

FloridaMD

APRIL 2018 • COVERING THE I-4 CORRIDOR



**Endo-Surgical Center
of Florida, LLC**

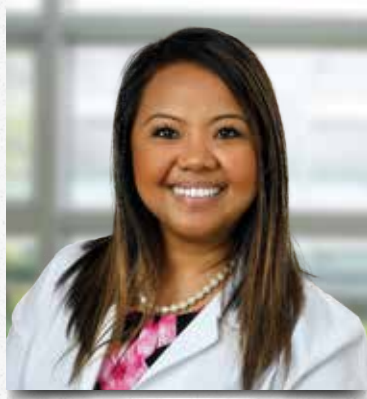


**Endo-Surgical Center
of Florida**

***A Giant Leap Forward in
Colon & Rectal Surgery***

Specialists You Trust

Breast Surgery



Devina McCray, MD

Dr. McCray is a breast surgical oncologist who is board certified in general surgery. She specializes in benign and malignant breast disease, with expertise in breast conservation surgery, sentinel lymph node biopsy, axillary node dissection, skin and nipple sparing mastectomy, oncoplasty, and intraoperative radiation therapy. A graduate of the University of Colorado School of Medicine, she completed her residency at Florida Hospital Orlando and her fellowship in breast surgical oncology at the Cleveland Clinic in Ohio.

Specialties

- Accelerated partial breast irradiation
- Breast surgery (including breast conservation)
- Coordination of care
- Genetic testing for breast cancer
- Intraoperative radiation therapy (IORT)
- Pre- and post-operative care
- Sentinel lymph node biopsy
- Ultrasound-guided breast biopsy

Gastroenterology



Mari Rivera, MD

Dr. Rivera is a board-certified gastroenterologist who previously served as the Senior Chief Fellow in the Division of Gastroenterology, Hepatology and Nutrition at the University of Florida. She specializes in treating all types of digestive system disorders, as well as in colonoscopy and capsule endoscopy procedures. Dr. Rivera was a magna cum laude graduate of the University of Puerto Rico School of Medicine and undertook her internship and residency training at University of Michigan-affiliated hospitals in Ann Arbor.

Specialties

- Barrett's esophagus
- Colorectal cancer screening
- Constipation
- GERD
- Inflammatory bowel disease
- Irritable bowel syndrome
- Liver disease
- Upper GI disorders

Dr. McCray | 661 East Altamonte Drive, Suite 231, Altamonte Springs, FL | P: (407) 303-5214

Dr. Rivera | 100 North Edinburgh Drive, Suite 102, Winter Park, FL | P: (407) 303-1812

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Florida Hospital Medical Group is the Orlando area's most comprehensive multi-specialty medical group practice. With nearly 600 board-certified physicians, our group provides patients with a broad range of medical and surgical services across more than 40 medical specialties.

I am pleased to bring you another issue of *Florida MD*. Sometimes a patient may have the opportunity to participate in a clinical trial. Sometimes a patient may need specialized treatment that is not available in Central Florida. And sometimes there's no money for that patient to get to those places. Fortunately there is Angel Flight Southeast to get those patients where they need to go. I asked them to tell us about their organization and how you, as physicians, can help. Please join me in supporting this truly wonderful organization.

Best regards,



Donald B. Rauhofer
Publisher



ANGELS ON EARTH HELP PATIENTS GET TO LIFESAVING MEDICAL TREATMENT

Everyone knows angels have wings! But did you know in Florida and many parts of the nation they have engines and tails with dedicated volunteers who donate lifesaving services every day?

Leesburg, Fla.-based Angel Flight Southeast is a network of approximately 650 pilots who volunteer their time, personal airplanes and fuel to help passengers get to far-from-home medical care. A member of the national Air Charity Network, Angel Flight Southeast has been flying passengers since 1993.

Almost all of its passengers are chronic-needs patients who require multiple, sometimes 25-50 treatments. Passengers may be participating in clinical trials, may require post-transplant medical attention or are getting specialized treatment that is not available near home.

Each passenger is vetted to confirm medical and financial need and is often referred to Angel Flight Southeast by medical personnel and social workers.

Angel Flight Southeast "Care Traffic Controllers" arrange flights 24 hours a day, 365 days a year. In the event of a transplant procedure, the Care Traffic Controllers have precious minutes to reach out to its list of volunteer pilots who have agreed to be prepared on a moment's notice to fly a patient to receive his or her potentially lifesaving organ.

The organization is completely funded through donations by individuals and organizations. A typical Angel Flight Southeast pilot donates \$400 to \$500 in services-per-trip. In fact, Angel Flight Southeast has earned the Independent Charities of America Seal of Approval as a good steward of the funds it generates from the public. Each \$1 donated generates more than \$10 worth of contributed services by Angel Flight Southeast.

The charity always seeks prospective passengers, volunteer pilots and donations. For additional information, please visit <https://www.angelflightse.org> or call 1-888-744.8263.

COMING NEXT MONTH: The cover story focuses on skin cancer and the new Melanoma and Skin Cancer Center at Orlando Health UF Health Cancer Center. Editorial focuses on Women's Health and Advances in Cosmetic Surgery.

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COVERING THE I-4 CORRIDOR

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For decades colorectal surgeons Sergio Larach, MD and Sam Atallah, MD have been on the forefront of cutting edge surgical treatment options that have changed the lives of their patients and garnered international recognition. Now, with the official opening of the colorectal division of the Endo-Surgical Center of Florida, the surgeons will be able to provide additional access to patients in need of highly specialized colorectal surgery.

The practice is an integrated center that provides patients with what they need: first-rate care for the entire GI system. This is done by combining board certified gastroenterology specialists of the Digestive and Liver Center of Florida with board certified colorectal surgeons Sergio Larach, MD and Sam Atallah, MD. The scope of practice encompasses GI motility and Pelvic Floor Diagnostics (ultrasonography and high-tech 3D model manometry), anorectal diseases, advanced cutting edge laparoscopic as well as robotic surgery for colon diseases. This provides patients with comprehensive care for all aspects of the digestive tract.



PHOTO: MICHAEL MATHEWS PHOTOGRAPHY

ON THE COVER: Dr. Sam Atallah and Dr. Sergio W. Larach announce the opening of the colorectal division of the Endo-Surgical Center of Florida

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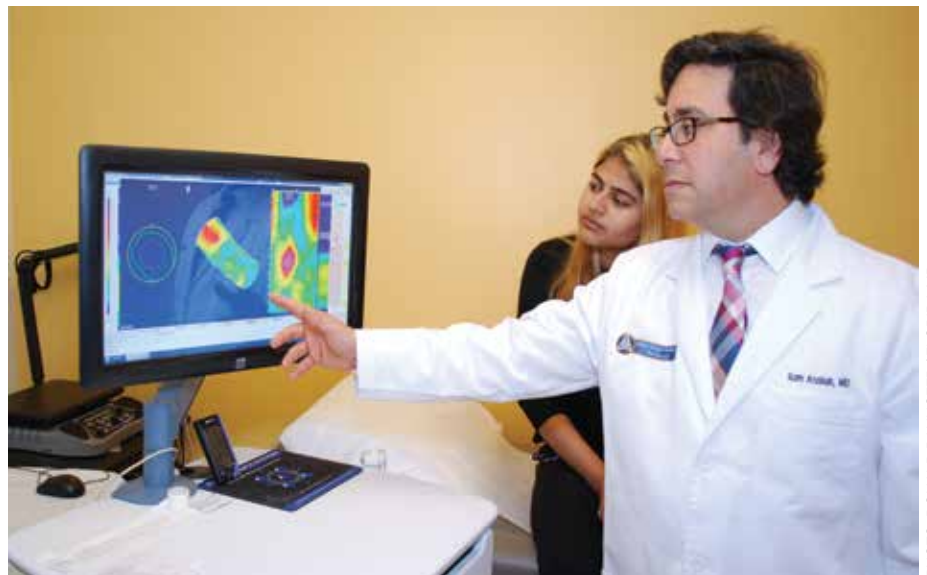
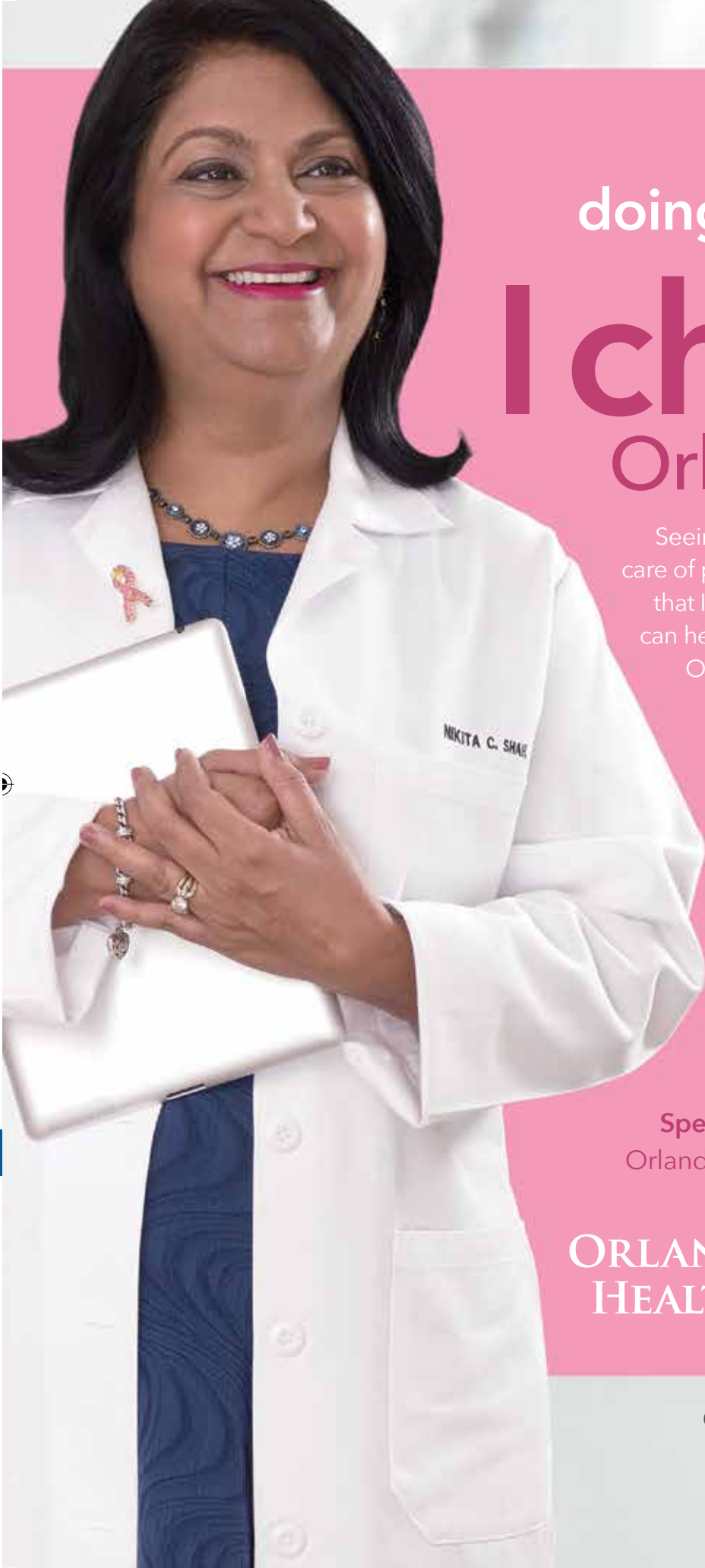


PHOTO: DONALD RAUHOFER / FLORIDA MD

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I choose always
doing the right thing
for my patients.

I choose Orlando Health.

Seeing my parents - both physicians - take care of patients convinced me at a young age that I also wanted to do something where I can help make a difference in people's lives. Oncology is one of the most interesting and rapidly evolving specialties, and I enjoy being part of that environment.

After 17 years with Orlando Health, I could not be more thankful. I get to work for an organization that allows me to perform at my full potential, giving me access to whatever I need to treat my patients with the most appropriate and current therapy.

I am **Nikita Shah, MD**, and
I choose Orlando Health.

Specialty: Breast Medical Oncology at
Orlando Health UF Health Cancer Center

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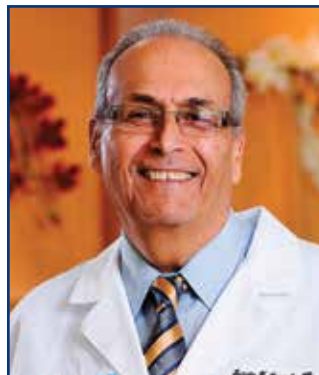
Endo-Surgical Center of Florida – A Giant Leap Forward in Colon & Rectal Surgery

By Katie Dagenais

For decades colorectal surgeons Sergio Larach, MD and Sam Atallah, MD have been on the forefront of cutting edge surgical treatment options that have changed the lives of their patients and garnered international recognition. Now, with the official opening of the colorectal division of the Endo-Surgical Center of Florida, the surgeons will be able to provide additional access to patients in need of highly specialized colorectal surgery.

The practice is an integrated center that provides patients with what they need: first-rate care for the entire GI system. This is done by combining board certified gastroenterology specialists of the Digestive and Liver Center of Florida with board

Dr. Sergio W. Larach and Dr. Sam Atallah in their state-of-the-art surgical suite.



Sergio W. Larach, MD



Sam Atallah, MD



PHOTOS: DONALD RAUHOFFER / FLORIDA MD

certified colorectal surgeons Sergio Larach, MD and Sam Atallah, MD. The scope of practice encompasses GI motility and Pelvic Floor Diagnostics (ultrasonography and high-tech 3D model manometry), anorectal diseases, advanced cutting edge laparoscopic as well as robotic surgery for colon diseases. This provides patients with comprehensive care for all aspects of the digestive tract.

The colorectal surgeons collaborate with other practices including gastroenterologists throughout the Central Florida community to provide colorectal surgery services and refer them back to their physician for follow up care.

The autonomous nature of the practice puts patients first; giving them the choice of hospitals where they can undergo surgery and thereby maximizing options and increasing patient satisfaction.

Strategically located at the intersection of the 408 and 417 expressways, the Endo-Surgical Center of Florida is easily accessible from Downtown Orlando, Winter Park, Oviedo, and even Melbourne and the entire Space Coast. The surgery center is located just a few miles from Orlando's International Airport (MCO), which also simplifies the experience for patients arriving from out-of-state for surgical consultation. With their well-known international reputation as leaders in the field of colorectal surgery, Dr. Atallah and Dr. Larach frequently see patients from around the country and the world.

PERSONALIZED CARE FOR PATIENTS

The patient experience is the number one priority from the moment one steps inside the Endo-Surgical Center of Florida.

“Patients often want to know why they should choose one doctor over another,” explains Dr. Sam Atallah: “There are three things: personalized care, expertise, and innovation.

That's part of our everyday focus here." The surgeons adamantly focus on a more private and coveted patient physician relationship.

"We believe in trust and relationships based on communication between the patient and physician," explains Dr. Sergio Larach. "Quality time and one-on-one relationships are critical. Often in this healthcare landscape patients go to a doctor's appointment, and either don't see a doctor or see one for a very short period of time. Here, we operate differently."

"Innovation is what sets us apart and we are pioneers in our field. Based on our work over the past 30 years, we have developed surgical treatment options that change and save the lives of our patients," explains Dr. Larach.

LATEST TECHNOLOGY FOR ANORECTAL DISEASES

The latest technology are offered to patients for treatment of anorectal conditions. This includes minimally invasive proce-

dures for the treatment of hemorrhoids, fissures, fistulas, including the use of Botox, stem cells, and sphincter preservation procedures.

TAMIS - THE GIANT LEAP FORWARD

In 2009, Dr. Larach and Dr. Atallah, in collaboration with one other surgeon developed a revolutionary approach to the removal of rectal tumors and polyps called TAMIS - Transanal Minimally Invasive Surgery. Since the first surgery of its kind was performed in Orlando in 2009, it has been widely accepted and globally adapted.

TAMIS allows surgeons to perform surgery through the anus, without any scars and with minimal or no pain afterwards. Most often TAMIS is used to remove early stage rectal cancers and precancerous growths from the rectum. Using laparoscopic equipment, high-definition cameras and a specialized insufflation system, the TAMIS device provides an alternative for patients who otherwise would have been subjected to radical surgery.

"The team of doctors and staff are here because they want to do what they are passionate about, which is taking care of patients", explains Dr. Sheela



PHOTO: DONALD RAUHOFER/FLORIDA MD

“TAMIS was a giant leap forward for the treatment of colorectal tumors,” says Dr. Larach. “Patients can often go home either the same day or the next day after surgery.

“TAMIS has led to the next-step in advanced rectal cancer surgery, tumors of the rectum can be removed with less scars, better outcomes and with some patients avoiding a permanent ostomy. This is a curable disease and TAMIS helps patients survive it and thrive,” says Dr. Atallah.

CONTINUED INNOVATION

Dr. Atallah has been selected as one of only 6 investigators nationwide who will pioneer the use of a new flexible robotic system for colorectal surgery. The state of the art system, is due to arrive in April 2018. It will be the only robotic system of its kind in the state of Florida and the entire southeast. Dr. Atallah will be evaluating the new platform for application towards advanced rectal cancer surgery.

COMPASSIONATE CARE

For the founders of the Endo-Surgical Center and the Digestive and Liver Center treating patients has always been about, and will remain focused, on accessibility, affordability and quality care.

“A specialized center of this kind is unique. There is nothing like this in Central Florida and it’s a rarity in the United States. This is a physician owned place where we put our heart and mind into everything that we do. Our team of doctors are here because they want to do what they are passionate about, which is taking care of patients,” explains Dr. Sheela.

Our care philosophy is simple: Individualize Patient Care and Provide Cutting Edge Surgical Solutions.

For appointments or to refer a patient to Dr. Atallah or Dr. Larach please call 407-384-7388.

For more information, please visit EndoSurgFlorida.com. ■



“Personalized care, expertise and innovation. That’s part of our everyday focus here”, stated Dr. Atallah.

PHOTO: DONALD RAUHOFER / FLORIDA MD



“We believe in trust and relationships based on communication between the patient and the physician”, explains Dr. Sergio Larach.

PHOTOS: DONALD RAUHOFER / FLORIDA MD

IMPROVE PATIENT PAYMENTS

7 Best Practices!

By Jeff Holt, CMPE, VP, Senior Healthcare Business Banker with PNC Bank



Do you realize that payment systems can really help your practice improve tracking of who owes what and when? Collecting and tracking payments can challenge any business, but medical practices face added and unique hurdles, says James Mullane, vice president of integrated payments at PNC Bank. Jim is a great partner of mine who does a fantastic job of consulting jointly with healthcare practices and healthcare technology firms in order to provide improved patient payment programs.

Improved payment programs starts with the nature of payments in the industry: They're staggered between providers and patients over an unpredictable amount of time. But it does not end there. Technology integration challenges are in play between front-office and back-end payment systems, Mullane says. Both need to securely communicate with insurance provider systems and third parties, such as collection companies and credit card processors — while protecting the information privacy of users.

"It's not like any other industry where you get service and you pay for the service right then and there," Mullane points out. "There's usually just a small component of the service paid for up front, and then the lion's share of the service gets paid for on the back end by the third party (a public or private payer) and the insurance company — or by the patient themselves for what's not covered by their plan."

And on the front end, you need to meet the mobile payment expectations of your patients — which is a good thing because it means recognizing funds sooner than traditional forms of payment. But it adds a new challenge for the business staff.

Luckily, there are a number of useful payment systems today that can help prioritize security of patient and financial data while improving the likelihood that practices will be paid what they are owed. Furthermore, these systems can track and manage information throughout the full payment process end to end, reducing payment time and improving visibility.

Mullane suggests you take the following actions when selecting a payment system or provider:

1. **Educate yourself and your office staff.** A wide variety of payment systems and entities help medical offices manage payments. Explore how the options fit with your unique needs before settling on a system.
2. **Look at the big picture.** Consider your existing office software when selecting a payment provider. "You may want a payments partner that's already embedded in some of the office software you're currently using," Mullane suggests.
3. **Consider the whole payment cycle.** Patients may need to pay a copay in the office but make additional payments later. Can the system or provider easily account for flexible payment arrangements for the same invoice, or can it only handle one-time payments? How does it alleviate the burden of the office's

managerial staff? "Make sure that the payment processing can cover all of your needs, both front- and back-office," Mullane says.

4. **Include privacy protections.** When selecting payment options, consider privacy concerns. "Your payment processor should be offering you multiple levels of protections," Mullane says. The American Medical Association promotes that healthcare practices use standard automated clearinghouse (ACH) electronic funds transfer and that doctors educate their staffs on credit card processing best practices. "You should demand and expect data security from your payments processor," he adds.
5. **Look beyond credit cards.** Payment technologies continue to evolve. What types of payments make sense today or might your office add in the future? "Have a payment processor that's ready to handle today's mobile payment apps, e-checks and ACH payments," Mullane says. The more payment options you offer, the greater the convenience to your patients.
6. **Offer customer support.** Don't forget that patients will probably require additional administrative support to use new processes. Whether you're setting up a credit card system in your office or creating a way for patients to pay online, consider the types of customer support needs that may arise, the types of questions that staff may need to field and whether your system maker or third-party processor provides customer support tools.
7. **Communicate with your patients.** Have your front-office staff share details about your payment practices with new and established patients. That means discussing what the patients may end up owing, how their insurance payment processing will work and what your office's payment practices entail, says Physicians Practice. Taking the time to ensure that patients understand the twists and turns of the payment process will help the practice and the patients in the long term and is likely to improve patient responsiveness.

Still not sure what decision may be best for your practice? Contact me directly and I can offer you some options to consider after I understand your goals and challenges!

REFERENCES AVAILABLE UPON REQUEST

Jeff Holt is a Senior Healthcare Business Banker and V.P. with PNC Bank's Healthcare Business Banking and is a Certified Medical Practice Executive. He can be reached at (352) 385-3800 or Jeffrey.Holt@pnc.com. ■

Florida Department of Health Complaint Process & Common Mistakes Physicians Make After Notification



By Julie A. Tyk, Esq.

Department of Health (Department) Complaints are common and originate from a wide variety of sources. Complaints come from patients, family members, Notices of Intent in medical malpractice claims and Code 15 Reports hospitals are required to submit to the Department.

COMPLAINT PROCESS

Typically, a physician receives a letter from the Department including a copy of the complaint. The physician has 45 days to submit a written response to the complaint. Upon receipt of the letter, a physician should contact their professional liability carrier as insurance policies often provide coverage for administrative actions. Under no circumstances should a physician submit a response to the Department or speak with its investigator without seeking legal advice.

A physician, with the assistance of counsel, should submit a written response to the complaint. This initial response, if done properly and thoroughly, is the physician's best chance to, in the immortal words of Deputy Barney Fife, "nip it in the bud." The response should provide all relevant information and records for the Department in an easily understandable manner since investigators usually have no medical training. Counsel can also submit a summary of the physician's defense, as well as an expert affidavit in support of the physician's treatment.

During the investigation, the investigator may request an interview. Physicians under investigation are not required to submit to an interview. However, if a physician agrees to an interview, he should only do so with counsel present.

Once the initial investigation is complete, the investigator prepares a report for The Probable Cause Panel (the Panel). The Panel reviews the investigator's report and any information the physician submitted to determine if probable cause exists that the physician violated any Florida Statute or rules.

If the Panel finds no probable cause, the case is dismissed, and the matter is not a public record. The Panel may also elect to issue a Letter of Guidance, which is neither public record nor considered formal discipline. The case will be dismissed after the Letter of Guidance is issued.

If the Panel finds probable cause, a formal Administrative Complaint is prepared by the Department. The Administrative Complaint outlines the charges against the physician. A physician typically has three options: 1) dispute the charges and request a formal hearing; 2) stipulate to the Department's proposed settlement; or 3) attempt to negotiate a settlement with the De-

partment's attorney.

If a physician elects a formal administrative hearing, an administrative judge will hear the case. Both sides can call witnesses, experts and submit evidence. The judge will prepare a written decision called a recommended order. The order is submitted to the Board of Medicine where a final order is entered. The final order may be appealed.

COLLATERAL EFFECTS ON MEDICAL LICENSE

There are, of course, collateral effects that Department discipline can have on a physician's medical license. These include the following:

- Action to revoke, suspend or other action against the physician's privileges and medical staff membership at hospitals, ambulatory surgical centers, skilled nursing facilities, etc.
- Mandatory reporting to the National Practitioner Data Base.
- Inclusion of the disciplinary action on the physician's Department profile, which is available to the public.
- Action may be initiated in other states in which the physician has a license.
- The Office of the Inspector General with the Department of Health and Human Services may take action to exclude the physician from the Medicare Program which can result in the physician being placed on the List of Excluded Individuals and Entities (LEIE).
- If the physician is placed on the LEIE the physician is also automatically "debarred" from participating in any federal contracting and placed on the U.S. General Services Administration's debarment list.
- The DEA may act to revoke the physician's DEA registration.
- Third party payors may terminate the physician's contractor or panel membership.

10 COMMON MISTAKES

Not responding properly or handling a Department Complaint ineptly can result in possible revocation of the physician's medical license. Below is a list of common mistakes physicians make following notification of a Department Complaint Investigation.

1. Providing the Department investigator an oral statement or interview without the assistance of counsel.
2. Providing a written statement in response to the Department

investigator's invitation to do so without the assistance of counsel.

3. Failing to provide a complete copy of the patient's medical record when subpoenaed by the Department investigator and no objection applies.
4. Failing to keep an exact copy of all materials and documents provided to the Department Investigator.
5. Failing to check to see if your medical malpractice insurance policy will cover the legal fees to defend the investigation.
6. Failing to submit a written request to the Department Investigator at the beginning for a copy of the complete investigation report.
7. Believing that because you know someone with the Department, on the Board or a state official influence can be exerted to have your case dismissed.
8. Believing the matter "has gone away" because you have not heard anything for months.
9. Attempting to defend themselves.
10. Failing to immediately retain an experienced attorney to represent them.

A Department Complaint can have far reaching implications on a physician's medical license. The Health Care Practice Group at Pearson Bitman is committed to assisting Clients in navigating and defending Department Complaints. For more information and assistance, please contact Julie Tyk at Pearson Bitman at 407-647-0090.

Julie Tyk concentrates her practice in medical malpractice and health care. She has experience representing physicians, hospitals, ambulatory surgical centers, nurses and other health care providers across the state of Florida in matters involving professional liability, risk management, peer review, general liability and premises liability. Ms. Tyk assists organizations and individual medical providers in navigating the federal and state health care regulatory environment in such areas as the Anti-Kickback Statute, the Stark Law, HIPAA, HITECH, state patient self-referral laws and state patient brokering laws. ■



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Tips to Understand Customer Care on Social Media Platforms

By Jennifer Thompson



What's really intriguing is that the four leading messaging apps (Messenger, WhatsApp, WeChat, and Viber) top the biggest social networking applications (Facebook, Twitter, Instagram, and Google+) in active monthly users.



The takeaway: if more and more clients and customers are using messaging apps, businesses and their brands need to be there.

WHAT DOES IT ALL MEAN FOR YOU AND YOUR PRACTICE?

The healthcare industry has been slow to embrace social media, but is beginning to see the light. Platforms like Facebook and Instagram are where your patients spend a LOT of their time.

Medical practice managers need to find new, efficient, and innovative ways to engage their patients on social media and enhance the customer experience. It's about creating an ongoing dialogue with patients, before, during, and well after their appointments. Ongoing patient-first social media engagement is the future for marketing your medical practice.

And the future is now.

Ultimately, social media is more than just a place to share personal pictures, a delicious recipe, or a heated political conversation with your cousin. It has become a potent way for medical practices to interact more personally with their patients and bring patient customer service to a whole new level.

Jennifer Thompson is co-founder and chief strategist for DrMarketingTips.com, a website designed to help medical marketing professionals market their practice easier, faster and better. ■

Like it or not, social media is here to stay.

It's where you can find your friends, where your family is, and, you guessed it, where your current and potential patients are. Use of social networking sites by American adults has skyrocketed in the last twelve years from 5% of adults in 2005 to 65% of all adults in 2017.

Did you know that social media now drives almost one-third of referral traffic? And that number is on the rise. In today's digital age, savvy businesses know all too well that to survive and to thrive, they must go where their customers are. The same holds true for your medical practice: either you're on social media, or you're scrambling to figure out how to catch up.

But that's not all.

How medical practices market on social media is evolving all the time. If you're not on the pulse of the most cutting-edge ways to take advantage of social media, you can be sure your competitor down the street will be.

Social media and how people use it are changing faster than most of us can keep up with. Social media technology is evolving at breakneck speed and consumers along with it. In today's digital social media landscape, you not only need to be on social media, you need to be IN social media.

THE RISE OF SOCIAL MEDIA CUSTOMER CARE

Being in social media, however, means more than you might think.

Social media is now the go-to choice for consumers (and patients) who count on immediate 24-hour feedback, search out referrals from their networks, share their experience (both fabulous and terrible), and interact with businesses.

Social media now trumps other channels for customer service to the tune of:

- 34.5% of consumers prefer social media
- 24.7% prefer website/live chat
- 19.4% prefer email
- 16.1% still prefer to call in via phone

With increasing numbers of patients flocking to social media to vent their complaints, it's now vital for your practice to be able to transform potential negative customer service interactions into positives for future patients.

APPS ARE A PATIENT'S BEST FRIEND

Social messaging applications have been growing at a torrid pace, including 44% growth since 2015. Facebook Messenger is the most popular messaging app worldwide, followed by Skype, Twitter, and WhatsApp.

Check out our website at [www.floridamd.com!](http://www.floridamd.com)

A Little Knowledge Could Be Dangerous: NEW GENETIC TESTS

By Staff Writer

Ryan Bisson, MS, CGC wants you to know that genetic counselors are glad that a growing number of people want to learn more about their genetic makeup and how it might affect their health. What worries him is if people are learning enough.

Bisson, a cancer genetic counselor with Orlando Health for 12 years, had a mixture of thoughts about the recent announcement that the US Food and Drug Administration had approved the first direct-to-consumer test that detects some DNA mutations associated with breast cancer.

“It was big news in the genetic counseling community,” he said. “The immediate impact is that consumers can skip over the geneticist and then go straight to the lab.” Understanding what those lab results mean, however, “becomes a trickier situation.”

That sentiment was echoed by the president of the National Society of Genetic Counselors, Erica Ramos, who issued a statement in reaction to the FDA announcement, warning that “Although this test may help to identify people who have a previously undetected BRCA mutation, there are several limitations and the results may be confusing or misleading without appropriate education.”

The test just approved is provided by 23andMe, a personal genomics and biotechnology company that has been marketing direct to consumer tests for years. The company’s saliva test provides its customers with all sorts of information about their genetics, some seemingly trivial, and some serious. Now, for the first time, the company is allowed to tell its customers if they have any of three BRCA gene mutations that are found most commonly in people of Ashkenazi Jewish descent, and that are associated with an elevated risk of breast and ovarian cancer.

“This information may be helpful if you follow up with a health care provider,” said Bisson. But it also opens the door for all sorts of misunderstandings.

Breast cancer is a scary topic. It is the second most deadly cancer afflicting American women. (Lung cancer is the largest.) The American Cancer Society says this year that 260,000 women and a few men will be diagnosed with the disease, and nearly 41,000 will die. But of those quarter of a

million cases, said Bisson, genetics will have played a role in only about 5 percent. And the potential for misplaced attention, emphasizing genetics over other factors is concerning to genetic counselors.

Normally, BRCA genes function as safeguards against cancer, explained Bisson. They are “tumor suppressor genes.” They pro-



Ryan Bisson, MS, CGC

Stroke Support and Recovery Group

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Family, friends and patients are welcome! Questions and RSVP to Sara Cacciatore at 407 587-8651.

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tect cells from growing out of control and developing into the disease. Healthy BRCA genes repair genetic errors that can occur when cells multiply, for example, which is why an improperly functioning or mutated BRCA gene – though rare among the general population – can sharply increase cancer risk.

But testing positive or negative for certain mutations is merely one of several factors – family history, ancestry, lifestyle, and environment all play roles. It is the job of a genetic counselor to work with patients to review all of these factors. And this is one of the criticisms of the direct-to-consumer tests: Going through all of these details is a lot of work. Genetic counselors interview patients, discuss their family histories, calculate the risks and then, if they are suspicious of a genetic factor, discuss testing. Sometimes, Bisson said, it may be more helpful to begin with genetic testing of other family members, a mother or aunt, for instance, before testing the patient. The role of the genetic counselor, said Bisson, is to help the patient make informed decisions.

Without this kind of context, the usefulness of many direct-to-consumer genetic tests has been regarded skeptically by leading health organizations like the Centers for Disease Control. That agency said bluntly, “... We include personal genomic tests as ‘tier 3’ tests. Such a rating implies that there is no evidence for clinical validity or utility of such applications in healthy individuals in the population.”

Worse than questionable utility, according to Bisson, is the concern that some consumers may regard a negative score on their genetic test as a clean bill of health, or they may regard a positive one as a need for aggressive intervention. Without proper counseling, either reaction could have serious repercussions. The role of genetic counselors in the medical community is small but growing. According to the Federal Bureau of Labor Statistics there are only about 3,000 genetic counselors in the country – but that the field is growing, expecting to add 30 percent more jobs in the next several years, making it one of the fastest growing fields in the nation. Orlando Health, for example, has nine genetic counselors on staff. They specialize in cancer, prenatal and pediatrics.

As the availability of direct-to-consumer genetic tests grows, primary care physicians and other frontline health care providers will need to be aware of how this may affect their interactions with patients. According to the CDC, a 2016 survey of people who underwent personal genomic tests found that most of those tested who shared results with their health care providers were not satisfied by the reaction of their providers. In fact, many providers, according to the survey, questioned medical actionability of the test results and showed lack of engagement or interest. These may represent missed opportunities to help educate and inform patients.

“There is no national protocol” for how doctors should address findings in these tests, observed Bisson. This will be a growing issue. “We want people to be fully informed,” he said. “But this can be so complex, especially cancer genetics, that we recommend some sort of genetics professional involved.” **For more information, readers can reach Ryan Bisson at the Cancer Genetics Center at Orlando Health UF Health Cancer Center by calling 321-841-4363.** ■



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Insist on the Best for Stroke Recovery

By Staff Writer

WHAT IS A STROKE?

A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. When this happens, part of the brain cannot get the blood – and oxygen – it needs, so it starts to die.

A stroke can result in difficulties in moving around, performing daily activities, and talking or understanding. The type and extent of the difficulties depends on the size and location of the stroke.

Stroke warning signs and risk factors

Warning signs of stroke include sudden:

- Numbness or weakness of the face, arm or leg, especially on one side of the body;
- Confusion, trouble speaking or understanding;
- Trouble seeing in one or both eyes;
- Trouble walking, dizziness, loss of balance or coordination; or
- Severe headache with no known cause

Certain risk factors for stroke are hereditary, while others may result from lifestyle choices. Some of the risk factors for stroke that can be changed, treated or controlled are high blood pressure, cigarette smoking, diabetes, carotid or other artery disease, atrial fibrillation, poor diet, physical inactivity or obesity.

STROKE REHABILITATION

A stroke patient's greatest gains are usually made in the first 30 days following the stroke. Stroke rehabilitation consists of a coordinated treatment plan developed and implemented by specialized physicians, therapists and nurses.

Stroke rehabilitation programs, like that of HealthSouth Rehabilitation Hospital of Altamonte Springs, help patients adjust to the emotional and physical changes following stroke. With the goal of returning patients to independent living, therapy teams work to retrain the ability to perform daily tasks and move safely at home and in the community.

Stroke rehabilitation at HealthSouth Altamonte Springs includes patient and family education, support groups, respiratory therapy, neuropsychology and a team of skilled therapists who use technology like the AutoAmbulator®, a robotic treadmill device that assists in replicating normal walking patterns; and VitalStim®, which electrically stimulates swallow function.

RETURNING TO INDEPENDENCE

Each day, stroke rehabilitation helps people return to a more independent lifestyle. Ask Ray Cope, a former HealthSouth stroke patient and a 28-year math and science teacher, track coach and technology coordinator.

In March 2015, Ray was snowshoeing and cross-country skiing when he noticed he was experiencing claudication, cramping pain in the leg caused by obstruction of the arteries. He began work-

ing out even harder to try and strengthen himself, but the pain worsened. In November 2015, Ray learned he had a blood clot in his leg and needed bypass surgery on the artery. It was during his stay at the hospital he experienced a hemorrhage and was showing signs of stroke.

From that point forward, Ray remembers nothing until Dec. 22, 2015, 11 days into his inpatient rehabilitation stay. He was unable to walk or stand when he arrived at the hospital and was in a comatose state, but was functioning well aside from his left-sided weakness and vision cuts.

“He could remember the Pythagorean theory,” said Ray’s wife. “His root memory was there, but he couldn’t put all of the pieces together.”

On December 22, Ray’s wife arrived at the inpatient rehabilitation hospital to visit with him. He told her, “I have a doctor’s appointment today at 1 p.m. to get my eyes checked,” and she knew he was back.

“It was like a light switch came on and I remembered everything before the stroke,” said Ray.

“So many people made a difference in his outcome,” said his wife. “We continue to go back just to visit because the people at the hospital were like family.”

Ray walked out of the HealthSouth hospital on January 4, 2016. His journey from his comatose state and needing maximum assistance to returning to work as a teacher and track and field coach is an inspiration to many.

WHERE YOU GO MAKES A DIFFERENCE

According to the recent adult stroke rehabilitation guidelines released by the American Heart Association*, whenever possible, stroke patients should be treated at an in-patient rehabilitation facility rather than a skilled nursing facility. While at an in-patient rehabilitation facility, a patient participates in at least three hours of rehabilitation a day from physical therapists, occupational therapists, and speech therapists. Nurses are continuously available and doctors typically visit daily. An in-patient rehabilitation facility may be a free-standing facility or a separate unit of a hospital.

HealthSouth Rehabilitation Hospital of Altamonte Springs is a 50-bed inpatient rehabilitation hospital that offers comprehensive inpatient rehabilitation services. Serving patients throughout the Seminole, Orange, and Osceola Counties, the hospital is located at 831 South State Road 434 in Altamonte Springs. For more information or to schedule a stroke-risk assessment, call HealthSouth Altamonte Springs at 407 587-8600 or visit www.healthsouthaltamontesprings.com. ■

*Source: American Heart Association, Inc.

Check out our website at
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Independent Doctors Group Makes Voice Heard in DC –

AID discusses health-care fixes with leading lawmakers and physician leaders

By April Spencer

Laws to increase price transparency, stop health-care consolidation and promote site-neutrality were all on the agenda during a packed two-day March meeting in Washington DC, where the Association of Independent Doctors presented to lawmakers and physician leaders.

Speaking on behalf of AID, executive director Marni Jameson Carey spoke to the National Physicians' Council for Healthcare Policy on "The Case for Site-Neutrality," arguing for a law that would require payments for the same procedures to be the same regardless of where the procedure was performed. Currently, because of how the law is written, Medicare and other payors pay hospitals significantly more than they do independent doctors for the same procedure. The Medicare Payment Advisory Commission has long recommended site-neutrality as a way to bring down health-care costs and slow or stop the trend of hospitals buying up medical groups, but Congress has yet to enact a bill.

Hosted by U.S. Rep. Pete Sessions (Texas), the NPCHP meets twice a year, and brings together more than 100 policy-minded physicians, medical economists and lawmakers who want to fix the nation's broken health-care system.

A national nonprofit trade association that began in Winter Park, Fla., five years ago to help doctors stay independent, AID now has members in 33 states nationwide. Carey was happy to see 10 or so AID members at the NPCHP meeting, including Orlando orthopedist Larry Halperin, who sits in AID's executive committee.

"Everyone in that room is a rock star in the health-care movement," said Carey. "These doctors are passionate, articulate, fed up and fighting for change," said Carey.

Other speakers covered the need to repeal the Safe Harbor Act (which allows group purchasing organizations and pharmacy benefits managers to siphon \$200 billion out of the health-care system each year); the true cost of electronic health records; and the need for balance billing, physician-owned hospitals and expanded health savings accounts.

Among the lawmakers and officials who presented to the group were U.S. Rep. Larry Bucshon (Ind.), a cardiothoracic surgeon; U.S. Rep. Greg Walden (Ore), current chairman of the Energy and Commerce Committee; U.S. Sen. Tom Coburn (Okla.); Dr. Vanila Singh, chief medical officer for the Department of Health and Human Services; and Demetrios Kouzoukas, principal deputy administrator for the Centers for Medicare and Medicaid Services. As you can imagine, the group had many questions for these officials.

After the NPCHP meeting, Carey spent two more days attending health policy meetings, receptions, and panel discussions, where she met other policy leaders, including U.S. Rep. Roger Marshall (Kan.), an ob-gyn; and U.S. Rep. Mike Gallagher (Wisc.), co-author of HR 4808, a health-care transparency bill that AID supports.

"The only way we're going to get the sweeping changes we need at the federal level is to make these lawmakers aware of the problems and their solutions," said Carey.

April Spencer works for The Association of Independent Doctors, a national nonprofit dedicated to helping reduce health-care costs by helping consumers, businesses and lawmakers understand the value of keeping America's doctors independent www.aid-us.org. ■





2018 EDITORIAL CALENDAR


Florida MD is a four-color monthly medical/business magazine for physicians in the Central Florida market.

Florida MD goes to physicians at their offices, in the thirteen-county area of Orange, Seminole, Volusia, Osceola, Polk, Flagler, Lake, Marion, Sumter, Hardee, Highlands, Hillsborough and Pasco counties. Cover stories spotlight extraordinary physicians affiliated with local clinics and hospitals. Special feature stories focus on new hospital programs or facilities, and other professional and healthcare related business topics. Local physician specialists and other professionals, affiliated with local businesses and organizations, write all other columns or articles about their respective specialty or profession. This local informative and interesting format is the main reason physicians take the time to read *Florida MD*.

It is hard to be aware of everything happening in the rapidly changing medical profession and doctors want to know more about new medical developments and technology, procedures, techniques, case studies, research, etc. in the different specialties. Especially when the information comes from a local physician specialist who they can call and discuss the column with or refer a patient. They also want to read about wealth management, financial issues, healthcare law, insurance issues and real estate opportunities. Again, they prefer it when that information comes from a local professional they can call and do business with. All advertisers have the opportunity to have a column or article related to their specialty or profession.

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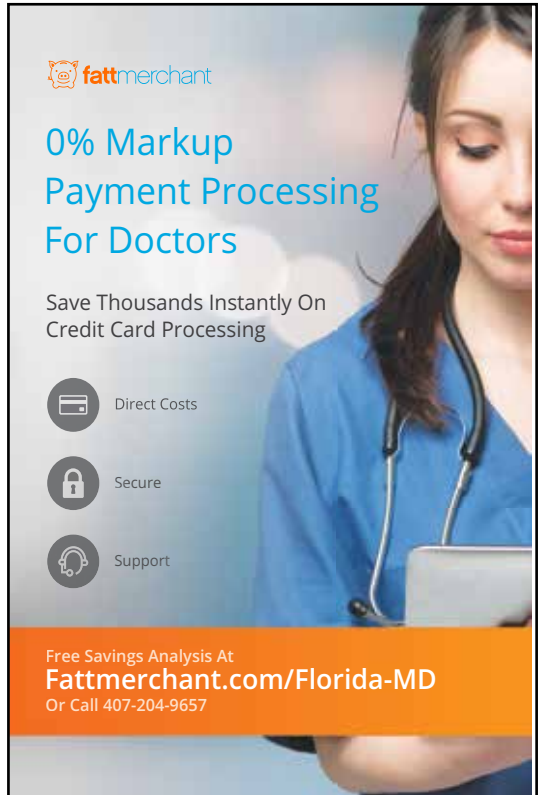
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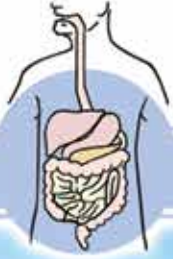
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