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MARCH/APRIL 2019
COVERING THE I-4 CORRIDOR



PHOTO: ENCOMPASS HEALTH

ON THE COVER: Dr. Eliam Fuentes,
medical director of Encompass Health
Altamonte Springs

4 < COVER STORY

As a nationwide leader in rehabilitation services, Encompass Health Corp., formerly HealthSouth Corp., has been known in the medical community for over three decades. In 2015, the company, already present in the state of Florida, expanded to Central Florida, bringing an exemplary level of post-acute care to the region with the opening of Encompass Health Rehabilitation Hospital of Altamonte Springs in 2014. The hospital is part of a nationwide network of 130 inpatient rehabilitation hospitals and 220 home health locations and 58 hospice locations.

As Encompass Health, the hospital and its staff remain dedicated to guiding each patient through recovery and are committed to helping patients regain their independence. By building a solid reputation for its comprehensive approach to rehabilitation of patients, including those dealing with traumatic injuries that require extensive rehabilitation services, Encompass Health Altamonte Springs provides options that benefit patients with acute care needs and their families committed to getting them back home, getting them back their independence and living life to its fullest.



PHOTO: ENCOMPASS HEALTH

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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

COMING NEXT MONTH:
Next month's cover story focuses on Orlando Foot & Ankle. The editorial focus is on Surgery and Scoliosis.



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.

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Orlando Health Brings First Robotic Bronchoscopy to the Southeast

By Staff Writer

Imagine a bronchoscopy platform that enables you to make faster and less invasive lung cancer diagnoses on a larger patient population. Imagine no further.

Orlando Health UF Health Cancer Center now offers this new enhanced technology. It is the first facility in the Southeast to use the FDA-approved Monarch™ Platform robotic bronchoscopy system developed by Auris Health.

SURGICAL BENEFITS

The reach and precision of robotic bronchoscopy delivers a minimally invasive approach to lung cancer testing that reduces risks of a deflated lung or other potential side effects, while potentially improving outcomes. “With the Monarch, we have the ability to see and access parts of the lungs that were previously out of reach,” says Dr. Mark Vollenweider, section chief for pulmonary medicine at Orlando Health.

HOW IT WORKS

The Monarch Platform has a telescoping design to more easily navigate the periphery of the lung, providing more access and a better view of small, hard-to-reach lung nodules otherwise deemed unreachable with previous minimally invasive procedures.

A robotic hand controller, much like a video game controller, allows the specialist to insert a flexible endoscope through the patient’s mouth and steer it on the most direct path to the nodule with greater precision and control. A combination of 3-D modeling of the patient’s lung anatomy, real-time video and electromagnetic navigation similar to a car’s GPS provide 360-degree visibility all the way to the nodule. Once the endoscope reaches the nodule, the tissue sample can be collected for testing.

AN EARLIER DIAGNOSIS

Performed as an outpatient procedure, the process takes from 30 minutes to 90 minutes. Thoracic and pulmonary interventionists already have completed numerous robotic bronchoscopies at the cancer center’s downtown Orlando campus.

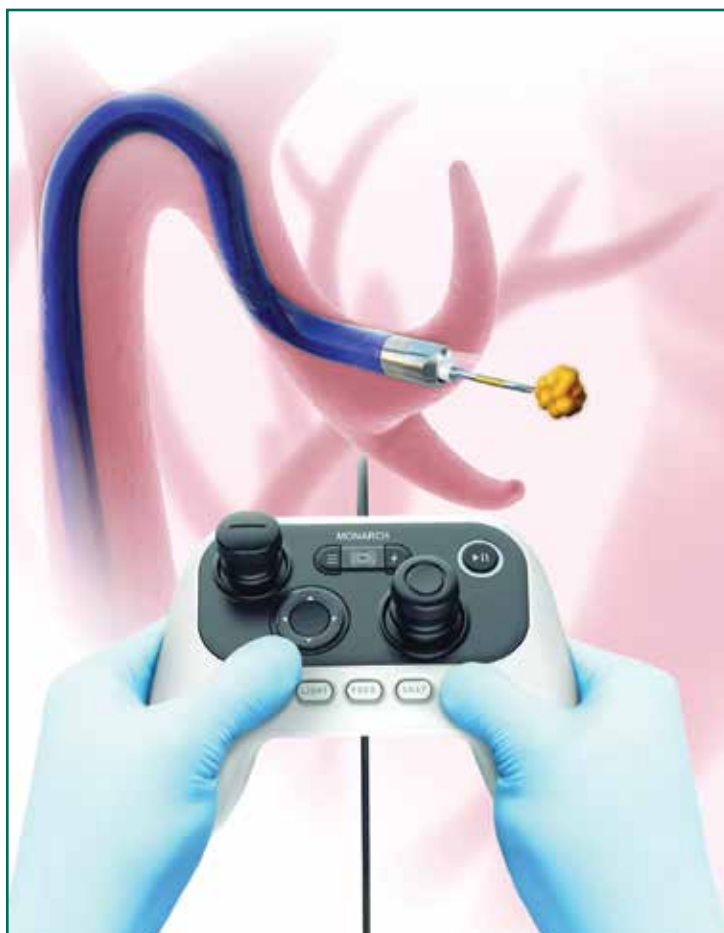
“Lung cancer often goes unnoticed in its early stages, so there is an unmet need to diagnose this disease much earlier in our patients,” says Dr. Vollenweider. “The Monarch helps us speed up diagnosis and has the potential to improve survival rates.”

For more information about lung cancer diagnostic testing with the Monarch Platform, contact the Rod Taylor Thoracic Care Center at (407) 648-5384.

Mark Vollenweider, MD, MPH, is an intensivist trained in interventional pulmonology at Orlando Health. He works with Orlando Health UF Health Cancer Center to provide complete medical care for all thoracic patients. He is using several innovative technologies to diagnose and treat benign and malignant airway and pulmonary lesions and specializes in electromagnetic navigational bronchoscopy, airway tumor ablation, balloon dilation, tracheostomy revision and multiple pleural procedures. He is board certified in internal medicine, critical care medicine and pulmonary medicine. ■



Mark Vollenweider, MD, MPH



Encompass Health Hospital Rehabilitation of Altamonte Springs – *Providing Superior Outcomes Through Connected Care*

By Staff Writer

As a nationwide leader in rehabilitation services, Encompass Health Corp., formerly HealthSouth Corp., has been known in the medical community for over three decades. In 2015, the company, already present in the state of Florida, expanded to Central Florida, bringing an exemplary level of post-acute care to the region with the opening of Encompass Health Rehabilitation Hospital of Altamonte Springs in 2014. The hospital is part of a nationwide network of 130 inpatient rehabilitation hospitals and 220 home health locations and 58 hospice locations.

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Dedicated physical therapists are key to providing focused care to patients.



PHOTO: ENCOMPASS HEALTH

Based on 2016 data, Encompass Health accounts for 22 percent of licensed beds in the nation and provides rehabilitation services for 29 percent of Medicare patients. In November 2018, Encompass Health Altamonte Springs expanded its services to reach even more patients. The hospital added 20 new beds, giving it a total of 70. It also recently opened a new dialysis unit with four beds, allowing those in need of dialysis to continue their therapy and work toward their individual goals. The hospital has seen over 1,800 patients since it opened its doors in the fall of 2015 and received a reaccreditation by The Joint Commission as a facility of care.

For Dr. Eliam Fuentes, medical director of Encompass Health Altamonte Springs, it was not surprising; “Since our opening we have helped so many patients providing excellent rehabilitation care for many strokes, Parkinson’s, and other catastrophic injuries.”

Dr. Fuentes, began seeing patients at HealthSouth Altamonte Springs in 2014, after doing his residency in Cleveland, Ohio. He was drawn to the endless possibilities that would result in bringing an established hospital system to a growing and aging community. “Being such a large corporation, Encompass Health has rehab down to a science, we have resources and each hospital can function and operate and focus on specialties needed in our patient population.”

“THE UPSWING OF MEDICINE”

Encompass Health Altamonte Springs employs a staff of more than 100 who are quick to point out what sets their teams and their services apart. First is clearing up the misconception, that because “rehabilitation” is in the hospital name,

that it is the same as a skilled nursing facility. The hospital also provides access to independent physicians specialized in rehabilitative medicine including Dr. Fuentes, and Dr. Dana Kuriakose.

“At a skilled nursing facility a patient’s stay is a lot longer and they have approximately three to five hours of rehabilitation a week. At Encompass Health Altamonte Springs, we are a hospital and as such we are regulated to do three hours of therapy a day for five days each week,” explains Dr. Kuriakose.

The secret to the hospital’s success, he added, is its staff and the fact that it is 100 percent dedicated to rehabilitation. The therapy is intentional, focused, multi-disciplinary and effective. With an average length of stay of about 12 days, compared to 38.5 days at a skilled nursing home, Dr. Fuentes said Encompass Health can also get patients back to their home, which is better for the patient and more cost-efficient. For 2017, the company had a 79.4% discharge rate back to the community outperforming the Uniform Data System for Medical Rehabilitation average of 75.9%.

The therapy gym, located in the center of the hospital, is a focal point of a patient’s time at the hospital and boasts the most advanced equipment. Patients can move easily from one modality to the next during their multiple visits to the gym each day. Modalities include partial weight bearing equipment, to gate training, to IREX, a new modality that is a virtual reality therapy system which uses immersive video gesture control.

“The biggest thing to educate our patients about is that they’re not going to spend all day in bed. The goal here is to be out of bed, in the gym and working toward independence. For some that is terrifying and for some that is a welcome change,” says Dr. Kuriakose. “We almost take a second seat as a physician, because the real goal is to get their therapies and ultimately transition them home.”

THE ENCOMPASS HEALTH PATIENT

Most Encompass Health Altamonte Springs patients are admitted from local acute care hospitals, although some are referred from home or other long-term care facilities. Patients admitted to Encompass Health Altamonte Springs face complex situations resulting from stroke, spinal cord injuries, amputations, traumatic brain injuries, ALS and neurologic cases. The hospital is also one of the few facilities in Central Florida certified in LSVT programs designed for Parkinson’s disease. In addition, the hos-



PHOTO: ENCOMPASS HEALTH

Patients participate in a variety of exercises which help strengthen motor skills.

pital current holds disease-specific care certification from The Joint Commission for its stroke rehabilitation program.

For all patients though, regardless of their injury, there is a common denominator. Patients and their families must be committed and able to handle the intense rehabilitation they will undergo at Encompass Health Altamonte Springs.

“If you have a complex patient with many medical comorbidities, it is a challenge to do therapies outpatient or at home,” explains Dr. Fuentes. “Most patients cannot endure home therapies and some think they can’t tolerate three hours of therapy, but many can and they do.”

Before a patient is admitted, he or she undergoes pre-admission screening. Nurses do a CMS guideline screening, patients are then evaluated by a physiatrist and physical and occupational therapists.

“Every patient is exposed to multiple therapies. Patients engage in physical therapy and we see how they perform. If they can tolerate it, it’s a good predictor of their success in an inpatient rehabilitation facility,” says Dr. Fuentes.

PLANNING DISCHARGE AT ADMITTING

For Encompass Health Altamonte Springs patients, discharge planning begins at admission and includes patients and their families and caregivers every step of the way. “We work as a team. From day one, we establish realistic goals that involve patients, family, and the whole team. The whole idea is to set up a rehabilitation plan that includes the patient, and an interdisciplinary team aimed to guarantee a safe discharge home,” says Dr. Fuentes.

This includes case managers planning ahead for everything from durable medical equipment to dialysis treatments, so that when patients can return home they have everything that they need to sustain their rehabilitation success. And if further care is needed after discharge, patients can choose to continue that high level of care they received in the hospital at home. In addition to inpatient rehabilitation, Encompass Health also has a home health and hospice segment available after discharge if needed.

PATIENT OUTCOMES

For patients, being part of an acute care facility means that they will move around and benefit from it. Encompass Health Altamonte Springs prides itself on extremely low infection rates, half the benchmark for national rehabilitation hospitals.

The goal at Encompass Health is to get patients out of bed and working toward their independence.



PHOTO: ENCOMPASS HEALTH

“This is exceptional, especially considering we are working with post-surgical patients,” says Dr. Fuentes. “It is not only about function. As physiatrists we are trained in wound care, and our hospital is blessed to have a great wound care program that handle complex wounds on a regular basis.”

THE “TEAM CONFERENCE”

At Encompass Health Altamonte Springs, the multi-disciplinary team is charged with executing a road map that will get patients out of their hospital bed and return home. The hospital has all the specialties of an acute hospital including infectious disease and cardiology to name a few. These specialists, comprising the team, meet two to three days per week in what is called the “team conference.” Working cohesively as a group in these “team conferences” they ensure that patients are getting all of the services they need to get them home faster, healthy and infection free.

At the table you will find the entire team including the physician, a pharmacist, physical therapist, occupational therapist, speech therapist, registered dietitian, nurse and a case manager. The first team conference takes place within the first week of admission after the patient has fully been assessed. Together the 15-20 members of the team come up with one solidified idea to make a patient more functional with the ultimate goal is to start addressing a patients needs early on.

“These meetings help us to coordinate patients’ needs better,” says Dr. Fuentes. “Every portion is so valuable and will help the patient turn the corner.”

PHYSIATRISTS - THE QUALITY OF LIFE SPECIALISTS

Physiatry is a specialty that began during war time, caring for the military during the first and second World Wars. The physiatrists at Encompass Health Altamonte Springs point out that, while not as well known in the United States as in other countries, it is a specialty that is growing exponentially.

“As a specialty, physical medicine & rehabilitation focuses on function. We treat neurological and musculoskeletal conditions which can limit independence” says Dr. Fuentes.

For those who have made their careers in physiatry, such as Drs. Fuentes and Kuriakose, it is a specialty of the heart. Each has a unique path that led them to this field.

Dr. Fuentes did his residency at Case Western Reserve University at the MetroHealth Rehabili-

tation Institute of Ohio, where spent part of his residency at the trauma hospital and at the Veterans' Hospital in Cleveland treating traumatic brain injuries and spinal cord injuries. For him, overseeing a patient's rehabilitation from a devastating injury and observing their strength, and the strength of their families recommitted him to the specialty.

Dr. Fuentes understands firsthand the life changing effects of rehabilitation. At the age of two, his daughter suffered a stroke and became a patient at the Encompass Health hospital in Puerto Rico.

"I changed my career goals after that. Other specialties don't have the ability to see the direct results of treating complex issues. My daughter was completely dependent when she became a patient at Encompass Health Puerto Rico. And now, here we are years later, she is a normal teenager and has recovered completely. I often share this story with my patients. It helps us create a rapport. I don't presume to know what ever patient is feeling, but I've been there in a hospital, crying and I have been in their shoes."

For Dr. Kuriakose, the specialty is incredibly rewarding because she can oversee a patient's progress. "We get to see patients over a long period of time, their progression and as they move back into the community."

It was while in residency at Harvard that she treated Boston Marathon bombing victims and witnessed firsthand the strong sense of support within the rehabilitation community.

"This support is invaluable for patients. I consider it a privilege to be a part of the team that gives them the physical and emotional tools to regain their independence."

WHY ENCOMPASS HEALTH?

At Encompass Health Altamonte Springs, the physiatrists and therapy teams work in tandem, providing an acute rehabilitation facility that offers patients the ability to be monitored and have their therapy directed from all angles. This aids in overall positive outcomes and patients return to an independent, albeit perhaps new normal, life.

For Dr. Fuentes and his colleagues, time spent at the inpatient rehabilitation hospital is a critical component to a patient making important strides in his or her recovery.

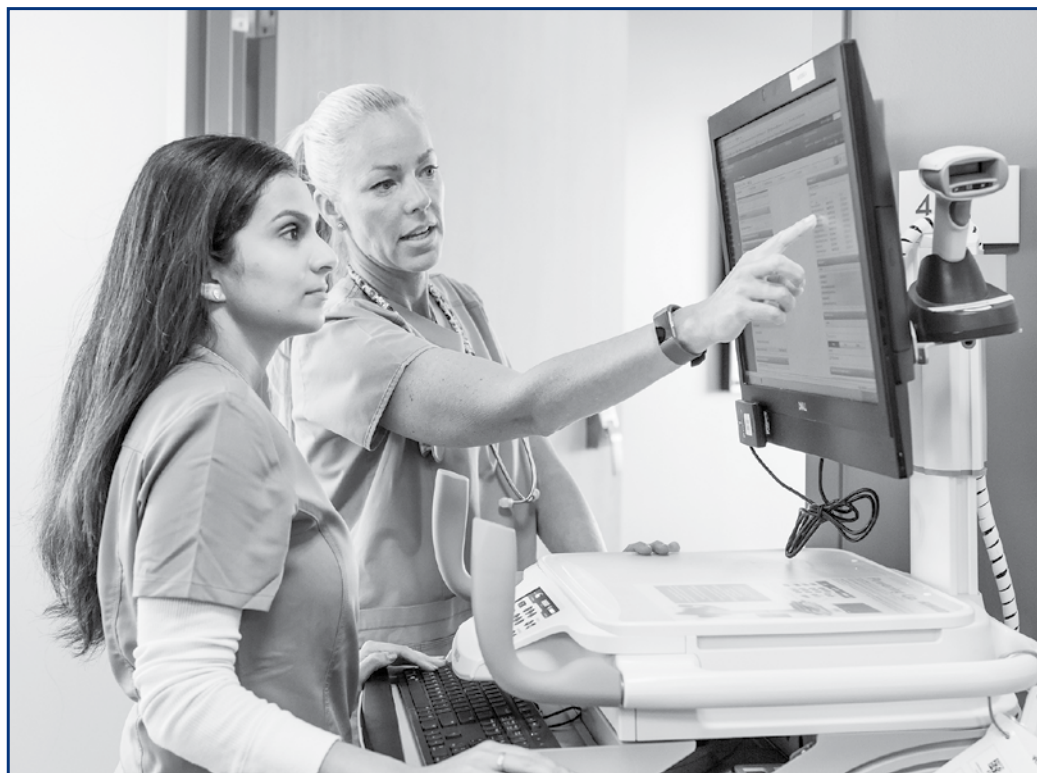


PHOTO: ENCOMPASS HEALTH

Therapists review multi-disciplinary patient treatment plans.

"I would advise them to trust our care and providers. We have the best therapy teams, we have the best nursing teams and we have an excellent team of doctors dedicated to our patients."

With the commitment of its staff, therapists and physicians, Encompass Health Altamonte Springs continues to spread its wings, and reach those with acute rehabilitation needs, providing patients with a road to recovery in order to return home, to a new normal and regain a level of independence despite their injuries. ■



ENCOMPASS HEALTH REHABILITATION HOSPITAL OF ALTAMONTE SPRINGS

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Retro Dermatology

By John "Lucky" Meisenheimer, MD and John Meisenheimer, VII

We are blessed to live in a first world country where many diseases that were common in the past are now rarely seen. Although this may be the case here in the United States, these diseases still exist in other parts of the world.

Below are some photos captured from stereo cards that were published in 1910. These conditions were relatively common then but are real rarities now. I have picked cases that I have seen one or less of in thirty years of working in my private practice.

See if you can guess the disease before you read the captions.



PHOTO: JOHN MEISENHEIMER, VII

Favus. A chronic fungal infection of the skin frequently located on the scalp. Identified by the appearance of yellowish scutula grouped in a honeycomb-like pattern. It can last for decades if not treated, but with modern medicine, it is easily fixed with antifungals. Although very common a 100 years ago it now only persists in areas of extreme poverty and limited medical care.



PHOTO: JOHN MEISENHEIMER, VII

Lupus Vulgaris. Lupus Vulgaris is cutaneous tuberculosis of the skin. Generally, it appears in individuals that have some previous sensitization to the mycobacterium. Eighty percent of cases appear on the head and neck. The condition although prevalent 100 years ago is now rare in the United States. In India, the incidence is still about one in every 1000 people. Note, you have to be careful when proclaiming "Lupus" as a diagnosis. Always specify between Erythematosus and Vulgaris or a dermatology attending will scold you.



PHOTO: JOHN MEISENHEIMER, VII

Pellagra. A disease caused by Niacin (Vit. B3) deficiency. Among other symptoms, the skin becomes very sensitive to sunlight one of the hallmark three Ds of Pellagra (Dermatitis, Diarrhea, and Dementia). It can be due to lack of dietary Niacin or due to blockage of absorption/processing of Niacin, which can occur in some disease states like, alcoholism. Untreated pellagra can be fatal, but it responds rapidly to treatment. I have only seen one case in the last three decades and although less common than a century ago it remains a condition that must be considered.



PHOTO: JOHN MEISENHEIMER, VII

Syphilis Gummosa. Gummas are soft growths found in a variety of tissues including the skin, due to tertiary syphilis. Although primary and secondary syphilis are far from rare in the United States tertiary forms are now exceedingly uncommon in developed countries. Before antibiotics, syphilis was a significant health problem in most of the world including the United States. Formerly the American Board of Dermatology was known as the American Board of Dermatology and Syphilology. They dropped the word Syphilology in 1955.

Lucky Meisenheimer, M.D. is a board-certified dermatologist specializing in Mohs Surgery. He is the director of the Meisenheimer Clinic - Dermatology and Mohs Surgery. He is a former chairman of the Division of Dermatology at ORHS. ■


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Opioid Litigation 2019

By Julie A. Tyk, JD.

Opioid addiction and abuse have reached the level of a public health crisis. It's estimated that the epidemic has caused the loss of 300,000 lives and shows no sign of stopping. Nationwide, more than 70,000 Americans died in 2017 from drug overdoses. That is more than all the American casualties during the war in Vietnam. Experts say the United States is in the throes of an opioid epidemic with more than 2 million people dependent on or abusing prescription pain pills and street drugs.

More than 130 people died every day from opioid-related drug overdoses in 2016 and 2017, according to the US Department of Health & Human Services. The Centers for Disease Control and Prevention estimates the total "economic burden" of prescription opioid misuse in the United States is \$78.5 billion a year, including the costs of healthcare, addiction treatment, and law enforcement. In turn, states, local governments, and Native American tribes are now suing opioid manufacturers to recoup their costs for police, criminal justice, and medical personnel, as well as the loss of quality of life of their residents. Damages are expected to exceed those recovered from the cases brought against the Big Tobacco companies throughout the 1990s.

RECENT CRIMINAL CHARGES IN FLORIDA

Doctors are increasingly being held accountable -- some even facing murder charges -- when their patients overdose on opioid painkillers they prescribed. In February 2019, Dr. Victor Hugo Espinosa of Fort Lauderdale, Florida was charged by criminal complaint with conspiring to unlawfully dispense controlled substances from August 9, 2017 to May 3, 2018. According to the complaint, Dr. Espinosa provided over 1,000 prescriptions for Oxycodone for no legitimate medical purpose in exchange for cash. Dr. Espinosa prescribed approximately 119,534 tablets of Oxycodone, which accounted for approximately 99% of all controlled substances he prescribed at East Medical. Many of the patients to whom Dr. Espinosa prescribed Oxycodone were brought to East Medical by patient recruiters, who received and then illegally sold all or a portion of the Oxycodone Dr. Espinosa prescribed.

Most recently, Anthony Loren Yarand, a Tampa physician's assistant, was arrested on March 11, 2019, following an investigation. He was charged with several counts of drug trafficking. Deputies received information regarding illegal drug activity at Mr. Yarand's home. Based on the information, they obtained a search warrant for the residence. Upon executing the warrant and entering the home, police found numerous drugs and controlled substances, including methamphetamine, cocaine, heroin, ecstasy, EHC and currency in the amount of \$7,400. Mr. Yarand was placed under arrest and charged with trafficking in methamphetamine and ecstasy, possession of heroin, THC edibles, marijuana, Adderall, testosterone and Klonopin. No ad-

ditional details were released.

KANSAS DOCTOR GETS LIFE IN PRISON

A Wichita, Kansas doctor Steven R. Henson, was sentenced to life in prison this month for distributing prescription drugs that resulted in the death of a patient, federal officials said. Dr. Henson was convicted in October 2018 of two counts of conspiracy to distribute prescription drugs outside the course of medical practice; 13 counts of unlawfully distributing oxycodone, methadone and alprazolam, the use of which resulted in the death of a victim; presenting false patient records to investigators; obstruction of justice; and six counts of money laundering, according to the Department of Justice. The judge ordered Dr. Henson to forfeit his medical license, as well as \$20,000 in cash seized from Dr. Henson's home, about \$580,000 representing the proceeds of the crimes, multiple guns and an SUV. He also imposed a \$2,325 special assessment to the crime victims fund, but no fine. Dr. Henson's bond was revoked and he was immediately taken into custody by U.S. marshals.

The investigative time line laid out by prosecutors, began in October 2014. A Drug Enforcement Agency official ("DEA"), received a complaint about Dr. Henson from a Wichita pharmacist. The pharmacist said he thought Dr. Henson was prescribing too many controlled substances. The pharmacist found that other pharmacies had stopped filling Dr. Henson's prescriptions.

In 2014, Dr. Henson had two offices: Kansas Men's Clinic, which was described as being focused on men's sexual health; and a second office. In November 2014, a Kansas Board of Pharmacy inspector told the DEA she had "received one to four complaints a day from Kansas pharmacists who are concerned about the validity of Dr. Henson's prescriptions and whether they are obligated to fill the prescriptions." Their specific concern: "large quantities of oxycodone, hydrocodone, alprazolam, and phen-termine." The state inspector said a pharmacist stated one prescription recipient drove 175 miles from Meade to Wichita. Another complaint came from a pharmacy 88 miles from Wichita.

Pharmacists told the inspector "that if they fill one Henson patient, five more will show up the next day ... that the pharmacies do not have the controlled substances in stock to keep up with the rate." The Wichita-area pharmacists knew the dangers of prescribing large amounts of pain meds "due to the notable criminal conviction" of the Schneiders in 2010. In December 2014, DEA investigators discovered that a couple traveled 163 miles to see Dr. Henson for prescriptions. A number of people went to fill their prescriptions from Dr. Henson at a southeast Wichita pharmacy, where a pharmacist told investigators that December, "she did not feel comfortable filling his prescriptions." Once, when the pharmacist tried to verify the prescrip-



tion with Dr. Henson, “he appeared at the pharmacy in person to explain his justification.” The pharmacist “said she has never had a physician do this before.”

That same month, investigators followed a couple from Wichita to Kansas City, Kansas, where the man got into another vehicle for a short time. Investigators suspected it was a drug transaction. Later, police in Missouri, arrested the person who met with Dr. Henson’s patient. Police confiscated heroin and oxycodone. The person admitted buying the drugs from Dr. Henson’s patient and said the patient had been prescribed oxycodone.

Federal investigators discovered that Dr. Henson would give pain-med prescriptions to patients for \$300 in cash, with few questions asked. Prosecutors said Dr. Henson also falsified patient records during the federal investigation in addition to obstructing investigators.

On June 29, 2015, the state prescription monitoring program showed that McGovern filled an alprazolam prescription dated May 4. Three weeks later, he filled a Henson prescription for methadone. The next day, July 23, 2015, Newton police found McGovern unresponsive at his home after his girlfriend called 911. A man at the house told police that McGovern had taken 25 to 30 methadone tablets that day. He died at Wichita’s Wesley Medical Center the day after police found him. An autopsy found that he suffered “a mixed overdose of alprazolam and methadone.”

In January 2016, federal prosecutors charged Henson with 31 criminal counts including conspiring to distribute prescription drugs outside his medical practice and unlawfully distributing oxycodone, methadone and alprazolam. Three of Henson’s co-defendants have pleaded guilty. Henson, 55, has pleaded not guilty. Within a month of the charges, a state board suspended his medical license.

OPIOID EPIDEMIC CIVIL LAWSUITS

While criminal cases for overprescribing opioids are well-known, private suits brought by patients against physicians have been rarer—but that tide is changing, too. Physicians, retail pharmacies, and other distributors are increasingly facing legal sanctions and claims for damages for overprescribing opioids, as well as failing to manage the opioid use of their patients and customers.

To stop the flow of prescription opioids, many state and city attorneys decided to sue the manufacturers and distributors of these drugs, including Allergan, Teva Pharmaceutical, Cardinal Health and Johnson & Johnson. Numerous State Attorney Generals decided to protect their people by pursuing a legal action, including Delaware, New York, Ohio West Virginia and even Alaska.

According to their claims, the drug makers and their associates purportedly downplayed the risks and overstated the ben-

efits of these medications caring only to inflate their profits. In their lawsuits, they request pharmaceutical companies, distributors and even the medical experts who inappropriately prescribed the narcotics to take financial responsibility for the overwhelming costs that the public services had to face.

Hundreds of individuals also started filing their own opioids lawsuits, seeking compensation for all the damage they personally sustained after a family member became an addict or died of overdose. On December 5, 2017, to speed up the proceedings, the Judicial Panel on Multidistrict Litigation (JPML) consolidated 155 of them in the National Prescription Opiate Litigation, MDL No. 2804. The Mass Tort is overseen by Judge Dan Polster of the Northern District of Ohio in Cleveland. The Department of Justice (“DOJ”) itself entered the MDL as a friend of the court to add the federal government’s knowledge on the crisis to the litigation.

A recent case in Missouri is one example of physicians being sued individually. Brian Koon alleged that his physician prescribed “colossal” doses of opioids for his back pain, to which Koon became addicted. Koon sued the prescribing physician and prevailed; he was awarded \$1.7 million in compensatory and \$15 million in punitive damages. In upholding Koon’s award, the appeals court emphasized that “the standard of care requires all healthcare providers to have a medication management system in place to make sure patients do not receive too many opioids.”

Physicians should consult with an experienced attorney who can examine the facts of the case and help you determine the best path forward. The Health Care Practice Group at Pearson Doyle Mohre and Pastis, LLP is committed to assisting Clients in navigating and defending medical malpractice claims. For more information and assistance, please contact David Doyle and Julie Tyk at Pearson Doyle Mohre & Pastis, LLP.

Julie A. Tyk, JD, is a Partner with Pearson Doyle Mohre & Pastis, LLP. Julie concentrates her practice in medical practice defense litigation, insurance defense litigation and health care law. She has represented physicians, hospitals, ambulatory surgical centers, nurses and other health care providers across the state of Florida. She may be contacted by calling (407) 951-8523; jtyk@pdmplaw.com. ■

COMING NEXT MONTH:
Next month’s cover story focuses on Orlando Foot & Ankle. The editorial focus is on Surgery and Scoliosis.

Patient Experience 2.0 Begins with the Next Generation of Customer Service

By Jennifer Thompson



The way we market medical practices has evolved rapidly over the past decade. The patient journey starts before they've walked through your doors and continues well after they've left the office. Your patients' overall perceived experience often has less to do with the doctor, and more to do with your employees — 75% of patient interactions are with staff and only 25% with the doctor.

And perceived patient experience now involves every aspect of marketing and managing your medical practice including customer service, communication, patient expectations, and reputation management.

Social media also plays a leading role in the way that patients communicate with your practice. And, the ability to connect with patients and employees using tools like social media and beyond are the difference makers in moving the needle in marketing your medical practice.

Two-way communication is now the norm. Your patients, employees, and staff members are more aware of these new levels of communication and web-based technologies. Consumers and patients alike seek to establish a connection with the brands they do business with, and they require positive reinforcement with any interactions with companies.

In other words, your entire practice persona, from your website to your employees (including hiring practices), to third-party review sites play a pivotal role in the delivery of the patient experience.

And, because a patient's first contact with your practice will most likely be happening outside of your office, your practice persona needs to be fully honed, optimized and synchronized wherever it appears online.

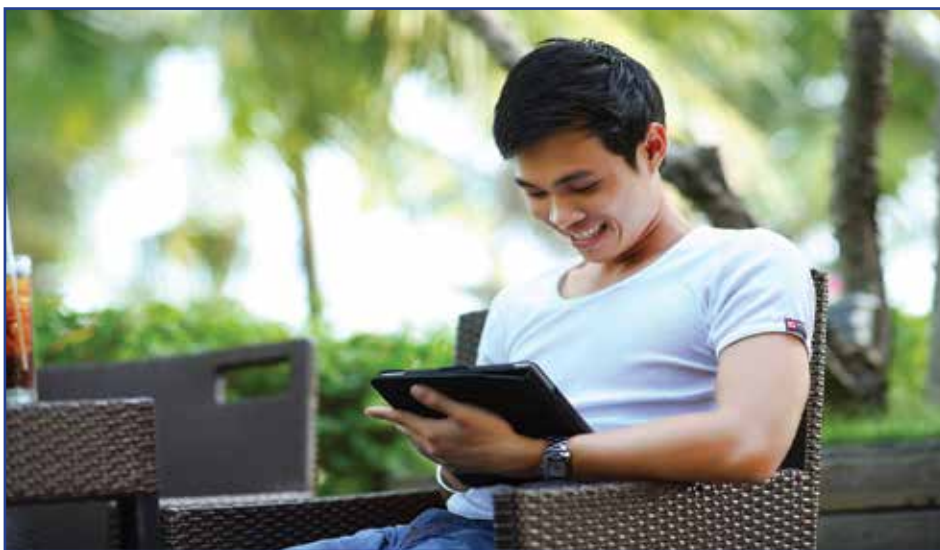
That's why you need to be proactive rather than reactive when it comes to customer service. Provide information and support instead of having your patients request it. Put yourself in the shoes of your patient, determine their needs and do your utmost to address and meet them. Make your patients feel valued. That is what customer service means. Oh, and if you're not doing it, you can bet that your competition around the corner is.

CUSTOMER SERVICE TRAINING IS KEY

Employees can represent the biggest expense and sometimes headache for your medical practice, but they are also your greatest assets and provide untapped opportunity. Research shows that

only 33% of employees across the board are actually engaged at work leading to increased job dissatisfaction and higher turnover.

Replacing and retraining an employee can be expensive. Direct replacement costs can reach as high as 50% to 60% of an employee's annual salary, and total costs as-



sociated with turnover range from 90% to 200% of annual salary. However, 93% of employees have said they'll stay longer if you only invest in their careers.

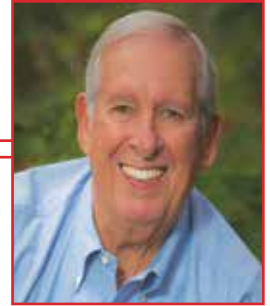
Taking steps to boost employee engagement can give your practice a competitive edge over the practice down the street. Engaged employees mean higher productivity, greater profitability, reduced turnover, and a more positive company culture.

When you factor in all that lost time, productivity, and money, how can you not take the time to invest in keeping your employees happy and engaged? At the end of the day, the attitude and mental state of your employees set the tone for your entire practice. Your employees are your front-line customer service advocates as well as the pillars onto which you can build and strengthen your community.

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. ■

Self-assessment for Your Merchant Account

By John Andersen



During my first 10 years in the merchant services industry, I observed how badly merchants were served and how little they were allowed to know about how credit card processing really worked. They were grossly underserved and equally overcharged. Consequently, Merchant Consulting Service was founded in 2005. As part of my continuing commitment to help clients understand how it really works, I thought it would be beneficial to create a Self-Assessment tool. Each year, merchants are required to do a SAQ (Self-Assessment Questionnaire) for PCI compliance so why not do one for your merchant fees. Security is definitely important but putting more money to your bottom line and keeping it there will help you stay in business. Below, you will find some basic tools to help you accomplish this.

POPULAR MISCONCEPTIONS:

1. Do you think you have to go through your bank because they can be trusted, have the best rates, best security? This is absolutely not the case. Yes, the banks do offer merchant services as part of their suite of services; however, there are many other options for you that are as good or better. Additionally, I have found that you will end up paying significantly more and get far less service and individual attention.

2. Do you think more processing means a better rate? This is also absolutely not true. There is an association comprised of the banks and processors that fund, issue and acquire merchant services called Interchange. This association dictates the rates everyone pays, no matter the business size. It is strictly up to the vendor you choose, plus your knowledge and negotiating skills to get the best rate structure above the raw cost of Interchange.

RECOMMENDATIONS:

3. Verify your MCC (Merchant Category Code): Every merchant is set up based on their "category." For example, general retail is MCC 5999, so when a retail transaction hits interchange, it qualifies as retail. But if you are an e-Commerce Catalogue merchant, in order to "sell" you on a cheaper rate, the sales rep might set you up as retail. The MCC for e-Commerce catalog is 5969 and should qualify through interchange at a much different rate. However, if you are e-commerce, being set up as "retail" the transactions will be "non-qualified" creating a much higher

rate for you than if you were set up originally under the correct MCC. This is a sales ploy that I have seen repeatedly and cost the merchants significantly.

4. PCI Compliance: Verify on your statement that you are only paying the minimum for PCI Compliance (generally \$7-\$10 monthly). If you see an item PCI Non-Compliance or anything like that with a charge of generally \$35 per month, you probably failed to complete the SAQ. Your merchant provider probably won't remind you, but if asked, should assist you in its completion. Generally, they will refer you to a third-party vendor.

SOME GOOD INFORMATION ON WHAT TO LOOK FOR:

5. Non-Qualified/Mid-Qualified: In the itemized portion of your statement, you might see separate line items like "mid-qual" or "non-qual". This means a multitude of things but is costing you significant money. Some of the reasons are: not closing your batch within 24 hours, manually keying transac-



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tions when you are set up as retail, holding a pre-authorization more than 24 hours (retail or restaurant), etc. There are way too many reasons than can be listed but, again, speak with your vendor and find out why you are seeing this. Depending on your volume of business, this could be a significant cost reduction.

6. Rate Structure: There are three basic rate structures; fixed rate, tiered and interchange pass thru. I won't go into this as it takes way too long to explain here. However, for a simple little retail business that sells a product, and 95% of the time swipes the card, single rate is fine. For most anything else, interchange pass through is your best bet because in general, floats with the card you accept. This is just a general rule of thumb but simply want you to be aware that it exists and if you need to know more, we are happy to assist.

7. Effective Rate: If you take your fee total for the month and divide it by the total of all of your Visa/Master Card/Discover transactions, you should arrive at something like .0245875. (or 2.46%). Notice I did not include AMEX. You can figure out if AMEX is included in the total fees and if it is, deduct it since AMEX is a totally separate item and is not generally tied to interchange. You are calculating this to determine what you are really paying for your merchant account. Generally speaking, if you are retail with all swiped transactions, you should not be over 2.1%, typical hotel not over 2.4%, mail order or e-commerce not over 2.75% and Business to Business not over 3%. Again, this is very general but serves as a bench mark comparison to what you are really paying (see last month's article). Keep in mind, we are talking about your total fees, not your base rate.

FINDING THE HELP YOU NEED:

8. Have your merchant account reviewed by an independent consultant. Most merchant services sales representatives either represent a bank or specific sales organization so they are required and incentivized to sell their services. Nothing independent or unbiased here. Find a company that offers multiple merchant processors (similar to an independent insurance agent) so that you can get what is best for you. Consequently, you will get what is best for you, not what is best and most profitable for the vendor.

If we can be of any help or should you have questions, please don't hesitate to contact us 321-800-6533, britt@merconserv.com. This is solely intended to give you some very basic tools to help you put more money to your bottom line and keep it there. We look forward to serving you. ■

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Nature-Throid® Shortage is Affecting Patients. Pharmacy Specialists Can Help

By Juan Lopez, PharmD, FIACP

Are you having difficulties filling your prescription for Nature-Throid®?

Since September 2017 patients have faced shortages of the manufactured desiccated thyroid products Nature-Throid® and WP Thyroid®. A similar shortage occurred in 2009 when Armour Thyroid® was being reformulated. We hear of stories at the pharmacy of patients unable to find their thyroid medication due to availability issues. Patients have had their therapy changed from desiccated thyroid, which supplies a standardized amount of levothyroxine (T4) and liothyronine (T3), to available products that only supply T3 or T4 alone.

The only commercially available T3/T4 combination tablet not derived from desiccated thyroid is sold under the brand name Thyrolar (Liotrix). In December 2018, the Food and Drug Administration (FDA) announced the manufacturer made a business decision to discontinue production of Thyrolar tablets.

COMMERCIAL THYROID REPLACEMENT PRODUCTS MAY NOT BE THE BEST FIT FOR A PATIENT WHEN:

- (1) *There is a lack in availability due to drug shortages.*
- (2) *They contain undesirable fillers.*
- (3) *They are only available as immediate-release dosage forms.*
- (4) *Patients require a different strength than what is available.*
- (5) *Patients require a unique ratio of T3 and T4 supplementation.*

The team at Pharmacy Specialists can help patients and physicians design appropriate thyroid replacement therapy. We stock the pure chemical forms of levothyroxine (T4) and liothyronine (T3), so that we can create a custom blend of hormones at an ideal ratio to meet patients' individual needs and maintain their hormone balance. Levothyroxine or liothyronine can be compounded as single ingredient or combination capsules designed to release immediately or over a sustained period of time. When we compound customized dosages, we have the ability to omit any problem-causing inactive ingredients and substitute non-reactive fillers.

NOTE OF CAUTION

When changing thyroid medications from one manufacturer to another, the dose may need to be optimized to meet an individual needs, this is also true for a compounded prescription. We can prepare any strength of this medication so you are not limited to what the manufacturer produces. A little more or a little less is no problem based on the physician's professional judgment.

Our goal as personalized medicine pharmacists is to meet the individual needs and circumstances of patients and physicians. Without the ability to create customized thyroid replacement

therapy patients may be at risk for suboptimal or nonexistent therapy while medications are in short supply.

For more information on how personalized medicine can help please call 407-260-7002.



Juan Lopez, PharmD is a personalized medicine pharmacist with Pharmacy Specialists Compounding Pharmacy in Altamonte Springs, FL. For more information on how personalized medicine can help you please call 407-260-7002 or email us at Juan@MakeRx.com.

Find Your MOMENT

Shepherd's Hope is a faith-based organization of volunteer medical professionals and general volunteers who provide free and compassionate medical care to the uninsured and underinsured men, women and children in Central Florida.

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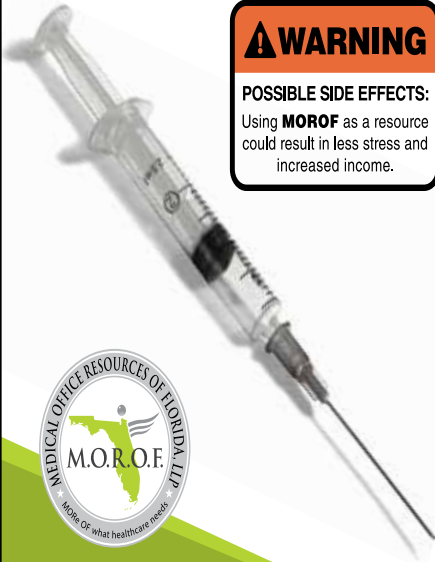
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Florida MD goes to physicians at their offices, in the thirteen-county area of Orange, Seminole, Volusia, Osceola, Polk, Flagler, Lake, Marion, Sumter, Hardee, Highlands, Hillsborough and Pasco counties. Cover stories spotlight extraordinary physicians 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.

JANUARY –	Digestive Disorders Diabetes
FEBRUARY –	Cardiology Heart Disease & Stroke
MARCH –	Orthopaedics Men’s Health
APRIL –	Surgery Scoliosis
MAY –	Women’s Health Advances in Cosmetic Surgery
JUNE –	Allergies Pulmonary & Sleep Disorders
JULY –	Neurology / Neuroscience Advances in Rehabilitation
AUGUST –	Sports Medicine Robotic Surgery
SEPTEMBER –	Pediatrics & Advances in NICU’s Autism
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