creating a patient safety culture ultimately lessens potential risks, allowing healthcare practitioners to focus on caring for patients instead of defending their practices.
THE 1873 SOCIETY

Since 1873, Escambia and Santa Rosa County Medical Society physicians have dedicated themselves to their patients and the people of Escambia/Santa Rosa County. To further our mission and build on the loyal support of our members, the Board of Directors approved the formation of The 1873 Society, a special recognition opportunity to formally honor physicians who contribute to our organization and have demonstrated a long-term commitment to the quality of health care and well-being of our community.

As a member of The 1873 Society your good name as a physician will be honored in our community forever—entwined with the good works of the medical society in a cherished legacy.

Membership in The 1873 Society is for physicians who have chosen to pledge $3,000 to Escambia County Medical Society Foundation, Inc. This can be accomplished through a single gift or a recurring gift of $1,000 over three years, THREE IN THREE!

The 1873 Society members are recognized and awarded with their names permanently engraved on a traveling Wall of Honor to be displayed in the ECMS office and at ECMS and ECMSF events.

THE 1873 SOCIETY MEMBERS

The individuals listed below are both founding members as well as others who have joined The 1873 Society since its founding. We thank you for joining their distinguished ranks.

Joanne Bujnoski, D.O.  Jennifer Miley, M.D.
Kurt Krueger, M.D.  Jack Kotlarz, M.D.
Ken Long, M.D.  Hillary Hultstrand, M.D.
Ellen W. McKnight, M.D.  Robert Sackheim, M.D.

Who is the Escambia County Medical Society Foundation?

The Escambia County Medical Society Foundation is a non-profit organization dedicated to providing healthcare services on a volunteer and funding basis through its members. The Foundation was created in 1994. The primary goal is to assure access to adequate healthcare for the medically indigent citizens of the area, to study and promote improved methods and facilities for healthcare, to pursue the protection of public health, implement the means of financing healthcare at reasonable costs to cooperate with other organizations and institutions interested in pursuing these goals, and disseminate information concerning healthcare in general. Current Foundation programs include “We Care” and “Go Seniors!”

Contact the ECMS Foundation for more information | 850.478.0706 x2 or info@escambiaCMS.org
We continue to grow our programs through your help!
Mark your calendars for March 1, 2018. We will be having a fundraiser at Bere’ Jewelry to benefit the ECMS Endowment through the Florida State University College of Medicine Pensacola.

- The Blood Pressure Program continues to supply cuffs to patients that cannot afford them. The program thus far has provided over 400 cuffs through Hope and Healing, Good Samaritan, Escambia Community Clinic and St. Joseph clinics.
- The We Care Program continues to expand, providing needed medical care to indigent patients.
- The Go Senior Voucher Transportation Program continues to provide transportation vouchers to doctors’ office visits.
- The FSU Medical Student Scholarship Program continues to be enabled through the Foundation.
- Pensacola State College Endowment is partnered with ECMS Foundation to award scholarships to students at PSC who pursue degrees in healthcare.

Again - mark your calendars for March 1, 2018 for the fundraiser!

As you know, these programs are enabled by your donations. As your end of the year tax planning progresses, make your Foundation a part of this, and consider a donation. They may be sent to 6706 N. 9th Ave. #A8, Pensacola 32504. Note our new address!

Personally,
Kurt A. Krueger, MD
President

SAVE THE DATE

We invite you to join the ECMS Foundation & Florida State University College of Medicine Pensacola Regional Campus for a fundraiser to benefit the Escambia/Santa Rosa County Medical Society Endowment!

Thursday, March 1, 2018
5:30pm
Bere’ Jewelers
$50 per person

Your ticket will enter you for a chance to win a $2000 piece of jewelry. Hors d’oeuvres & cocktails provided.
Baptist Health Care

Baptist Heart & Vascular Institute First in Nation to Earn Combined Accreditation by Intersocietal Accreditation Commission

Baptist Heart & Vascular Institute (BHVI) is the first in the nation to earn accreditation in both cardiovascular catheterization and cardiac electrophysiology through the Intersocietal Accreditation Commission (IAC). BHVI is accredited in the following areas:

IAC Cardiovascular Catheterization Accreditation
- Adult Diagnostic Catheterization
- Percutaneous Coronary Intervention (PCI)
- Valve Interventions
- Structural Heart Interventions

IAC Cardiac Electrophysiology Accreditation
- Testing and Ablation
- Device Implantation
- Chronic Lead Extraction

Baptist Heart & Vascular Institute First in Area to Offer the World’s Smallest Pacemaker

Baptist Heart & Vascular Institute (BHVI) is the first in the area to offer the world’s smallest pacemaker for patients with bradycardia, a condition characterized by a slow or irregular heart rhythm, usually fewer than 60 beats per minute. The transcatheter pacing system (TPS) is a new type of heart device that is one-tenth the size of a traditional pacemaker and does not require cardiac wires (leads) or a surgical “pocket” under the skin. The first procedure at BHVI was completed by Sumit Verma, M.D., FACC, on November 13.

“The device restores the patient’s heart rate to a normal and physiological rate in keeping with the patient’s activity level,” says Dr. Verma. “It is an ideal device for selected patients who have atrial fibrillation, those who have difficulty with access such as dialysis patients and those who wish to avoid a visible scar. This technology will change how we approach pacing in the future.”

To learn more about Baptist Heart & Vascular Institute, visit eBaptistHealthCare.org/Heart or call 850.469.7309.
Tirelessly defending the practice of GOOD MEDICINE.

We’re taking the mal out of malpractice insurance. By constantly looking ahead, we help our members anticipate issues before they can become problems. And should frivolous claims ever threaten their good name, we fight to win—both in and out of the courtroom. It’s a strategy made for your success that delivers malpractice insurance without the mal. See how at thedoctors.com