Many things have changed over the thirty years that I have been a medical doctor. One of the most detrimental changes for our profession has been the demise of solo and small group practices. The autonomous private practice of medicine has largely been replaced by a form of feudalism. The physicians are the present day ‘vassals,’ subordinate and dependent upon numerous non-physician ‘overlords,’ to whom we are willing to surrender our control and autonomy. We are willing to surrender our control because even doctors now believe that we can not survive the hazards of practicing in the current healthcare delivery system.

The ability of physicians to practice autonomously is no longer primarily determined by their skill, knowledge and experience. Today, we are being ‘permitted’ to practice our trade but only under feudalistic terms and only by tolerating our protectors’ feigned beneficence. In medical feudalism, physicians are given a ‘plot’ of office space, a few staff, and the latest incarnation of the EHR. We are then expected to ‘till the soil of patient care.’

Physicians are told where we will order diagnostic tests and to whom we will refer our patients. The hours we work, where we work, and even how we work is determined by others. We are allowed to keep a small percentage of what we collect, the rest is taken by our ‘protectors’ as the price to practice medicine. However, the price to practice medicine keeps rising as overhead costs continue to soar and as physician wellness and happiness plummet.

Possibly, the most important role of the feudal overlord was that of protection. The vassal would be protected from serious harm by an invading force or some other ominous threat. Today’s physicians are being told, that we will be protected from serious harm to our practices and to our livelihoods if we simply comply. According to those who claim to protect us,
The Studer Family Children’s Hospital at Sacred Heart has formed an affiliation with University of Florida Health to provide an expanded range of specialized pediatric care. In the past year, 20 pediatric specialty care providers have been hired:

- Dr. Matthew Furst, pediatric cardiology, UF Health
- Dr. Theresa Roca, pediatric cardiology, UF Health
- Dr. Matthew Steiner, pediatric cardiology, UF Health
- Dr. Bevin Weeks, pediatric cardiology, UF Health
- Dr. Berrin Ergun-Longmire, pediatric endocrinology, UF Health
- Dr. Robert Dillard, pediatric gastroenterology, UF Health
- Dr. Alan Sacks, pediatric gastroenterology, UF Health
- Brent Thompson, PA, pediatric gastroenterology, Sacred Heart Medical Group
- Dr. Debra Cohen, pediatric hematology/oncology, UF Health
- Dr. Jeffrey Schwartz, pediatric hematology/oncology, UF Health (practicing in Crestview)
- Dr. Amanda Strobel, pediatric hematology/oncology, UF Health
- Dr. David Shapiro, pediatric infectious diseases, UF Health
- Dr. Edward Kohaut, pediatric nephrology, UF Health
- Dr. Robert Huang, pediatric orthopedics, Sacred Heart Medical Group
- Dr. Brian Donahue, pediatric palliative care, Sacred Heart Medical Group
- Dr. Gulnur Com, pediatric pulmonology, UF Health
- Dr. Jonathan Papic, pediatric surgery, Sacred Heart Medical Group
- Dr. C. Gerry Henderson, pediatric urology, UF Health
- Dr. Mark Wehry, pediatric urology, Sacred Heart Medical Group
- Donna Williams, ARNP, pediatric urology, Sacred Heart Medical Group

To learn more or refer a patient, call 850-416-1575 or visit StuderFamilyChildrensHospital.com.
**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**

- **Atwood, Jeffrey, M.D. FP**
  Baptist Urgent Care
  5100 North 12th Avenue
  Pensacola, FL 32504
  (850) 208-6130 Fax: (850) 437-8591

- **Burns, James MD, MPH, FAAP**
  ADOLES MED
  Sacred Heart Pediatric Subspecialty
  1657 Trinity Drive
  Pensacola, FL 32504
  (850) 416-1575 Fax: (850) 416-1574

- **Hennigan, Michael M.D., FACP, FACE**
  Baptist Medical Group
  1717 North “E” Street Ste. 422
  Pensacola, FL 32501
  (850) 908-1220 Fax: (850) 908-1229

- **Kern, Matthew, M.D., Neurosurgery**
  West Florida
  2120 East Johnson Avenue, Ste. 106
  Pensacola, FL 32514
  (850) 494-6003 Fax: (850) 494-6936

- **Kumari, Pardeep, M.D. ID**
  Gulf Coast Infectious Disease
  2120 East Johnson Avenue
  Pensacola, FL 32514
  (850) 549-4755 Fax (850) 549-4760
  www.gulfcoastid.com

- **Kummer, Mark, M.D. PD**
  Nemors Children’s Specialty Care
  5153 North 9th Avenue
  Pensacola, FL 32504
  (850) 595-4745 Fax: (850) 595-4756

- **Lewis, Evan, M.D. NS**
  Baptist Medical Group - Neurosurgery
  1717 North E Street, Ste. 422
  Pensacola, FL 32501
  (850) 469-0642 Fax: (850) 437-8381

- **Muneer, Badar, M.D. GE/HEP**
  Baptist Medical Group - Gastroenterology
  1717 North “E” Street, Ste. 401
  Pensacola, FL 32501
  (850) 626-9626 Fax: (850) 626-9606

- **Padden, Maureen, M.D., MPH FM**
  Sacred Heart Medical Group
  4501 North Davis Highway
  Pensacola, FL 32502
  (850) 476-9000 Fax: (850) 478-2332

- **Patel, Vaidehi, M.D. IMG**
  Baptist Medical Group-Senior Health
  1600 West Moreno Street
  Pensacola, FL 32501
  (850) 469-7406 Fax: (850) 437-8283

- **Tan, Huaiyu, M.D. PM&R**
  Andrews Institute Physical Medicine & Rehabilitation
  1040 Gulf Breeze Parkway, Ste. 210
  Gulf Breeze, FL 32561
  (850) 437-8670 Fax: (850) 437-8679

- **Videau, Brent, M.D. CD**
  Cardiology Consultants
  1717 North “E” Street, Ste. 331
  Pensacola, FL 32501
  (850) 484-6500 Fax: (850) 857-1747

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**Ad placement**
Contact Erica Huffman at 478-0706 x2

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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.
physicians can not possibly practice medicine on our own because an autonomous doctor can not survive in today’s complex regulatory morass. The complicated regulatory morass we now face has been put in place and is nurtured by the very forces who claim to protect us from it.

Physicians were once their own protectors, standing for the sanctity of the doctor-patient relationship and in defense of our beloved profession. I am encouraged by the potential resurgence of the autonomous practice of medicine occurring in the direct primary care movement. The physician takes his/her skills directly to the patient. The physician is no longer in need of protection because all of the perverse incentives and tortuous regulations no longer apply.

Many centuries ago, feudalism was proven to be a failed construct for a functional society. I believe we are seeing medical-feudalism beginning to meet a similar fate, being proven to be a failed construct for a functional health care delivery system. We must encourage physicians who are boldly attempting new and innovative ways of taking back control of their practices. Let us make sure that the Escambia County Medical Society recognizes the importance of this growing movement as physicians are becoming the instruments for forming a newer smarter health care delivery system which allows patients to gain access to their doctor at a fair price and in a direct way.

Sincerely,

- Ellen McKight, M.D.

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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

Vendor Fair & Speed Networking
Hilton Garden Inn, Airport Boulevard
May 22, 5:30 p.m.

Young Physicians Section Meeting
V. Pauls
July 17, 5:30 p.m.

How To Opt Out of Medicare
Hancock Bank
August 28, 5:30 p.m.

Women in Medicine
Painting with a Twist
September 30, 12 p.m.

Healthcare Economics
V. Paul’s
October 23, 5:30 p.m.

Prevention of Medical Errors
Pensacola Yacht Club
November 29, 5:30 p.m.

Member Benefit: The Health Care Attorney On Call Hotline (561) 306-5699
Diamonds and Denim fundraiser to benefit Florida State University College of Medicine Pensacola Regional Campus, hosted by Bere’ Jewelers

Free Webinars Spring 2018

Protecting Your Healthcare License
Wednesday March 28th, 2018 - 12-1pm EST

Attorney Jacqueline Bain of the Florida Healthcare Law Firm will present this live lunch n’ learn webinar for attendees and will focus on the following points:

- Practicing vs. Owning a Business
- Protections from Practicing through a Corporate Entity
- Procedure for Discipline
- Fines, Penalties and Licensure Ramifications

Hospital-Physician Gainsharing: Post MACRA Opportunities Remain
Wednesday April 18th, 2018 - 12-1pm EST

Florida Healthcare Law Firm Attorney Dave Davidson will present this live lunch n’ learn webinar for attendees. With 22 years experience as in house counsel for a large integrated health care system, Dave provides expert health law advice for a broad range of health system structures, including both for profit and not for profit models and tax districts.
How Lawmakers are Tackling the Opioid Epidemic

By Dennis W. Chiu, JD, Government Relations Specialist

When the opioid epidemic hit the news—not just in scientific journals but in the popular media as well—it spurred Congress and state legislatures to offer public healthcare policy solutions. This has resulted in increased funding for treatment, more regulations for prescribing opioids, measures to increase the availability of opioid antagonists, and a reduction in liability for the administration of opioid antagonists.

Celebrity Tragedy and National Statistics

In 2016, the autopsy of pop music legend Prince found that the singer died from a “self-administered” dose of the opioid fentanyl. Prince’s tragic demise was only one of many celebrity deaths attributed to opioid-related causes. Celebrity deaths brought the dangers of opioids to the public’s attention, and statistics for the general population support the perception of an opioid addiction epidemic. Centers for Disease Control (CDC) Director Dr. Tom Frieden noted: “We know of no other medication routinely used for a nonfatal condition that kills patients so frequently.”

Between the media attention and the preponderance of evidence that opioid usage had become a major public health problem in America, legislators were spurred to address the problem.

Legislation and Administrative Action

Lawmakers typically attempt to solve problems in two ways: (1) providing funding for programs, and (2) enacting regulations through legislation.

As an indicator of the level of concern of U.S. lawmakers, the usually gridlocked Republican Congress and Democratic President Barack Obama united to address the issue. On December 13, 2016, both houses of Congress and the president worked together to approve legislation that granted $1 billion to state opioid abuse programs. This was a sharp increase in funding from earlier in the year and from previous years. (The Senate passed the law by a vote of 94–5, and the House of Representatives passed the law by a vote 355–77.)

On October 26, 2017, President Donald Trump declared the opioid addiction crisis a public health emergency via the Public Health Service Act, though minimal new funding accompanied the declaration. The White House and Congress will need to work together to increase the depleted Public Health Emergency Fund. Two states—Colorado and Indiana—have since created funding for opioid treatment pilot programs. The Maine legislature overrode its governor’s veto to ensure access to opiate addiction treatment under its Medicaid program. Delaware and New Jersey have enacted laws requiring healthcare insurers to provide coverage for opioid addiction treatment.

Legislators have also passed laws regulating the prescribing of opioids.

Requiring Physicians to Check Prescription Databases

Prescription drug databases, originally intended to be used by law enforcement, have been widened to allow healthcare providers and prescribers to review a patient’s prescription history for signs of overprescribing or addiction. Every U.S. state with the exception of Missouri has a prescription monitoring database.

Some states have gone even further. By 2016, 18 states had passed legislation requiring medical professionals to consult a state database: California, Connecticut, Kentucky, Maine, Maryland, Massachusetts, Nevada, New Hampshire, New Jersey, New Mexico, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, West Virginia, and Wisconsin. State laws and regulations mandating prescribers to query the database vary as to requirements, but in general, most require the prescriber to check: (1) before initially prescribing a controlled substance to a patient in an opioid treatment
program, (2) in workers’ compensation cases, and (3) prior to initially prescribing or dispensing an opioid analgesic or benzodiazepine in any setting.3

Most often, the penalty for prescribers for failure to check the database is referral to the department or board that enforces violation of professional standards.4

**Opioid Antagonist Access Laws and Good Samaritan Protections**

Legislators have also sought to decrease deaths from prescription opioid abuse by increasing access to opioid antagonists. These drugs have no abuse potential and counteract the life-threatening effects of an overdose, allowing the victim to breathe normally once administered.

Previously, access to these lifesaving medications was limited because a doctor-patient relationship needed to exist for a prescription to be issued. This requirement was ineffective because family and friends are often in the best place to administer an antagonist during an overdose, but they did not have access to a prescription.

In 2001, New Mexico became the first state to enact legislation increasing access to opioid antagonists. Over the past 15 years, 47 states and the District of Columbia have passed similar laws. In the 2017 legislative year, Montana, North Carolina, Nevada, Tennessee, Texas, Virginia, Wisconsin, and West Virginia enacted laws making opioid antagonists more available.

In conjunction with increasing access to opioid antagonists, many states have passed Good Samaritan laws to limit liability for healthcare professionals and “laypersons” for administering opioid antagonist medications. For immunity to apply, laws typically require that a person must have a reasonable belief that someone is experiencing an overdose emergency, must remain on scene until help arrives, and must cooperate with emergency personnel. For healthcare personnel, immunity will usually apply unless there is gross negligence in the administration of the opioid antagonist. Good Samaritan laws for the administration of opioid antagonists have been passed in 37 states and the District of Columbia. The 13 states that have yet to pass opioid antagonist Good Samaritan laws are Arizona, Idaho, Iowa, Kansas, Maine, Missouri, Montana, Nebraska, Oklahoma, South Carolina, South Dakota, Texas, and Wyoming.

Florida lawmakers will consider proposed legislation, Senate Bill 458, during the 2018 legislative session. If enacted in its current form, this bill will:

- Limit a controlled opioid prescription to a seven-day supply.
- Limit refill or subsequent controlled opioid prescriptions to a 30-day supply.
- Provide exceptions to supply limits for certain patients.
- Require a prescriber to access a patient’s drug history in the prescription drug monitoring program’s database before prescribing the drug, and at least 90 days thereafter for continuing treatment.
- Require a healthcare practitioner to complete a continuing education course as a condition of initial licensure and biennial licensure renewal.

In 2017, Florida House Bill 477 added synthetic opioids to the list of controlled substances.

**Conclusion**

The legislative response to the opioid epidemic includes expanding healthcare providers’ ability to access databases that track opioid prescriptions. Lawmakers are also working to ensure easier access to opioid antagonists and immunity to those who administer opioid antagonists. Legislators are also providing more public funding for existing programs for treatment of opioid-addicted patients.

At this point, there is insufficient data to evaluate the effectiveness of the recently passed legislation, but lawmakers and public health advocates hope to see a decline in opioid-related deaths when data becomes available.
References


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Legacy Planning for Blended Families: Understanding the Estate Planning Consequences of saying “I Do”

Elizabeth W. Aghayan

Nothing takes the romance out of an engagement’s sails like the phrases “prenuptial agreement” or “elective share”, but they should be a part of every couple’s discussions, particularly if the union will be a 2nd marriage for either party, and even more particularly if there are children from a 1st marriage. Florida and other states have various laws that deny a spouse the right to completely disinherit his or her spouse. In Florida, this is called “Elective Share”, and a surviving spouse has the right to claim 30% of the “Elective Estate”, which is more expansive than the probate estate. Additionally, the Florida Constitution places restrictions on the ability to devise homestead real property that is only titled in the name of one spouse. As a public policy matter, Florida and many other states want to protect widows and widowers from being turned out of the house lacking sufficient funds. This is a worthy goal, certainly, but in the 2nd marriage context, the statutory and Constitutional limitations may interfere with testamentary intent.

What does this all mean for the 2nd marriage? There are many pitfalls to avoid. At the most basic level, it is important to have an estate plan in place and also to update that estate plan in the event of a marriage. In Florida, the law recognizes the rights of “pretermitted” spouses, so if a will was made before the individual married, that surviving spouse may have the right to the equivalent of the intestate share of the estate, unless certain exceptions are met. What is an intestate share? To die “intestate” means to die without a will. The Florida legislature has attempted to approximate what they believe to be the average Floridian’s intent in the intestacy statute, but particularly in the second marriage context, it may not be in line with the individual’s intent. Under the intestacy statute, the surviving spouse receives the entire intestate estate as long as any descendants of the decedent (deceased person) are also the descendants of the surviving spouse. If the descendants of the surviving spouse are not also the descendants of the decedent, then the surviving spouse receives half of the intestate estate and the descendants split the remaining half. So, as a first step, it is important to prepare an estate plan with the assistance of competent counsel and to update that estate plan upon marriage.

Of course, as described above, there are additionally those limitations about what a married person can do with their estate: homestead and Elective Share. A prenuptial or post-marital agreement is one technique that can help avoid some of these statutory and Constitutional requirements. Separate attorneys are generally required, as a prenuptial agreement is technically adversarial. Many couples then choose to set up individual trusts providing income to the surviving spouse, with their children from the first marriage being the ultimate beneficiaries. Additionally, setting up a family trust generally does not provide protection for the children of the first spouse to die, as the surviving spouse can typically amend and revoke a family trust. It is important to consult with an estate planning attorney to guide you through these decisions.

Alternatively, some couples choose to have a religious ceremony, but do not get legally married. This makes the estate planning easier, but requires more consideration for issues during life, like ensuring that each party updates his or her designation of a healthcare surrogate if they want the significant other to be involved in medical decisions. For those individuals choosing to set up trusts, when choosing a trustee, it is worthwhile to consider naming an institution, like a Bank, to serve as successor Trustee. For example, if John Doe sets up a trust for the benefit of his 2nd wife, Jane, during her life, with the remainder going to his children from his first marriage, there is a potential for conflict if either Jane or one of the children is serving as Trustee of that trust.

Another important reminder is to double-check beneficiary/transfer on death/payable on death designations, the titling of all real estate, and any joint accounts. Sometimes a former spouse is left as beneficiary of an account inadvertently. Business Succession Planning should also be a part of your conversations with your Estate Planning Attorney and Wealth Management Team. Families can find themselves in the unenviable position of a step-mother and step-children as co-owners of a business due to insufficient planning. These are some of the common pitfalls that can undermine a carefully crafted estate plan.

All information contained herein is meant to be for informative purposes only, and does not constitute legal advice. It is important to consult with an attorney to evaluate specific facts and circumstances.

Elizabeth W. Aghayan is a Trust Advisor and Assistant Vice President with Hancock Whitney Trust & Asset Management at 101 W. Garden St., Pensacola, FL 32502. She can be reached at (850)444-3218. Ms. Aghayan received her J.D. from Tulane University in New Orleans, LA and her B.A. from the College of William & Mary in Williamsburg, VA.
Level 2 Background Screening – Your License Depends on It!

Susan St. John, Florida Healthcare Law Firm

Providers licensed or regulated by the Agency for Health Care Administration must make certain that their employees and/or contracted personnel have had Level 2 Background Screening (criminal history background check) pursuant to Florida Statutes and Administrative Code within 10 business days of being hired. Also, if a potential employee or contractor has not been employed within the previous 90 days, even if that individual previously had level 2 background screening, the individual will need to go through submitting fingerprints again. Further, each employee or contracted individual that is subject to Level 2 Background Screening must renew the background screening every 5 years to be eligible for employment or continued employment with an AHCA licensed or regulated provider. The 5 year expiration from the date of retention of fingerprints is the date that the Florida Department of Law Enforcement (“FDLE”) will purge fingerprints from storage, meaning if fingerprint retention renewal has not occurred prior to this date, the whole screening process, that is fingerprinting, etc., starts over. There is no “grace period” if fingerprints have been purged, which means the individual is no longer “technically” eligible for employment with an AHCA licensed provider (and perhaps other providers licensed and regulated by other state agencies such as Department of Health, Department of Children and Families, or Department of Elder Affairs). Further if the provider is in the process of an AHCA survey, accreditation survey, or renewal licensure application, not having a current Level 2 Background Screening for an employee or contractor might subject the provider to a statement of deficiency, assessment of administrative fines or fees, or denial of a licensure renewal application.

The period for renewing an individual’s fingerprint retention opens up 60 days prior to the 5-year expiration date and, to allow for processing time, closes 14 days before the 5-year expiration date. Until recently, the 5 year expiration date on an individual’s personal profile with AHCA’s Background Screening Clearinghouse was 5 years from the date of the initial (or most recent if a 90+ day lapse in employment) background screening. AHCA recently changed the 5 year expiration date on a personal profile to be 14 days prior to the 5 year expiration date to accommodate the Clearinghouse Renewal process should a provider or individual need to request renewal.

To help providers stay current with respect to employee or contractor Level 2 Background Screening, AHCA will send a provider notices at the 60, 30, and 21 day mark prior to the 5 year expiration date. However, in order to receive these notices or alerts from AHCA, a provider needs to ensure that its Employee/Contractor Roster is kept current on the Clearinghouse website. Each time a provider adds an employee or contractor or a group of employees or contractors, the provider should update its Employee/Contractor Roster. Further, the Roster needs to be updated within 10 business days of hiring employees or contractors. Additionally, when an employee or contractor is terminated, the provider should update its Employee/Contractor Roster to reflect the date employment came to an end. Keep in mind that not only is the Employee/Contractor Roster critical to maintain in order to receive renewal notifications from AHCA, maintaining a current Employee/Contractor Roster is required by statute.

Stay Alert – if a provider (or individual) does not initiate the fingerprint retention renewal process through the Clearinghouse by the end of the 14th day prior to the 5 year expiration date, the employee or contractor will need to be re-fingerprinted by a Live Scan Provider, and fingerprints resubmitted to AHCA for background checking purposes. There is additional cost involved in having to “start over,” Renewal Cost = $42.00; New Screening Cost = $75.00. Timely renewal will save money and help ensure a provider does not have an “ineligible” individual in its employ.

AHCA’s Background Screening Clearinghouse website has robust information and instructions to help providers stay compliant with required Level 2 Background Screening for employees or contractors. The following links to AHCA’s Background Screening Website includes frequently asked questions and a Renewal Instruction Guide to assist providers with the renewal process.

To help ensure compliance with Level 2 Background Screening requirements, keep your Employee/Contractor Roster updated and stay alert to AHCA’s fingerprint retention renewal notifications.

Susan St. John is an attorney with the Florida Healthcare Law Firm in Delray Beach, FL. Her practice focuses on health law, tax law, estate planning, business planning and includes the following: Practitioner representation before the Department of Health, Agency for Health Care Administration, and the Board of Medicine. Provider representation before Agency for Health Care Administration and the Centers for Medicare and Medicaid Services. Email susan@floridahealthcarelawfirm.com or call 561-455-7700.
We continue to grow our programs through your help!

- **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.

- **Physician Wellness Program** is a new ECMS Foundation program. The purpose of the program is to prevent physician burnout. We are finalizing the details of the program and look forward to sharing all of the details of our new program very soon.

On March 1, 2018 the ECMS Foundation hosted a very successful fundraiser to benefit the Escambia/Santa Rosa Medical Society Scholarship Endowment Fund through the FSU College of Medicine Pensacola Regional Campus.

As you know, these programs are enabled by your donations. Be sure to make your Foundation a part of your contributions and consider a donation today. They may be sent to 6706 N. 9th Ave. #A8, Pensacola 32504. Note our new address!

Personally,  
**Kurt A. Krueger, MD**  
President

---

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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
**Baptist Health Care**

**Baptist Health Care First in area to offer Adult and Pediatric Cochlear Implants**

Baptist Health Care is the first in the area to offer both adult and pediatric cochlear implants. These electronic devices restore the ability to hear and understand speech for people with moderate to severe hearing loss. The first surgery was completed by Thomas Babcock, M.D., the area’s first otologist/neurotologist, at Baptist Hospital on December 22.

“Cochlear implants for children and adults may be the most rewarding procedure I perform,” says Dr. Babcock. “Children who are candidates are often born with profound hearing loss and would not have meaningful hearing and appropriate speech development without a cochlear implant. For adults, the loss of hearing can lead to social isolation and decreased the quality of life. Some of my most rewarding patients are adults with cochlear implants who are able to communicate with loved ones and interact in society after years of struggling with hearing loss.”

For more information about cochlear implants, visit BaptistMedicalGroup.org or call 850.432.3467.

**Baptist Health Care Neurosciences to Host Stroke Symposium**

The Baptist Health Care Neurosciences Stroke Program will host a free Stroke Symposium on Friday, June 1 from 7:15 a.m. to 5 p.m. at the Sanders Beach – Corrine Jones Resource Center, located at 913 South I St. in Pensacola.

This symposium is structured for health care professionals including physicians, nurses, case managers, allied health professionals and other hospital care providers. Speakers include experts from Mayo Clinic and University of Cincinnati Medical Center as well as other health care professionals in the industry. Breakfast and lunch will be provided.

Register at eBaptistHealthCare.org or call 850.469.2086 for more information.

**Sacred Heart Hospital Pensacola**

**New Neurosurgeon Joins Sacred Heart Team**

Neurosurgeon Dr. Ann Carr has joined Sacred Heart Medical Group’s regional physician network. Dr. Carr will practice at Sacred Heart Hospital Pensacola.

Dr. Carr graduated with her medical degree and completed her general surgery residency training at Texas Tech University Health Sciences Center. She then completed a residency in neurosurgery at West Virginia University. She comes to Sacred Heart from Capital Regional Medical Center in Tallahassee, where she has held the positions of chief of surgery and president of the medical staff.

**Hyperbaric Medicine Program Re-accredited**

The Sacred Center for Wound Care and Hyperbaric Medicine has again achieved accreditation from the Undersea and Hyperbaric Medicine Society. There are more than 1,300 hyperbaric facilities in the U.S. and Sacred Heart is one of only 205 to receive full accreditation from the UHMS. Since its opening in 2005, the Center’s team has provided more than 16,000 hyperbaric treatments. For more information, call 416-2500.

**New da Vinci Xi Robot Arrives at Sacred Heart Hospital**

Sacred Heart Hospital Pensacola has acquired advanced robotic surgical technology, the da Vinci Xi® Surgical System, regarded as one of the most precise and least invasive surgical treatments available. Thanks to the system’s robotic, computer and optical technologies, many patients will experience faster recovery with smaller incisions, less pain and reduced need for pain medicine.
Sacred Heart Hospital Pensacola, continued

SHHP also is upgrading its current version of the da Vinci system, meaning it now has two state-of-the-art robotic systems for less invasive surgery procedures.

**Children’s Hospital Performs Lifesaving ECMO Procedure**

Thanks to extraordinary support from the teams at University of Florida Health, physicians and staff at The Studer Family Children’s Hospital at Sacred Heart were able to perform a lifesaving procedure to treat a 2-year-old child who was battling a severe asthma attack.

The high-risk procedure marked the first time that Children’s Hospital used an advanced life-support technique called extracorporeal membrane oxygenation, or ECMO.

Teams at UF Health Shands Children’s Hospital and the UF Health ShandsCair transport service transported the ECMO equipment, intensive care physicians and technicians to Pensacola.

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**FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE 2018 RESIDENCY MATCH RESULTS**

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