Taking It to Heart

Nemours commercials a hit, but hitting home with providers, too

By PL JETER

It’s a simple yet compelling spot. Against a verdant backdrop of siblings gleefully playing outdoors, a young girl’s voice can be heard: “Dear Dr. Dadlani, I love you for fixing my little brother’s heart. When I was a baby, you helped fix a hole in my heart and now you fixed Will. Thank you for making it so we can play together again. Love, Juliette.”

While reading the sweetly scrawled words for the first time, cameras were rolling on pediatric cardiologist Gul Dadlani, MD. His heart seemed to skip a beat.

“It was definitely humbling,” said Dadlani, division chief of pediatric cardiology for Nemours Children’s Hospital in Orlando. “It was one of those few moments … when you get positive feedback … all the hard work and effort are worth it. And it puts everything in perspective.”

During his 13-plus year tenure, Dadlani has helped more than 13,000 young souls. Yet he remembers each story. Juliette, the youngest of four girls, required surgical intervention as an infant unable to gain weight. After experiencing Juliette’s transformation, the family adopted a small boy already diagnosed with congenital heart disease. Dadlani treated him, also.

Terri Wilsie, director of brand marketing for Nemours Children’s Health System, explains the concept genesis: “We had an opportunity to tell our story quite succinctly about our physicians and centers of excellence. We were tying our patient’s point of view with our message, and our doctors’... (CONTINUED ON PAGE 4)
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In Other Words with Dennis C. Smith, MD

Dennis C. Smith, MD, FACS, FASMBS, is a board-certified general surgeon focused on bariatric surgery, a diplomate of the American Board of Surgery, and a fellow of both the American College of Surgeons and American Society for Metabolic and Bariatric Surgery. He focuses on laparoscopic, minimally-invasive bariatric surgery, including the Sleeve Gastrectomy, the RNY Gastric Bypass, and the Duodenal Switch procedure to treat obesity and metabolic-related health issues.

Dr. Smith received his BS in Chemical Engineering in 1982 at MIT, in Cambridge, Mass., and worked as a chemical engineer in the air separation industry for several years before going to medical school at Rutgers in New Jersey. He then did his general surgical residency at UAB in Birmingham, Ala.

He has been involved in bariatric surgery since 1997, and has done laparoscopic bariatric surgery since 1999, including his first laparoscopic Duodenal Switch procedure in 1999. From 2000 to 2015 Dr. Smith served as the Medical Director of the Bariatric Surgery Program for the WellStar Health System in Marietta, GA.

He’s been involved in the development of laparoscopic techniques for the Duodenal Switch, has presented nationally and internationally, and continues to have a strong interest in metabolic surgery.

In March 2015, Dr. Smith joined the Center for Metabolic and Obesity Surgery and the Obesity and Metabolism Institute at Celebration Health Hospital in Celebration.

In Other Words...

Dennis C. Smith, MD

Metabolic Surgery and the treatment of Type 2 Diabetes Mellitus

It goes without saying that Type 2 diabetes mellitus and obesity are two of the most important and devastating public health problems we face. They are both major causes of morbidity and mortality in those they afflict, and lead to disability and discrimination as well.

It is also well-known that lifestyle modification and medication can have a beneficial, but limited effect on both of these medical problems.

Over the past few decades, bariatric surgery has gained popularity as a means of treating both of these conditions at the same time, and has proven to be the only effective and long-lasting way to cause remission of Diabetes, and to cause substantial and sustainable weight loss.

After years of describing our operations as restrictive and/or malabsorptive, early in the previous decade we began to understand that the effectiveness of these operations has had a great deal more to do with alteration in the metabolism of the patient than we had appreciated. The effectiveness of these operations against diabetes and lipid disease were also so impressive and important, that in 2007 the American Society for Bariatric Surgery officially changed its name to the American Society for Metabolic and Bariatric Surgery (ASMB).

We now employ three major operations in the bariatric surgery armamentarium. The Sleeve Gastrectomy, the RNY Gastric Bypass, and the Duodenal Switch. The procedure known as Adjustable Gastric Banding has largely faded into history, however, many of these patients are presenting with failures of various kinds involving band slippage, erosion, intolerance and weight regain, and are having these bands removed and their anatomy converted to other operations, usually RNY’s or Duodenal Switches.

Each of the operations we do affects the gut microbiome in a different way, based on how we alter the anatomy. The gastrointestinal tract is divided into foregut, midgut, and hindgut. With varying degrees of small intestinal bypass with the different operations, the gut hormones are modulated in varying ways as well. Changes in anatomy also result in changes in things like bile acid metabolism, adipokines, cytokines, etc. including yet to be identified factors.

In the foregut, the gut hormones ghrelin and glucose dependent insulinotropic peptide (GIP) are prominently changed, and in the hindgut glucagon-like peptide-1 (GLP-1) and peptide YY (PYY) are manipulated. The major end results of these modulations are effects on satiation, hunger, gut motility and improvement in glycemic homeostasis.

Of the three major operations we do these days, the most powerful metabolic operation we have is the Duodenal Switch (DS). The DS has powerful effects on DM and Lipid Disease, and is associated with the greatest weight loss of the three.

There are lifestyle and nutrition challenges with this operation, however, so it’s not for every patient.

In 2004 a major meta-analysis (Buchwald, JAMA 2004) published rates of complete resolution of DM with the various bariatric procedures, including 134 studies and some 22,000 patients. The complete resolution rate for the Band was 47.8 percent, for the RNY was 63.8 percent, and for the DS was 97.9 percent. Since then a multitude of studies have backed up these numbers, and the resolution rate for the Sleeve Gastrectomy has been shown to be fairly close behind the RNY.

The effects of non-Band operations is almost instantaneous – patients often come into the recovery room needing far less medication for DM than preoperatively.

Although the Duodenal Switch is not a well-known bariatric operation, it has been performed since 1989, and laparoscopically since 1999. It’s one of the ASMB’s standard recognized bariatric procedures, and is covered by Medicare. Historically, it has amounted to 1 percent of the bariatric procedures done in the US, and that’s remained fairly constant over the years. The DS has also received more attention in recent years because of its application for patients who have had a failure of weight loss, or weight regain, or intolerance to a previous bariatric procedure such as Adjustable Gastric Banding or the Sleeve Gastrectomy.

It’s interesting that in the 90’s and early 2000’s, the DS was described as a “malabsorptive” operation, but as knowledge about the actual mechanisms of these operations improved, it became clear that much of the power of the DS is actually metabolic in nature. There is restriction, and there certainly is malabsorption, but the effects of the metabolism seem to be most important especially in terms effects on DM. The DS has the dramatic effects on gut hormones, but that doesn’t explain everything, and there is a tremendous amount of research going on in these areas. Other theories as to why the DS works so much better against DM than the other bariatric procedures include bile salt metabolism, alteration of the chronic inflammatory states associated with obesity and DM, increased lipid excretion and the more profound gut microbiome changes associated with the DS.

There is clearly a lot more to learn about how the DS works on a biochemical level, but the progress that has been made in the past decade makes the next decade very promising for advancing our understanding of how all of these bariatric operations work. There is potential for altering our operations in order to make them more effective, and we may also someday be able to preoperatively assess patients from a genetic and biochemical point of view to help determine which operation might work best for individual patients.

Dennis C. Smith, MD, FACS, FASMBS, is a bariatric surgeon with the Center for Metabolic & Bariatric Surgery in the Florida Hospital Medical Group at 410 Celebration Place, Suite 401, Celebration, Fla. He can be contacted at 407-293-3820 or visit www.FHmedicalgroup.com

Gastrointestinal Surgery Today: The American Society for Metabolic and Bariatric Surgery (ASMBS) Conference was held recently in Boston, MA.

In other words, the ASMBS, which is the largest and oldest of the bariatric surgical societies, has grown astronomically since its inception.

In 1988 it had only 7 members, and today it has more than 1000 members. The number of bariatric procedures done in the US, and that’s remained fairly constant over the years. The DS has also received more attention in recent years because of its application for patients who have had a failure of weight loss, or weight regain, or intolerance to a previous bariatric procedure such as Adjustable Gastric Banding or the Sleeve Gastrectomy.

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In Other Words with Dr. Ayyaz M. Shah

The healthcare industry has been in turmoil due to the spiraling healthcare costs for years and the situation does not look like it will improve any time soon. The typical model for medical services involves 3 components: The healthcare provider, the patient who is seeking treatment for a particular disease or disorder and the insurance provider.

Many physicians especially in Primary Care are working harder and working longer hours, however their reimbursement from insurance companies is not increasing. Many of these physicians are actually seeing declining reimbursements from the insurance companies for the services rendered. ICD-10 was recently implemented, which created more confusion and anxiety among medical providers learning a new set of diagnosis codes linked to billing. Procedures improperly coded and sent for payment are denied, resulting in the need for specialists to perform the proper coding and billing which in turn increases healthcare costs.

Often, insurance companies pay only a portion of the claim, leaving patients with a balance (sometimes a large amount) due, and upon receiving a notice for requested payment for services, they become irate or simply refuse the request for payment resulting in further costs for collections on those balances owed.

Due to billing, coding, declining reimbursements from the health insurance companies, many primary care physicians are looking for other ways to supplement their income. One of the ways to achieve this goal is to offer additional services paid out-of-pocket, bypassing insurance companies altogether eliminating the need for a coder; a biller or submission of fee bills. Fees for service are collected upfront and denial of payment becomes a non-issue.

We have an Aesthetic Dermatology and Obesity Medicine Practice. We do take most insurance, however the majority of procedures we perform are not covered by insurance. This is one of the optimal times in medicine to be a part of the aesthetics industry. More people than ever are seeking services to look more attractive, slimmer, younger and rejuvenated.

There is a large need for aesthetic services for these individuals and many of the specialists such as plastic surgeons, cosmetic surgeons and dermatologists are unable to meet the demand. A gap exists between the demand for these aesthetic treatments versus providers who can bridge that gap.

The shifting paradigm in healthcare sets up a unique opportunity for primary care physicians to step in and help fill this void. One way to help fill this gap is to provide training opportunities for these family physicians, interns, OB/GYNs, Med/Peds, PA/NPs, aestheticians, tri-chologists and other healthcare professionals.

Aesthetic and anti-aging procedures are very popular in the United States and abroad. A recent report from The American Society of Plastic Surgery (ASPS) that Americans spent $16 billion on cosmetic plastic surgery and minimally invasive procedures in 2016. More patients than ever are concerned about their appearance. Baby boomers while working to maintain their inner health also want to look younger, healthier and more attractive.

With the entry of social media in our lives and “selfies”, there is an increase in some of these procedures for younger patients. In particular, lip rejuvenation is particularly very popular and often requested. Filling of the lips and PRP (plate rich plasma) was largely made popular by sisters and media celebrities Kylie Jenner and Kim Kardashian.

The top five minimally invasive cosmetic procedures performed in the United States in 2016 were:

- Wrinkle treatment procedures (Botox, Dysport etc.) – 7 million procedures
- Hyaluronic acid fillers (Juvederm, Restylane) – 2 million procedures
- Chemical Peels – 1.3 million procedures
- Microdermabrasion – over 775,000 procedures
- Laser treatments – over 650,000 procedures

As the demand and number of patients seeking treatment is increasing for these minimally invasive aesthetic procedures, the number of properly trained physicians to perform these procedures is not increasing at the same rate. These minimally invasive procedures are easy to learn and perform with proper training.

There are many organizations currently that offer aesthetics training at various conferences, symposia, seminars, workshops, etc. Most of these offer a didactic portion and a live demonstration of the procedure being performed, some will offer a “hands-on” workshop. However, having been an instructor/faculty member at many of these workshops, most participants still felt that they were not comfortable at the conclusion of the workshop to confidently perform the learned or observed procedure.

Our observations during the many years of training these doctors and allied health professionals led us to the conclusion that there should be an opportunity for more immersed learning in a preceptorship allowing the provider to get more intimate one-on-one training in a much more relaxed environment. Upon the conclusion of the preceptorship and hands on training, physicians are ready and confident to perform the procedure in their own office.

Healthcare providers interested in training opportunities in these procedures with Dr. Ayyaz Shah and Aesthetiderm, can visit www.shahdermatology.com or www.aesthetiderm.com or email info@globaldermstitute.com
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Encouraging Positive Change in Healthcare

“No man is an island, entire of itself; every man is a piece of the continent”
- John Donne

By NINA TALLEY and KELLI MURRAY, MedSpeaks

It’s well established that teamwork and collaboration are at the heart of any thriving care team. What is the history and diagnosis, what needs to be done for the patient, what has been done already, what has and hasn’t been successful, and who is responsible for carrying out each task? Quickly accessing this information is absolutely paramount to a patient’s success, and yet, in spite of this knowledge, the healthcare industry itself remains challenged with silos, fragmentation, and disorganization.

Beyond the care team and from a business perspective, these industry challenges also plague the health and medical innovation sector. Protecting trade secrets and competing for market share are not only realities but good business practice. However, let us be mindful that having a disinterest or aversion to knowledge sharing and collaboration goes against the core principles of medical innovation. By looking at each other as competitors instead of as compatriots we are hobbling the industry’s ability to evolve alongside market trends. It begs the question - Are we collectively and, perhaps unwittingly, slowing the pace of progress at the expense of patients to protect information that, while proprietary, may not affect a “solution’s” success by way of efficacy, acceptance, or adoption? In a noisy landscape filled with emerging products and solutions, is it feasible to expect that they alone can independently transform healthcare? Maybe for a few unicorns such as 23andMe, but it is the rare exception, not the rule.

So, the question becomes, if teamwork and collaboration work well for the altruistic side of healthcare, can it also work for the business side? In many industries it might not, but almost all aspects of medicine are driven by one key factor, human health and wellness. Healthcare is one of few fields where rising tides truly do raise all ships. Hence the inherent value of fostering a connected community - one that lowers defensive walls and connects us to learn about the people, ideas, and opportunities to collaborate across borders of innovation.

Health Innovators, the largest health and medical innovation community in the Southeast United States, has committed themselves to nurture and curate Central Florida’s healthcare ecosystem. It serves as Florida’s neutral hub for collaborative discussion and education.

In June, Health Innovators hosted an event at the Florida Hospital Nicholson Center designed to bring forward eager collaborators from across the healthcare ecosystem. There were young startups and entrepreneurs mingling with leaders from Adventist Health System, UCF’s School of Medicine, Orlando Health, Nemours Children’s Hospital as well as community driven initiatives including Lake County’s Economic Growth Commission, and the Orlando Tech Association. It turns out that a meetup with surgical robotics simulators can serve as a modern-day water cooler for medical professionals. “Listening to entrepreneurs in healthcare share their stories was inspirational and motivating. The IP (intellectual property) lawyer added a window into realism and protection” said Roger Smith, Chief Technical Officer for the Nicholson Center, and Health Innovators’ moderator.

“Hearing from the diverse panel during this event, as well as being able to tour spaces that encourage positive change in healthcare, emphasizes the complexity of healthcare innovation as well as the potential. This complexity requires a team with diverse skills for success,” added Beth Radloff, Chief Innovation Officer for MedSpeaks, a strategic hub and voice for innovators.

The Florida Hospital Nicholson Center for Simulation and Training is positioned as a natural facilitator for the development of a stronger health-tech community, and not just for Health Innovators. The Center has created community based partnerships with the Orlando Science Center and Adventist University of Health Sciences to encourage an interest in STEM among Orlando’s youth. They also recently collaborated with Experience Kissimmee on an event called MasterMind, aimed to increase the efficacy of medical events, with MasterMind attendees receiving 15 hours of Continuing Education credit, as approved by the Convention Industry Council. The Nicholson Center even wrote up a few blog pieces to assist medical event planners who were unable to attend the MasterMind conference.

What are some other examples of collaboration inside of Central Florida’s health-tech community? We’ve seen the Children’s Home Society of Florida begin to work with The Scott Center for Social Innovation Credit, as approved by the Convention Industry Council. The Nicholson Center even wrote up a few blog pieces to assist medical event planners who were unable to attend the MasterMind conference.

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Small practice owners are more often than not, challenged with cash flow management constraints especially when faced with fronting the cash to pay employees and vendors before getting paid from the insurance companies. Transitioning to a new EMR system, changing contracts with insurance companies or getting reaccreditation with Medicare and Medicaid may stretch out incoming payments for an extended period of time, which means you have to survive for 3 months or more without getting paid.

We would all love to have 6 months of working capital saved up and ready for use when needed. Unfortunately, it’s not a reality in many cases and therefore we rely on bank loans to get us through. Bank loans can be the most overlooked things by business owners. Covenants often include certain debt to earnings or debt to equity ratios, a period of time with zero balance, submission of financial statements etc. Noncompliance with any of the covenants may result in non-renewal of the line of credit;

- If you end up in an alarming cash flow position, you may want to discuss a possibility of converting the line of credit balance into a fixed term loan that will give you the time you need to pay off the loan.
- Vehicle and Equipment Loans can be refinanced with your current bank at a lower interest rate.
- Consolidating all your loans with your banking institution – it bears an additional risk since the bank will most likely re-collateralize all your assets but in most cases, it will save you some money due to a lower interest rate.
- Financing personal living expenses through business loans.
- This might seem like an obvious NO NO for most but unfortunately some business owners treat business borrowings as their own personal line of credit;
- Business will earn income and will be able to service the debt;
- A business owner as an individual is limited to the income of the business and therefore financing personal expenditures will leave you in a hole because there will be no extra income to satisfy the debt.

So how do you stay ahead and properly manage your cash flows?

- Work with your CPA to create a budget for your overhead and stick to it.
- Analyze actual vs. budget variances every month to recognize and remediate any shortfalls – this exercise will enable you to identify problem areas on a timely basis and take corrective action before it gets out of hand;
- Implement tighter purchasing policies with appropriate approvals, especially when it comes to expensive items such as vaccines and other clinical supplies;
- Negotiate better terms with your largest suppliers so in the case of a cash crunch you have some time to pay your bills without becoming a bad paying customer;
- Same advice regarding building personal wealth from a “Millionaire next door” applies to your business – spend below your means;
- Always tell my clients to go get a line of credit with the bank when you don’t need one because when you do need it you won’t get it.

Every successful business is run by numbers so know your financial situation – breakeven point and monthly cash requirement should not be foreign terms for any business owner.

By DALIA CANTOR, CPA

CPASPEAK

Business Loans and Cash Flow Management

By DALIA CANTOR, CPA

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HEALTH INNOVATORS

Encouraging Positive Change continued from page 7

Autism Treatment, increasing the reach of pediatric behavioral health services in Florida. The GuideWell Innovation CoRE is another community highlight, both as a host to a variety of immersive events and as a home to many entrepreneurs anchored out of their uniquely designed coworking space where they benefit from GuideWell’s (and parent company Florida Blue’s) expansive network. And, UCF’s Business Incubation Program has partnered in collaboration with MedSpeaks to launch a new 10-week education track focused on health innovation and entrepreneurship.

Beyond just private and community organizations, Orlando’s largest hospital systems are also doing their part to create collaboration within our community. Florida Hospital has launched the Alliance & Innovation Exchange, where they are actively seeking, engaging, and funding startups and technologies looking to solve problems facing both patients and physicians. This has lead to success stories like SMRST, who were able to perfect their existing algorithm using data provided by Florida Hospital’s large patient population. There is also Orlando Health’s Community Grant Program which doubled the number of recipients this year, including programs like the Zebra Coalition for Youth and Orange Blossom Family Health.

Many of these companies could easily view one another as competitors, as they are operating in the same geography and serving the needs of the same patients and customers. However, through unguarded discussion they are able to cooperate and, while still generating revenue, create something bigger than themselves and bigger than any single node in the healthcare ecosystem. A thriving, healthy, community.

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Overwhelmed Yet?

By SONDA EUNUS, MHA, CMPE, CPB

Every practice faces different costs depending on the specialty and size of the practice, the services that it provides, and the geographic location in which it operates. However, every practice also faces many mutual operating expenses which can potentially be reduced by making processes more efficient, but it can also reduce the number of receptionists that you need to be working at one time, saving you labor costs. Additionally, by empowering your patients and teaching them to use your electronic patient portal to schedule or reschedule their appointments, or request referrals or prescription refills, you may also be able to reduce the number of employees that you need on staff to answer the phone calls that would normally be generated for these issues. These are only a few examples of how you can use technology to cut costs.

Another option to consider when trying to reduce operating expenses is joining a group purchasing organization (GPO). These organizations utilize the power of collective purchasing and allow their member practices to enjoy great discounts on necessary office supplies, health and malpractice insurance, and other products and services. Do some research to find a GPO near you that you can join and start saving significant amounts of money.

Finally, consider your long-term contracts. Have you been with a certain vendor for years, and are missing out on the lower prices offered by their competitors? Request quotes from 2-3 vendors to see if you may be able to get better prices. You can then approach your current vendor and see if they can match or even beat the best quote. If they are unable to, it may be time to switch vendors.

1. What are some ways that our practice can cut operating costs?

Every practice faces different costs depending on the specialty and size of the practice, the services that it provides, and the geographic location in which it operates. However, every practice also faces many mutual operating expenses which can potentially be reduced by making processes more efficient, or by doing some research on other ways to minimize expenses.

One great way to cut operating costs is to be knowledgeable of the technology that is available to make your operations more efficient and to save you money. For example, is your practice still using a conventional fax machine and spending money on toner and paper? Have you considered using secure e-fax services or HIPAA-compliant email? Does your check-in process take too long, backing up your physicians and slowing down your patient flow? Have you considered electronic kiosks which allow patients to check themselves in? Not only can these kiosks make your check-in process more efficient, but it can also reduce the number of receptionists that you need to be working at one time, saving you labor costs.

Additionally, by empowering your patients and teaching them to use your electronic patient portal to schedule or reschedule their appointments, or request referrals or prescription refills, you may also be able to reduce the number of employees that you need on staff to answer the phone calls that would normally be generated for these issues. These are only a few examples of how you can use technology to cut costs.

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2. How can our practice implement a successful process improvement program?

It is very easy to get stuck in an inefficient routine, just because that is how things have always been done. However, sometimes it is necessary to step back from the day-to-day work that we will always be immersed in, to see if we can improve certain processes to make our work simpler and more efficient. Is there a way that we can reach the same result in fewer steps and with less employee labor involved? For example, look at your referral process—how many people need to be involved in order to close the referral loop? Are your referrals being sent out in a timely manner? Is someone following up with the patient to ensure that they made it to their appointment with the specialist? Finally, is someone responsible for making sure that the specialist’s findings are being obtained and added to the patient’s chart? How can you systemize this process to make sure that it is carried out successfully every time, and that it utilizes the least possible amount of employee time and resources?

The Patient Centered Medical Home (PCMH) delivery of care model proposes a great way of reducing inefficient processes by conducting PDSA cycles—Plan, Do, Study, Act. Such cycles involve planning and trying out new ways of doing things for short periods of time, observing the results, and deciding whether or not the new process should be kept or modified. This is a good way to start your process improvement program. It is beneficial to form a core multi-disciplinary team that will drive the process improvement movement forward, and who will be able to speak for the various departments of your organization—the front office, the clinical staff, the physicians or other providers, the billing staff, management, etc. By ensuring that every department has a voice and is able to communicate their own operational challenges to the other departments, solutions can be implemented without unnecessary conflict.

For example, when a patient waits too long in the waiting room and becomes irritated, the receptionist will need to deal with the patient’s frustration. The receptionist may in turn become irritated with the nurse, who thinks she is taking too long to triage the patient. Meanwhile, the nurse may be stuck in an exam room with the new physician, who is not yet proficient in how to use the EMR system. By now, the furious patient has demanded to speak with the manager, who now has to find a way to calm the patient down and figure out the root cause of the problem. By having a core multi-disciplinary team put together who can voice their department’s concerns at regular meetings, such disasters can be avoided by figuring out which problems need to be addressed, exactly how they should be addressed, and by whom. With open communication and the willingness of your staff to commit to process improvement, your practice can ensure that it is operating as a well-oiled machine in which all of the parts work together to create a great patient experience.
Manage IT!

By JEFF ROCHE

Orlando Medical News is pleased to present this first in a series of answers to questions from readers dealing with IT issues in the workplace.

We encourage readers to send questions they face in everyday practice. Use the subject “IT Q&A” and send to editor@orlandomedicalnews.com

Questions selected for inclusion in the October edition will receive a complimentary 300 x 600 pixel ad with animated gif on our website.

What types of things should I be concerned with when it comes to our office technology?

The number one concern businesses should have regarding their IT is not performance, or having the latest equipment—it’s security! Having a secure network is crucial to protecting your clients, patients and the integrity of your information system. There are also several regulations (i.e. HIPAA, GLBA) that require a specific level of security, so not only is it crucial for protection purposes, it’s a requirement!

How do I know if my network is secure?

This is a tough question to answer on paper. If someone came into your practice asking if they had a broken leg, you typically wouldn’t just look at the leg and declare, “Yep! It’s broken,” you would do further imaging, and tests to make sure your diagnosis was correct. It’s the same with knowing your network is secure. There are tests an IT professional can run to rank the security of your network, and pinpoint vulnerabilities. Every network is different and in order to accurately test the security of your network, it is important the IT professional gets to know the layout and functionality of your infrastructure.

What kind of steps can I take to secure my network?

A good start is having a firewall, which helps protect your network at its source of connection to the outside world. Another way is to make sure secure areas stay secure. What I mean by this is how often have you seen employees with a Post-it note on their monitor with their password on it, or a password list on a notepad in their desk. Don’t do that. There are many additional steps you can take, however, the steps that are actually necessary depend on the size of your network, whether any employees work remotely, and the type of business you conduct. The best way to figure out what you should do is to contact an IT professional who will know if there are any network security policies or regulations pertaining to your type of business you must adhere to, analyze your network and identify any weak points and make recommendations to remedy the situation.

Jeff Roche is Vice President of Sales for Innovative Network Solutions in Orlando providing IT Support, Web Development and Equipment Sales for a variety of industries. He can be reached at jeffr@inetworksolutions.net or www.insflorida.com

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In Pursuit of Strength in Every Age

By BILL THOMAS, MD

As a geriatrician with decades in the field, it’s clear to me that the human body is built for aging.

While it is true that our maximum physical strength, vitality, and reproductive vigor come and go before we reach our 30th birthday, we are well equipped for the task of cultivating optimum strength during the many decades that follow.

During that time, we all become more aware of our own distinctive strengths and weaknesses, and research indicates that the more time each day we spend using our strengths to do what we do best, the less likely we are to experience worry, stress, anger, sadness and even physical pain. Making use of our strengths also results in higher productivity and altruism. In other words, the strengths-based approach to life can lead us all toward greater happiness and well-being.

Overcoming ageism and embracing aging make it possible to create a life path that is centered on strength. An abundance of research shows that older people can build muscle mass and gain physical strength, can become more mentally and emotionally resilient, and are often eager to connect their lives to larger emotional and spiritual purposes. Older people want what everyone else wants: to live life on their terms, in the place and manner of their choosing. They want to live lives that matter to them and to others.

Despite the stereotype of old age as a time of weakness, all older people possess strength.

Most typically older people forget that strength can be nourished, nurtured and increased at every age. Our physical strength and emotional resilience (which is derived from relationships and a sense of belonging) are both important to interdependence and well-being.

Aging-related changes in strength are closely correlated with parallel changes in what is known as reserve capacity. Drivers understand the concept of “reserve capacity” in terms of “pep” or “pick-up.” It’s the ability to give that extra effort that’s needed to meet a particular challenge.

The 90-year-old also has strength and reserve capacity, but the amount of reserve is less compared to that of a younger person.

Normally these differences in reserve capacity matter little, but not every day is normal.

We all encounter unexpected events and illnesses that stress our bodies and push us away from that comfortable place at the center of our reserve capacity. Small events and challenges push us a small distance beyond the boundary of its reserve capacity. The end of life is the day any living being encounters a stressor that pushes it beyond the boundary of its reserve capacity.

The bigger its reserve capacity, the less likely that day will be today. The smaller its reserve the more likely that the end is near.

A focus on strength and an appreciation for research that shows how physical strength and emotional resilience can be increased regardless of a person’s age or ability gives us a new way of thinking about helpfulness. But getting started on getting stronger can be challenging because declinist and ageist beliefs are prevalent among older people and their families.

This makes it doubly important for everyone to have access to the advanced knowledge and coaching techniques needed to help older people build their strength and reserve capacity.

Let’s all do what we can to support strength at every age.

Thank you to Florida Hospital Fish Memorial and RS&H Architects for including Pennington & Associates, Inc. in the recently completed Fish Memorial Executive Office Project.

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Dr. Bill Thomas, a graduate of Harvard Medical School, has dedicated his life to working with older populations. He’s spearheaded initiatives to change the way we treat our elders: The Eden Alternative, which matches care according to the individual; the Green House Project to construct small, home-like environments where people can live a full and interactive life; and Milo, a service that helps people thrive at home by building strength and improving well-being. Thomas is the author of multiple books, most recently Second Wind: Navigating the Passage to a Slower, Deeper and More Connected Life (Simon & Schuster).
Have Fun at Work

By DAVE DAGGETT

Research over the past two decades has demonstrated what our grandparents always knew to be true; Laughter really is Good Medicine! But Fun in the workplace? What has Fun got to do with highly engaged employees, stronger teams, recruitment and retention? With Gallup reporting that 7 out of 10 American employees are disengaged, maybe it’s time to look at better ways to get talent connected to their task.

Are We Having Fun Yet?

How often have you heard these kinds of comments at work? “It’s all about results.” Hey – we’re adults here! You’ve got responsibilities. We’ve got a job to do here. That report was supposed to be on my desk yesterday.” As the daily stress in most of our lives has mounted in recent years, most people find that their sense of humor abandons them right when they need it the most — in the midst of stress. The reality is, in life we are busy being the hard-working, responsible, serious adults we were hired to be. And we also happen to be those adults who are dying inside at work.

Changes Are Rumbling

A paradigm shift is occurring and a revolution is stirring in business today. Fun is entering the workplace. Today, the biggest question companies are facing is how can I make work fun to attract and retain top talent? Millennials, 80 percent of whom, expect a fun and social work environment, where employees can get down, let loose and have a little fun. That doesn’t count. “Rather, it’s the short bursts of fun delivered during working hours, during the course of the year that produce the great business results,” said Gianoulis.

Fun in the workplace is easy

Most organizations will schedule activities into their annual company picnic where employees can get down, get loose and have a little fun. That doesn’t count. It’s not a good motivator for change. But, fun is. “It just so happens that fun is the positive, motivating force that impacts physical, mental, emotional and spiritual energy vital to overall health, well-being, and behavior change,” reveals Ralph Lardieri, Fun Dept.’s well-being engagement specialist.

Imagine a world where employees actually look forward to going to work every day, they are happy, productive and engaged. Imagine a world where employers, employees and customers all benefit from fun at work. It’s a win-win-win scenario. Think of the benefits of increases in creativity, morale, productivity, retention and recruitment. And the data is finally in to substantiate these claims. Gallup, Forbes and Harvard Business Review all report that happier work environments result in:

- 300 percent more innovation
- 125 percent less burnout
- 44 percent more retention
- 51 percent less turn over
- 37 percent increase in sales
- 31 percent increase in productivity

Fun in the workplace? What has Fun got to do with highly engaged employees, stronger teams, recruitment and retention? With Gallup reporting that 7 out of 10 American employees are disengaged, maybe it’s time to look at better ways to get talent connected to their task.

What’s fun got to do with it?

Everything! You may have found, from experience, that fear is not a good motivator for change. But, fun is. It just so happens that fun is the positive, motivating force that impacts physical, mental, emotional and spiritual energy vital to overall health, well-being, and behavior change,” reveals Ralph Lardieri, Fun Dept.’s well-being engagement specialist.

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Fun as a competitive advantage

Nick Gianoulis is the founder of The Fun Dept., a consulting and training company that has been featured on CNN and in the Washington Post. Its clients range from Fortune 100 companies to those with as few as 50 employees. Known as “The Godfather of Fun,” Gianoulis began his company after experiencing firsthand the results of increased fun in the workplace. Nick observed the enhanced culture and business results of fun during his 20-year corporate tenure with a company that embraced a “work hard, play hard” culture. He is the coauthor of Playing It Forward. Here are some of Nick’s comments as he spoke at a 2015 TEDx event in Wilmington, Delaware.

“Why is fun so important?” asks Nick, “how companies like Google, Zappos, Southwest and many others create those amazing workplace cultures with world-class business results at the same time?”

The common denominator, he identifies, that runs through all those companies is a culture of Fun! Sound a little counter-intuitive to think that the words fun and work can exist in the same sentence? It’s not only possible to have fun at work, but fun just happens to be the competitive advantage in business today.

What are the results of increased fun at work?

How can you apply fun to your company’s culture? Take Zappos for instance. From its inception, the online shoe and clothing shop based in Las Vegas, has incorporated fun into its culture. As a matter of fact, one of founder Tony Hsieh’s 10 Core Values is Create Fun and A Little Weirdness. Zappos fosters employee happiness by encouraging and “have fun” work spaces where employees decorate with balloons and streamers when a department’s goals are reached or a milestone is passed.

More recently, Zappos designed a new shoe box to inspire customers to “think outside the box.” Their new designs include an array of activities and inspiration to repurpose the box in fun ways.

How to apply this to your organization

To get started incorporating fun into your culture, consider online resources such as Snack Nation’s, 39 Team Building Activities for Work to find ideas that resonate with your talent’s appetite for fun. With a little research, you’ll find there are endless resources just a click away for the taking.

A focus on fun is also a great way to engage with your community. Consider hosting a public event like Zappos does for Downtown Vegas. During the 2014 holiday season they opened a Pop-Up Shop to provide customers with a creative shopping experience.

There are countless positive results that come from building fun into your organization. Chief among them are employee happiness. And the happiness of your organization, as a whole, follows closely behind. If you make the journey fun for everyone, you’ll create a culture of community, well-being and expansion as you move forward into growth.

Dave Daggett is a Talent Development Consultant. He can be reached at www.DaveDaggettLLC.com

For more information contact: (407) 902-8827
Healthy Wealth

By DEBRA L SEPHTON

Orlando Medical News would love to tackle your retirement and financial planning questions. We encourage you to send these questions to editor@orlandomedicalnews.com with the subject line Healthy Wealth. Questions selected for inclusion in the October edition will receive a complimentary 300 x 600 pixel ad with animation gif on our website.

Q: My Financial Planner said I “have enough money to fund my future long-term healthcare needs,” so why should I purchase a policy to help with this cost?

A: I hear this from many of my clients, and when I ask them when they plan on needing money for long-term care, of course they can’t answer this. No one knows what our future holds or if we’ll ever need skilled or home nursing care, but chances are most will need some level of care in our lifetime.

Example: I’m currently working with a client, I’ll call him John, who was told by his financial planner, ten years ago, that he and his wife would not have to worry about long-term care insurance as he had enough assets to provide care when and if they needed it, but recently this statement has changed since the recession in 2008, stagnant portfolio growth, inflation and increased healthcare costs.

As John’s portfolio cost for long-term care has increased heathcare costs, stagnant portfolio growth, inflation and increased healthcare costs. Thus, he and his wife would not have to worry about long-term care costs as one ages; however, what may be the obvious answer today which were not available in the past, proper tools to address this issue is sometimes confusing. Luckily there are several options today which were not available in the past, however, what may be the obvious answer for paying for Long Term Care (LTC) may not always be the best solution for you.

There are several options that assist or cover the costs associated with health-care and custodial costs as one ages; Traditional Long-Term Care Insurance (LTCI) is of course the obvious. LTCI provides a daily benefit to pay for care. In the last few years we’ve seen several insurance carriers depart the long-term care arena and have annually increased premiums to existing client’s due to aging populations, raising institutional / custodial costs, and overall longevity.

Hybrid Policies are growing in popularity for several reasons; monies are available for skilled nursing or home care with a daily benefit much like the traditional LTCI. A beneficiary may be designated to receive a lump sum death benefit when funds are not utilized prior to a client’s death. Premiums do not increase since a hybrid is “wrapped” in a life insurance policy with fixed monthly or a single premium. Annuities and IRA’s have also been used to fund a hybrid policy. Funds set aside for future healthcare costs have found a new home with hybrid policies to ensure “life time coverage” of their aging healthcare needs with the use of riders within the policy.

Life Insurance Policies have also addressed healthcare, skilled nursing and home care costs by adding attractive “Living Benefit Riders” such as, Critical Care and Terminal Care Riders. These riders allow for access of the death benefit when certain criteria are met, to be advanced while the client is living to assist with healthcare and custodial costs.

Now that John is at a reflecting point, and navigating their long-term care options, he realizes that if he was previously advised to purchase a type of long-term care insurance to accompany his portfolio, he would have saved and preserved money in the long run. The younger and healthier one is, the lower the premium will be. Planning for you and your spouse’s future long-term care needs will bring peace of mind, while securing a portfolio for the future of your family’s legacy.

Q: What are the options for paying for the costs of long-term care?

A: There is a definite link between Health and Wealth. Protecting your financial portfolio from erosion due to long-term care costs is of great concern, and finding the proper tools to address this issue is sometimes confusing. Luckily there are several options today which were not available in the past, however, what may be the obvious answer for paying for Long Term Care (LTC) may not always be the best solution for you.

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For most couples, the idea of having their own child is not one that they have to spend a lot of time considering, it’s a natural process. That process however, for some couples is just not that simple. Science has come a long way to provide alternative methods to having children when the natural process just won’t work. Fertility treatments range from artificial insemination to in-vitro fertilization including egg and sperm donations to surrogacy. The purpose of this article is to shed some light on the growing alternative of surrogacy arrangements.

The use of surrogates can be traced to biblical times where a woman would bear a child for a couple to raise usually with the male half of the couple being the genetic father. This form of surrogacy is termed “traditional” surrogacy and the child is genetically related to the sperm donor/father and the surrogate mother. Typically, this arrangement is completed through insemination or in-vitro fertilization however, the legal issue becomes one of terminating the biological mother’s rights. This can become quite complicated as the intended surrogate is the biological mother of the child and she has to give up her parental rights to the child.

Legally speaking, the more streamlined surrogacy process is gestational surrogacy. This is an arrangement where the intended mother is not able to carry a baby due to a medical condition and a surrogate is used to carry the baby to term. The medical condition has to be confirmed by a doctor and many times, the intended mother has a history of miscarriages.

With gestational surrogacy, there is no genetic link between the surrogate and the child. This happens when the couple use either their own or donated sperm and egg to create an embryo through in-vitro fertilization. That embryo is then implanted into a gestational surrogate and the pregnancy continues to term. Usually the first step is to work with a fertility clinic after establishing the intended mother’s inability to carry a child. If the path the couple chooses is to use a surrogate, they must then find a healthy, willing gestational carrier. The surrogate can be a friend or relative of the couple or a couple can use an agency or the internet to find a suitable carrier.

Once a surrogate is chosen, an arrangement must be reached that includes details such as a legal contract and expenses to be covered. This is where the legal process becomes involved. The details are critical as the contract covers a host of issues including the intent of the agreement, medical disclosures, reimbursements and parental rights. The commissioning parents hire an attorney to draft the contract and the surrogate then has the right to have an independent attorney review the gestational surrogacy contract.

In most cases, the intended parents remain very active throughout the pregnancy and participate in doctor appointments and prenatal care. In Florida, once the baby is born, an Affirmation of Parental Status is used as the legal vehicle to have the intended mother and father indicated as the baby’s parents. The entire process can be emotionally challenging but extremely rewarding when baby makes three.

At the Law Office of Sorondo Bonham, we are experienced in the emotional and legal challenges assisted reproduction presents and we are happy to help couples who seek this alternative to add to their family. We represent commissioning parents in preparing the contract and when the baby is born, in the Affirmation of Parental Status. We can also represent the surrogate when presented by a commissioning couple’s separate counsel. We can be reached at bonham@bonham.law.

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Janis Ellen Saxon | May 26, 2017
New Physician Executive to Join Orlando Health

Sunil S. Desai, MD, FCCP, FAASM has been named senior vice president, Orlando Health and president, Orlando Health Medical Group. Dr. Desai, who is certified in internal medicine, pulmonary medicine, critical care medicine, and certified sleep medicine, is an accomplished physician and executive. In his current role as president, Christus St. Vincent’s Medical Group (CSVMG) in Santa Fe, NM, Dr. Desai’s major accomplishments include restructuring the physician group management team to a model that better supports the needs of patients and providers, and the creation of physician-led administrative dyad councils.

“Dr. Desai is an experienced and highly successful physician leader,” said David Strong, president and CEO, Orlando Health. “He brings with him a passion for patient care and immense respect for the medical profession. We look forward to having him join the Orlando Health team.”

Prior to his position at CSVMG, Dr. Desai served as chief medical officer, Presence Health/Presence Medical Group in Chicago, IL, where he developed and implemented a quality plan for the medical group. He also served as medical director, Presence Telehealth Center, delivering remote clinical services including TeleICU, Telestroke, Telesitter, and Telepharmacy.

Dr. Desai earned his bachelor of medicine and surgery degrees at Karnataka University in India, completed a residency in internal medicine at Wayne State University in Detroit, and a fellowship in pulmonary, critical care and sleep medicine at the University of Pittsburgh Medical Center. He will join Orlando Health in early September.

iRemedy Teams with Amazon and Walmart.com to Offer Thousands of High Quality Medical Products Directly to Clinicians, Care Organizations

The iRemedy Healthcare Companies, Inc. parent of iRemedySupply.com and the industry transformative iRemedy ecommerce platform, today announced that it has officially launched online retail storefronts in both the Amazon and Walmart marketplaces, offering high quality medical and at-home healthcare supplies directly to clinicians, care organizations and consumers at industry competitive prices.

Tony Paquin, Co-Founder and CEO of iRemedySupply.com, states, “While iRemedySupply.com continues to be the preferred online healthcare marketplace for thousands of private practices, hospitals, specialty care providers and consumers seeking meaningful cost-savings on leading supplies, the fact remains that virtually millions of consumers and providers also shop for many of the same or similar products on Amazon.com and Walmart.com. Therefore, by establishing B2B and B2C retail partnerships with these industry-leading online retailers, we exponentially multiply our sales and distribution channels, reaching a vast new audience of prospective customers who may not be familiar with iRemedy, yet can still purchase and benefit from the thousands of traditional and innovative new healthcare products offered on the iRemedy platform.”

By building a strong presence on Amazon and Walmart.com, we expect to accelerate and enhance brand awareness of the iRemedy platform while fueling even greater revenue and earnings growth for our Company; and by combining iRemedy’s proven expertise in customer-driven, quality-focused healthcare ecommerce innovation with the online retail muscle of these industry titans, it is our belief that iRemedy will continue to play a pivotal role in reinvigorating the rules on how healthcare products and services are delivered to end-users.

Winter Park Fyzical Dizziness & Fall Prevention Center Opens

The Ear, Nose, Throat & Plastic Surgery Associates announced the official opening of the Winter Park Fyzical Dizziness & Fall Prevention Center within their main office located at 133 Benmore Drive, Ste. 100, Winter Park.

The Winter Park Fyzical Dizziness & Fall Prevention Center is a medical and scientific-based therapy and balance disorder treatment facility, complete with state-of-the-art equipment and a team of licensed and compassionate specialists led by otolaryngologists Aftab H. Patni, M.D., F.A.C.S., and Barry S. Kang, M.D., F.A.C.S. The office is the only otolaryngology practice in the area providing this level of care at a specially built facility.

More than 90 million Americans see a healthcare professional due to vertigo, dizziness or balance problems every year. In fact, balance issues are the second most common complaint heard throughout physician offices and they will occur in 70% of the nation’s population at some point in their lives.

“At the Winter Park Fyzical Dizziness & Fall Prevention Center, our expertly trained staff work to create a unique therapy program customized to each individual patient,” says Dr. Patni. “Fall and balance disorders can be debilitating. We are looking forward to helping as many patients as possible get back to enjoying their day-to-day lives as quickly and safely as possible.”

Dr. Kang adds, “We believe there is no ‘one program fits all’ treatment for balance issues and our team will make sure to do everything possible to individualize (CONTINUED ON PAGE 17)
Halifax Health Opens BeginAgain Children’s Grief Center in Orlando

Halifax Health – Hospice celebrated the grand opening of its newest BeginAgain Children’s Grief Center in Orlando. “Halifax Health is proud to extend our nationally recognized children’s grief counseling services and award-winning traumatic loss programs to Orlando area residents,” says Halifax Health President and Chief Executive Officer Jeff Feasel. He adds, “BeginAgain’s supportive, experiential approach has proven to make a difference for children and their families during the grieving process.”

Lawrence E. Whelan, BeginAgain Children’s Grief Centers provide crucial support and understanding to children and families who have experienced the death of a loved one. Through physical activity, art, drama, music and other activities, this program encourages grief expression in children and teenagers, ages 4-18, in a safe, child-friendly environment. The first center opened in Daytona Beach in 1998. Additional centers are located in DeLand, New Smyrna Beach and Flagler Beach.

“The beauty of our program is that it allows children who have suffered loss the opportunity to share their feelings and learn ways to cope with their grief. They also have the chance to bond with other grieving children, and as a result, discover that they are not alone,” explains Mary Jo Allen, executive director for Halifax Health – Hospice.

At the BeginAgain center in Orlando, children and their families have the opportunity to participate in a variety of structured activities and free-time in the center’s three therapy rooms to help them better understand and express their grief through art, individual and group play, physical movement, memorial rituals and discussions to assist in the healing process. The center’s three therapy rooms include:

- The Art Room. Contains paints, drawing pads, easels and other craft items for children that allows them to creatively express themselves.
- The Bean Bag Room. Where children can offer verbal expressions of grief through planned games and verbal activities. The room features stuffed animals and bean bag chairs arranged in a circle to promote conversation.
- The Play Room. Features a variety of toys that allow for free play opportunities, including a therapeutic sand tray, puzzles, games, a dollhouse, puppets and more.

The center’s group therapy sessions for children are one-hour in length and take place twice a month in the evening. Prior to each session, children are placed in age-appropriate groups – young children, pre-teen and teen. The children then take part in planned activities and 30 minutes of free play.

A separate group is also available for adults to share their own grief and receive help in dealing with grieving children. Services are provided by master’s-level counselors and a specially-trained volunteer team.

Parents and guardians of children who have suffered the loss of a loved one are encouraged to refer them to BeginAgain Children’s Grief Centers. Adults and their children are required to meet with a counselor once prior to joining a group therapy session.

There is no charge for BeginAgain’s services, however, donations are welcome.

Heart Hormones Protect Against Obesity and Insulin Resistance

Researchers at Sanford Burnham Prebys Medical Discovery Institute (SBP) in Lake Nona, Florida have shown that enhanced natriuretic peptide (NP) signaling in adipose tissue protects against obesity and insulin resistance. The findings suggest that boosting levels of NPs in adipose tissue may be an important avenue to explore for combating metabolic disease. The study was published in Science Signaling.

“For years we have known that NPs control blood pressure and can promote the conversion of energy-storing ‘bad’ white fat into energy-burning ‘good’ brown fat, says Sheila Collins, Ph.D., professor in the Integrative Metabolism Program at SBP Lake Nona and senior author on the paper. “What we discovered in this study is the important role for NPs in managing metabolism and resisting the deleterious effects of a high-fat diet.”

Made in the heart, atrial and B-type natriuretic peptides (NPs) are hormones that were originally discovered to modulate salt and water to control blood pressure. These peptides transmit their signals through natriuretic peptide receptor A (NPRA). Meanwhile, natriuretic peptide receptor C (NPRC) removes NPs from circulation.

“We wanted to explore the difference between elevated levels of NPs in adipose tissue compared to skeletal muscle tissue. Understanding the distinctions can help us devise strategies and treatments to potentially improve metabolic health—including obesity and insulin resistance,” says Collins.

To study this interplay, the researchers studied mice with NPRC receptors selectively knocked out in either adipose or skeletal muscle tissue. While deleting NPAC in muscle provided no pro-
GrandRounds

Parrish Healthcare Center at Port Canaveral Opens

Parrish Healthcare has opened a new healthcare facility at Port Canaveral that will provide a primary care/walk-in clinic as well as occupational medicine services, workers’ compensation care, diagnostics, physical therapy, industrial rehabilitation and sleep disorder services.

“We are proud to welcome aboard Parrish Healthcare to the Port community and congratulate them on the opening of their new facility. The availability of healthcare services from this on-port location is important for the seafaring community here. Cruise guests, crew members and shore-side support staff in close proximity to the cruise and cargo operations will have easy access to healthcare that was not before available in our immediate area,” said Port CEO Capt. John Murray.

The single-story facility is approximately 10,000 square feet and includes examination rooms, imaging and lab services, a rehabilitation center, conference space, and doctors’ offices, among other services. Nitin M. Haté, MD, board-certified in Occupational Medicine and Environmental Medicine, will serve as the center’s medical director.

“In response to repeated requests from area businesses and communities, the Parrish Healthcare Center at Port Canaveral is one more way we are growing to provide more Brevard residents and visitors convenient access to superior health services,” said George Mikitarian, Parrish Healthcare president and chief executive officer.

Poinciana Medical Center Names New Emergency Medicine Medical Director

Poinciana Medical Center recently named Yaritza Arriaga-O’Neill, MD, FAAEM as its new Emergency Medicine Medical Director. Dr. Arriaga – O’Neill has been an attending emergency physician for approximately six years, and has filled the role as Poinciana Medical Center’s interim Emergency Medicine Medical Director since February, 2017.

In her new role, Dr. Arriaga-O’Neill will provide leadership and management for the Emergency Room and will work with members of the medical staff to provide emergency services to all patients in the department.
Heart Hormones, continued from page 17

tection from a high-fat diet, eliminating the receptor in adipose tissue improved insulin sensitivity, prevented obesity and increased sugar uptake in metabolism—boosting brown fat. In addition, the adipose knockout mice showed higher energy expenditure and less inflammation.

"Usually when you feed mice high-fat diets they get fatty liver," says Collins. "In mice without NRPCs in adipose tissue the liver was completely clean and completely devoid of stored lipids, which I’m sure contributes to their improved overall metabolic performance."

These findings dovetail with clinical research that has shown naturally lean people tend to have higher NP concentrations in their blood. By contrast, NP clearance tends to rise in fat tissue, removing these peptides from the blood and making it more difficult for effective NP signaling to happen.

Around a third of adults in the U.S. are obese, increasing their risk for type 2 diabetes, metabolic syndrome, fatty liver disease and other conditions. With these results, scientists can begin exploring NPs as therapeutic targets. This will require intense investigation, as any effective treatment must avoid adverse effects on blood pressure. While this study increased the NP signal by knocking out NRPCs, another approach might be to focus on NPRAs.

"I think this further reinforces that it is really the adipose tissue that’s an important site to take advantage of this signaling mechanism," says Collins. "We could make versions of these peptides that bind to the signaling form (NPRAs) of the receptor better than the clearance form, or we could make agents that are only recognized by the clearance receptor, thus providing better access of the NPs to NPRAs."

"However, before any therapy can move forward, more work must be done to better understand these protective mechanisms and unwind the complex interrelationships between NPs, white fat, brown fat and possibly other players," adds Collins.

Sanford Burnham Prebys and Mayo Clinic Collaborators Awarded Multi-Year NIH Grant

A team of researchers at Sanford Burnham Prebys Medical Discovery Institute (SBP) at Lake Nona, Fla. and Mayo Clinic in Rochester, Minnesota have been awarded a three-year National Institutes of Health (NIH) grant which aims to identify new therapeutic targets for heart failure.

"This collaboration provides Mayo scientists with access to SBP’s unique institutional translational biology platform, which will allow them to accelerate the discovery of novel therapeutic agents for heart failure," said Dr. Fouad Hajjar, medical director of hematology/oncology at Florida Hospital for Children. "These children deserve a fighting chance to overcome their disease, and we need the research to get there."

Florida Hospital, Chick-fil-A and Tijuana Flats Teaming Up to Raise Funds for Pediatric Cancer

Florida Hospital for Children is partnering with Chick-fil-A and Tijuana Flats during September, which is childhood cancer awareness month, to raise funds for childhood cancer, which is one of the lowest-funded of all cancer research programs.

A portion of profits from select restaurant locations, and proceeds from plush cows available at select Chick-fil-A’s and the sale of Tijuana Flats’ Jason’s Mom’s Hot Sauce, will be donated to pediatric cancer research and Florida Hospital for Children’s oncology program.

"We’re passionate about finding a cure for cancer, and it made sense for us to do all we could to help children fight this terrible disease," said Randy Steil, executive director of the Tijuana Flats Just in Queso Foundation.

More than 15,000 children are diagnosed with cancer each year, according to the National Institutes of Health.

Unfortunately, funding for pediatric cancer studies hasn’t kept pace with other types of research. The latest data shows that of the $35 billion the federal government funded for cancer research in 2015, only 3.96 percent of it was dedicated to researching the 12 types, and over 100 subtypes, of pediatric cancers.

"Having a positive impact on the lives of our team members, guests and community is the why behind our work. It is an honor to join Florida Hospital for Children in the fight against childhood cancer, and to work together to brighten the lives of your patients," said Bob Kyle, owner and operator of Chick-fil-A restaurants on Tuskawilla Road and Forsyth Road.

According to the American Cancer Society, childhood cancers are often biologically different than the cancers that share the same name in adults, meaning that childhood-specific research is required, and children and adults ultimately may need different treatments.

"Cancer affects thousands of children every year, yet the funding to help them is lacking," said Dr. Fouad Hajjar, medical director of hematology/oncology at Florida Hospital for Children. "These children deserve a fighting chance to overcome their disease, and we need the research to get there."

Grayson Zrelak, 12-year-old lymphoma survivor from Longwood with Chick-fil-A’s plush cows.

Related aging and heart failure studies have demonstrated that a deficiency of CNP, the pGC-B activator, resulted in elevated cardiac fibrosis and dysfunction, suggesting that enhancing the pGC-B receptor system represents an unprecedented therapeutic opportunity for fibrotic disease. To date, there are no small molecule drugs in existence to activate the pGC-B receptor. This grant, the second NIH award to the SBP:Mayo team, will allow them to extend their studies to identify molecular enhancers with anti-fibrotic properties.

The SBP:Mayo research is considered to be of high clinical impact as small molecule pGC-B enhancers, which currently do not exist, may have the potential of markedly reducing the burden of human age-related fibrosis and disease such as heart failure.

Community Health Centers Named Top 100 Company for Working Families

Community Health Centers was recently selected as one of the 2017 Orlando Sentinel Top 100 Companies for Working Families. The list of “Top 100 Companies” was created by the Orlando Sentinel and Best Companies Group. This is the second consecutive year that the organization has been recognized as a Top 100 Company.

This survey and award program was designed to identify, recognize and honor the best places of employment in Orlando, benefiting the region’s economy, its workforce and businesses.

For consideration, companies had to fulfill the following eligibility requirements: Be a for-profit or not-for-profit business or government entity, be publicly or privately held business, have a facility in Central Florida (Brevard, Flagler, Lake, Marion, Orange, Osceola, Polk, Seminole, Sumter and Volusia County); have at least 15 employees working in Central Florida; Must be in business a minimum of one year. Organizations from across Central Florida entered the two-part survey process to determine the Orlando Sentinel Top 100 Companies. The first part consisted of evaluating each nominated company’s workplace policies, practices, philosophy, systems and demographics. The second part consisted of an employee survey to measure the employee experience. The combined scores determined the top organizations and the final ranking. Best Companies Group managed the overall registration, survey and analysis process and determined the final rankings.

Community Health Centers, with 485 employees in Central Florida, was recognized in the companies with 100-499 employee category. For more information on the Orlando Sentinel Top 100 Companies program, visit www.Top100CompaniesOrlando.com.
Eclipsing the Competition: How a Well-Timed Facebook Video Earned More Than 60,000 Views in 3 Days for Local Ophthalmologist

By JENNIFER THOMPSON

One video. Five minutes. More than 140,000 impressions and 60,000 views. Sounds like a pretty good return on investment, no?

The truth is, getting positive media attention can be tough these days, especially when you’re a solo provider or small practice and don’t have a public relations team working to get your face time on the nightly news. More and more, it’s up to you to take the bull by the horns and get whatever attention you can—especially in today’s age of self-referrals, online physician review sites and social media. Luckily, platforms like Facebook make it easy to reach large targeted audiences without breaking the bank or losing hours of your day.

To capture and harness the attention of the first full solar eclipse since 1979, we arranged to film and promote a Facebook video featuring Chirag J. Patel, MD, as answered common questions about eclipse viewing safety. The video wound up eclipsing all other videos on his page and performed tremendously from an organic standpoint while positioning Dr. Patel’s practice to ultimately earn 140,000+ impressions from his key demographic.

Planning for the Video

In the case of Dr. Patel’s solar eclipse video, it went viral immediately because of how timely the post was. The 4-minute clip also positioned him as the “go to” expert in the area for future eye concerns, a residual benefit of posting videos on social platforms and practice websites.

We approached Dr. Patel several days before the eclipse to tell him about our idea. He agreed it would be a worthwhile spend of his time and even arranged to film the video with a member of his staff on an iPhone and send the footage to us for post. We added descriptive text, promoted the post for $20 (although it did so well organically the boost wasn’t necessary), and it was off to the races.

Results of the Video

The results of the video speak for themselves. Here are a few highlights:

- Dr. Patel’s video reached 141,139 individuals (Top audience: 35-44 women in FL)
- 63,275 Views
- 23,959 Engagements (reactions, comments, shares)
- 168 new page likes (Up 888% from previous week)

As people were watching and reacting to the video, they also posted questions in the comments section, and Dr. Patel was kind enough to take a few minutes and answer them. This creates a level of trust with potential patients while building loyalty within a community—by all speaking on topics he is incredibly comfortable with and without a pushy producer or film crew.

Is Dr. Patel the only independent physician to take advantage of video and the connection it creates with patients? Certain not.

Recently, we assisted Michael D. Riggenbach, MD, perform a bicep repair live on Facebook while also streaming the surgery at the 72nd Annual Workers’ Compensation Educational Conference. Simply by adding the element of Facebook Live for a procedure he was already streaming at the conference, Dr. Riggenbach reached an additional 30,000 people without creating any extra work. Several hours after reports sleep apnea may have contributed to a train crash in New Jersey, we went live with Kirin Tipineni, MD, FACS, to explain symptoms and treatment options for sleep apnea. The 4-minute video was viewed over 1,600 times without any additional budget.

Key Takeaways

Video, and the ability to control your message, is much easier than you may think. Using video to engage with current and potential patients is quicker and more effective than many other traditional means and, if done properly, can cost quite a bit less as well.

Sure, taking advantage of news cycles and previously planned events are key to creating the biggest return, but video works whether it’s 12 or 12,000 people watching, as long as you are building a connection with your patients.

Jennifer Thompson serves as President at Insight Marketing Group. She founded the medical marketing company in 2006 after an unsuccessful run for public office (which she went on to win in 2019 & 2016). Jennifer has two decades experience in marketing in the areas of technology, retail and medical for small businesses and Fortune 500 companies. For more, email Jennifer at Jennifer@InsightMG.com or visit www.InsightMG.com.
Practices Hammered by Data Breaches, Ransomware in 2017

Healthcare providers are expected to uphold their professional and moral obligations to protect patient medical records from ransomware attackers.

By RON FRECHETTE

There have been a growing number of data breaches targeting small-midsize healthcare practices in 2017 and we are seeing the trend continue more towards ransomware attacks. Why would cyber criminals prefer to target small-midsize practices rather than going after larger hospital systems to steal patient data or PHI?

Most Common Scams:
- Illegal and Bogus Treatments - bill health plans for fake or inflated treatment claims
- Buy Addictive Drugs - Obtain prescription drugs to resell or feed own addictions
- Obtaining Free Treatment - Uninsured that require hi-cost healthcare treatments
- Resell to other cybercriminal groups - various purposes (i.e. identity theft, fraud)

Consequences to Victims:
- Rained Credit - unable to pay large hospital bills
- Loss of Health Coverage - fraudulent claims max out health policy limits
- Inaccurate Records - False claims can follow a person through life
- Higher Health Premiums - false claims can raise premiums

Consequences to Healthcare Providers:
- Criminal and Civil Lawsuits
- Fines & Penalties for non-compliance
- Government Mandated Corrective Action Plans
- Defamation, Brand Damage, Loss of Human Capital

As custodians of PHI, healthcare providers are expected to uphold their professional and moral obligations to protect patient medical records from ransomware attackers.

5. Do we know for certain our EHR System is secure and HIPAA Compliant?
6. Do we have cyber insurance?
7. Who can we call to help us start the process?

In closing, we expect as more breaches are reported in the media, awareness will increase and the security posture for small-midsize healthcare practices will follow. Until that time, we welcome you to share your input and feedback.

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 (321) 296-3527 or ron.frechette@goldskysecurity.com
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