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INFORMATION TECHNOLOGY:
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February 2012

THE REGION'S MONTHLY NEWSPAPER FOR HEALTHCARE PROFESSIONALS & PHYSICIANS

CARDIOLOGY



Dr. Paul Kurlansky

Heart Month: Opportunity for a Return to Reason

BY PAUL KURLANSKY, M.D.

It is February - Heart Month: the month of Valentine's Day - a time to focus on the emotional as well as the health-related functions of the heart. At the Florida Heart Research Institute, we tend to view this time as an opportunity to refocus our efforts to stop heart disease through research, education and prevention—a busy time for increased cardiovascular risk screening and an auspicious time to intensify our educational efforts. The messages are remarkably simple and clear - 1) cardiovascular disease, the leading killer of men and women in the developed countries – and increasingly throughout the entire world is largely a preventable disease; 2) sudden cardiac arrest is a common phenomenon in which an educated public can save lives with simple measures which are within most everyone's capabilities.

Continued on page 37

INFORMATION TECHNOLOGY

High-tech Scanners Help Hospitals, MRI Centers, Doctors Mine Unpaid Claims

BY RONDA ELLIS

Today's tough economy can mean a treacherous business climate for healthcare providers, especially with the uncertainty surrounding new requirements imposed by healthcare reform. Maintaining a positive cash flow and operating in the black may seem more challenging than ever.

But what if there was green hidden in all the red – money rightfully owed you that *Continued on page 6*



Ronda Ellis

EDUCATION

Florida National College Announces Opening of Its Executive MBA Program

BY DR. JAMES BULLEN AND DR. ERNESTO GONZALEZ

The Business Division of Florida National College is proud to announce the opening of its Executive MBA (Masters of Business Administration) program with classes starting on April 30, 2012. This program is the first in a series of new programs that will be introduced as a result of FNC receiving SACS-COC (Southern Association of Colleges and Schools – Commission on Colleges) accreditation as a Level III (University level) institution of higher learning. As noted in our President's earlier announcement, we will be changing to Florida National University in the near future.

The FNC MBA program is a 36 credit hour program with concentrations in General Management, Finance or Marketing. The program is designed to provide professionals

Dr. James Bullen

Dr. Ernesto Gonzalez

Continued on page 22

LEGAL REPORT



Stephen H. Siegel

Healthcare Reform: 2012 Is Going to Be a Busy Year

BY STEPHEN H. SIEGEL, ESQ.

It seems like the healthcare industry has been in a constant state of flux. For better or for worse, this will continue to be the case in 2012. Indeed, between upcoming legal and political developments, this year is shaping up to be critical for the effort to implement the provisions of the Patient Protection and Affordable Care Act ("PPACA") that are designed to reform the nation's healthcare delivery and reimbursement systems through the development of accountable care organizations ("ACOs") and other innovative programs. As an example, the 32 Pioneer ACOs (ACOs approved in December for mature groups ready to take risk) began operations on January 1. One of the Pioneer ACOs, JSA Medical Group, will be operating in the Orlando, Tampa and South Florida markets.

Continued on page 4

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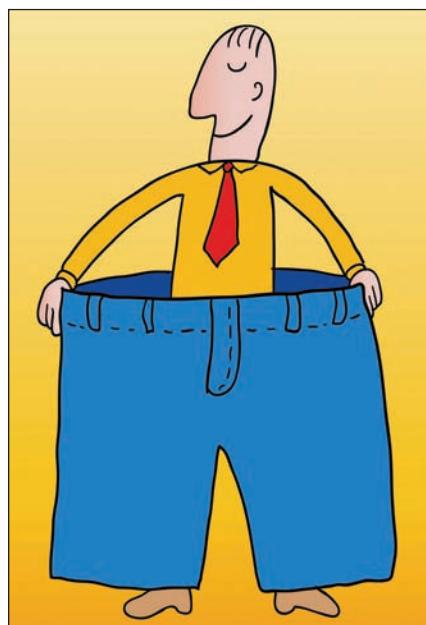


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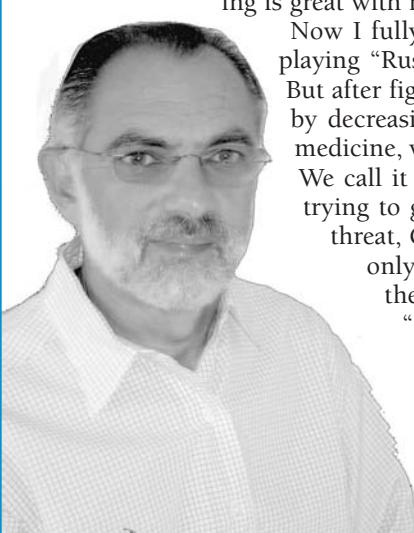
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Publisher's Note



reasons: 1. perpetual heartburn; 2. perpetually expanding waistbands; and 3. perpetually increasing Health Insurance premiums.

Since Carol and I both entered a new phase of our lives (how tactfully the insurance actuary put it), we also entered a new age bracket in health insurance costs. It was a real wake-up call and made us both carefully revisit our true insurance needs. So, we basically decided to forego our previous "bells and whistles" benefits and journey back to the days of "major medical." (And somehow I think we have lots of company.) For example, we figured out our past doctor visits are usually limited to 3 or 4 a year — so we will now shoulder the visit costs as opposed to enjoying our previous \$15 co-pays. But even more radical for us is the elimination of our prescription coverage. In the past several years, I've had intermittent bouts with asthma, for which I was prescribed some pretty pricey drugs. Of course, when you only have a \$15 co-pay you don't think too much about it. But now, paying \$162 a month for one prescription really makes you pay attention. So another positive result of my losing 20 pounds ... my breathing is great with no wheezing.



Now I fully understand that to a certain extent we are playing "Russian Roulette" with future healthcare costs. But after figuring out the dollars we could save monthly by decreasing our benefits and focusing on preventive medicine, we've decided on this new approach for 2012. We call it FelixCare. We're eating less, but better, and trying to get more exercise. (And as an incentive or a threat, Carol has dumped my old wardrobe!) I guess only time will tell if it is a wise decision — but in the meantime, I'm wearing a svelte size 34 and "I look mahvelous, darling."

Charles Felix



You can reach Charles Felix at
Charles@southfloridahospitalnews.com

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DNA ADVANCED PAIN TREATMENT CENTER
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NO SMALL ACHIEVEMENT: LEARNING THE BUSINESS OF MEDICINE

CHALLENGE: When Dr. Navalgunḍ came out of medical school, he had all the right medical training. But when he decided to open his own practice, he needed something new — an education in the business side of medicine.

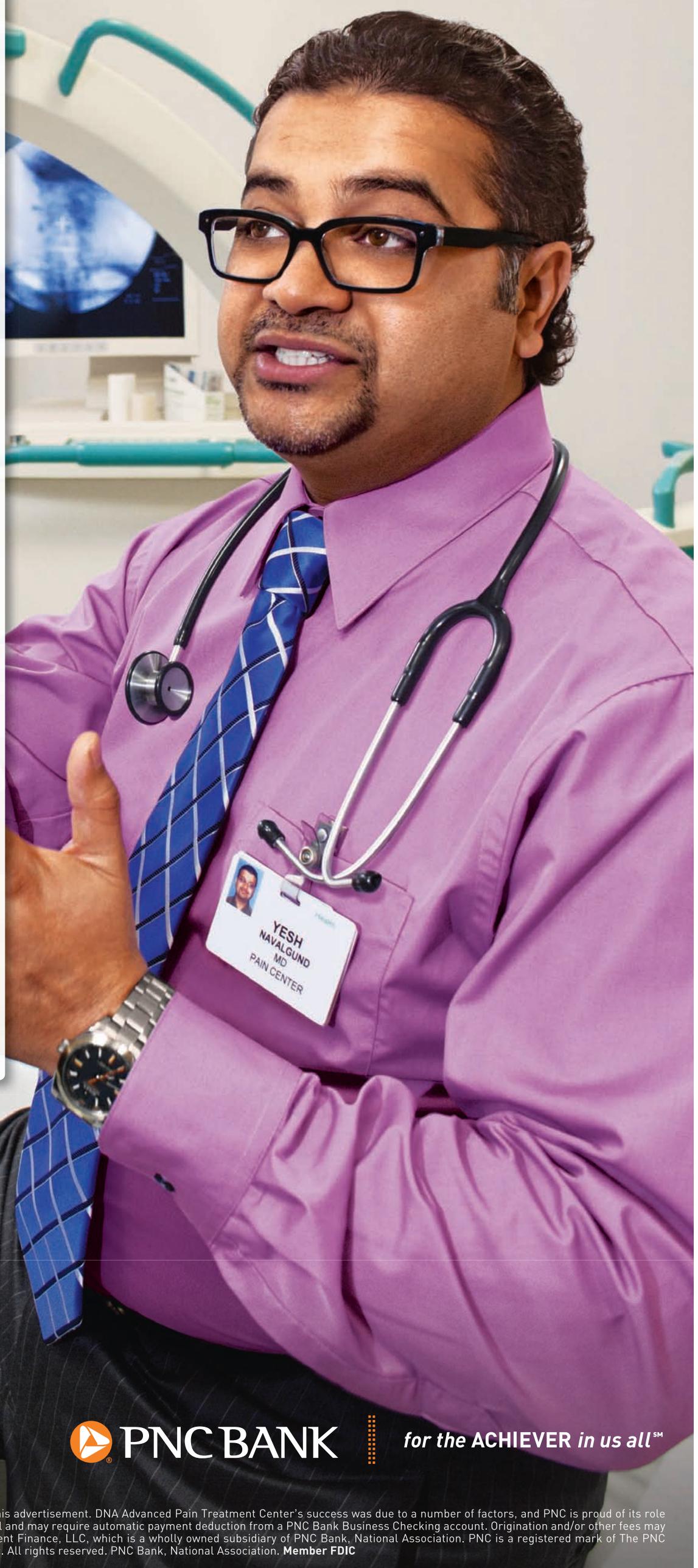
SOLUTION: Dr. Navalgunḍ had the Cash Flow Conversation with his PNC Healthcare Business Banker, who put his industry knowledge to work. Together, they tailored a set of solutions to strengthen his cash flow: loans for real estate and equipment along with a line of credit to grow his practice, plus remote deposit to help speed up receivables.

ACHIEVEMENT: DNA Advanced Pain Treatment Center now has four private practices and a growing list of patients. And Dr. Navalgunḍ has a place to turn for all his banking needs, allowing him to focus on what he does best.

WATCH DR. NAVALGUND'S FULL STORY at pnc.com/cfo and see how The PNC Advantage for Healthcare Professionals can help solve your practice's challenges, too. Or call PNC Healthcare Business Banker Jennifer Green at 1-866-356-6916 to start your own Cash Flow Conversation today.

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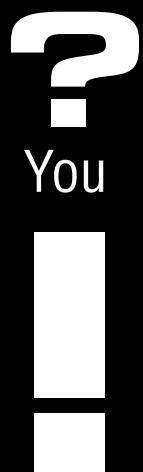
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COVER STORY: Healthcare Reform: 2012 Is Going to Be a Busy Year

Continued from page 1

Here are a few more critical dates to keep in mind:

MARCH 26. The United States Supreme Court will hear oral arguments on one of the most controversial provisions of PPACA, the so-called "individual mandate." The Court has allotted over 5 hours for oral arguments on that day. This unusually long time for oral arguments reflects the complexity of the issue, the Court's evaluation of its importance and the number of parties who want to be heard. Although 26 state attorneys general have joined in the effort to strike down the individual mandate, there is substantial support for upholding this provision. In addition to the usual suspects, a group of over 500 state lawmakers, including lawmakers from all of the 26 states that are seeking to have it overturned, have filed a brief in support of the individual mandate. Most observers expect that by the time the Supreme Court's current term ends in June, the Court will issue its decision regarding this keystone provision. However, whether the Court upholds or strikes down the mandate, PPACA's Medicare Shared Savings Program ("SSP") already has set in motion forces that likely will significantly alter the business, if not the practice, of healthcare.

APRIL 1 AND JULY 1. The ACOs that submitted their applications to CMS on or before January 20, 2012 will begin operation on April 1. ACOs that submitted their applications after that date but on or before March 30, 2012, and are approved will begin operation on July 1.

OCTOBER 1. Notwithstanding the development of ACOs, this is the date on which the Medicare program will begin using value-based reimbursement criteria for hospital services. These criteria will link a part of a hospital's Medicare payments to its ability to satisfy certain performance standards. In addition, hospitals who readmit patients for preventable complications

will see their reimbursement for these readmissions adversely impacted.

NOVEMBER 3. The election. Separate and apart from what the Supreme Court decides concerning the individual mandate, the fate of PPACA and the current effort to reform the way in which the federal government pays for healthcare items and services may depend on who are the winners and losers. All of the major Republican candidates are running on platforms that include repealing "Obamacare". However, none of them have provided a great deal of information concerning which aspects of PPACA (other than the individual mandate) they would seek to repeal. Some of PPACA's provisions (for example, the coverage of minors up to age 26 and the prohibition concerning pre-existing conditions) have widespread popular approval. If it is upheld, the insurance industry is likely to fight to retain the individual mandate. In addition, ACOs and the SSP are designed (in part) to begin addressing the federal deficit. Thus, even if the Republicans win by a landslide, it seems unlikely that many of PPACA's more significant provisions will be repealed.

DECEMBER 31. Under PPACA, each state has the option of establishing its own health insurance exchange. While those exchanges will not "go live" until 2014, by the end of 2012 the federal government must certify that a state is progressing toward that goal or risk having to implement a federally run exchange. NOTE: so far Florida has opted not to establish its own health insurance exchange. Instead, citizens of this State will participate in a federally run exchange.

Stephen H. Siegel is Of Counsel with the Miami office of Broad and Cassel and a member of the statewide firm's Health Law Practice Group. He can be reached at (305) 373-9400 or shsiegel@broadandcassel.com.



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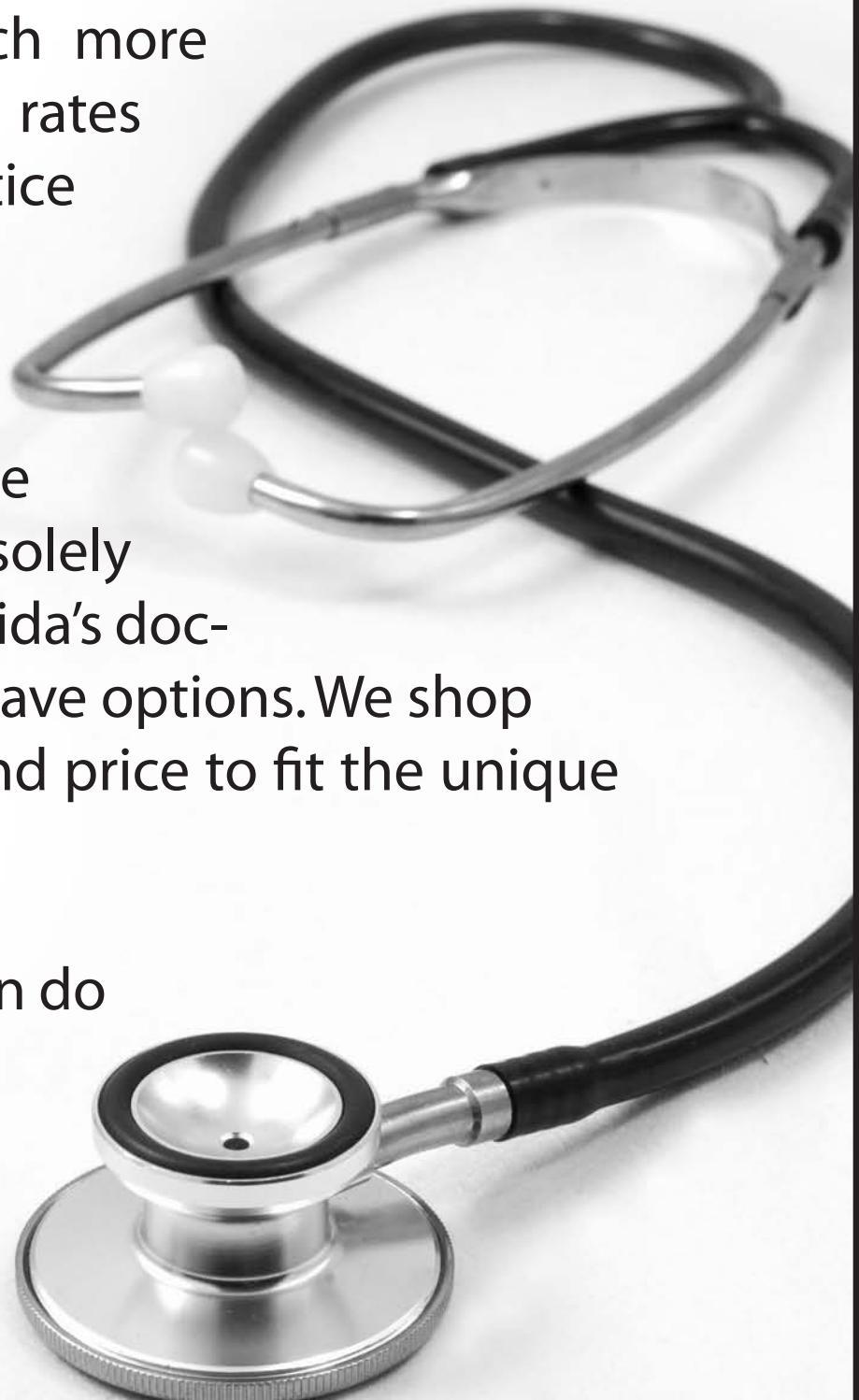
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COVER STORY: High-tech Scanners Help Hospitals, MRI Centers, Doctors Mine Unpaid Claims

Continued from page 1

goes untapped month after month, year after year, because you didn't know it existed, or how to go about recouping it?

It happens every year in Florida, especially for medical providers, MRI companies and diagnostic imaging centers that treat auto accident victims and struggle to get their full PIP claims paid. But new remote scanning technologies are making it all the easier to recover those overdue revenues in a fraction of the time it used to take.

That can mean real money, in real time.

How does it work? Innovative legal professionals provide the high-tech scanners and install them on your computer, allowing you to send us data on paid and unpaid PIP claims at the touch of a button. Since your employees are scanning Explanation of Benefits (EOBs) documents as they come in, it takes little extra time or effort on their part.

But first it means knowing your rights under Florida's Personal Injury Protection provisions. Under PIP, regardless of who is at fault, the cost of accident victims' medical treatment is paid by their own insurance companies, up to

\$10,000.

PIP has long been designed to help "keep it simple" for motorists, insurance companies, health care providers, attorneys and Florida courts. But over the years, auto insurers have engaged in a practice of routinely shortchanging or improperly denying valid claims filed by MRI companies, doctors, hospitals and other providers.

In some cases, this sleight of hand can cost providers millions of dollars in revenue due them for legitimate, necessary care.

But you have an effective weapon on your side – the law. And the law allows you to recover those monies at no cost and no risk to you or your business.

In one recent case, for example, the Boca Raton-based law firm of Ellis, Ged & Bodden was able to recover \$2 million since 2008 for a single MRI provider just by auditing its files, comparing its receipts to valid claims filed and demanding the difference from the insurance companies.

And this is no anomaly. Since 2008, for example, Ellis, Ged & Bodden has gone to bat for 200 medical provider clients and helped recoup \$13 million in

unpaid or overdue claims rightfully due them by auto insurers. Because MRI providers and diagnostic centers have simpler, more streamlined billing procedures, fighting their improperly denied claims yields an even higher rate of success.

Now emerging technology is making the auditing and reviewing process faster and more efficient.

The "old" process is still a good one, mind you. Legal professionals at firms like ours go to your office, review your old and current files, return to our offices and evaluate what the insurers paid you versus what you billed them to determine what is rightfully owed you.

At that point, filing a simple demand letter notifying the insurance companies of unpaid claims is often all that's needed to get the insurers to write you a check for the overdue balance. Other times, though, we have to take them to court to recoup the money. Any legal fees incurred – court costs, attorney fees, etc. – are either paid by us or the insurance company, depending on who loses in court. You pay nothing.

With new, high-tech, computerized scanners we've employed only in the past couple of months, the process is expedited, meaning the medical provider and diagnostic center is paid more quickly.

The size of a toaster, the cutting-edge

Fujitsu scanner is connected to your office desktop PC by one of our professionals. Every time you receive an EOB from the insurer detailing the payment or nonpayment on a particular bill filed according to a patient's PIP benefits, your employee scans the document at the touch of a button.

Within seconds, the data is transmitted to our legal professionals with the highest-standard 256-bit encryption that protects its security, following all HIPAA regulations. The information is then evaluated and processed by our team by the end of the day.

It's a real-time turnaround that simplifies the process for your busy staff and allows you to get paid all the money owed more quickly.

In this challenging economy, it's hard enough to keep a sound business afloat, even one that provides an essential service like healthcare. No one can afford to leave money on the table, and with today's technology – and consumer advocates armed with Florida's PIP protections – there's no reason to.

Ronda Ellis is a founding partner at Ellis, Ged & Bodden P.A., a Boca Raton-based law firm which specializes in collecting delayed or wrongly denied PIP insurance claims for health care providers. She can be reached at rondae@ellisandged.com or at (561) 995-1966.



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Lee County Medical Society Honors Four Physicians for Their Dedication to Medicine



Kelly Creswell and Dr. Craig Sweet with Gulf Coast Hospital nurses John Hogan, Sheila Snow-Martineau, Karen Ashbrook, and June Schneider.

The Lee County Medical Society has honored four Lee County Physicians for their outstanding contributions to medicine at the First Annual Medical Service Awards.

Stephen Machiz, M.D. was presented with The Award for Citizenship & Community Service for outstanding leadership and public service above and beyond the call of duty as a practicing physician. This includes service within the local community and abroad.

Alexander M. Eaton, M.D. was presented with The Scientific Achievement Award in recognition of outstanding work in the areas of scientific medical research. This includes both basic science and clinical research.

Thomas G. Presbrey, M.D. received the Leadership & Professionalism Award. This award underscores the Lee County Medical Society's continuing dedication to the principles of medical ethics and the highest standards of medical practice. Dr. Liu has remained active in organized medicine, is dedicated to the principles of medical ethics and dedicated to the highest standards of medical practice; he has made an outstanding contribution through active service in medical ethics activities.

SPCU (Surgical Progressive Care Unit) received the Award of Appreciation. As a non-physician member of the medical profession, nominees should have provided exemplary and a lasting contribution to their profession.



(l-r) Kelly Creswell, Dr. Alexander M. Eaton, and Dr. Craig R. Sweet.



(l-r) Kelly Creswell, Reporter and Anchor, WBBH NBC-2; Dr. Stephen Machiz; and Dr. Craig R. Sweet, Chair, Annual Medical Service Awards.

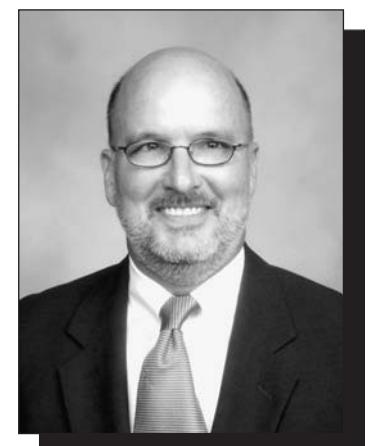


(l-r) Kelly Creswell, Dr. Thomas G. Presbrey, and Dr. Craig R. Sweet.

Medical Malpractice Update...

Malpractice Insurance EXPERT ADVICE

Q: With a more difficult, "hard market" predicted to hit Florida's malpractice insurance market soon, what should we be considering in our medical practice to be prepared?



BY MATT GRACEY

A: Just like creating hurricane plans before the fury of a storm descends upon you, now is a good time to be positioning your practice for the impending hard market in malpractice insurance that will be unfolding in the next few years, just at a time when many practices are challenged by decreasing income and rising expenses. The best strategy can be broken down as this:

1. Preventative: Focus yourself and your entire practice team on risk management. Many times doctors overlook the importance of including the staff in risk management discussions. Studies show that the friendlier your whole practice environment is the lower your risk of a lawsuit. Many higher end malpractice insurers offer risk management assessments of your practice including in-office observations and recommendations, all for free. Alternatively many offer self-assessment tools. Take advantage of these free services!

2. Review your malpractice insurance coverage with an experienced specialist to make sure you are on "high ground" when the storm unfolds. Beware of the many offers from small, new, unrated insurance companies now offering coverage in Florida. Ask your broker to shop your coverage to a number of rated insurers and remember that in this market cycle just before an upturn you will see many offers that are too good to last. The few strong insurers have the ability to withstand the upcoming market pressures because they are not highly leveraged, are not offering actuarially unsound rates, and have a long term not short term philosophy. Find those and you will be much better off when the high winds are pounding on your practice windows!

3. Create negotiating power: Many medical societies, networks, and hospitals have created malpractice insurance purchasing groups to give even smaller practices the negotiating power of larger ones. If you cannot find a suitable purchasing group then consider creating one with your peers, now before the market changes. Such groups are fairly simple to start, legal, and will help you weather the next cycle of sharply increasing malpractice rates.

4. Make sure that your asset protection plans are up to date and if you need to transfer assets around do so soon before many more claims get filed against doctors after the much predicted upcoming overturn of the 2003 caps on non-economic damages.

We at Danna-Grace are here to help if you need specific direction and recommendations on any of these suggestions and would be honored to become part of your trusted team.

Matt Gracey is a medical malpractice insurance specialist agent with the firm of Danna-Grace in downtown Delray Beach. To contact him call (561) 276-3553 or (800) 966-2120, or e-mail matt@dannagracey.com.

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MAKINGROUNDS... MAKINGROUNDS... MAKINGROUNDS...

Mayda Arias, M.D., and Matthew Moore, M.D., Named Most Valuable Physicians at Broward Health North Broward Medical Center

Every quarter, Broward Health North Broward Medical Center (BHNBM) recognizes two outstanding doctors as Most Valuable Physicians. This quarter's MVP recipients are Mayda Arias, M.D., and Matthew Moore, M.D. Dr. Mayda Arias is board certified in hematology, oncology and internal medicine. She joined the BHNBM family in July 1995. Dr. Matthew Moore is the medical director of the Spine Care Center at Broward Health North Broward Medical Center. He joined the BHNBM family in August 1992 and is board certified in neurosurgery. Dr. Moore is the vice chair of the Department of Surgery and also serves as the medical director for the spine program and neurosurgery.



Dr. Mayda Arias



Dr. Matthew Moore

Holy Cross Medical Group Adds Oncologist

Stephen G. Patterson, M.D., has joined the Holy Cross Medical Group. Prior to joining the Holy Cross Medical Group, Dr. Patterson was Chief Medical Information Officer and Medical Oncology Fellowship Program Director at the Nevada Cancer Institute. Dr. Patterson also was an Associate Professor at Moffitt Cancer Center in Tampa as well as the Chief Medical Information Officer, Medical Director of the Infusion Center and Chair of the Pharmacy and Therapeutics Committee.



Dr. Stephen G. Patterson

Steven Wexner, M.D., Elected to Commission on Cancer

Steven D. Wexner, M.D., Chairman of the Department of Colorectal Surgery, Chief Academic Officer and emeritus Chief of Staff at Cleveland Clinic Florida, has been elected to the Commission on Cancer (CoC) as a representative of the American College of Surgeons.

In addition to his role on the CoC, Dr. Wexner is currently President of the American Board of Colorectal Surgeons and President of the American Society of Colon and Rectal Surgeons. He was also a governor of the American College of Surgeons and President of the Society of American Gastrointestinal and Endoscopic Surgeons. He served as President of the Florida Gastroenterologic Society from 2004 to 2005 and the South Florida Chapter of the American College of Surgeons from 2000-2004.

Dr. Wexner is also Professor and Associate Dean for Academic Affairs at Florida Atlantic University College of Medicine at Cleveland Clinic Florida and Professor and Associate Dean for Clinical Education at Florida International University Wertheim College of Medicine at Cleveland Clinic Florida.



Dr. Steven Wexner

Broward Health North Broward Medical Center Welcomes New Physicians

Broward Health North Broward Medical Center has added Olga Bechtold, M.D., Eduardo Fernandez, M.D., to its medical staff. Dr. Bechtold is a specialist in internal medicine. She completed medical school at National Medical University in Kiev, Ukraine, and finished her residency at Orlando Regional Healthcare Program in Orlando, FL. Dr. Fernandez is a specialist in radiation oncology.



Dr. Olga Bechtold



Dr. Eduardo Fernandez

Lee County Medical Society Installs New President for 2012

Richard Macchiaroli, M.D. was recently installed as the 80th President of the Lee County Medical Society.

Dr. Macchiaroli graduated from medical school at Georgetown University School of Medicine in 1998. He completed his internship / residency at Orlando Regional Medical Center in 2001. Dr. Macchiaroli is board certified in Emergency Medicine and has served Lee County since 2004. He is in group practice with Lee Memorial Emergency Physicians. Also installed were: Audrey Farahmand, M.D. as President-Elect; Andrew Oakes-Lottridge, M.D. as Secretary; Mary Magno Mouracade, M.D. as Treasurer; Shahid Sultan, M.D. as Past President and Members-at-Large: John Burdzy, D.O.; Joanna Carioba, M.D.; Carlos Chavez, M.D.; Daniel de la Torre, M.D.; Valerie Dyke, M.D.; Kultar Singh, M.D.; and Shari Skinner, M.D.



Dr. Richard Macchiaroli

Do You Know a Hero?

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Deadline for nominations is February 16, 2012, 3 p.m.

Award Categories

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- Physician (International)
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Awards Ceremony

9th Annual Heroes in Medicine Awards Luncheon
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MAKINGROUNDS... MAKINGROUNDS... MAKINGROUNDS...

Internal Medicine Physician Joins Medical Staff at Lower Keys Medical Center

Lower Keys Medical Center is pleased to announce the addition of M. Aydin Atilla, M.D., to the medical staff.

Dr. Atilla was born in Istanbul, Turkey where completed his medical school and earned a Medical Doctor degree. He also completed his ER training and worked as a Director of ER in a state hospital. To further advance his education, he moved to the United States and completed a combined Internal Medicine and Pediatrics Residency Program at the Medical College of Virginia.

He comes to the Lower Keys from North Carolina where he initially worked as a private practitioner and later as a Hospitalist and Medical Director at CarolinaEast Medical Center in New Bern, NC.

Michael Fili, M.D., Elected President of Baptist Hospital Medical Staff

Endocrinologist Michael Fili, M.D., has been elected president of the more than 1,400 physicians on the Baptist Hospital medical staff. He served as vice president from 2008-2011. He is also chief of endocrinology, and was chief of internal medicine from 2004-2007. He has been on staff at Baptist Hospital since 1989.

Dr. Fili is Board-certified in internal medicine with a sub-specialty in endocrinology. He received his medical degree from the University of Miami School of Medicine. He also completed his residency and fellowship in endocrinology and metabolism at the University of Miami.



Dr. M. Aydin Atilla



Dr. Michael Fili

Dr. Ronald Hartnett Wins First IRMC Hospitalist Award

Dr. Ronald Hartnett was chosen as Indian River Medical Center's Hospitalist of the Year. He was chosen for his clinical excellence, professionalism and valuable contributions to IRMC.

Dr. Hartnett joined IRMC in 2005. He attended medical school at the State University of New York (SUNY)-Brooklyn College of Medicine and did his internship and residencies at SUNY Health Sciences Center in Brooklyn, NY.



Dr. Ronald Hartnett

Baptist Health Breast Center Welcomes Anna Maria Voltura, M.D., to Surgical Team

Anna Maria Voltura, M.D., an oncological breast surgeon, is now part of Baptist Health Breast Center. She joins the renowned, expert surgical team of Robert DerHagopian, M.D., and Gladys Giron, M.D.

Previously, Dr. Voltura was medical director of the Christus St. Vincent Regional Medical Center's Breast Institute in Sante Fe, New Mexico. She earned her medical degree from the University of New Mexico School of Medicine in Albuquerque, where she also completed her surgical residency. Dr. Voltura was a breast surgery fellow at Johns Hopkins University, specializing in the newest techniques for the diagnosis, surgical treatment and medical management of breast cancer. She is the author of several breast cancer research articles published in medical journals.



Dr. Anna Maria Voltura

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Delray Medical Center Appoints Jennifer Chiusano as Chief Nursing Officer

Delray Medical Center is proud to announce the promotion of Jennifer Chiusano from assistant chief nursing officer to chief nursing officer.

Chiusano's career with Delray Medical Center began in July 2010 as the Director of PCU/Telemetry. Her responsibilities included the daily operations of the cardiac telemetry/observation unit. She was promoted to the position of assistant chief nursing officer in February 2011. Chiusano is a graduate of Virginia Commonwealth University and earned her Master of Arts in Organizational Management from the University of Phoenix.



Jennifer Chiusano

Alejandro Romillo Named Chief Operating Officer for Health Choice Network

Alejandro (Alex) Romillo has been named Chief Operating Officer for Health Choice Network (HCN), a Miami-based provider of services for more than 50 community health centers nation-wide. Romillo has been with HCN for more than 10 years and will be responsible for the day-to-day supervision of 150 employees of Health Choice Network and Health Choice Network of Florida. He will continue to oversee implementation and strategic planning of health information technology at all member centers. Romillo received Bachelor degrees in both business and computer science from Florida International University.



Alejandro Romillo

Charles J. Kropke Named to Baptist Cardiac & Vascular Institute Foundation Board of Directors

Charles J. Kropke has been named to the Board of Directors of Baptist Cardiac & Vascular Institute Foundation. He will also serve as a member of the Baptist Health Foundation Board.

Kropke is owner and vice president for Marketing & Sales with Dragonfly Expeditions, Inc. In addition, he is the CEO of Tropic Moon Holdings.

Kropke is active in the community, including environmental restoration and preservation causes. He received his bachelor's degree in political science and in business administration from Barry University.



Charles J. Kropke

Florida Healthcare Collections

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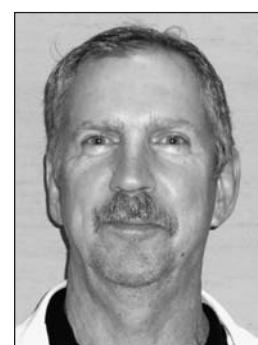
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Anesthesia Pain Care Consultants Welcomes David Lawrence and Corinne Manganelli to the Practice



David Lawrence



Corinne Manganelli

Anesthesia Pain Care Consultants (APCC) recently welcomed David Lawrence, PA-C and Corinne Manganelli, APRN-BC, to its Tamarac-based practice. Lawrence joins as a physician assistant and Manganelli as a nurse practitioner.

Prior to joining APCC, David Lawrence was a physician assistant with Care Health Center II. He is a member of the Florida Academy of Physician Assistants and holds certifications from several medical organizations, including the National Commission on Certification of Physician Assistants and Advanced Cardiac Life Support & Basic Cardiac Life Support. Most recently, Corinne Manganelli was a nurse practitioner at Jupiter Pain Management Center. She is a Board Certified Geriatric Nurse Practitioner; a Board Certified Wound, Ostomy and Continence Nurse; and is American Heart Association BLS/ACLS certified.

Nancy Batista-Rodriguez Appointed Baptist Outpatient Services Vice President



Nancy Batista-Rodriguez

Nancy Batista-Rodriguez has been named vice president of Baptist Outpatient Services.

Batista-Rodriguez started at Baptist Outpatient Services in 2003 as manager of Baptist Medical Plaza at Doral, where she grew the urgent care concept into a robust business line. In 2007, she transitioned to the surgical business line by managing Baptist Outpatient Services' second joint venture at the Medical Arts Surgery Center at South Miami. She eventually became director of the Medical Arts Surgery Center at both Baptist and South Miami. After being promoted to assistant vice president in 2010, she oversaw the openings of Baptist Sleep Centers at Miami Lakes, Pembroke Pines, Galloway and Sunset.

Karel Kutner Foti Named to Baptist Cardiac & Vascular Institute Foundation Board of Directors



Karel Kutner Foti

Karel Foti has been named to the Board of Directors of Baptist Cardiac & Vascular Institute Foundation. She will also serve as a member of the Baptist Health Foundation Board. Foti is a licensed realtor with Esslinger Wooten Maxwell International Realty, specializing in commercial and luxury real estate.

Roark (Rocky) Young Named to South Miami Hospital Foundation Board of Directors



Roark (Rocky) Young

Roark (Rocky) Young has been named to the Board of Directors of South Miami Hospital Foundation. He will also serve as a member of the Baptist Health Foundation Board.

Young is the founder and former president of Young, Stovall & Company. He is also the former Chairman and CEO of Turnberry Bank.

Young is the former vice chairman for the District 7 Committee, and served two terms as a District 7 committee member. He also served as a member of the Small Member Board for the Financial Industry Regulatory Authority, and as an industry arbitrator for the securities industry.

Medical Malpractice Update...

Who Doesn't Want More Cash?

As a cure for insomnia, the Florida Office of Insurance Regulation's 2011 Annual Report of medical malpractice financial information is hard to beat. But it is chock full of great data. Issued October 1st, 2011, it not only contains insurance data for Florida but compares that data to other States. One sentence that will draw the interest of physicians and surgeons is on page 8: "For each of the ten states with most medical malpractice premium earned in 2010, Florida's percent of earned premium paid on commissions (9.9%) was the highest in this group." Yes, it's true; for selling medical malpractice insurance to physicians and surgeons, the insurance agents and brokers in Florida receive the highest commission in the entire United States: 9.9% of the premium.

If you are a physician or surgeon with a significant claims history or an unusual clinical practice, then I recommend you retain an insurance broker to assist you through the maze of companies that will consider underwriting and providing expensive quotes for such difficult-to-place risks. But for the vast majority of physicians and surgeons, the direct and indirect costs of the broker distribution system should be factored into the formula used for buying insurance. If the services provided by the broker are worth paying more, then utilize the broker. If not, then go direct. There are many companies who provide "direct write" services in lines of auto insurance, life insurance, homeowners insurance, and medical malpractice insurance.

Even the federal health law now places broker fees and commissions within the category of "administrative expenses" (20% of premium) – rather than "medical care and quality improvement" (80% of premium). If administrative costs exceed 20% of premium, then insurers have to give rebates to consumers. This demand for administrative efficiency in delivering the insurance product to the consumer is now present in all lines of insurance.

The trend appears to be that consumers will increasingly go direct to the insurance company that has reduced premium based on reduced administrative expenses. In today's world of readily accessible information, the consumer is now able to purchase the exact same insurance product from a "direct write" company that has financial strength and stability, a team of insurance experts eager to be of service, and aggressive litigation defense – all at a significantly reduced premium. Who doesn't want more cash?

Timothy R. Bone, President, MedMal Direct Insurance Company,
can be reached at tim@mymedmal.com.



BY TIMOTHY R. BONE

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Accolades Accolades Accolades Accolades

Transplant Foundation Presents Audra Lopez With 2011 Kruger Award

Audra Lopez, MSN, ARNP, nurse practitioner for the Adult Liver Program at Broward Health Broward General Medical Center, has been awarded the 2011 Kruger Award by the Transplant Foundation for her outstanding service and commitment to the transplant community.

Audra Lopez has worked at Broward Health Broward General Medical Center for over 10 years.



Audra Lopez

Broward Health Receives \$60,000 Grant From Health Foundation of South Florida

Broward Health has been awarded a \$60,000 grant from Health Foundation of South Florida (HFSF). The monies will be used to conduct a feasibility study on Broward Health attaining the National Committee for Quality Assurance's patient centered medical home recognition status. Achieving this status is critical to Broward Health's future in lieu of ongoing health care reform, much of which is increasingly based on patient centered medical home models.

Patient centered medical homes organize care around patients, with medical staff working in teams that coordinate and traffic care over time. Demonstration projects have shown this model to provide higher quality care, with better outcomes and lower costs.

To attain the recognition, an independent consultant will be hired to complete an internal assessment of Broward Health's primary care centers. This study will include an analysis of Broward Health's current policies, procedures and practices, as well as an implementation plan to move into the recognized status. The study and recommended implementation are estimated to take two years and will be funded by the HFSF grant.

Good Samaritan Medical Center Awarded Gold Breastfeeding Friendly Employer Award by the Florida Breastfeeding Coalition

Good Samaritan Medical Center has been awarded the Gold Breastfeeding Friendly Employer Award by the Florida Business Case for Breastfeeding project of the Florida Breastfeeding Coalition (FBC). This prestigious award recognizes employers in the State of Florida who support the importance of breastfeeding for the health of the State's babies and their families by offering working mothers a designated private area for nursing employees to pump.

Good Samaritan Medical Center not only supports its employees, but also its expectant and new moms that plan to deliver at the hospital. Good Samaritan Medical Center offers many classes and opportunities for new mothers and families to learn about childbirth, child care, breastfeeding, and more.

Bayada Home Health Care Announces Winner of "HERO on the Home Front Award"

Bayada Home Health Care proudly announces Amelia Screibman, ARNP, as its HERO for the 3rd Quarter 2011. Amelia is the first recipient of this award for Bayada's new Boca Raton office. Amelia has been a nurse for over 27 years having spent the last 12 years as a Nurse Practitioner. She works full-time as a Critical Care/Pulmonology Nurse Practitioner in the office of Adelman, Barron and Screibman Pulmonology Associates.



Amelia Screibman

JCS Receives Funding From Health Foundation to Offer Evidence-Based Programs

Jewish Community Services of South Florida (JCS) has been awarded an \$88,000 grant from Health Foundation of South Florida to fund the Foundation's Healthy Aging Regional Collaborative EnhanceFitness program at the Miami Beach Senior Center for 2012.

This is the fourth consecutive year Health Foundation has provided funding to help JCS achieve its goal of improving the fitness and well-being of older adults. The program, which is operated through the agency's Senior Adult Services Division, encourages seniors to increase their social involvement and take an active role in maintaining healthy aging.

Holy Cross Hospital Names Director of the Year

Recognized for his excellent leadership skills, professionalism and depth of technical knowledge, Holy Cross Hospital has honored Coral Springs resident Todd Radosevich as Director of the Year for 2011.

As executive director of revenue management for Holy Cross Hospital, Radosevich took on new challenges in the last year. In addition to adding responsibility for the finance and decision support departments, Radosevich also focused on improving processes at Holy Cross as a follow-up to the closing of the sale of Mercy Hospital in Miami. In 2009, Radosevich consolidated the business offices of Holy Cross and Mercy Hospital when both were under the leadership of parent organization Catholic Health East. After Catholic Health East sold Mercy Hospital, he was responsible for reestablishing Holy Cross Hospital's independent business office.



(l-r) **Holy Cross Hospital President and CEO Dr. Patrick Taylor; Todd Radosevich, Holy Cross Hospital Executive Director of Finance and his wife, Rebecca Radosevich; Linda Wilford, Holy Cross Hospital Senior Vice President and Chief Financial Officer**

SFHEF Installation Dinner



The South Florida Healthcare Executive Forum, Inc. held its Annual Installation Dinner of its 2012 Board of Directors on January 19, at the Miami Beach Resort & Spa. Pictured are (standing, l-r): Sophia Ortigao, Charles Felix, Jeffery Herschler, Jaime Caldwell, Jeffery Ritter, Alex Johnson, Scott Cihak, Todd Demel, Paul Venette, Scott Singer, and Joanne Martin. (Sitting): Lorna Kemizan, Diane Funston, Susan Dale, Stuart Podolnick, Barbara Perez Deppman, and Michelle Marsh. Not pictured: Nancy Borkowski.

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MEDICAL TECHNOLOGY AND HIT UPDATE MEDICAL TECHNOLOGY AND HIT UPDATE

'Meaningful Use' for Physician Practices: Is It Worth the Trouble?

The foundation of the Medicare & Medicaid EHR Incentive Program is to improve quality of care. Facilitating documentation, enhancing provider communication and focusing on indicators that produce better outcomes necessitate an electronic solution for most providers. To achieve this, CMS has created significant and attractive financial incentives: a maximum payment of \$44,000 per eligible professional (MD, DO, DMD, DDS, DPM, DC, OD) for Medicare, or up to \$63,750 per EP for Medicaid. This means that a group with three EPs, could qualify for three distinct payments which are paid over a five-year period.



BY MICHELLE CYRUS-BROWN

tion is also what triggers the payment. For the first year, the EP is required to demonstrate compliance with 15 core measures during any 90-consecutive-day period. Some of the criteria are relatively simple, such as recording smoking status and maintaining an active allergy and medication list. Others can be somewhat taxing, like providing a clinical summary to patients for 50% of all office visits within three business days. But for the most part, the measures are doable once the provider overcomes any psychological barriers to the system and realizes that the criteria will result in better care. These criteria include ordering medications electronically and allowing the system to check for drug interactions.

The Eligibility Process

Eligibility is straightforward. The EP must:

- Select an electronic health record system from the list of Certified EHR Technology.
- Decide for which incentives to apply. The Medicaid incentive payment is based on a volume of at least 30% Medicaid patients, while the requirement for the Medicare payment is contained in the volume requirements for the core and other measures.
- Register with CMS and receive an ID number.
- Complete an attestation each year. Keep in mind that a distinct attestation must be completed for each EP based on his/her use of the system.

However, the hand that giveth, also taketh away, so it's important to understand the requirements that constitute 'Meaningful Use' and the attestation process that validates an EP's eligibility for payment. This is the point at which some of the clients we're coaching through the attestation process throw up their hands and say, "Maybe I don't really need the money."

The obvious goal of this program is to ensure providers use the system to its maximum capabilities to deliver quality care. It's not unusual for a physician to make the investment in an EHR and then fail to devote the time to understand and adapt to the system. The result is a system that fails to deliver the efficiencies promised by the vendor.

The Attestation Process

An attestation is the means by which CMS ensures the system is implemented and used for key processes. The attesta-

This process also requires meeting five Meaningful Use measures which include at least one public health criterion. Some examples are the capability to submit electronic immunization and syndromic surveillance data, as well as incorporating clinical lab test results into the system as structured data. This means that simply scanning in or importing the lab report isn't sufficient. Providers need to key the actual values in a numeric or positive/negative format so the data can be analyzed and aggregated.

The burden for subsequent years is demonstrated use of the system for all required measures for the entire year, and not just one quarter. Obviously, it is expected that once a provider enjoys the benefits of an EHR, he or she will be more apt to continue the trend.

In summary, the Medicare and Medicaid EHR Incentive Program removes some of the obstacles to implementing this important technology by defraying a portion of the costs and by creating measurable goals that enhance patient wellness and facilitate practice efficiency. And if you haven't started the 'Meaningful Use' process, the ship has not yet sailed on the incentive program. EPs have the balance of 2012 to secure an EHR and begin using it to qualify for the maximum payment. The Medicare incentive payments for 2013 and 2014 are \$39,000 and \$24,000, respectively.

Michelle A. Cyrus-Brown, Coleman Consulting Group, Inc., can be reached at (954) 578-3331 or Michelle.Cyrus-Brown@askCCG.com or visit www.askCCG.com.

Electronic Medical Passports for Foster Children: First Step Towards Improving Health Outcomes

On April 16, 2009, seven year old Gabriel Myers committed suicide in a Broward County foster home. Gabriel had been in foster care since the previous June after his mother was slumped in her car, surrounded by narcotics. The media reported that Gabriel had been prescribed several psychiatric drugs linked to potentially dangerous side effects, including suicide. Children being prescribed various psychiatric drugs is not uncommon. In fact, Department of Children and Families' records show that among children aged 6-12 in state of Florida care, more than 22 percent are prescribed psychiatric drugs. In a recent report by the Government Accountability Office (GAO), it was found that in 2008 foster children covered under Medicaid were prescribed psychotropic drugs at higher rates than non-foster children.

According to the GAO report, experts' opinions, and certain federal and state officials, this higher prescribing rate could be due in part to foster children's greater mental health needs and exposure to traumatic experiences as well as the challenges of coordinating their medical care. However, psychiatric drug prescriptions to foster children were also found to be more likely to have potential health risks.

Children in foster care enter the welfare system with serious health problems due to various factors, such as parental neglect and abuse, family substance use, and health problems associated with poverty (i.e., low birth weight, increased risk of lead poisoning, malnutrition, etc.). Additionally, a significant percentage of North America's foster children are younger than 1 year of age. Unfortunately, young children who have been removed from their biological families and placed in foster care are at significant risk for poor developmental outcomes.

Tracking the medical history of foster children has been a challenge. These children move frequently either due to changing foster parents or cycling in/out of the child wel-



BY MONICA CHIARINI TREMBLAY, PH.D.,
AND PAT SMITH

fare system as attempts are made to unify them with their families. As a result, the children use different health providers and facilities and therefore maintaining complete medical records is difficult, at best. In addition to the health implications for this vulnerable population, there is also a tremendous burden on Medicaid spending. Medical costs for foster children are nearly four times that of other children covered under Medicaid. Yet the vast majority of foster children do not receive minimal-

ly adequate medical care or screening.

In 1988, the lack of quality medical care and incomplete documentation of services provided was addressed by the Child Welfare League of America in collaboration with the American Academy of Pediatrics (AAP). The group developed a comprehensive health care policy for children in 'out of home' care. One of the key aspects of this important policy paper is its advocacy for the use of a "medical passport" to document the health care problems and services delivered to children in 'out of home' care.

Our Kids of Miami Dade and Monroe, the lead agency for Community-Based Care (1) in South Florida directly confronted this problem by creating a strategic vision to develop an electronic Medical Passport. In January 2010, this vision was presented to the Florida Governor's Task Force on Child Welfare and key legislative staff. Our Kids joined with the Casey Family Programs and national experts on medical passports to learn from their efforts. Our Kids conducted additional research (i.e., focus groups with doctors, nurses, foster parents, case managers, etc.) with the goal of developing a prototype electronic Medical Passport. This prototype was patterned after a project called "Follow My Heart," an interactive electronic Personal Health Record system for patients and their families suffering from congenital heart failure.

The prototyped electronic Medical Passport will be tested with 100 foster families, their doctors and case managers to determine its effectiveness on foster children's health outcomes. This pilot test was made possible with a recent \$65,000 award by the South Florida Health Foundation. Our Kids will engage a nurse case manager and independent evaluator to:

- 1) Measure changes in the foster children's clinical outcomes as identified in the AAP's Recommendations for Preventive Pediatric Health Care in comparison to a matched control group,
- 2) Measure changes in health literacy of foster parents and older foster children, and
- 3) Review Health IT utilization.

While Our Kids understands that the use of an electronic Medical Passport may not be able to save a child like Gabriel Meyers, they believe that with better coordinated care, our community's children may have a better chance of having (1) their medical needs met, (2) appropriate interventions identified, and (3) improved health outcomes as compared than their peers across the United States.

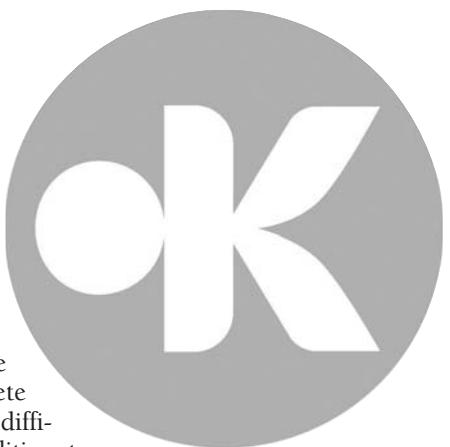
Dr. Monica Chiarini Tremblay, Assistant Professor, FIU, can be reached at Monica.Tremblay@fiu.edu. Pat Smith, CIO, Our Kids of Miami Dade and Monroe, can be reached at (305) 455-6000 or smithp@ourkids.us.

(1) Several years ago, Florida became the first state to completely privatize its child welfare system. Community-Based Care lead agencies contract directly with DCF to provide the full array of foster care and related services, including adoption, reunification and Independent Living.

Delray Medical Center Launches Digital Health Record System

As part of its IMPACT project to advance into the digital age of medicine, Delray Medical Center has begun implementing a new computerized electronic patient records system. This advancement will reduce the hospital's reliance on paper records, moving the hospital's record system to primarily electronic. This new records process means increased patient safety, efficiency and improved access to patients' medical records by their physicians and healthcare providers. Hospital staff and area physicians have been in training for several months in readiness for the transition.

Information will no longer be handwritten, but keyed in electronically, making patient information available in a timely manner, legible and kept up to date constantly throughout a patient's stay.



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MEDICAL TECHNOLOGY AND HIT UPDATE

Innovative Use of Technology Used to Enhance Medical Cash Flow

There has never been a more exciting time in our industry. Technology is allowing for extraordinary advances in care and in business. The government has recognized and acted upon the cry for change in healthcare and the need for a solid foundation in standards, technology, and quality outcomes.

In an effort to focus on the core business of providing health care, physician groups, large and small, are finding that partnerships with revenue cycle management companies that are set to keep the pace with innovations, other partnerships and effective financial strategies are actually helping them increase their cash flow while complying with all the complex legal and business requirements. These companies are providing web-based practice management software, coding rules engines, contract monitoring tools, full-scope claims management and back-office services.

Most of the larger companies have joined forces with Transworld Systems, a cash flow management agency, which offers unique products and services for



BY MICHELE RAPS

medical practices. Transworld Systems' Accelerator and Profit Recovery programs are credited with the highest recovery rate in the industry. Their focus is on delivering the most progressive and effective cash flow tools available for their clients. Established 40 years ago, they have recovered over \$5 billion for their medical clients in just the past 5 years.

Old Song, New Tune

The technology that has been used by Credit Unions and the Banking Industry for years to immediately notify late mortgage holders of their obligations is now being successfully employed by Transworld Systems to remind patients that they have outstanding balances. Practices now can outsource first party reminders. That means that practices can send out a series of letters and reminder phone calls to slow paying patients in a systematic, diplomatic and thorough fashion with the push of a button. Practices are finding this system is reducing Accounts Receivables more quickly and fewer accounts are requiring more

intensive collection measures.

The state-of-the-art technology makes maximizing medical profits even easier! Practices will certainly appreciate maintaining control of their accounts and the 24/7 access to their information. The result of outsourcing patient account follow-up has dramatically reduced medical practices' internal costs by minimizing staff efforts. The system allows staff to concentrate on growing the core business rather than chasing after unresolved delinquent accounts. Furthermore, streamlining the collection process allows medical practices to submit large groups of accounts instantly by uploading accounts in seconds using any standard transfer format or Transworld's interactive software integration modules.

MDeverywhere Announces Partnership with Transworld Systems

MDeverywhere has offered Transworld Systems' GreenFlagSM services as part of its cloud based practice management and revenue cycle services since 2006. They formally announced their partnership January 2012.

This integrated solution has streamlined the patient collections process for those medical practices and helped increase their revenue. With one mouse-

click, practices can identify and select delinquent patient accounts and electronically transfer those accounts to Transworld Systems to start the recovery process.

"Over the past few years our clients have had great results using the integrated solution. Their patient payment recovery rates are now between 40% and 60% which is much higher than traditional collection agency recovery rates," said Ann Bilyew, MDeverywhere's CEO. "This is an exciting opportunity for our companies to work together to offer a very effective solution to the market. Our combined suite ensures maximum collections from third-party payers and increases the collectability of the patient portion of the bill."

"MDeverywhere offers a great service that can really benefit medical practices. Their automated revenue cycle systems and services combine into a powerful tool to maximize a practice's revenue. We believe MDeverywhere is a great solution for our clients," said Tom Lee, Transworld Systems' Regional Sales Vice President.

For more information, contact Michele Raps, Revenue Cycle Consultant at (954) 646-7095 or mraps@bellsouth.net.



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MEDICAL TECHNOLOGY AND HIT UPDATE MEDICAL TECHNOLOGY AND HIT UPDATE MEDICAL TECHNOLOGY

MEDICAL TECHNOLOGY AND HIT UPDATE

Phreesia Increases Productivity, Improves Collections for Medical Practices

BY LINDA LEATHERBURY

Healthcare administrative costs are set to increase by roughly 10 percent over the next few years due to the growing complexity of clinical data, according to McKinsey Quarterly, a business journal of McKinsey & Company. Collecting accurate patient data, verifying insurance and collecting payments will continue to be critical for the success of medical practices.

Collections are a particularly challenging issue in today's trying economic times, with patients often facing reduced income and higher medical expenses. A study conducted by the Medical Group Management Association (MGMA) found that 30 percent of patients leave their clinician's office without making any payment, and that it takes practices an average of 3.3 billing statements before a patient's outstanding balance is paid in full. The MGMA study also reports that practices wrote off an average of 11.3 percent of total accounts receivable in the 2010 fiscal year.

The use of an electronic check-in system called Phreesia is simplifying one of healthcare's most essential functions – gathering patient information. Phreesia is helping clinicians nationwide improve their productivity, streamline workflow and increase cash flow. The system is also able to collect meaningful use data and administer clinical scales.

"Our solution replaces the traditional clipboard with a wireless, touchscreen kiosk called the PhreesiaPad, which allows practices to effortlessly collect patient information and consent, electronically verify insurance and collect payments at the point of care," said Natasha Petrovic, channel manager for Phreesia, a leading patient check-in company founded in 2005.

"More than 10,000 clinicians nationwide are checking in a quarter of a million patients each month with a PhreesiaPad," Petrovic said. "The use of Phreesia is growing among practices in South Florida."

Upon arrival at a healthcare facility, patients receive a PhreesiaPad and begin an automated 'electronic interview'. As a result, the clinician receives legible documentation that captures patients' medical history, demographic and real-time insurance data. Electronic signatures are collected on all practice policies and Health Insurance Portability and Accountability Act (HIPAA) contracts. Returning patients verify, rather than re-enter, their information.

Insurance coverage is verified automatically before each patient sees a clinician. Patients are prompted to pay their co-pay and any open balances by swiping a major credit or debit card right on the Phreesia pad in the waiting room.



"Phreesia is a tool that increases and changes the culture of collections in a practice," Petrovic said. "Often, practices are reluctant to enter into conversations with patients about financial responsibility, and most do not pursue payments aggressively," she said. "Phreesia's instant payment maximizes revenue potential and gives the patient an opportunity to pay privately and securely."

Practices using Phreesia are seeing an average increase of 7-13 percent in collections and saving about 5-10 minutes per patient during each check-in. Patients are also pleased with Phreesia - surveys show that the service rates above 80 percent for ease of use.

Patient information is securely stored on Phreesia's secure servers and accessed online through the practice's [Phreesia] dashboard. The Phreesia Dashboard allows practices to easily access, track and organize patient check-in information.

"Phreesia offers 24-7 tech support," said Petrovic. "We provide a dedicated trainer and project manager for the first eight weeks after going live. The practice receives as many PhreesiaPads, routers and chargers as necessary to meet patient volume. We are 100 percent HIPAA and Payment Card Industry (PCI) compliant."

To consistently develop and improve its service, Phreesia has ongoing relationships with prestigious medical and educational institutions, and receives continuous feedback from its rapidly growing network of medical practices. Many practices across Florida have seen excellent results with Phreesia. A Tampa skin and cancer center found that co-pay collections have increased by over 50 percent, and the office staff no longer spends multiple hours per week manually logging in the day's transactions.

"Using technology such as Phreesia's electronic check-in system, combined with best practices for workflow, healthcare facilities can streamline their operations and focus more on patient care," said Petrovic.

She noted that Phreesia adds value to the dollars many practices are spending on merchant processing fees by providing an entire system designed for medical practices that will help automate procedures and increase collections.

The exclusive payment processor for Phreesia is Elavon, a wholly owned subsidiary of U.S. Bancorp and a leading global payments provider. Elavon provides end-to-end payment processing services to more than 1.2 million merchants in North America, Europe, Mexico and Brazil.

For more information about Phreesia, contact Rheda.Namara@elavon.com at (954) 560-7367 or visit www.phreesiacom.com.

MEDICAL TECHNOLOGY AND HIT UPDATE

The Challenge of EHR Implementation

Many believe that 2012 is the transition year from what we have done in the past to EHR based medicine. Recently, Medical Economics published the results of a survey performed by a healthcare research company, SK&A. After querying almost 40,000 practice locations they found that 72.6% of physicians offices aren't sure yet when they are going to adopt EHR technology. The survey, "EHR Adoption in Medical Offices Looking Forward," also identified that almost 21% of physicians were not even aware of government financial incentives for EHR adoption. Not surprisingly, the larger the practice the more likely they are to have implemented an EHR.

As has been discussed in previous issues of *South Florida Hospital News & Healthcare Report*, a dichotomy is beginning to develop between the larger single specialty practices, the hospital owned practices, and everyone else. If this trend continues, it could have long-term detrimental effects on the practice of medicine in our region. As we have seen with the recent decision by CMS to grant a 3-month reprieve on compliance with 5010 standards, the government moved the target back due to the fact that change is not being accepted as quickly as anticipated even with over one year to implement. Why has this happened, and why does it appear physicians are not as receptive to EHR implementation as would have been expected?

I think it all boils down to education. Physicians need to make the time to learn, and vendors need to make the



BY LAWRENCE H.
SCHIMMEL, M.D.

time to educate. If physicians understood the HITECH Act and how they could receive compensation for implementation of an EHR, more would. If physicians understood how full implementation of their EHR could make their practice life easier, they would. The problem is the smaller physician practice does not have enough time or does not make enough time to learn about things critical to their long-term success.

The average physician does not care about whether software is server based or cloud based. The average

physician does not care about the "APPS" that might be helpful to them. The average physician needs information to make decisions and if it is provided to them, they will. It is my opinion that a large percentage of the 72.6% of physicians nationwide who are not sure when they are going to implement an EHR feel that way because they are lacking the basic knowledge upon which to make a decision. It is incumbent on our vendors to do more than a hard sell for their services while putting down the competitor. Enhancing the knowledge base of our physicians in the coming year will fuel the implementation of the EHR and other technology.

Dr. Lawrence Schimmel, Marcum Healthcare, can be reached at Lawrence.schimmel@marcumhealthcare.com or (305) 995-9801.

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Medical Billing and Coding – Why Become Educated Now?

Medical Billing and Coding professionals are becoming more and more essential in the modern professional healthcare environment. With a shift in the way medical records are being kept plus a tendency for workplaces to become ever more technologically sophisticated, there are many valid reasons to become proficient and educated in this field now.

Part of the U.S. government's American Recovery and Reinvestment Act signed into law in 2009 mandates that all medical records be converted to an electronic format by the end of 2014. The U.S. Bureau of Labor Statistics projects that employment within the field of medical records and health information technicians is expected to grow much faster than average and that job prospects will be very good, with more than 200,000 total and more than 35,000 new positions available nationally by 2018. This represents an overall growth of 20%. According to the BLS website, the yearly median wage for a medical biller / coder is \$30,610,



BY ELIZABETH V.
MARTINEZ

with the highest 10% of professionals in the field earning more than \$50,000 per year.

Medical billers and coders work independently and alongside physicians or within healthcare provider networks. They are responsible for assembling, updating and maintaining patient medical records, managing and ensuring the accuracy of healthcare data and submitting information that provides reimbursement

and compensation for medical services rendered to patients. They can also specialize in specific areas such as cancer registry. For the squeamish, this field is one of the handful of healthcare-related jobs that do not involve the hands-on treatment of patients, but still plays a vital role in the patient's overall care.

What can one do to prepare for the future of medical health records? How can individuals gain an advantage on securing a job within one of the fastest-growing industries in the U.S.? Consider enrolling in Dade Medical College's Associate of Science degree program in Medical Billing and Coding,

which prepares individuals to become medical billing and coding specialists. Learn about Universal Coding System, basic medical terminology, anatomy and physiology, pharmacology and more. The program's 96 quarter credits and 1160 clock hours are spread over 60 weeks in one of four South Florida-based traditional brick and mortar campuses, or you can work at independently by enrolling in our online degree program. With a cost of only \$18,050, this degree offers a high return potential on your educational investment.

Though licensure is not required to work in the field, it is highly recommended. Dade Medical College's Medical Billing and Coding program does not currently have a waiting list and the next campus class session begins on March 6. Enrollment is always open for online courses and traditional class sessions begin every four weeks. Join the healthcare revolution – find out more by calling (305) 245-0026 or by logging on to DadeMedical.edu/MBC.

*Elizabeth V. Martinez, Vice President,
Community and Governmental Relations,
Dade Medical College, can be reached at
(305) 644-1171 ext. 2026 or
liz@dademedical.edu.*

NSU Nursing Program Becomes Its Own College

Nova Southeastern University has created the College of Nursing. Formerly a part of NSU's College of Allied Health and Nursing, the new college has emerged because of the nursing program's growth and success over the last five years. The College of Health Care Sciences, formally a part of the College of Allied Health and Nursing, also launched on January 1. Nursing features an entry-level B.S.N., R.N. to B.S.N., R.N. to M.S.N., an online M.S.N., an M.S.N advanced practice registered nurse program in family nurse practitioner (FNP), a doctor of nursing practice (DNP) and an interdisciplinary nursing Ph.D. program in nursing education. The nursing program also offers its students three high-tech simulation labs in Davie, Miami, and Ft. Myers, providing interactive educational experiences using patient simulators. These high-tech patient simulators have voices; make heart, lung, bowel sounds; and have pulses and programmable vital signs that immerse the student in realistic clinical situations.

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Paying it Forward: The Many Faces of Mentoring

BY MARTI ECHOLS, PH.D., M.ED.

As we reflect on the different stages of our professional development, we can often identify people who had strong influences on who we are, our approach to our work, or how we present ourselves. The mechanism for facilitating this type of learning in the health professions is often called mentoring. Mentoring systems in medicine are well established and a very important component of professionalism. Over the years, mentoring has also been part of the "hidden curriculum" in medical education.

Much like other areas of medicine, mentoring is evolving within the profession. Previously, mentoring occurred spontaneously between people with shared interests, but now includes an organizational role as well as dedicated time and resources. The mentoring model at Nova Southeastern University College of Osteopathic Medicine (NSU-COM) reflects the new paradigm of mentoring within the profession. Therefore, while encouraging spontaneous mentoring relationships, the college provides more formal modes of mentoring as students mentor students, faculty members mentor students, and faculty members mentor other faculty members.

Students Mentoring Students

The framework of academical societies is the organizational structure used at



Dr. Marti Echols (right) oversees a student mentoring session.

NSU-COM to provide mentoring within the student body. Since their inception five years ago, the academical societies have continued to evolve. Each year, first-year students apply to become peer mentors for the incoming class members who replace them as they matriculate into their second year. Three to four students in each society commit to become peer mentors and dedicate time to transition new students into the college.

Peer mentors also provide lecture reviews, course notes, smiles, support, food, and fun. The class of 2014 mentors enhanced the academic support of new students with the formation of organized Sunday Study Tables for biochemistry, physiology, and anatomy. In addition, peer tutors were on hand to answer questions, monitor study groups, or just provide a quiet structure for daily study. The peer

mentors also recruit and serve as tutors for the first-year class and provide a critical component to our course evaluation process.

Faculty Mentoring Students

Each academical society has an identified academic leader, in addition to other faculty members who provide academic guidance to students within their society. Academic leaders receive training in areas such as

learning styles and academic resources available through the college, the Health Professions Division, and the university. They learn techniques to assist with study skills and time management and help students cope with the stress of being medical students.

Academic leaders dedicate time each semester to reach out to students that may be experiencing challenges and offer guidance to them. Since the inception of this venue, students have shared their appreciation for the confidential hand of guidance from faculty members, who enjoy connecting with students early and watching them blossom into confident medical students.

Faculty Mentoring Faculty

Perhaps the ideal type of a mentoring program is one which happens by chance. However, we cannot always count on

stumbling into one of those relationships. Therefore, while encouraging spontaneous mentoring relationships, the college provides more formal modes of faculty mentoring. Each new faculty member is assigned a department mentor by the department's chair, but also has the opportunity to be matched with a college mentor, whose intention is to help new faculty members adjust to their new environment.

The college's mentor program, which began in 2010, has become a bridge between the senior and junior faculty. Three times each year, mentors and mentees fellowship together as they learn about the history of the college, academic medicine, the peer review process, governance and structure of osteopathic medicine, and networking skills.

From the traditional model of mentoring, NSU-COM continues to evolve as we meet the needs of students, alumni, faculty members, and the community. The academical society structure has become a home for expanding mentoring and connections among students. With input and guidance from everyone involved, we will continue to evolve and serve for many generations to come as we value the past and build the future.

For more information, contact Dr. Marti Echols, Assistant Dean of Medical Education, Nova Southeastern University College of Osteopathic Medicine, at mechols@nova.edu.



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02/12

COVER STORY: Florida National College Announces Opening of Its Executive MBA Program

Continued from page 1

in Business, Health Services, Law, Medicine, etc., with the skills and knowledge essential to career advancement or the management of professional services organizations. We will be starting this program with a special "Welcome Back" incentive for FNC Alumni.

What the Florida National Executive MBA Offers

The Florida National Executive MBA incorporates many innovative features that make it one of the most innovative and advanced programs offered in the area. The program includes:

- Every course includes both an academic and practical component based on extensive use of Harvard Case Studies to supplement academic learning with exposure to real-world situations.

- In response to the expressed needs of employers, each course includes practice and exercises on building communications, presentation and interpersonal skills. Distance learning students will participate in this course component through the use of video conferencing with their professors and fellow students.

- Students will participate in the management of a virtual company as members of a cross functional management team through the use of the Capsim™ simulation program. These simulations work with a Balanced Scorecard type evaluation of the company's operating and financial outcomes as a result of the student's decision making areas concerning product development, marketing, production, finance, TQM and HR.

- Additionally, students will participate in the COMP-XM™ virtual management program to personally manage a company. This program will provide: a) an evaluation of the knowledge gained in the MBA program; and b) a basis for future career development. This methodology has been des-

gnated as a "Best Practice" by the Association to Advance Collegiate Schools of Business (AACSB). FNC plans to seek AACSB accreditation in 2012.

- Through the use of a proprietary measurement and management system, Students (and Faculty) will be able to track their progress on each course's syllabus learning objectives to provide immediate identification of teaching and learning opportunities.

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7. Accelerated program (earn your degree in 12 months)
8. Open to international students
9. Flexible classes: On Campus, Distance Learning and Hybrid Classes
10. High retention and graduation rates

A Special Welcome Back to FNC Graduates

We are especially looking forward to welcoming back FNC graduates and students about to graduate. Alumni enrolling for the April "MBA Founders" classes will receive tuition rates at the Bachelors level (\$525.00 versus \$650.00 per credit hour) for a \$4,500 savings over the MBA program

For more information, contact the Graduate Admissions Office at Vrabelo@mm.fnc.edu or (305) 821-3333 ext. 1016.

Mount Sinai Medical Center Receives Continued Accreditation for Graduate Medical Education Program

Mount Sinai Medical Center of Florida has received a continued accreditation for a five-year cycle from the Accreditation Council for Graduate Medical Education (ACGME).

The continued accreditation is a testament to the commitment Mount Sinai has made since 1959 to training tomorrow's health care providers. As a statutory teaching hospital, Mount Sinai brings together the best and brightest minds in medicine, creating a challenging environment where emerging physicians are trained by faculty who are well versed in the latest medicine based on the most current scientific data. Each year, Mount Sinai trains more than 160 residents and fellows in 17 medical specialties, at an investment of more than \$20 million dollars.

Mount Sinai also enhances its educational programs through unique partnerships with other medical institutions such as New York's elite Columbia University. The collaboration in the departments of cardiology and urology are the only Ivy-League affiliations of their kind in South Florida. Doctors and professors from Mount Sinai and Columbia University participate in Grand Rounds, which enhances the teaching experience for fellows, as well as share educational conferences.

In addition to graduate medical education training, Mount Sinai also supports more than 560 students through its allied health professional and undergraduate medical programs, helping students prepare for a range of careers as future nurses, technicians, therapists and pharmacists, among others.

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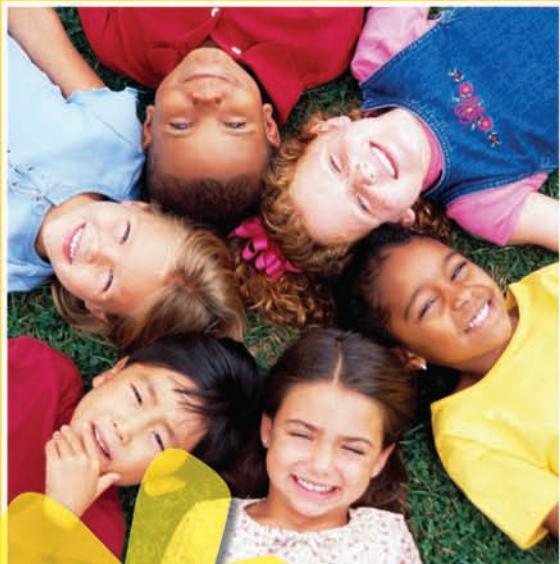


Dr. Scott Kelso

Scott Kelso, Ph.D., Glenwood and Martha Creech Eminent Scholar Chair in Science and founder of the Charles E. Schmidt College of Science's Center for Complex Systems and Brain Sciences at Florida Atlantic University, has been elected as a 2012 Fellow of the Society of Experimental Psychologists (SEP).

Dr. Kelso holds professorships in complex systems and brain sciences, psychology and biological sciences in FAU's College of Science and is also a professor of biomedical sciences in the Charles E. Schmidt College of Medicine. His research focuses on neural choreography, which aims to understand how the various areas of the brain are coordinated in space and time to produce cognitive and behavioral function.

Dr. Kelso is considered one of the world's experts on how the brain controls and coordinates movements and learns new skills. His work connects neural circuitry to behavioral function using a combination of brain imaging and real-time behavioral measures within the theoretical/computational framework of coordination dynamics. He is the team leader of FAU's Human Brain and Behavior Laboratory, which currently focuses on research that identifies neuromarkers of social interaction within and between human brains, a topic of great relevance for various diseases such as autism and schizophrenia.



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NSU's Medical School Expands Medical Outreach Trips to Developing Nations

Nova Southeastern University's medical school recently expanded its international medical outreach programs to more developing nations with medical and humanitarian aid from students.

Countries such as Bangladesh, Peru, and Argentina have been added to the list of nations that already receive medical outreach from NSU's College of Osteopathic Medicine (COM). Those nations include Jamaica, Ecuador, and the Dominican Republic.

During four recent medical outreach endeavors in December, second-year medical students took time off from their winter vacations to travel abroad to rural and medically underserved communities in Peru, Argentina, Bangladesh, and Jamaica to provide medical services such as physicals, cancer screenings, and other medical examinations.

Many of these medically underserved patients from poor, rural communities have never seen a physician before and suffer from illnesses such as tuberculosis, scabies, malnutrition, hypertension, and diabetes. The students, supervised by the college's medical faculty and local physicians, bring medical supplies and provide health and wellness lessons to help patients live healthier lives.

In addition to volunteering their vacation time, participating students pay up to \$2,000 for their travel expenses. The COM international medical outreach programs will continue this spring with a trip to Ecuador and a summer trip to Jamaica.

**LECOM Joins National Program
to Improve Veterans' Care**

The Lake Erie College of Osteopathic Medicine announced its commitment to a new White House Joining Forces initiative to meet the urgent health care needs of military service members, veterans and their families.

LECOM is among 130 medical schools and research facilities that have committed to improve care for post-traumatic stress disorder and traumatic brain injury.

First Lady Michelle Obama announced the coordinated effort to improve PTSD and TBI care for veterans.

The plan involves training medical students and current physicians to better diagnose and treat veterans, new research and clinical trials on PTSD and TBI, and to share best practices with each other.

"I'm inspired to see our nation's medical schools step up to address this pressing need for our veterans and military families," Obama said.

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The program meets the industry's growing demand for professionals who understand both health information and management systems and the complex organizational issues surrounding the delivery of high quality, safe and cost effective healthcare. The program comprises a curriculum designed to embrace all aspects of health informatics including topics in management information systems, database design, electronic health records, decision support and analysis, management, organizational behavior, quality assessments, and health informatics ethics and law.

Health informatics professionals are responsible for providing leadership in the application of information management principles in various healthcare facilities - acute, ambulatory, and long-term care – as well as in various settings – insurance companies, computer software services, and law firms.

Current and Future Demand

With the increased foci on implementing technological innovations for improving patient care, managing costs, and complying with healthcare regulations, there is no surprise that the Bureau of Labor estimates job opportunities for healthcare information technology and management professionals to grow by more than 200,000 positions over the next few years (CNN Money Online, January 2009).



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DEADLINE FOR FALL 2012 APPLICATIONS – MARCH 1st.

The HITECH Workforce Development Training Program at Broward College

Broward College is one of three colleges in Florida awarded a grant to provide training in Health Information Technology as part of a national Community College Consortia under the American Recovery and Investment Act (ARRA) of 2009. The HITECH Grant will be ending in a little over a year from now and while this grant lasts, it is a great opportunity for anyone with either a healthcare background, or an information technology (IT) background. All of the courses are online and there are no learning materials, such as textbooks, software, etc., to purchase. The course is self-contained within the curriculum, which was developed by the following five prestigious universities: Columbia University, Duke University, the University of Alabama at Birmingham, Oregon Health & Science University, and John Hopkins University.

The purpose of this program is to train individuals to install and maintain electronic health records (EHR). Once students receive the training provided by the College they will receive a certificate of completion and will be qualified to work in a wide variety of healthcare settings, from large hospitals to single provider doctor's offices.

The federal funding from the grant enables us to offer classes at a highly discounted rate of fifty dollars (\$50) per class with 50% reimbursement upon completion of their primary certificate. A bonus is that

students will also be qualified to sit for the HIT Pro national competency examination after completing the program. The first 21,700 students who have completed a certificate, nation-wide, will be able to take the national competency examination free of cost. Training at Broward College's HITECH Program is provided for the following five health/IT priority workforce roles:

- Practice Workflow and Information Management Redesign Specialist
- Implementation Manager
- Implementation Support Specialist
- Technical/Software Support Staff
- Trainer

Each workforce role consists of five to seven core courses. There are six to eight secondary courses for each role as well. However once a student completes the core courses, they are eligible to receive their certificate and stipend. Note that the stipend applies to the primary certificate only. However, students may continue in another certificate workforce role if they wish, which would be easy as they would have already taken some of the required courses.

Broward College will begin another program on March 5, 2012. For further information, visit the website at www.broward.edu/hit or contact the HIT Grant Program Coordinator, Josephine Gordon, at jgordon3@broward.edu.

NSU Launches Center to Deliver Health Care Solutions through Social Media and Cell Phones

Nova Southeastern University's College of Pharmacy recently launched America's first Center for Consumer Health Informatics Research to deliver health care solutions through social media and cell phones. The center's mission is to make new health discoveries using consumer health informatics (integration of patient preferences, behaviors, and technology) to improve health. It will use the participatory medicine model to gain insight about patient habits and other trends in health care. These discoveries can then be used to help the public make better informed personal health care decisions. The center plans to deliver health and wellness information such as tips to manage diabetes through social media and mobile phones. It will also analyze whether health interventions delivered on those platforms can help patients better manage chronic health conditions such as diabetes, hypertension, obesity, etc.

Research efforts at the center are already underway with a trio of mobile/cell phone health projects known as mHealth. These include a study to measure the impact of text messaging and health literacy on medication adherence in patients with type 2 diabetes.

New Health Sciences Campus Opens in City of Hollywood

Barry University and the city of Hollywood gave new life to an old firehouse by converting the empty space into classrooms for medical students.

Barry's College of Health Sciences relocated two graduate health profession programs, Anesthesiology and Biomedical Sciences, to Hollywood. The university, which has its main campus in Miami Shores, renovated the 10,000-square-foot space, housing new offices, classrooms and a digital lab for faculty, staff and students. The campus will include a simulation center that provides realistic opportunities for nurse anesthesiology students to practice their skills before entering surgery.

Barry students and faculty will provide the city's residents with community programs that emphasize health education, risk prevention and wellness. Throughout the year, health seminars and screenings will be offered at the Fred Lippman Multi-Purpose Center at 2030 Polk Street.

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Critical Selection Criteria for Your ICD-10 Training



BY IRA SHAPIRO

ICD-10 training and education represents approximately 30% to 40% of your entire ICD-10 transition. It is truly the most significant portion of being ready for ICD-10.

When selecting a vendor to provide your ICD-10 training, consider the following important qualifying factors:

Seek training from those who you know are skilled and effective at being educators and presenters. Lots of people know how to code, but how many can actually teach what they know to others? Use an organization which not only has an expertise in coding but also understands the education arena and understands how to accomplish learning objectives.

Make sure the entity providing the training is capable of preparing your coders for certification and your clinicians

in clinical documentation. They should also offer continuing education beyond the ICD-10 transition to help keep your coders certified.

Don't hesitate to view a demonstration of the course and to ask for the review of their curriculum.

Ensure that the course is taught at the appropriate level for you. Because ICD-10 is new to everyone, I recommend starting with something very fundamental. This includes even those who may have many years of ICD-9-CM experience; it will be somewhat like learning a different system. Expand to more complex and comprehensive training in the 16-18 months prior to the implementation date. Remember; take baby steps so that the transition isn't so overwhelming! A few on-line training programs give the student the ability to test out of certain topics if they can show mastery, thus not having to take a class they already have an expertise in. With ICD-10, most people will need to take all classes, but it is good to have this option.

Focus training based on your needs. If you are a professional services coder (e.g., CPC) you only need to learn ICD-10-CM unless you plan on also being an inpatient facility coder.

Explore training mediums and options that best fit your organizational needs. In most cases, online training should be the majority of your strategy for training coders as there are so many to train and it is the most cost effective way to reach everyone. Some may learn best in a live class, while others may fare better via a webinar, specifically physicians, may prefer more of a hybrid approach with a combination of the above.

There are some very good on-line training programs. When choosing one, you should make sure that is very interactive. There are only handfuls that offer actual interaction with professors and give the student an ability to ask questions and have lectures different than what they are reading on-line. Also, make sure the training is performance based and there is testing along the way. Finally, make sure that the program selected for ICD-10 training can provide regular reports on the progress of those being trained. It is critical to be able to track the progress of coders, physicians and others as they go through their ICD-10 training.

There are many things to consider as we move closer to October 1, 2013 and continue to tackle the items on your ICD-10-CM/PCS training checklist. The key points I highlighted above is certainly not an all-inclusive-list but is a good guide. A fair number of people have asked me lately whether there is only one place to learn ICD-10-CM/PCS, and I wanted everyone to know you have alternatives just like you do now for education on CPT/HCPCS II and ICD-9-CM.

Ira Shapiro is the CEO of International Alliance Solutions, national experts offering ICD-10 and coding solutions for providers, and CODESMART UNIVERSITY™, an online ICD-10 education program for coders, clinicians, and executives. For more information, call (646) 526-7867 or visit www.alliancesinhealth.com.

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HEALTHCARE EDUCATION HEALTHCARE

Ed.D. in Nursing Education

The Ed.D. in Nursing Education at Nova Southeastern University's Fischler School of Education gives nursing professionals multiple vocational options. Career nurses with a doctor in education may enter the teaching field, but they may also find careers in health administration, clinical research, or advanced clinical practice. They may secure lucrative opportunities as consultants; they may become managers of nursing infrastructure at large hospitals; or they may become researchers, helping to formulate solutions to the larger questions of health-care policy at national and international levels.

To be sure, the utility and versatility of the degree is not in question, nor is its value underestimated. Salaries for most nurses possessing this advanced level of education begin at around \$50,000 for faculty at the Assistant Professor level, and rise as high as \$200,000 for nursing executives at the larger medical center complexes of universities and city hospitals.

All of the above may be incentive enough for those in the profession to pursue a doctoral degree in nursing education, yet here's another: the country is in dire need. According to Wanted Analytics, in May of 2011, new job ads for registered nurses exceeded 121,000, an increase of 46% from the same period in 2010; in April of 2011, the U.S. Bureau of Labor Statistics announced that—in spite of the recent recession—the healthcare sector of the economy continued to grow, adding 37,000 jobs in March of 2011, many of which were for RNs; in October of 2010, the Robert Wood Johnson Foundation and the Institute of Medicine announced that—in order to keep pace with the health demands of an aging population—the number of nurses with baccalaureate degrees would need to rise by 80%, and the population of nurses with doctoral degrees would need to double.

No one disputes that the incipient nursing shortage is a looming health care crisis, though there is widespread disagreement on a viable solution. Certainly, increasing the numbers of nursing educators is an integral component to any approach, especially since a leading factor

in the rejection of qualified applicants to nursing programs is insufficient university faculty. The American Association of Colleges of Nursing confirms: "U.S. nursing schools turned away 67,563 qualified applicants from baccalaureate and graduate nursing programs in 2010 due to an insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints."

The Fischler School of Education's Ed.D. in Nursing Education offsets some of this deficiency.

Like all of Fischler's programs, the Ed.D. in Nursing Education offers a flexible and versatile path to obtaining a doctoral degree. The 18 hours of coursework for the concentration in Nursing Education can be taken online or in a blended format —online courses allow students to interact in a virtual classroom, while blended programs combine on-site and online instruction ... on-site courses are offered periodically over weekends and supplemented with online study.

This kind of flexibility has broad appeal for nursing professionals who desire to enhance their education - whether they intend to explore new avenues in research, consultancy, or teaching, or whether they simply wish to expand their clinical repertoire as they continue to work as an R.N.

Irrespective of the career objectives of prospective applicants, the Doctor of Education in Nursing at the Fischler School will provide students with an enhanced skill set in a crucial profession whose ranks are diminishing just when their services are needed most. By increasing the numbers of qualified faculty to instruct the next generation of Registered Nurses, the Ed.D. in Nursing Education at the Fischler School helps to solve this growing crisis.

For further information about NSU's Doctor of Education in Nursing Education, contact Dr. Mary Ann Lowe, CCC-SLP, Associate Dean, Fischler School of Education, at (954) 262-7708, (800) 986-3223 ext. 27708, or lowern@nova.edu, or visit www.fischlerschool.nova.edu/ms/medicaled.



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Broward College, as a member of the Community College Consortia Grant Program, is offering federally funded, intensive, 6 months or less, non-degree training programs.

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For additional information, visit the website at www.broward.edu/hit or contact Josephine Gordon HIT Grant Coordinator at jgordon3@broward.edu

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Coronary Artery Calcium Score and Carotid Intimal Media Test Are Novel Technologies That Can Catch Cardiovascular Disease Early

Medical imaging has been in the forefront of medical intervention for decades.

From the invention of the X-Ray machine to the development of MRI and CT scanning, physicians around the world have been able to take advantage of technology to identify and treat many ailments that afflict millions of people.

Until now, medical imaging was limited by the "after the fact" findings, where the disease process was already established and was affecting the individual. Take for example the coronary angiogram, or cardiac catheterization. Both are great technologies, but useful to treat established coronary artery disease.

Over the past few decades, advancements in imaging technology are allowing doctors to now identify early disease processes, before they afflict individuals. Two examples include the Coronary Artery Calcium (CAC) Scan and the Carotid Intima-Media Thickness test.

The former, a simple CT scan of the heart, is non-invasive and takes about 10 minutes to complete. In the appropriate



DR. ALAN ACKERMANN

population, that which is pre-identified by your physician as having a moderate risk of incurring cardiovascular disease, this simple test can be a life saver. It measures any amount of calcification, if present, in your heart arteries. Depending on the amount of calcium found, your risk for a future heart attack can be derived. A score of 0 is desirable as your risk is negligible, while a score greater than

100 implies a higher risk. Anyone with a score of 400 or more will require further testing as the risk is the greatest.

CAC testing allows your physician to institute therapy that can prevent a heart attack and that under traditional monitoring, may not be given. There are plenty of clinical studies published demonstrating that a coronary artery calcium scan is of great advantage in predicting heart attacks, over simple modalities like cholesterol tests. The CAC test is highly recommended.

Carotid Intima-Media Thickness (CIMT) is an ultrasound test that measures the thickness of a layer of the

carotid arteries (in your neck). In this test, a technician will image a section of the carotid arteries. These are the main conduits of blood flow to your brain. The test looks for any increase in thickness of 2 layers of this artery, the media and intima. Increase in thickness implies that there is significant build-up of plaque not only in the carotid artery but in the arteries that provide blood flow to the heart or the coronary arteries. The test takes approximately 15 minutes to complete and can be done in a physician's office.

Both tests are recommended in men over age 45 and women over 55.

If there is a strong family history of heart attacks and/or strokes, or if you have other risk factors like obesity, diabetes, or are a smoker, then it is recommended at age 40 and 50 respectively.

In summary, CAC and CIMT are proven imaging technologies that can predict and detect early cardiovascular disease, a process that can save your life.

Dr. Alan Ackermann is the founder and medical director of Aventura Institute For Cardiovascular Wellness. For more information, call (305) 935-5101 or visit www.aventuracardiology.com.

Baptist Hospital's Open Heart Surgery Program Ranked Tops in Nation

Baptist Hospital's open heart surgery program ranks among the nation's best, according to The Society of Thoracic Surgeons (STS), the authority when it comes to rating the quality of heart surgery. The organization has awarded the hospital its highest quality rating of three stars for outstanding results in coronary artery bypass surgery. The STS database is the largest registry of its kind in the world with nearly 1,000 participants representing an estimated 94 percent of all adult cardiac surgery centers across the U.S. Only 14 percent of those receive the maximum three-star rating.

Niberto Moreno, M.D., medical director of the Baptist Health Cardiac & Thoracic Surgical Group, a part of Baptist Health Medical Group, said it is the collaboration between surgeons and the entire healthcare team that make for better outcomes for patients. "Our surgeons, supporting specialists, nurses and other staff have always been committed to providing the highest level of excellence in care for our patients, and critical cases like these require close coordination," he said.

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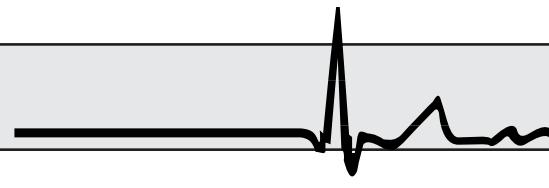
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BHIPMC Educates the Community With Heart Failure Program

Since heart failure is a growing chronic condition affecting more than five million people in the United States, Broward Health Imperial Point Medical Center (BHIPMC) recognized the need to create awareness on heart failure as a commitment to excellence of care in the community.

A heart failure program was implemented to diagnosis, treat, educate and provide post-hospital follow-up care for patients living with this condition and ultimately promoting quality of life. BHIPMC was the first hospital in Broward and Dade Counties to receive this disease-specific certification, and they were recently awarded recertification by The Joint Commission.

Louis Cioci, M.D., David Paris, M.D., and Joel Gellman, M.D., FACC, oversee the heart failure program at BHIPMC. Dr. Gellman is a Diplomate of the American Board of Medicine in Advanced Heart Failure - the first physician in Broward County and one of the first in Florida to achieve this.

Early diagnosis and treatment (adherence to medication therapies, reducing salt in the diet and getting daily physical exercise) can improve quality of life and life expectancy for people who have heart failure. BHIPMC created an interdisciplinary team to provide self-management training for patients living with heart failure.

The team developed a care management tool that ensures patients have follow-up arrangements for their care prior to discharge. This includes access to medications and resources they need in order to focus on maintaining a normal quality of life.

Post discharge, patients are contacted by BHIPMC two to three days later, and then again three to four weeks later to make sure they have seen a health care practitioner and are keeping up with nutritional and exercise plans, as well as vaccinations.

"We now have a team in place to take care of patients' specific needs and promote a self management approach to



The Heart Failure team at Broward Health Imperial Point Medical Center

their condition. The program ensures that the right disciplines are involved early in the patient's treatment plan and follow up care after discharge," said Dr. Cioci. "If a patient or loved one is educated on their condition, it empowers them to ask questions so they are deter-

mined to take on a healthier lifestyle." BHIPMC holds a heart failure education/support group on the 2nd Tuesday of each month at 11:30 a.m.

For more information, call (954) 940-7064.

Florida Heart Research Institute Launches Heart Month Campaigns to Save Lives This February

Florida Heart Research Institute (FHRI) has joined forces with Miami-Dade County Mayor Carlos Gimenez and six local Miami-Dade County Fire Departments to help save lives from sudden cardiac arrest in a public awareness campaign that launches February 6th in conjunction with Stop Heart Disease Week issued by proclamation from Governor Rick Scott in an effort to encourage Floridians to become more proactive in the fight against sudden cardiac arrest and heart disease.

The PUSH CPR® campaign emphasizes the need to act quickly by calling 911 and starting CPR when witnessing or finding someone who has collapsed and is not responding and not breathing normally. Nearly 300,000 lives are lost each year due to sudden cardiac arrest – most without any warning. "FHRI has joined forces with Mayor Gimenez and our local Miami-Dade County Fire Departments to let the public know that we need their help to save lives and increase survival rates of sudden cardiac arrest in our community", implores FHRI's Chief Executive Officer, Kathleen DuCasse. Since victims of sudden cardiac arrest are already clinically dead, it is the quick actions of bystanders that increase the chances of survival. Mayor Gimenez and local Miami-Dade County Fire Chiefs demonstrate the simplicity of PUSH CPR® in the English and Spanish public service announcements. The 30 second videos explain that no longer is mouth to mouth contact required, just push hard and fast in the center of the chest until help arrives. Florida law protects Good Samaritans from any liability. Communities that promote the use of this simple technique have proven to increase survival rates of sudden cardiac

arrest from seven percent to nearly fifty percent. The public service announcements will be aired on municipal TV stations throughout February.

In addition, Stop Heart Disease Week is a reminder to all Floridians to "Know Your Numbers" for blood pressure, cholesterol and glucose. Abnormal clinical values are often a precursor to heart disease, our Nation's leading cause of death and disability. FHRI encourages all Floridians to adopt a healthy lifestyle that includes a diet rich in fresh fruits and vegetables, lean meats, whole grains and low sugar along with daily physical activity in order to reduce the risk factors for heart disease. "We encourage all Floridians to take the time to get screened and find out if they're at risk," says FHRI's Chief Executive Officer, Kathleen DuCasse. "Heart disease is not a death sentence – it can be prevented, stopped and even reversed when the proper corrective steps are taken."

The campaigns are funded by the Stop Heart Disease license plate which supports heart disease research, education and prevention programs throughout the state of Florida. In Florida, there will be more than 50,000 deaths per year from cardiovascular disease, and hospitalization costs to care for Floridians with heart disease will top \$18.6 billion this year.

FHRI was founded more than 65 years ago as Miami Heart Research Institute, an international leader with the mission to Stop Heart Disease through cardiovascular research, education, and prevention programs.

To learn more go to www.floridaheart.org or to www.pushcpr.org and join the PUSH to save a life!



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PROFILES IN: Cardiology

WEST PALM BEACH VA MEDICAL CENTER

Elaine Morrissey, ARNP Cardiology Nurse Practitioner

Elaine Morrissey is a Cardiology Nurse Practitioner who works at the West Palm Beach VA Medical Center with Cardiovascular Implantable Electronic Devices. She also serves as the Coordinator for heart transplant candidates, the liaison for Electrical Physiological Studies/Ablation referrals, and is the facility's coordinator for the National Cardiac Device Surveillance System. She is a member of the American Academy of Nurse Practitioners and the Preventive Cardiovascular Nurses Association.

In 2006, she began her career at the West Palm Beach VA as a Clinical Support RN. She continued to work full-time at the VA in the Intensive Care Unit while pursuing her Master's degree in the Adult Nurse Practitioner Program at Florida Atlantic University. She has spent the majority of her nursing career working in the Cardiology field since receiving her Bachelor's in Nursing from Hunter College in New York City. Born in Hong Kong, Ms. Morrissey has traveled extensively.



David Parra, Pharm. D. Clinical Pharmacy Specialist in Cardiology

David Parra received a Doctor of Pharmacy degree from the University of Minnesota and subsequently completed a two-year postdoctoral fellowship in cardiovascular pharmacotherapy. Dr. Parra is a board certified pharmacotherapy specialist, with added qualifications in Cardiology, and a Fellow of the American College of Clinical Pharmacy. He practices at the West Palm Beach VA Medical Center as a Clinical Pharmacy Specialist in Cardiology and as the Director of their post graduate Cardiology Pharmacy Residency Program. In addition, Dr. Parra is a clinical associate professor at the University of Minnesota College of Pharmacy. He has been involved with the optimization of decision support tools to enhance the provision of safe and effective drug therapy, and the implementation of clinical video telehealth pharmacotherapy services at the medical center. He has numerous presentations and publications, and has presented research findings at the American Heart Association Scientific Sessions, European Society of Cardiology Congress, and other scientific forums.



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CLEVELAND CLINIC FLORIDA

David Wolinsky, M.D.

David Wolinsky, M.D., is a staff Cardiologist at Cleveland Clinic Florida where he specializes in nuclear cardiology, heart failure and cardiac risk management. Throughout his career, he has been a leading advocate for educating his patients and the community about heart disease and has lectured frequently on cardiovascular risk reduction and heart failure.

Dr. Wolinsky received his undergraduate and medical degrees from Columbia University in New York. He completed advanced training in internal medicine and cardiovascular disease at St. Luke's-Roosevelt Hospital in New York.



He is a founding member of the American Society of Nuclear Cardiology and serves on the Board of Directors and its Quality Assurance Committee. He is actively involved and lectures at both regional and national meetings. Dr. Wolinsky has authored and co-authored numerous scholarly articles on nuclear cardiology.

Edward B. Savage, M.D.

Edward B. Savage, MD, is chair of the Robert and Suzanne Tomsich Department of Cardiothoracic Surgery at Cleveland Clinic Florida. He specializes in reoperative and complex cardiac surgery, valvular heart disease, mitral valve repair, surgical approaches to heart failure, minimally invasive heart surgery, and minimally invasive lung surgery, including lung cancer.

Dr. Savage's academic pursuits include authorship of numerous scholarly articles, editorship of portions of the Cardiothoracic Surgery Network, and a reviewer for multiple scientific journals. He is also credited with publication of two books including the "Atlas of Mitral Valve Repair."



A graduate of Columbia University with a degree in Biochemistry, Dr. Savage completed his medical education at Yale Medical School. He trained in General Surgery at the Hospital of the University of Pennsylvania, and in Cardiothoracic Surgery at the Brigham and Women's Hospital/Harvard Medical School. He is certified by the American Board of Surgery and the American Board of Thoracic Surgery.

NORTH SHORE MEDICAL CENTER FMC CAMPUS

Alfredo Rego, M.D., Ph.D. Medical Director, Department of Cardiovascular Services

Dr. Alfredo Rego currently serves as Medical Director, Department of Cardiovascular Services at North Shore Medical Center FMC Campus. Dr. Rego leads The Heart Institute of Florida at FMC Campus, an Institute renowned for its commitment and success in implementing a high standard of cardiac care. Dr. Rego continues the longstanding excellence in cardiac surgery at FMC Campus, which was the first hospital to perform open heart surgery in Broward County in 1974.



Dr. Rego is certified by the American Board of Surgery and The American Board of Thoracic Surgery. His specialty interests are in Adult Cardiac and Thoracic Surgery, Peripheral Vascular surgery and Endovascular Surgery, Minimally Invasive and Robotic Surgery, Surgical Electrophysiology and Device Implantation, Laser Lead Extractions and Revision, and Venous Disease and Clinical Angiology.

Dr. Rego earned his M.D. from the University of San Carlos of Guatemala, Ph.D. in Georgetown University School of Medicine Washington, DC in Cardiovascular Physiology and Biophysics (Honors).

PROFILES IN: Cardiology

MARTIN HEALTH SYSTEM FRANCES LANGFORD HEART CENTER

Richard S. Blankenbaker, M.D.
Stephen E. McIntyre, M.D.

Interventional cardiologist Stephen E. McIntyre, MD, joined the Martin Health System Medical Staff soon before the Frances Langford Heart Center opened its doors in August 2006.

More than five years later, the heart center has saved countless lives and improved the health of the community. A significant component of that success has been the professionalism, skill and expertise of Dr. McIntyre and fellow interventional cardiologist Richard S. Blankenbaker, MD.

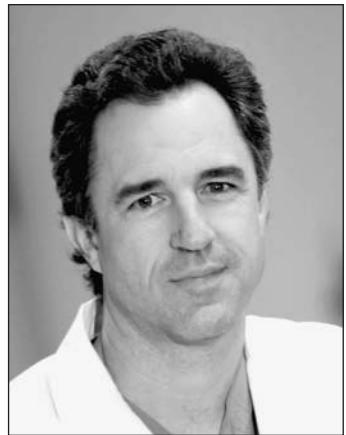
"Martin Health has had a successful cardiovascular program because of the cooperation between the cardiovascular team, involving both the cardiologists and the cardiovascular surgeons," Dr. McIntyre said.

Martin Health partners with three cardiology groups to provide care for patients, including interventional services. That collaboration has paid dividends for the community.

"From the time the patient arrives until the time the patient is discharged, our focus is on improving the patient's quality of life," Dr. Blankenbaker said. "We have a great staff here – they are experienced and fast, which is critical for long-term success."

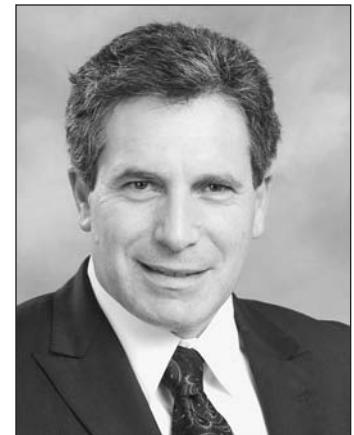
A board-certified interventional cardiologist, Dr. Blankenbaker earned his medical degree from the Medical University of South Carolina in 1991. He completed his cardiology fellowship training at the University of California, Irvine and at Emory University. He is board certified with the American Board of Cardiovascular Disease and Interventional Cardiology and the American Board of Internal Medicine. He joined the Martin Health Medical Staff in 2007.

Dr. McIntyre, a board-certified interventional cardiologist, received his medical degree from George Washington University Medical School in Washington, DC. He completed his internship and residency at the National Naval Medical Center in Bethesda, Md. He also completed an interventional cardiology fellowship and a cardiovascular medicine fellowship at the University of Florida. Dr. McIntyre is board certified with the American Board of Internal Medicine, the American Board of Cardiovascular Disease for Cardiology and Interventional Cardiology.



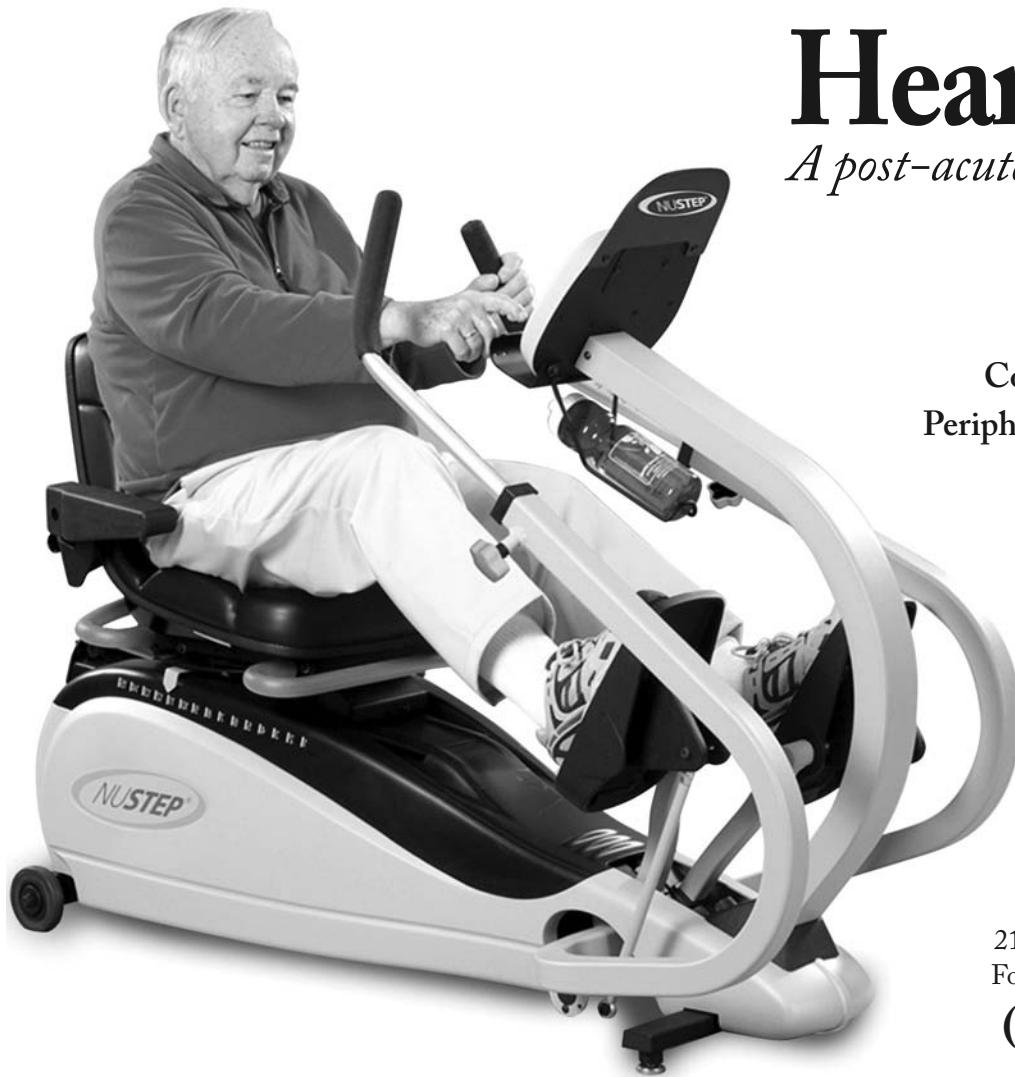
BROWARD HEALTH NORTH BROWARD MEDICAL CENTER

Dr. Andre Landau
Medical Director
of Interventional
Cardiology



Andre Landau, M.D., FACC, cardiologist, has been appointed medical director of interventional cardiology at Broward Health North Broward Medical Center (BHBMC). "My team and I are proud to bring this new, specialized service to the community," said Dr. Landau.

Dr. Landau is a graduate of the University of Witwatersrand Medical School in Johannesburg, South Africa. He completed his residency at Baragwanath Hospital and the State University of New York Health Science Center in Brooklyn, N.Y., and then completed a cardiology and interventional cardiology fellowship at Albert Einstein College of Medicine in Bronx, N.Y. He has authored several cardiovascular publications and been a sub-investigator on two multi-center trials.



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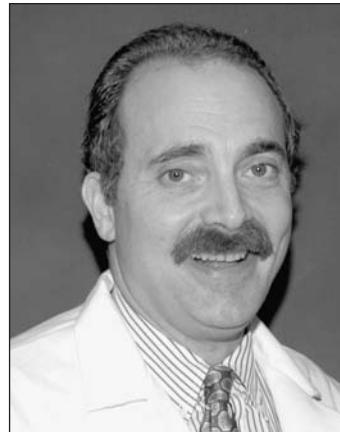
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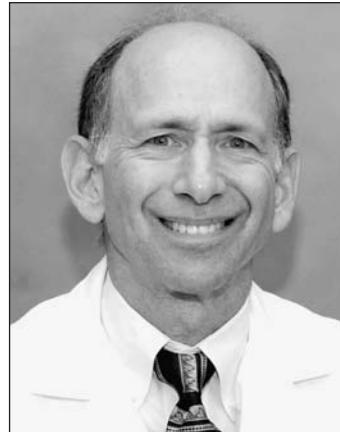
Jeffrey Blum, M.D., F.A.C.C.

Providing cardiac care at the Holy Cross Hospital Jim Moran Heart and Vascular Center, cardiovascular specialist Dr. Jeffrey Blum is board certified in cardiovascular disease and internal medicine. Holding medical licenses from the State of Florida and the State of New York, Dr. Blum has extensive research experience including numerous studies and trials. He is a member of the American College of Cardiology, the American Heart Association, the Florida Medical Association, and the Dade County Medical Association. Dr. Blum received his medical degree from Eastern Virginia Medical School and his bachelor's degree from the University of Virginia. He completed his residency at Beth Israel Medical Center in New York, followed by a fellowship in cardiology at the New York University Medical Center - Manhattan Veterans Administration.



Ricky Marc Schneider, M.D., F.A.C.C., F.A.C.P

Dr. Ricky Schneider is Board certified in cardiovascular disease, nuclear cardiology and internal medicine. He is a member of the American Heart Association's Council on Clinical Cardiology, American College of Cardiology, American College of Physicians, American Society of Nuclear Cardiology, Heart Failure Society of America, Broward County Medical Association and Duke Cardiology Fellows Society. Additionally, he serves as vice president of the board of directors of Duke University Cooperative Cardiovascular Studies and has teaching appointments at the medical schools of the University of Florida and Nova Southeastern University. He has been published in numerous medical journals and has been regularly conducting clinical investigations for more than 20 years. Dr. Schneider received his medical degree from Yale University School of Medicine and his bachelor's degree from Yale College. He completed his internal medicine residency at Mount Sinai Medical Center in New York followed by a cardiology fellowship at Duke University Medical Center in North Carolina. (154 Words)



PALMETTO GENERAL HOSPITAL

Romualdo Segurola, M.D. Chief of Cardiac Surgery

Since 2006, Dr. Romualdo Segurola has served as Chief of Cardiac Surgery for Palmetto General Hospital, where he is also Medical Director of The Heart Institute at Palmetto General Hospital. Dr. Segurola has lead Palmetto General Hospital in achieving recognition as the number one hospital in Florida for cardiac surgery and one of the top 100 hospitals in the nation for cardiac surgery by HealthGrades.

Dr. Segurola practices cardiothoracic surgery, and has a special interest and expertise in coronary artery bypass surgery, thoracoscopy assisted surgery for atrial fibrillation, aortic root reconstruction, minimally invasive valve surgery, and treatment of end stage heart disease.

In addition to clinical practice, Dr. Segurola dedicates time to research and professional leadership. He currently serves as a director on the Executive Council of the Florida Society of Thoracic and Cardiovascular Surgeons; chair of the Division of Cardio-Thoracic Surgery for the Nova Southeastern University College of Medicine, Department of Surgery; and is on the National Spokesperson Panel for the American Heart Association/American Stroke Association.



THE MOUNT SINAI HEART INSTITUTE

Nirat Beohar, M.D.

Director of the Cardiac Catheterization Laboratory

Nirat Beohar, M.D., has devoted his career to the use and development of catheter-based therapies for the treatment of heart disease. Dr. Beohar is the Director of the Cardiac Catheterization Laboratory at Mount Sinai Heart Institute and the Columbia University Division of Cardiology at Mount Sinai in Miami Beach. He is also medical director of the hospital's Structural Heart Disease Program and Program Director of the Interventional Cardiology Training Program.



Dr. Beohar is board certified in interventional cardiology, nuclear cardiology, CT angiography and cardiology. He has a broad repertoire of catheter-based therapies such as implanting catheter-delivered heart aortic valves, closing atrial septal defects, PFOs and transseptal catheterization. He also has experience with percutaneous therapies for peripheral vascular disease.

Dr. Beohar has had considerable experience with clinical research and has published extensively in major medical journals including the Journal of the American Medical Association (JAMA), Circulation, and the Journal of the American College of Cardiology (JACC).

Jason Jacobson, M.D. Director of Electrophysiology



Jason T. Jacobson, M.D., is the Director of Electrophysiology for the Columbia University Division of Cardiology at Mount Sinai Heart Institute and an assistant professor at the Columbia University Division of Cardiology.

Board certified in clinical cardiac electrophysiology and cardiology, Dr. Jacobson is an expert in the diagnosis and treatment of heart rhythm disorders such as atrial fibrillation, ventricular tachycardia in structural heart disease, supraventricular tachycardia, and other forms of arrhythmia. He also is skilled at cardiac catheter ablation, diseased tissue in the treatment of arrhythmias, implantation of cardiac rhythm management devices such as pacemakers, implantable cardiac defibrillators and cardiac resynchronization devices.

Dr. Jacobson is a graduate of the Northwestern University School of Medicine. He completed his medical internship and residency at Weill Medical College-New York Presbyterian Hospital and he completed fellowships in cardiology, electrophysiology research and clinical cardiac electrophysiology at the Hospital of the University of Pennsylvania.

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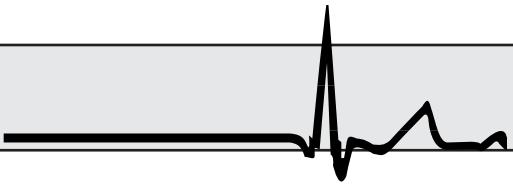


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MEMORIAL REGIONAL HOSPITAL

Lance Cohen, M.D., MBBCH, FCCP
Medical Director, Heart Surgical Unit

Dr. Lance Cohen is the medical director of Memorial Regional Hospital's Heart Surgical Unit (HSU). In this role, he coordinates and leads a team of medical professionals who specifically care for every aspect of the post-operative, cardiac surgery patient. This unique approach has assisted in placing the Adult Cardiac Surgery program at Memorial Regional Hospital among the highest ratings in the country for both outcomes and quality.

Dr. Cohen is certified by the American Board of Internal Medicine in four separate specialties: internal medicine, pulmonary medicine, critical care medicine and sleep medicine. He earned his medical degree from the University of the Witwatersrand in Johannesburg, South Africa; and completed a one-year general internship followed by six months of training in the respiratory intensive care unit at the Johannesburg General Hospital.

He continued his medical training in St. Louis, MO, where he completed a three-year residency in internal medicine, followed by a three-year fellowship in pulmonary and critical care at Barnes-Jewish Hospital and Washington University School of Medicine. While there, Dr. Cohen was chief fellow and gained in-depth experience in caring for post-operative cardiac surgery patients.

Dr. Cohen's numerous awards include the Ruth L. Kirschstein National Research Service Award. He has also been published in major peer-reviewed medical journals, including CHEST and the American Journal of Respiratory and Critical Care Medicine. He is a member of the American College of Chest Physicians, American Thoracic Society, American College of Physicians and American Medical Association.

Juan Plate, M.D., FACS
Cardiac Surgeon

Cardiac surgeon Juan Plate, M.D., FACS, joined Memorial Healthcare System's Division of Cardiac Surgery in 2010. Dr. Plate specializes in minimally invasive valve procedures and aortic aneurysm dissection. He is working with Dr. Richard Perryman, medical director of the Memorial Cardiac and Vascular Institute, and Dr. Michael Cortelli, chief of Adult Cardiac Surgery.

Prior to joining Memorial Healthcare System, Dr. Plate was an assistant professor in the division of cardiac surgery at the Robert Wood Johnson Medical School at the University of Medicine and Dentistry of New Jersey (UMDNJ) in New Brunswick, N.J. He is board certified in both general and thoracic surgery and is currently involved in numerous research studies in the field of cardiothoracic surgery.

Dr. Plate earned his Bachelor of Arts degree in biology from the University of Pennsylvania. He completed medical school at UMDNJ. Following that, Dr. Plate completed his internship, residency, chief residency and chief administrative residency in the Department of Surgery at Washington Hospital Center in Washington, D.C. Dr. Plate then returned to UMDNJ-Robert Wood Johnson Medical School where he did his residency in thoracic surgery.

During training, he was a member of various committees at the Robert Wood Johnson University Hospital. Since 1997, Dr. Plate has also made numerous presentations at cardiac conferences across the country.



Palmetto General Hospital Celebrates HealthGrades Designation as # 1 Hospital in Florida for Cardiac Surgery



(l-r) Councilman Nelson Hernandez, Town of Miami Lakes; Vice Mayor Richard Pulido, Town of Miami Lakes; Event emcee Alberto Sardinas; Councilman Luis E. Gonzalez, City of Hialeah; Ana Mederos, CEO, Palmetto General Hospital; The Honorable State Senator Rene Garcia-District 40; Dr. Romualdo Segurola, Medical Director, The Heart Institute at Palmetto General Hospital; Marsha Powers, Sr. Vice President-Florida Region, Tenet Healthcare; Mayor Carlos Hernandez, City of Hialeah; Mayor Juan Carlos Bermudez, Doral; Councilwoman Mary Collins, Town of Miami Lakes; Councilwoman Vivian Casals-Munoz, City of Hialeah; Mayor Yoset De La Cruz, City of Hialeah Gardens; Paul B. Hernandez, Councilman, city of Hialeah.

Palmetto General Hospital recently celebrated a remarkable accomplishment in cardiac care. The hospital was designated as the number one hospital in Florida for cardiac surgery and among the nation's 100 best hospitals for the specialty by HealthGrades. In addition to the top national and state rankings, Palmetto General Hospital also achieved HealthGrades top rating – 5-stars – for its quality in Coronary Bypass Surgery, Heart Valve Surgery, and Treatment of Stroke categories.

The Miami-Ft. Lauderdale market rated 3-stars overall for cardiac surgery quality, while Palmetto General Hospital is 5-star-rated in cardiac surgery. This rating is a reflection of the committed team of physicians, nurses, and staff at the Palmetto General Hospital Heart Institute.

An award was presented to Palmetto General Hospital by State Senator Rene Garcia, and Proclamations were presented by Mayor Carlos Hernandez, City of Hialeah; Mayor Yoset De La Cruz, City of Hialeah Gardens; Mayor Juan Carlos Bermudez, City of Doral and representatives from the Town of Miami Lakes.

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Broward Health North Broward Medical Center Cath Lab Adds Interventional Cardiology



Cath Lab technicians and staff.

Broward Health North Broward Medical Center (BHNMC) is offering interventional cardiology services in its cardiac catheterization lab to treat patients who are having heart attacks. Interventional cardiology allows physicians to diagnose blockages to blood vessels in the heart, and also open those vessels that pose critical and potentially life threatening risks.

The addition of interventional cardiology means that local residents suffering heart attacks can now be transported by ambulance directly to BHNMC. Prior to the availability of interventional cardiology at BHNMC, patients being transported by EMS would have to bypass BHNMC and travel a greater distance.



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Baptist Cardiac & Vascular Institute Aligns With Top European University



Dr. Barry T. Katzen (second from left), founder and medical director of Baptist Cardiac & Vascular Institute in Miami, and Dr. Dittmar Böckler (second from right), medical director and chairman of the Department for Vascular and Endovascular Surgery at Heidelberg University Hospital in Germany, announce their affiliation agreement at The International Symposium on Endovascular Therapy. Baptist Health South Florida president and CEO Brian Keeley (left) and Baptist Hospital CEO Bo Boulenger (right) attend the announcement for a longstanding commitment to the exchange of knowledge and innovation that will result in better patient care both in the United States and Germany. Photo credit: Gort Productions.

Baptist Cardiac & Vascular Institute of Miami recently announced its partnership with the University of Heidelberg, one of the largest and most important centers for patient care, medical research and teaching in Europe, for hands-on access to the latest medical innovations.

"Our Institute has set the agenda in South Florida for cardiac and vascular procedures and treatment, but a lot of medical innovations are happening outside the United States. Our affiliation with the University of Heidelberg will bring a new line of knowledge in clinical medicine and broaden our perspective about new developments in patient care," Barry T. Katzen, M.D., founder and medical director of the Institute, said.

The relationship will benefit South Florida patients, who will have access to the most advanced treatments available for cardiac and vascular systems performed by heart surgeons, interventional radiologists and vascular surgeons.

"In our regulatory environment, it takes three to four years for innovations to be approved here. Our doctors, by traveling to Heidelberg, will already have been involved in early-stage technology. As a byproduct of this partnership, over time it will have significant implications in patient care," Dr. Katzen said.

Both organizations are internationally renowned as groundbreakers in cardiovascular care, involved in dozens of clinical trials and sophisticated diagnostic, treatment and rehabilitation services. In addition, they share a goal of searching for the least invasive treatments, particularly important for an aging population that isn't always eligible for traditional surgery due to high risk factors. Teams of interventional radiologists, clinical and interventional cardiologists, cardiothoracic surgeons, vascular surgeons, electrophysiologists, and neuroradiologists work together to provide a spectrum of care ranging from wellness to the most complex endovascular and open surgical procedures for heart and circulatory problems.

Cardiology Associates of Boca Raton Joins Holy Cross Medical Group



The highly trained team of cardiologists at Cardiology Associates of Boca Raton has joined the Holy Cross Medical Group. The cardiologists that joined Holy Cross Medical Group are (l-r) David Funt, M.D.; Ronald Gabor, M.D.; Constance Fields, M.D.; Jay Baker, M.D.; and Steven Coletti, M.D. They are all board certified in cardiovascular disease and their respective cardiology specialties.

Frances Langford Heart Center Celebrates 5th Anniversary of Award-Winning Care



Cardiothoracic surgeon Dr. F. Michael Crouch performs open-heart surgery at the Frances Langford Heart Center with surgical team members.

BY JANICE MEADOWS

The Frances Langford Heart Center at Martin Health System had plenty to celebrate in 2011.

In August, the heart center commemorated its fifth anniversary with a heart screening and educational session hosted by cardiovascular surgeons Michael Crouch, MD, and James Thornton, MD.

Then in November the heart center received another reason to celebrate, when Martin Medical Center was named one of the nation's 50 Top Cardiovascular Hospitals in an annual study by Thomson Reuters. It was the second consecutive year Martin Health was recognized as a 50 Top Cardiovascular Hospitals winner and was one of just two hospitals from Florida. Martin Medical Center was also named one of the nation's 65 Hospitals with Great Cardiology Programs by Becker's Hospital Review.

Selected from more than 1,000 hospitals across the United States, winners of the prestigious 50 Top Cardiovascular Hospitals award provide "top-notch cardiovascular care" according to results from an exhaustive analysis.

For all of us who provide care at the heart center, it was recognition of our mission to provide the communities we serve with the best possible cardiovascular care. We have an incredible team of physicians and clinical staff, who combine skill, professionalism and compassion to provide exceptional cardiovascular care to residents of the Treasure Coast.

Martin Health partners with cardiologists at Cardiology Associates of Stuart, Stuart Cardiology Group and Florida

Heart Center, as well as the Ocala Heart Institute for open-heart surgeries.

That partnership is paying off for residents of the Treasure Coast. Lives have been saved, health has been improved and members of our community have increased peace of mind knowing that quality cardiovascular care is available close to home.

The Thomson Reuters 50 Top Cardiovascular Hospitals study shows that 97 percent of cardiovascular inpatients in U.S. hospitals survive and approximately 96 percent remain complication-free, reflecting improved cardiovascular care across-the-board over the past year. The 50 Top Hospitals' performance surpasses these high-water marks as indicated by:

- Better risk-adjusted survival rates
- Lower complications
- Fewer patients readmitted to the hospital after 30 days
- Shorter hospital visits and lower costs
- Increased use of internal mammary artery (IMA) for coronary artery bypass surgeries

However, despite the recognition the Frances Langford Heart Center has received in recent years, we are constantly seeking ways to improve through industry best practices, training for clinical staff and utilizing sophisticated technology. It has been an exciting five years at the Frances Langford Heart Center. But we are looking forward to even greater things in the years to come.

Janice Meadows, Assistant Vice President for the Frances Langford Heart Center at Martin Health System, can be reached at jmeadows@mmhs-fla.org.



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Mount Sinai Medical Center Participating in Landmark CoreValve® Clinical Trial

Mount Sinai Medical Center in Miami Beach is one of only 40 hospitals across the United States participating in the Medtronic CoreValve clinical trial to evaluate a new, non-surgical alternative to open-heart surgery for patients with severe aortic stenosis.

The national trial will enroll more than 1,200 patients at sites across the country, including Mount Sinai, where it is under the direction of Joseph Lamelas, M.D., surgical principal investigator, and Nirat Beohar, M.D., interventional principal investigator.

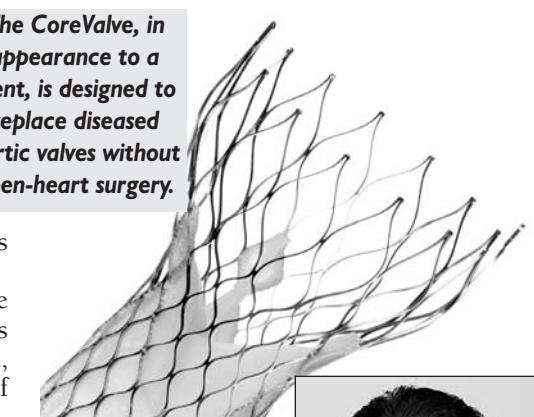
"We're excited to partner with other leading cardiac specialists in the U.S. to study this revolutionary technology," said Dr. Lamelas, Chief of Cardiac Surgery at The Mount Sinai Heart Institute. "The boundaries of medical treatment are constantly being expanded, and Mount Sinai is proud to stand with our patients on that frontier."

The CoreValve System is designed to provide a minimally invasive, non-surgical option for patients with symptomatic, severe aortic stenosis who are at high risk, or are ineligible, for open-heart surgery. Worldwide, approximately 300,000 people have been diagnosed with this condition (100,000 in the U.S.), which occurs when the heart's aortic valve is narrowed, restricting blood flow from the heart to the body. Approximately one-third of these patients are deemed at too high a risk for open-heart surgery as the condition typically affects an older demographic and develops in individuals between the ages of 50 and 70. The Medtronic CoreValve Clinical Trial will evaluate the safety and effectiveness of the CoreValve Transcatheter Aortic Valve System in these groups of patients.

"The procedure we are evaluating does not require open-heart surgery or surgical removal of the native valve," said Dr. Beohar, Director of the Cardiac Catheterization Laboratory at the Mount Sinai Heart Institute. "This potential treatment option is especially desirable because so many patients with aortic stenosis are not able to withstand surgery."

The Medtronic CoreValve System is a new technology designed to replace a diseased aortic heart valve percutaneously – meaning through the skin – without open heart surgery and without surgical removal of the diseased valve. The new valve replacement procedure channels a catheter (thin tube) with a prosthetic valve through the femoral artery to reach the heart. The CoreValve System is designed with self-expandable technology, deploying the new valve inside the diseased aortic valve without open-heart surgery or surgical removal of the native valve. Outside the U.S., CoreValve received CE (Conformité Européenne) Mark in Europe in 2007.

Mount Sinai Medical Center is currently enrolling patients in the trial. For more information about participating in this clinical trial, call (305) 674-2399.



Dr. Joseph Lamelas

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Preparing for Cardiac Catheterization

If you are having heart problems, your doctor may recommend that you have a cardiac catheterization procedure to diagnose or treat your heart condition. "Cardiac catheterization involves threading a long, thin flexible tube through an artery or vein to the heart," says Robert Carida, M.D., an interventional cardiologist at Delray Medical Center. "The procedure may be performed for a variety of reasons, such as diagnosing or evaluating coronary artery disease, congenital heart defects, or heart valve problems, as well as identifying causes of heart failure or cardiomyopathy." Preparing for cardiac catheterization begins the night before the procedure. You will probably be asked not to eat or drink anything after midnight. "Before the procedure, check with your doctor if you are taking any medications, especially blood-thinning or antiplatelet prescriptions," reminds Dr. Carida. In the catheterization laboratory, or cath lab, you will lie on an examination table and electrodes (small metal disks), which are attached by wires to an electrocardiogram machine, will be placed on your chest to monitor heart rhythm during the test. You will be given a sedative before the cardiac catheterization to help you relax but will remain awake during the 30- to 60-minute procedure. The area where the catheter is inserted is numbed and a small incision is made into a blood vessel usually in the arm or upper thigh.

Special X-rays are taken as the catheter and guide wire are gently threaded to the proper place in the heart to perform necessary tests or treatments. You may feel some discomfort at the incision site or from having to remain still for an extended period of time. A special dye may be administered through the catheter to allow your doctor to see how well your heart is pumping. Your doctor also could use the catheter to take blood samples from different areas of the heart or to perform minor heart surgery. If there are blockages in the arteries, your doctor may perform an angioplasty to improve blood flow. After the procedure is finished, the catheter is removed and the incision site is closed and bandaged. Usually you can return home the same day as the procedure. You may feel some tenderness or soreness for about a week.

"Cardiac catheterizations are performed frequently and rarely cause serious problems or complications," concludes Dr. Carida.

For more information, contact Delray Medical Center at 561-498-4440.



Dr. Robert Carida

Diagnosing Heart Diseases: Tests that Get to the Heart of the Matter

Heart disease is a big deal. For many of us, it's the No. 1 threat to our health. So if your doctor thinks you're at risk for the disease—or that you already have it—chances are you're going to undergo some testing, which will help determine if you need treatment.

"There is no one test to determine whether or not you have heart disease," says Rahul Aggarwal, M.D., interventional cardiologist at Palm Beach Gardens Medical Center. In order to get a complete picture of your heart's health, your doctor might want you to have two or more tests.

Most of the tests for diagnosing and evaluating heart disease are painless. In fact, many of them don't require even a needle stick in your arm. But each one you undergo is like a puzzle piece, giving your doctor more information to guide your treatment.

Here are some common tests used to diagnose heart disease, followed by a brief description of how and why each test is done. The information comes from several groups, including the American Heart Association (AHA); the National Heart, Lung, and Blood Institute; and the Centers for Disease Control and Prevention.

"Your doctor is your best resource in what can be a scary or confusing time," Dr. Aggarwal says. Each step of the way, you can ask him or her questions about the benefits and risks any test holds for you.

Noninvasive tests are those that don't require putting needles, dyes, tubes, or other materials into your body, notes the AHA. Some frequently used ones include:

- Chest x-ray: A chest x-ray can give your doctor a look at your heart, lungs and bones. It can't actually see inside your heart but it can show its shape and size. An x-ray also can show if your lungs are filling with fluid from a heart attack.

- Electrocardiogram (ECG or EKG): An ECG can show three major electrical signals—or waves—produced by your heart, says the AHA. Each wave represents a different part of your heartbeat. Some information your doctor can glean includes: An abnormal heart rhythm, evidence of a heart attack, enlargement of the heart muscle, and problems with blood flow to the heart.

- Stress test (exercise ECG): A stress ECG tells your doctor how your heart handles workloads. "It helps us learn the cause of your chest pain, see what your risk for having a heart attack is and help you plan an effective yet safe fitness plan," Dr. Aggarwal says.

- Echocardiography: Your doctor is able to see your heart's size and shape, plus how well blood pumps through it with every beat. The test can reveal problems with heart valves and whether part of your heart muscle is weak.

As for invasive tests, some require only a quick needle stick. Others—like transesophageal echocardiography—use special probes and can take a half-hour or more. Examples of invasive tests include:

- Thallium stress tests (myocardial perfusion imaging): The thallium test measures the blood supply to different parts of your heart. If an area isn't getting enough blood, that can indicate atherosclerosis—narrowing of the arteries due to fatty plaque buildup.

- Cardiac catheterization: Catheterization is one of the most valuable tests for diagnosing heart disease, says the AHA. It lets your doctor measure blood pressure or take blood samples within the heart itself. It can find blockages in the arteries.

- Transesophageal echocardiography (TEE): Similar to noninvasive echocardiography, this test offers a detailed look at your heart's structure and function.

For more information, contact Palm Beach Gardens Medical Center at 561-622-1411



Dr. Rahul Aggarwal

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Call for Nominations for 2012 Heroes in Medicine

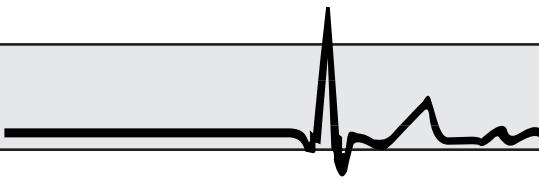
Palm Beach County Medical Society Services recently announced its call for nominations for the 2012 Heroes in Medicine Awards. Finalists will be recognized at the 9th Annual Heroes in Medicine Awards luncheon on Wednesday, May 9 at the Kravis Center in West Palm Beach.

The 2012 Heroes in Medicine categories are: Community Outreach Hero, Bruce Rendina Professional Hero, Health Care Provider Hero (Non-Physician), Physician Hero (Local/National), Physician Hero (International), and Student Hero. Descriptions of the awards categories are available on Palm Beach County Medical Society's website, www.pbcms.org/heroes. Anyone in the community can nominate an individual group or organization. The deadline for nominations is February 16 at 3 p.m.

Proceeds from Heroes in Medicine benefit Project Access, a community-based program to increase access to health care for the uninsured.

The event is also looking for corporate sponsors. Various levels of sponsorship are available, and sponsors will also be recognized at the Awards Luncheon on May 9th.

To nominate a Hero or to learn more about sponsorship, visit www.pbcms.org/heroes or call (561) 433-3940.



Taking Care of the Tiniest Hearts: High-tech Approach with a Human Touch

When left untreated, congenital heart defects could lead to health problems, decreased quality of life and even death. At St. Mary's, the multidisciplinary team is here to meet every need of each patient as well as his or her family members, no matter what age or disease stage the child is in.

"Our Pediatric Cardiovascular Surgery Program utilizes experienced pediatric specialists including surgeons, cardiologists, anesthesiologists and intensivists," says Linda Rankin, BS, MJ, MBA, MSN, Administrative Director of Pediatric Services at St. Mary's. "The operating room staff and Pediatric Intensive Care nursing staff are highly trained to offer patients the maximum level of care."

The Children's Hospital at St. Mary's also features a new operating room and catheterization laboratory to ensure patients have access to the most



Dr. Michael D. Black

advanced care. "No matter what a patient's needs, we are here for them," says Rankin. "The Children's Hospital at St. Mary's can provide extensive pediatric specialty services to the children of South Florida and beyond." Nearly one in 100 babies in the United States is born with a congenital heart defect, according to the Children's Health Foundation. To support

babies in need of care for congenital heart conditions, the Children's Hospital at St. Mary's now offers pediatric cardiovascular surgery.

In September, the Pediatric Cardiovascular Surgery Program welcomed the arrival of Michael D. Black, M.D., MBA, Medical Director of the Pediatric and Congenital Open Heart Program at the Children's Hospital at St. Mary's. Dr. Black brings 20 years of surgical expertise to St. Mary's and was at the forefront of the development of the minimally invasive surgical techniques

and technology cardiovascular surgeons use today. "By making smaller incisions, patients experience less tissue trauma," says Dr. Black.

"Other techniques that do not divide the breast bone - a practice typically performed in traditional cardiac procedures - also reduce infection rates while allowing patients to grow up with minimal scarring so they can live a more normal life." Once surgery is complete, children can return home after just a few days. "Typically, newborns may need to remain in the hospital for observation for a week," says Dr. Black. "However, most children can return home to their families within days."

Thanks to advanced surgical techniques, there are currently 2 million people living normal lives with congenital heart defects in America, according to the Children's Heart Foundation. While high-tech approaches and a multidisciplinary medical team are available to ensure all patients' medical needs are met, the most important part of the Pediatric Cardiovascular Surgery Program is providing patients and their loved ones with the support they need. "My main goal is to ease parents' minds," says Dr. Black. "Any questions

or concerns they may have, I am here to answer. I make a point to stay overnight at the hospital when a patient has undergone surgery to ensure I can do whatever possible to make the child and parents feel comfortable."

Dr. Black is working to make the Cardiovascular Surgery Program at the Children's Hospital at St. Mary's one of the most innovative programs in Florida. In addition to children, Dr. Black specializes in the treatment of adults with congenital heart disease. This provides all patients with congenital heart disease continuity of care throughout their lifetime at St. Mary's Medical Center. "When parents find out their child needs to undergo surgery, it can be an overwhelming experience," says Dr. Black. "Now, for residents in the Greater Palm Beach area, we can offer services without the need to travel. It's my goal to offer a surgical solution that will last a lifetime so children with congenital heart defects can live long, happy lives."

For more information about the Pediatric Cardiovascular Program, visit www.stmaryschildrensmc.com.

COVER STORY: Heart Month: Opportunity for a Return to Reason

Continued from page 1

It would perhaps not be fair or even appropriate for a prestigious research institute such as FHIR to minimize the complexity of heart disease and the multitude of treatments, both established and emerging. In fact, a frequent visitor to the internet will be confused at best. For years physicians sung the anticipated benefits of hormonal replacement in post-menopausal women. Coronary heart disease is uncommon in women of childbearing age; incidence accelerates rapidly thereafter, surpassing that in men at around age 65. It therefore seemed obvious that hormonal replacement would lower the risk. In fact, laboratory studies documented the favorable effect of estrogen on platelet and other key functions. All was well until the matter was actually studied, and it was discovered that such therapy actually increased the risk of thrombotic events (stroke and deep venous thrombosis/pulmonary embolism) without lowering the incidence of coronary artery disease. Elevated homocysteine levels were clearly associated with increased risk of coro-

nary disease. Folate successfully lowers homocysteine levels. Ergo, folate should lower the risk of coronary disease in people with elevated levels of homocysteine. Reasonable, but, once studied, wrong. Multiple studies demonstrated the success of folate in lowering homocysteine levels and doing absolutely nothing to lower the risk of coronary events. CRP is a serum marker of inflammation which is also associated with increased risk of coronary disease. Therefore, anti-inflammatory vitamins such as C and E should lower the incidence of coronary events. Reasonable again, and, once again, once studied, false. More recently, epidemiologic evidence suggests that those people who have high calcium in their diet may have a reduced risk of coronary disease. However, studies which supplement calcium found ... found ... (yes, by now you must have guessed it) an increased incidence of coronary events. Vitamin D is the "vitamin of the 21st century." Once felt to be solely involved in calcium metabolism, this vitamin is found to have receptors throughout the body which may be involved in multiple criti-

cal cellular events. Multiple epidemiologic studies have found that low serum levels of Vitamin D seem to be associated with multiple disease processes, including cardiovascular disease. And the data on supplementation? - somewhat preliminary, but so far not so promising.

Obviously the situation in medicine is always somewhat more complex than logic would seem to dictate. A carbohydrate-based extreme low fat diet (such as the Ornish diet) and an intelligent fat and low carbohydrate diet (such as the South Beach diet) both seem to be protective against cardiac events. Caffeine as a stimulant would seem to be dangerous for the heart, yet coffee is, if anything more protective than harmful to the heart. Theoretically, if there were any form of alcohol that should be beneficial to the heart, it should be red wine; but no one has ever convincingly demonstrated that red wine (or any wine) is more protective in moderate quantities than any other form of equivalent amounts of alcohol. It would seem that logic has no chance when it comes to

medicine.

However, even though reason must always surrender to evidence, there are certain rational thoughts that it might be helpful for our hearts to consider this month. A body that ingests more calories than it consumes will necessarily store them as fat. A body that does not exercise is removing one of the major intrinsic homeostatic mechanisms for health. A body that ingests cigarette smoke, or any other toxin, on a regular basis is poisoning itself. A body that engages in excess is likely to lose its internal balance. A person that focuses on fear, anger and/or depression is unlikely to develop nurturing relationships. For all the rest, leave it to the researchers, and we'll keep you posted as the stories unfold.

Dr. Paul Kurlansky, board certified cardio-thoracic surgeon, Director of Research at the Florida Heart Research Institute, can be reached at (305) 674-3154 or pak@floridaheart.org.

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Putting Smiles Back on Little Faces

BY SARAH LOWER

I look at one picture in my office of a 4-year-old boy dressed in his best for his first ever dentist appointment at the new Kids In Distress (KID) Dental Clinic. He has 14 teeth, eleven have cavities and the two front teeth are missing, rotted out, most likely from being put to bed since infancy with a bottle. He needs two implants not covered by Medicaid. I am transfixed by the missing front teeth of the four year-old, and I can't help thinking ...does he ever smile? Given his family's economic circumstances and the high cost of implants, it seems a possibility that his two front teeth will not be replaced in his lifetime without intervention. I wonder if I am witnessing the most defining crossroads in this child's life, and it is occurring at the age of 4. The other photo in my office is of a 7-year-old girl crying from pain. She needs six root canals.

In 2011, KID opened a 12 chair pediatric dental clinic in a 1500 square-foot office building at our Wilton Manors campus. We brought in students, residents and faculty from Nova Southeastern University's College of Dental Medicine to provide dental services to the children. Generous seed money from donors such as Health Foundation of South Florida, helped with the expense of setting up a large-scale charitable dental clinic. The model is unique for using a social services agency to provide health services to the vulnerable in collaboration with a university academic program. The program's objective is to provide affordable dental care to any child in South Florida, including the tens of thousands of impoverished children living in Broward County who find it difficult to access a dentist. National Statistics rank Florida the lowest in the nation for children accessing dental care.

With that sobering thought in mind, we continue to encounter tremendous unforeseen challenges – one is the amount of time as well as the number of professionals needed to address such severe cases of infection and decay, and the second is being able to raise the funds necessary to treat these uninsured children.

We know we are the right agency to provide this service as our presence in thousands of the most at-risk homes in Broward County every year helps influence appointment setting, insurance enrollment, and preventative health practices. Our established relationship with Nova Southeastern University and other social services agencies in our community also assists with this responsibility.

But at the heart of it, both Kids In Distress and Nova Southeastern University agree: Given the long-lasting impact untreated dental decay has on a child's overall health, self-esteem, future job prospects, and quality of life, providing children in South Florida with this resource is simply the right thing to do.



Thomas Grant, NSU College of Dental Medicine D4,
and Diego Bonilla, Dental Assistant, work on a patient.

Think about it ... what is the point of making sure children have safe homes, if a situation just as dangerous lies within their own bodies?

For information on how you can make a difference in a child's life contact Sarah Lower, Grant Manager, at (954) 390-7620 ext. 1277 or sarahlower@kidinc.org. To contact the Kid Dental Clinic, call (954) 567-5650 or visit KID at www.KidInc.org.

This article is dedicated to retiring Kids In Distress CEO
of fifteen years, Thomas Tomczyk.

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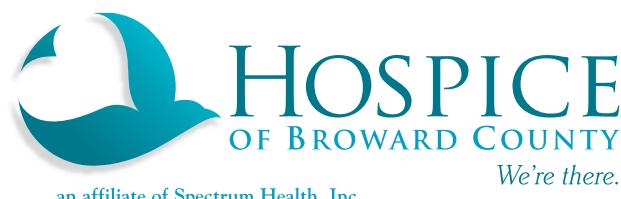
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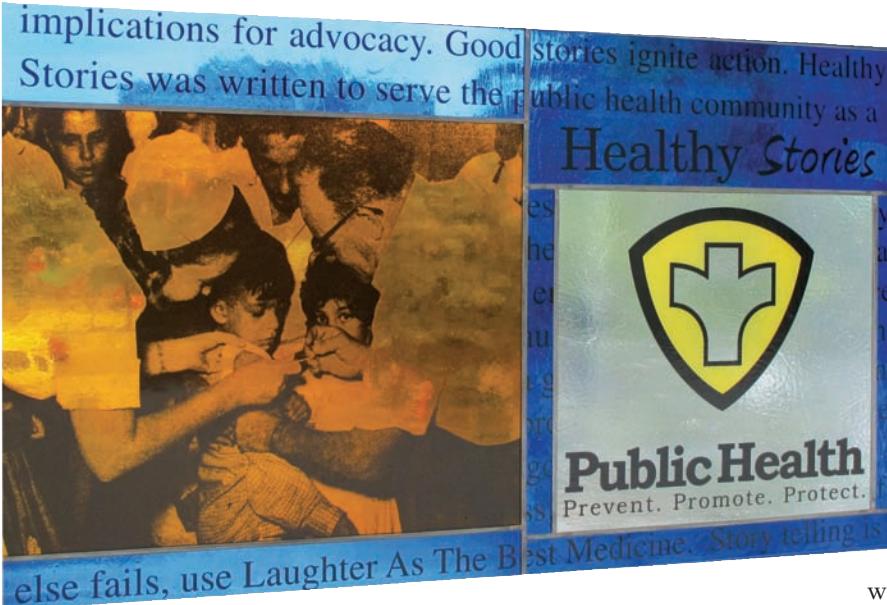


BY SHERYLL LEE

On Friday, December 16, 2011 the Miami-Dade County Health Department (MDCHD) held an art dedication ceremony at their newest Health Center, The Health District Center located at 1350 NW 14th street. Former employees, business partners and current health department employees attended the dedication ceremony which was hosted by Lillian Rivera, RN, MSN, PhD, Administrator of the Miami-Dade County Health Department.

The dedication served as a reminder to the many employees who have dedicated their lives throughout the years to help promote and protect the health of all residents in Dade County and will serve as a constant reminder that public health has conquered many challenges within our community.

Among those invited were Governor Rick Scott, State Surgeon General Frank Farmer, former Florida Senator Durrell Peadon, Congresswoman Frederica Wilson, Shirlee M. Moreau-LaFleur, Director of Field Operation for Congresswoman Wilson, Community partners such as Dr. Armando Ferrer, President of Miami-Dade College Medical Center Campus, Pat Handler, Executive Vice President for Dade County Medical Association, Barry Johnson, President/CEO for Greater Miami Chamber of Commerce, Maria Luisa Gonzalez Silva, Government & Community Relations Manager at Baptist Health of South Florida, Ana Maria Rodriguez, Business Development Manager at Health Choice Network, and the artist, Nancy O'Neil and her husband/partner James O'Neil who lives and works in New Orleans, Louisiana.



2

wearing a protective mask during the 1918 influenza epidemic, a public health nurse and doctor administering inoculations, a former employee, nurse May Dean as she administered oral polio vaccine, a satellite view of Hurricane Andrew in 1992, a young child receiving the H1N1 vaccine.

O'Neil also captured the story of human beings who has served our community such as Joseph Porter, M.D., Florida's First Public Health Officer (1889-1917), James M. Jackson, M.D., who was Miami's first physician, T. Elam Cato, M.D., MPH who served as the Health Commissioner for Dade County from (1942-1968), Milton Saslaw, M.D., Ph.D., who served as Director of MDCHD from (1970- 1976) Ms. Annie Neasman who served as Executive Administrator of MDCHD from (1990-2000), Ana M. Viamonte Ros, M.D., MPH, the first State Surgeon General and Lillian Rivera who serves as the present Administrator for MDCHD since 2003.

The exhibit consists of 20 mouth-blown glass panels which are spread throughout the front foyer area of the newly constructed facility and can be viewed Monday- Friday from 8 a.m. – 5 p.m.

Sheryll Lee, Health Center Administrator, Miami-Dade County Health Department, can be reached at (305) 575-3827 or visit www.dadehealth.org.

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Mount Sinai Medical Center Hosts 10th Annual International Alzheimer's Symposium

Medical experts from around the world gathered to discuss the latest breakthroughs in Alzheimer's disease treatment and diagnosis at the 10th annual Mild Cognitive Impairment (MCI) Symposium hosted by Mount Sinai Medical Center. The annual symposium provided a forum for new information and in-depth discussions about advances in research related to the clinical diagnosis and progression of Alzheimer's disease (AD). Guests included international neurological experts from Switzerland, Australia, Canada and Netherlands as well as U.S. cities such as Miami, New York, Chicago, Boston, St. Louis, Charlottesville and San Francisco.

Pictured is Dr. Ranjan Duara, medical director of the Mount Sinai Wien Center for Alzheimer's Disease and Memory Disorders, welcoming the distinguished group of medical experts from around the world to the Mount Sinai 10th Annual Alzheimer's Symposium.



Belle Glade Chamber Hosts Ribbon-Cutting for Health Care District's New Eligibility Office

The Belle Glade Chamber of Commerce recently welcomed members of the local community to celebrate the opening of the Health Care District of Palm Beach County's new Eligibility Office. The "Western County Eligibility Office" is centrally located at 1201 NW Avenue L in Belle Glade and will improve access for more residents in the Western communities to apply for the Health Care District's health coverage programs.

An estimated 50 people attended the ribbon-cutting ceremony and open house, which included tours of the office and an opportunity for guests to learn more about the Health Care District's health coverage programs and services. Among the dignitaries at the event were (l-r) Mayor Steve B. Wilson, City of Belle Glade; Donia Roberts, Esq., Glades Rural Area Support Board Member; Brian P. Gibbons, Jr., FACHE, Administrator of Lakeside Medical Center; Dr. Ronald J. Wiewora, CEO and Chief Medical Officer, Health Care District of Palm Beach County; Ryan Shackelford, Belle Glade Chamber Director; Brian R. Lohmann, Health Care District Board Member; Gilbert Alvarez, Glades Rural Area Support Board Member; Commissioner Diane Walker, City of Pahokee; Effie C. Gear, EdD, former Health Care District Board Member; and Dan Liftman, Staff Assistant to Congressman Alcee L. Hastings.

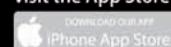
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Dominican Health Care Association of Florida Hosts Appreciation Cocktail



(l-r) Dr. Rolando Grillo, Dr. Juan Frias, Dr. Amadeo Cabral, Rosa de Garcia-Frangie, Lina Draney, Dr. Milton Jimenez, Daisy J. Baez, Dr. Silvia Villegas, Dr. Yasser Asmar, and Dr. Manuel Garcia-Frangie.

The Dominican Health Care Association of Florida celebrated a sponsorship appreciation cocktail at the new Coral Gables Museum on Friday, January 20, 2012. Daisy J. Baez, president of the organization, welcomed over one hundred physicians and their spouses, community leaders, as well as many of its

institutional sponsors to the event in the museum's impressive main gallery which is currently hosting the exhibition "La Florida" which includes a display of rare maps of the Caribbean basin including the island of Hispaniola.

Dr. Milton Jimenez, chairperson of the advisory committee, took the time to highlight the accomplishments of the organization in its short history. These included its annual health care congress and physician gala as well as many other networking and educational events. He also announced the addition of three of its newest members including Dr. Silvia Villegas, Dr. Mayobanex Torres, and Dr. Ivan Terrero.

The association also announced the details of its upcoming annual physician gala "Noche en Honor al Medico Dominicano" to be held on Friday April 28 at the historic Biltmore Hotel. Guests enjoyed cocktails, buffet, and dancing.

La Asociacion Dominicana de la Salud de la Florida celebro un cocktail de apreciacion a sus patrocinadores en el Museo de Coral Gables el Viernes 20 de Enero de 2012. Daisy J. Baez, presidente de la asociacion,recio a mas de cien invitados, sus esposas, lideres comunitarios, y patrocinadores a la

impresionante galeria principal del museo la cual esta actualmente exponiendo una exhibicion de mapas antiguos del area del caribe que incluyen la isla de Hispaniola.

El doctor Milton Jimenez, jefe de la junta directiva de la asociacion, elaboro sobre los muchos eventos, galardones, y actividades que ha patrociando la asociacion durante este año. Al mismo tiempo anuncio los nuevos miembros de la junta directiva que incluyen a los doctores Silvia Villegas, Mayobanex Torres, e Ivan Terrero.

La asociacion tambien anuncio la fecha de su gala anual, "Noche en Honor al Medico Dominicano" la cual se celebrara el Viernes 28 de Abril en el historico hotel Biltmore de la ciudad de Coral Gables. Los invitados disfrutaron de cocteles, buffet, y musica bailable.

Bayada Nurses is Now BAYADA Home Health Care

Bayada Nurses changed to BAYADA Home Health Care on January 17 - the company's 37th anniversary. The name has changed to more clearly communicate The BAYADA Way, the company's guiding philosophy, its broader specialty practices of Home Health, Adult Nursing, Assistive Care, Pediatrics, Hospice, Habilitation and Staffing and its multidisciplinary team of home health care professionals.

"I believe our name now reflects what we do," said Founder and President Mark Baiada. "Nurses are our primary employees—about half our workforce. But we also have home health aides, speech pathologists, occupational therapists, physical therapists, social workers, support people, and a large managerial staff ensuring our clients receive excellent care. I want it to be clear that we're a team."

What's most important for Baiada is that the team is made up of like-minded individuals with a commitment to The BAYADA Way—the company's philosophy. "The BAYADA Way is at the heart of everything we do," says Baiada. "It is the set of beliefs that guide us in our daily interactions with our clients, our community, and each other and is something that really sets us apart. I want to make sure we build and maintain a lasting legacy as the world's most compassionate and trusted team of home health care professionals."

To better express the spirit that represents The BAYADA Way, the dove in the logo was redesigned to incorporate three ribbons: one for each of the company's core values of compassion, excellence, and reliability. In proportion to the name in the logo, the new dove is also larger than before to reflect a stronger spirit.

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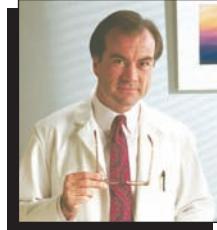


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Upcoming Programs From the Society for Healthcare Strategy & Market Development (SHSMD) of the American Hospital Association

SHSMD educational programs are designed to meet the unique professional development needs of healthcare marketing, PR and communications, strategic planning, and physician strategies professionals. Visit www.shsmd.org for a look at the upcoming schedule of events:

Moving from "What Was" to "What Will Be": Preparing for the Future of Healthcare

April 19–20, 2012 - Face to Face Program, Executive Dialogue for Strategy Professionals

For more information on these and other SHSMD educational opportunities, call (312) 422-3888 or send an e-mail to shsmd@aha.org.

Explore EHR Systems and More Education Seminars

South Florida Regional Extension Center presents Explore EHR Systems and More education seminars for physicians and staff. "Test Drive" EHR systems in our learning labs.

February 11 - Hilton Deerfield Beach

March 3 - Miami Marriott Dadeland

March 10 - Embassy Suites Ft. Lauderdale

March 24 - Key West beachside Marriott

April 14 - Marriott Coral Springs

April 28 - Hyatt Regency Miami

Register online at www.regonline.com/expehrsrec or call 1-866-628-9193 or visit www.southfloridarec.org.

February 8 Holy Cross Hospital Golf Classic

The Harry T. Mangurian, Jr. Foundation presents the Second Annual Holy Cross Hospital Golf Classic, sponsored by Stiles and benefiting the Dorothy Mangurian Comprehensive Women's Center at Holy Cross HealthPlex, on Wednesday, February 8, 2012 at Coral Ridge Country Club, Fort Lauderdale. For more information, call Elaine Lacker at (954) 229-8562, or visit holycross.com/golf.

February 9 WHEN Educational Program

Women's Healthcare Executive Network presents "The Power of Pause" by Emmy award-winning journalist Nance Guilmartin on February 9 at 5:30 p.m. hosted by The PALACE Suites-The Theater, 11377 SW 84th St., Miami. RSVP to WHENSouthFlorida@gmail.com.

February 17 Sapphire Award Symposium

Registration is now open for the 2012 Sapphire Award Symposium and Presentation, hosted by the Blue Cross and Blue Shield of Florida (BCBSF) Foundation. The award recognizes excellence in community health programming and leadership. The event is scheduled for February 17 at the Wyndham Grand Orlando Resort, Bonnet Creek. Register at BlueFoundationfl.com or call 1-800-477-3736 ext. 63215 for more information.

February 18 Integrative Medicine Event

Moffitt Cancer Center will host Integrative Medicine: A Day of Health, Healing and Wellness – a free event for survivors, patients, caregivers and providers – from 9 a.m. to 3:30 p.m. Saturday, February 18 at the Stabile Research Building, 12902 Magnolia Dr. Register no later than February 10 online at www.moffitt.org/wellnessfair. For information, contact Janet Young at (813) 745-4988 or email tjanet.young@moffitt.org.

February 22 Healthcare Competence and Patient Diversity

Healthcare Competence and Patient Diversity: Delivering Healthcare to Gay, Lesbian, Bisexual and Transgender Patients and Non-Traditional Families will be held at Memorial Regional Hospital, Auditorium, Hollywood on Wednesday, February 22 from 8 - 11:30 a.m. Healthcare administrators, discharge planners, risk managers, nurses, etc will learn about ways to interact with diverse communities to benefit all communities. For more information, call (954) 764-5150 or email events@sunserve.org.

February 23 SFHNG February Meeting

You are invited to the monthly meeting of the South Florida Healthcare Networking Group (SFHNG) sponsored by *South Florida Hospital News and Healthcare Report* and South Florida Healthcare Executive Forum hosted by North Shore Medical Center - FMC Campus, 5000 W. Oakland Park Blvd., Fort Lauderdale on Thursday, February 23 from 7:45 to 9:30 a.m. \$15 per person includes admission and a continental breakfast. Reservations and advance payment are required. RSVP before February 17 to charles@southfloridahospitalnews.com. Reservation form can be found at the website www.southfloridahospitalnews.com on the Networking Group/SFHNG page.

February 24 Moving Towards the Future of Nursing in South Florida

The Nursing Consortium of South Florida has organized an educational conference to focus on the region's readiness to fully embrace and implement the recommendations of the landmark Institute of Medicine report *The Future of Nursing: Leading Change, Advancing Health*. The conference will take place on Friday, February 24 from 8 a.m. to 4: p.m. at the Signature Grand, 6900 W State Road 84 Davie. For more information, call (305) 669-9644 or visit the website www.nursingconsortium.us.

February 25 Community Health Fair

Miami Dade College Medical Campus hosts a Community Health Fair on Saturday, February 25 from 9 a.m. to 1 p.m. at the Medical Campus, 950 NW 20th St., Miami. Free health care screenings, giveaways, refreshments and children's activities.

February 26 ANF Tour de Broward

The Third Annual ANF Tour de Broward is scheduled for February 26 starting at 7:30 a.m. at Miramar Regional Park. Proceeds from this year's ANF Tour de Broward will fund hospital services at Joe DiMaggio Children's Hospital's fourth floor "Dreams" unit, where children diagnosed with cancer receive care. For information, visit tourdebroward.com.

March 3 Women's Health Summit

The Martin Health Foundation Women in Philanthropy is hosting its third annual Women's Health Summit on March 3. The free event will be held at the Wolf High Technology Center, located on the Indian River State College Chastain Campus at 2400 S.E. Salerno Rd. Registration begins at 8:30 a.m.. To register, call (772) 223-2812, or by visiting GIVEemmhs.org.



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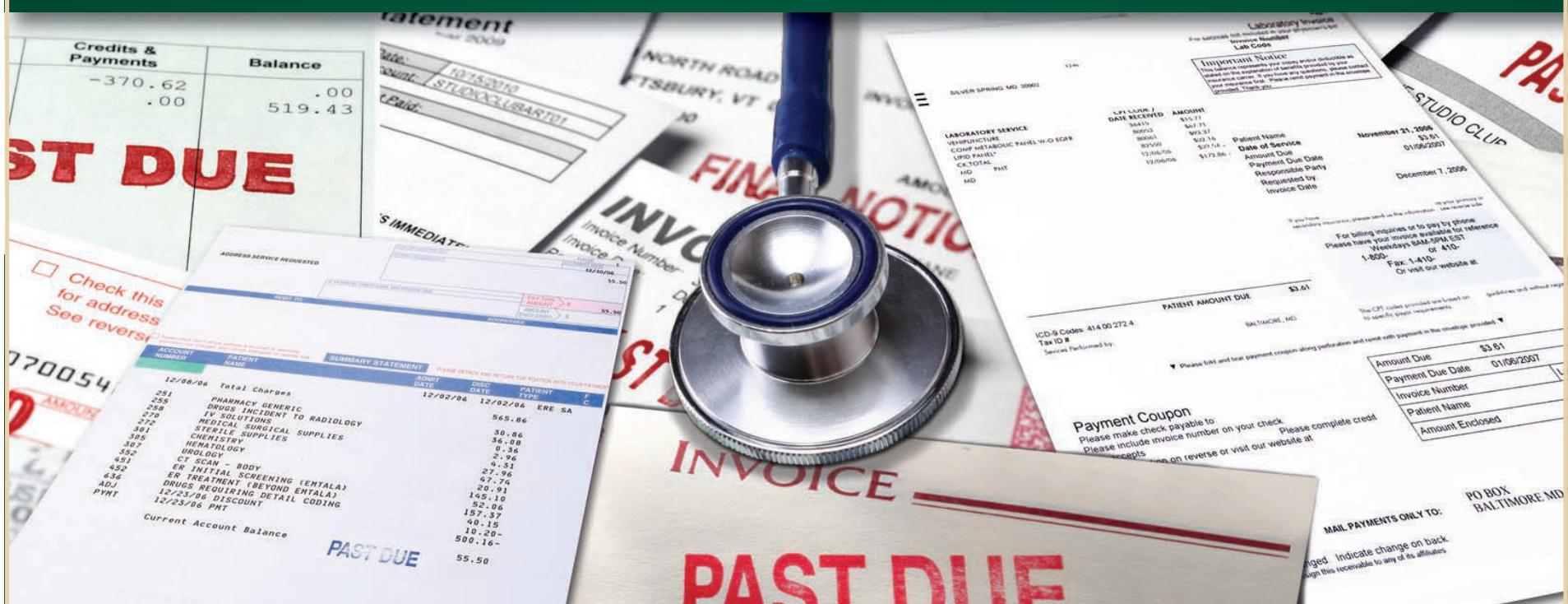
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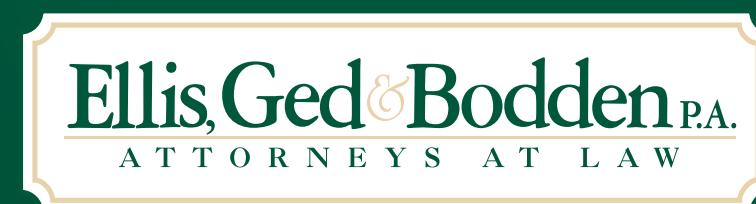
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