A Bigger Vision for Health IT

Blockchains can potentially solve the problems of data security, interoperability and supply chain management

By COLIN FORWARD

Hype around crypto currencies like Bitcoin and Ethereum reached a fever pitch toward the end of 2017. The appeal is obvious: speculators have been doubling their money in a matter of days - sometimes hours – by investing in assets built with a new technology called Blockchains. But behind each of the most promising assets in the crypto space are teams of technologists who are less focused on the market swings than they are on using blockchains to disrupt almost every industry, healthcare included.

Crypto currencies entered the lexicon in 2009, when the first Bitcoin code was first published, kicking off the blockchain era. At the time it was just an intriguing thought experiment; a response to the financial collapse and the shortcomings of central banking.

Central Florida-based Shepherd’s Hope is the largest free and charitable clinic in Florida, providing access to high quality, compassionate medical care at five health center locations through the assistance of 2,400 medical and general volunteers. The organization provides 18,000-plus free patient visits and medical services annually to the uninsured and underinsured in our area.

Meet Philip Styne, MD, a board-certified gastroenterologist and internal medicine physician who has been volunteering with Shepherd’s Hope since 2010 and has been honored as a Volunteer of the Year. Last year, he and the Shepherd’s Hope team established a monthly clinic at the Longwood location to specifically treat diseases and disorders of the liver, predominantly Hepatitis C.

Styne, was born in Long Island and moved shortly thereafter to Miami, Florida where he grew up until he became an undergraduate at Tulane University. He received an honors degree in engineering with membership in Tau Beta Pi, the national engineering honor society. Subsequently, he attended the University of Miami Medical School graduating as a member of Alpha Omega Alpha Honor Medical Society.

He completed Internal Medicine residency at the University of Florida and a Gastroenterology and Hepatology fellowship at the University of Colorado.

Dr. Styne has shared his thoughts concerning his career and time spent with Shepherd’s Hope.

CONTINUE TO PAGE 5...
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PHYSICIANSPOTLIGHT

Michael F. D’Angelo, MD
A new arrival at Heart of Florida Regional Medical Center

Growing up in a small town in Iowa, Michael F. D’Angelo, was in a place where the local doctor still made house calls at all times of the day and night. Their local doctor happened to be a close family friend. D’Angelo was able to see first-hand how a physician interacts with his or her patients. That was the defining moment when he knew he wanted to be a physician.

Michael F. D’Angelo, MD, a robotics-trained, board-certified Urologist, brought his expertise in the field of robotic assisted surgery to Heart of Florida Regional Medical Center and the Heart of Florida Physician Group in April 2017.

He finds that using the robotic technology is the best course of action in treating the majority of his patients.

“My goal is to improve the quality of life for my patients and offer individualized solutions using advance technology,” D’Angelo said. “The technology can help patients recover faster, with shorter hospital stays and in some cases they can go home the same day.”

D’Angelo, who is certified in Advanced Robotic and Laparoscopic Surgery, is no stranger to the technology having launched two successful robotics programs, first at Naples Community Hospital and then Physicians Regional Medical Center – Pineridge.

He got his start in the robotics field in 2001.

“I was at the Mayo Clinic in Minnesota and was researching laparoscopic techniques and they had robotic training equipment there as well, so I started training on that and just really enjoyed the technology aspect,” he said.

Although not a native of Florida, D’Angelo has called Florida home since 2002 when he moved to Naples after he had completed his six-year urology residency at the Mayo Medical Graduate School in Rochester, Minn. He graduated Cum Laude from Creighton University School of Medicine in Omaha, Neb.

In Naples, D’Angelo was a partner and president of the Specialists in Urology group as well as a partner and medical director for the Synergy Ambulatory Surgery Center. An added bonus of moving to Davenport to take his current job, was being closer to his wife, Adriana’s family. He has five children and enjoys time as a recreational boxer.

Boxing was a hobby that started out as a way to relieve stress but then took an interesting turn to Mixed Martial Arts fighting.

“I was working with my boxing coach at a gym in Naples where there were a lot of MMA fighters training to be professionals, and I just started sparring with them and helping them train,” D’Angelo said with a laugh. “It was a lot of fun, but I was never going to be a professional fighter.”

D’Angelo is known for his sense of humor and helping to make patients feel comfortable, especially when discussing sensitive medical issues. But his talents don’t lie with just his great bedside manner or his skills in the operating room; D’Angelo also has experimented with the design of medical instruments.

In 1999, he designed a laparoscopic renal clamp for partial nephrectomy surgeries. He also consulted in the design of the laparoscopic radio frequency ablation catheter.

“I was having a research year while I was at the Mayo and I was very interested in minimally invasive surgeries. We needed a clamp to be able to do certain surgeries better,” explaining how he ended up designing the renal clamp.

D’Angelo believes in providing the highest quality of care to his patients and that requires staying up-to-date with the latest procedures, such as the prostate urethral lift procedure to help men suffering from an enlarged prostate.

“We have a new treatment for benign prostate hyperplasia, or BPH,” said D’Angelo. “An enlarged prostate can now be treated with the prostate urethral lift procedure. Prescriptions can be expensive and have side effects. The procedure is a minimally-invasive surgery that is done using sedation, not anesthesia, and results can be seen in a few weeks.”

Although a fan of the procedure now, he was not one of the first physicians to get on board with the minor surgical operation.

“I have to admit I was a little hesitant at first. New procedures come along all the time and some don’t hold up to the hype. I was waiting to see how the five-year data was for this procedure and the success rate is amazing. Studies show that the procedure is 90 percent effective, and is still effective for 90 percent of the patients five years later,” he said. “I have had a lot of success with this procedure. It takes about 10 minutes or so and the patients get to go home the same day.”

D’Angelo said the quick procedure can be done at the new Heart of Florida Surgery Center or at the hospital. It is also approved by Medicare and most insurance companies.

“It is amazing how easy it works. If a person suffering from an enlarged prostate no longer wants to take the pills, this is a safe and easy way to take care of it,” he said.

During the surgery, tiny sutures hold the lobes of the enlarged prostate permanently open. More than 37 million men in the United States suffer from the condition. As men get older, the male urethra becomes enlarged and begins to obstruct the urinary system.

When he gives seminars on the procedure he usually has at least a couple of men come up to him afterward ready to make an appointment. He has also had several women come up and want to make appointments for their husbands as well.

“Men who suffer from frequency, urgency and having to get up several times during the night to urinate or men who have trouble passing urine will absolutely benefit from this procedure,” D’Angelo said. “This simple surgery can have a life-changing effect on their way of life. It does effect the spouse. They have to deal with being awake three or four times a night and it takes a toll.”

D’Angelo said he loves hearing from his patients how quickly they recover.

“I have one patient, he would ride his bike 50 miles a day. Two weeks after the surgery he was back to riding his bike,” he said. “I had another patient who had just stopped going places and doing things because he always felt the need to go to the bathroom. He could tell you exactly where every bathroom was located in all of the stores near his house. He had the surgery and now he’s out there living his life again. That is great. These are the kinds of results a doctor wants to see.”

In addition to the BPH procedures, he also specializes in erectile dysfunction or impotency, kidney stones, male and female incontinence, urinary retention, urinary tract infections, Peyronies disease, and several cancers – including kidney, bladder, prostate and testicular.

D’Angelo is a member of The Society of Laparoendoscopic Surgeons and the American Urologic Society. He is board certified by the American Board of Urology.
ORTHOPEDIC PHYSICIANS

Shepherd’s Hope, the largest free and charitable clinic in Florida, is seeking Orthopedic Specialists to provide volunteer care for our orthopedic patients on Tuesday’s from 6pm to 9pm (one three hour shift per month) at our Downtown Shepherd’s Hope Clinic, 101 South Westmoreland Drive, Orlando.

For volunteer information contact Abby Seelinger, Manager of Volunteer Programs (407) 876-6999, ext 233 | abby.seelinger@shepherdshope.org or visit www.shepherdshope.org/volunteers.

SHARE YOUR PASSION:

More volunteer doctors and nurses needed now more than ever to help fill the immense demand for healthcare services to the uninsured and under-insured men, women and children in Central Florida.

Help those in need of hope and healing in our community by joining the over 2300 clinical and non-clinical volunteers at Shepherd’s Hope.

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WHY DID YOU CHOOSE THE MEDICAL PROFESSION AND GASTROENTEROLOGY AS A SPECIALTY?

I’m a math guy, so I originally chose an engineering major at Tulane University because it was easy. But, it didn’t really satisfy my need to help people. While doing an engineering research assignment at the medical school, they encouraged me to apply. It required going back and taking Biology 101 during my senior year, and the rest, as they say, is history.

There was a mentor I really liked during my residency at the University of Florida who happened to be a gastroenterologist. That’s frequently how it happens in medicine. I went on to get advanced fellowship training in gastroenterology and hepatology at the University of Colorado.

TELL US ABOUT YOUR MEDICAL PRACTICE: WHERE YOU WORK AND WHAT YOU DO.

I’m currently the associate chief medical informatics officer (CMIO) for Florida Hospital Orlando. I also maintain a clinical practice at the Florida Hospital Liver Transplant Center where I served as director several years ago.

Liver disease has always interested me, going all the way back to my early years as a National Institute of Health and VA funded investigator where my area of gastroenterology research was the liver.

WHY DID YOU CHOOSE TO VOLUNTEER AT SHEPHERD’S HOPE?

A coworker at Florida Hospital was a Shepherd’s Hope volunteer and suggested I come do the same. It was as simple as that. And, it really is that simple in terms of the logistics of becoming a volunteer. Shepherd’s Hope makes it really, really easy.

But, more importantly for me, Shepherd’s Hope provides a venue to give back to the community and provide medical care to those who otherwise can’t access it. Without the infrastructure they provide — from the physical facility to the personnel — I wouldn’t have the opportunity to do that. It is an incredible gift.

TALK ABOUT THE VOLUNTEER WORK YOU DO WITH SHEPHERD’S HOPE.

I volunteer once a month at the Longwood clinic. At first, I was performing general GI and other medical procedures, but as additional gastroenterologists started volunteering at the clinic, I decided to shift my focus to liver disease. A Shepherd’s Hope administrator suggested I start a liver clinic, and it seemed like a perfect fit for me.

With the support of Health Center Manager Tom Higgins, Health Information Manager Michele Schott and Quality Improvement Director Gina Johnson, the liver clinic in Longwood has been very successful. While we treat all manner of liver disease, a substantial percentage of the patients have Hepatitis C.

What makes the clinic unique is the longitudinal care we can provide. Not only do we get patients tested, but we also provide the treatment they need. The clinic staff is extremely successful at getting drug companies to provide therapies for these patients. We have treated an incredible number and many have been literally cured.

When we treat Hepatitis C patients, we are also treating the community. Less of the disease that’s out there means less risk that others will get it, both the indigent population and those who have the means to pay for their health care. Those of us who treat Hepatitis C are very aware of the idea that we may be able to dramatically reduce — even eliminate — this disease through aggressive treatment of current patients.

IS THERE A MEMORABLE PATIENT ENCOUNTER THAT IS ESPECIALLY MEANINGFUL TO YOU?

There was a homeless man last summer who we were treating for Hepatitis C. Providing his therapy was a challenge. The pharmaceutical companies want to mail the drug directly to patients, but he did not have a home address to send it to, so the staff arranged for it to be sent to the clinic. He had become like family to us. As hurricane Irma approached in September, we all became very concerned, wondering where he would ride out the storm and whether he would be able to keep his medication safe.

WHEN YOU’RE NOT WORKING OR VOLUNTEERING WITH SHEPHERD’S HOPE, WHAT DO YOU ENJOY DOING?

I actively sail all around the country, from our local lakes to New England and California. I also enjoy spending time with my grandkids.

The number of uninsured and underinsured patients who seek medical care from Shepherd’s Hope is increasing with every passing year. And, each year, some have to be turned away because there are not enough volunteer licensed healthcare professionals like Styne. The organization’s capacity was further strained beyond the breaking point last year when an estimated 200,000 Puerto Rican Americans evacuated to Central Florida following hurricane Maria and needed access to many services, including healthcare.

Nationwide, more than 90 percent of physicians believe that volunteering — specifically helping their community’s poorest patients — is vital for their jobs, yet only 39 percent volunteer their time.

Shepherd’s Hope requires many more volunteer doctors, nurses and other licensed healthcare professionals than ever before to help fill the immense and growing capacity demands in order to continue to fulfill its mission. To learn more about how to become a Shepherd’s Hope volunteer, contact Volunteer Program Manager Abby Seeling at (407) 876-6699, ext. 233, or abby.seeling@shepherdshope.org, or visit www.shepherdshope.org/volunteers.
Dr. Emtage is a board-certified urologist with interests in innovative treatments for advanced prostate cancer and other genitourinary diseases. A co-investigator for multiple clinical trials, he stays abreast of the most advanced urological treatments and diagnostic methods through ongoing research. An honors graduate of Boston University School of Medicine, Dr. Emtage went on to complete an advanced fellowship in urologic oncology and robotic surgery at City of Hope National Medical Center in California.

**Specialties**
- Robotic prostatectomy
- Enlarged prostate (BPH)
- Nephrectomy - partial and radical
- Prostate, kidney and bladder cancer
- Urinary incontinence
- Vasectomy
- Voiding disorders

Dr. Hernandez is a urologist with interests in prostate cancer, its early detection and treatment protocols, robotic prostatectomy and robotic-assisted partial nephrectomy. Recognized for academic and clinical excellence at the Ponce School of Medicine in Puerto Rico, he went on to complete an advanced robotic urology fellowship as part of one of the world's top robotics programs at the Global Robotics Institute at Florida Hospital Celebration Health.

**Specialties**
- Robotic prostatectomy
- Enlarged prostate (BPH)
- Nephrectomy - partial and radical
- Prostate, kidney and bladder cancer
- Urinary incontinence
- Vasectomy
- Voiding disorders
Cybersecurity Year in Review and Future Trends in Healthcare

By RON FRECHETTE

As we reflect on 2017, it will most likely be remembered in the Digital Age archives as the year that phishing, and ransomware attacks pulverized small healthcare businesses. Sadly enough, it’s only just beginning. Large healthcare companies have had their share as well – Indiana Medicaid, Anthem BlueCross BlueShield, Airway Oxygen and several others. But most of the cyber-criminal activity in 2017 was focused on smaller targets.

Why the shift toward the small guys and how can we reverse this trend to reduce the risk of our practices and patients becoming victims?

WHY THE SHIFT?

Why #1 – The Online Human Attack Surface will Reach 6 billion people by 2022 – Currently it’s 3.8 billion

Why #2 – Larger Healthcare Companies are Easy Targets for Cybercriminal Activity in 2017 was focused on smaller targets.

Why #3 – Small Healthcare Businesses are Easy Targets for Cybercriminals due to poor security hygiene

The world has launched into the Digital Age so fast that many healthcare professionals are just waking up to it now. Cybersecurity is a buzzword we hear in the mainstream media on an almost daily basis. Larger enterprise companies have been dealing with malicious hacking issues since the beginning of the internet. Over time, they have increased their cyber security defenses, making it harder for cybercriminals to penetrate. As a result, cybercriminals have shifted their focus to those less educated and equipped to protect against cyber-attacks. Smallitize healthcare business owners are especially vulnerable targets due the value of Protected Health Information (PHI) on the Dark Web. In 2016, over 50 percent of cyber-attacks were against small businesses, the majority in healthcare.

The cybersecurity community and major media outlets predict that cybercrimes will cost the world $6 trillion annually by 2021, up from $3 trillion in 2016. It’s like the California Gold Rush for cyber thugs. The time for us to act is now.

REVERSING THE TREND

It starts with us as individuals. We need to get educated, diligently practice good cybersecurity hygiene and embed these behaviors into our daily lives. Like brushing our teeth. Of course, there is always the option of reverting to the old days of relying on the telephone and U.S. Postal Service. Fortunately, the postal system and telecom companies rely too much on today’s Digital Age technology like the rest of the world. There is no going back.

Our plan for 2018 is to get more granular with our Orlando Medical News readers and provide a more detailed view of things they can implement into their daily lives to keep them and their patient records safe. If you have a cybersecurity topic you want to learn more about, please let us know. Send me a tweet @GoldSkyRon.

Wishing you all a Blessed Holiday Season and New Year filled with Joy and Peace!

Ron Frechette, Co-Founder & Managing Partner of GoldSky Security, is a cybersecurity and healthcare entrepreneur who over the last several years dedicated his career to helping enterprise companies reduce the risks of cyber-attacks. Ron left the enterprise security world in 2015 and co-founded GoldSky Security, LLC. Ron’s vision is to build cybersecurity firms across the US that exist to help small-midsize businesses implement affordable cybersecurity solutions. Ron can be reached at ron.frechette@goldskysecurity.com

FACTS ABOUT PEPTIC ULCERS (STOMACH ULCERS)

- Most Common Causes of Peptic Ulcers
  - The long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs), like aspirin and ibuprofen can cause Ulcers
  - An infection with the bacteria Helicobacter pylori (H. pylori) which affects about 30 to 40 percent of people in the United States can cause.

- People who are more prone to develop ulcers
  - People of any age who take NSAIDs every day or multiple times per week are more likely to develop a peptic ulcer than people.

- Your chance of having a peptic ulcer caused by NSAIDs, is increased if you
  - are age 70 or older
  - are female
  - are taking more than two types of NSAIDs or have taken NSAIDs regularly for a long time
  - have had a peptic ulcer before
  - have two or more medical conditions or diseases
  - are taking other medicines, such as corticosteroids and medicines to increase your bone mass
  - drink alcohol or smoke

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Revolutionizing Cancer Care - Part 2

By BETHI RUDLOFF, MediSpeaks

Integrative Medicine is a popular term in healthcare today, but what does it really mean for cancer care? I spent some time with Diane Robinson, PhD, who runs the Integrative Medicine Department at the Orlando Health UF Health Cancer Center to discuss her thoughts on this important trend.

Integrative Medicine to me means integrating an individual patient's care, anything and everything that will help them get better. Being integrative means you look at all aspects; it is truly the interaction of their goals and the goals of the medical team. It's not just about what the doctor thinks, but what the patient thinks as well. Why is this revolutionizing cancer care? Because Integrative Medicine techniques are shown to improve survival and lessen side effects of treatment. The National Cancer Institute even has an Office of Cancer Complementary and Alternative Medicine that provides information to practitioners as well as patients and caregivers.

It's not necessarily that we don't know what to do to be healthy (reduce stress, eat healthy, exercise, etc.), it is that we don't know how to incorporate health into our daily lives. Western medicine and its breakthroughs have brought us cures, but there remains management of symptoms and chronic conditions and things modern medicine cannot do that have us looking for other solutions. After all, there is the aspect of continued compliance with healthy practices where integrative medicine shows promise. This is where Dr. Robinson is revolutionizing cancer care, as she is a critical part of the team at Orlando Health UF Health Cancer Center and involved in bringing these integrative services right into the traditional medical care facility. Dr. Robinson opened one of the first facility based Cancer Support Committees in 2014.

"We are doing our patients a disservice when we are not understanding the obstacles for them to get healthy and sometimes it can be unlikely things. If someone is not taking their medication because they need to pay for childcare, can we find a way to get them help for childcare? That is not just an integrative medicine because you are reducing the stress that is getting in the way of getting them healthy or getting in the way of their treatment," says Robinson.

How did Dr. Robinson get involved in Integrative Medicine? "As a neuro-physiologist, one of the prime topic areas that I was very fascinated about was psycho-neuro endocrinology and immunology. In those fields, we are looking at how people are psychologically impacted in the function of some major symptoms in the body. So, I can tell you that the more stressed you are, the more it affects the hypothalamic-adrenal axis as well as cortisol and adrenaline and other neuro-hormonal catalysts through the system... I understood by what I was doing in my own research that how we think impacts our health down to the level where it changes functions in the brain. For example, my dissertation looked at how stress can impact cognitive aging...and that lead me to how stress can impact the immune function. My work at the VA looked at how veterans could cope with stress to have a better life. So as a neuro-physiologist I was looking at ways to reach these veterans - I was sending..."

For the rest of the article, please see Page 9.

Mentorship in Entrepreneurship

As a provider you can make the difference in successful innovation

By KELLI MURRAY, MediSpeaks

When we started the Health Innovators community in Orlando back in the Fall of 2014, we did so because we wanted to find ways for healthcare's problem owners (patients, providers, and problem solvers) to talk about ways to help each other. After convening 1,700 Florida-based entrepreneurs, hospital leaders, physicians, and other healthcare professionals at over 30 community events since our launch, here’s what we’ve learned:

• Entrepreneurs are met with many barriers to entry including access to experts to help validate and expand their understanding of problems and the viability and scalability of their solutions.
• Entrepreneurs serve multiple roles, often being the lead ideator, fundraiser, technologist, marketer, salesperson, product manager, accountant, and more.
• Entrepreneurs have limited funds and resources in which to validate needs and build, market, and sell their products and services. Many use their own funds, obtain grants, and/or raise angel investment. They must be strategic stewards of how this funding is spent as raising capital is often challenging.
• Entrepreneurs are generally adaptable and have agility to quickly build solutions for specific problems; particularly those that involve technology.

You may think that you don’t know where to start, I don’t have the time, and if I did have the time, what companies need my expertise, who should I align myself with, and what’s in it for me? Fortunately, you have several options - each with its own unique advantages:

• Mentor: allow entrepreneurs to work in a test environment. Being able to start small and act fast can result in rapid learnings and value.
• Job Sharing: observational data is extremely valuable to help young companies understand daily activities and challenges. Have them sign NDA and HIPPA forms.
• Speak, Write: get involved in knowledge-based events and publications to share your perspectives with an audience that’s eager to learn.
• Mentor, Advise: allocate a couple of

Healthcare, of course, has more than its share of very complex questions. How can we reduce costs and increase value, improve patients’ experiences and outcomes, speed the translation of research into therapies and cures, make healthcare something that people can have access to here in the United States, and, ultimately, around the world? If we widen the boundaries of inquiry to address questions of this sort, we discover the importance of collaborations and partnerships across the industry and across the related academic fields. In spite of all the dramatic enhancements in digital connectivity and communication, there is something uniquely powerful and generative about bringing thinkers and doers together to interact in person...
Revolutionizing Cancer Care - Part 2, continued from page 7

them to go fishing, teaching them how to meditate, and then the opportunity came up to work with Orlando Health and it was too interesting to turn it down.”

Interest in Integrative Medicine is growing; research continues to build supporting certain integrative strategies, development of integrative medicine solutions through the internet, smartphones, and apps opens access to these solutions and the lines between eastern and western medicine continue to blur.

How is this interest in integrative medicine being influenced by technology? Technology is opening up access for patients to integrative health concepts with apps being developed for certain techniques like mindfulness meditation, yoga, and nutrition. Is there a downside to the combination of technology and integrative medicine?

“My main concern (with) technology (is that) we are getting a huge amount of folks that will go online and will say ‘here is a new integrative approach,’ maybe under the title of alternative medicine. Because people aren’t educated on good research and understand good research, they can get misled. People will sell all kinds of things under the integrative medicine umbrella that really aren’t valid and are frankly quackery,” said Robinson. In other words, not much integration of different techniques or solutions, not much in discussing what is empirically proven, very little linkage with western medicine and a great deal of advertising.

In contrast, a website that is widely used in the medical community is the Memorial-Sloan Kettering’s “About Herbs.” This website and app was developed by a pharmacist and botanical expert to assist patients in making an informed choice about the benefits of herbs as well as interactions and contraindications. For example, if you were interested in turmeric, you would be able to see its purported uses, how it works (or doesn’t according to research studies), patient warnings, interactions and side effects. It is comprehensive, unbiased, clinically research-based, easy to use, and combined with traditional medical care. You can also download their app to take the information anywhere.

“It’s important to work with the institutions...to get the research into the hands of the public. There is so much great research, but it takes 20-30 years to get into actual practice. Technology has the chance to make those statistics so much better.”

Dr. Robinson is partnering with the physicians at Orlando Health UF Health Cancer Center to develop the research and the tools around integrative medicine in cancer care. For example, she has developed a cognitive-based training program for survivors and wants to demonstrate its efficacy in cancer patients.

Some Other Ideas That Come to Mind:

• A search of symptoms and pressure points that can benefit from acupuncture.
• Restorative yoga poses that benefit specific symptoms for patients undergoing chemotheraphy.
• A symptom list for a chronic disease with a listing of multiple complementary integrative medicine approaches and how they may interact or support western approaches such as drugs or surgery.
• A diary app to go with an integrative medicine instructional program to encourage but also to track and monitor its effects so that a patient can monitor whether the approach is beneficial or not.

Successful Technology for Integrative Medicine Needs to Have the Following:

• be specific for a targeted population,
• clinically sound and research based interventions,
• incorporate and acknowledge traditional medicine,
• accessibility with easy to understand information and instruction,
• embedded motivational theory/change management tools,
• tracking for compliance as well as monitoring results.

We need more of this technology to bridge complementary medicine and traditional medicine in order to revolutionize cancer care. This is innovation that can save lives and improve the lives of survivors.

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Mentorship in Entrepreneurship, continued from page 7

hours per month to volunteer to work with aspiring entrepreneurs and inventors at universities, incubators, and accelerators programs.

• Consult: get compensated for your time and expertise either in honorarium, charitable donation, cash, or even stock options.
• Partner: cross-consult on ideas, inventions and assets through licensing, joint ventures, and the like.
• Buy Local: if you’re shopping for solutions, encourage economic growth by looking locally first. You’ll be delighted by what you find.
• Invest: join Florida Angel Nexus to hear about opportunities for as little as $15k investment per deal.

We are beyond believing that there is one big idea that will solve the challenges of access, equity, efficiency, experience, quality and cost. It’s why the most intriguing solutions and ideas are those that bring the themes of shared knowledge and collaboration.

It’s why entrepreneurship needs mentors like you.
Staffing: A Sensible Burden Lift for Office Administrators

By PATRICK DUDLEY

The Medical Office Administrator – Is there another position in the business world that asks for more? A normal medical office manager job description usually has about 7 other job descriptions within it. Let’s look at just some of the responsibilities:

• Dynamic, experienced, strong leadership skills to direct and oversee operations
• Establishing and monitoring business processes to ensure effective and efficient clinical operations
• Designing efficient patient flow patterns to maximize physician schedules
• Assuring patient satisfaction and developing improvement strategies
• Implementing and overseeing practice compliance programs, including HIPAA and OSHA
• Overseeing the revenue cycle team to ensure effective billing and collection processes
• Ensuring that processes are in place to meet MIPS requirements
• Reviewing current and developing new operational policies and procedures
• Recruiting, managing and evaluating practice staff to ensure staff compliance with all companies and procedures
• Developing and monitoring benchmarks for practice performance standards
• Assist with the inventory of all medications and clinical supplies
• Ability to do some marketing with all types of referral sources such as, referral physicians, web, etc.
• Manage the process with all of the insurance carriers
• Assist with the inventory of all medications and clinical supplies
• Ability to do some marketing with all types of referral sources such as, referral physicians, web, etc.
• Manage the process with all of the insurance carriers

One of the most important duties of the medical office manager is to recruit, manage, and evaluate staff and that is a job in itself. If you are not proactively recruiting and managing your staff well, this particular job requirement will take 75 percent of their time.

What can you do for support here? Partner with a great staffing company who can support you in your clinical and clerical support hiring. There is a big misconception that a staffing company is too expensive. If utilized correctly, partnering with a staffing company can actually be an investment. How you say?

SAVE TIME & RESOURCES

Staffing agencies can be an extension of your current department. Hiring a new employee requires a great deal of time that you may not have. Contracting a staffing agency allows you to focus on the current needs of the practice and not have to worry about sifting through hundreds of resumes, updating listings, and scheduling interviews.

BRIDGE TO PERMANENT POSITIONS

Starting an employee in a temporary position provides the perfect opportunity for employers to give employees a test run before making the transition to full time.

DEEP NETWORKS TO FIND TALENT FAST

Staffing companies have a sourcing and speed advantage and allows them to find top people quickly.

LIABILITY AND TRY BEFORE YOU BUY:

When you hire someone through a staffing firm, they are not your employee. Therefore, you have no liability for their workers comp, professional and general liability, payroll taxes, and unemployment claims.

Patrick Dudley is the Managing Director of SourceMaster Search | Staffing | MatchabilityTM. Patrick has over 20 years’ experience in the staffing industry including owning his own agency since 2001. Patrick can be reached at Patrick.dudley@source-master.com. Learn more about SourceMaster Search | Staffing | MatchabilityTM on their website, www.source-master.com.

This activity is supported by educational grants from CVS Foundation. Other sponsors include Premier Pointe Concierge Services for Seniors, Center for Diagnostic Imaging, Cornerstone Hospice and Palliative Care, Brainflex Wellness Club, and Senior Helpers.

No planners or speakers have any relevant financial disclosures.

At the conclusion of this activity, participants should be able to:

1. Differentiate between symptoms of aging and symptoms of dementia using best practices in diagnostic methods.
2. Recognize differences in imaging studies between normal brain tissue and brain tissue affected by common dementias.
3. Utilize current diagnostic methods to predict the best course of treatment for dementia patients.

SPEAKERS

Rosemary D. Laird, M.D. | Peter Bove, M.D. | Ira J. Goodman, M.D.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Florida AHEC Network and the Alzheimer’s Association. The Florida AHEC Network is accredited by the Florida Medical Association to provide continuing medical education to physicians. The Florida AHEC Network is accredited by the Florida Medical Association to provide continuing medical education to physicians.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

R.S.V.P. required by January 12

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INDS of the Meeting MINDS

This clinical event is designed for and open to MD’s, DO’s, NP’s and PA’s.

January 17

2018

6p-9pm

Citrus Club

255 S. Orange Ave.

Suite 1800

Orlando, FL 32801

Conference Overview:

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MIPS: What Improvement Activities Work Best for Your Practice?

By Sonda Eunus, MHA, CMPE, CPB

MIPS, or the Merit-based Incentive Payment System, will have a significant impact on eligible Medicare clinicians in coming years. MIPS will measure clinician performance in 4 categories, and will assign each clinician a MIPS score that will then result in either a payment increase or decrease to the clinician’s Medicare reimbursement. The 4 performance categories include Quality Measures, Cost and Resource Utilization, Advanced Care Information, and Improvement Activities.

In this article, we will explore the Improvement Activities category in more detail. Clinicians and practices will have over 90 different improvement activities to choose from to implement in their practice. The ultimate goal of this performance category is to improve the quality of patient care provided. There are several subcategories that these improvement activities fall into:

- Achieving Health Equity
- Behavioral and Mental Health
- Beneficiary Engagement
- Care Coordination
- Emergency Response and Preparedness
- Expanded Practice Access
- Safety and Practice Assessment
- Population Management

Let’s discuss these subcategories in greater detail.

ACHIEVING HEALTH EQUITY

This category wants you to provide quality care to patients while also taking into account social factors in health, such as income level, food security, employment, and housing.

**Measure Example:** Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare (IA_AHE_1).

BEHAVIORAL AND MENTAL HEALTH

This category emphasizes the importance of factoring in behavioral and mental health and its effect on the patient’s overall well-being.

**Measure Example:** Diabetes screening for people with schizophrenia or bipolar disease who are using antipsychotic medication (IA_BMH_1).

BENEFICIARY ENGAGEMENT

This category measures your efforts in engaging the patient’s family to ensure that they fully understand the patient’s condition and are included in important medical decisions and the development of a plan of care.

**Measure Example:** Engage patients, family, and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology (IA_BE_15).

CARE COORDINATION

This category holds clinicians accountable for ensuring that the patient’s care is coordinated among the different healthcare providers and facilities that are participating in his or her care, and that there is clear communication between all parties involved.

**Measure Example:** Timely communication of test results defined as timely identification of abnormal test results with timely follow-up (IA_CC_2).

EMERGENCY RESPONSE AND PREPAREDNESS

This category gets clinicians ready to respond in the event of a natural disaster or other emergencies, and to ensure that all employees and patients at the facility are protected from harm.

**Measure Example:** Participation in Disaster Medical Assistance Teams, or Community Emergency Responder Teams. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and MIPS eligible clinician groups must be registered for a minimum of 6 months as a volunteer for disaster or emergency response (IA_ERP_1).

EXPANDED PRACTICE ACCESS

This category wants clinicians to offer medical care as easily accessible to patients as possible, by offering longer hours or providing different means of communication with the practice.

**Measure Example:** Use of telehealth services and analysis of data for quality improvement, such as participation in remote specialty care consults or teleaudiology pilots that assess ability to still deliver quality care to patients (IA_EPA_2).

PATIENT SAFETY AND PRACTICE ASSESSMENT

In this category, clinicians must ensure that they are implementing processes that will ensure that safe and quality care is provided to patients across the board, at every visit. Also, take into account population health management.

**Measure Example:** Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs (IA_PSQA_16).

POPULATION MANAGEMENT

In this category, you focus on patient populations with chronic conditions. You are encouraged to come up with initiatives that will benefit your targeted populations, as well as the local community that you serve.

**Measure Example:** Implementation of regular reviews of targeted patient populations which includes access to reports that show unique characteristics of eligible professional’s patient population, identification of vulnerable patients, and how clinical treatment needs are being tailored, if necessary, to address unique needs and what resources in the community have been identified as additional resources (IA_PM_11).

Which of these subcategories would be the most beneficial and feasible to implement in your practice?

Leading Management Solutions provides MIPS Assistance and Reporting services. Learn more here: www.lmsmips.com and download a free MIPS E-Book containing valuable information and links to useful resources.

Sonda Eunus, Founder & CEO of Leading Management Solutions has a background in managing a multi-specialization pediatric primary care practice, and truly enjoys medical practice management. She holds a Master of Healthcare Management, and a BA in Psychology. She enjoys sharing her work experience and knowledge of the healthcare field through her consulting work and writing. She founded Leading Management Solutions, a healthcare management consulting firm, out of her desire to assist medical practice managers and physician owners in the successful management of their practices, by providing services that she herself needed while managing her practice. Along with a team of experienced and knowledgeable consultants, Sonda aims to make Leading Management Solutions a one-stop-shop for medical practices by offering a variety of needed services that add great value to any healthcare organization. She can be reached at sonda@lmshealthpro.com

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A bum knee can be a nightmare for runners—and the rest of us, too. When your knee hurts, just walking from the parking lot to the office can become a painful trudge—forget trying to race a 5-K.

There are myriad causes for an aching knee, from accidentally twisting it the wrong way while cutting the grass to accumulated wear and tear. But the No. 1 reason for knee pain is arthritis. It can strike at any age and affects roughly 54 million Americans.

HOW DO I MAKE THE PAIN STOP?

The most common cure can be summed up by the acronym RICE—rest, ice, compression and elevation. In other words, stop engaging in activities that might aggravate the problem, such as running; ice the joint for 10 to 15 minutes a couple of times a day; wrap it to reduce swelling; and elevate it to decrease inflammation.

Medicines like Ibuprofen can alleviate pain and reduce inflammation. Steroid injections offer similar relief. Physical therapy can be helpful in strengthening and increasing mobility, while a brace is another option to stabilize a recovering joint.

If you exercise, talk with your doctor about whether to pause or modify your routine. Swimming and biking can be good forms of exercise because they stress the knee less than running and other impact sports.

WHEN SHOULD I CALL A DOCTOR?

Talk with a doctor if the pain interferes with your daily activities or keeps you up at night. If you heard a popping sound when you hurt your knee and the pain persists, or if the knee is swollen a physician evaluation could speed recovery.

WHAT CAN I EXPECT AT THE DOCTOR'S OFFICE?

There is a fairly standard protocol once you reach the examining room. The doctor will ask what hurts and whether the pain resulted from a specific activity. A hands-on assessment will follow—comparing one knee to the other, studying range of motion, checking the joint’s strength. Your doctor will also explore your medical history, discussing previous issues and the remedies you used, including any surgeries.

Additional tests or studies could be ordered, including X-rays, ultrasounds, MRIs or CT scans. The doctor will look for fractures, arthritis, or soft tissue damage.

WHAT ABOUT SURGERY?

Most knee problems can be fixed with conservative treatments of rehabilitation and rest. But, depending on the diagnosis, surgery may be the quickest and most likely way to alleviate your pain and get you back to your goals and lifestyle.

The good news is most knee surgeries are minimally invasive and require little or no hospitalization. They are especially effective when a tendon or ligament is torn or the patient has cartilage tears inside the knee joint. Often, patients typically are up and walking, albeit gingerly, the same day as surgery.

As for arthritis sufferers, surgery can offer relief, too, although medications such as NSAIDS, weight loss and switching to low-impact activities are highly effective.

Whatever the issue or potential cure, you should not hesitate to consult with a doctor. The next 5-K, after all, may be around the corner.
him without a conflict of interest, do you many concerns such as who can supervise which I do not suggest, there would be a 1099 contractor or a business vendor? “hire,” do you mean as a W2 employee, compensation insurance required for his risky maintenance. Is this a conflict of interest?

My practice manager wants to hire certain employees from qualifying for employee” provisions that may exempt medical reasons. For businesses that do not have to follow the requirements, how-ever you can create a similar leave policy if you wanted to. There are pros and cons of having a voluntary non-FMLA benefit ranging from improved recruiting and re-tention to increased liability and cost.

Per the Department of Labor, the FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. For businesses that do qualify under the FMLA, there are “key employee” provisions that may exempt certain employees from qualifying for this protected leave. Find our more from the DOL at https://www.dol.gov/whd/fmla/

My practice manager wants to hire her husband to do our building maintenance. Is this a conflict of interest?

Again, it depends! When you state “hire,” do you mean as a W2 employee, a 1099 contractor or a business vendor?

W2: If you hired him as an employee, which I do not suggest, there would be many concerns such as who can supervise him without a conflict of interest, do you have the more expensive workers compensation insurance required for his risky work and how are you going to hold him accountable if this is not your expertise?

Business Vendor: If he has his own registered business (such as an LLC or Corporation) with liability insurance, this should not be an issue. However, I would definitely suggest a formal agreement to contract that spells out the services he will be preforming, your expectations, the length of service (ongoing or project based), the rate of pay for the services and when payment is due.

1099: The same information above applies if he is a 1099 contractor in addition to ensuring that you do not “control” his work or affect his “independence.” Ensuring he has insurance to cover damage and/or injuries is also important.

Regardless of how you pay him, a background check is suggested for the safety of your employees and your assets. Click here to find out how the IRS defines 1099 vs W2.

Am I required to provide sexual harassment training to my employees and/or managers?

As a Florida employer, you are not required to provide harassment training of any type. It is highly suggested that you have a solid anti-harassment and discrimination policy that all employees read, understand and have signed. It is also suggested you consider conducting training for employees and managers to understand what harassing behavior is and is not, how it affects workplace culture, productivity and ultimately revenue. The chances of your business ending up in as a statistic is higher in Florida than anywhere else. Our state is number two (behind Texas and ahead of California) in Equal Employment Opportunity Commission claims filed by employees.

Small businesses requirements for federal anti-discrimination laws can be found at: https://www.eeoc.gov/employers/smallbusiness/requirements.cfm

I only employ 4 employees. Do I have to do annual performance reviews?

The technical answer is NO. There is no legal requirement or law to conduct performance reviews of any type. The realistic answer is yes. You absolutely should provide feedback to employees, managers, colleagues, contractors and even vendors about their workplace performance and behavior. Does it need to be a ten-page, four-hour review? Heck no! It can be a weekly 10-minute conversation or quarterly 45-minute chat about their Strengths, Weakness, Opportunities and Threats (an individual SWOT). If you set clear expectations up front (at time of hire for example) but never hold anyone accountable to meeting those expectations, why would they change their actions? Being in the medical field, you know that omission does not work with human beings!

Of course, HR and lawyers always like things in writing, just in case employment goes sideways and a tough termination decision needs to be made.

Documentation of good or poor performance helps you avoid EEOC claims and discrimination lawsuits. The great news about this is if you are having performance and behavior conversations regularly, the termination decision won’t be so tough and the employee will not be surprised when it is made.

Many of my patients are veterans. Do I qualify as federal a contractor? Do I have to create an Affirmative Action Program?

Receiving monies from the Veterans Administration (VA) for patient care payments does indeed qualify you as federal contractor and therefore your business may need to create an Affirmative Action Program (AAP) and follow the rules including yearly submissions that go with it. Generally, if your business has a federal contract or subcontract with the Veterans Administration of $50,000 or more (this can be cumulative), and has 50 or more employees, then you would be responsible for developing and maintaining a written AAP under Executive Order 11246 and Section 503 of the Rehabilitation Act. If the contract has a value of $100,000 or more and 50 or more employees, then you would also be responsible for developing and maintaining a written AAP under the Vietnam Era Veterans’ Readjustment Assistance Act (VEVRAA).

If you need more information about Office of Federal Contract Compliance Programs (OFCCP) or any other issue related to federal contractors on discrimination and affirmative action obligations, you can visit the OFCCP’s website at http://www.dol.gov/ofccp/

Wendy Sellers, MHR, MHA, SHRM- SCP, SPHR, “The HR Lady” is CEO of BlackRain Partners, a business consulting company. She holds a Master of Health Care Administration, a Master of Human Resources, SHRM-SCP and SPHR certifications and is also a licensed Florida 2-15 life and health agent who she uses solely to advise and educate BlackRain’s clients. Visit www.blackrainpartners.com
Cervical Cancer: Preventable & Curable

By LEENA KAMAT, MD

It’s January and cervical health awareness month! The purpose of this article is to highlight the facts of one of the most preventable cancers—cervical cancer. It is the most common gynecologic cancer worldwide and most frequent cause of cancer-related death in women less than age 35.

There are five main types of cancer that affect a woman’s reproductive organs: cervical, uterine, vaginal and vulvar. Cervical cancer arises when there are abnormal cells in the cervix, which is the lower narrow end of the uterus.

Approximately 13,000 women in the United States are diagnosed with cervical cancer, which is the easiest gynecologic cancer to prevent with vaccination and appropriate screening. It is also highly curable when found and treated early.

All women are at risk for cervical cancer and it most often occurs in women over age 30. Almost all cervical cancers are caused by the human papillomavirus (HPV). HPV is a common virus passed from one person to another during sex. Most sexually active people will have HPV at some point in their lives, but few women will get cervical cancer. Other risk factors that increase the chance for cervical cancer include smoking and HIV.

There are two tests that can either help prevent cervical cancer or diagnose it early: the Pap smear and HPV test. The Pap smear, which is performed by your primary physician or OB/GYN and recommended for women aged 21-65, looks for pre-cancers or cell changes in the cervix (it does not diagnose any other gynecologic cancer). The HPV test looks for the HPV virus and can be done at the same time as the Pap test, with the same swab or second swab. The pap test is one of the most effective cancer screening tests available. The frequency for Pap tests may vary depending on the clinician’s discretion but typically occurs every three years if results are normal.

Cervical cancer typically does not cause symptoms unless advanced in stage at which point symptoms can include vaginal bleeding/discharge, pelvic pain, or pain during intercourse. Cervical cancer is generally a slow developing disease, and if not detected early, may spread to other parts of the body.

Radiology plays a role in cervical cancer once it is detected. The clinician may order a body CT, body MRI, or PET/CT scan to help determine if the cancer has spread. Of the imaging modalities offered, a pelvic MRI is the best imaging modality to assess pelvic spread of disease since it provides information that may alter treatment management. Depending on the extent of the cancer, which can be evaluated with MRI, treatment can include hysterectomy, radiation therapy and/or chemotherapy.

Since it is one of the most preventable, curable cancers, no woman should die from cervical cancer. I encourage women to undergo regular Pap tests for screening and receive the HPV vaccination if they’re able to.

Leena Kamat, MD, is a board certified diagnostic radiologist, sub-specialized in breast imaging for Radiology Specialists of Florida at Florida Hospital. She earned her medical degree at the University of South Florida and a fellowship in breast imaging for Radiology Specialists of Florida at Florida Hospital. She is a member of the American College of Radiology and several national and international breast imaging societies. Dr. Kamat has a passion for self-development and learning about human behavior that allows her to grow as a person and become a better version of herself. Her favorite quote is “Be kind whenever possible. It is always possible.” – Dalai Lama

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Florida Hospitals Earn National Awards for Quality

Highlighting its nationally recognized achievements in patient safety and quality, Florida Hospital Celebration Health and Florida Hospital for Children were named Top Teaching Hospital and Top Children’s Hospital, respectively, by The Leapfrog Group. Announced today, the Leapfrog Top Hospital award is widely acknowledged as one of the most competitive honors American hospitals can receive. The Top Hospital designation is awarded by The Leapfrog Group, an independent hospital watchdog organization.

“We are honored to be recognized for our diligent work and dedication to patients,” said Daryl Tol, president and CEO of Florida Hospital and Adventist Health System’s Central Florida Division. “I applaud all our physicians, nurses and staff for their commitment to our mission and providing patients the most advanced and compassionate care.”

Earlier this year, The Leapfrog Group also awarded Florida Hospital Altamonte, Florida Hospital Apopka, Florida Hospital Celebration Health, Florida Hospital East Orlando, Florida Hospital Kissimmee, Florida Hospital Orlando and Winter Park Memorial Hospital with “A” Safety Grades.

Among thousands of hospitals in the country, Florida Hospital Celebration Health and Florida Hospital for Children received a Top Hospital distinction, recognized nationally alongside:
• 10 Top Children’s Hospitals
• 45 Top General Hospitals
• 18 Top Rural Hospitals
• 36 Top Teaching Hospitals

Performance across many areas of hospital care is considered in establishing the qualifications for the award, including infection rates, maternity care, and the hospital’s capacity to prevent medication errors. The rigorous standards are defined in each year’s Top Hospital Methodology.

“We are proud to recognize Florida Hospital Celebration Health and Florida Hospital for Children as 2017 Leapfrog Top Hospitals. This demonstrates extraordinary dedication to patients and the local community. The entire staff and board of each deserve praise for putting quality first and achieving results,” said Leah Binder, president and CEO of Leapfrog.

To qualify for the Top Hospitals distinction, hospitals must submit a Leapfrog Hospital Survey. The selection of Top Hospitals 2017 is based on surveys from nearly 1,900 hospitals. To see the full list of institutions honored as 2017 Top Hospitals, visit www.leapfroggroup.org/tophospitals.

Susan Makowski Joins CPA Solutions as Director of Business Development

Susan Makowski, previously Chief Administrative Aide to a county commissioner in one of Florida’s largest counties, has joined CPA Solutions as its Director of Business Development.

Makowski brings over 20 years’ experience in both the public and private sector and will oversee the business growth of CPA Solutions as it moves into new markets within the central Florida region.

“The entrepreneurial spirit in which CPA Solutions takes to help business owners and medical professionals is contagious,” Makowski says. “I am excited to join a team focused on growing business in central Florida.”

Makowski is actively involved in the community, serving as an adjunct instructor for Valencia College, board member for the East Orlando Chamber of Commerce and board member for the YMCA.

“CPA Solutions’ number one goal is to provide the best possible service to our clients,” says Dalia Cantor, Owner of CPA Solutions. “Susan is a terrific addition to help us achieve that goal as we continue to grow throughout the region.”

VITAS Healthcare Opens New Hospice And Palliative Care Office In Lake And Sumter Counties In Florida

VITAS Healthcare, the nation’s leading provider of end-of-life care, has begun accepting hospice-appropriate patients in Lake and Sumter counties.

“We are ready to expand access to hospice and palliative care services for the Lake-Sumter community, so patients and caregivers have the physical, emotional, social and spiritual support they need at the end-of-life,” said Jillian Madsen, RN, General Manager for VITAS Healthcare in Lake and Sumter counties. Madsen is a resident of Lake County and was a valuable member of VITAS’ Maitland office for more than 20 years before she was given the opportunity to lead the new Lake-Sumter location.

With almost 40 years of hospice experience, VITAS Healthcare has the tools and resources needed to improve the quality of life for those near the end of life. VITAS offers unique hospice services across the country in 14 states and the District of Columbia. Services include using palliative chemotherapy and radiation to optimize pain and symptom management and a palliative care program for patients with terminal cancer. Another offering is VITAS’ Cardiac Care Program, which provides patients with end-stage heart failure and other cardiac conditions access to evidence-based cardiac care alongside holistic end-of-life care.

“VITAS leads the way in the development of hospice and palliative care to improve the quality of life for patients and their families through compassion, clinical expertise, strength and guidance,” said Nick Westfall, CEO of VITAS Healthcare. “We are dedicated to providing patient-centered care that aligns with their wishes and values.”

VITAS services available for hospice-appropriate patients:
• Admissions personnel available 24/7/365—at the convenience of the family or upon the request of the physician
• Physical, emotional and spiritual care provided by a hospice team that visits the patient at home, in their nursing home or assisted living community, an average of five-plus times per week
• 24/7 access to trained clinicians who can dispatch a team member to the home when necessary
• Continuous care at home for up to 24 hours when symptoms demand it
• Inpatient care for aggressive management of acute symptoms that cannot be managed at home

Additional therapies and patient-focused programs:
• Lavender Touch: A gentle hand massage administered by trained volunteers that offers added comfort, support, and one-on-one attention
• Music Memories: A visit led by a certified music therapist with the goal of meeting physical, emotional, cognitive, social, and spiritual needs through music
• Paw Pals: Loving animals and their owners who volunteer to visit patients to provide comfort
• Life Bio: A written, audio or video biography of a hospice patient, provided by specially-trained volunteers

Pennington Development Group and BioFit Performance Collaborate

Pennington Development Group and BioFit Performance announced the development of a 3+-Acre parcel, located at the southwest corner of W State Road 426 and Kananwood Ct/Aloma Woods Blvd. in Oviedo, FL. The intersection will be signaled.

This state of the art facility is not your normal commercial gym. It is constructed, state-of-the-art equipment and professional coaching staff will leverage customized programming backed by the latest science. The culture will provide a fun and enjoyable opportunity to live healthier, feel better, move better and recover faster leveraging Nutrition Counseling, Infra-red Sauna, Cryotherapy, Stretch Therapy and Contrast Therapy. Ground-breaking is Spring 2018.
Florida Hospital for Children Debuts Renovated, Spacious Cancer Unit

Florida Hospital for Children has opened its renovated hematology/oncology unit, which features significantly larger patient rooms, state-of-the-art equipment and a family lounge. Florida Hospital for Children’s hematology/oncology unit was first built more than 15 years ago. The 16 small rooms didn’t have space for modern hospital features or to accommodate guests. To meet today’s needs, the unit was redesigned with 12 state-of-the-art rooms, which include sleeping and storage spaces for each family. For cancer patients who often have a lengthy stay at the hospital, space is more than just comfort; it is part of the recovery process, especially when they have to be isolated in their rooms due to a weak immune system.

“Health care and medicine have evolved significantly since this unit was originally designed, and we now know the importance families play in healing,” said Dr. Fouad Hajjar, medical director of hematology/oncology at Florida Hospital for Children. “These can be very challenging times for our patients and their families, and we want to provide an environment that is healing for all.”

The redesign, which took into account the feedback from the families, also includes a common family area where parents can relax and support each other, a new playroom and nurse workstations.

The renovation was made possible, in part, by Runway to Hope. The organization, founded by Mark and Josie NeJame, is a longtime Florida Hospital for Children partner dedicated to raising awareness and fighting childhood cancer.

“Runway to Hope is committed to helping all families facing the challenges and ravages of pediatric cancer. Whenever there is a need for us in Central Florida, we’ll be there,” said Mark NeJame.

“We are humbled that Florida Hospital for Children is dedicating their new hematology/oncology playroom after Runway to Hope and our NeJame family. Our hopes are that this modern and fully equipped playroom will bring endless hours of support, joy, and happiness to these brave kids as they battle their disease,” Josie NeJame said.

“This is the result of a community-wide effort and we are grateful for our partners, donors and physicians who are improving the healing experience of countless children and helping advance pediatric medicine,” said Marla Silliman, senior executive officer of Florida Hospital for Children.

UCF College of Medicine/HCA Consortium Announces New Transitional Year Residency Program

A new Transitional Year Residency Program, based at Orlando Regional Medical Center in Ocala, FL has received initial accreditation and is seeking immediate applicants. This program is a part of a UCF College of Medicine-Hospital Corporation of America consortium seeking to add more than 600 residency slots to Florida by 2020. In the last three years, the consortium has added 17 graduate medical education programs that are currently training about 250 physicians in Central and North Central Florida.

The Accreditation Council for Graduate Medicine Education (ACGME) approved the Transitional Year program for a total of 13 residents who will train for one year. The program will be directed by Dr. Alan Hamza, who completed his residency at Monmouth Hospital in NJ.

Specialties such as ophthalmology, dermatology and anesthesiology require medical school graduates to complete a Transitional Year Residency Program to provide them with a well-balanced, foundational educational experience before they begin specialty training. “Educating tomorrow’s physicians is a key priority for HCA’s North Florida Division, and as the nation’s leading hospital network, we are proud to dedicate our resources and expertise to the task,” said Joel Jeffries, M.D., Vice President of Graduate Medical Education. “Together with UCF, we are committed to providing our residents with an exceptional training and mentorship experience at Orlando Regional Medical Center.”

The Transitional Year program is the fifth UCF-HCA residency program at Orlando Regional Medical Center. The first program, Internal Medicine, was accredited by the ACGME in 2015.

“Residency and Fellowship programs are part of the promise we made to this community,” said Dr. Deborah German, UCF vice president for medical affairs and founding dean of the College of Medicine. “If we have more residencies and fellowships, we’ll have more trained doctors in our community. We’ll become a net importer of medical talent.”

Ocala Regional Medical Center is a 222-bed facility and Verified Level II Trauma Center that offers a host of medical services including bariatric surgery, cardiac and vascular, emergency, neurological and rehabilitation services. It is accredited by the American College of Surgeons’ Commission on Cancer, the American Society for Bariatric Surgery, the Society of Chest Pain Centers and the Joint Commission, as well as the Joint Commission’s designation as a Primary Stroke Center.

Applications are now open for the 2018-2019 year and should be submitted through ERAS. The NRMP program code is 1387999P1. Qualified applicants will be selected for interviews.

To learn more about the TY program at Orlando Regional Medical Center, please contact Melissa Lamb, Program Coordinator at melissa.lamb@hcahealthcare.com or via phone at: 352-401-8232.

CMS Updates Website To Compare Hospital Quality

The Centers for Medicare & Medicaid Services (CMS) updated data on the Hospital Compare website and on data.medicare.gov to provide patients, families and all stakeholders with the information they need to compare the performance of hospitals where they seek medical care. Along with data on quality measures, CMS will also update the Overall Hospital Star Rating.

“CMS is committed to empowering beneficiaries by providing transparent, comprehensive, and reliable information,” Verma said.

Hospital Compare (https://www.medicare.gov/hospitalcompare/search.html) reports information on quality measures for over 4,000 hospitals nationwide, including Veterans Administration (VA) Medical Centers and military hospitals. The website provides information for patients and caregivers on how well hospitals deliver care and encourages hospitals to improve the quality of care they provide. Users can compare performance across many common conditions.

For this update, CMS will respond to stakeholder concerns by updating several existing measures and the Overall Star Rating. The Overall Star Rating has been revised to use an enhanced methodology to assign ratings to hospitals, based on Technical Expert Panel recommendations and public input “We continue to refine the Star Ratings and look forward to an ongoing dialogue with hospitals and patients and their families on how we can provide beneficiaries useful information,” Verma said.

CMS’s Overall Hospital Quality Star Rating on Hospital Compare was first displayed in July 2016, and we intend to update the rating twice per year, in July and December. CMS is committed to working with stakeholders in a transparent manner to evaluate and update the Overall Star Rating.

As a proven healthcare consumer tool, the Overall Hospital Quality Star Rating summarizes data from existing measures on Hospital Compare for each hospital to allow its users to easily compare hospital facilities. In addition, with data.medicare.gov, users can explore and download hospital data, as well as data on ambulatory surgical centers, inpatient psychiatric facilities, and some cancer hospitals. CMS will post the summary of comments from the public comment period on the Technical Expert Panel recommendations on cms.gov in the Public Input Summary Report, which provides stakeholders with results of public input collected last fall. The public input period was intended to draw comments on several enhancements to the Star Ratings recommended by a Technical Expert Panel and other stakeholders. CMS will post this report on cms.gov at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMIS/Public-Comments.html.

To Compare Hospital Quality
Leaders Gather To Celebrate The Center For Health & Wellbeing’s ‘Topping Out’ Milestone

Leaders with the Winter Park Health Foundation and Florida Hospital celebrated a significant construction milestone at the Center for Health & Wellbeing, which will be the most innovative and comprehensive facility of its kind in Central Florida when it opens late this year.

The 80,000-square-foot Center for Health & Wellbeing is designed to provide comprehensive services and opportunities for whole-person, whole-community care — a top priority for both the Winter Park Health Foundation and partner Florida Hospital.

Leaders from both organizations joined DudalPaine Architects and Jack Jennings & Sons for the ‘topping out’ ceremony, marking that the building has reached its highest point. Crews hoisted a tree decorated by community leaders with ornaments representing wellness, fitness and medicine — atop the structure.

“This is an exciting day for not just the Winter Park Health Foundation, our partners and the teams that are building this stunning facility, but most importantly — our entire community,” said Patricia Maddox, president and CEO of the Winter Park Health Foundation.

The 80,000-square-foot Center for Health & Wellbeing, located near Winter Park Memorial Hospital on Mizell Avenue, will focus on three areas: wellness, fitness and medicine. The heart of the facility will be “The Commons,” which will include a healthy café and a conference center for educational classes and other activities.

The center’s wellness offerings will also include:

- A “Nutrition Theater,” where activities such as cooking demonstrations will occur
- Children’s wellness/child care
- Healthy Living Experience
- Outdoor gardens, terrace with patio seating and indoor and outdoor walking paths
- The fitness component will feature an all-new Peggy & Philip B. Crosby Wellness Center, which includes:
  - Natatorium with two pools: a dedicated lap pool, and one for warm-water therapy and aquatic exercise
  - Multipurpose fitness rooms for group exercise classes and yoga
  - Modern fitness floor featuring the latest in equipment for cardio exercise and weight training
  - The medical component —15,000 square feet of space anchored by Florida Hospital — will include:
    - Sports medicine and rehabilitation
    - Retail pharmacy
    - Specialty and primary care physician offices
    - Outpatient lab
    - Chronic condition management

and education
- Massage and acupuncture services

“The Center for Health & Wellbeing is not just a building, but a place that will facilitate health in an innovative way,” said Jennifer Wandersleben, administrator of Winter Park Memorial Hospital. “Florida Hospital has partnered with the Winter Park Health Foundation for nearly two decades and we are thrilled to bring these state-of-the-art health and wellness services to Central Florida, and make this one of the healthiest communities in the nation.”

For more information on the Center for Health & Wellbeing, visit www.wellbeingnetwork.org.
AID Year in Review

The year 2017 saw AID fight for independent doctors and showed gains in growth, exposure and successful battles.

1. We spoke up and out in Washington. AID made several trips to Capitol Hill this year. In March, AID Executive Director Mami Jameson Carey presented to the National Physicians’ Council for Healthcare Policy on “The Abuse of the Tax-Exempt Status of Nonprofit Hospitals in America.” While there, she met with aides from the offices of Sen. Dianne Feinstein (D-Calif.), Sen. Susan Collins (R-Maine), Sen. Chuck Grassley (R-Iowa), and Sen. Lindsey Graham (R-SC) to express the concerns of independent doctors in their states. Carey shared four moves lawmakers could make that would save the country $100s of billions, improve access, and help doctors.

2. We added three state chapters. Doctors in Vermont, Pennsylvania and Texas banded together to form three new state chapters of AID this year. The addition of Vermont in April, and Pennsylvania and Texas in November brought the total number of AID chapters to six. Chapters give independent doctors a vehicle through which they can be active locally and have a stronger voice on the national stage. The doctors will also benefit from AID’s infrastructure, national reach and resources.

3. We saved our members thousands in Med-Mal premiums. AID signed a deal with Coverys, an A rated provider of medical malpractice insurance, that allows AID members in all 50 states to get a 15% discount off med-mal premiums. Since the program started, more than a dozen doctors have made the move to switch to Coverys, support AID, and save an average of $5,000 a year on premiums. (For more information or to take advantage of this member benefit, click here or contact Karyn Richcreek at 407-790-1435 or Karyn@aid-us.org.)

4. We fought the hospital and won. Shortly after forming a Vermont Chapter, AID played a key role in helping the doctors there end a two-year battle to build the state’s first independent, multi-specialty surgery center, which area hospitals had aggressively opposed. AID brought the matter to the FTC’s attention, and filed a letter during the open comment period with the board responsible for issuing the certificate of need. Until then, the board had favored the hospital. The letter got picked up by local and national media, which let regulators know the nation was watching. The board’s subsequent 4-1 decision in favor of granting the CON allowed the independent doctors to build their freestanding outpatient center, and introduce competition into a general surgery market previously controlled by hospitals.

5. We got covered. A former health reporter, Carey established a contributing editor relationship with Forbes, and published her first Forbes editorial, “Focus On Health Coverage Misses The Point,” an overview of why health care costs so much and how to fix the problem. In addition, AID was widely quoted in medical industry news outlets, including such publications as Medical Economics, Bloomberg, Becker’s, Orlando Medical News, Practicing Physician, and Central Pennsylvania Business Journal.

The Today Show came to AID’s office to tape a segment on how healthcare consolidation is harming America. However, the breaking news involving sexual misconduct among Hollywood’s elite caused NBC to postpone the segment indefinitely.

6. We became part of a coalition. As part of Practicing Physicians of America, a bipartisan coalition of doctors’ organizations, AID joined a grassroots consortium of medical organizations that includes Let My Doctor Practice, Doctors Care Patient Care, Physicians Working Together, Physicians for Physician Independence, United Physicians and Surgeons of America, among others.

The coalition held its first meeting in February, in Washington DC, where Carey spoke in the Library of Congress to physicians and lawmakers on “What Is Good for America’s Independent Doctors Is Good for America.” Two 20-minute YouTube recordings of the talk have had several hundred viewings. PPA has a social media reach in excess of 100,000 doctors nationwide. What these groups have in common is that their members are all fed up with the liberties government, hospitals, and insurance companies have taken at doctors’ and patients’ expense.

7. We testified for transparency. On behalf of independent doctors. Carey testified in Tallahassee before the Florida House of Representatives Health Innovations Subcommittee in favor of a transparency bill, Patient Savings Act, HB449. Though the legislative session ended before the house and senate could vote, the bill is well positioned for the 2018 legislative session. The Patient Savings Act requires hospitals and insurance companies to make prices available, so patients can comparison shop, then share in the savings. The idea for a shared savings incentive came from the Foundation for Government Accountability, a Naples, Fla., based think tank. The FGA is working to move similar bills forward in 18 states, and has already passed the bill in Maine.

8. We added new vision. Five new members joined AID’s executive committee effective Sept. 1: Amy Cooper, executive director of HealthFirst in Vermont; Dr. Cristin Dickerson, radiologist with Green Imaging in Houston; Dr. Brenda Holson, retired pediatrician from Winter Park, Fla.; Dr. Matthew Knight, Orlando dermatologist; and Dr. Scott Pollak, Orlando cardiologist. Selected for their perspectives, vision and strategic leadership, AID’s 16 executive committee members agree to serve three-year terms, develop membership, be outspoken advocates for AID, seek opportunities for AID to present, help open doors to decision makers, and participate in conference calls three times a year.

9. We held Town Halls. In October, AID canvassed the country hosting town hall meetings for AID chapter members in California, South Carolina and Florida. Each meeting featured a busy networking hour, followed by dinner, remarks from local speakers, and a presentation from AID’s executive director on what AID was doing on the national and local levels to help independent doctors.

10. We fought for competition and site neutrality. In fall, Carey went back to Washington to meet with attorneys from the Federal Trade Commission’s Bureau of Competition to discuss how AID members could work with the FTC to prevent health-care consolidation and enforce antitrust laws that harm competition. While there, she also met with a representative from the Centers for Medicare and Medicaid to discuss how AID could help promote site neutrality – paying the same for a procedure whether done in an independent doctor’s office or a hospital outpatient department – a goal the current Medicare administration and AID share.

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Watch Out for The Change in Medical Coding Guidelines

By MARK LANTON

There will be upcoming changes with the Evaluation and Management (E&M) guidelines that all physicians should pay attention to. These changes will be a positive and a negative for physicians. Those physicians who obtain the majority of their income from office visits will be mostly affected. Since it’s been 20 years since the 1997 E&M guidelines were published and no changes, revisions were implemented to help reduce the confusion that most physicians experience. There was a study by the Journal of Family Practice that revealed physicians are correct in their E&M coding only 55 percent of the time.

Another point is that the E&M guidelines have not have not kept up with the constant and continuous changes in the healthcare industry. In 1997, less than 20 percent of physician practices used an electronic health record system. In modern days, more than 80 percent of physician practices are using an EHR. And we all have seen the happenings in the EHR universe when doctors are documenting to skewed coding standards, instead of charting their care and care plans. With all of the additional paperwork and the distractions that come with it, you can’t see the forest for the trees and that benefits no one.

Doctors must be careful when submitting codes because being accurate can make you or break you (more often break you). Many doctors under-code to help prevent unwanted attention from the government authorities because Medicare recognizes over-coding as fraud. One of the issues with under-coding is that doctors lose out on money that is rightly deserved. But the fear of being audited is the primary factor on why doctors under-code. With these Medicare Recovery Audit Contractors (RACs) on the warpath to find any fraudulent activity by doctors, it is paramount to be as accurate as possible when coding. These Audit Contractors have a vested interest in discovering any signs of fraud because they get paid a commission of between 9 to 12 percent for finding fraud. Along with the Medicare “coding police”, the other private payers have followed suit and sends in their “coding police” to find any fraud.

Physicians are required to bill patients using a two-decade old set of guidelines that were confusing back then and continue in its confusion. Doctors can be imposed penalties by selecting the wrong codes and may be accused of fraud. even though coding experts disagree with each other on what the right code really is! You can’t make this stuff up.

The CMS says they plan to study and amend E&M coding in the next few years (don’t hold your breath). They plan to diminish the detailed history and physical exam, and place the focus on patient care your practice already provides. The motivation for these changes is money. The Medicare data shows that level 4 and 5 E&M services were billed 25 percent of the time in 2001. This number has increased to 40 percent by 2010. Vague E&M guidelines, combined with the way physicians document in EHRs to try and meet these guidelines, have resulted in higher levels of E&M coding. Here’s an example of the money at play. Family medicine physicians coded a 99213 or a 99214 a measly $3,800,000 times in 2015, according to CMS data. There is about a $34.45 difference between Medicare reimbursements for these two codes. And $34.45 times 35 million visits is $1,200,000,000 and change. Now think about the dollars at stake when we look at all specialties and all E&M codes. I believe Medicare is seeking to simplify E&M coding to reverse the EHR-driven shift to higher coding.

For the time being, code as best as you can. Ensure you do not use a single established patient or new patient code too much, because doing so puts you at a higher risk for being audited. The last thing I want to see is a doctor get fined or charged with a crime.

Outsourcing those billing, coding, collecting outstanding receivables, etc., are a viable option to insure your practice receives the highest reimbursement and protections from government audits, and you will also improve patient satisfaction. More and more doctors are turning to billing companies, who have trained, certified billing professionals to get you the highest reimbursement for the care you have given. Outsourcing frees up those staff to help improve on the great patient care your practice already provides.

Robotic-arm assisted hip and knee replacement has the ability to offer those suffering from osteoarthritis in their knees and hips almost immediate relief.

It is estimated that 15 million Americans suffer from osteoarthritis (OA) in their knees. The U.S. Census Bureau estimates that the 55 and older age group, who are peak knee replacement candidates, will reach 96 million by 2020. That age group is also the most susceptible to suffer from Degenerative Joint Disease (DJD) of the hip as well.

Abhijit Manaswi, MD, a specialist in joint replacement surgery, knows his robotic-arm assisted hip and knee replacement offers a solution to OA and DJD sufferers.

Heart of Florida Regional Medical Center, where Dr. Manaswi is the director of the Joint Replacement Center, is the only hospital in Polk County where the robotic arm joint replacement surgery is performed.

Dr. Manaswi uses a robotic arm interactive orthopedic system to map the area that will be operated on. Using a computer guided robotic arm, Dr. Manaswi can easily and quickly remove the osteoarthritis from the healthy bone and replace the knee or hip joint with the new joint.

“There is a smaller, less invasive incision than traditional surgery, and only the arthritic portion of the joint is removed, preserving the healthy bone and tissue,” Dr. Manaswi said. “There is less scarring, minimal hospitalization time and a more rapid recovery time.”

When patients start having symptoms of DJD in the hip, for example, they notice they start limping to avoid putting weight on the affected hip, and that pain radiates down to the lower back, or thigh to knee. They also notice that pain medication is also no longer helping.

That is when the robotic arm replacement surgery provides the most relief.

“By using the robotic arm system to remove the damaged bone, I can reduce the risk of leg length discrepancy and improve the post-operative range of motion. There is also a rapid relief of pain and a quicker return to daily activities,” Dr. Manaswi said.

How It Works

It all starts with a personalized plan. After a CT scan of the joint is taken a 3-D virtual model of area is generated. That model is loaded into the robotic arm system software and a personalized pre-operative plan is created.

During surgery, Dr. Manaswi uses that plan to prepare the bone for the implant and the system guides him within the pre-defined arthritic area and keeps the machine from moving outside of the defined area for treatment. This helps provide a more accurate placement and alignment of the implant.

After surgery, the goal is to get the patient back up and moving around as soon as possible. At the Joint Replacement Center at Heart of Florida, the patients will be up and doing physical therapy within a few hours of the surgery. They also participate in group therapy with others who have had the surgery as well.

Patients also return home sooner than after traditional knee and hip replacement surgery.

Potential Benefits

- Improved surgical outcomes
- Optimal implant positioning
- Smaller incision, less invasive
- Minimal hospitalization
- Less scarring
- More rapid recovery
- Ligaments remain intact for a more natural feeling knee and hip
- Ability to return to an active lifestyle quickly

Dr. Manaswi offers several procedures including: robotic arm assisted total hip replacement, computer assisted total knee replacement, robotic arm assisted partial knee replacement, revision knee replacement, and revision hip replacement.

To find out more about the robotic arm joint replacement surgery, call Dr. Manaswi’s office today to make an appointment and come see how the robotic arm assisted joint surgery can help your patients get their active lives back. For patients who would like to learn more about the surgery, please call Dr. Manaswi’s office at 863-419-8922.

Disclaimer: Before you decide on surgery, discuss treatment options with your doctor. Understanding the risks and benefits of each treatment can help you make the best decision for your individual situation.

Member of the medical staff at Heart of Florida Regional Medical Center. Heart of Florida Regional Medical Center is owned in part by physicians.