UNDERSTANDING THE LAW

Over the last few years, including this year there have been several laws passed that affect how we all practice medicine. Frequently these laws impede our practice of medicine but not understanding these laws compound the problems and affect us and our patients. Since I am still a “young physician” I frequent Facebook (although I found out my mother uses it more than me). The other day I saw posting from a pediatrician that I trained with who practices in Florida, but not in our area. That physician had posted a link to an article and was upset and disappointed that she lived in a state where she was not allowed to discuss guns or gun safety as it related to her patient’s out of fear of being prosecuted. Several of us are quite familiar with the “Glocks vs Does” law that was recently found to be constitutional despite steadfast opposition from several groups spearheaded by the Florida medical Association.

“Glocks vs Does” or better known as house bill 155 arose in 2011. It was triggered initially by an incident where a pediatrician asked parents if they owned a firearm. When they refuse to answer that pediatrician declined to further see their child. The gun lobby felt that this violated gun owners right privacy and thus HB 155 came to be. While initially the bill did prevent any healthcare professional from inquiring about or documenting gun ownership, the final draft of the bill was somewhat different.

The Florida statute reads as such:

(1) A health care practitioner licensed under chapter 456 or a health care facility licensed under chapter 395 may not intentionally enter any disclosed information concerning firearm ownership into the patient’s medical record if the practitioner knows that such information is not relevant to the patient’s medical care or safety, or the safety of others.

(2) A health care practitioner licensed under chapter 456 or a health care facility licensed under chapter 395 shall respect a patient’s right to privacy and should refrain from making a written inquiry or asking questions concerning the ownership of a firearm or ammunition by the patient or by a family member of the patient, or the presence of a firearm in a private home or other domicile of the patient or a family member of the patient. Notwithstanding this provision, a health care practitioner or health care facility that in good faith believes that this information is relevant to the patient’s medical care or safety, or the safety of others, may make such a verbal or written inquiry.

“A health care practitioner or health care facility that in good faith believes that this information is relevant to the patient’s medical care or safety, or the safety of others, may make such a verbal or written inquiry. “ The last line of this above statute is very important. The statute does allow physicians to make inquiries about firearms within the home if they feel it is relevant to the patient’s medical care, their safety or the safety of others. There is also nothing prohibiting physicians from discussing gun safety. Unfortunately my friend did not fully understand the healthcare statute which kept her from appropriately counseling her patient’s parents on gun safety in the home.

We will be seeing several new laws and statutes this year including those that address the prescribing of scheduled drugs by physician extenders as well as out of network charges in the hospital and emergency setting. Assuming and not knowing how these and future laws affect you can adversely impact your office as well as your practice of medicine. The Medical Society and the Florida Medical Association are ready to assist you and help you understand how these new changes will affect you and your practice. I encourage you to contact the Medical Society or the Florida medical Association with questions and as always I look forward to seeing you at the next meeting.
Sacred Heart Hospital Pensacola has been named one of the Nation’s 50 Top Cardiovascular Hospitals by Truven Health Analytics.

The hospital was selected from more than 1,000 U.S. hospitals and recognized for top performance in cardiovascular outcomes, clinical processes, and efficiency for treatment of heart attack and heart failure.

Visit 100tophospitals.com for more information or call 416-4970 to make an appointment with a Sacred Heart cardiologist or cardiovascular surgeon.
ATTENTION ESCAMBIA COUNTY MEDICAL SOCIETY MEMBERS!!!

Big News is Breaking regarding unproven burdensome Maintenance of Certification mandates being forced on physicians practicing in the state of Florida

On May 14th of this year, the board of governors of the Florida Medical Association (FMA) convened a meeting to discuss a resolution sponsored by the Escambia County Medical Society (ECMS) and authored by Dr. Ellen McKnight, titled: End the Monopoly of Certifying Physicians by the ABSM/ABIM and Support the Development of Meaningful Alternative Certification. This meeting was attended by our executive director, Erica Huffman, who observed that the board of governors was very pro-physician and the American Board of Specialty Medicine (ABSM) did not seem to be able to justify their unproven Maintenance of Certification (MOC) mandates. Therefore, the FMA board of governors passed a resolution which went even further than all other resolutions regarding MOC. The FMA position is that physicians shall not be required to comply with maintenance of certification mandates after initial board certification and physicians will be required to fulfill CME requirements as outlined by the state board of medicine in Florida. The FMA also committed to advance this resolution legislatively in 2017. The FMA also decided, at that meeting, that they would bring their resolution to the AMA. There, they were successful in passing a resolution which calls for an immediate end to the recertification examination. The FMA did not get everything they wanted. Although, calling for an end to the every 10 year test is a step in the right direction, there was not a call to end Maintenance of Certification altogether. That threat still lingers for physicians so this fight is far from over.

The board of the ECMS and our delegates to the annual FMA convention feel that we have played a small role in making this happen. The ECMS has sponsored resolutions for two consecutive years regarding MOC which we believe helped to spark this action by the FMA. We, at the ECMS, stand by the principle that the lifetime medical doctorate should not be converted into a 2 year certificate. If you, too, believe this simple truism, please, become more involved. Help us build upon these successes because there is much more work to be done. This year, we will once again sponsor a resolution regarding MOC. This resolution calls for a change in federal policy demanding that maintenance of certification be removed from Medicare as a “quality” measure and from any and all Medicare payment models. This is a very big step in the right direction as we strive to save our profession and protect our right to practice in the state of Florida.

Our thanks go out to Dr. Coy Irvin and Erica Huffman who attended the AMA meeting and worked to advance the interests of our society.
A TIMELINE OF ADVOCACY

by Ellen W. McKnight, M.D., ECMS Vice-President, Chair, Legislative Action Team

The Escambia County Medical Society, in association with the Florida Medical Society, has been advocating on behalf of its members in ways that greatly enhance your ability to practice medicine in the State of Florida. Two years ago the threat of Maintenance of Certification mandates being an ongoing burden throughout your life as a practicing physician seemed inevitable. Because of the ongoing efforts of the ECMS, the threat of MOC has been minimized but not completely neutralized. The American Medical Association also recently passed a resolution, brought by the FMA, calling for the immediate cessation of the secure recertification exam. No more 10 year recertification exam. Did you think that even possible? Here is the timeline of our advocacy on this issue.

2014-The ECMS sponsored a resolution at the FMA annual meeting titled: Recertification/Maintenance of Certification. The resolution resolved that the FMA oppose mandatory re-certification exams/maintenance of certification to be licensed to practice in the State of Florida including maintenance of licensure, or as a prerequisite for hospital/staff privileges, employment in the state of Florida/County medical facilities, reimbursement from third parties, or issuance of malpractice insurance. Also, this resolution supported the proven effective tradition of rigorous continuous medical education by physicians which is already required for licensure in the state of Florida. The ECMS resolution was merged with other anti-Maintenance of Certification resolutions. The adopted resolution, which retained much of the language of the original Escambia County Medical Society resolution passed the FMA House of Delegates without a single dissenting vote strongly solidifying the position of physicians in the State of Florida against MOC mandates.

In 2015, at the FMA annual meeting, Escambia County Medical Association sponsored a resolution titled; End the Monopoly of Certifying Physicians by the American Board of Internal Medicine and Support the Development of Meaningful Alternative Certification. That resolution resolved that the FMA strongly reject the false assertion that there is a crisis of physician incompetency, physicians not staying current, or patient demand for physician participation in maintenance of certification. It also resolved that the FMA support time honored methods of using CME credits and state licensure requirements as documentation of physician competency. Further, it resolved that the FMA recognize the need to break the monopoly of the American Board of Internal Medicine for certifying physicians and that the FMA recognize the need for the development of alternative methods of certification. This resolution had multiple sponsors and a great deal of support. However, at the time of the vote in House of Delegates, it was “tabled.” This meant that it would be referred to a Board of Governors meeting later in the year. It was at that Board of Governors meeting, while debating this resolution, that the FMA went even further in their advocacy for physicians as they grilled the American Board of Specialty Medicine demanding justification for these burdensome unproven mandates. No justification was offered. Therefore, the FMA adopted an even stronger resolution that strictly opposed maintenance of certification mandates/recertification exams on physicians in the State of Florida, supporting initial board certification and supporting the fulfillment of CME requirements of the Florida State Board of Medicine. The FMA committed to work to ensure that these protections will be advanced legislatively. Because of the importance of this issue to the physicians in Florida and nationwide, the FMA decided that they would take this very important new resolution to the American Medical Association. They were able to force the passage of a resolution which called for the immediate cessation of the recertification 10 year test. The AMA did not go far enough because it did not call for the removal of all MOC mandates.

2016–This year is Escambia County Medical Society will also sponsor a resolution titled: End the Federal policy of Imposing Maintenance of Certification Mandates Upon Physicians Through Medicare Payment Models, Quality Measures and Future Alternative Payment Systems. It is important to attempt to remove MOC on the federal level because if we are successful and are able to remove these burdens from physicians in the State of Florida legislatively yet MOC is still mandated federally, our physicians may be forced to comply.

As you read through this I hope you will see this is a timeline of successful advocacy for our entire profession. There is a word that we physicians seem to have forgotten and it may have the power to save our profession. That word is no! This movement to stop MOC has been effective because physicians are saying no. I feel we can learn from this success. We can begin to say no to other things that are being forced upon us that are bad for our profession and that interfere with the sacred Doctor/patient relationship. Say yes to just saying no. #ThePowerOfNo
Trends in Salaries, Bonuses, and Other Incentives Offered to Physicians

Starting salaries for 18 of the 20 medical specialties tracked in the 2016 Review increased year-over-year, including a 13% increase for family medicine, Merritt Hawkins’ number one search.

Merritt Hawkins’ 2016 Review of Physician and Advanced Practitioner Recruiting Incentives is now available. The review is based on Merritt Hawkins and AMN Healthcare’s permanent physician recruiting assignments conducted from April 1, 2015 to March 31, 2016 and it consists of an overview of the salaries, bonuses, and other incentives customarily used to recruit physicians, physician assistants, and nurse practitioners.

For the tenth consecutive year, Family Medicine physicians were number one on the list of Merritt Hawkins’ most requested physician recruiting assignments. Psychiatrists were second on the list, supplanting general internists, who had ranked second on the list for nine consecutive years. Hospitalists ranked number four, with the highest average salaries in the Southeast. Combined advanced practitioners, including physician assistants (PAs) and nurse practitioners (NPs), were fifth on the list of Merritt Hawkins’ most requested illustrating the advance of “team-based” care and the importance of having “the right provider at the right time.”

To view additional key findings and statistics check out the Slideshare.
Americans deserve a health care system that delivers the right care, at the right time, and at a cost that is reasonable and easy to understand. Such a system will result in fewer unnecessary hospital admissions and readmissions, fewer healthcare-associated infections, reduced patient harm, and will show continuous improvement in quality of care and cost efficiency.

The Centers for Medicare & Medicaid Services (CMS) today launched the second round of the Support and Alignment Networks under the Transforming Clinical Practice Initiative (TCPI). This opportunity will provide up to $10 million over the next three years to leverage primary and specialist care transformation work and learning that will catalyze the adoption of Alternative Payment Models on a large scale. The Support and Alignment Networks 2.0 represents a significant enhancement to the TCPI network expertise and will help clinicians prepare for the proposed new Quality Payment Program, which CMS is implementing as part of bipartisan legislation Congress passed last year repealing the Sustainable Growth Rate.

**Background**

The TCPI is one of the largest federal investments uniquely designed to support clinician practices through nationwide, collaborative, and peer-based learning networks that facilitate practice transformation.

With the passage of last year’s bipartisan legislation, it is important that technical assistance, outreach, and other support provided to clinicians by TCPI Practice Transformation Networks and Support and Alignment Networks furthers implementation of the proposed Quality Payment Program and the overall goals of moving away from paying for each service a clinician provides towards a system that rewards clinicians for coordinating their patients’ care and improving the quality of care delivered.

By implementing accelerated practice transformation strategies, Support and Alignment Network 2.0 awardees will spread transformation knowledge to the entire TCPI community that helps achieves the goals of the initiative, which include:

- Reducing total cost of care;
- Improving the quality of care delivered; and
- Rapidly transitioning practices through the phases of transformation in preparation for participation in and alignment with Alternative Payment Models and Advanced Alternative Payment Models.

**Summary**

Through this initiative, the Support and Alignment Network 2.0 awardees will identify, enroll, and provide tailored technical assistance to advanced clinician practices in an effort to reduce Medicare, Medicaid, and Children’s Health Insurance Program (CHIP) program expenditures by supporting practices through the phases of transformation and enhancing the quality, efficiency, and coordination of care they deliver.

Support and Alignment Network 2.0 awardees’ activities, coaching, and technical assistance should result in the rapid transition of practices through five phases of transformation and ultimately align practices to participate in Alternative Payment Models and Advanced Alternative Payment Models. Critical to this approach is the capacity for awardees to accurately identify large numbers of clinicians and practices in advanced states of readiness through sound data analytics capabilities, to enroll them into the TCPI, to provide them with tailored technical assistance, and to align them with the most suitable Alternative Payment Model options. Further, awardees will need to customize direct technical assistance and support services which are tailored to these clinicians and practices’ needs.

CMS will award cooperative agreement funding to successful applicants that may include health care delivery systems and health care delivery plans that: 1) presently provide quality improvement support to a large number of clinicians; 2) are multi-regional or national in scope; 3) are involved in generating evidence-based guidelines for...
Clinical practice; 4) are effectively using measurement through clinical registries and electronic health records; and 5) are committed to expanding action to improve safety and person and family engagement. Medical professional associations and specialty societies may also apply.

Competitive applications will have received signed commitments to enroll 5,000 or more eligible clinicians and their practices that are in advanced states of readiness to deliver high quality care at lower costs (e.g., transformation Phases 4 and 5) in their network.

**Application Process**

Applications will be accepted from eligible applicants for the cooperative agreement funding opportunity starting June 10, 2016. Applicants are encouraged, but not required, to submit a letter of intent by July 1, 2016. Letters of intent may be submitted to transformation@cms.hhs.gov. Applications are due to CMS no later than 3 p.m. Eastern Standard Time on July 10, 2016, and must be submitted via www.grants.gov. Applications received after this date will not receive consideration for the cooperative agreement funding opportunity.

CMS anticipates announcing awards in Fall 2016.

For More Information For more information, please refer to the Transforming Clinical Practice Initiative Support and Alignment Network 2.0 Funding Opportunity Announcement found at: http://www.grants.gov/view-opportunity.html?oppId=284529.

For specific questions not answered in this fact sheet or in Funding Opportunity Announcement, please send an email to transformation@cms.hhs.gov.

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**Isn’t it time you called the med mal and cyber insurance specialists?**

Julie Danna, your local medical malpractice specialist, has become well known throughout the state as a strong advocate for health care providers, as well as creators of society and network insurance purchasing programs.

Danna-Gracey is an independent insurance agency with a statewide team of specialists dedicated solely to insurance coverage placement for Florida’s doctors and healthcare providers, including medical malpractice, workers’ compensation, and cyber liability insurance.

For a no-obligation assessment of your current coverage, call Julie today at **850.995.9119**.
IT PAYS TO BE PREPARED: DEVELOPING YOUR BUSINESS DISASTER RECOVERY PLAN

by Jim Beran, Director of Sales, Gilmore Services

There are plenty of situations that can arise in business where proper preparation makes it possible to successfully meet the challenge and overcome it.

An unexpected rise in the price of materials? The sudden resignation of a key employee? You will make it work.

But what about a hurricane, a flood, or catastrophic power outage? Those type of natural disasters are truly out of your hands, and the repercussions can be nearly impossible to prepare for.

One thing you can do to have safeguards in place for the unexpected is to develop a business disaster recovery plan.

What is a disaster recovery plan?

A disaster recovery plan is a formal document and process outlining exactly what arrangements have been made to continue or duplicate critical business functions after a disaster so that the company can continue serving customers with as little disruption as possible.

How do you create a disaster recovery plan?

The plan varies greatly from one business to the next, because it must start with answering questions that are unique to your specific company:

• What business functions are absolutely vital to continuing to serve customers and fulfill obligations, and which functions are optional?
• Which customers/segments must be brought back online first if it’s not possible to achieve 100% immediately?
• What data, records, and technology must be available for business activity to resume?

These are some of the core questions that will form the basis of your disaster recovery plan. Essentially, you want to identify what it would take to resume an acceptable level of business as quickly as possible under disaster conditions.

What kinds of disasters should you plan for?

To realistically limit the scope of the plan, you should focus on whichever circumstances are most likely to affect your company.

For example, a company located near the coast, like our neighbors in Pensacola, should certainly plan for the possibility of a major hurricane causing damage. Other common weather events should be considered. In fact, just last month we experienced a tornado in the area that caused major damage, and even demolished, dozens of homes and businesses. Other potential disasters that should probably be part of every business’s plan are:

• Epidemic disease affecting a large portion of your workforce
• Catastrophic mechanical system failure at your facility (HVAC, electrical, plumbing, etc.)
• Major disruptive accident (a car crashing through the front door, or a furnace exploding)
• Electronic data security breach/hacking

What measures should you put in place so you can carry out your disaster recovery plan?

Depending on what kind of work you do and what your plan identifies as absolutely essential to carrying that work out, you may need to consider any or all of the following measures:

• Obtaining a secondary location sufficient to serve as a temporary headquarters if your main facility is compromised.
• Obtaining a minimum number of workstations, telecommunications units, and other technology basics to support whatever staff needs to utilize the secondary location.
• Arranging for quick and safe moving of vulnerable equipment, vehicles, and other costly supplies to a more secure location should there be enough warning time prior to the disaster.
• Arranging for offsite document storage for physical and digital business records where recovery and retrieval can be quick and painless. (Make sure your document storage partner has a business disaster recovery plan of their own, and that your records will be secure in their hands in the case of an emergency.)
• Pre-planning set communications protocols so you and your team will be able to touch base even if you can’t get together physically due to circumstances.

With these tips in mind, it is possible for a business to successfully survive an unexpected disaster and recover quickly, with a minimum of disruption for customers or lost revenue. It truly does pay to be prepared.
Differences in the early symptoms and signs of an impending heart attack in women may make diagnosis more difficult compared to men.

In a study of closed medical malpractice claims involving undiagnosed heart disease in women from 2011 to 2015, The Doctors Company found that in 70 percent of claims the patient died when her heart condition was not correctly diagnosed and 28 percent had heart muscle damage from myocardial infarction.

Failure to diagnose heart disease in women is often thought of as a problem in the emergency department (ED). However, the study found that in 28 percent of these cases, it was a primary care physician (PCP) who allegedly failed to diagnose the patient’s heart disease.

Cardiologists (28 percent) and emergency medicine physicians (13 percent) were also named in these claims.

In the following case, failure to diagnose acute myocardial infarction resulted in death:

A 47-year-old obese woman presented to her PCP complaining of a burning sensation in her chest after eating. The patient reported a similar episode the prior day after eating lunch as well as increased heartburn over the last few weeks.

A review of the medical record reflected elevated blood pressures over the past six months and an elevated cholesterol level of 237 (mg/dl). On the day of the exam, her blood pressure was 160/90. She smoked, drank alcohol socially, and was unaware of a family history of coronary artery disease. A heart exam revealed normal rate and rhythm. The physician noted that the patient appeared diaphoretic; however, she wasn’t in acute distress and was pain-free throughout the examination. An ECG revealed a left bundle branch block. Prior ECGs were not available for comparison. Suspecting reflux esophagitis (heartburn), the PCP advised the patient to take an antacid and to return if the symptoms continued.

Two days later, the patient called her PCP’s office stating that her chest burning sensation continued. The nurse advised her to continue taking the antacid and scheduled an office appointment for the following day. The nurse advised the patient to go to the ED if she developed chest pain.

That night, the woman awoke with chest pain, nausea, and vomiting. She was taken to the ED for emergent coronary angiography, but died shortly after arrival.

To avoid such risks:

- Rule out myocardial infarction before arriving at a GI-related diagnosis such as gastric reflux as the cause of chest pain or discomfort.
- Consider cardiac risk factors such as obesity, smoking, hypertension, and hyperlipidemia.
- Offer patients same-day appointments when they complain of continued symptoms for which they were recently seen. If this is not possible, send them to the ED and document this in the medical record.
- Develop a written chest pain protocol.
The Florida Board of Medicine offers its expertise and guidance to health care facilities and other health care professionals in dealing with the issue of disruptive behavior. The American Medical Association (AMA) defines disruptive behavior as physical or verbal personal conduct that has a negative effect or potentially has a negative effect on patient care.¹ Statistics show that an estimated 3 to 5 percent of all physicians fall into this category of behavior.² Disruptive behavior may be a one-time event or a pattern of behavior that can contribute to negative outcomes in patient care. The term disruptive behavior is useful in determining conduct which fall under this pattern of behavior so as not to confuse disruptive behavior with the firm expression of medical opinions during the course of patient care.

Disruptive behavior can arise from a variety of reasons such as underlying impairment issues, personal and professional stressors and specific personality traits. Between 2005 and 2015, the Professionals Resource Network, Inc. (PRN) reported that 178 practitioners were referred for evaluation because of behavioral concerns. Of those 178 referred, 128 (71%) were diagnosed with serious and potentially impairing conditions, and 46 were not diagnosed with an impairing condition, but were in need of assistance in the form of mentoring, anger management courses, stress management coaching or other approaches.³

Behavioral policies are required as a component of accreditation through The Joint Commission, and TJC issued a leadership standard beginning in 2009, LD.03.01.01, mandating that health care organizations address disruptive and inappropriate behaviors in two of its elements of performance:

- EP4: the hospital/organization has a code of conduct that defines acceptable and disruptive and inappropriate behaviors
- EP5: leaders create and implement a process for managing disruptive and inappropriate behaviors

The Board recommends health care facilities/organizations take the following steps to address disruptive and inappropriate behavior:

1. The Board suggests that healthcare facilities establish a code of conduct that define acceptable behavior and institute behavioral policies and procedures that can be reviewed and signed by physicians during their initial credentialing and during subsequent re-credentialing cycles.
2. On the first reported occurrence of disruptive behavior, the health care facility’s Chief of Staff, Chief of Service or Chief Medical Officer could speak with the physician engaging in such behavior.
3. On the next reported occurrence of disruptive behavior, the physician could be asked to appear before the health care facility’s wellness committee or other appropriate committee.
4. If the disruptive behavior continues, the physician could be asked to voluntarily submit to an evaluation by PRN to exclude impairment.
5. Finally, the health care facility could mandate the referral of the physician to PRN for evaluation.

The Board acknowledges that there is no easy solution to this issue. The Florida Board of Medicine encourages hospital/organization leadership to develop specific guidelines and processes for managing issues of disruptive and inappropriate behaviors among physicians and health care professionals since they present potential threats to the health and safety of patients, the health care team and the environment of care.

References
Requirements for Physicians Reporting Supervisory Relationships

Did you know the reporting requirements for physicians differ from the reporting requirements for Advanced Registered Nurse Practitioners?

Section 458.348 (a)(4), Florida Statutes, states "the physician shall submit notice to the board. The notice shall contain a statement that includes the following:

I, (name and professional license number of physician), of (address of physician) have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with (number of persons) emergency medical technician(s), (number of persons) paramedic(s), or (number of persons) advanced registered nurse practitioners.

(b) Notice shall be filed within 30 days of entering into the relationship, orders or protocol. Notice also shall be provided within 30 days after the physician has terminated any such relationship, orders, or protocol."

This is the only information physicians are required to report to the Florida Board of Medicine. There is no obligation for physicians to send any annual or biennial notice to the Board of Medicine.

The license number and name or the ARNP, EMT and/or Paramedic is not required.

For updates please visit the Board of Medicine's website at http://flboardofmedicine.gov.

For information regarding the reporting requirements for Advanced Registered Nurse Practitioners, please check out the FAQs at the Board of Nursing’s website. http://floridasnursing.gov.

Sincerely,

Board of Medicine
The Escambia County Medical Society Foundation donated blood pressure cuffs to four local clinics during the month of May. St. Josephs Clinic, Health and Hope Clinic, Escambia Community Clinic, and Good Samaritan Clinic received the medical donations. The blood pressure cuffs allow patients to monitor their blood pressure on a daily basis. This gives patients a service that they would not otherwise be able to afford and improves the information provided to their doctors.

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 with the primary goal of assuring access to adequate healthcare for the medically indigent citizens of the area.

For more information or to donate, visit www.escambiacms.org
Feel like improving care for the community should improve your bottom line?

The feeling is mutual.

In addition to helping hospitals and physicians improve performance and reduce costs, we provide exceptional benefits through support programs and Patient Safety resources – just a few of the reasons we have grown to become the largest healthcare liability insurer in the Southeast, and leading mutual insurer in many states.

Experience the Mag Mutual PolicyOwner’s difference, call Angela Ross 407-720-0976, or visit MagMutual.com

How To Be A Healthy Medical Records Manager Practitioner

Nearly every industry relies on digital means to connect and the medical industry is no different.

With the implementation of Electronic Health Records (EHR), the need to image medical files may seem obsolete. But what about those pesky files hiding out in a storage unit?

Look no further, Gilmore Services has the solution.

Give Your Documents Life
Convert old hard copy medical records onto a disc or hard drive for easy access.

Save Money
Stop wasting money on mediocre self-storage space. Upgrade to a professional records storage facility, for half the price.

Safe Protection
Rest assured that your files are protected and secure during the document scanning process.

Retention Life Line
Depending on the medical record, there comes a time when a files’ retention period comes to an end, it then can be physically destroyed.

Contact Jim Beran for Additional Information
PHONE (850) 434-1054
www.gilmoreservices.com
Dear Physician members;

The following is a second Quarter update of activities for the ECMS Foundation. We continue to progress with current projects and have several more on the drawing board.

- Blood pressure cuffs have been distributed to Hope & Health, Escambia Community, St. Joseph’s and Good Samaritan Clinics. These were provided by the Foundation for distribution to indigent patients to enable hypertension monitoring. To date 80% have been distributed and we are planning on providing a second supply of 100 cuffs to be distributed in the near future.
- The Foundation Board has approved participation in the National Academy Disaster Preparedness Event to be held in conjunction with the Florida Department of Health in Escambia County. This event will take place on Wednesday, September 14, 2016.
- The Foundation Board has approved a partnership with the March of Dimes to enable the Mission:Baby Shower drive. This is a shower to collect baby essentials for military families in need. August 15 is the deadline for donations and information on how to contribute will be forthcoming.
- The Go Seniors program continues to expand and enable needy patients to obtain transportation for doctor’s visits. All of these programs have been made possible by your generous donations. Please remember that there is virtually no overhead involved with your commitment to the Escambia County Medical Society Foundation. Donations may be sent to 8800 University Pkwy., Suite B, Pensacola, FL 32514

Personally,
Kurt A. Krueger, MD
President, Escambia County Medical Society Foundation

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**ZIKA UPDATE**

*by John Lanza, director and health officer, Florida Department of Health in Escambia County*

The Florida Department of Health in Escambia County reminds clinicians to consider arboviral diseases when evaluating patients presenting with mild, flu-like symptoms.

We are fortunate that Zika and other arboviral diseases, such as Chikungunya and dengue, are not yet endemic to our area of Florida. Other diseases, such as West Nile virus, continuously threaten our community. Along with community efforts to reduce the mosquito population, surveillance and identification of arboviral infections remain key strategies to keeping such diseases out of our community.

Clinicians play a key role in these strategies. Since many arboviral diseases share signs and symptoms that are also common to flu-like illnesses, please remember to include in your differential diagnoses arboviral disease in those who present with complaints of headache, fever, joint or muscle pain, rash, and nausea or vomiting. Other notable signs and symptoms include fatigue, joint swelling, and pain or redness related to the eyes. When evaluating a patient, it is always prudent now to perform a travel history for that person and their sexual partner(s).


Most arboviral illnesses are reportable. If you suspect your patient has an arboviral infection or have any questions about ruling out mosquito-borne illnesses, please contact FDOH-Escambia’s Epidemiology Program at 850-595-6683. To contact someone between 5:00 pm and 8:00 am CT or on weekends, call 850-418-5566.
**In the Community**

### BAPTIST HEALTH CARE

**Baptist Health Care Hospitals Receive Four-Star Rating from CMS**

The Centers for Medicare and Medicaid Services (CMS) awarded Baptist Hospital, Gulf Breeze Hospital and Jay Hospital each a four-star rating for patient experience on its Hospital Compare website. The three Baptist Health Care (BHC) facilities received the highest ratings of any other hospital within the greater Pensacola area.

Baptist, Gulf Breeze and Jay hospital’s ratings are based on 11 publicly reported measures in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.

Star ratings reflect HCAHPS surveys completed from July 2014 through June 2015, as displayed in the Hospital Compare update released on May 4, 2016. Each hospital must have at least 100 completed surveys over a quarterly period and be eligible for public reporting of HCAHPS measures to receive a star rating. The agency released its first star ratings for hospitals in April 2015 and now updates the ratings based on new HCAHPS data on a quarterly basis.

The surveys place the assessment of hospital performance in the hands of the patient. Patients rate their care in key categories such as communication with nurses and responsiveness of physicians and staff. BHC uses the results to trend its own performance and compare to different hospitals in the region.

**Baptist Heart & Vascular Institute Electrophysiology Services Now Available in Fort Walton Beach**

Baptist Heart & Vascular Institute recently opened its doors to their newest electrophysiology clinic in Fort Walton Beach. The new clinic will accommodate the increased demand in the area for an electrophysiologist. The clinic will be open on Thursdays and will share a location with Dermatology Specialist of Fort Walton, located at 922 Mar Walt Drive, Suite 100, near Fort Walton Beach Medical Center.

The team of electrophysiologist and medical staff are committed to the field of arrhythmias and cardiac electrophysiology. Together they have completed thousands of procedures. Due to their experience and quality outcomes, patients throughout the region are referred to their care. Physicians serving this location are Thabet Alsheikh, M.D., FACC, FHRS; Sumit Verma, M.D., FACC; Ian Weisberg, M.D.; and Evaldas Giedrimas, M.D.

### SACRED HEART HEALTH CARE

**Interim Chief Medical Officer Chosen**

Dr. Pete Jennings has been named Interim Chief Medical Officer for Sacred Heart Hospital Pensacola. Dr. Jennings currently serves as Director of the University of Florida/Sacred Heart Pediatric Residency Program, and Medical Director of UF Pediatric Service Lines. He has served at Sacred Heart since 2008, and previously served as program director for the pediatric residency program at Michigan State University. He will replace Dr. Stephanie Duggan, who has been promoted within Ascension to become Chief Clinical Officer for St. Vincent’s Health System in Birmingham, Ala.

**Children’s Hospital Renamed**

Sacred Heart’s new four-story children’s hospital, to be opened early 2018, has been renamed The Studer Family Children’s Hospital at Sacred Heart in honor of Quint and Rishy Studer’s efforts to improve healthcare for the children in Northwest Florida and across the country. The opening of the new hospital is expected to add 100 Sacred Heart jobs for the local community and will enhance recruitment of new pediatric specialists.

**Joint Replacement Center Distinction**

Sacred Heart Hospital in Pensacola and its Joint Replacement Center have been named a Blue Distinction Center+ for Knee and Hip Replacement surgery by Florida Blue. Hospitals with this designation have fewer patient complications and hospital readmissions, and, on average, are 20 percent more cost-efficient compared to other hospitals. www.bcbs.com/bluedistinction.
**E.C.M.S. Calendar of Events**

**Sunday, September 25, 2016 | Time: 12:30pm**  
Women in Medicine Brunch – Painting  
**Co-Sponsors:** BBVA Compass Bank, Danna Gracey Insurance, & MAG Mutual Insurance

**October 11, 2016 | Location: V.Paul’s Italian Ristorante | 5:30p**  
General Membership Meeting | Topic: “Deposition Training for Physicians”  
**Sponsor:** MAG Mutual Insurance

**November 12, 2016 | Hilton Garden Inn Airport Boulevard | AM start time**  
General Membership Meeting - FALL CME CONFERENCE | Topics: TBD  
**Vendors:** Danna Gracey Insurance, Gilmore Services, MAG Mutual Insurance, Physicians Indemnity

**February 4, 2017 | SAVE THE DATE | ECMS Inaugural Ball**  
New World Landing  
**President-Elect** Hillary Hultstrand, M.D.

Member Benefit: The Health Care Attorney On Call Hotline (561) 306-5699