HealthSouth Rehabilitation Hospital of Altamonte Springs

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In the past decade the role of hospitalists has evolved, from a role once focused on working with patients solely in inpatient facilities to the role of integrated caregiver in multiple locations helping patients to transition from one location to the next and navigate today’s healthcare landscape. Today, the 135 providers of Central Florida Inpatient Medicine (CFIM) work with primary care physicians, hospitals, acute care facilities and skilled nursing facilities to ensure that patient care is coordinated with a single point of contact. Utilizing the latest in technology to streamline care, CFIM is at the forefront of shifting the hospitalist paradigm. Focused on collaboration, they strive to provide the best quality care for patients in an ever-changing healthcare world. The fastest growing specialty in the country, hospitalists are changing the way care is delivered throughout the country. At CFIM, currently based in nine hospitals and over 45 post-acute centers across three different hospital systems in Central Florida, shifting the paradigm isn’t a cliche, it’s a new approach to hospital medicine that is changing patient care to meet ongoing needs in a variety of environments.
FROM THE PUBLISHER

I am pleased to bring you another issue of Florida MD. It’s hard to imagine anyone who is not familiar with the March of Dimes and the work they do to address the problems of premature births and babies born with birth defects. They are always searching for results and services that will help families have healthier babies. May 19, 2018 is the annual Central Florida March for Babies. It’s a wonderful team-building opportunity for your staff and their families and a great time for a great cause. Listed below are instructions on how you and your family can join the march or how to form a team for your whole practice. I hope to see all of you there.

Best regards,

Donald B. Rauhofer
Publisher

COMING UP NEXT MONTH: The cover story focuses on colorectal surgeons Sam Atallah, MD and Sergio Larach, MD, the TAMIS-innovation surgical procedure and other services provided by the Digestive & Liver Center of Florida. Editorial focuses on Surgery and Scoliosis.

Join more than a million people walking in March of Dimes, March for Babies and raising money to help give every baby a fighting chance! Invite your family and friends to join you in March for Babies, or even form a Family Team. You can also join with your practice and become a team captain. Together you’ll raise more money and share a meaningful experience.

Steps for New Users:
1. Go to marchforbabies.org
2. Click JOIN or START A TEAM
3. If you choose JOIN A TEAM, search for the team name in the search bar or browse through the least of teams in alphabetical order
4. If you choose START A TEAM, fill out the information for your new team and click save
5. Save your username and password for future reference.

Some keys to success: Ask your friends, family and colleagues to support you by donating to the March of Dimes. This can help you raise more money. The main reason why people do not donate is that no one asked them to give (don’t be shy)! Emailing them is an easy way to ask. You’re done! Your personal page has been created for you and you are ready to begin fundraising!

For more information on March for Babies please call:
Keith Nash
Phone: (321)-274-8675
Fax: (407) 599-5870
Central Florida Market
555 Winderley Place, Suite 105
Maitland, FL 32751

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To Buy or Lease Office Equipment?
Making the Best Financial Decision!
By Jeff Holt, CMPE, VP, Senior Healthcare Business Banker with PNC Bank

To provide your patients with high-quality care, you need to stay up-to-date on the latest advances. And to do so, that often means having the right equipment. You’re familiar with the hefty price tags attached to this equipment, which puts you in the position of having to decide whether to lease the equipment or buy it outright.

Both leasing and purchasing have positives and negatives, and these vary according to the specific equipment you’re considering. Renting is, at least at first, the more affordable option[1], but you need to think about the long term if you can. Here are some factors to help you make the decision.

**SOME OF THE PLUSES OF RENTING VERSUS BUYING:**

- Since you haven’t committed to ownership, you have the option to upgrade to newer technology as it becomes available.[2]
- You can evaluate the equipment as you use it, and change to another brand or model without repercussions. (Note: You should examine your lease agreement carefully before signing it)[3].
- Many leases include maintenance as part of the agreement, potentially saving you money and the hassle of finding someone to make repairs[4,5].
- Buying equipment usually involves a time-consuming process of applying for credit[6]. But when you start to consider how long you’re going to have and use this equipment, and how necessary it is to your practice, other issues may come to the fore.

**SOME OF THE DRAWBACKS OF RENTING VERSUS BUYING:**

- If this equipment is necessary to run your practice and you use it over many years, you’ll end up paying more in rental or lease fees than you would if you purchased it.[7]
- The equipment won’t count as an asset to your practice should you ever decide to sell.[8]

Keep in mind that much depends on your practice, your ability to qualify for financing and what type of equipment you need. You may have an easier time qualifying for a loan than you anticipate. You might also consider getting the best of both worlds and signing a lease agreement that includes an option to buy. If you choose this option, be sure to examine the agreement carefully.[9]

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**CHECK OUT OUR WEBSITE AT floridamd.com!**
As a nationwide leader in rehabilitation services, Encompass Health Corporation, formerly HealthSouth Corporation, has been known in the medical community for over three decades and operates 120 hospitals around the nation. In 2015, the company, already present in the state of Florida, expanded to Central Florida, bringing an exemplary level of post-acute care to the region with the opening of HealthSouth Rehabilitation Hospital of Altamonte Springs. With 11 hospitals located in other regions of Florida it had built a solid reputation for its comprehensive approach to rehabilitation of patients, including those dealing with traumatic injuries that require extensive rehabilitation services. With the opening in Altamonte Springs, HealthSouth Altamonte Springs provided new options to the Central Florida community, options to benefit patients with acute care needs and their families committed to getting them back home, getting them back their independence and living life to its fullest.

Based on 2016 data, Encompass Health accounts for 22 percent of licensed beds in the nation and provides rehabilitation services for 29 percent of Medicare patients. The 50-bed, all private room, hospital in Altamonte Springs is often close to capacity, with the hospital seeing over 1,800 patients since it opened its doors in the fall of 2015. Now the hospital was allowed an expansion, and received a reaccreditation by the Joint Commission as a facility of care.

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

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

“The Upswing of Medicine”

HealthSouth Altamonte Springs employs a staff of more than 100 who are quick to point out what sets their teams and their services apart. First is clearing up the misconception, that because “rehabilitation” is in the hospital name, that it is the same as a skilled nursing facility. The hospital also provides access to independent physicians specialized in rehabilitative medicine including Dr. Fuentes, Dr. Dana Kuriakose and Dr. Li Liu.

“At a skilled nursing facility a patient’s stay is a lot longer and they have approximately three to five hours of rehabilitation a week. At HealthSouth Altamonte Springs, we are a hospital and as such we are regulated to do 15 hours of therapy each week,” explains Dr. Kuriakose.

Because of the intensity and scope of services, the average patient stay at HealthSouth Altamonte Springs is just 10-14 days. The therapy is intentional, focused, multi-disciplinary and effective. For 2017, the company had a 79.4% discharge rate back to the community outperforming the Uniform Data System for Medical Rehabilitation average of 75.9%.

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

THE HEALTHSOUTH PATIENT

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

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

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

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

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

PLANNING DISCHARGE AT ADMITTING

For HealthSouth Altamonte Springs patients, discharge planning begins at admission.

“We work as a team. From day one, we establish realistic goals that involve patients, family, and the whole team. The whole idea is to set up a rehabilitation plan that includes the patient, and an interdisciplinary team aimed to guarantee a safe discharge home,” says Dr. Fuentes.
HealthSouth Altamonte Springs has all the specialties of an acute hospital including infectious disease, cardiology, gastroenterology, internal medicine, neurology, neuropsychology, psychology, wound care, nephrology and in-house dialysis.

This includes case managers planning ahead for everything from durable medical equipment to dialysis treatments, so that when patients can return home they have everything that they need to sustain their rehabilitation success.

**PATIENT OUTCOMES**

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

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

**THE “TEAM CONFERENCE”**

At HealthSouth Altamonte Springs, the multi-disciplinary team is charged with executing a road map that will get patients out of their hospital bed and home. The hospital has all the specialties of an acute hospital including infectious disease, cardiology.

These specialists, comprising the team, meet two to three days per week in what is called the “team conference”. Working cohe-

sively as a group in these “team conferences” they ensure that patients are getting all of the services they need to get them home faster, healthy and infection free.

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

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

**PHYSIATRISTS - THE QUALITY OF LIFE SPECIALISTS**

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

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

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

Dr. Fuentes did his residency at Case Western Reserve University at the MetroHealth Rehabilitation Institute of Ohio, where spent part of his residency at the trauma hospital and at the Veterans’ Hospital in Cleveland treating traumatic brain injuries and spinal cord injuries. For him, overseeing a patient’s rehabilitation from a devastating injury and observing their strength, and the strength of their families recommitted him to the specialty.

Dr. Fuentes understands firsthand the life changing effects of rehabilitation. At the age of two his daughter suffered a stroke and became a patient at the HealthSouth hospital in Puerto Rico.
“I changed my career goals after that. Other specialties don’t have the ability to see the direct results of treating complex issues. My daughter was completely dependent when she became a patient at HealthSouth Puerto Rico. And now, here we are years later, she is a normal 12 year old and has recovered completely. I often share this story with my patients. It helps us create a rapport. I don’t presume to know what ever patient is feeling, but I’ve been there in a hospital, crying and I have been in their shoes.”

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

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

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

WHY HEALTHSOUTH?

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

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

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

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

HealthSouth Altamonte Springs has plans to eventually expand beyond its 50 rooms, to meet the growing needs of the Central Florida community. For its current and future patients, and the Central Florida medical community, Dr. Liu hopes they will embrace the incredible value of acute rehabilitation.

“It’s the upswing of medicine,” she says. “With the work we are doing here, we can make it so patients don’t have problems later on. Very very small things can make big differences later on - think of it as the butterfly effect with medicine.”

With the commitment of its staff, therapists and physicians, HealthSouth Altamonte Springs continues to spread its wings, and reach those with acute rehabilitation needs, providing patients with a road to recovery in order to return home, to a new normal and regain a level of independence despite their injuries.
The Anal Fissure
By Sam Atallah, MD

BACKGROUND

Sharp anal pain with each bowel movement is the sine qua non of the anal fissure. These patients will often describe seeing ‘fresh’ or ‘pink’ blood on the tissue paper while wiping. Patients of all ages may be affected. Anal fissures carry the distinction of being the most common cause of rectal bleeding in the pediatric population. Rectal outlet bleeding is not always elicited by history, pain with bowel movements is invariably present. Most of the pain is related to sphincter spasm when the muscle fibers at the base become exposed. The pain can be quite severe and even disabling and last for minutes or hours after a BM. The differential diagnosis of common anorectal problems which produce pain is surprisingly short: abscess, thrombosed external hemorrhoid, levator muscle spasm, or fissure. Of these, only fissure results in pain with bowel movements.

Fissures may be typical or atypical: acute or chronic. To understand the difference between typical and atypical fissures, you have to determine what it looks like and where it’s located.

Typical fissures are always at the posterior or anterior midline (6 and 12 O’clock) position, this occurs because blood supply here is suboptimal and this impairs fissure healing. Clinically, a fissure can be seen as a small, often subtle tear in the anoderm and visualization is best achieved by positioning the patient prone jack-knife and then gently separating the buttocks. If a fissure is revealed, anoscopy is unecessary and should be deferred to avoid the significant discomfort associated with this exam in the face of a fissure. If the diagnosis is unclear and anoscopy is to be performed, the use of 5% lidocaine ointment is helpful. In patients who have typical fissures, antecedent constipation and passage of large, hard stools can be elicited by history. Once the fissure develops, the pain recurs with each bowel movement.

Atypical fissures lie away from the midline. The classic history of constipation may be absent. The fissure may have unusual features or may demonstrate features suggestive of dysplasia – such as ulceration and irregular borders. An important diagnosis in the differential includes the anal ulcer. Infectious in etiology, the anal ulcer requires a completely different treatment paradigm. Fissures also must be investigated further if they are chronic and fail to heal; multiple fissures should also raise a yellow flag. In patient’s in whom Crohn’s disease is suspected, biopsy is mandatory. Biopsies typically reveal granulomas. Further GI workup, including colonoscopy – particularly in the subset of patients with abdominoal pain or cramping – should be considered.

A chronic fissure is often deep, with a sentinel skin tag and – on anoscopy – a sentinel papilla may also be observed. Most importantly, the white fibers of the autonomically controlled internal (smooth) sphincter muscle can be seen as circular bands.

Atypical fissures need special attention and must always be biopsied to rule out neoplasia. It’s also important to remember that fissures may be a presenting sign of Crohn’s disease. Over 30% of Crohn’s patients will present with anorectal pathology. This is why all fissures must be carefully inspected to assure proper classification and treatment protocols. It is mandatory that patients with fissures are clinically followed to assure healing.

TREATMENT

If the fissure is typical, then treatment can be divided into invasive vs. non-invasive. Often times, the treatment is tailored to the specific situation. Traditionally, the gold-standard treatment for a fissure is a surgical one: Partial Internal Sphincterotomy. In this procedure, part of the internal sphincter muscle is divided. Releasing the tension decreases the pain from sphincter muscle spasm and improved the blood flow to allow for fissure healing. Using this approach, 95% success has been reported.

Many times in the operating room, it’s easy to tell who will benefit the most from surgical sphincterotomy. These are the patients who have a tense internal sphincter. Normal sized adult retractors cannot be admitted transanally. The band of internal muscle feels like a violin string and is hypertrophied. As colorectal surgeons, we often dread anorectal surgery because afterwords patients have a difficult time managing the pain. This is the one procedure we perform where we actually see a significant improvement in pain level compared to pre-op.

A central consideration with surgical sphincterotomy is that approximately 15% of patients will develop some form of incontinence, often a late complication seen years after the index operation. Women have smaller and “shorter” anal canals with less muscle mass, and more care should be given to exhausting other avenues of therapy prior to sphincter division. On the other hand, a man, with a long anal canal, and ‘violin string’ internal band, division is probably less likely to lead to incontinence. In my experience, the incidence of even minor incontinence after sphincterotomy is extremely low.

FIBER, WATER, WARM TUB SOAKS

These are the mainstays of therapy. An acute fissure with new-onset constipation is best treated with a bulking agent, ample water consumption, and liberal use tub soaks. The purpose of warm water is mainly to relax the internal muscle. Improving fiber consumption to 25-30 grams/day with help keep bowel movements soft and formed. 8-10 glasses of water is necessary to facilitate fiber’s action.

EPSOM SALTS

The society of colon and rectal surgeons does not advocate routine use of Epsom salts, but so many patients ask about this that I thought to include this brief synopsis.

Epsom salt is simply magnesium sulfate. The name derives from the city of Epsom in Surrey, England.
from the town of Epsom, England which has been renowned for its mineral-rich waters since Shakespeare’s day. Magnesium salts absorb through the skin and the belief is that this reduces stress and ‘draws our toxins from the body.’ I am not aware of any clinical or scientific data which demonstrates a proven advantage to using this with tub baths, however I can’t say that it’s harmful either! There may even be a placebo effect, as well. For this reason, I leave its use optional.

**VASODILATORS**

The concept here is simple. Nitroglycerin and Diltiazem are vasodilators and allow for smooth muscle relaxation. It stands to reason then that topical application of these agents can improve blood flow to a fissure while relaxing the internal sphincter. When applied as directed, it results in complete fissure healing 50-60% of the time. However, this takes weeks before an effect is realized. In most cases healing does not occur until 6-8 weeks of continued therapy. Not a good option for the patient who is incapacitated by his or her pain. This is a good option for small, typical fissures which cause a patient minimal discomfort.

**WHAT ABOUT BOTOX?**

Eyebrows raise and whispers begin each time I walk into the operating room, botox vial in hand, and the mystified circulating nurse asks, “you’re going to do what?”

Botox, is after all, a muscle paralytic. When 50-100 Units are injected into the inter-sphincteric plane, botulinum toxin results in sustained muscle relaxation thereby decreasing fissure-induced spasm while improving blood flow to allow fissure healing. Thus, as opposed to a surgical sphincterotomy, BOTOX injection is essentially ‘chemical’ sphincterotomy or chemical denervation. While not as effective as surgical sphincterotomy, it does provide a good option for the patient who does not want to accept the 1-5% risk of long term incontinence, and improved healing over topical vasodilators (predominantly, nitroglycerin and diltiazem).

**CHOOSING THE OPTIMAL TREATMENT**

As always, treatment should be tailored. In a person with “10/10” pain unable to function, and findings of a typical but deep fissure on exam, surgical sphincterotomy is a good initial option. On the other hand, a patient with minimal symptoms, and a small, acute midline fissure can be managed with a bulking agent, and perhaps a vasodilator. Chemical sphincterotomy with botox is an excellent option for patients who are not willing to accept the very small risk of fecal incontinence and yet have debilitating pain.

**WHEN SHOULD A PATIENT BE REFERED TO A SURGEON?**

Let’s face it, we are all good in the things we do most. For example, as a colorectal surgeon, I would be hard pressed to tell you whether or not I could pick up accentuation of the S2 on auscultation or that I could diagnose Brown-Sequard syndrome with my pitch fork, or that I could rattle off the differential diagnosis for Lyme disease, and so on. My point is that unless you see and treat patients with fissures regularly, I would recommend referring fissures to colorectal surgeons – always. My volume and experience with fissures allows me to have a better eye for when a fissure is atypical and warrants further investigation.

Sam Atallah, MD, FASCRS, FACS is Director, Division of Colorectal SurgeryEndo-Surgical Center of Florida. is among the most well known colorectal surgeons in the world. He moved to Orlando in 2007 after completing training at Houston’s Texas Medical Center with Surgical Oncology training at MD Anderson Cancer Center where his training had earned him double-board certification in General Surgery and Colorectal Surgery. Two years to the day after completing fellowship training in colon & rectal surgery, Dr. Atallah performed the world’s first TAMIS operation in Winter Park, FL on June 30, 2009. This created a new approach to treating rectal cancers and polyps, that is now being practiced in more than 50 countries. Dr. Atallah pioneered robotic transanal surgery and was the first in the world to perform this technique. He is one of the leaders in advanced technology for rectal cancer surgery and has developed the technique of stereotactic navigation for transanal total mesorectal excision (taTME) — an important step forward in the evolution of computer-assisted surgery. Complex treatment of rectal cancer and surgical management of this disease through the new techniques of TAMIS and taTME represent Dr. Atallah’s principal interests in colorectal surgery and he is currently producing a textbook on these topics scheduled for 2019 publication by Springer Nature. He is also actively involved in the design and assessment of next-generation robotic systems that will be smaller, sleeker, and able to work in places and spaces never before imagined. To schedule an appointment or to refer a patient to Dr. Atallah, please call 407-384-7388 or visit www.DrAtallah.com.
Tips to Understand Customer Care on Social Media Platforms

By Jennifer Thompson

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

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

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

But that’s not all.

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

The fact is, the competition for people’s time and attention on social media is more intense than ever. In today’s digital social media landscape, you not only need to be on social media, you need to be IN social media.

THE RISE OF SOCIAL MEDIA CUSTOMER CARE

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

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

Social media now trumps other channels for customer service to the tune of:
• 34.5% of consumers prefer social media
• 24.7% prefer website/live chat
• 19.4% prefer email
• 16.1% still prefer to call in via phone

Social media customer service is expanding fast, like the rising tide of a tsunami. Over 80% of companies now use social media as part of their complete customer relationship management program.

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

APPS ARE A PATIENT’S BEST FRIEND

Since the release of the iPhone a decade ago, social messaging applications have been growing at a torrid pace, including 44% growth since 2015. And the time people are spending on social messaging apps is increasing by 69% year after year. Facebook Messenger is the most popular messaging app worldwide, followed by Skype, Twitter, and WhatsApp.

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

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

WHAT DOES IT ALL MEAN FOR YOU AND YOUR PRACTICE?

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

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

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

Jennifer Thompson is co-founder and chief strategist for DrMarketingTips.com, a website designed to help medical marketing professionals market their practice easier, faster and better.
Doctors’ Group Offers Members 15% Discount on Malpractice Insurance with A-Rated Carrier – New Collaboration Benefits Independent Doctors

By Marni Jameson Carey

To help doctors who want to stay independent, the Association of Independent Doctors, a national nonprofit trade association, has collaborated with Coverys, one of the nation’s leading medical professional liability insurance companies, to offer independent doctors a significant discount on medical professional liability insurance.

AID’s aim is to help independent doctors who want to stay in private practice avoid hospital employment.

Global brokerage firm HUB International is also part of the new alliance and will serve as the broker of record for the program.

The program offers eligible doctors in all 50 states who are AID members a 15 percent discount off their medical liability insurance, said Michael Miller, vice president of underwriting for Coverys, which is headquartered in Boston.

Medical liability insurance, which insures medical professionals against claims and lawsuits, is one of the most expensive budget items for a practice. “By helping independent doctors save on our already competitive pricing, we know we are helping patients save, too,” Miller said.

Since the program kicked off last fall, more than 17 practices have benefited from the savings program. Individual doctors who have switched to Coverys and joined AID are saving an average of $5,000 a year. One three-doctor ob-gyn group in Bradenton, Fla., saw their premiums drop $34,000 a year, and one 10-doctor cardiology group in the state is saving over $200,000 a year in premiums since joining AID. Their rates fell from $330,000 a year to $109,000 a year for better coverage.

Depending on the specialty and geographic location, medical malpractice insurance premiums can run anywhere from $8,000 to $100,000 a year, said Karyn Richcreek, vice president of Health Care Practice for HUB International, who initiated the Coverys-AID discount program. A 15 percent discount on a $25,000 annual bill would save a doctor $3,750 a year. An AID membership is only $500 a year.

“We had been looking for the perfect insurer to collaborate with for some time,” said Tom Thomas, CPA, and co-founder of AID, which is based in Winter Park, Fla. “We wanted a highly respected carrier licensed to sell insurance in 50 states, who understood and supported our members.”

Coverys’s underwriting companies each hold an A (Excellent) rating from A.M. Best, the oldest and largest provider of financial stability ratings worldwide. Through these underwriting companies, Coverys has been providing medical liability coverage for over 40 years.

A fast growing, four-year-old association, AID has 1,000 members in more than 30 states, and works to educate consumers, media, lawmakers and businesses about the importance of preserving our independent doctors.

“The fit among the three parties was natural,” said Richcreek. “We all share a passion for helping independent doctors survive and thrive in the face of an environment that is making it more...
difficult for them to do so.”

Market dynamics have been forcing independent doctors into hospital employment for the past decade, Thomas said. “Most would prefer to stay independent, but feel they have no choice. In 2000, 57 percent of the nation’s doctor were independent; today that number is one in three. That employment trend is one of the primary drivers behind increased health-care costs.”

When hospitals employ doctors, they gain market share and bargaining power with third-party payers. As a result, hospitals get paid more for the same service. Hospitals also charge facility fees, which independent doctors do not. These fees add zero value, though they increase the cost of care 200-to-500 percent.

“When I was shopping for medical malpractice insurance and learned about this program, I didn't hesitate,” said Dr. Jennifer Swan-son, who heads up the Bradenton ob-gyn group that realized substantial savings. “I get to support an organization that is fighting for what I believe in and save thousands of dollars on my malpractice insurance. It’s a win-win.”

“Given a choice, most doctors would rather work for themselves,” said Richcreek, who’s been writing liability policies for doctors for 30 years. “The discount program is designed to help them do that. We all want happy doctors.”

For more information go to www.aid-us.org/coverys.

**About the Association of Independent Doctors:** Founded in 2013, the Association of Independent Doctors is a national non-profit dedicated to helping reduce health-care costs by helping consumers, businesses and lawmakers understand the value of keeping America’s doctors independent. A fast-growing trade association with 1,000 members in 26 states coast to coast, AID is a 501(c)(6) based in Winter Park, Fla. For information, visit www.aid-us.org.

*Marni Jameson Carey is executive director of the Association of Independent Doctors.*
Florida MD is a four-color monthly medical/business magazine for physicians in the Central Florida market.

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

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

2018 EDITORIAL CALENDAR

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