



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

**Summer 2020**

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## PRESIDENT'S MESSAGE



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

Greetings to Florida ACP members and other who are interested. First, I would like to say that it is an honor and a privilege for me to serve as your President and Governor for the next two years. As an internist with a small solo practice in Pensacola, Florida, I have been made proud and also humbled by the depth and diversity of talent in the Florida Chapter. Second, I would like to thank Jason Goldman, MD, FACP, the Immediate Past Governor, for his aggressive and proactive leadership and to congratulate him on his election to the Board of Regents of the national American College of Physicians. George Everett, MD, MACP, is our incoming Governor for Education and Membership, and he brings with him an already distinguished career. I am sure that the Chapter will benefit from the activity of both of these gentlemen in the future.

Our annual Scientific Session is scheduled for December 4 - 6, 2020, at the Trade Winds Island Resort on St. Pete Beach. The theme is The Future Direction of Healthcare and Medicine. Our Course Director this year is Wilhelmine Wiese-Rometsch, MD, FACP, Founding Program Director of the Internal Medicine Residency Program at Sarasota Memorial Hospital

and Professor of Medicine, Florida State University College of Medicine. She has recruited a number of outstanding speakers who will enlighten you and keep your attention. The program will also include state mandated courses on Human Trafficking (1 hour) and the Florida Medical Association will present Prescribing Controlled Substances Course (2 hours).

Of course, the ongoing viral pandemic is what we are dealing with immediately. I would like to remind you that the American College of Physicians has been successful in promoting our professional interests and our ability to meet the needs of our patients. For telemedicine and telephone services, there has been a loosening of restrictions and pay parity. The Provider Relief Fund payments, Paycheck Protection Program, and Medicare Advanced and Accelerated Payment programs have given much needed financial relief. The federal government is now required to manufacture and stockpile Personal Protective Equipment. There is coverage for COVID testing of otherwise unfunded patients. The ACP web site ([www.acponline.org](http://www.acponline.org)) has a wealth of information about the clinical management of SARS-CoV-2 infection, as well as practice management resources.

Recently, I was admonished in my own office because I was answering an email about a possible response to our state's COVID policies. "You have more important things to do than worry about who the Governor of Florida is firing this week." My practice manager believes in patients before politics. Indeed. I repented and went back to practicing medicine focused on one patient at a time. I hope we may continue that activity until I see you at the upcoming Chapter Scientific Session.

## Governors Message



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

Our new (hopefully temporary) normal, produced by the COVID-19 pandemic, has consisted of highly varied experiences for each of us Internal Medicine physicians and trainees. Later in this newsletter, the trials and tribulations of trainees and physicians will be reported. For me, a Primary care/Hospitalist/Teacher/Administrator, it has been surreal to frantically prepare for a worst-case scenario but see only a fraction of a potential disaster here in Central Florida, while our colleagues in Miami-Dade faced the full fury of category 5 hurricane COVID-19. Because of multi-

ple patient cancellations, I had a few more hours than usual to think about the present and the future of medicine, particularly the central importance of the Internist in our evolving healthcare system. When was the last time you saw an Internist (Dr. Anthony Fauci) speaking daily to a rivetted, rapt international audience? I'm anticipating a large bump in the number of applications for Infectious Disease fellowships this year.

Some of the questions I considered during moments of thought were the following. What is my role as an Internal Medicine physician? Am I a "provider" of services or a consultant/advisor to patients about health matters? What responsibilities do my patients have toward their own health? How seriously should I take dashboard metrics, which my colleagues and I (and you as well) receive, that purport to measure the quality of the care we deliver?

Let's start with the role of an Internal Medicine physician in 2020 and beyond. Internists represent the largest, most varied specialty of all. Thus, there isn't one role but many. We are, at our core, knowledgeable people about the full range of adult medical care, hopefully laced with wisdom about applicability and heavily dosed with humility about the gaps in scientific development. Some components of Internal Medicine include the provision of services

(mainly procedures), but our most important and predominant role is that of consultant to patients about their health. Use of the term "provider" implies that our role is a technical, not a professional one. While the "provider" role fits with some services we deliver, it misses the fundamental service which is consultation. If, as I assert, our role is that of consultant to our patients, then what responsibilities fall to the patient? The answer is most. We should take great pains to be sure our advice is informed and wise. We should diligently assist the willing patient to obtain the needed/suggested diagnostics and therapeutics and then step back to allow the freedom of the patient to choose. Our suggestions need to be addressed with emphasis on the most important elements and geared toward the patient's capacity to understand and to decide. We should not assume the role of nag/mother/father/dictator in our suggestions about care. Finally, how can we professionally respond to judgments about our care as per the ubiquitous dashboards filled with various parameters and checkboxes purporting to measure the quality of care. As an example, I recently received a message from a patient's insurance company to be sure to check an A1C test, get a mammogram done and start a statin on a patient with stage 4 pancreatic cancer. No kidding. First, we need the perspective that, at best, metrics are only small samples of the continuum of care. Some may be valid measurement tools but most are not. The underlying assumptions with dashboard metrics are not only that the metrics somehow measure quality of care but are under the "control" of the physician, who then controls the behavior of the patient. None of these assumptions is more than minimally true. It will be difficult to resist the temptation to pressure our patients into accepting care that helps "providers" with metrics much more than it helps the patient with the problems that trouble them most. Think about the stage 4 pancreatic cancer patient I mentioned earlier. What is her greatest priority? It certainly isn't screening tests. The Internist/physician (not "provider") needs courage coupled with an abundance of knowledge to push back against these pressures. That's what it means to be an Internist now, just as it always has.



## PPE SUPPLIES FROM ACP MEMBER-EXCLUSIVE OFFER

To help ACP members who are having trouble acquiring PPE, ACP is partnering with Project N95, a not-for-profit organization, to source a low-cost supply of high quality N95 masks and disposable isolation gowns. ACP is pleased to offer these at cost, available in small quantities, as a member-exclusive benefit.

**Limited-Time Offer** The equipment is being sourced through a one-time bulk purchase, which may not be repeated, so order now for your anticipated needs over the coming months. **All orders must be received by 3:00 pm (ET) on Friday June 26.**

- **Makrite 9500 N95 Respirator (FDA 510 (K) clearance and certified by CDC-NIOSH):** Medium/Large, Box of 20 for \$112.00 (plus taxes and domestic shipping)
- **Disposable Isolation Gowns :** Bag of 15 for \$22.80 (plus taxes and domestic shipping)

This offer is only available to U.S.-based ACP members. Visit <https://www.acponline.org/featured-products/ppe-materials> for more information and to order. ACP login is required.

For more information, please contact Michael Blake, [mblake@acponline.org](mailto:mblake@acponline.org)

# Congratulations to New Florida Master



## Michelle L. Rossi, MD MACP

Dr. Rossi currently practices internal medicine at Celebrate Primary Care. She is a graduate of the University of Notre Dame and the University of Florida, where she completed her medical training. She spent the majority of her career as a clinician educator at UF and the Malcom Randall VA Medical Center. She served as the Associate Program Director for the Internal Medicine residency program. Regularly cited for excellence in mentorship and sponsorship, she received the Albert Schweitzer Award for “immeasurable contributions to the ethos and education of UF Medicine Housestaff.” During her 15 years in academic medicine, she received nearly as many awards for teaching and service. Her leadership has been recognized by the American Medical Women’s Association and the American Medical Association’s Women’s Physician Section. She is a member of Alpha Omega Alpha and the Gold Humanism Honor Society. Dr. Rossi is active in the American College of Physicians and has served in every leadership role for the Florida Chapter, most recently as Governor. She promoted a culture of acceptance and diversity throughout the organization, creating numerous programs for the Florida Chapter such as the humanism in medicine lecture series and expansion of programming for trainees and women in medicine. On a national level, she served as the chair of the Chapters Subcommittee and on the Executive Committee of the Board of Governors. She continues to dedicate herself to ACP and the Florida Chapter. Her innovation and dedication has left a legacy of service with unique and inspiring programs.

## Early Career Physician on the COVID-19 Pandemic



Avan Armaghani, MD

The COVID-19 pandemic has fundamentally changed how we practice as physicians. As a medical oncologist, many of my patients are immune-compromised and we have been tasked with finding ways to maintain safety without compromising quality of care and treatment. Technology has been an incredible resource during these times. We have seen an exponential rise in telemedicine visits and patients

have been very receptive to this new form of clinic visits. Since patients have not been able to have visitors accompany them to in-person clinic visits, they have been using apps like zoom or face-time so that friends and family members can virtually join in the visit. We also implemented standard screening procedure including temperature checks and screening questionnaires.

But with all of these changes, it makes me wonder how do we maintain the human connection with our patients? How do we transcend the barrier of masks and face shields, computer

screens and social distancing, and still connect with our patients? I remember seeing a young woman in clinic who had just been diagnosed with triple negative breast cancer. It was April and we were at the height of the COVID-19 pandemic. She was not able to have visitors with her and as I began to talk to her about her diagnosis, tears started to stream down her face. She was alone and scared and did not have the comfort of her family by her side when she received this life changing news. I felt helpless in that moment. I could not provide her comfort through a hug or through holding her hand. But I realized in that moment that although we may have lost the physical connection with our patients, we can continue to provide empathy and comfort through our words. The human connection might look a little different now, but it still exists and it remains strong as we care for our patients.

The COVID-19 pandemic has created a paradigm shift in how we practice as physicians. But through it all, we have learned so much about the human spirit. We have learned to come together, to support each other, to care for one another and to lift each other up. We have learned to be strong, courageous and resilient. And above all, we have learned how to keep the human connection strong, a connection that is at the core of the practice of medicine.





## FEATURED MEMBER: WILHELMINE WIESE-ROMETSCH, MD FACP

When the leadership team at Sarasota Memorial Hospital decided to start graduate medical education and begin with an Internal Medicine residency program, we never thought we would be as fortunate as we were to find and hire Dr. Wilhelmine Wiese-Rometsch. As we like to say at SMH, we recruit talent. But in this case, it was plain to see from the minute Dr. Wiese-Rometsch came to interview that if we were lucky enough to lure her away from Detroit, Michigan, we would have definitely outkicked our coverage. This indeed proved to be the case, as in 5 short years she has led our GME naïve institution to design, implement and successfully achieve accreditation for our Internal Medicine residency program with numerous commendations, design and fill our Palliative Care Fellowship, and help build the groundwork for an Emergency Medicine residency program.

Dr. Wilhelmine Wiese-Rometsch has a long career as a clinician educator and graduate medical education leader. Prior to joining Florida State University College of Medicine as the Founding Program Director for the Internal Medicine Residency Program at Sarasota Memorial Hospital and Professor of Medicine, Dr. Wiese-Rometsch served as Vice-President for Academic Affairs at the Detroit Medical Center and Designated Institutional Official where she had oversight of over 100 residency training programs. Upon arrival at SMH, Dr. WWR was instrumental in launching graduate medical education at a GMH naïve healthcare system.

As a recognized medical education leader, Dr. Wiese-Rometsch serves as President-elect of the Association of Hospital Medical Educators (AHME). She held numerous leadership roles on national committees including chair of membership for the Society of General Internal Medicine and the American Academy on Communication in Healthcare. She is a fellow and student mentor of the American College of Physicians. She became a fellow of the ACP in 2001 and has been actively involved in the Michigan and Florida Chapters. Dr. Wiese-Rometsch is a member of the American Medical Association (AMA). She was the recipient of the Midwest Clinician Educator Award of the Year by the Society of General Internal Medicine in 2003 and awarded the AMA Foundation Leadership Award in 2005. Her recent scholarly work focuses on the development of new GME Programs, GME as a Venue to Address Health Care Disparities, Intentional Recruitment, Wellness, among others.

Born and raised in the Dominican Republic, Dr. Wiese-Rometsch obtained her medical doctor degree from Instituto Tecnológico de Santo Domingo where she graduated with *magna cum laude* in 1989. She completed her residency training in internal medicine at East Carolina University School of Medicine / Pitt County Memorial Hospital where she received numerous awards including Intern and Resident of the Year. She joined the faculty of East Carolina University Brody School of Medicine upon completion of her residency training. Dr. Wiese-Rometsch is exceedingly generous with both her time and her talent. She is always willing to work with learners at any level and at any time of day or night to help perfect their academic and research submissions. Her commitment to teaching is evidenced not only by the success of her past and present residents and fellows, whom she calls her “first kids”, but also by the volumes of scholarly

activity her programs produce, and her open hearted willingness to mentor all whose paths she crosses. Dr. Wiese-Rometsch has a unique ability to see every situation as an opportunity not only for education but also for scholarship, and has created an incredible clinical working and learning environment here at Sarasota Memorial Hospital. Her addition to our health care system has changed the medical and educational landscape here for the better, turning a community hospital into a burgeoning academic institution.

Despite her many accomplishments, Dr. Wiese-Rometsch greatest pride and joy is her family. She is married to Martin and they are the proud parents of Anneliese. Her commitment to medical education is surpassed only by her dedication to her family, and if you ever want to see Dr. Wiese-Rometsch smile with enough wattage to light up the room, just ask her for the latest picture drawn by her talented and beautiful 7-year-old daughter.



Dr. Wiese-Rometsch celebrates Match Day with her team; Dr. Karen Hamad, Katie Axiotis, & Dr. Vida Farhangi



Dr. Wiese-Rometsch, Dr. Christian Lorenzo, Dr. Karen Hamad on Research Day



Dr. Joan Meek, Dr. Karen Hamad and Dr. Wiese-Rometsch at the Diversity in Sarasota Luncheon



Elier Rodriguez MD, Ranese Jeffery MD, Zachary Kirkland DO, Wilhelmine Wiese-Rometsch MD, Cristina Acosta Diaz MD, Rishin Handa MD

### WOMEN IN MEDICINE DISCUSSION GROUPS

Get to know your women in medicine colleagues over a virtual lunch, dinner, or cocktail hour as you explore situations commonly encountered by women physicians and discuss how women can advocate for themselves and be upstanders for their colleagues. Discussion groups will be held the week of June 29. Register for the discussion group that best fits your schedule at <https://www.signupgenius.com/go/904054eaead22a4f85-acpbeing>

## Message from the Past Governor



As can be imagined, I have written and rewritten my finally newsletter as your Governor countless times. The passing of each day brings both new challenges and new information as the world we once knew has been irrevocably altered in ways we never could have imagined. Life will always place obstacles before us and it is how we meet those challenges head on and overcome such

adversity, do we grow and become stronger. As Washington said, "In reviewing the incidents of my administration, I am unconscious of intentional error, I am nevertheless too sensible of my defects not to think it probable that I may have committed many errors" I can only hope that the good I have accomplished outweighs any mistakes.

As I write what would have been my last newsletter as your Governor after the spring residents meeting, I realize that Bob Dylan was right when he said "Life is what happens to you when you're busy making other plans." No one could have imagined that ours would have been turned upside down as a pandemic rage across the globe. It goes without saying that this virus has tested our resolve, endurance, abilities, and resourcefulness as we attempt to marshal our forces and combat this microscopic but deadly enemy. Almost as bad as the virus itself is the possibility of panic created by fear and misinformation. It is incumbent upon us to be constantly aware of the changing information and keep ourselves and our patients educated to mitigate the dangers of ignorance and rumor.

The amount of information can be overwhelming for even the most diligent of us and so much changes on a daily basis. The ACP and the FMA have resources available to assist us in both patient care and practice resources. The information ranges from the scientific updates on the virus, to its presentation and other scientific facts as well as its impact on healthcare delivery with a focus on utilizing technology such as telehealth. Additionally, the new CARES act can greatly impact small practices and it is important to understand your responsibility as a small business owner as well as what financial assistance may be available to help maintain your practice in this difficult time. Your leadership team is diligently pursuing all possible avenues to help advocate for what will be most helpful to you as a physician.

The past four years have certainly been as challenging as they have been rewarding. It has been an honor to serve as your Governor and represent you on the state and national level. Your Chapter has accomplished much in this time, including being consistently recognized as a chapter of excellence and maintaining the highest standards set forth by the College. We have vigorously advocated on your behalf at the state and national level to promote the practice of medicine and protect the patients we serve. Aside from our annual state meetings being changed

twice for hurricanes and then for a global pandemic, we have overcome these challenges and it truly has been a privilege to serve.

Initially, I was going to discuss the many and various accolades, accomplishments and achievements realized over the past term, from revising the bylaws, creating new committees, and supporting Women in Medicine, to passing many resolutions at the state and national levels that affect policy in both our national organization and the state Florida Medical Association, as well as furthering our relationships with many public officials and shaping public policy; but I wanted to take the time to speak to the life blood of our organization, the membership.

The one goal that I had when I assumed office was to leave the organization better than when I left it. This has been hard to do as the organization has always been a shining example throughout the country as to what a chapter should be. I have always believed that the individual should serve the office and never subvert it for individual needs or a selfish agenda. Just as we should always guide our decisions based on what is best for the patient, so too should we guide our actions for the greatest need of the organization. My goals were to increase membership, encourage medical student and resident involvement and invigorate advocacy. In reflecting upon the past term, I believe this has been initiated as we have increased our membership, we have a robust medical student and resident section with active participation and dedicated future physicians, and we have seen engagement with the political process on state and national levels with both contributions to the various political action committees and direct meetings with various elected officials. This is so important for physicians to do in order for us to be able to improve the environment in which we practice and provide the best care for our patients. As one of the coauthors of "Better is possible: The American College of Physicians' Vision for the U.S. Health Care System", I can say that your college is actively and diligently engaged at all levels to lead the discussion on healthcare and how to best improve our country. The current pandemic has shown us how flawed and vulnerable the system is and how we must find new and innovative ways to improve it. It is up to us at every level to continue to mitigate the problems and advocate for change.

In that regard, one of the most important lessons I have learned is that of relationship building. As Theodore Roosevelt said, "No one cares how much you know, until they know how much you care." We apply this to our patients but also to our everyday lives. You cannot effectively make any improvements or changes just because you want them if no one will listen to you. You cannot walk into a room and demand respect but must earn it. This is key for advocacy but also for how we relate to each other. Civil discourse and mutual respect must be returned to our politics, our society, and our human interaction. We all have the right to disagree, but we need to do so in a respectful and collegial manner. I truly believe that if we can rebuild that basic foundation, then we can improve all aspects of medicine and society.

**Continued on Page 6**



#### Past Governor's Message continued from page 5

We need to be the leaders in science, healthcare delivery and patient advocacy.

It is critical to take the time to find out who your representative is and meet with them. It is much harder to create harmful policy when the person can relate to you on a personal level and realize the impact the legislative decisions have at the grass roots level. Aside from the role in advocacy, being a good, civil, and respectful member of society is just common sense and what makes us great as a people.

I could not have accomplished anything as Governor without the support of our amazing staff and colleagues. Dawn Moerings, Bridget Anderson and Chris Nuland have been my pillars in leading our chapter and their advice, counsel and support have been invaluable. They are the institutional memory, North Star and dedicated team that truly keep our Chapter at the level of excellence we are known for. My Governor's Advisory Council has met every challenge put before them and been a source of wisdom and guidance that has allowed me to truly meet the needs of our membership. I would be remiss if I did not mention the next two excellent, well respected, and tremendous Governors, Drs. Manning Hanline, and George Everett, who have proven to be both dedicated physicians, excellent leaders, and good

friends. The chapter is in good stead with these two gentlemen at the helm. I have every confidence that they will serve the Chapter and take us to new levels.

As I say my farewell, I would like to see the Chapter continue in several areas including supporting our Women's mentoring program and promoting diversity and inclusion, our robust education program and fully engage in our advocacy and legislative agenda. It is up to us to ensure the future of medicine and shape our society. We are the leaders of our profession and well respected by our patients. These are unprecedented times and uncertain times, but that also allows for a unique opportunity to shape the future and improve upon the wrongs we see in the world. Thank you all for your service and dedication to the art and practice of medicine. It has been my sincere pleasure and distinct honor to have been your Governor and I will always cherish the memories, challenges, and experiences it has afforded me. Thank you for your support, respect, and friendship. Remember to be true to yourselves, be good to each other and always do what is best for the patients and the profession we serve.

Jason M. Goldman, MD, FACP – Immediate Past ACP Governor;  
ACP Regent



## Florida Chapter 2020 Annual Scientific Meeting

# SAVE THE DATE! RESCHEDULED



Tradewinds Island Grand Resort ~ St Pete Beach, FL

*Mark Your  
Calendar Now!*

Make plans now to join  
your colleagues for  
informative scientific  
content in a luxurious  
atmosphere at one of  
Florida's World Class  
Destinations

**Dec 4-6, 2020**

*Tradewinds*  
ISLAND RESORTS ON ST. PETE BEACH  
[www.letgo.com](http://www.letgo.com)



**Naresh H. Pathak, MD, FACP,  
FAAHPM**

## **Impact of COVID-19 on Medical Practice and Patients An Internist's Resilience Through the Battle of a Different Kind**

I remember the story I learned as a boy. When a carrot, an egg and coffee beans were placed in the boiling water, the carrot became soft, the egg became hard and the coffee beans transformed the water into a pot of coffee full of wonderful aroma.

Our lives have irrevocably been changed. Something so small as a virus, has awakened us to the fact how little we control on a global scale. 97% of the medical practices experienced a negative financial impact directly or indirectly related to COVID-19. On average, practices reported 55% decrease in revenue and 60% decrease in patient volume since the beginning of the COVID-19 crisis. In April, 22% of practices had to lay off part of their staff and in May it went up to 36%. In April 48% of the practices had to furlough part or most of their staff and in May it went up to 60%. But many physicians are continuing to work every day, exposing themselves to the risk, taking care of patients and their employees while taking up to 70% pay cut.

As I reflect upon my oath I am reminded: -

**The practice of Internal Medicine is not simply a science,  
But a philosophy as well as an art.**

As Internists

**We are all teachers.  
Love for the patients, love for the profession  
And  
The knowledge of the subject  
Are the three main criteria  
For  
Distinguishing an outstanding physician-teacher.  
As Internists we are trained to be astute diagnosticians,  
But I believe  
That  
Sympathetic ear, compassionate eye  
And  
The ability to never lose sight of the patient  
As a human being  
Are what makes physician  
A worthy instrument  
Of  
THE GOD'S HEALING POWER.**

From this one internist's perspective, while the revenue declined, the CARES money never materialized (still waiting!). Yet the cost of Personal Protective Equipment went up exponentially. The same

sanitizing material that cost \$30, now racked up \$150 to obtain. The wait to get supplies for the office was up to 2 months. The answer we got from the suppliers was that, "It's coming from China". Yet I realized that same is true for my employees. The "impossibility" in getting through the "Unemployment Office", people waiting over a month to get federal support funds, not finding basic necessities in the stores, all of these issues would be overwhelming for my staff. Thus, as many of my colleagues, I continued to keep my staff active on payroll. The added cost of Video Conferencing and Tele-Visits did not help. For me, the revenue generated by Tele-Visits did not offset the cost.

Then came the balancing act of trying to keep the suspected COVID patients out of the office, keeping younger and "well" patient in their homes under quarantine; while sending the sicker ones to the hospital. Also, getting the 'NON-COVID' patients to come to the office, if their problem cannot be solved by phone. Keep in mind that most of my older patients either have a "flip-phone" or no understanding on how to do a video call. Creating safe environment in the office for the patients, as well as the staff, sometimes became very challenging. A simple issue of getting a Chest X-Ray on a patient with cough became monumental when the only facility willing to do "an outpatient Chest X-Ray" was 30 miles away (and patient not driving). No X-Ray facility was willing to expose their staff to a patient with cough because they could not provide proper protective equipment to all their employees. On the opposite end of the spectrum, it became very difficult to convince the patients with true medical emergencies, that they needed to go to the hospital. And that their risk of getting COVID-19 was not more than their risk of serious morbidity or mortality by not seeking medical attention in the hospital. My patients who ended up in the hospital and had no social support for safe discharge home, ended up staying in the hospital because no local nursing homes or rehabs would accept them.

And so, I wake up every day, and go to the office to do what I do best .... Take care of those that are in physical, emotional and spiritual distress. I know that only thing I control is the choice I make at every step and not the outcome.

My only hope is: -

**"Where the mind is without fear and the head is held high;  
Where knowledge is free;  
Where the world had not been broken up into fragments by narrow domestic walls;  
Where words come out from the depth of truth;  
Where tireless striving stretches its arms towards perfection;  
Where the clear stream of reason has not lost its way into the dreary desert sand of dead habit;  
Where the mind is led forward by THEE into ever-widening thought and action;  
Into that heaven of freedom,  
My FATHER, let my country awake."**

--Robindranath Tagore

# Florida Chapter 2020 Award Nominations

**Watch for the Call for Chapter Awards to be Announced Soon**

- ♦ Early Career Physician Award
- ♦ Community Teacher of the Year Award
- ♦ Outstanding Teacher of the Year Award
- ♦ Internist of the Year Award
- ♦ Key Contact Award
- ♦ Chapter Service Award
- ♦ Women in Medicine Award
- ♦ Volunteerism & Community Service Award
- ♦ Gary Izzo Scholarship Award
- ♦ Laureate Award
- ♦ Charles K. Donegan Memorial Award

## *Congratulations*

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

Name	City
Inemesit D Abia, MD FACP	Miramar
Asha L Bansari, MD FACP	Gainesville
German Esteban Giese, MD FACP	Miami
Gary Allen Goodman, MD FACP	Lake Mary
Sneha Modi, MBBS FACP	Saint Johns
Kevin Michael Perry, MD FACP	Weston
Steven W Smith, MD FACP	Clearwater
Omar B.A. Taha, MD FACP	Gainesville





# Atlantic Health Partners

## Promoting Health Through Vaccine Uptake During the COVID-19 Crisis

The COVID-19 pandemic has impacted all facets of the healthcare system, including providers and their patients. The [Medical Group Management Association](#) (MGMA) reports that practices cited a 60% decrease in patient volume since the start of the COVID-19 crisis.

Now, providers are beginning to re-welcome patients into their practices. As patients begin to return for well-visits, there is an opportunity for providers to ensure that patients have received the vaccines they need. Below, we highlight several considerations for providers as their patient visits begin to increase.

### Identify at-risk populations that can benefit from vaccinations

While people of all ages can be infected with COVID-19, the [Centers for Disease Control and Prevention](#) (CDC) has identified several populations that are at a higher risk for severe illness:

**Aging patients:** According to research published in [Frontiers in Immunology](#), as patients age, their bodies' ability to respond to immune system challenges becomes less effective. This means that older patients are at a higher risk of disease, including the coronavirus.

**Patients with heart disease:** The [American Heart Association](#) reports that because the coronavirus is a respiratory disease, it primarily affects the lungs. When the lungs aren't working properly, it can add stress to the heart, which can be dangerous for people with heart disease.

**Patients with lung disease:** [COVID-19 affects the respiratory system](#), meaning that patients with lung disease, including asthma, COPD, lung cancer, cystic fibrosis and pulmonary fibrosis, are more likely to experience complications if they contract the disease.

**Patients with diabetes:** The [American Diabetes Association](#) reports that people with diabetes are not more likely to contract coronavirus, but are more likely to experience severe symptoms and complications if they contract the disease.

These populations also have greater susceptibility to comorbidity and related complications, making vaccinations a particularly beneficial preventive health measure. Additionally, the arrival of influenza season this fall will bring additional health risks, and patients will need to protect themselves against two respiratory diseases. Providers reopening offices should consider prioritizing patients that fall within these populations and flag potential lapsed vaccinations or new eligibility for vaccination.

### Outline when and how vaccines will be administered

The [CDC](#) recommends that, when possible, providers should deem vaccinations and well-child visits as essential activities in the pandemic to avoid outbreaks of vaccine-preventable diseases. Additionally, the [Immunization Action Coalition](#) (IAC) encourages providers to consider conducting an immunization assessment during telemedicine visits and scheduling the patient for a brief vaccination-only encounter at an appropriate time and location.

### Communicate expectations in advance

Some patients may feel anxious about their first visit back to their doctors' offices. Providers can help to ease concerns by communicating with patients ahead of time about what they can expect, including any new policies, check-in procedures or preventative measures. This can also be an opportunity to highlight any vaccinations that the patient could benefit from. By reviewing the needs of their patient populations and educating patients about vaccines and office visits, providers can help promote vaccine uptake and enable their patients to take an active role in maintaining their overall health and preventing illness.

*For more information, please contact Cindy Berenson or Jeff Winokur at 800-741-2044 or [info@atlantichelpartners.com](mailto:info@atlantichelpartners.com).*

## Addressing and Supporting Physician Mental Health During Challenging Times Webinar Available

Presented in partnership with the ACP Well-being and Professional Fulfillment Program, this webinar will describe psychological and behavioral responses to crisis events as well as discuss a follow up framework for individual, peer, and organizational interventions that promote healthcare worker well-being and sustainment. Speakers Kerri Palamara, MD, FACP, and Joshua C. Morganstein, MD, will list individual, peer, and team actions that facilitate self-care, connection, and recovery. Participants will learn to identify actions that can help them to be better prepared for future crisis events.

Kerri Palamara, MD, FACP, is an Assistant Professor of Medicine at Harvard Medical School and practices as a primary care general internist at Massachusetts General Hospital. Dr. Palamara leads the American College of Physicians "Physician Coach Training Program", which focuses on training physicians to integrate coaching techniques into their quality improvement and well-being initiatives.

Joshua C. Morganstein, MD, is Associate Professor and Assistant Chair in the Department of Psychiatry and Assistant Director at the Center for the Study of Traumatic Stress (CSTS) in the Uniformed Services University of the Health Sciences and a Captain in the Commissioned Corps of the U.S. Public Health Service.

[View Recording](#)

# 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](mailto:DMoerings@floridachapteracp.org) by **July 15, 2020**. 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 December Poster Competition
- ♦ Resident & Medical Student Workshop
- ♦ Resident & Medical Students News
  - ♦ Chapter Member Benefits
  - ♦ Health Policy/Advocacy
  - ♦ Practice Pearls



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