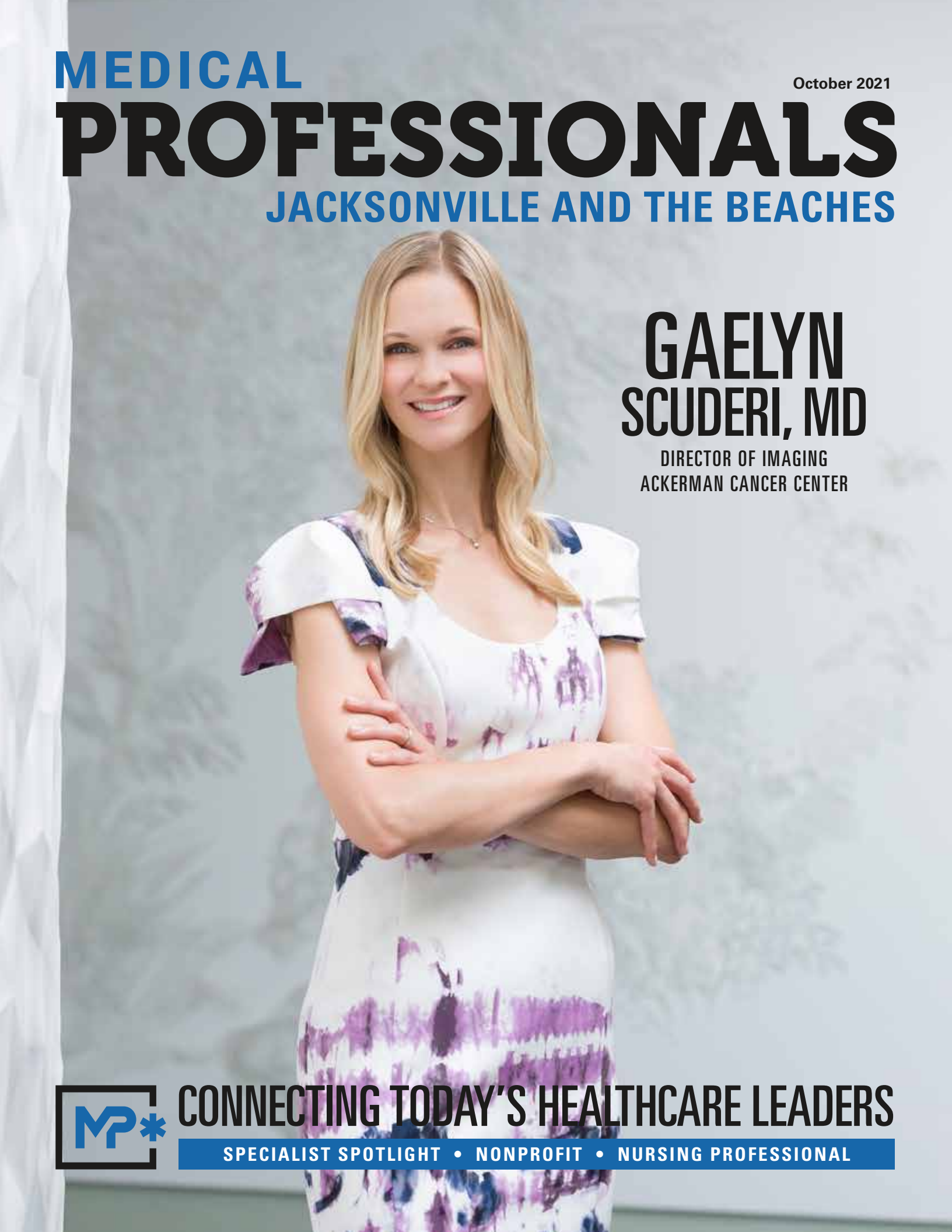
MEDICAL
PROFESSIONALS
JACKSONVILLE AND THE BEACHES
October 2021



GAELYN SCUDERI, MD

DIRECTOR OF IMAGING
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Medical
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How is Paper Currency Produced?

I was recently reading an article about the increasing popularity of cryptocurrency and it made me ask myself, "How are dollar bills produced in America and is it possible that one day they won't be?" While that latter is a topic for another day, I do want to share a few interesting facts about how paper currency is manufactured in the United States.

Let's start with what paper currency is made of. According to www.brainz.org, dollar bills are comprised of 75% cotton and 25% linen. Because of this factor, rising prices in cotton actually have an impact on the cost to print dollar bills!

The bills are produced by the Bureau of Engraving and Printing, which is a part of the US Department of Treasury (https://home.treasury.gov/). The Bureau of Engraving and Printing has two facilities; one located in Washington, DC and the other in Fort Worth, TX. According to the Bureau of Engraving and Printing, there are several steps involved in the production of dollar bills which may take several months. Some of the processes include designing, engraving, and plate making to name a few. The paper is delivered to the Bureau in sheets of 20,000 (16,000 in the case of $100 bills) and is tracked while being converted from paper to currency. Bills also contain security features such as security thread, watermarks, serial numbers, and even color-shifting ink! All bills use green ink on the front; the ink on the back varies by denomination (www.moneyfactory.gov).

Here are some interesting facts about paper currency:

1. While other denominations have undergone product re-designs, the $1 dollar bill hasn't changed since 1963. The reason for the lack of updating is due to the low counterfeiting, according to the US Treasury Department (https://home.treasury.gov).

2. George Washington was not the original face on the $1 bill. The first face to appear on the $1 bill, or perhaps more appropriately the $1 note, was Salmon P. Chase. Chase was the 23rd Governor of Ohio from January 14, 1856-January 9, 1860. Chase was also Secretary of the Treasury from March 7, 1861-June 30, 1864. The $1 note was first issued in 1862 (www.wikipedia.com).

3. The higher the denomination, the more expensive it becomes to produce. For example, the cost to produce a $1 bill is approximately $0.055, while it costs approximately $0.115 to produce a $20 bill. This is due, in large part, to the increased security features as the denomination increases (www.bestlifeonline.com).

4. At one time, currency denominations were printed as high as $100,000. These large denominations were primarily designed for transfers between Federal Reserve Banks and weren't designed for consumer retail transactions. Ironically, Salmon P. Chase, see note 2 above, was featured on the $10,000 bill which was the highest denomination designed for public circulation (www.museumofamericanfinance.org).

5. There are approximately 43 billion bills circulating in the United States (www.bestlifeonline.com).

Making US currency is a very detailed process and the Bureau of Engraving and Printing offers tours that show the actual process.

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WHAT TO DO IF YOUR LICENSE IS UNDER INVESTIGATION

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When individuals obtain their licenses to practice their healthcare profession, they typically don't contemplate being the subject of an investigation for possible licensure violations. As such, they are often unprepared for how to respond when they receive a Notice of Investigation from the Florida Department of Health ("DOH"). The DOH is the primary agency responsible for investigating complaints, while state boards ("Board") are responsible for licensing and disciplining health care practitioners.

Investigation Process

Investigations can be initiated from various sources including patient complaints, complaints from other practitioners, facilities, adverse incident reports, and closed medical malpractice claims. The Consumer Services Unit of the DOH receives the complaints and completes a Uniform Complaint Form ("UCF"). The UCF is sent to the Investigative Services Unit and the case assigned to an investigator. The investigator collects information, conducts interviews, reviews medical records, and compiles all of the evidence related to the investigation. The investigator will send a Notice of Investigation to the healthcare practitioner ("Practitioner") and include a copy of the UCF and a copy of the statement from the party that filed the complaint.

Medical doctors and osteopathic physicians have 45 calendar days, while other healthcare practitioners (such as chiropractors, podiatrists, acupuncturists, nurse practitioners, and physician assistants) have only 20 days, to respond. Practitioners have the option to have an interview with the investigator or provide a written response. It is important that the response be in writing and prepared by an attorney experienced in administrative proceedings. Otherwise, Practitioners may unintentionally incriminate themselves.

Legal Representation

Due to the limited time to respond, a Practitioner should act promptly and immediately notify their professional liability insurance carrier. Many professional liability policies provide coverage for licensure defense. The carrier may require the Practitioner to use an attorney on their panel or allow the Practitioner to use an attorney of their choice.

The investigation period usually takes about 90 days. The investigator will prepare an investigative report and send the investigative report and related documents, including any written response from the Practitioner's attorney (collectively, the "Investigative File") to the Prosecution Services Unit to be assigned to an attorney ("Prosecutor") for legal review. This process does not move quickly. Once a response is submitted, it can take several months before the Practitioner hears anything regarding the case.

Probable Cause

The Prosecutor will review the Investigative File and make a recommendation to the probable cause panel ("Panel") of the Practitioner's respective Board as to whether to proceed with disciplinary action or dismiss the case. The Panel may, but is not required to, follow the Prosecutor's recommendation. It is the Panel's responsibility to determine whether there is probable cause – sufficient evidence to support initiation and prosecution of a disciplinary action against the Practitioner.

If the Panel determines there is not probable cause, the case is dismissed and remains confidential.

If the Panel determines there is probable cause, an administrative complaint ("Complaint") is filed against the Practitioner.

Administrative Complaint

If a Complaint is filed, the Practitioner can: (i) enter into a settlement agreement with the DOH that will be presented to the Practitioner's Board for approval; (ii) request an informal hearing; or (iii) request a formal hearing before an administrative law judge. Disciplinary action can include monetary penalties, remedial education, and practice restrictions. Depending on the severity of the violations, the Practitioner's Board can impose probation, license suspension, or license revocation.

Collateral Effects

The Practitioner may also be required to notify employers, facilities, payors, and other state licensing boards of the disciplinary action. The imposition of disciplinary action can have adverse collateral effects on the Practitioner's employment, hospital privileges, payor contracts, and other state licenses.

Due to the significant risk to a Practitioner's ability to practice their profession and the potential collateral effects, it is imperative that a Practitioner obtain competent legal counsel to ensure that the Practitioner's rights are protected through the process.

This article is for educational purposes only and is not intended to constitute legal advice.

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MEDICAL PROFESSIONALS

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***Medical Professionals, Jacksonville and The Beaches,* is having a birthday! In honor of this special occasion, we are celebrating the physicians, surgeons, nurses, hospital executives, and other healthcare leaders who kindly shared their stories throughout our first year.**

Ashraf Affan, MD, CEO, and **Jami Webster, MD,** Medical Director, Angel Kids Pediatrics
True quality of care blends a vast base of medical knowledge, the constant quest for new and better practices, the desire to truly listen, and a great network of physicians and staff to lean on. It must also be convenient and cost-effective.

Priscilla Horton, BSN, RN, MBA, Oncology Care Coordination Manager, Baptist MD Anderson
There are more than 160 nursing roles and a large portion of those are not at the bedside.

Staci Tanouye, MD, Gynecologist and Social Media Star
I use TikTok and Instagram to educate Gen Z about sexual and reproductive health in a fun and empowering way. I meet them where they are and provide a safe place to find answers and dispel myths.

Sunil Joshi, MD, Family Allergy and Asthma Consultants, President, DCMS Foundation
Our food desert initiative shows what we as physicians can do to improve the health of our community.

Mobeen Rathore, MBBS, Pediatric Infectious Disease Specialist, UF Health
I am committed to diversity, inclusion, equality, and equity for all.

Lee Spannhake, MPT, Founder, In Home Body in Balance
The average POTS patient takes five years to receive their diagnosis. An accurate POTS diagnosis helps the patient be understood and is the first step in getting them back to a better quality of life.

Julee Miller, AP, DOM, NMT, Acupuncture Physician, Owner, Health Pointe Jacksonville
I am passionate about spreading the word on how acupuncture and herbal medicine can improve overall health.

Shyam Paryani, MD, MS, MHA, Program Director, Executive MHA for Healthcare Professionals, University of North Florida
An MHA degree prepares professionals to be managers, directors, department chiefs, operational officers, and chief executive officers. This program offers the convenience and flexibility to work around active schedules.

Arun Gulani, MD, MS, Pioneer of NextGen LASIK and Designer Cataract Surgery, Gulani Vision Institute
Be yourself. Nobody else is like you. Above all else, you must be excellent at what you do. Focus on the patient. Nothing else matters except patient outcomes.

Stephanie Crosier, MSH, RDN, LDN, Crosier Health & Wellness
I grew up in a small town in Kentucky, the granddaughter of a cattle farmer. Now I share my transition to a plant-based diet and nutrition knowledge in individual and group classes.

Rania Abdel-Rahman, MD, Founder, Kidney Medical Care, Medical Director, Kidney Kare of Jacksonville
I envisioned a practice in which I could cater to my patient's healthcare needs by allowing time to educate them about their lifelong disease and provide dialysis in a spa-like atmosphere.

William Nields, MD,
Founder, Bold City Direct Primary Care
For many practitioners, DPC can reignite their love of medicine and help physicians leave a system that makes them feel entrapped or ill-served.

Kaitlyn Chana, MHA Candidate, Founder Reel Stories Real People
We are developing a narrative film and guided curriculum to address eating disorders in high schools.

Young Erben, MD, Vascular and Endovascular Surgeon, Mayo Clinic, with an all-female OR, resident, and student crew.
I sponsor the American Medical Women's Association and the Association of Women Surgeons, Mayo Clinic Florida Chapters.

Ana Stauch, APRN, Medical Director, A New Way Healthcare
Our Direct Primary Care model provides unlimited, direct access to the provider via office visit, telehealth, telephone, or text, in exchange for a low monthly fee.

Matthew Rill, MD, CEO, Emergency Resources Group and Telescope Health
To ensure telemedicine endures and grows, it must be user-friendly, intuitive, offer flexibility for the provider and patient, and streamline the current system while becoming financially feasible.

Carol Chiang, OTR/L, Owner, Evolving Homes
The tug-of-war between what patients needed and what insurance required was very stressful. We offer a private pay option so patients get the help they need in advance of hospital discharge.

Erin Tracy, RN, Pediatric Oncology, Wolfson Children's Hospital, Founder, Fourth and Gold
Only three new FDA approved treatments have been developed since 1980 for childhood cancer. I created this nonprofit research foundation from the ground up to fund and find a more humane cure.

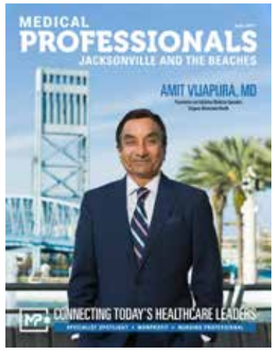
Alejandro Perez-Trepichio, MD, Chief Medical Officer, Millennium Physician Group
Telehealth connected MPG's 450,000 patients with their healthcare provider. I know my patients' risk factors and can tell by looking at them in a holistic way how they are fairing.

Nitin Butala, MD, MS, Neurologist and Neurophysiologist, Baptist Health
My program director told us every patient is going to teach you something new. Take every opportunity that knocks and never say no to seeing a patient.

Don Tanner, DNP, RN, Nurse Manager, Outpatient Surgery and Recovery, Baptist Health
BaptistPRIDE became Leaders in LGBTQ Healthcare Equality when Senior leadership demonstrated a strong commitment to do the right thing and let it be known discrimination was unacceptable.

Ben Guiot, MD, Neuro-Spine Florida and Florida Neurosurgery
Doctors do make the worst patients! My brief experience helped me relate to my patients on a deeper level and understand their fears, apprehension, and need for information.

Captain Teresa Allen, DO, Commander, Naval Hospital Jacksonville
Take care of your patient, your shipmate, your family, and yourself. Live your life by Navy core values: honor, courage, and commitment.



Amit Vijapura, MD, Psychiatrist and Addiction Medicine Specialist, Vijapura Behavioral Health
Many people are born with a genetic susceptibility to addiction. The brain is triggered when exposed to, or prescribed, an addictive substance the first time.

Charles Bruce, MBChB, Professor, Cardiovascular Disease, Chief Innovation Officer, Mayo Clinic
The main goal of the Innovation Exchange is to bring the best ideas to benefit people to scale as quickly as possible, agnostic of where those good ideas come from.

Brian Yorkgitis, DO, Acute Care Surgeon, Associate Director, TraumaOne Flight Operations, UF Health
As an osteopathic physician, I embrace its tenants of mind, body, and spirit/personal beliefs and address all three to achieve health and wellness.

Juan Carlos Martinez, MD, Mohs Surgeon, Advanced Dermatology and Cosmetic Surgery
I studied Art History at Dartmouth before medical school. I discovered a field that is totally visual, where a diagnosis is made on a slide, and my brain had been ordered to make these visual interpretations.

Kenneth Ngo, MD, Medical Director, Brooks Rehabilitation Hospital and Brain Injury Program
We are the only center in the country that has Cyberdyne technology. HAL, a Hybrid Assistive Limb, is the world's first wearable cyborg.

Lance Snyder, MD, Orthopedic Surgeon and Sports Medicine Specialist, Jacksonville Orthopaedic Institute
Never take for granted what you do and how you help people. A patient's injury is life-altering. Seeing things from their side of the street is important.

Mark Moon, MD, MHCDS, Flagler Health+
I am a life-long learner. I completed a master's degree in Health Care Delivery Science and a fellowship in Integrative Medicine with Dr Andrew Weil. I offer a dynamic approach for concierge care and executive health.

Niraj Gusani, MD, MS, Chief, Section of Surgical Oncology, Baptist MD Anderson
Our job is to engage the patients in their care and give them hope that there is a chance we can help them, and they can help themselves.

Sarfaraz Dhanji, MD, Family Medicine, Baptist Primary Care
Patients entrust their lives to us simply because of two initials after our name. That in itself provides motivation to ensure we do our best.

Elizabeth DeVos, MD, MPH, Associate Professor Emergency Medicine, UF Health, Director of Global Health Education Programs
Learn what keeps you engaged, and seek out those opportunities.

Elizabeth Bagan, APRN, Owner, Precision Medicine & Wellness
Find your passion. Then find a mentor or business coach to help guide your success.

LaVeda Carter, RN, Breast Oncology Patient Navigator, Baptist MD Anderson
Being a Nurse Navigator is 'heart' work; I make it my business to be there, to establish a trusting relationship, and foster a warm, safe environment conducive to learning.

Deborah Hickman, DNP, RN, Director of Adult Surgical Services, Baptist Health
I have a tattered, construction paper booklet of pictures created in preschool that show I wanted to be a nurse. I believe it is my calling and gift from a higher power.

Amanda Chaney, DNP, APRN, Department of Transplant, Mayo Clinic
Walking through the transplant journey of someone who is so ill and weak and seeing them move to a state of health and vitality is amazing.

Mary Ellen Wechter, MD, MPH, North Florida Gynecology Specialists.
I knew I wanted to do minimally invasive, complex surgery. I hold women up because they are holding up the world.

Karen Grissinger, MSN, RN, Director, Wolfson Children's Emergency and Trauma Services
The Emergency Nurses Association Lantern Award was bestowed on just seven children's hospitals in the country.

Staci Biegner, MD, Resident Physician, OBGYN, UF Health Jacksonville
My residency program and UF Health have exceeded my expectations for the quality of training and support.

Palma Iacovitti, DNP, MBA, Program Manager, Surgical Oncology, Baptist MD Anderson
The stakes for workplace bullying are higher than school bullying because it affects a person's livelihood.

Alex Rose, MD, General Advanced Laparoscopic and Robotic Surgeon, North Florida Surgeons
I love my General Surgery practice. I trust my partners who provide excellent care for our patients and each other.

Chad Neilsen, MPH, CIC, Director of Accreditation and Infection Prevention, UF Health Jacksonville
I am a believer in serving and that life is more fulfilling when you help those who are underserved or in need.

Edward Gorak, DO, MBA, MS, Physician in Chief, Baptist MD Anderson
My mother, spouse, daughters, and female coworkers have all been instrumental in my professional and personal development. I am who I am today because of women.

We are incredibly thankful for Tammy Czigan, award-winning photographer and owner of GPL Studios, for her fun photoshoots and beautiful pictures for our cover stories. We are also deeply grateful for our strong community business partners that support the Medical Professionals of Jacksonville and The Beaches and enable us to fulfill our mission to build healthy community relationships.

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JAX Chamber Health Council Meeting
For a Healthier First Coast
First Thursday of the month, 11:30-1:00
www.jaxhealthcouncil.org

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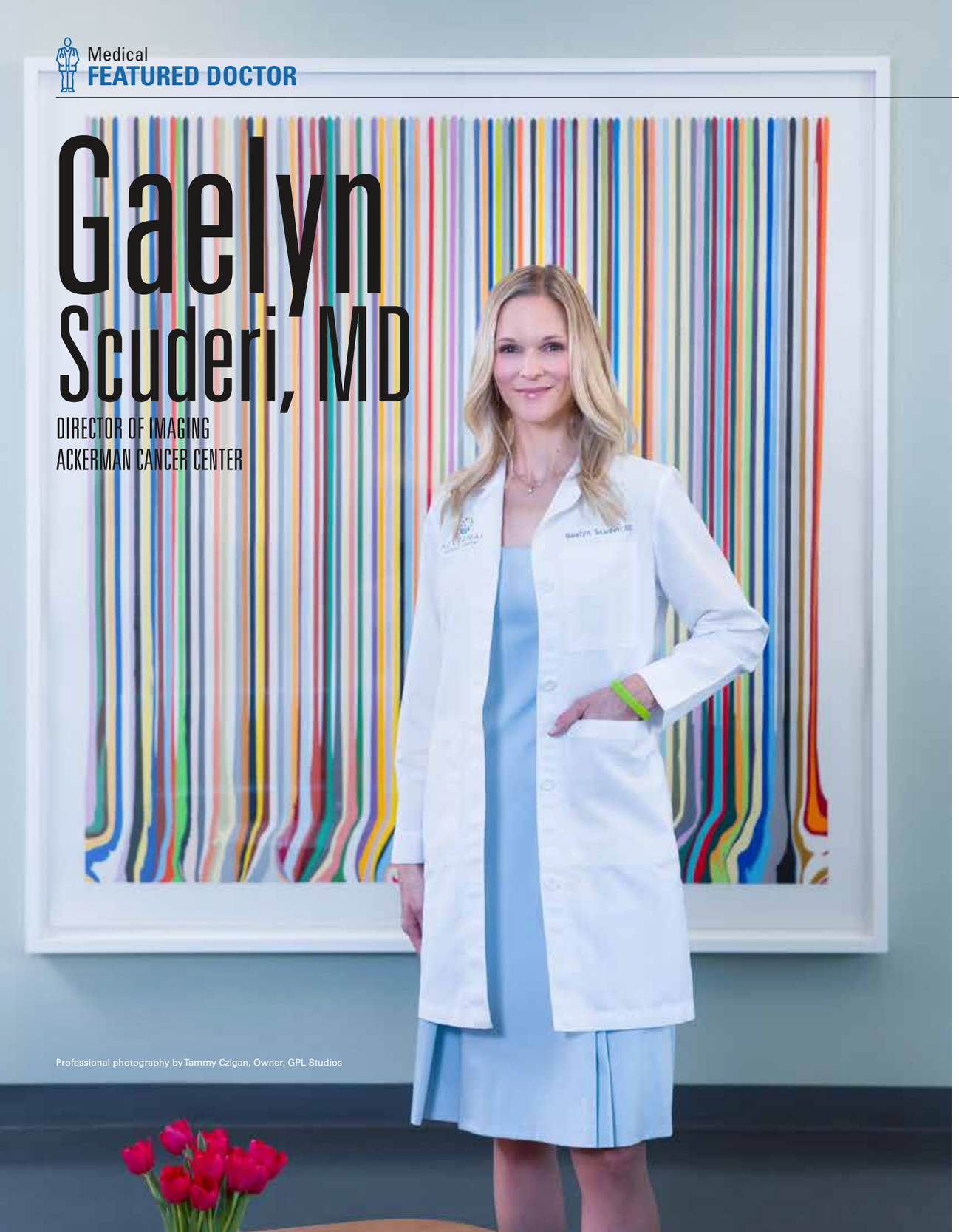

Professional photography by Tammy Czigan, Owner, GPL Studios

Introducing Contrast-Enhanced Mammography (CEM) and Contrast-Enhanced Mammography-Guided Biopsy to Northeast Florida

FAST FACTS

Undergraduate Education
Virginia Commonwealth University
Richmond, VA

Medical Education
Virginia Commonwealth University
School of Medicine
Richmond, VA

Internship
Transitional Internship
Naval Medical Center Portsmouth
Portsmouth, VA

Residency
Diagnostic Radiology
University of Florida College of Medicine, Jacksonville

Fellowship
Breast Imaging and Intervention
University of Florida College of Medicine, Jacksonville

Board Certification
Diagnostic Radiology, American Board of Radiology

PROFESSIONAL QUESTIONS

How did you start in Medicine?
I felt a deep calling to become a doctor as long as I can remember. I honestly can't recall another ambition as a child or teen. My first name means "healer". I learned this at a young age and resolved that medicine was my purpose. I knew the path to becoming a doctor was long and arduous, so I began to accrue as many high school credits as I was able in middle school. By my freshman year of high school, I realized I had enough credits to graduate in three years. I applied to and interviewed for VCU's Guaranteed Admissions Program at age 15, and was accepted to medical school as a senior in high school, just a few months after turning 16. I graduated from high school at age 16, college at age 20, and medical school at age 24.

How did you get interested in your subspecialty?
My path to radiology has been circuitous. I originally envisioned myself as a surgeon and have always enjoyed procedural subspecialties. But my husband is also a physician and I feared pursuing a surgical career while in a dual physician marriage would make achieving a balanced family life difficult. I pivoted down a path toward anesthesiology residency at UF Gainesville when my Navy career took an unexpected direction as a result of military operational personnel shifts. I began to inquire about residency opportunities in Jacksonville while my husband completed his Family Medicine residency at St. Vincent's Hospital. UF Jacksonville Radiology had an opening and I thought Radiology might be worth exploring given my love for anatomy, physiology, pathology, and procedures. It turned out to be an amazing fit!

Looking back, it was a surprising and uncalculated series of events that resulted in where I am now, but I feel certain that becoming a Radiologist was what God always intended me to do. Funny enough, my first volunteer position in high school was at a small local hospital in the Radiology department, developing and filing hard copy x-ray films and assisting with fluoroscopic barium swallows and upper GI exams. In fact, I think I might still have the badge!

Tell us about your workweek.
I see patients and interpret imaging exams at both our Mandarin and Amelia Island offices. The scope of my radiology practice is pretty unique in that about 70% of my work is devoted to breast imaging exams and biopsies, while the other 30% is spent performing non-breast biopsies of various types and interpreting diagnostic ultrasound exams. I also perform a fair amount of second-opinion reviews of outside imaging studies of all types, from nuclear medicine studies, to MRI's of the brain and body, to CT scans, and conferring on patients' imaging with Ackerman Cancer Center (ACC) Radiation Oncologists. This second-look evaluation offers our patients the benefit of a set of fresh eyes, and can help augment characterization of their cancer to ensure every site of disease is identified and localized for clinical attention and/or treatment by the world-class clinical oncologists at ACC.

What specific services do you provide your patients?
I interpret screening and diagnostic 2D and 3D-mammograms, breast and non-breast ultrasound exams of all types, and perform a number of biopsies. These biopsies include ultrasound-guided biopsies of the breast, thyroid, lymph nodes, and soft tissue masses as well as 2D and 3D

Dr Scuderi and Vivienne Bennett, MS, RT

stereotactic-guided breast biopsy procedures. We are also thrilled to be the first practice in Northeast Florida to offer one of the most cutting-edge techniques in breast cancer diagnosis: Contrast-Enhanced Mammography (CEM) and Contrast-Enhanced Mammography-Guided Biopsy.

What makes your practice unique in our community?

I could not be prouder of the uncompromisingly patient-centered care that we provide at Ackerman Cancer Center. Our patients get the most technologically advanced care delivered by an exceptional team of medical professionals who are both highly competent and unwaveringly compassionate. We deeply appreciate the overwhelming nature of facing and fighting a cancer diagnosis or even braving a cancer scare, and the range of fears and emotions that can be a part of that journey. We make it our mission to walk with and support our patients at every step. The green bracelets worn by our staff and patients demonstrate encouragement and our commitment to fight against cancer.

In meeting our mission of patient-focused care, ACC provides highly coordinated and cohesive multimodality care. Our patients often have their treatment, labwork, imaging, and clinical care in a single visit. We have a fabulous nutritionist and an adept social work staff to support our goal of whole-patient wellness.

Ackerman Cancer Center has long been recognized as a pioneer in proton therapy on the First Coast. Proton therapy is cutting-edge science in action, providing targeted, effective cancer treatment while optimizing the sparing of normal healthy tissues. Protecting healthy tissues in the course of treatment means patients experience less side effects, both during and for years after their treatment.

Our Ackerman Cancer Center team is now excited to be able to offer women one of the leading advances in breast imaging technology, Contrast-Enhanced Mammography (CEM), at our Amelia Island office. CEM is a diagnostic breast imaging tool that increases the breast cancer detection rate from 5-8 breast cancers/1000 women with conventional mammography to 15 cancers/1000 women with CEM. CEM offers 93% greater sensitivity for breast cancer detection, equal to the sensitivity of breast MRI, for a quarter or less of the cost of an MRI, and in a third of the time (10 minutes for CEM compared to 30+ minutes for MRI). Additionally, CEM has been shown to have the same or better specificity than breast MRI and better specificity than conventional mammography, meaning similar or less false positive exams. Less false positives translate to less unnecessary follow-ups and less negative biopsies.

By comparison, CEM is accessible for women that cannot undergo MRI because of claustrophobia, physical discomfort with the 30+ minute face-down prone positioning of the breast MRI study, have implanted medical devices unsafe for the MRI environment like a pacemaker or spinal stimulator device, or for whom MRI is cost-prohibitive. Just like MRI, CEM offers superlative negative predictive value approaching 100%, meaning that breast cancer can be confidently excluded if the exam is negative. It is this strong negative predictive value that makes use of CEM a compelling choice for the annual diagnostic evaluation of women with a personal history of treated breast cancer, as recurrence can be ruled out with a very high degree of assurance.

A conventional 2D mammogram is obtained concurrently with the contrast-enhanced mammogram, all while the breast is under a single compression. The 2D mammogram portion of the exam provides gold standard high level anatomic detail while the contrast enhanced images provide critical physiologic detail akin to the information obtained with breast MRI, basically providing patients with two exams in one. CEM is billed as a diagnostic mammogram with contrast and is covered by most insurance plans.

This test is a win on all fronts for patients, especially patients with dense breasts and an elevated lifetime risk for developing breast cancer. The patient response to CEM has been overwhelmingly positive.

What changes have you observed in your areas of expertise?

There has been a significant shift in the breast imaging community over the last decade toward optimizing breast cancer screening and diagnosis not just for the population, but for each individual woman. We have seen this manifest with an increase in genetic testing, a push to better define risk factors for breast cancer and optimize risk assessment models to identify patients at higher risk. At the same time, we've seen a broadening of the indications for supplemental screening, that is breast cancer screening exams performed in addition to, not instead of, conventional 2D or 3D mammography. It is increasingly evident that a one-size-fits-all approach to breast cancer early detection isn't the best answer. Some women need a closer or more frequent look.

A significant part of individualizing breast cancer screening also has to do with breast density. Breast density refers to the proportion or percentage of glandular breast tissue a woman has relative to fatty tissue in the breast. The higher the proportion of glandular tissue, the denser the breast. The denser the breast, the less sensitive conventional mammography is for the detection of early breast cancer. A massively successful advocacy effort in the last decade has resulted in breast density notification laws in every state, requiring patients be notified of the potential for dense breast tissue to mask or obscure the presence of early breast cancer on the mammogram. Almost 50% of women have dense breast tissues, and as such, we are compelled as a medical community to address this not only with a high degree of vigilance for any symptoms of breast cancer, but also with supplemental breast imaging evaluation when appropriate, particularly in women who have additional risk factors for breast cancer.

We take these personal factors into account with our breast health patients at Ackerman Cancer Center, with a goal of optimizing breast cancer detection and diagnosis for each patient as an individual. This is part of the reason we are so enthusiastic about bringing Contrast-Enhanced Mammography to Northeast Florida as a diagnostic breast imaging tool. CEM has been shown to greatly improve early cancer detection in women at higher than average risk and women with dense tissue beyond the capabilities of conventional mammography. Additionally, CEM provides critical diagnostic information in women with complex, indeterminate, or suspicious conventional mammographic findings. In women with newly identified cancer, CEM allows for rapid pre-surgical staging of the extent of disease within the breast tissues so that accurate surgical planning can be performed.

Tell us about your work with the Nassau County Medical Society.

I feel so lucky to have had the opportunity to be a part of the Nassau County Medical Society for the last few years. My friend and colleague Dr Alan Miller, a fantastic pain management physician with Coastal Spine and Pain, got me involved with NCMS starting in 2017 and I was honored to serve as the Society President for a two-year term 2018-2019. I have met so many inspirational providers both active and retired through NCMS! Nassau County has a close, familial feel to it, and the physi-


Gaelyn Scuderi, MD, with Scot Ackerman, MD, Founder, Ackerman Cancer Center.

cian community has the same mutually respectful, warm spirit. My participation in NCMS allowed me the privilege to serve as the Nassau County representative at the annual Florida Medical Association meeting in 2018; this was a great opportunity to learn and participate actively in the legislative and advocacy process. The pandemic has unfortunately created barriers to participation in this important meeting within the last two years, but I hope to have the opportunity to engage in this process in the future. It's my strong belief that physicians should use their knowledge and experience to advocate for public health and for the medical profession as well as for each other, and I encourage participation in your county medical society as a great way to amplify your voice.

Do you have a mission statement for your practice?
My practice mission is simply to save as many women as I possibly can from breast cancer, a disease that is both common and curable if identified early. I try to put that mission into action by endeavoring daily to hone my practice and improve my skills. I've never been one to assume mastery. I feel like I can always find things to elevate. This drive to evolve and grow is mirrored in my life: I feel compelled to try and do a little more to understand others, to know myself, and to find ways to serve the world a little better tomorrow than I did today.

Another key driver for my personal practice is a deep desire to minimize pain. Dealing with cancer can be such a physically and emotionally painful journey, and as a diagnostic physician, I am often meeting patients at the beginning of this process. I am keenly aware that the way I recommend a biopsy, the manner in which I perform that biopsy, and in some cases ultimately deliver life-altering news can either soften or heighten the trauma of a diagnosis. I do my very best to provide genuine, compassionate support and take extra time to deliver as painless a biopsy experience as possible for each and every woman. I want all my patients to feel supported, cared for, and empowered with the knowledge they will not face the journey alone.

What is the culture you infuse into your practice?
I try to infuse my practice with a culture of respect. First and foremost, this means respect for each patient's journey, feelings, circumstances, choices, and goals. Second, this means respect for my healthcare colleagues, especially the team of exceptional technologists that directly perform the imaging for each patient. Performing breast imaging is not simple or easy. I am very blessed to work with a stellar team of radiologic technologists.

Have you ever been close to quitting?
I have thought about walking away from medicine at different junctures, particularly as a new mother. Being a working mother is tough, no matter your profession, and there are some unique challenges that come along with being a physician mom in a dual-physician marriage. I have been very fortunate, however, to have a number of inspiring physician moms to model how to balance parenthood and taking care of patients, and some dear female colleagues have stepped in at critical moments to encourage me to stay in the ring even when it felt overwhelming. I have also been lucky to have a supportive husband who has always cheered me on and believed in me from the beginning of my medical journey. Honestly, every time I get close to shifting careers, God brings circumstances into my life that make it clear to me that this career is my calling to service, and I have a duty to use my training to the best of my capacity. So it seems I'm not going anywhere for now!

If you could offer any advice to new physicians, what would it be?
Don't forget to minister to your own health – mental, physical, and spiritual. You can't help others if you aren't at your best. And if you need help, don't be afraid to get it. Too many physicians suffer silently with depression, difficult life circumstances, or even physical ailments because they put so much pressure on themselves to perform. Develop a good self-care routine and unapologetically stick to it.

PERSONAL QUESTIONS

How did you find your way to Jacksonville?
My husband and I were both active duty Navy and were stationed together at Destroyer Squadron 14 (DESRON 14) in Mayport as General Medical Officers from 2004–2007. I served an additional year in Mayport as the DESRON 14 Senior Medical Officer 2007–08.

What recharges your week?
My husband and I practice yoga and run together and our whole family loves water sports. My daughter, 13, and son, 11, both surf and I started learning to surf last year. I wish I had started surfing earlier in life – it makes my heart come alive!

I also enjoy cooking and baking whenever I get the opportunity.

What is one thing your parent taught you that completely changed your life?
My father is one of my biggest influences. His day job was as an English teacher, but he also owned and operated a karate dojo and was an esteemed karate master. He always pushed me to strive, to do my best, and to persevere beyond discomfort. He also instilled in me a sense of duty, always telling me that, "To whom much is given, much is expected."

For what are you most grateful today?
My husband and children. I am so thankful and lucky to have been able to build a life with my best friend and to be able to be a mother to two beautiful children who never cease to surprise and delight me. I love seeing my kids pursue their interests and grow into young adults.

What three words best describe you?
Driven,
Aspirational,
Devoted

ACKERMAN CANCER CENTER

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Amelia Island Office
904 277 2700
1340 S 18th St, Suite 103, Fernandina Beach, FL 32034

ACKERMAN Cancer Center

SHAHLA MASOOD, MD

- PROFESSOR AND CHAIR, DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE, UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE - JACKSONVILLE
- PROGRAM DIRECTOR, BREAST PATHOLOGY AND CYTOPATHOLOGY FELLOWSHIPS
- MEDICAL DIRECTOR, UF HEALTH BREAST CENTER - JACKSONVILLE
- DIRECTOR OF RESEARCH
- INTERIM DIRECTOR OF CANCER PROGRAMS, UF HEALTH - JACKSONVILLE

FAST FACTS

Medical Education
Shiraz University, Shiraz, Iran

Residency
Pathology - Anatomic and Clinical
Jacksonville Health Education Programs, Jacksonville, FL

Board Certifications
- American Board of Pathology - Anatomic and Clinical
- American Board of Pathology - Cytopathology

Awards
- Breast Health Global Initiative Award
- Courage to Teach Award, National Accreditation Council for Graduate Medical Education
- Eve Award, Florida Times-Union, honoring women who have contributed the most to their community
- Numerous Castle Connolly America's Top Doctors
- Numerous Castle Connolly America's Top Doctors in Cancer
- 20 Most Influential Professors in Oncology, Internationally

Accomplishments
- Board of Directors and Co-Chair, Scientific Committee, Florida Breast Cancer Foundation
- Founder and Past President, International Society of Breast Pathology
- Director, Annual Multidisciplinary Symposium on Breast Disease
- Director, Breast Cancer Public Forum
- Founder and Editor in Chief, The Breast Journal
- Author of several textbooks, book chapters, and numerous publications

PROFESSIONAL QUESTIONS

How did you start in Medicine?
My father died unexpectedly from an accident when I was two years old. At that time in Iran, a woman's status in society was absolutely tied to her husband's wealth and status. Although our family was among the more affluent households, my mother was no longer valued by her friends and social circles and she was cast aside. The images of pain on my mother's face were permanently imprinted on me and I vowed to become independent, and never have my worth tied to anyone but myself.

My grandfather was a pharmacist and my aunt and uncle were both physicians. I was fascinated early on by the impact physicians had as healers and wanted to enter medicine. When I was 16 years old, I participated in a countrywide academic competition and won the "American Field Service Scholarship," a foreign exchange scholarship. I traveled to New York and became the guest of an American family for one year while I finished high school in the United States. My first impression of New York was the incredible diversity of culture, color, accents, outfits, and opinions that were intertwined within the society. The common theme, however, was the deep appreciation of individual freedom that governed the society at large. I fell in love with this country, so when I finished medical school in Iran I chose to come back to the United States for my postgraduate training.

Standing: Shahla Masood, Ahmad Kasraeian, Addie and Ali Kasraeian.
Sitting: Haley and Sina Kasraeian.

How did you get interested in your subspecialty?
My husband, Ahmad Kasraeian, and I finished medical school in Iran. He was three years ahead of me and waited to participate in the US residency match so I wanted him to match first. He was selected to come to Jacksonville to study Surgery, and then Urology. I planned to become a Surgical Oncologist or Gyn Oncologist but Pathology was the only program available for a foreign graduate at that time. Pathology was not my favorite choice because I enjoy interacting with people. My second year residency publication, however, won a national award and that sparked further interest in pathology and research. Now I am an internationally recognized breast pathologist and I have spent my life promoting breast health education, research, and advancing breast pathology, the core of decision making.

Tell us about your launch of the international, Multidisciplinary Symposium on Breast Disease.
This annual event, started in 1995, invites hundreds of outstanding physicians and researchers for three days of networking, research exchanges, and in-depth discussions about ways to improve breast health around the globe. The symposium was the first of its kind in that it covers all aspects of diagnosis and treatment for one disease, breast cancer. This also fostered the concept of a multispecialty approach to breast cancer care, research, and education.

I have taken the Symposium to Rome, Paris, Cairo, Tehran, and even Saudi Arabia. Each time I bring a different message about breast cancer and how it impacts patients. When I went to Rome in 2000, the government of Italy issued a stamp in recognition of our work in breast cancer. Millions of stamps were sold, increasing breast cancer awareness and providing a source of funds for additional research.

In 2015, I was honored in Rome by Susan G. Komen Italia, a partnership between Susan G. Komen and the Catholic

University in Rome, for my contributions to breast cancer advocacy and the initiation of the Italian "Race for Cure" in 2000. The 2015 race attracted more than 50,000 participants.

When I went to Egypt for the Symposium and Race for Cure, the pyramids were lit pink. In Saudi Arabia, the men sat on one side of a somber auditorium and the women, covered in clothing, were on the other. I was the only speaker who discussed breast cancer, and then its impact on sexuality for women. The others described breast cancer as chest wall cancer. I received a beautiful award from the Sheiks for my global breast health education efforts. I also met with the Sheiks after the meeting and successfully persuaded them to build a breast center at Dammam University.

You have also provided your expertise to the Jacksonville community.

For the past twenty years, I have hosted an annual, free public forum entitled, "What Everyone Should Know About Breast Health." The forum includes a multidisciplinary panel of highly qualified and passionate physicians from UF Health who provide their expertise for 300-350 guests during a nice dinner. The forum not only provides up-to-date information, but also benefits the experts in that they are able to better know our community and the most commonly asked questions about breast health. The next forum will be virtual, October 21, 2021, 4:30-5:30 pm.

You advocate that it is important to get a second opinion, especially in breast pathology?

It is important to verify the diagnosis of breast cancer and the type of breast cancer prior to developing a therapeutic plan. Breast cancer acts differently in different people and we must distinguish between cellular look-alikes. Experienced pathologists are at the core of the diagnosis and can provide specific direction for the patient and the other members of a multidisciplinary team to design a personalized option for cancer therapy.

I provide a breast pathology consultation service at the UF Health Breast Center where I meet with patients, and their partners, and provide individual education about their cancer. I have a three head microscope in the office so I can show them what the cancer looks like and they can get to know their enemy. The majority of patients have a low-grade cancer that can be managed easily, allowing long-term survival and a full life after cancer therapy. I teach them how to deal with the cancer, and the associated fear and anxiety, so they may enjoy their life. Naturally, high-grade breast cancers require a different approach for therapy.

We offer a breast pathology fellowship for physicians who have already trained as pathologists but wish to study an additional year at our center.

Original oil painting by Shahla Masood, MD.

How can referring physicians and patients identify an excellent breast cancer team?

I recommend they visit one member of the medical group. Usually, the surgeon is the first contact for a patient. If this center answers their questions appropriately, evokes a feeling of comfort and trust, feels like home and a safe place they can return for a variety of services, they have likely found the right team.

Tell us about your scientific pursuits.

The discipline of pathology has come a long way. There was a time when pathologists were delegated to the basement to issue reports. I am proud to be one of the pathologists in our country to have helped change this concept. Pathologists are now partners in care. We have moved from behind the microscope to sitting with patients.

We can not only provide the laboratory results but help integrate these findings with the patient's signs and symptoms, age, race, and gender, and provide recommendations for further study and the care plan. This is why the breast pathology fellowship is important. We are engaging pathologists to participate in clinical care and to understand the impact of their diagnosis. I also teach pathology residents and direct both the cytopathology fellowship program and the breast pathology fellowship program. I defined the cytomorphology of high-risk proliferative breast disease in the early 1990s and introduced the concept of cytomorphology as a breast cancer predictor. The "Masood Cytology Index" led to me being honored as one of the first "20 Most Influential Professors in Oncology" by Webhealth. I also brought fine needle aspiration biopsy for diagnosis of breast cancer to NE Florida. I have been the Director of Pathology training for 25 years. We have the most highly qualified pathologists available because we have state-of-the-art technologies.

Serving as a clinician/scientist and educator at the University of Florida Jacksonville and leading the department of Pathology and Laboratory Medicine to become an internationally recognized department is a great accomplishment in my professional life. Being able to rejuvenate our Pathology Training Program and our Cytopathology, Breast Pathology, and Transfusion Medicine Fellowship Programs has been most rewarding. Many of our alumni now are among the leaders in the pathology discipline.

If you could offer any advice to new physicians...what would it be?

Listen carefully to your patients and try to understand each individual patient. Patients have the right to know the scientific information associated with their disease and the risks and benefits of the therapeutic options available to them. When patients are educated and their questions are answered as adults, they can make the best decision for themselves. Studies have shown that patients who participate in their treatment planning have better outcomes and quality of life.

PERSONAL QUESTIONS

What accomplishment are you most proud of?
Raising two wonderful children is my greatest accomplishment. We have two sons; Ali Kasraeian, MD is a Urologist who practices with my husband at Kasraeian Urology and Sina Kasraeian, MD is an Orthopaedic Surgeon in St. Augustine. They have accomplished wives and unbelievably beautiful children. As I look at my life, it has been challenging and difficult. Being a woman, and a foreigner, and wanting more professionally has not been easy, but I take the greatest pride in having been a mother that has made a difference in the lives of her children while I strived and survived in my profession.

Were your sons encouraged to study medicine?
As physician parents, we made sure we did not influence our children's career choices. When they attended high school, we provided opportunities for our children to visit different professionals including a construction worker, painter, businessman, lawyer, and architect. Both sons came back saying they wanted to enter medicine. Medicine is a very complicated profession right now because it has become a financially driven business. The practice of medicine, however, is like the priesthood, involving the body and soul of an individual. It is participating in the well-being of another individual. Now that our sons have tasted how difficult Medicine is, and they are great physicians, I know they had the choice and they need to trust their choice. We always tell our children that when you love a patient like your own family, and a patient sees that, you are going to have a much better physician experience.

What are your favorite charities?
I am very interested in supporting the medically underserved population. I created a physician talent show to raise money as a founding Board member of We Care Jacksonville. I also prepared and hosted fund-raising gourmet dinners in our home and raised $35,000 per event. I am one of the founding Board members of the IM Sulzbacher Homeless Center and have cooked in their kitchen for 400 people. This work was important to me to bring awareness, raise funds, and provide care for others.

What recharges your day?
That is a very good question - I am exhausted (laughs). But I find new energy when I see the impact of my work. I have traveled to 55 countries throughout the world, by invitation, and shared my knowledge and experience with those interested in my work. My work matters. I love the fact that I am privileged to have the opportunity to care for my family at home, my family at work, as well as my patients.

I am ready to do more if the community will help me out. My dream is to lead an effort to build a comprehensive cancer center that can provide care for the medically underserved population in our community. It is a difficult task but it is timely and necessary. We see patients in Jacksonville who have suffered more than those living in countries with limited resources. It is the responsibility, and pleasure, of our life to make someone else's life better.

Shahla Masood, MD, and her husband, Ahmad Kasraeian, MD

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TYLER SALDUTTI

FOUNDER AND CEO
PRIME REALTY

How did you become interested in Commercial Real Estate?
I grew up in the suburbs of Manhattan. My mother was a pioneer of Corporate America and appeared on the cover of The Wall Street Journal. My father was a general contractor and real estate developer. I worked construction between sports seasons for my father and uncles and learned skilled carpentry. I enjoyed the gratification of driving by a property I helped build.

I graduated from Babson College and completed the nation's top entrepreneurship studies program. I traded commodities on the COMEX before I was 20 years old. I later embarked on a work abroad program for an international small business consulting firm in London called Action International. After college, I immediately entered a large commercial real estate brokerage. I enjoyed the direct correlation between effort, output, and income.

My two passions are fostering entrepreneurship and supporting multi-generational wealth through real estate. This is exactly why I work with doctors and other medical professionals who need commercial space to grow their business and invest in attractive real estate assets.

Tell us about your company, Prime Realty.
Thirteen years ago, I launched a new boutique approach for commercial real estate with low quantity and very high-quality service. If we list a property, it leases or sells as planned. We take proactive steps for success. Prime Realty represents a collaborative team approach that is ever adapting and improving, rather than one person's approach. Prime also refers to a property that is the right space at the right value.

We use START, a **S**ystematic approach to **T**ransactions, creating **A**ccountability, and a focus on high **R**eturns in a short amount of **T**ime. Timeliness can mean the difference between profitability and success or not. We have an engineered system for acquiring property and disposing of property and provide weekly feedback to our clients. We coordinate the appropriate documents and people, including the tenant or buyer, architects, contractors, city municipalities, attorneys, tax accountants, and a team of curated vendors from over 100 years of combined relationship building.

The first meeting is a needs analysis at the current location with the principal, the office manager, and the head nurse so we may determine what is working and not working with the floorplan. It is valuable to have multiple shareholders providing input into their ideal layout. With the digitalization of medical records and the use of telehealth, office space

requirements have changed. Getting to know the key decision-makers and their business helps us deliver the best result. From there, we complete a market survey, exploring the needs outside the walls, such as street frontage, signage, traffic flow, parking requirements, and specific markets. Next, we research the community demographics. Prime Realty has invested in the same databases and technology as the biggest firms in the world. This allows us to explore every opportunity, and the terms that are associated, so we can be more collaborative.

Once a property is under consideration, the relationships we have with our vendors becomes very important. Building out a medical space includes walls and furniture, plumbing and security, as well as AV equipment, IT expertise, and possible landscaping. Our added value is the expertise we can bring to customize each unique project.

How does investing in commercial real estate create financial opportunity?
Real estate has built more wealth than any other asset class. There are five benefits of owning commercial real estate:

- Periodic income or rents received. Now the tenant(s) are paying down the mortgage.
- Appreciation. As the saying goes, "They're not making any more land." As supply decreases and demand increases, properties increase in value.
- Tax benefits, mainly cost recovery/depreciation, are a big component for medical professionals and other high-wage earners.
- The psychological advantage of feeling control over your investment and operating costs and the pride of ownership.
- The last benefit is the collection of fees related to developing, financing, leasing, managing, and selling properties.

Prime Realty offers world-class, laser-focused, real estate experts and access to our vendor relationships for first-time investors or property owners and experienced investors. We make this an empowering experience by informing our clients each step of the process.

There is tremendous demand for boutique commercial real estate services for office, industrial, retail, and multi-family properties. We process over 250 transactions every year. This is our wheelhouse. The more we help our medical practices expand in northeast Florida, as well as help new medical practitioners/developers enter the market, the more we proudly create more jobs, provide more resources, and help more people.

How is the commercial real estate market in Jacksonville?
The cat is out of the bag. We are seeing new institutional investors in Jacksonville that we have never seen before for the reasons above. Population growth increases demand for everything commercial; office space, retail space, and warehouse space.

My family and I love living in Northeast Florida. We have a tremendous amount of appreciation for the Jacksonville business community. This community embraced me and my family. I have a beautiful wife and two young daughters. I have mentored a lot of young business students, hosted interns, and participated in committees and Boards at UNF and Jacksonville University. We have sponsored and judged entrepreneurial pitch events at JU where business students pitch new business ideas and helped UNF grow the offerings within the business program.

We live at the beach and love the palm trees and wonderful natural resources. We are absolutely spoiled to have access to tickets to see an NFL team. We have a beautiful symphony in a riverfront setting. My wife and I own The Glass Factory and we are excited to bring interesting and world-class events to the area. I met my wife at a wedding and now we own a wedding and events venue to be a part of other people's lives.

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HEATHER BEAN, APRN, DNP

Adult Gerontology Acute Care NP (AG-ACNP-BC)

LYERLY NEUROSURGERY

Fast Facts

Undergraduate Education
BS, Nursing, University of West Florida

Graduate Education
MS, Nursing, University of South Alabama
DNP, Doctor of Nursing Practice, University of South Alabama

Board Certification
American Nurse Credentialing Center (ANCC)

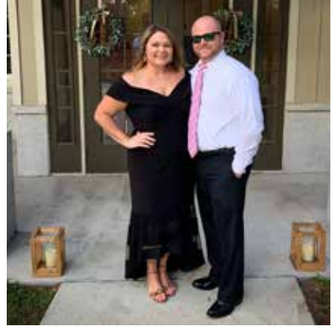
How did you start in nursing?
I always knew I wanted to be in the medical field although I wasn't quite sure where I would end up. At first, I thought I wanted to be a pharmacist, however, I quickly came to the realization that it would not be exciting enough for me. In high school, I participated in a medical program that allowed me to graduate as a certified nursing assistant, CNA. From there, I started nursing school while working as a CNA. I loved bedside nursing. I began in a cardiology unit and moved into subspecialties of electrophysiology and heart failure. I began to realize something was missing, I wanted to learn more, I needed a greater challenge, and I was interested in the application of evidence-based medicine into practice (who doesn't love a good set of guidelines). This ultimately led me to become a nurse practitioner. While I was in graduate school, I took myself out of my comfort zone in cardiology and worked as a nurse in the emergency department. I believe my diverse nursing experience made me a well-rounded nurse and the knowledge I acquired in each of these areas continues to help me as a nurse practitioner. I have been an adult acute care nurse practitioner for six years and I was a registered nurse for nine years.

How did you get interested in your subspecialty?
I began my nurse practitioner career in the trauma/surgical intensive care unit at UF Health. This was an amazing opportunity. I learned invaluable lessons, assessments, skills, and how to manage the critically ill patient. I learned alongside residents and I was able to perform some exciting bedside procedures such as endotracheal intubation, chest tube insertion, bronchoscopies, central and arterial line placements, abdominal washouts, as well as percutaneous tracheostomy and PEG tube insertions. When I began in the trauma ICU, I knew critical care would be just a stepping stone that would lead me to where I am now, Lyerly Neurosurgery. The truth is, I did not know where I wanted to end up or that neurosurgery would become my passion. In the intensive care unit, I worked collaboratively with the neurosurgery team daily, I knew their visits were brief and they worked a lot. I am still not sure how this motivated me to apply to Lyerly, but it worked out better than I could have ever imagined. What I love most about my subspecialty is not only the beauty of the anatomy and seeing the spinal cord dance, but I also love the detective work. By asking a series of questions and performing an exam I already have a good idea of what the problem is before confirming it with imaging.

Tell us about your role at Lyerly Neurosurgery.
I am fortunate to work alongside Dr Andrew Shaw, a very talented, passionate, and energetic neurosurgeon. As a nurse practitioner, I work in the clinic twice a week seeing new patients and post-operative patients. Many of the new patients I see come to me with little to no workup and I am tasked with evaluating and ordering appropriate imaging and initiating conservative measures as appropriate. The other three days, sometimes more, I am in the operating room as a surgical first assist. Throughout the week I see hospital consults, as well as round on postoperative inpatients. I enjoy the variety which keeps me from getting bored or too exhausted, although surgery is by far the most fun part of the job. Prior to taking this job, I had never stepped into an operating room, except as a student. Everything I have learned about first assisting has been from Dr Shaw; he is an exceptional leader and teacher and he takes any opportunity to share his knowledge with me for which I am grateful.

What specific services do you provide your patients at Lyerly Neurosurgery?
Lyerly is located within the Baptist Health building downtown and we have our very own dedicated Neuro OR suites for adult patients. Lyerly comprises both spine and cranial teams, each consisting of extremely talented surgeons and providers. Together, Dr Shaw and I are one of five teams that focus primarily on disorders of the spine and minimally invasive spine surgery. Common diagnoses we treat include cervical and lumbar stenosis, spondylolisthesis, degenerative disc disease, fractures, and oncological diseases of the spine. Common surgeries we perform include cervical fusions or arthroplasty, lumbar fusions, minimally invasive lumbar discectomies, and laminectomies, as well as intradural and extradural tumor resections.

In addition to surgery, we order imaging or procedures as indicated and refer to other specialists that most often include neurology, physical therapy, and pain management. Dr Shaw and I participate in a biweekly multidisciplinary tumor board at Baptist MD Anderson for the care of patients with primary or metastatic disease of the spine and brain where



together we review imaging, pathology, and treatment options as a team.

What makes your practice unique in our community?
The providers at Lyerly Neurosurgery offer exceptional, comprehensive, and innovative care. We specialize in minimally invasive spine surgery and many of the surgeries we perform can be done as an outpatient or one overnight stay in the hospital. For the patient, minimally invasive surgery means less blood loss, less tissue trauma, less time in the hospital, and smaller incisions versus the traditional open surgery. A single-level minimally invasive laminectomy or discectomy can typically be performed in less than 60 minutes with a 1 inch incision, and a same day discharge. Our single-level lumbar fusions take about 90-120 minutes, with two, 2 inch incisions and a one night stay in the hospital. At Lyerly, we have a team of surgeons, nurse practitioners, and physician assistants available 24/7 for hospital consults or phone calls from existing patients with questions or concerns.

What would you like your colleagues to know about methods to enhance referrals or patient care within the community?
Managing acute and/or chronic neck and back pain can be challenging. Not all providers may know what clinical workup should be completed and which treatments are appropriate to try prior to a referral. In an ideal world, a high-quality referral would have clear radicular pain or myelopathic features, failed six weeks of conservative measures such as physical therapy, and have recent imaging less than six months old. While this is ideal it is certainly not always reality, and that is OK. Or maybe you are having trouble with insurance authorization for imaging. You are not alone; send your patients to me and I will be happy to facilitate a comprehensive workup and treatment plan. I also want you to know, if we have a mutual patient and you have a question or concern, please reach out to me. The art of communication among providers is dying yet communication is a crucial component in the health care process.

What are your goals for your patients?
Surgery can be scary. One of my goals for our patients is to make surgery and recovery a positive experience. I want to make our patients feel fully informed, educated, and prepared for surgery as well as recovery. I follow up with our post-op patients at two and six weeks and they know I am just a phone call away if they need anything in the interim. For many patients they may experience their first surgery or first spine surgery with us, so they may not know what to expect, what is normal versus abnormal, or sometimes they just need someone to tell them they are doing great. Whatever the situation may be, I am here to provide reassurance and comfort or identify post-operative concerns should they arise.

What motivates you?
My family motivates me. I have an amazing husband, Josh, who not only supports my career and encourages my professional growth, but also keeps our household running while simultaneously advancing his own career. I have two children, my daughter is six years old and my son is one year old. I want to be a positive role model for my children. I want to raise them to be good human beings who treat others with respect. I want them to dream big and know with hard work and dedication they can achieve their dreams.

If you could offer any advice to new nurse practitioners, what would it be?
When deciding on your first job as a new nurse practitioner choose one that you know will support and foster your newly acquired skills and education. An employer that is familiar with nurse practitioner protocols and has experience in working with nurse practitioners is helpful. Ask about the orientation process and make sure you feel ready before flying solo as a provider. Never be afraid to ask for help from our physician friends, they are essential to our success. We need their expertise and collaboration to provide the best care for our patients.

Do you have a mission statement for life?
Good things never come from comfort zones. If we want success, we must get comfortable being uncomfortable.

> "GOOD THINGS NEVER COME FROM COMFORT ZONES. IF WE WANT SUCCESS, WE MUST GET COMFORTABLE BEING UNCOMFORTABLE."

THE NEUROSURGERY OUTREACH FOUNDATION

A Jacksonville nonprofit organization, founded by local Pediatric Neurosurgeon Philipp Aldana, MD, is taking an active part in the solution to global problems

The Problem: Lack of Access to Surgical Care Globally

Imagine being a patient diagnosed with a giant brain aneurysm, and being told that it is too risky to treat with traditional surgical means but there is a new treatment that offers hope for a cure with little morbidity? You then realize that this new treatment is not available in your country and that it is so expensive it would cost you all of your retirement savings. This was the situation faced by a retired school teacher in the Philippines. In the Philippines, like many other low–middle-income countries (LMICs) as classified by the World Bank, lack of access to surgical care is a serious problem. Not only do patients lack the resources to access care, but the surgical care providers often have inadequate resources and training to provide the care. Neurosurgical residents in the Philippines have resorted to paying for some needed surgical supplies out of their own pockets so their patients can undergo surgery. In Indonesia, however, some residents are not paid at all while they are in training.

This lack of access to surgical and anesthetic care was called out by the President of World Bank at the pivotal time when the Sustainable Development Goals (SDGs) were set. Global Surgery 2030, the report of The Lancet Commission on Global Surgery, described the role of, "surgical and anesthesia care in improving the health of individuals and economic productivity of countries." The report defines this lack of access to care as a global problem of staggering magnitude that affects 5 billion people, 2/3 of the world's population, resulting in more than 15 million deaths annually. Ninety percent of the population in low or LMICs are affected. Patients with neurosurgical diseases, that can often cause death or serious morbidity, are particularly vulnerable.

Addressing the Need

Growing up in the Philippines then migrating to the US, Dr Philipp Aldana witnessed firsthand, as a medical student, the stark contrast in medical care between the two countries. The US has an overabundance of medical resources. After graduating from the Saint Louis University Medical School, Dr Aldana pursued neurosurgical residency training at the University of Miami-Jackson Memorial Hospital followed by a pediatric neurosurgery fellowship at the University of Utah. During his breaks in training, he would return to the Philippines to help in the neurosurgery training program established by his father, Dr Benigno Aldana, Jr. His experiences in both countries further highlighted the disparities in healthcare and motivated him to address them.

The Neurosurgery Outreach Foundation

Several years after Dr Aldana was recruited to join the Department of Neurosurgery at the University of Florida to practice pediatric neurosurgery at Wolfson Children's Hospital and UF Health Jacksonville, he and his wife, Carmina Aldana, founded the Neurosurgery Outreach Foundation (NOF) a non-profit, 501c3 in Jacksonville. The foundation's mission is to advance access to neurosurgical care in underserved communities through education, service, and support. Since its inception in 2010, NOF's all-volunteer board and staff have significantly grown in its scope and impact, receiving support primarily from the generous donors of NE Florida.


New microscope donated by NOF.


Carmina Aldana visiting with a pediatric patient during NOF's Educational Surgical Mission.


NOF's first Educational Surgical Mission with Dr Aldana using neuroendoscopy to treat hydrocephalus.


Dr Philipp and Carmina Aldana, Founders of NOF.


NOF Educational Session

Education: A Core Mission of NOF

Focusing on the education of neurosurgeons to improve patient care, NOF's bi-annual Educational Surgical Missions prioritize the training of local surgical teams in one to two day teaching conferences. Neurosurgeons attending these conferences have learned new surgical techniques that they later utilize on their patients. Additionally, NOF has awarded over 50 scholarships to neurosurgical residents from countries across the globe such as Vietnam, Indonesia, Nepal, China, India, Philippines, Bangladesh, and Brazil to enable them to attend educational neurosurgery courses. It has also recently established a neurosurgery observership for surgeons from LMICs to come to Jacksonville and learn from neurosurgeons across our city.


NOF Educational Awardee from Vietnam attending an advanced Pediatric Neurosurgical course.

Service: Providing Care for Patients while Educating Neurosurgeons

NOF's volunteer neurosurgeons and physicians have provided free care to numerous indigent neurosurgical patients. The retired school teacher was cured of her giant brain aneurysm by Dr Ricardo Hanel, an Endovascular Neurosurgeon from Lyerly Neurosurgery and Baptist Health, who inserted an arterial stent. The surgery as well as the stent, donated by a device company, were provided free of charge. Dr H. Gordon Deen, a Spinal Neurosurgeon from Mayo Clinic Florida, performed complex spine surgeries on patients with conditions impairing their movement. Dr Jody Leonardo, Neurosurgeon from Allegheny Health Network, has performed minimally invasive surgery on patients with pituitary gland tumors. Philippine neurosurgeons all participated in these surgeries to learn from NOF neurosurgeons.

Support: Enabling Patient Care and PPEs for Providers

Through generous donors, NOF has been able to donate vital surgical equipment and supplies, including an operating microscope and brain aneurysm clips, treating over 70 patients with life-threatening aneurysms. It also established patient emergency funds to purchase supplies and services essential to care for other indigent neurosurgical patients. In response to the COVID-19 pandemic, NOF donated PPEs and funds to benefit frontline workers in its partner hospitals in the Philippines, which became designated COVID treatment hospitals.

Advocacy: Developing Neurosurgical Programs and Research through Partnership with Non-Governmental Organizations

NOF helped develop treatment centers for hydrocephalus in Manila and Cebu by fostering partnerships between international foundations such as CURE Foundation and Child-HELP and tertiary care hospitals. This involved free training of selected Philippine neurosurgeons on specialized hydrocephalus surgery at a hospital in Uganda and donation of endoscopes required for the surgery to the partner hospitals. NOF has also partnered with the Harvard Medical School Program in Global Surgery and Social Change and the Journal of Global Neurosurgery to establish the Annual Global Neurosurgery Research Award to foster research in LMICs.

Responding to the COVID-19 Pandemic

The COVID-19 pandemic caused significant strain on communities and health care systems around the world and curtailed travel and in-person care. NOF had to cancel its 2020 Educational Surgical Mission, but plan for a 2022 mission with protocols responsive to the pandemic. In response, the staff shifted to virtual educational events by organizing the NOF Synapse events, where experts spoke on neurosurgical topics to an international audience. In Jacksonville, NOF donated to the local food banks at the height of the pandemic to support those in need. In addition, NOF hosted virtual events to support the many local chefs who were struggling.

Supporting NOF

NOF's programs and activities would not be possible without continued community support. The COVID-19 pandemic only

worsened access to surgical and anesthetic care globally and life-threatening neurosurgical disease continues to affect millions around the world. As an all-volunteer organization, NOF is in constant need of volunteers as well as donations of cash and kind to continue its mission of increasing access to neurosurgical care in underserved communities. Those interested in supporting NOF can visit their website at www.neurosurgeryoutreach.org or text "BRAIN" to 707070.

The community is also invited to this year's fundraising event, *A Portrait of a Pastry Chef as An Artist*, a benefit pastry challenge and dinner party with great food and dancing, on Saturday, November 13, at the beautiful Museum of Contemporary Art, MOCA Jacksonville. Local pastry chefs will create masterpieces for guests to view, rate, and enjoy to help raise money to strengthen NOF's influence on global neurosurgical advancement and help families get the help they need.

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THE NEUROSURGERY OUTREACH FOUNDATION, INC

A PORTRAIT OF A PASTRY CHEF AS AN ARTIST

A BENEFIT PASTRY CHALLENGE & DINNER PARTY FUNDRAISER
Saturday, November 13, 2021
MOCA Jacksonville
Lead Judge Chef Rebecca Reed
with
Erika Dupree Cline *Simply Erika*,
Verousce McKibbin, *Sweet Room Jax*
Antonette Morison, *Medure*
James Victorino, *One Ocean*
Barbara Bredehoeft, *Biscottis*
Melanie Cuartelon, *Sawgrass Marriott*
Erika Pierce, *Southern Grounds*
Callie Marie Bakes and more!

MEDICAL REAL ESTATE

Exiting Mortgage Forbearance

Hi everyone,

Welcome back! This month's article discusses how the end of the pandemic-related mortgage forbearance programs might affect the impacted homeowners and the Jacksonville housing market.

The forbearance programs were put into place by lenders to offer respite to homeowners whose income was affected by the pandemic, and who needed their loan payments frozen while they caught their breath. The programs stayed in effect through the end of September and now the question is being asked, "Will the end of forbearance bring about a foreclosure crisis?" The simple answer is, this is unlikely.

We are in a very different market than what we experienced during the Great Recession. Unlike 2007, property values have not crashed and so prospective sellers have continued to build equity in their homes. In the Great Recession, the homeowners were "underwater," meaning they had mortgage balances greater than their homes' values, and that resulted in the high rate of short sales and foreclosures.

The simplest path out is for those who have the resources to make good on the missed payments and bring their mortgage current. While this is the simplest way to restore the status of a homeowner's mortgage, it may not be practical for many who are still dealing with the aftereffects of lost income during the pandemic.

For homeowners who wish to remain in their homes, but are unable to immediately bring their loan current, the answer is to reach out to the financial institution that is holding their mortgage and see what programs they have to offer. There is also a lot of excellent information on the Consumer Financial Protection Bureau website at www.consumerfinance.gov under, "exit forbearance." They highlight typical options that may be available and how to approach the conversation with lenders. As mentioned before, the increased equity that most homeowners have accumulated leaves them with far better options than those impacted during the Great Recession.

Finally, for homeowners who have decided that they cannot catch up, or who simply want to get out from under the debt, selling their homes in the current market should not result in foreclosure. We are in a very strong housing market with rising prices which may help provide a cushion for those homeowners. A recent statistic showed that about 98% of struggling borrowers have built up at least 10% equity in their homes during this time. Even while homeowners put their payments on hold, the value of their property continued to rise. The positive equity may well allow them to come out of forbearance, sell their homes, and hopefully have money to walk away with. These strong equity positions should also help limit the volume of distressed listings that come onto the market.

With all of that said, it's easy to see why we are in far better shape than the situation we had just over a decade ago. What we do expect to see is an increase in the number of listings in our area, but these will be sellers taking advantage of their positive equity. The potential influx of listings may increase total listings enough to reduce the instances of multiple offers, but it is highly doubtful that this will turn the tide that the sellers are currently enjoying.

We anticipate that Jacksonville's housing market is positioned to stay strong with a seller bias for the foreseeable future.

THE WALK TO END ALZHEIMER'S

JACKSONVILLE

Alzheimer's Disease. It is one of the most feared diseases, most unfamiliar, yet the most prevalent disease as our society ages. Many Medical Professionals have encountered it first hand, been face to face with it, diagnosed it, and felt beaten by it. You have seen the toll it takes on families and their loved ones, the financial ruin it leaves in its wake, and the hollowness in the eyes of the person suffering, while their body ticks on – day after long, arduous day.

I am not here to tell you the grim details you already know. I am here to emphasize the importance of understanding Alzheimer's impact, to offer guidance, resources, and possibly even hope, as you try to offer your patients comfort during the most difficult and confusing time of their life.

My name is Terri Cantrell, and I am the Director of the Walk to End Alzheimer's here in Jacksonville. This title, and even my paycheck, mean nothing in the grand scheme of all things Alzheimer's, but what it does mean is I have met Alzheimer's. I've had dinner with it and visited it in Hospice. I've watched it slowly creep up and snuff out the brightness in a loved one's eyes. I've been to the memory care communities, the funerals, sat Shiva, and toasted the life well lived. I have heard the stories, passed the tissues, and fought the good fight trying to raise awareness for a disease that is not a battle, but an all-out war.

You see, Alzheimer's is a threat unlike any other disease. It is an International epidemic and there are more than 44 million people living with Alzheimer's worldwide, including more than 6 million Americans. By 2050, this number is projected to rise to nearly 13 million. It is also the most expensive disease in America, costing an estimated $355 billion in 2021. By mid-century, as the number of people living with the disease is set to nearly triple, the costs to our economy are projected to reach more than $1 trillion, with two-thirds of these costs paid by Medicare and Medicaid funding.

Sound bleak? Well, it is. That is why it is critical to increase funding for Alzheimer's research. This is where the Alzheimer's Association plays a vital role as we work to ensure that our national policy and research agendas reflect the importance of Alzheimer's disease as a leading cause of death and disability.

Our advocacy initiatives have propelled the federal government to rise to the challenge of the Alzheimer's epidemic, resulting in a more than seven-fold increase in federal Alzheimer's and dementia research funding since 2011 — including a $300 million increase for Alzheimer's research at the National Institutes of Health (NIH) for fiscal year 2021. With this increase, along with previous research investments, the NIH is expected to spend $3.2 billion on Alzheimer's research in 2021, yet greater investment is still needed.

Because of this unprecedented funding, scientists are able to work at a more rapid pace to advance basic disease knowledge, explore ways to reduce risk, uncover new biomarkers for early diagnosis and drug targeting, and develop potential treatments.

Currently, The Alzheimer's Association is investing over $250 million to more than 750 projects in 39 countries. Our grants have funded some of the most instrumental research in Alzheimer's Science, and in 2020 the Association made its largest-ever single-year research investment by granting more than $47 million to 139 scientific investigations.

Here in Florida, we are working harder than ever to provide the much-needed resources to those suffering, and to their caregivers. Through our statewide advocacy initiatives, we were able to secure funding for our Brain Bus, the Virtual Caregiver College, local support groups, and our 24-hour helpline.

Our Brain Bus reaches the medically underserved by sending a van or RV across the state to give local families information about brain health, risk reduction, care planning, and local support groups. In many cases, the Brain Bus is the first and only opportunity for individuals and their families to get information and find resources. It is a critical tool for dementia education and early detection.

Our Caregiver College was developed to educate Caregivers on a variety of topics that are important to taking care of their loved one. From Financial and Legal strategies to effective communication practices, these courses are helpful in guiding family members through their journey with the disease. So often, when someone's diagnosed with Alzheimer's, his or her caregiver is truly lost. They don't know the first question to ask, nor the first step to take. These courses provide pivotal best practices in hopes of making an already difficult situation a bit more bearable.

Our support Groups and 24-hour helpline are, perhaps, the most vital resources we provide. When it is 3 am and sundowning is taking its toll on your loved one, there is no better number to call than 800-272-3900. The soothing voice on the other end of the line can be a lifesaver in your time of need as they offer suggestions and walk you through calming your loved one. The same is true for our Support Groups. Many times, it is comforting to know you are not alone in your journey – there are others in the same boat, fighting the same small battles in the overall war they find themselves in. That simple connection with others that understand what you are going through goes a long way in providing the strength to get through this war that is Alzheimer's.

So, are you wondering how you can join our fight to end Alzheimer's and all other dementia?

You can start by putting on your purple, lacing up your shoes, and coming out to walk in our Jacksonville, Walk to End Alzheimer's on Saturday, November 6th at UNF. You can encourage others to share the story of their loved one who is suffering; you can form a team and raise funds by visiting Jacksonville Walk to End Alzheimer's and most importantly, you can talk about it. Simply face it head-on, and talk about it.

Because until we talk about it and share our stories, we will not have the awareness needed to truly elevate this cause! We need to create the foot soldiers, the warriors, and the fighters of this disease. Alzheimer's needs the same energy and resolve that breast cancer has seen and benefited from. We need purple to be as well-known as pink, to be as understood and supported, so that eventually, like cancer, we will have survivors.