

# The Florida Internist



Newsletter of the Florida Chapter of the American College of Physicians

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## From The Governor



**JOHN G. LANGDON, MD, FACP**  
 ACP Governor for Florida  
[Jlangdon69@gmail.com](mailto:Jlangdon69@gmail.com)

I will start with an expression of gratitude for the opportunity to extend my shelf life in the FL Chapter ACP as your latest governor. I recently came across some photos of my tenure as President of FSIM nearly 2 decades ago and was pleased to see some faces that are still on this journey with me. These organizations have been part of my family since before my move to Florida in 1984 and I still count you as the best of friends and colleagues from whom I have learned so much.

We in Florida have been graced with exceptional leadership. (Think Wilson, Coble, Borland and the list goes on – really dating myself) I am humbled to continue to carry the torch! The FSIM/FLACP legacy is all about maintaining the integrity of the physician patient relationship. Our organization is unique among the many physician groups combining both academic excellence with strong political and social advocacy. Just how powerful a combination that is was on display the past month with both our national ACP meeting in Orlando and our President's Leadership Day in Washington. We were excited by our first congressional visit by gaining sponsorship for two of our legislative priorities (Medicaid payment Extension and Reform and sustain GME Financing). It is very important to note the impact of the residents

and fellows on our congressmen and women, as they know the students, residents and fellows are the future of health care and all that stands between them and a physician extender as their primary medical resource! Florida also presented one of the largest classes in the country of new Fellows participating in the Convocation, a tribute to the efforts of many of our current fellows who supported the candidates.

Our legislative work in Tallahassee was similarly gratifying with the success of our agenda, in no small part by the work of Chris Nuland, Dawn, Bridget, Mike Zimmer, Michelle Rossi and the many members and associates who gave their time to these causes so important to our professional life. Make no mistake the deliberations and voting in Tallahassee has a profound effect on how you practice in Florida. Continuing to reign in the efforts to expand independent practice by physician extenders is perhaps most significant. It is your membership and dues that make this action in Tallahassee a reality. Come join us next legislative session.

In spite of all the good news we all know that much work lies ahead, most notably physician payment reform, which was crippled by last minute manipulations that left our great solution dead in the water. We have not abandoned hope that the bills can be brought back to the conference tables this year so if you have a favorite congressman please contact their office and reiterate the logic of SGR reform now not next year when it will be a very much heavier lift!

With all the stress surrounding the practice of medicine I encourage you to stay on the bright side and seek ways to enliven your practice. We all know it is the patients that make our day so never forget how you can draw energy from your patients even when we seem to be drowning in new regulations and requirements.

*continued on next page*

*Governor's Message continued from previous page*

One way to look at what we do is to see the practice of medicine as a ministry that is almost as ancient as time itself and reflected in the oath we took as we stepped from medical school and residency/fellowship out into the practice of medicine.

One way to do this is to drop out from time to time and go somewhere where you can just see and treat patients with your most basic skill sets and worry not about liability and reimbursement. The practice of "roots medicine" as I call it is actually fun and gives you a fresh perspective on what it means to be a physician. I just returned from my 17th trip to the far side of the medical world and as usual felt exhausted but gratified by the opportunity to impact some lives that are a daily grind beyond our imagination. I was very happy that our colleague Bo Tucker who himself has had experience in Africa joined me this year. My team saw 1300 patients in 3½ days. It is surprising what you can do when not weighed down by the administrative burdens that vex the daily practice of medicine. Interestingly one of the most popular treatments was a pair of sunglasses to help reduce the constant strain of solar exposure leading to cataracts, pterygiums and headaches. The ladies in this small Haitian village thought they were too cool with their new shades and a lot of the guys grinned ear to ear when we told them they looked like Ray Charles – yes even out there they had heard of Ray Charles.

Another way you can refresh yourself is by joining in the collegiality and professional advancement of our FL Chapter Annual Scientific Meeting. We will gather at the newly remodeled Hyatt Regency Pier Sixty Six Hotel in Fort Lauderdale August 22nd to 24th. Our theme is Advancing Internal Medicine & Improving Patient Care in 2014 & Beyond. Colleagues will enjoy clinical lectures including Cardiology, Endocrinology, Hematology, ID, General Internal Medicine, Nephrology, Hospitalist medicine as well as state mandated courses for Florida State License renewal. Residents and medical students will have a workshop, oral finalist poster competition and Doctor's Dilemma final competition. Dr. Michelle Rossi as c6 Governor will provide the Tallahassee and Washington Legislative Reports.

So off we go – a change in leadership but no change in goals or commitments. We have an amazing Governors Advisory Board with a deep bench and diverse skills and connections. I look forward to hearing from any and all of you and all suggestions will be thoroughly discussed by our Executive Committee and Governors Advisory Board. Who knows your suggestion could be the basis of a new resolution to take to the folks in Philadelphia.

I look forward to seeing you at Pier 66 this fall for our Annual Meeting.

John G. Langdon, MD, FACP



## Save the Date

FL Chapter ACP  
2014 Annual Scientific Meeting  
August 22 - 24, 2014

Hyatt Regency Pier Sixty-Six  
Ft Lauderdale, FL

*See page 13 for additional info*

### Executive Committee

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## FROM THE PRESIDENT

Michelle L. Rossi, MD, FACP

ACP Governor for Florida

President, Division of Advocacy & Member Benefits

mrossimd@hotmail.com

Summer greetings, friends and colleagues! Before heading to the ACP headquarters in Philadelphia for a Chapters Subcommittee meeting, I returned renewed from a trip to the Montana wilderness. There, the mountains are still snow-capped and the wildlife roams freely. Can you imagine me riding an ATV? Life is too short not to try new things. The views were breathtaking and the WiFi nonexistent: a perfect environment in which to reflect upon the past while considering the future. I hope that you are able to take the time to reconnect with loved ones this summer.

Internal Medicine 2014 may seem like a while ago, but is worth mentioning again in light of your Chapter's involvement. Thanks, as always, to Dawn Moerings for her organizational skills and gift with multi-tasking! You truly helped us showcase our theme of "Florida - One Chapter Strong." A number of attendees remarked on our contributions to the meeting, as our Florida Chapter served as the host. Dr. Zimmer and I used his knowledge of South Florida and my background in acting in order to provide an entertaining "Welcome to Florida" skit for the Board of Governors. We were told it rivaled some of those which are seen on Saturday Night Live - we remain somewhat skeptical and decline to give up our day jobs! Sadly, we bid farewell to Dr. Zimmer's Class of 2014, but were treated to a memorable slide show and creative song that commemorated their achievements. Thank you, Dr. Zimmer, for your leadership.

The educational sessions were vast and featured exceptional, often interactive, content. We are delighted to have Steven Cohn, MD FACP - Medical Director of the UHealth Preoperative Assessment Center at University of Miami's Miller School of Medicine, also recently featured in an ACP Internist article - reprise his talk on recent controversies in perioperative medicine at our own Scientific Session this August. Congratulations to our Florida Chapter Doctor's Dilemma (DD) team, who hailed from the University of Florida in Gainesville this year. We are proud of their efforts. They will have the chance to defend their title at the State DD Finals, held at the conclusion of our Scientific Session at the FI Chapter 2014 Annual Scientific Meeting, being held August 22 - 24, 2014 at the Hyatt Regency Pier 66 in Ft Lauderdale, FL.

Looking to the Chapter's future, I'd like to recognize our talented colleagues who have been invited by the College to serve on or lead national committees: Laura Jordan - Vice Chair, Council of Student Members; Shaji Faisal, Christin Giordano, Mojgan Hosseinipour and Erik Kumetz - Council of Student Members; Morganna Freeman-Keller, DO - Chair Elect, Council of Resident/Fellow Members, Keely Fischbach, MD and William Palmer, MD - Council of Resident/Fellow Members; Joshua Lenchus, DO FACP - Chair, Council of Early Career Physicians. Morganna began her term as Chair-elect of the CRFS, and Josh began his term as Chair of the ECP at Internal Medicine 2014. Forty-nine fellows of the College were celebrated at Convocation, the majority of whom were able to walk with Dr. Zimmer, Dr. Langdon & myself. They were then honored at our joint Florida/Georgia reception, where it was meaningful to spend time with them and their families. And speaking of new fellows, a hearty congratulations to Farzanna Haffizulla, MD FACP, who recently ascended to the office of President of the American Women's Medical Association. Kudos, Farzanna! We delight in all our members' successes, personal or professional, large or small.

And with that, please know that I'm humbled to serve this vibrant group of diverse & gifted physicians. We are joined together by shared ideals & mutual support. From at least one of you, I find inspiration daily.

Warm regards,  
Michelle



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Jacksonville

Mario J. Madruga, MD, FACP  
Orlando

Cuc T. Mai, MD, FACP  
Tampa

Kay M. Mitchell, MD, MACP  
St. Augustine

Naresh H. Pathak, MD, FACP  
Lauderhill

Cristina Pravia, MD, FACP  
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# Congratulations New Fellows

The Florida Chapter Congratulates the following new Fellows who participated in the 2014 Convocation Ceremony



Ravi P Akella, MD FACP  
Kaiser Ali, MD FACP  
Stephen V Avallone, MD FACP  
Erdem M Aydur, MD FACP  
Aliyah Baluch, MD FACP  
Jose E Betancourt, MD FACP  
Mahesh M Bhambore, MD FACP  
Mark R Britton, MD FACP  
Paul Y Casanova-Romero, MD FACP  
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Angel L Colon-Molero, MD FACP  
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Uday U Deshmukh, MD FACP  
William J Flynn, MD FACP  
Ravi George, DO FACP  
Vikranth R Gongidi, DO FACP  
Donald Steve Grossman, MD FACP  
Farzanna S Haffizulla, MD FACP  
Karen M Hamad, MD FACP  
John W Hiemenz, MD FACP  
Teri Hlavacs, MD FACP  
Vincent P Hsu, MD FACP  
Keith B Johnson, MD FACP  
Lynn S Jones, MD FACP

Sheena M Jose, MD FACP  
Pran M Kar, MD FACP  
Aravind K Kumar, MD FACP  
Arelis M Madera, MD FACP  
Mamta Mangal, MD FACP  
Khalid Maqsood, MD FACP  
Eknath G Naik, MD FACP  
Kim R Nickelson, MD FACP  
Adekunle F Omotayo, MBBS FACP  
Daniel A Patterson, MD FACP  
Larry F Quirit, MD FACP  
Estrellita H Redmon, MD FACP  
Jose J Rivera Rodriguez, MD FACP  
Cynthia Patricia Roever, MD FACP  
Gerardo A Rojas, MD FACP  
John J Salvaggio, MD FACP  
Oscar A Saravia, MD FACP  
Michael M Schandorf-Lartey, MD FACP  
Cheryll Smith-Martinez MD FACP  
Gitanjali Srivastava, MD FACP  
Edward M Supinski, MD FACP  
Daniel J Tambunan, MD FACP  
Richard J Wilbur, MD FACP  
Arneda Van Wright, MD FACP

# Advocacy in Action

## Leadership Day Washington, DC - May 21-22, 2014

Michelle L. Rossi, MD FACP

Your Chapter just returned from another successful Leadership Day in Washington DC, exhilarated if a just a little exhausted! ---please insert number--- advocacy minded members, including --insert number-- residents/fellows, joined hundreds of colleagues from across the country for Leadership Day 2014. Thanks to all who joined us. We appreciate your sacrifice of precious time away from your busy practice & family, yet are delighted that you do so in order to serve as the voice of our profession. Our delegation was treated to presentations by ACP as well as legislative staffers on the active issues. They also provided tips on how to navigate legislative appointments, thereby ensuring a smooth visit to Capitol Hill.

Dr. Jorge Fuentes, Chief Resident at the University of Florida, completed his tour as ACP's 2014 Health & Public Policy Intern by giving a presentation to the medical students, residents and fellows in attendance. Fantastic job! Your hard work reflects well on the Chapter, and was noticed by College leadership. (Can we include a picture of Jorge or the 1000 club members with their funny glasses?)



FL CHAPTER DELEGATION MEETS WITH CONGRESSWOMAN KATHY CASTOR

In light of concerns that the congressional members might leave as soon as possible for their long Memorial Day weekend, Dawn secured several key meetings the day prior. This was quite the coup, fabulous foresight on her part. Special thanks to Chris Nuland who always keeps us apprised of the latest legislative news and the progress of relevant bills. He prepped us expertly, nearly coaching us into pros in short order. Once again, the repeal of the sustainable growth rate (SGR) was at the center of discussion. Graduate Medical Education (GME) funding (particularly an increase in funding for primary care



FL CHAPTER DELEGATION MEETS WITH CONGRESSMAN BILL POSEY

residency programs) and an extension of the Medicaid/Medicare parity rates (currently, Medicaid reimburses at Medicare rates; this is set to expire at the end of the year) were also hot topics.



CONGRESSMAN GUS BILIRAKIS HOSTED THE FL CHAPTER DELEGATION LUNCHEON AT THE CAPITOL HILL CLUB

The Chapter's legislative agenda can be found on our website, if you are interested. Please consider signing up as a member of the AIMn (Advocates for Internal Medicine network - formerly Key Contact) on the ACP website. In doing so, you'll receive The Capitol Key newsletter as well as "action alerts" from the College.

It was wonderful to reunite with old friends, pay homage to mentors and marvel at the talents of our young residents. The future of medicine is bright with dedicated people like you at the helm. Thank you so much for all you do.

I will leave you with a quote I recently stumbled upon: "Hard work is painful when life is devoid of meaning. But when you live for something greater than yourself... hard work becomes a labor of love." - Steve Pavlina, entrepreneur



FL CHAPTER DELEGATION MEETS WITH CONGRESSMAN ALAN GRAYSON



# Medicare Speaks 2014 Fort Lauderdale

July 22-23, 2014

Fort Lauderdale Marriott North  
6650 North Andrews Avenue  
Fort Lauderdale, FL 33309

Learn what's trending now in Medicare. Join First Coast Service Options (First Coast) for our new educational event, Medicare Speaks 2014, in Fort Lauderdale, FL on July 22-23. The event features 20 classes focused on reducing documentation and claim errors, and minimizing payment delays. First Coast is also offering seminars on July 21 on PC-ACE Pro32™; Medicare's free billing software and Centers for Medicare & Medicaid Services (CMS) initiative the Physician Quality Reporting System (PQRS) program.

Participants will benefit from data-driven content based on the latest Medicare changes that you need to know to bill Medicare the right way, the first time. Best of all, providers can interact with their peers as well as Medicare experts from First Coast.

For additional information regarding the event, including logistics and registration, view our Medicare Speaks 2014 Fort Lauderdale brochure at [http://medicare.fcso.com/Medicare\\_Speaks/268748.pdf](http://medicare.fcso.com/Medicare_Speaks/268748.pdf) or Register now at [www.fscouniversity.com](http://www.fscouniversity.com)

## AHRQ Offers Evidence-Based Resources for ACP Members and Patients

ACP is partnering with the Agency for Healthcare Research and Quality (AHRQ) to provide members free, evidence-based resources that inform health care decision making.

The resources are created with comparative effectiveness research (CER), a type of patient-centered outcomes research. CER compares evidence on the effectiveness, benefits, and risks of different treatment options for common health conditions including cardiovascular disease, diabetes, arthritis, and mental health disorders.

The research findings are translated into practical clinician research summaries, plain-language patient brochures, accredited CME/CE modules, faculty slide presentations, and more. To view or download the AHRQ resources, visit [www.ahrq.gov/clinicalbottomline](http://www.ahrq.gov/clinicalbottomline). To order free printed copies of the clinician or patient research summaries, including bulk quantities, call the AHRQ Publications Clearinghouse at 1-800-358-9295 and provide the code C-02. For more information, contact Victoria McGhee in AHRQ's Atlanta Regional Office at 404-836-2303 or [victoria.mcghee@ahrq.hhs.gov](mailto:victoria.mcghee@ahrq.hhs.gov).

# Medical Economic & Regulatory Pearls

Naresh H. Pathak, MD, FACP  
MERC Chair



## 1 – Retail Clinics: –

- CVS has added 200 new clinics since 2011
  - 850 new clinics are planned by 2017
  - In United States = 1200 clinics in 2010, 1500 clinics in 2013, 3000 clinics by 2016.
- Cost of treatment: -  
Retail clinic \$60 per visit,  
Urgent care \$124 per visit,  
Physician's office \$127 per visit,  
Emergency room \$356 per visit.

## Most common conditions treated in the retail clinics:

Sore throat, ear infection, sinus infection, UTI, conjunctivitis, flu syndrome.

The popularity of the retail clinic is due to convenience and immediate appointments.

**44%** of the retail clinic clinics are located in California, Florida, Illinois, Minnesota, Texas.

**73%** of the retail clinics are operated by CVS, Walgreens, and Target.

**36%** of the population lives within 10 min. of driving distance from the retail clinic. 11% of the retail clinics are operated by hospital chains or physician groups.

**2 – Payment Outlook for 2014 Onward:** – Congress approved 0.5% increase in Medicare reimbursement for the first three months of 2014. They have put another "Band-Aid" on the repealing of the SGR formula. So far they have put Band-Aid on the issue 17 times in a row costing approximately \$150 million. SGR will probably be replaced by a value-based system rather than volume-based system.

**3 – Expansion of Medicaid:** – the study from Oregon shows that expansion of Medicaid does not provide better access to primary care but rather increases the use of emergency room visits for condition that can easily be treated in an outpatient setting.

**4 – EHR and Meaningful Use:** – the use of EHR has gone from 17% in 2009 50% in 2013 due to incentives to physicians rather than its usefulness. Government

*continued on next page*

paid approximately \$5.8 million by November 2013 to physicians who successfully attested to the first stage of the meaningful use program. Physician Quality Reporting System (PQRS), Value Based Modifier (VM), and Meaningful Use of HER (MU) consolidated in to the Merit-Based Incentive Pay System (MIPS).

**5 – Tax Changes for 2014:** – Be aware of the changes coming in the tax law that will influence higher “top income” tax rate, capital gains tax, individual tax, affordable care act’s impact on Medicare taxes, itemized deduction limitations, personal exemption phase-out rules, federal estate and gift tax, and multiple minor changes. Please discuss with your tax advisor in timely fashion.

**6 – EHR “Copy and Paste” & “Auto Populate” Features:** – Office of the Inspector General (OIG) has much to gain by labeling and “auto populate” features of EHR as “over-coding” and therefore fraudulent. And thus where is the time-saving use of EHR?

**7 – High Deductibles in Obama Care:** – The Bronze Plan in Obama care has as much as \$4300 deductible and the Platinum Plan care has \$167 deductible. Patients have a 90 day grace period to choose the plan and pay for it. The insurers have a 60 day to pay the providers. In Florida no managed care payments have started for Obama care yet. Amongst 210,000 PCPs in USA, analysis by Teledoc projects 9 new patients per PCP due to Affordable Care Act. Poll shows that 50% of the uninsured do not intend to buy the health insurance.

**8 – ICD – 10** implementation is pushed back to October 2015.

## COUNCIL OF STUDENT MEMBERS

Laura Jordan, Chair

The Council of Medical Students had a successful meeting in Orlando this year. We hosted a panel of residents who spoke on “Navigating the Residency Application Process” followed by a CV Building Workshop run by Dr. David Snipelisky. We are currently planning for our next meeting in August and look forward to hosting a panel on, “How to Prepare a Poster Presentation” as well as a workshop on personal statements.



## BOARD OF MEDICINE ADOPTS TELEMEDICINE RULE

Christopher L. Nuland, Esq.  
General Counsel

After close to a full year of hearings and testimony, the Florida Board of Medicine this Spring adopted a Telemedicine rule (64B8-9.0141) supported by the Chapter.

Unlike the Legislature, which was unable to resolve issues pertaining to out-of-state providers and reimbursement, the Florida rule applies only to Florida licensed physicians. Under the new rule, Telemedicine may be used to establish a physician-patient relationship, but may NOT be used to prescribe controlled substances (it should be noted that the Board has clarified that this does NOT preclude the ordering of controlled substances in an inpatient setting). More importantly, the rule affirmatively states that the use of Telemedicine does NOT alter the standard of care, leaving the physician to decide if he or she can provide the service adequately. Finally, the parties agreed that the restrictions do not apply in emergency situations, such as the delivery of patients to an emergency facility.

Beginning in April of 2013, all interested parties, including the Chapter, hospitals, and telemedicine industry experts, participated in a series of meetings designed to craft a rule with which all stakeholders could agree. The Board should be commended on developing a consensus on the final product that was so broad that not a single party chose to file a challenge to the final rule.

## MEMBERSHIP CORNER

As the summer begins and the school year ends it is a time for the medical students and residents to begin their year. I have been fortunate to have a faculty appointment at the FAU College of Medicine in which medical students rotate through my office and I am able to teach them various clinical skills and patient evaluations. This has been truly rewarding as it so important for us to pass on our knowledge to succeeding generations.



**JASON M. GOLDMAN, MD FACP**  
Membership Chair

In Membership news - I would like to acknowledge and thank the following active members have helped our organization grow and succeed: Keely Fischbach, the outgoing chair of the Council of Residents and Fellows dedicated her time to grow the Council by reaching out to the membership. The incoming co-chairs, Dianne Goede & Stacy Rubin are certain to continue the work started by Keely. Laura Jordan has shown great commitment to the Council of Student Members as the chair of this newly formed council. Several other physicians should also be recognized as well. Ankush Bansal as the chair of the council of Early Career Physicians and has been very active in bringing the hospitalist perspective to the chapter. Finally, Dan Bendetowitz has taken an active role in increasing membership in his county.

In summary, the year has been outstanding so far and the rest promises to be even better. Our membership is active, talented and dedicated to the profession of medicine. I am proud to be the Membership chair of our Chapter and privileged to serve as your Treasurer.

### ACP's Recruit-a-Colleague Program

Recommend ACP membership to your colleagues and earn a significant discount on your membership dues or even free membership!

Now you have the opportunity to provide your colleagues with the same clinical support and educational resources that you have enjoyed as an ACP member. Talk to your post-training colleagues about ACP today so they can experience the College's benefits for themselves -- and join a worldwide internal medicine community of more than 137,000 members.

Plus, for every member recruited within the promotional period, you will receive an entry into a grand-prize drawing for a trip to Internal Medicine 2016 in Washington, DC that includes registration, airfare (up to \$500), and four days of hotel accommodations.

Visit <https://www.acponline.org/membership/recruit/domestic.htm> for program details.

## The Florida Chapter extends a warm welcome to our new members!

Osama M Ansari, MD  
Stuart Bagatell, MD  
Ayinde T Bourne, DO  
Vicki Viveros Britton, MD  
Janet W Brownstein, MD  
Yesim Esther Calafell  
Francisco R Carballo, MD  
Sumeet Chandra, MD  
Indrani Datta, MBBS  
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Pablo J Dubon  
Cesar R Gamero, MD  
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Alejandro Roberto Luna, DO  
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Suleidys Miranda-Santana, MD  
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Shalini Mulaparthi, MD  
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Ryan W Nall, MD  
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Anand Nayee, MD  
Thi Hong Thanh Nguyen, MD  
Vietdung H Nguyen, MD  
Nadarajah Nirmalan MD  
Hannie C Patel, MD  
Zhanna Pogrebnaya, MD  
Carlos Portu, MD

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Gainesville  
St Petersburg  
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## **Congratulations to these FL Chapter Members serving on National Councils!**

### **Council of Student Members, Vice Chair**

Laura Jordan, OMS III  
Lake Erie College of Osteopathic Medicine, Bradenton



LAURA JORDAN, OMS III



MOJGAN HOSSEINIPOUR, OMS III

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Christin Giordano, MS III  
University of Central Florida College of Medicine

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Lake Erie College of Osteopathic Medicine, Bradenton

Erik Kumetz, USN, MS III  
University of Miami Miller School of Medicine



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MORGANNA FREEMAN-KELLER, DO



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### **Council of Resident/Fellow Members, Chair Elect**

Morganna Freeman-Keller, DO

### **Council of Resident/Fellow Members**

Keely Fischbach, MD  
William Palmer, MD

### **Council of Early Career Physicians, Chair**

Joshua D. Lenchus, DO RPh FACP



JOSHUA D. LENCHUS, DO RPh FACP



WILLIAM PALMER, MD

## **COUNCIL OF RESIDENT/FELLOW MEMBERS**

Dianne Goede, MD and Stacy Rubin, MD, Chairs

The ACP Council of Resident and Fellow Members is busy planning another exciting year. Our spring meeting was a success; thank you to all who participated! The Annual Scientific Meeting will take place August 22 through the 24th in Ft. Lauderdale at the Hyatt Regency Pier 66. The meeting will showcase our finalists from the oral presentations this past spring. Also, the top three Doctor's Dilemma teams from the spring competition will compete for the state title. Dr. Bansal is our fall speaker and he will teach us how to be savvy while exploring employment options in internal medicine following residency. Abstracts for this meeting are due Monday June 23rd and may be based on clinical vignettes or research. The winners from each of these two categories will be invited to participate in the poster competition at the national Internal Medicine meeting in Boston during the spring of 2015. We look forward to seeing you at the fall meeting!

# Council of Early Career Physicians

ANKUSH K. BANSAL, MD, FACP, FHM, CHAIR



Welcome early career physicians! The national ACP Council of Early Career Physicians (ECP), formerly known as the Council of Young Physicians and now chaired by our own former state chairman Joshua L. Lenchus, DO, RPh, FACP, SFHM, is interested with improving participation of and value to early career physicians (those 16 or less years out from medical school graduation). As the acting chairman of our Florida Chapter's council, I would like to invite ideas

about topics and issues from ECP practitioners throughout Florida. The goal of the ECP council is to promote professional development and encourage participation in the council and organization as a whole. To that end, an idea to bring all of us together into a cohesive group is that I would like to start offering webinars on a regular basis (6-8 times per year) on topics of particular interest to early career physicians.

These can include:

- Financial/asset protection (e.g. disability & individual life insurance)
- Contracting pearls, pitfalls, negotiation strategies
- Leadership skills (discussed further below)
- Running an office practice more efficiently
- Navigating hospital politics
- Board Certification/MOC
- Advancing to Fellowship
- Presentation and Teaching skills
- CME requirements, obtaining multiple state licenses, vagaries of different state laws
- Work-Life Balance
- Faculty Development including teaching
- Private practice growth, industry
- Non-clinical options/adjuncts
- Brief Primer on current alphabet soup of regulations – ACO/HIT/EMR/MU/HCAPS/VBP/ICD 10/CLIA
- Volunteer/Relief/Charity opportunities
- Jurisprudence
- Advocacy/Government/Politics
- How to Say No/Negotiation skills
- Effective use of physician extenders (NP/PA) and scribes
- Hospitalist Practice considerations
- Others

The goal is to start before the end of the year. Beyond that, I would like to get feedback on possibly having a mentoring program with residents. It is a small commitment, can be done by phone or videoconferencing initially, and may benefit both the mentor and mentee. Lastly, with all of the regulatory changes happening at the national and state level in the last few years, it is important for all of us to be involved,

even in only one small way per year, in educating our political representatives and advocating for medicine. The best way to do this is to use your personal experience and what you see as a problem in the way your practice of medicine is affected by third parties and the government. If we don't try to advocate for ourselves and our patients, others may do it for us.

I invite all of you to attend the Annual Scientific Meeting on August 22-24 in Ft Lauderdale this year for an educational (including state-required CME) and fun weekend. Let's plan on meeting to discuss our Council.

If you are interested in helping with our Florida ECP Council, please email me your thoughts and ideas to [floridachapteracp@comcast.net](mailto:floridachapteracp@comcast.net) or [dr.akb1@gmail.com](mailto:dr.akb1@gmail.com).

We welcome all practitioners, private practice or academic, in the field or subspecialty of internal medicine, including hospital medicine, to participate in the council and ACP in general. Please invite colleagues to join us in the organization and at the meeting this August.

Thank you for your commitment to internal medicine and your patients and to your interest in the Council of Early Career Physicians and the American College of Physicians.

## WE WANT YOUR NEWS!



The Florida American College of Physicians wants to share the many positive events in the lives of our members. Tell us about current events in your life, your practice, or your adventures and we will share with colleagues across the State in our quarterly newsletter. Please limit your news to 400 words and forward your submissions to: [floridachapteracp@comcast.net](mailto:floridachapteracp@comcast.net). Your stories will also be available on the Florida ACP Facebook page. We are looking forward to hearing from you. Thank you.

Michael Howell, MD, MBA, FACP, Editor, FACP Newsletter

# HOSPITALIST MEDICINE

Welcome internal-medicine hospitalists. Due to the growth of hospitalists in internal medicine, our chapter has created a hospitalist section. I am the first Hospitalist Representative for the Florida Chapter. The goal is to broaden our knowledge in internal medicine, primary care issues, and relationships with our referring primary care providers. I hope to see you all at our next annual scientific session in August in Ft Lauderdale where we will start incorporating topics pertinent to hospital medicine. I present our first topic below - the 2-day hospital CMS rule. If you have any questions, comments, or suggestions, please contact me through the chapter office (floridachapteracp@comcast.net) or directly (dr.akb1@gmail.com).  
Ankush K Bansal, MD, FACP, FHM

## THE 2-DAY HOSPITAL CMS RULE

Up until October 1, 2013, the Centers for Medicare and Medicaid Services (CMS) had a somewhat confusing system regarding assigning patients to inpatient vs observation status in the hospital setting. The ultimate classification was based on clinical findings, nursing needs, patient risk factors, and prognostic factors. The customary thinking was that observation stays should be less than 24 hours and only occasionally up to 48 hours. The initial purpose was to reduce the financial burden on the Medicare fund. There was a basic framework for figuring this out but no real flowchart. Hospitals and auditors would use third-party guidelines such as Milliman Care Guidelines (©Hearst Corporation) or McKesson's InterQual Guidelines (©McKesson Corporation). This spawned a cottage-industry of physician advisors either employed directly by hospitals or contracted through third-party companies such as Executive Health Resources, where I worked part-time for five years. However, CMS discovered that observation status actually increased out-of-pocket expenses to beneficiaries. In addition, CMS determined that the use of observation status in hospitalizations greater than two days had increased from 3 to 8% of all observation cases from 2006 to 2011.

As of October 1, 2013, CMS changed the criteria to the "Two-Midnight Rule." If a patient was expected to be hospitalized for two midnights from the time they were first evaluated by a healthcare provider (not necessarily the emergency physician), then they would be considered inpatient. If less than two midnights elapsed, then they could be considered observation. The purpose was to increase the number of inpatient codes at the expense of observation codes for the financial benefit of the beneficiary. However,

some confusion followed even this change. Specific admissions could be considered inpatient even if less than two midnights passed, based on the severity of illness, prognostic risk, and expectation that they would be hospitalized for at least two midnights. Also, there was confusion in the event that a patient was directly transferred from one acute care hospital to another. Would the midnights reset? On February 24, 2014, CMS issued a rule clarification that permitted use of midnights at the referring hospital to count towards the midnights at the receiving hospital. Finally, the dreaded "Code 44", while still applicable, was no longer a cause for heartburn because the FY 2014 rule change allowed hospitals to rebill an admission previously coded as inpatient to observation up to one year after services were rendered. Medicare audit contractors (MAC) and recovery audit contractors (RAC) could still audit the hospital as many as three years later looking for inappropriate billing (primarily less than two midnights). Overall, this made determining observation vs inpatient status (CMS prefers not to use the word "admission" for the hospitalization status to avoid confusion) easier to understand in most cases.

There are some caveats though. The determination of inpatient status is primarily based on the physician's expectation that the patient will require at least two midnights in the hospital (including emergency department). Thus, if a patient leaves against medical advice or is transferred before two midnights, it does not matter. However, if the patient is discharged before two midnights, then documentation must clearly state what clinical factors led to the physician reaching that decision in the first place. The importance of physician documentation with respect to CMS reimbursement is different from the pre-Oct 2013 rule change. Third-party assessments are trumped by the treating physician's thought process. For admissions that have the sole purpose of a procedure designated as inpatient-only by CMS, the two-midnight rule does not apply. This is why documentation by the physician (usually the hospitalist) is so important now. That is also the reason the physician has to document the status in the chart as an order with their signature and not delegate it to nursing, case management, or billing. The RAC will be looking specifically for this. So, a brief admission note is not sufficient. When documenting pain as a presenting complaint, be detailed (e.g the S-O-C-R-A-T-E-S mnemonic), and have a comprehensive assessment to justify your orders and ongoing

*continued on next page*



## 2014 LEGISLATIVE WRAP-UP

Christopher L. Nuland, Esq.  
Lobbyist and General Counsel

When Senate leaders refused to consider a final House health care counter offer at 8:30 on the 60th day of Session, chances for meaningful health care legislation evaporated. The House had gambled that the Senate would not walk away from a bill that included the FMA's fine Managed Care legislation, a controversial trauma system reform, and our Health Care Clinic Act, but the Senate effectively called the House's bluff by refusing to even consider the last-minute House offer, leaving the legislation to die when the Legislature adjourned "sine die" (without date).

Even the last minute implosion, however, could not detract from what was otherwise a remarkable Legislative Session. Against all odds, Medicine succeeded in preventing any expansion of practice by ARNPs and Physician Assistants. Moreover, while we were successful in passing a good Telemedicine rule at the Board of Medicine, we succeeded in repelling legislative attempts to allow out-of-state physicians not licensed in Florida from practicing Telemedicine. Because of Medicine's efforts, physicians will not be required to inquire of the Prescription Monitoring Date Base for each new patient who needs any type of controlled substance.

There were also some notable bills passed. Legislation allowing for schools and other institutions to stock and administer emergency allergy treatment is on its way to the Governor, as is legislation to raise the age at which children must still utilize booster seats. This latter legislation has taken over a decade to pass.

All of this would not have been possible without an unprecedented degree to cooperation and teamwork between the FMA and the Specialty Societies, and I would like to take this opportunity to personally thank Tm Stapleton and his fine legislative team, as well as each and every one of the other Specialty Society lobbyists who were instrumental in the successful Session. Of course, ACP's program simply would not be possible without the work of Dawn Moerings, Bridget Anderson, and your entire Chapter staff.

Finally, I would like to thank each and every physician who took the time out of their practice to contact even a single legislator. Our victories this year were by narrow margins, and each and every contact was vital in our legislative efforts,

As always, it is a pleasure and an honor to serve.

Chris

### *Hospitalist continued from previous page*

hospitalization of the patient. This also goes for admitting a patient as inpatient when the workup could have been done in less than two midnights (e.g. many cases of chest pain or resolved TIA). Next, if a patient is admitted correctly as observation but needs to go to a SNF, the hospitalization still will not count towards the three-day requirement for benefits towards SNF coverage because it will not be covered under Part A. Simply keeping the patient in the hospital for three midnights and labeling as inpatient will not fly with the RAC if clinically unsupported in the documentation. There have been efforts to change this, but they have failed thus far (including lobbying to Congress by hospitalists last year through the Society of Hospital Medicine). Finally, a recent retrospective analysis in JHM at one academic center showed that, contrary to CMS's expectations, the new rule may result in more observation hospitalizations, not less. If you work in a critical-access hospital, your hospital is exempt from the MAC/RAC auditors. Also, because of opposition from multiple stakeholders, CMS decided in early February 2014 to delay post-payment reviews of the two-midnight rule until the start of FY 2015 (October 1, 2014). That means no post-payment reviews for admissions up to October 1, 2014 will be done. This does not apply to pre-payment reviews on March 31, 2014 and after. Why is this important to hospitalists? First, billing concordance. The hospital billing and physician services billing must agree for the level of service. So, if you are a private practice hospitalist contracted by the hospital individually or through your group, your billing must match the hospitals. If not, the hospital may not receive payment at all. As hospitalists, our ability to practice is, for good or bad, tied to the financial health of the hospital. Second, the auditors can and do audit physicians and groups for overpayment, too. Third and most importantly, any discrepancy or revision later by auditors may result in a hefty bill to the patient which may affect patient satisfaction. This can then lead to dissatisfied referring physicians (after their patients complain to them) which may affect your referral network.

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# REGISTER NOW FOR THE 2014 ACP FL Chapter Annual Scientific Meeting

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## Meeting Highlights

MOC Decoded - Michelle L. Rossi, MD FACP

Controversies in Preoperative Medicine ~ Steven L. Cohn, MD FACP

Hospital Readmissions Reduction Strategies ~ Ankush K. Bansal, MD FACP

Rheumatologic Testing & Lab Basics for Internists ~ Kevin Stone, MD FACP FACP

Anticoagulant Update - What an Internist Needs to Know ~ Sunil Gandhi, MD FACP

Hospice & Palliative Medicine Pearls for the Practicing Internist ~ Naresh Pathak, MD FACP

3<sup>rd</sup> Lecture Series: Humanism & Civility in Medicine & in Our Personal Lives ~ Daniel Lichtstein, MD MACP

### STATE MANDATED COURSE:

Prevention of Medical Errors ~ Kimberly Hathaway, MSN RN LHRM & Christopher L. Nuland, Esq.

### RESIDENT & MEDICAL STUDENT WORKSHOP:

Medical Students: Preparing an Abstract for Competition & Polishing Your Personal Statement

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[http://www.acponline.org/about\\_acp/chapters/fl/](http://www.acponline.org/about_acp/chapters/fl/)

## Including Risk Management in Your Vacation Planning Allows You to Relax

Because liability never takes a holiday, your vacation plans should include medical coverage arrangements for your practice, particularly when you use locum tenens. The following tips will help reduce risks in your practice and promote the safety of your patients as you plan your vacation:

- Review managed care contracts for relevant coverage requirements. Some managed care contracts contain very specific language on this topic and many contain indemnification clauses that could expose you to the liability of the covering physician (as well as breach of contract).
- Whenever possible, make secondary coverage arrangements. Confirm coverage arrangements via e-mail or fax with the locum tenens who are covering your practice in order to avoid misunderstandings, possible uncertainty of dates or time frame, and exposure to abandonment.
- Ensure that the practice coverage arrangements include an understanding about patient billing practices in conjunction with any managed care contracts or plans.
- Choose covering physicians who share your medical specialty and have privileges at the same hospitals that you do.
- Determine if covering physicians carry professional liability coverage and the limits of such coverage. While asking these questions could be awkward, you may be required to ask under certain managed care plans, provider agreements, and hospital bylaws.
- Before leaving on vacation, prepare a list of patients who are hospitalized or are in the midst of diagnostic work-up, or who

have special medical problems or needs. Give this information to the covering physicians and document any specific advice you provide.

- Inform the attending physicians or hospitalists of any hospitalized patients you are following about your coverage arrangements, and document the hospital chart to reflect these conversations.
- Advise your patients of the coverage arrangements and give them the covering physicians' names.
- Make each hospital where you have on-call responsibilities aware of the dates of your unavailability and the identity and phone numbers of the covering physicians. Give similar notice to your answering service and office staff.

Upon returning from vacation, promptly confer with all covering physicians. Document what you were told by the covering physicians about any significant developments in patients' clinical course or treatment while you were away.

Consider implementing these fundamental loss prevention measures for even brief periods when you are unavailable, such as observance of religious holidays, attending medical conferences, personal illness, or a long weekend. Unfortunately, vulnerability to claims is not diminished on these occasions.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit [www.thedoctors.com/patientsafety](http://www.thedoctors.com/patientsafety).

## Windows XP Use May Trigger HIPAA Non-Compliance

Now that Microsoft has stopped supporting the Windows XP operating system, physician practices using Windows XP face threats from viruses, Trojans, and other potential security breaches. All PC workstations and laptops using Windows XP that contain Protected Health Information (PHI) are no longer compliant with HIPAA and the HITECH Act. This includes devices used to access PHI via the Internet. HIPAA Security Rule section 164.308(a)(5)(ii)(B) states that practices must implement "procedures for guarding against, detecting, and reporting malicious software." This is no longer possible with Windows XP.

If your practice system currently runs on Windows XP, follow these tips immediately to bring your practice into HIPAA compliance:

- Identify all at-risk workstations and laptops.
- Analyze the hardware in all at-risk computers to determine if they are capable of running a new operating system, such as Windows 7 or 8.
- Upgrade all at-risk computers identified as capable of running a new operating system.
- For computers that cannot be upgraded, either replace the hardware or purchase new computers.
- Create a transition plan for upgrading or replacing computers.

Internet Explorer 8 is also no longer supported—if your practice is running Windows XP and using Internet Explorer 8, you may be exposed to additional threats.

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## Florida Chapter Governor's Newsletter



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<http://www.acponline.org/private/mbrconn>

to update your contact information.

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