

FALL 2014 NEWSLETTER

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Why I Have “NO” Intention of Retiring in the Near Future



I was a bit surprised when an 85 year old potential patient asked me if I was planning on retiring soon. It is a fair question for someone considering joining a medical practice. They do not want to begin a relationship only to find out that the doctor is retiring in a short time.

I have no intention of retiring for at least the next 10 years. If I am fortunate enough to stay healthy, competent and caring, why would I give up something that I love doing? Practicing general internal medicine and having long standing relationships with my patients is a love and a passion - not a job. I am doing a fairly good job of it, feel confident that I can improve with time and more experience and, at this point, I am healthy enough to continue practicing as well as teaching future physicians.

Over the last 20 years, as medicine has changed dramatically, many of my colleagues who I started practicing with as new physicians in the late 1970's have walked away from medicine with great disappointment and disgust. I am still having fun! When I converted my practice in 2003 from a traditional practice to a smaller concierge version, which allowed me to practice the way I was trained to practice, it reinvigorated my love for the profession.

I relish being in a position to show doctors in training the way it can be done and should be done to care for complex patients by giving them access to the doctor and time to express themselves while I listen. If you access the website of the American College of Medicine and the American Board of Internal Medicine and check out my data it says I am eligible for recertification in Internal Medicine through 2023. My goal is to continue to practice and remain eligible while practicing at a high level, being available and accessible and helping you to coordinate your care in a forever changing and more complex health care environment.

Flu Shots for the 2014- 2015 Season



Our offices supply of influenza vaccine has been delivered to the office this week and we will begin immunizing patients on October 1, 2014. The Center for Disease Control in its Morbidity and Mortality Report of August 15, 2014 recommended that all adults be immunized against influenza this year beginning at a time that is appropriate to the appearance of influenza in your community. We generally do not see any significant influenza in South Florida before Thanksgiving with the season usually lasting through March. It takes ten days for the vaccine to take effect and your body to develop the immunity to resist the flu invasion. Immunity after vaccination begins to fade at 3 months and is markedly reduced or absent in most individuals 65 years or older at 6 months. Most pharmacies locally will begin their vaccine campaign in September. If you receive the vaccine then there is the chance that your immunity will be decreasing by December. For this reason we prefer to vaccinate you on October 15 or later. Please call the office for an appointment.

We will be administering the senior high potency vaccine which is the usual trivalent inactivated influenza vaccine at four times the dosage given to younger patients. Research has shown that the higher dose is needed to get senior citizens immune response to work well. Despite the higher dose, there are no more side effects reported than in the usual dosage administered to younger individuals.

For individuals younger than 65 years we will be administering the recommended quadravalent vaccine which is also an inactivated viral product. We will be charging \$35 for the shot. Patients with egg allergies are encouraged to obtain the trivalent recombinant influenza vaccine (RIV3, known as FluBlok). It is available in limited supplies at the Health Department and at Passport Health.

Feel free to call the office if you have any questions at 561.368.0191

Patient Portal and Meaningful Use 2



The Affordable Care Act, known as ObamaCare and ARRA 2008, requires that our office establish a link with you electronically that is secure and allows you to obtain medical information on line. Over the next few weeks you will be receiving an invitation to create an account with Steven E. Reznick, MD which will allow you to communicate with us safely on line and obtain medical records and information you want and need. The invitation will come by way of the email address you have on file in the office.

When you receive it please click the link provided and enter your last name, zip code, and date of birth. You can then follow the instructions to establish the on line account. If you have any questions please contact Judith Stanich at 561.368.0191 or judiumaconcierge@gmail.com.

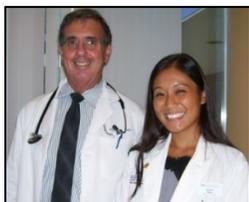
Medicare Part D Open Enrollment 2015



From October 15, 2014 through December 14, 2014 Medicare beneficiaries will have an opportunity to choose their 2015 prescription drug plan. These plans change annually. If you do nothing you will remain in your current plan in 2015 even though the price will change and the drugs covered will change.

On your computer go to www.medicare.gov. Choose prescription drug plans. You will be asked to put in your name, your Medicare ID number and your zip code. They will ask you to enter your favorite pharmacy and then all your medications by name, dosage and frequency of administration. You will then run the program and it will suggest the best plan for you. I suggest you choose the least expensive plan. There are elective add on features which pay your drug deductible and even cover the donut hole for a higher fee. If you have any questions feel free to call us. If you cannot use a computer and need our help please let us know.

Welcome – New Medical Student



Please welcome medical student and future doctor Mrs. Danielle C. Klein to the office. Danielle is a first year student at the FAU Charles Schmidt College of Medicine who will be obtaining her clinical experience with us while learning how to perform a comprehensive history and examination and how to provide outpatient patient care.

Danielle is a graduate of The University of Florida. This is a great opportunity for our

patients to communicate to Danielle how patients wish to be treated by their physician. She will be in the office on Wednesday afternoons seeing patients with Dr. Reznick. The office staff will be reminding all our patients about student's in the office when they call you the day before your visit to confirm your appointment. Please let us know if you do not want to be seen by a student during your office visits.

New Knees and Hips Cut Heart Risk



At the annual meeting of the American Academy of Orthopedics in New Orleans, Bheeshma Ravi, M.D., an orthopedics resident at the University of Toronto, reported that patients who underwent knee and hip replacements were able to dramatically reduce their risk of a heart attack or stroke over a seven year period. He followed 153 patients who were high risk for cardiovascular disease and noted the major risk reduction.

Some of the improvement in risks were assumed to be due to the increased mobility and increased activity the recipients were able to enjoy. The increased physical activity improves cardiac health. While physical activity is one explanation, the reduction in pain, stress, use of painkillers and inflammation is another set of potential reasons. With pain comes use of more nonsteroidal anti-inflammatory medications which have been implicated in the development of acute heart attacks.

In our medical practice we often see senior citizens who are healthy enough to undergo a joint replacement but are too fearful to proceed with the surgery. This particular study provides additional evidence that replacing the inflamed joint and resuming activity is the correct choice to make.

New Test for Colon Cancer Screening Approved



The Cologuard test is the first DNA based screening test for colorectal cancer that has received approval for use from the FDA and preliminary approval by Medicare to cover the cost of the test. The test detects hemoglobin (a component of red blood cells) and abnormal DNA in cells picked up by stool . A positive test indicates a need for colonoscopy to identify or eliminate colon cancer as a possibility. We currently screen patients with the fecal occult blood slide test and the more sophisticated fecal immunochemical test or FIT. The new Cologuard detected 92% of colon cancers and 42% of advanced adenomatous colon polyps as compared with 74% and 24 % for FIT. While the Cologuard test was accurate in picking up more colon cancers than the FIT it had slightly more false positive tests than the traditional Fecal Occult Blood Slide.

The Center for Medicare Services (CMS) is proposing allowing coverage of the DNA test once every three years for beneficiaries who are 50 - 85 years old, asymptomatic and have average risk of colorectal cancer. The new test adds another non-invasive means of screening for colon cancer. We will need to see the cost of the test to the individual patient and accumulate more data on its accuracy in the near future before it becomes a mainstay of colon cancer screening.

At the same time that Cologuard was approved, researchers at the University of Michigan in Ann Arbor published in the online journal Cancer Prevention Research, information showing that evaluation of the pattern of bacteria in the colon of patients improved performance and detection of colon cancer by more than 50% as compared to the Fecal Occult Blood Test alone. Researchers using DNA sequencing and polymerase chain reaction methods

were able to identify distinctly different patterns of bacteria in colon cancer and pre-cancerous polyps than in patients with no colon lesions.

It is clear that as researchers apply DNA technology to cancer screening their ability to detect abnormalities and avoid invasive colorectal screening will improve. At the moment recommendations for screening colonoscopy at age 50 remain but as science moves forward that too may soon change.

Are Older Women Receiving Too Much Calcium?



The June issue of *Menopause*, a peer reviewed medical journal, carried an original research article by Margery Gass, MD and colleagues which indicated that older women are taking too much Vitamin D and Calcium. She conducted a randomized and placebo controlled trial of 163 women with low Vitamin D levels. The age range of the study group was 57 to 90. They were given Vitamin D and Calcium citrate tablets to reach the recommended daily amount of 400 to 4800 IU per day of Vitamin D and 1200 mg of calcium per day. Follow-up lab studies revealed that almost 10% of the women developed elevated blood calcium levels. More disturbing was the fact that 31% developed elevated levels of calcium in their urine predisposing them to kidney stones.

The lead author suggested that every patient calculate how much calcium they are getting daily in their normal diet before supplementing it with extra calcium. Her group pointed out the benefits of clinicians periodically measuring patients 24 hour urine calcium level. Those with a level > 132 mg were at much higher risk of developing hypercalcemia and its complications and need to reduce their supplemental calcium intake. We will begin suggesting 24 hour urine collection in our patients in the near future.

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