



Florida Chapter

Governor's Newsletter



Manning H. Hanline, Jr, MD FACP FACEP, President/Governor
George D. Everett, MD MS MACP, Governor

Spring 2021

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PRESIDENT'S MESSAGE



*Manning H. Hanline, MD FACP FACEP
FL Chapter ACP President/Governor*

In his farewell address of January 17, 1961, President Dwight D. Eisenhower warned that public policy could itself become the captive of the scientific and technologic elite. To the extent that the medical profession is affected by public policy as well as by events in society as a whole, his words seemed to foretell changes which have occurred since then and which are all too often detrimental to the practice of medicine.

Each technologic innovation which intrudes in the doctor-patient relationship demands payment of our scarce resources of time and attention. Patients and physicians are both losers in this new paradigm. Every distracting text, e-mail, or electronic records requirement takes time away from the patient and disrupts our clinical thought processes. If it is unsafe to text while driving, then why do we assume that our ability to practice with skill and safety is not compromised when we look at a laptop computer screen instead of the patient? When asked by a medical student what to look at while listening to the heart, the venerated Tulane Cardiology Professor George E. Burch replied,

"Why not look at the patient?"

Moreover, none of us is immune from internet disinformation. As often as not, opinion masquerades as evidence-based truth. Even the monetary cost of the new technology cannot be ignored. Office overhead is so high that practices screen patients based on their insurance coverage rather than medical need. The American College of Physicians has attempted to address some of these issues by the Patients Before Paperwork initiative. However, I wonder if even the efforts of the ACP and the wisdom of a great President can save us from what seems to be our inevitable fate of servitude under the scientific and technologic elite.

Perhaps individual physicians do not need to follow in lockstep toward captivity. For example, we might reject the studies which purport to confirm the myth that telemedicine is as good as real medicine, and a computer screen is equal to a real patient. We know better. Those studies cannot quantify what we call the art of medicine. In an act of rebellion, we might close the examining room door or draw the curtains at the bedside and listen to the patient.

Sir William Osler described Medicine as, "a science of uncertainty and an art of probability." The clinical practice of medicine is not an exact science which is ruled by protocols. If we do not master science and technology so that we use them as no more than the means to the end of practicing the Art of Medicine for the benefit of our patients, then will we still be physicians after all?

Governors Message



George D. Everett, MD MS MACP
Governor, FL Chapter ACP

PUBLIC, POPULATION, AND INDIVIDUAL HEALTHCARE: WHAT ARE THE PHYSICIAN'S ETHICAL RESPONSIBILITIES?

During the pandemic of COVID-19, public health, the neglected step-child of American healthcare, has risen in visibility and prominence while the osteoporotic spine supporting it has fractured under the weight of the new load. Individual healthcare, in the time of COVID-19, has been tainted from revelations of access and outcome disparities created by differences in income, race and education. Between the goalposts of public health and individual healthcare lies the relatively new entity called population health. What do these terms mean and what is the responsibility of the physician in navigating the 3 domains of healthcare?

Public health seeks to favorably affect the overall populace. The existential example of a public health crisis is COVID-19: a disease that has injured societies across the world. Individuals, while important, are not the main foci of public health activity. Rather, the welfare of the entire society is the nucleus of public health. Population health, on the other hand, seeks to improve health processes and outcomes of a specific group of people. Examples here include managed care or accountable care organizations. In these organizations, various incentives to providers and/or patients (negative, positive or both) are supplied based on the results of performance metrics. Individual healthcare implies the obvious, because it is what most people are accustomed to and comfortable with. Providers and patients mutually agree to services. So, what are the ethical tenets, responsibilities, and dilemmas facing the physician who is trying to do the right thing in this world? The pandemic has exposed the need for investments in the structure and functions of public health. Hopefully, when COVID-19 drops off the headlines of the news cycle, the need to invigorate our public health infrastructure won't also drop off. We can all help by advocating for better public health. Individual healthcare needs a commitment to basic access, starting at the primary care level, such that everyone can receive basic services for prevention, chronic disease management and advanced care. The ACP at the national level has advocated for this commitment and hopefully, you will too. Population health has been pushed forward by a combination of government and industry, seeking better performance from healthcare expenditures than currently pro-

vided by individual healthcare. The results of multiple studies, summarized in a recent review of population health incentives¹, reveals no panacea here either: minor process metrics may improve but key outcome metrics and costs usually do not, regardless of the organizational type of population health.

As a physician who works with both inpatients and outpatients, I am doubly pummeled with dashboards and demands by hospitals and insurance programs to improve metrics that are set by organizations, not by practicing physicians or patients. I have seen how unsophisticated and unrefined the metrics are in the complicated arena of healthcare. Have you received a request by a population health program to get a mammogram or A1c test, or to control hypertension on a hospice patient or someone who is extremely frail and old? I have and I'm sure you have as well. Are you ever tempted to do something unwise just to meet a metric? You don't have to answer.

What then can we conclude about our ethics as ACP physicians taking care of adults with eclectic needs? First, do no harm. That axiom of medicine has stood the test of time. Second, your patient's medical needs and priorities come before any dashboard metric or any pressure you face from third parties. Third, your patient's "wants" should be diplomatically and judiciously separated from their medical needs. Both "needs" and "wants" require listening but our role as physicians is to help solve medical problems. Many times, I have found that addressing a significant medical problem will simultaneously solve a non-medical dilemma that is vexing the patient. Finally, we all have a collective responsibility for the welfare of the public at large. Public health is important to us all and needs financial, political, and intellectual encouragement.

1. Heider AK, Mang H. Effects of Monetary Incentives in Physician Groups: A Systematic Review of Reviews. *Applied Health Economics and Health Policy* 2020;18:655-67.

George Everett MD MS MACP
Governor, Florida Chapter ACP
Academic Chair, Internal Medicine Residency and
Campus Dean, Loma Linda University College of Medicine
at AdventHealth Orlando

CDC ACIP Vaccines Update

I have been privileged to serve as the American College of Physicians Liaison to the CDC Advisory Committee on Immunization Practices or ACIP. This committee serves to decide on the standard of care for vaccine administrations and has been quite busy this past year during the pandemic. Normally the committee meets 2-3 times a year to discuss the vaccine schedules and evaluate new vaccines that are created. This past year has shown an unprecedented number of meetings and emergency sessions to discuss the various vaccines being evaluated for emergency use. As the liaison, I serve as an interested party, representing Internal Medicine and also being a voice on various workgroups to discuss, in detail the various vaccines,



Jason M. Goldman, MD, FACP
Immediate Past Governor, FL Chapter ACP
Regent, American College of Physicians

The pandemic has been challenging on so many levels that it is almost impossible to imagine what life was like prior to 2020. That being said, the scientists, researchers and experts at the CDC and various agencies, have been working diligently to provide safe and effective vaccines to change the trajectory of COVID-19. The process may be accelerated, but the efficacy and safety studies are following proper guidelines. Aside from the obvious challenges of creating a vaccine for a never-before-seen disease, the logistics of allocating and distributing a limited resource has been monumental. The most important goal has always been an ethical and fair distribution, so all people are respected and no one group seemed to have undue favoritism. This has been a challenge for many states to achieve. The recommendations from ACIP are well thought out and important to follow, but it is at the discretion of the Governors of each state to implement.

The ACIP created a phased allocation that first looked at healthcare workers and those in long term care facilities. This would allow a good balance between those at risk for death as well as risk of transmission. The challenge is to not have the simplistic and instinctual reaction of an age-based approach. The vaccine is a tool but not the only way to prevent disease. Masking and social distancing are still the first and most effective way to prevent transmission. Furthermore, the question of risk is truly important. Is an ICU physician seeing extremely ill patients with COVID, but able to wear full PPE in an isolation more or less at risk than a primary care physician on the front lines, without full PPE, seeing patients who may not be aware of their infection status. It is obvious the primary care physician is more at risk for acquiring disease. If only one vaccine is available, who should receive it first. Moving further, the phase 1b looked at those over 75 and front-line essential workers such as teachers, police firefighters and the like. The phase 1c was over 65 with chronic conditions. The phasing had to account for risk of infection and risk of death. Additionally, vaccinating many in the front line, not only allows for more people to be protected by interrupting transmission, but it also satisfied health equity as many on the front lines are minorities and people of color. A strict age-based approach does not satisfy ethical criteria or truly incorporate fairness, justice, and equity. Many minority groups do not reach the age of 65, based on social determinants of health, which only further widen the health care gap and prevent necessary vaccines from reaching those most at need. Finally, a multiplier effect can be achieved as many minorities live in multigenerational households, which would achieve a greater area of protection by stopping the disease from entering household where elderly may live.

My experience with the committee and the workgroup has been incredibly fulfilling so far. The decisions that are being made have a long-lasting impact on the practice of medicine and how vaccines are administered, and disease is prevented. The staff at the CDC and all the dedicated scientists, physicians and public health officials work with the singular goal in mind to improve the health of the population. This work is voluntary for many of us and requires hours and hours of sacrifice that truly embody a labor of love. I look forward to when the pandemic will end and in person meetings can occur. Until that time, will continue to serve for as long as I am able to diligently represent Internal Medicine



*Christopher L. Nuland, Esq.
Chapter Legal Counsel*

As the United States continues to grapple with the COVID-19 virus, both the federal and state governments have provided a significant amount of legal relief to physicians during the Pandemic. For instance:

Economic Relief

In a rare show of bipartisanship Congress passed, and President Trump signed, legislation in December that authorized another round of PPP loans for those business with less than 20 employees who either are first time borrowers or who may have borrowed previously but can show a 25% decrease in revenue in any 2020 quarter compared to the same quarter in 2020. The Biden Administration has embraced the program thus far.

Ease of Prescribing

Understanding that many patients are reluctant to physically see their physician, Governor Ron Desantis temporarily suspended the prohibition on using telehealth to prescribe controlled substances to existing patients. This allowance will extend through the end of the State of Emergency and has been so successful that there is now legislation that would allow such prescribing even after the State of Emergency ends.

HIPAA Relief During the Pandemic

As most physicians are aware, telehealth communication devices must meet stringent HIPAA requirements in order to safeguard the security of such transmissions. Early in the Pandemic, the Trump Administration indicated that it would not enforce the HIPAA Security Rule on such transmissions during the State of Emergency in order to promote socially distant telehealth. While the Biden Administration has not yet reinstated telehealth security enforcement, now is the time to ensure that your telehealth systems are HIPAA compliant so as to allow for a seamless transition when the State of Emergency is lifted.

As always, keep an eye on our website and Facebook page for further information.



Provider Information for COVID-19 Vaccine

Thank you for your interest in serving your community by providing COVID-19 vaccinations.

Note: To become a COVID-19 vaccine provider your organization must be enrolled in Florida SHOTS and the Vaccines for Children/Adult Program.

[Learn more about COVID-19 vaccines in Florida](#)

COVID-19 Vaccine Administration for Health Care Providers

If you are a health care provider interested in administering COVID-19 vaccines, you will need to enroll as a COVID-19 vaccine provider. The first step in enrolling as a COVID-19 vaccine provider is to apply for a Florida SHOTS account if you don't already have one. See the handouts below for more information on how to enroll as a COVID-19 vaccine provider.

Download

[COVID-19 Vaccine Provider Enrollment Overview](#)

Download

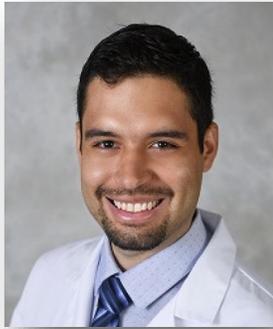
[COVID-19 Vaccine Provider Enrollment Flowchart](#)

For more questions regarding how to enroll as a COVID-19 vaccine provider, please contact the COVID-19 vaccine provider enrollment help desk at CovidVaccineProgram@flhealth.gov or 833-701-1397. Please be patient as high call volumes may result in extended waiting periods.

Thank you again for your interest in providing COVID-19 vaccinations.



ADAPTIVE COMMUNICATION IN TIMES OF COVID-19



Communication can be described as the process of exchanging information between groups or individuals, through verbal or nonverbal means. In simple words, it represents the creation and exchange of meaning

through interactions with others. Effective communication involves using an appropriate tone in our conversation, selecting the correct format to deliver the message, maintaining focus in our thoughts, signaling through nonverbal cues, and identifying the audience communication style, as well as ours. Failure or misuse of any of these elements can affect the messages we transmit or obtain from our exchanges with the world.

The COVID-19 pandemic has forced us to reshape our traditional communication paradigms. Greetings and handshakes are not often practiced anymore. Emphasis on personal space and social distancing markedly increased. Face to face communication has also been challenged by the widespread use of facemasks and other PPE. Face masks can muffle sounds and cover facial expressions, potentially impeding the ability to express and recognize emotional cues for patients and physicians, especially in cases of sensory impairment. Nonverbal signaling has become more relevant than ever. Being a good reader and transmitter of nonverbal cues has always been an important part of communication. It can facilitate the flow of messages or set up barriers. It allows to fill the blanks of what is not being said in a conversation.

By reading gestures, we can steer our communication style or messages on a dynamic basis. The eyes and mouth are the most informative regions when studying faces as they tend to be the most expressive. Not being able to involve the middle and lower face in our signaling, people are inclined to focus on the eyes to read the facial expressions intended. Eye contact can help transmitting and understanding emotions, as Shakespeare once said, “the eyes are the windows to the soul”. We have all noticed when a genuine smile is present under a facemask by watching someone’s wrinkles around the eyes. We need to be more aware of our posture and expressions to reflect sympathy and active listening. Besides maintaining genuine eye contact, we can lean forward towards the patient, use hand gestures, have an expressive tone of voice, and talk slower or louder as needed.

Communication formats have evolved significantly in the

past years, from formal letters, to the use of online resources and social media platforms. Technology has allowed us to break temporal and space barriers. We are now more connected with the rest of the world than ever before. Amidst COVID-19, such newer communication platforms have proved to be beneficial and also potentially detrimental. On one side, the use of telemedicine for patient evaluation has become widely adopted in our practices. We have been able to reshape the traditional patient encounter into a more versatile, convenient format, making care more readily available for high risk patients or patients who have difficulty visiting the office. It is foreseeable that telemedicine will stay in the future of healthcare one way or another.

Newer technologies and broad access to information have also posed a challenge to physicians in the last year. In critical times, like a new pandemic, people are desperately looking for updates and answers to unknown facts. In a rapidly evolving setting, tons of new information become public on a daily basis, which can be easily accessed through internet and social media platforms. However, widespread sharing of medical or other scientific information before proper vetting can be very dangerous. Last year, the WHO coined a new word, “infodemic”. It is defined as an “overabundance of information – some accurate and some not – that occurs during an epidemic”, and much like the virus, it is contagious and grows exponentially. As the WHO’s director-general stated, “We are not just fighting a pandemic; we’re fighting an infodemic”. People are bombarded with new information by the minute, which by itself is not bad, the problem is the accuracy and interpretation of such facts. The rapid spread of information in this digital era can help to quickly fill information voids but can also amplify harmful messages. We are fighting a monster of fake news, misinformation and conspiracy theories, which can lead to confusion and mistrust in public health policies. We have seen several examples throughout the pandemic, from trivializing the risks of COVID-19, promoting unproven treatments, to questioning public health policies, like masks and now COVID-19 vaccines. Patients who have been exposed to this infodemic can have many questions and concerns about the accuracy and effectiveness of treatment and preventative interventions. Just now, when we start seeing a potential light at the end of the tunnel, and a worldwide rollout of different COVID-19 vaccines, physicians are dealing with concerning numbers of vaccine hesitancy among our patients. This leads us to our next battle. How can we continue fighting misinformation and tackle vaccine hesitancy?

Continued on page 6

Continued from page 5

Open and effective communication is a great tool in this fight. Begin by listening. Ask your patients about their concerns. Try to explore the reasoning behind their hesitancy. Patients may be fearful or anxious because of lack of information or misinformation around the pandemic or vaccine effectiveness. Sharing accurate clinical data and our own experience with the COVID-19 vaccine can help breaking those walls. I personally try to manage vaccine concerns by creating a context of risks versus benefits. Balancing a potential unknown risk of long-term vaccine side effects versus a clear benefit on preventing severe COVID-19 infections for high risk patients. We can adapt the communication style and message based on individual patients. Though the basic data around the vaccine is simple enough as to share and discuss, personal stories may resonate with some patients more than numbers. Certain patients may be more willing to discuss their opinions and concerns with their doctors rather than reading a website or guidelines. On a wider level, we can create new forums for communication. Hosting in-person or online Q&A sessions with groups of patients, health care workers, or members of the community can help in the fight. Internet and social media have allowed for targeted dissemination of false information about COVID-

19, based on their automated content optimization algorithms. We can bring the battle to the digital ground as well, using the same social media to spread accurate facts and flag any inappropriate or inaccurate posts.

Communication in medicine is both science and artistry. Our words can open or shut down doors. The way we interact and communicate can have significant effects on our patients' well-being. Effective communication is a skill that can be learned and practiced. Generic "one-size-fits-all" communication techniques are not necessarily the best model to obtain and provide information. Each person has a unique way of interacting with the world. Understanding your patient's communication style allows you to adapt your verbal and non-verbal behaviors, optimizing the physician-patient communication and leading to better outcomes. By attaching as much importance to our style and manner of communication as to any other part of medical care, we will build a strong rapport with our patients, which may be the best weapon to fight disinformation in this critical time.

*~Luis Alberto Isea Mercado, MD
FL Chapter ACP Membership Chair*

Congratulations

The Florida Chapter would like to congratulate the following new Fellows:

Yoosif Mohamed Ali Abdalla, MD FACP	Aventura	Tyler House, DO FACP	Jacksonville
Alande Brezault, MD FACP	Miami	Elizabeth J Jungst, MD FACP	Sarasota
Charles M Callahan, MD FACP	Vero Beach	Elizabeth A. Macguidwin, MD FACP	Cape Coral
Cornelia Charles, MD FACP	Lake Worth	Mariya Milkko, DO FACP	Largo
Rafael Antonio Ching Companioni, MD FACP	P C Beach	Sudeshna Mitra, MBBS FACP	Indian Harbour Beach
Christopher M Cooper, MD FACP	Orlando	Lynell S Newmarch, MD FACP	Melbourne
Jennifer B Cowart, MD FHM FACP	Jacksonville	Iren M Ortiz, MD FACP	Saint Johns
Rachel Dahlborg, MD FACP	Osprey	Saji M Packal, MD FACP	Gainesville
Kleper N F De Almeida, MD FACP	Boynton Beach	Hardik Patel, MD FACP	Holly Hill
Jose A Delgado Elvir, MD FACP	Ocala	Joshua Shultz, MD FACP	Orlando
Louis G Dusseault Jr, MD FACP	Naples	Michael Smerina, MD FACP	Ponte Vedra Beach
Karthik Gnanapandithan, MD FACP	Jacksonville	Charles B Stone, MD FACP	Hollywood
Dwayne K Gordon, MD FACP	Winter Garden	Anthony L Turner, MD FACP	Jacksonville
Ishan A Gunawardene, MD FACP	West Palm Beach		

2020 Florida Chapter Awards



**Internist of the Year
2020 Award Winner**

Jose Gascon, MD



**Early Career Physician
2020 Award Winner**

Avan Armaghani, MD



**Community Based Teacher
2020 Award Winner**

Vida Farhangi, MD FACP



**Outstanding
Teacher of the Year
2020 Award Winner**

Asa Oxner, MD FACP



**Outstanding Contributions to
Advancing the Careers
of Women in Medicine
2020 Award Winner**

Karen M. Hamad, MD FACP



**Inaugural
Tulisa LaRocca, MD
Wellness Champion
2020 Award**

Tulisa LaRocca, MD FACP

2020 National Awards



Congratulations New Master



Michelle L. Rossi, MD MACP



Congratulations ACP Regent



Jason M. Goldman, MD FACP



**Congratulations
FL Chapter Governor Elect Designee**



Ankush K. Bansal, MD FACP

American College of Physicians



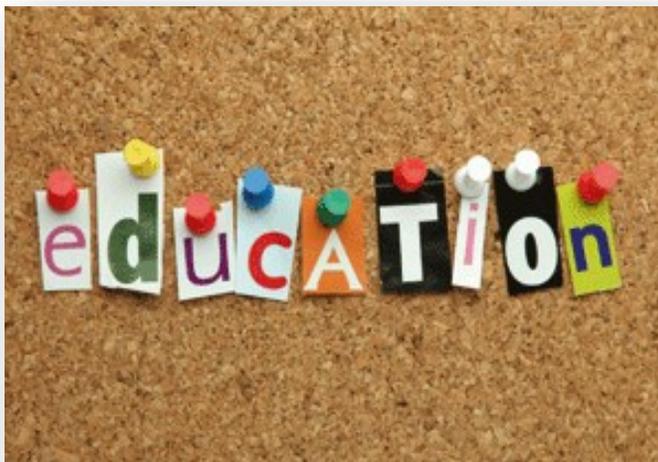
Presented to the

Florida Chapter

for meeting the standards determined by the
Chapters Subcommittee to achieve
excellence in chapter management.



Norma O'Leary
Chair, Chapters Subcommittee
American College of Physicians



CME OPPORTUNITY

**If you were not able to attend the
2020 Annual Scientific
Virtual Meeting,
you can still register,
view the lectures
and earn 19 CME hours.**

[REGISTER HERE](#)

2020 Virtual Poster Competition

Medical Student Winners



2020 Virtual Poster Competition Medical Student Clinical Vignette Winner



Paul Gursky

Florida State University
College of Medicine

“Cologuard Positive Ampullary Carcinoma”



2020 Virtual Poster Competition Medical Student Clinical Vignette Winner



Mailin Oliva

University of Florida College of Medicine

“Neurocysticercosis as a Cause for Seizures
in a Non-Endemic Country”



2020 Virtual Poster Competition Medical Student Clinical Vignette Winner



Selene Rubino

University of South Florida Morsani College of Medicine

“Extrapulmonary Tuberculosis as a Mimic of
Appendicitis”



2020 Virtual Poster Competition Medical Student Research Winner



Samantha Eichelberger

Florida State University College of Medicine

“An Examination of Barriers & Facilitators to the
Use of DNR Orders Among Residents & Faculty:
A Qualitative Analysis”



2020 Virtual Poster Competition Medical Student Research Winner



Chandler George

Florida State University College of Medicine

“Aspartame and Alzheimer’s Disease”



2020 Virtual Poster Competition Medical Student Research Winner



Sonam Parag

Nova Southeastern University
Kiran C. Patel College of Allopathic Medicine

“COVID-19 Pathogen (SARS-Cov-2) Viral
Evolution Leading to Increased Infectivity”

2020 Virtual Poster Competition

Resident Winners



2020 Virtual Poster Competition
Resident Clinical Vignette Winner



Zachary Field, MD

Orlando Health Internal Medicine Residency

“A Rare Case of Methemoglobinemia from Over-the-Counter Vagisil Cream”



2020 Virtual Poster Competition
Resident Clinical Vignette Winner



Emily Haltigan, MD

University of Florida Internal Medicine Residency

“Successful Treatment of Steroid-Dependent Idiopathic Angioedema with Dapsone”



2020 Virtual Poster Competition
Resident Clinical Vignette Winner



Smriti Kumar, MD

University of Miami—Jackson Memorial Internal Medicine Residency

“A Rare Case of Endosalpingiosis Masquerading as Colonic Malignancy: Utility of Endoscopic Ultrasound and Endoscopic Resection”



2020 Virtual Poster Competition
Resident Clinical Vignette Winner



Ramses Ramirez, MD

UCF/HCA GME Consortium Orlando Internal Medicine Residency

“Left Ventricular Free Wall Rupture: Can Milking-Effect be the First Clue?”



2020 Virtual Poster Competition
Resident Clinical Vignette Winner



Stephanie Rothweiler, MD

University of Florida Jacksonville Internal Medicine Residency

“Air in all the Wrong Places, A Case of Hamman’s Syndrome in a COVID-19 Patient”



2020 Virtual Poster Competition
Resident Clinical Vignette Winner



Carla Williams, MD

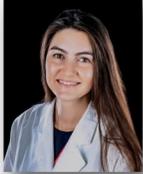
NCH Healthcare Systems—Naples Internal Medicine Residency

“Burning from the Inside Out: A Case of Black Fever”

2020 Virtual Poster Competition Resident Winners



2020 Virtual Poster Competition Resident Research Winner



Alexandra Lackey, MD

AdventHealth Orlando
Internal Medicine Residency

"Comparison of Performance Metrics in a
Teaching ICU vs Non-Teaching ICU"



2020 Virtual Poster Competition Resident Research Winner



Vishal Patel, MD

University of Florida Internal Medicine Residency

"Appropriateness of ANCA testing and
Clinical Outcomes"



2020 Virtual Poster Competition Resident Research Winner



Na Zhou, MD

AdventHealth Orlando
Internal Medicine Residency

"Cause Analysis of Loss To Follow Up in an
Internal Medicine Resident Continuity Clinic"



Atlantic Health Partners

As you might know, Atlantic Health Partners, the leading and largest vaccine buying group, provides our members the most favorable vaccine pricing and terms, and excellent support.

Atlantic can greatly assist with all the challenges you face in selecting, pre-booking, and administering flu vaccines.

Atlantic's program includes discounts and support on all vaccines from all manufacturers including Sanofi, Merck, GSK, Pfizer, Seqirus and AstraZeneca.

We encourage you to contact Atlantic for more information on flu vaccines and all of your other immunization needs.

Email Cindy or Jeff at info@atlantichhealthpartners.com; or call them at 800-741-2044.



**WISHING EVERYONE THE BEST
ON MATCH DAY - MARCH 19, 2021**

The Florida Chapter thanks the Following for their support
of the 2020 Annual Scientific Virtual Meeting:

PRESIDENTIAL SPONSOR



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EXHIBITORS



National Doctors' Day is March 30, 2021.



Thank
you.

On National Doctors' Day, we pause to appreciate the incredible dedication and devotion of the providers who serve our communities through hard work and sacrifice, 365 days a year. Thank you for answering a higher calling by dedicating your life to healing others.


Advent Health
feel whole.

ACP is actively recruiting practices to participate in our Pfizer-funded ACP Advance: COVID-19 Recovery program. The goal of this program is to implement a team-based quality improvement (QI) approach to improve systems of care for patients with or at risk for COVID-19. The program will support clinical teams in rapid-fire implementation of QI programs to support COVID-19 recovery efforts including:

- Implementation of COVID-19 vaccination programs
- Integration of telehealth services
- Developing workflows to mitigate risk of COVID-19 transmission
- Addressing backlog of chronic disease management
- Many more!

The program offers virtual QI coaching support from ACP Advance expert coaches, access to a virtual learning community, tailored educational offerings, and the opportunity to earn CME and ABIM MOC for program participants. ACP's Center for Quality is looking to recruit practice groups (e.g., large integrated health systems, academic medical centers, community health centers, independent physician associations, large multi-specialty practices) to participate in this program over the next 6 months.

Benefits include:

- Free access to virtual coaching support from ACP Advance expert coaches
- Free access to ACP Advance QI Curriculum for all mem-

- bers of your practice
- Access to ACP's COVID-19 Recovery virtual community
- Tailored educational resources to support COVID-19 recovery efforts (e.g., infection control protocols, workflows to ensure patient and clinician safety, novel staff scheduling models, telemedicine implementation resources, pre-visit planning tools, etc.)
- Opportunity to earn CME/CE and ABIM MOC

Program participants will be asked to:

- Identify a physician and non-physician team member to lead implementation of rapid-fire QI initiatives in your practice setting
- Complete the ACP Advance COVID-19 Recovery Practice Assessment Survey, which will help ACP understand your practice background and current needs
- Engage in virtual coaching calls with ACP's expert coaches
- Report program outcomes, best practices, and lessons learned

Onboarding for this program will occur on a rolling basis beginning in March 2021. Opportunity is limited so applicants will be considered on a rolling, first-come, first-served basis.

[Apply Now.](#)

Please contact Julia Thayer (jthayer@acponline.org) if you would like more information about this program.

Upcoming ACP Webinars

TRANSITION OF ROLE: BECOMING A CHIEF RESIDENT

Monday, March 15, 2021, at 3:00 p.m. ET

Transitioning from resident to chief resident is a time of great professional growth that brings about new opportunities and exciting challenges. Join us for the first installment of a four-part webinar series designed to help chief residents and future chief residents excel. In this free 1-hour webinar, Megan Gunn, MD, MA, and Jane Yoon Scott, MD, review the multifaceted role and expectations of chief residents; examine what it means to be a residency and institutional leader; share tips for being a strong mentor; and offer strategies for being a successful manager.

Register: https://acponline.zoom.us/webinar/register/WN_QYc1z3NARoqB5-LMZShaMQ

THE TECHNOLOGICAL FIX: PRESENCE, ABSENCE, AND THE LIMITS OF TELEMEDICINE

Monday, March 22, 2021, at 3:00 p.m. ET

Physicians have been faced with the sudden expansion of telemedicine in the past year. It ballooned into mainstream clinical practice in 2020 as a technological patch laid over the holes in health care access caused by the upheaval of the COVID-19 pandemic. In this free 1-hour webinar, Jeremy A. Greene, MD, PhD, traces the history of telemedicine back to its origins in demonstration projects in the 1960s and 1970s that promised to use this technology to erase racial, ethnic, economic, and geographic disparities in access to medical care. Dr. Greene will explore the successes and failures of these programs and sheds light on why we continue to seek technological solutions for the structural failings of the American health care system and their impact on health disparities.

Register: https://acponline.zoom.us/webinar/register/WN_FolsiHKURaayix7CAmO05A

ACP Internal
Medicine
Meeting



VIRTUAL EXPERIENCE

April 29-May 1

[REGISTER HERE](#)



I.M. Emotional Support Hub

Pandemic burdens can be overwhelming. Protect your health and well-being by connecting with easily accessible free resources at ACP's I.M. Emotional Support Hub, including:
Peer support through the Physician Support Line
Confidential counseling through The Emotional PPE Project and Therapy Aid Coalition
Individual support tools

[Visit the I.M. Emotional Support Hub](#)

**ACP COVID-19
PRACTICE MANAGEMENT
RESOURCES
[CLICK HERE](#)**



The Data Is Coming, The Data Is Coming: Make Hospital Data Work for You Through the Florida HIE

Primary care providers (PCPs) increasingly need to know when their patients receive hospital-based services, including emergency room care. Awareness allows providers to arrange for appropriate follow up care based on each patient's individual needs. Beginning April 30, 2021, hospitals will be required to send hospital care notifications as part of the updated Conditions of Participation within the Center for Medicaid and Medicare Services' (CMS) Patient Access & Interoperability final rule.

PCPs should prepare to utilize this information to improve patient care while also minimizing impact to current office workflows. An optimal solution to take control of the data is as simple as participating in the Florida Health Information Exchange's (Florida HIE) Encounter Notification Service (ENS).

ENS gives providers control through timely notifications about hospital and post-acute care encounters. ENS receives admit, discharge, and transfer notifications from over 400 hospitals and other health care facilities across Florida and routes that information based on the provider's preference. ENS can help you manage the increased information flow that can be expected as hospitals comply with the new requirements.

Additionally, ENS can help PCPs by:

- Enabling timely post-discharge follow-up reducing readmissions by 30-50%
- Increasing transitional care management (TCM) revenue nearly 25%

Improving clinical quality measure (CQM) reporting
Assist PCPs in qualifying for the new CMS Primary Care First program

To assist PCPs in implementing ENS into their workflows, the Florida HIE has funding available to cover the cost for the first year for Medicaid providers and has a low annual cost thereafter.

How to Get Started?

- Contact Florida HIE Services at FLHIE_Info@ainq.com
- Sign or amend the Florida HIE Services Subscription Agreement
- Work with Florida HIE team and technical vendor, if applicable to configure alert specifications
- Submit patient panel
- Start receiving alerts!

To learn more, visit our website at: www.florida-hie.net

About the Florida Health Information Exchange:

Founded in 2011, the [Florida Health Information Exchange \(HIE\)](#) facilitates the secure statewide exchange of health information between health care providers, hospital systems, and payers. The [Florida Agency for Health Care Administration](#) governs the Florida HIE by establishing policy, convening stakeholders, providing oversight, engaging Federal partners, and promoting the benefits of health information technology. [Audacious Inquiry](#) contributes innovative technology, strategic insight, and manages the day-to-day operations of the Florida HIE Services. Learn more about [our services](#) and how you can benefit.

Resident Lounges at Holy Cross Hospital and JFK Medical Center Dedicated in Memory of Dr. Tulisa LaRocca



On January 22, 2021 the University of Miami Holy Cross Hospital and University of Miami JFK Medical Center Internal Medicine Residency Programs dedicated their Resident Lounges in honor of their beloved Dr. Tulisa LaRocca who was taken from us too soon. The ceremony at Holy Cross Hospital was attended by hospital leadership, faculty, colleagues and residents. Special guest Nick LaRocca (husband) received the Inaugural *Florida Chapter ACP Tulisa LaRocca, MD Wellness Champion Award*, presented by Dr. Frederick Williams (photo at left)

UPCOMING NEWS

Regional Positions on the Governors' Advisory Council

If you are interested in serving on a committee and/or the Governor's Advisory Council, please email your curriculum vitae and statement of interest to the Florida Chapter at DMoerings@floridachapteracp.org. Active members in good standing may be eligible to serve as a region representative in the upcoming election cycle. Please note election to the Council is for a three-year term, although, no member may serve in the same capacity as a Council member for more than two full terms. Should you have any questions, please call the chapter office and/or send an email to our Executive Director Dawn Moerings.

Watch for upcoming news on these and other topics:

- ◆ Annual Scientific Meeting Information
- ◆ Call for Abstracts for October Poster Competition
- ◆ Resident & Medical Student Workshop
- ◆ Resident & Medical Students News
 - ◆ Chapter Member Benefits
 - ◆ Health Policy/Advocacy



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