

*The*  
***Bulletin***  
OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION  
*Summer 2020*



**Michael A. Cromer, MD**

**117<sup>th</sup> HCMA President**



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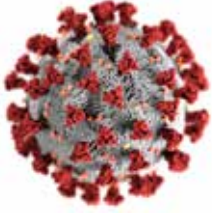
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- Continual COVID-19 pertinent information & updates
- PPE supply ordering
- Legal resource center & hotline
- Pertinent webinars on topics such as, Telemedicine, Virtual Practices, Managing HR, Maximizing Government Support Dollars, Getting Back to a New Workplace Normal, etc.
- Marketing your practice during COVID-19
- COVID Providers Relief Program
- Weekly Video Support Group
- HCMA Foundation Physician Wellness Program Counseling & Coaching
- Virtual Town Hall Meeting featuring expert panelists

For links to all of the HCMA's COVID-19 News & Resources correspondence, email your request to: [Elubin@hcma.net](mailto:Elubin@hcma.net)

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To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *The Bulletin's* "Article Guidelines" which can be faxed or emailed to you.

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# Summer 2020

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## MEET YOUR PRESIDENT

Dr. Michael Cromer was installed as the HCMA's 117th President, in front of a small group in May. His installation will be formally recognized at the September 1st HCMA membership dinner.

Dr. Cromer was born in Marion, IN. While attending Oral Roberts University, he met his future wife, Carol. "Carol and I sat next to each other in Microbiology lab. We shared microscopes. She liked my cologne. The rest is history," reminisced Dr. Cromer. He moved to St. Petersburg in 1986 to start his residency and began his solo private family practice in 1989. Dr. Cromer and Carol have three children, Drew, Lance, and Chelsea, who all live close by.

When not practicing medicine, Dr. Cromer enjoys extreme/adrenaline sports and activities like bungee jumping, sky diving, scuba diving, and skiing. He has two artificial hips, "Self-induced from training for and doing over 100 triathlons...worth it!"

Dr. Cromer's goals as President are to strengthen the HCMA's political involvement, attract and be a mentor to younger members, and attract more employed physicians, all by letting them know that the HCMA is the strongest Association going to bat for the profession of medicine.

We look forward to an exciting year with Dr. Cromer!



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# President's Message

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## *Everyone Wants To Feel Loved*

Michael Cromer, MD  
drmcromer@gmail.com



Listening, of course, is an important tool in gathering data to enable us to make an appropriate diagnosis or to show empathy to those who might be going through a rough time. One lady, who tuned my listening skills to their fullest at each visit, sticks out in my memory. When she first came to me, she was married to her second husband. She had outlived her first husband and had remarried when she was in her 60s. Her second husband died

shortly after they became patients of mine.

Fortunately for her, both of her previous husbands had made sure she would be well taken care of if they were to pass before she did. She was able to afford to stay in a very nice retirement center near my office. Even though the center provided a bus service to any locale the residents wanted to go, she always insisted upon a private driver whenever she went out. This included her visits to my office. She would often joke with me that I needed to hurry up and get to her room because she was paying her driver by the hour.

She was born and raised in North Carolina. She was a true southern lady with a very recognizable accent and was always impeccably dressed. She had been widowed a second time at the age of 88 but fortunately was still in good health. She stated that her problem was she was bored! She said there were no activities at her center she enjoyed, and all the people there were “old-acting.” She didn’t have anything in common with them. I, of course, knew there were two sides to her story. She was known to be very particular, judgmental, and opinionated. The truth probably was that not many people wanted to be around her for any period of time.

I concluded her main problem was she was lonely. She never had any children, for reasons I never asked. She did have one niece in Tennessee whom she would call from time to time but who rarely visited her. She had outlived all her friends, and now she found herself in her 90s with no one she could call family or friend. Anyone would be lonely living like this. The facts are

there are many people in this scenario who, for various reasons, find themselves all alone at the end of their lives.

She did have some medical issues such as hypertension and depression, which were reasons that justified seeing her every three months or so. However, each time I saw her, she wanted to talk more about non-medical issues than her medical conditions. She would ask about my family and how I was doing. She was always very interested in finding out about any vacations I had planned. She liked to give her feedback about any place I mentioned. Some of the feedback was based upon personal experience. Other times, it was based on what she thought she knew about certain parts of the world. I remember one time planning a cruise from Singapore to Hong Kong that included a couple of port stops in Vietnam. I can still see her face now thinking about her response. She squinted her eyes and wrinkled her nose and exclaimed, “Why would you want to go

to such an awful place as Vietnam? Who would ever want to go there?” I know she probably only pictured Vietnam as seen through newsreels during the era of the Vietnam War. As far as she was concerned, it was unchanged, and

as you might guess, there was no educating her about what had changed in Vietnam over the years.

It wasn’t long after her husband died when her loneliness became more pronounced. She would tear up during each visit when she spoke of anything the least bit sensitive. She did seem to do better once I put her on an anti-depressant, but she soon wanted to start seeing me on a monthly basis. She would become fearful if I told her I needed to extend out her next visit due to a vacation or conference I had planned. She was very afraid she would become ill while I was gone, and I wouldn’t be there for her. I realized these monthly visits were very therapeutic for her. It was after about a year of our monthly meetings, right around the time that she turned ninety-nine, when I really understood where her fears lay. She had just had a birthday, and even though there were reasons to celebrate, she also verbalized she knew she wouldn’t live forever. That is when she teared up again. What she feared the most was dying all alone with no one beside her. She asked me if I would promise to come to her bedside when I was made aware she was dying. I asked her if she knew where she was going when she died. She

“People will forget what you said. People will forget what you did. People will never forget how you made them feel.” ~ Maya Angelou

*(continued)*

## President's Message (continued)

said, "Yes, I'm going to Heaven because I asked Jesus to be my Lord and Savior." She would be reunited with her previous two husbands, her sister, and her parents. Her face softened when she thought of that.

I learned two lessons from my time with this southern belle. One, is that everyone needs to feel they are loved by someone. The second is that many people live with the fear of what will happen to them during their final days here on earth and what will happen to them when they die. There will be times patients come to you with these fears, needing hope for that time. What answer will you be able to give them?

There will be many reasons for patients wanting to make an appointment, and we as physicians need to recognize that sometimes the best medicine is not ordering another test or writing a prescription but just sitting attentively and listening to what they need to express. We often don't realize what it means to a person when we can just lean in, if only for a short time, look someone in their eyes and show genuine interest in them. You might not realize you may be the only person they have who will take the time to listen and give them hope.

*This article is taken from a chapter in the book "Something Different Behind Every Door" written by Dr. Cromer. The book can be purchased through Amazon.com*



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# Photo Gallery

## *Installation*

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Dr. Michael Cromer, a family medicine physician practicing in Tampa, was installed as HCMA's 117th President during a small gathering. Due to concerns of the COVID-19 pandemic, Dr. Cromer was officially sworn into office by Dr. Jayant Rao (outgoing President) at the HCMA office. You can view the video

of the installation by visiting the HCMA website (HCMA.net). His formal presentation will be given at the HCMA September 1st Membership Dinner.

Many thanks to videographer, Dr. David Lubin.



Drs. Michael Cromer and Jayant Rao reciting the oath of office.



Drs. Cromer and Rao celebrate the official "passing of the presidency" with an elbow bump.



Dr. Thomas Bernasek, 2018 HCMA President, surprised everyone by bringing cheese, crackers, and wine to help celebrate.



Dr. Michael Cromer and his wife, the new first-lady, Carol.



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# Editor's Page

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## *Bummer*

David Lubin, MD  
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**March 19, 2020**

Bummer. This whole thing. Unprecedented in our lifetime. Nothing to do about it except sit home and wait. Elke has self-quarantined me since I fall into the CDC classification of the “elderly.” I get it; I just don’t like it, but then no one does.

It’s a month before *The Bulletin* deadline for article submissions, but I thought I would start early; there’s not much else to do, or write about for that matter. It’s depressing without a doubt. I want to get out and maybe go shopping, but I know it’s best if I don’t. We haven’t been hoarding; we’ve got enough toilet paper and paper towels for months, and we still have our hurricane stash of edibles from last year.

I bought sanitizing wipes at Publix in March, and BOGO at that. We have small bottles of hand sanitizer but the best thing to do is wash with soap and water. The fat in the soap actually breaks down the lipid encapsulation, thus destroying the virus.

But life must go on. Elke is still working at the HCMA office, and with only four on staff, social distancing is not difficult. We were supposed to have a plumber here this week to repipe our house but we’re putting off the repiping for now, to avoid traffic in our house.

My cardiologist suggested I stop my angiotensin receptor blocker, for hypertension, since it might make me more susceptible to the virus, which attaches to ACE-2 receptors of cells.

We were scheduled to cruise around the British Isles in May; that’s out. I was looking forward to the Stanley Cup playoffs; that’s not going to happen anytime soon. Baseball season has been postponed indefinitely...and, well, you all have had plans cancelled, I’m sure.

I want to thank all of you who are still actively practicing, for doing everything to care for your patients, especially those of you in ERs and the front line of evaluating and treating COVID-19 affected patients.

**March 22, 2020**

Hospitals and frontline medical personnel are running out of masks and protective gear, and are now sanitizing masks, and

the availability of ventilators and hospital beds are in short supply. I do try to watch the daily coronavirus conference but the President and Vice President keep saying that tests and supplies are getting out there, when, in fact, they are not. The President is touting possible treatments, the combination of azithromycin and hydroxychloroquine, as well some drugs previously used to treat AIDS. But again, Dr. Fauci states there is no scientific proof and testing must be done. I read online that President Trump has offered both Iran and North Korea assistance in fighting the pandemic. Exactly what is he going to divert from the needs of Americans?

**March 24, 2020**

It gets crazier on a daily basis. Cases and deaths are accelerating across the country. Gov. DeSantis is concerned about flights from the northeast bringing in people who might be infected and wants them self-quarantined, but I’m not sure where. President Trump has Tweeted, “We cannot let the cure be worse than the problem itself,” and wants to “reopen” the country in a couple weeks, despite his medical advisors warning against that.

**March 26, 2020**

At yesterday’s Task Force conference, President Trump announced that he would like to end the public health restrictions in place by Easter, April 12, and pack the churches to celebrate the “reopening” of our country. I don’t believe that any one of the doctors on the task force, Dr. Fauci, Dr. Birx, or US Surgeon General, Dr. Jeremy Adams, believes that’s going to happen. Cases are spiking in New York, and New Orleans is on schedule to become an epicenter, secondary to public gatherings during Mardi Gras. Perhaps it would have been more ironic for President Trump to have planned his “reopening” for Passover, April 8, in honor of the 10 plagues cast upon the Egyptians.

Our HCMA Executive Director, Debbie Zorian, is closing the HCMA office as of March 30. This is in line with the guidelines, set forth by Mayor Castor and county officials, in their “safer-at-home” plan, set to go into effect the night of March 27th.

I did leave the house yesterday, had to make a grocery run, after nine days at home. It did feel good to get out; I did wear a mask, wore gloves, used sanitizer, and washed my hands. I even left my shoes in the garage and washed my clothes. Maybe over-reaction... not that there’s anything wrong with that.

*(continued)*

## Editor's Page (continued)

**March 28, 2020**

The \$2.2 trillion relief bill was passed by a voice vote in the House yesterday, despite Rep. Massie's (R-Ky) successful attempt to bring back the entire House for a vote. Not only was it a ridiculous move, but it also endangered many members of Congress in trying to get back to the Hill. You wonder how much common sense some of those in D.C. really have.

**March 29, 2020**

Elke made a Publix run today and got just about everything on our grocery list. We finished watching the Netflix series, "Ozark," with Jason Bateman. Excellent.

I watched the coronavirus task force conference today (Elke can't watch them; I mean, she is able to, she just doesn't want to). The President accused hospitals of hoarding masks when a producer of them said that hospitals that were using 10-20,000 a week were now using 10 times that. We know why. When you deal with a highly contagious, infectious disease, you must change masks, even numerous times when dealing with one patient, let alone many patients. He suggested reporters should look into this; he could have just asked Drs. Fauci or Birx for an answer.

**March 30, 2020**

It's Doctor's Day and I hope you are all doing well.

The President has extended his timeline for recovery until April 30th, giving up on the Easter celebration. He said, "We're sending things we don't need...a \$100 million worth of things to Italy, surgical, medical, and hospital things." Just what is it we don't need? I just saw on MSNBC, health professionals are suggesting we should wear masks in public, just to prevent spreading droplets, even a bandana to "keep your droplets to yourself."

**March 31, 2020**

Now we're watching "Tiger King," about Big Cat Rescue, here in Tampa, and some of the other whacko "cat" owners around the country. We've even started DVRing "Jeopardy." It's a nice break from everything. The late-night talk shows are back on from their homes; so, Kimmel, Fallon, Colbert, and Meyers will be on for some comic relief.

Elke and Debbie are working on the Physician Wellness Program's website, which they hope to get up this week.

Discussion is starting on whether or not we should all wear masks when going out in public. I had thought that this was not a bad idea weeks ago, and, in fact, when I've gone out, I've worn one. Now Dr. Fauci is even saying that if we don't have to take them away from healthcare workers, "what harm can it do?" It may help prevent the spread from asymptomatic carriers throughout the community.

**April 1, 2020**

April Fool's Day. Not many jokes or pranks today. A doctor on MSNBC suggested that people update their living wills. She said that many know how critical their condition might become, contracting COVID-19 and perhaps needing ventilation, and with relatives not allowed in rooms, this could be vital information for treating doctors to know. Actually, I pulled an April Fool's "prank" on myself. The other day I used a pair of pliers, and needed them today. I searched for 10 minutes without finding them and then walked buy a table in the foyer and found them...right where I left them. Lesson learned—always return tools to the toolbox.

**April 3, 2020**

Georgia governor, Brian Kemp, publicly stated that he was instituting a stay-at-home policy because he JUST learned that asymptomatic patients can transmit the disease. Really? Where have you been the past few months, Governor? This is all very frustrating, the lack of leadership, the finger-pointing of the President, trying to blame the governors of the states for not being ready, when it's the obligation of the Federal Government to assume that task. At yesterday's task force conference, the President's son-in-law, Jared Kushner, stated that the President called him because "friends" of his called him to tell him that hospitals in New York were extremely low on protective equipment, so Jared made some calls and got equipment delivered (so he says). We hear that millions of pieces of equipment are going out, but doctors, nurses, and governors are still desperate for them.

**April 6, 2020**

The President keeps touting hydroxychloroquine as a possible cure, and then denies that he's promoting it as a cure, but adds, "I'm not a doctor, but I have common sense...give it a shot, what have you got to lose?" The President was also asked if he would be wearing a mask, and said he wouldn't since it would be voluntary. But he added, "If I thought it was important, I would." Near the end of the briefing, Dr. Fauci had the podium and was asked to weigh in about the use of hydroxychloroquine. The President abruptly interrupted, "How many times have I answered that question, maybe 15 times, you don't have to ask that question." He then got a question from an AP reporter that he didn't like, gave an answer and then abruptly ended the briefing and left. {{{sigh}}}

Exciting day at the Lubin's today; I installed a new Frontier set-top-box today. The first agent helped me set it up, but then my other 3 boxes didn't work because they weren't communicating with the main box. After another call of over an hour, I got them working. Like what else have I got to do.

*(continued on page 14)*

# Executive Director's Desk

## National Superhero Day

Debbie Zorian

DZorian@hcma.net



On this day, April 28, 2020...

- Despite a downward trend in COVID-19 cases over the past few weeks, Florida reported a record 83 new deaths from the highly contagious virus, bringing the state's death toll to 1,191.
- The state's 32,846 confirmed cases put the death total rate at 3.6%.
- 367,435 Floridians have been tested for the virus with a 9% positive rate; however, only 1.7% of the state's population has been tested.
- Hillsborough County public health officials announced COVID-19 testing sites will now be open to anyone, regardless of whether they show symptoms.
- Governor DeSantis touts that Florida has not seen nearly the number of cases, hospitalizations, and deaths as some earlier models had forecast.
- Hillsborough County seems to have fared better than most counties in Florida and around the country and is seen as "the poster child."
- Governor DeSantis predicts that Florida has flattened the curve and announced he will unveil his plan to re-open Florida during a news conference, tomorrow, one day before his existing safer-at-home order is due to expire.
- National Superhero Day is acknowledged.

It's difficult to write about anything but the COVID-19 pandemic as it continues to loom over our state, our country, and the entire world. By the time this *Bulletin* issue is published (approximately six weeks from now), there is a chance the re-opening of our state will be in its final stage with a continued decrease in illnesses and deaths. Personally, I'm concerned the Governor's plan to re-open Florida may be a bit premature and hoping my concerns will be unfounded. None of us can be certain, however, what the frequently talked about "new normal" will really mean. We know that elbow bumps have replaced handshakes and "stay well" is the new "good-bye," but many experts agree there will be a multitude of changes that will be considered the "new normal" for quite some time if not incessantly.

Just today, I read an article in the New York Times about the suicide of Dr. Lorna Breen, a top emergency room physician at New York-Presbyterian Allen Hospital in Manhattan where many coronavirus patients have been treated. She herself contracted the virus and went back to work shortly after her recovery to unimaginable conditions. Her father, also a physician, said she had described devastating scenes of the toll COVID-19 took on patients. She also described the horror of an onslaught of patients who were dying before they could even be taken out of ambulances, comparing it to Armageddon. "She was truly in the trenches of the front line and she's a casualty just as much as anyone else who died."

Although the desire to live rarely, if ever, leaves us, it doesn't necessarily pertain to those who are fighting overwhelming despair. A person outside of the medical profession will never know the fears, anxieties, and depression that come from being a physician on the front lines. The mental and emotional toll they endure is exemplified as the additional stress of keeping their families safe is now added to their daily challenges. We will also never know the worry many physicians are experiencing wondering if their practice will be able to survive.

For the past several weeks, the HCMA has concentrated on providing members with almost daily, COVID-19 information and resources. We are able to offer an avenue for members to order PPE supplies, a legal resource center & hotline, SBA relief options, webinars on subjects such as new risks & liabilities of telemedicine, managing HR, maximizing government support dollars, etc., and weekly virtual support group sessions led by a psychologist who participates in the HCMA Physician Wellness Program (PWP).

Several years ago, when physician wellness became a priority issue throughout our country and other medical societies were forming their own wellness programs, the discussion to implement a program in our county was taking place. The purpose of the HCMA PWP is to help physicians find balance between the intense demands of their work and personal lives. The stress, depression, and burnout, many physicians are silently enduring threatens their health and longevity. The PWP provides a safe harbor for members to address life difficulties while receiving completely confidential support through complimentary counseling and coaching.

(continued)

## Executive Director's Desk (continued)

During my 34 year tenure at the HCMA, I will admit that no other endeavor took the amount of time and effort to implement. As a physician wellness champion, I'm especially thankful that the HCMA PWP, which was launched on April 3rd, can provide resources for members during this unprecedented crisis. As we strive to meet the needs of our members, I'm confident our wellness program will be of value to those who utilize its services. I have misgivings that Dr. Breen was able to seek help when she needed it the most. And if she had, would she still be here today?

On a positive note, even in the midst of a crisis that provides a sense of helplessness and where the worst manifestations of human behavior can come to the forefront, we are seeing the best in humanity. The random acts of kindness and generosity many are experiencing build a structure of trust and engagement. Helping others also benefits our own mental health and wellbeing. And it helps us focus more on what is truly important in our daily lives; the simple everyday things that we often take for granted. And I believe that to include the sacrifices made by so many in our healthcare system. The pandemic sweeping our nation has brought to light the significance and bravery of the entire medical profession.

I did not know that on April 28th of each year, "National Superhero Day" is acknowledged. I didn't even know it existed. Physicians took an oath to provide care even in the face of greater than usual risk to their own safety, health, and life. What an opportune time to acknowledge physicians and all healthcare workers who are performing vital roles, in so many ways, during this pandemic. These brave men and women, who are risking their own lives to save the lives of others, honor us all with their commitment, dedication, and professionalism. They are true heroes, simply without capes.

Today, April 28th, is also the birthday of one of my children...

Happy birthday, Gina! May you stay safe and possess continued good health always. Mom



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## —New Members—

### Active

Rachel Irby, MD  
Infectious Disease  
ID Team  
1258 W. Bay Dr., Suite D  
Largo, 33770  
727.420.6374

Fatima Khan, MD  
Allergy/Immunology  
Allergy, Asthma, & Immunology Assoc.  
3645 Madaca lane  
Tampa, 33618  
813.969.0116



## Editor's Page (continued from page 11)

**April 8, 2020**

A column in the paper today, one of two days it's actually printed now, written by three USF doctors, discussed the fewer number of patients presenting to the USF Comprehensive Stroke Center at TGH early with symptoms of a stroke. They are finding this all across the country and urged patients with symptoms to present early to be treated, as mortality of untreated strokes is 15-45%, while that of the coronavirus is 2-4%. They indicated that patients are fearful of presenting to ERs because of the virus.

Tonight is the first night of Passover and Elke is working from home today and cooking. She bought matzo and sweet gefilte fish and is going to make matzo ball soup and a noodle kugel... from scratch! I found a food truck online, South of Broadway, and Nancy, the owner and chef, dropped off a brisket that she made today. Before we ate, we had a group Zoom with some of my family...just like they do it on TV...LOL. It was nice speaking to people and just schmoozing, and sharing our misery being cooped up. Elke is planning to Zoom with about 15 members of our families on April 11. Dinner was great! My mother would have been proud of Elke's soup and kugel.

**April 9, 2020**

The Tampa Bay Buccaneers are now the owners of Tom Brady. The question is whether or not we have an NFL season and Super Bowl in Tampa next year

**April 11, 2020**

Elke and I hosted a group Zoom with our family. Nine households all together. It was a nice way to see each other and talk, although often over one another. Later we watched *Contagion*, a 2011 film, depicting a very contagious and fatal virus attacking the world, which started from bats, spread to pigs, and then humans. Very realistic today, and Dr. Sanjay Gupta (CNN) had a role in it.

**April 12, 2020**

Easter today, and it must have been difficult for hundreds of millions of people, just as Passover was last week. We did a group Zoom with my family today, and again, it was nice seeing family and talking to someone without a mask on.

It's a week before *The Bulletin* deadline and I've come to the conclusion that there may never be another "normal" in my lifetime. EVERYTHING will have some change to it, from greeting people, to eating out, sports events, the economy, you name it. Even getting packages from Amazon or eBay necessitates wiping them down and then washing hands. Going to the grocery store is a major undertaking now, with distancing and one-way aisles. No more high-fives and shaking hands, for a very long time.

**April 14, 2020**

Well, I ventured out to Sam's senior hour today to do some shopping at 7:30 AM. I wiped down my cart and each item as I loaded up. They did have toilet paper, but no Kleenex. I stocked up on some frozen items we like, ground beef, and a few choice steaks...we deserve them. Spent over \$400, but a quarter of that was wine...we deserve that too. During my drive to Sam's, I noticed that traffic going south on Dale Mabry was just as heavy as traffic going north, certainly an aberration at that time. I also noticed the digital readout from Q105 on my information screen, along with the name of the song and artist, had messages like "Wash your hands," and "We are all in this together." We certainly are.

New cable issue...no HBO. Guess I hadn't tuned in HBO since the new box was installed a week ago, but made another call, and while on hold, the automated voice came on and said, "while you're waiting, we'll do a system check that will probably screw up something else." It did. I lost the internet, but thanks to Sam, and an hour of my time, it, and HBO are back. I also tried, but to no avail, to convince the billing guy to reduce my bill. Frontier stock used to be over \$100. It's under 50 cents now, and Frontier is declaring bankruptcy.

**April 15, 2020**

Tax Day, but taxes are not due till July 15th.

I hope you all appreciate the work that the HCMA staff has done in keeping you informed since "closing" the office at the end of March. Actually, Debbie and Elke continue to work from the office while Kay and Jean work from home. They have been able to keep all of us informed as to the latest coronavirus updates, and to send links to whatever information we might need, as well as important emails, when appropriate, our Enews every month, and Elke getting *The Bulletin* out, as usual. And the much-anticipated Physician Wellness Program is now up and running on the HCMA website. Special kudos to Debbie for her effort in launching the Program, and hats off to the entire staff for their work.

**April 16, 2020**

An article in the paper today said that there are over 500 clinical tests going on for coronavirus treatments. The National Institutes of Health are trying to organize a "National Strategy" to combine some of the studies and avoid the competition aspect. There was also an article discussing how a tiger at the Bronx Zoo contracted it, since none of the keepers tested positive. There are also over 300,000 kinds of viruses that can infect mammals. And the mass total of all the viruses on earth is 3x that of the mass of humans. Staggering thought.

(continued)

## Editor's Page (continued)

April 18, 2020

The Jeopardy College Championship ended yesterday. Those kids are smart, but earlier this week I managed to question 7 answers in a row; take that Alex Trebek! We got a surprise after a show this week, Elke's sister, Kendra, "starred" in a commercial for FDgard, an OTC digestion aid. She's also going to be in commercial for a large medical group. BTW, the steaks that I grilled, from Sam's earlier in the week, were awesome. That's why, around these parts, I'm known as the Grill Master. We also decided to deviate from our usual red wine and try some white. Elke joked that since we knocked off a bottle so quickly, that white wine bottles were smaller.

Today, I ordered pizzas from Papa John's to send to Memorial Hospital, to the ER, ICU, 2E, and 2W, just to show my appreciation for the medical staff and to thank them for what they are doing.

Last night Elke and I started watching the series, Bosch, on Amazon Prime, and have 5 seasons to catch up on. Having met Michael Connelly, at our membership dinner, and read a couple of his books, makes it even better. Tonight we watched the show "One World: Together at Home." It was a tribute to the World Health Organization and healthcare workers all over the world; there was even a nurse dancing in front of TGH.



April 20, 2020

So, *The Bulletin* deadline is here, and time to stop writing. I could keep a journal, for who knows how long, but I hope I've interested you a bit in what's been going on in the Lubin household and how we've managed to get through this. We will all get through it, eventually. Today's Tampa Bay Times discussed how there are about 90 different testing units being produced for antibody testing, yet the FDA hasn't authorized them to be used. And no one still knows if antibodies that are found, are protective, and if so, for how long.

I hope that President Trump and his advisors can handle the crisis and get us through this and back "open" with the least trau-

ma to our country. I'm sure you all have your own stories, and if you'd like to share some event or anecdote with us, please send it along to Elke or me. By the time you're reading this, who knows what will be happening? An epidemiologist on MSNBC said, "We can't go back to normal because normal was the problem in the first place." We'll all find out what the "new normal" is soon enough.

*Editor's note: The thoughts expressed in this column are solely those of the writer. Comments are welcome.*



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# Reflections

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## *COVID-19 has been on my mind a lot.*

Robert Norman, DO

drrobertnorman@gmail.com



When I went to my nearest drive-through coffee shop, I thought about all the choices we have nowadays. It's nice to have choices but look at how much time they take. I remember when coffee was either black and/or cream and sugar. Now it's what size, hot, cold, and 20 other choices.

We all have nostalgia for times in the past like our bout of chickenpox when we were a kid or some other relatively benign disease compared to COVID-19.

Everything seemed so straightforward. Everybody got it, and if you were lucky a little Calamine lotion and rest did the trick and you were back on the street. We now live in a whole new world with not only a new normal but more knowledge and weapons and online discussions. We have to carefully choose the best, most effective route to achieve our goal of staying alive and thriving.

Choices not only take a lot of time, but so do distractions like all that accompanies COVID-19. The virus has little to be distracted with as it continues to take lives. COVID-19 is playing its own life or death chess match while it tries to kill us. It's what deadly viruses do. That's how they make their living. With this virus we only have one choice—Choose Life. Obviously the victims reflect different socioeconomic levels, genetics, exposure, and immunities, but COVID-19 kills with impunity and we are

using up a lot of precious time.

The virus doesn't care if you're a Democrat or Republican or anything else. Or if you miss going to the beach or to church or synagogue or the mosque or meditating under the stars. Or out to dinner with your friends. Or flying to Vegas. You are simply a reservoir that it wants to live in and multiply and thrive. In order to stop it we have very strict, solitary rules that we need to follow. Our health is our reality and only lasts for as long as we can keep it.

Everyone on the planet has to be as inexorably focused on destroying COVID-19 as it is in destroying us. We don't have the time for distractions or rumors or gossip or anything else. We can leave that to the Monday morning quarterbacks once this is all gone for now. We have to march directly ahead using the rules of science that we know--limit social contact, help people who are already sick and dying, be fastidious in surveillance and contact tracing, and push for a vaccine. We need to find the original source of this horrible disease and see if we can stop it from happening again. The virus will always mutate, so we must be ready for the next one.

"Thank you so much," I said when I was handed my drink. A small black coffee with one cream and two sweeteners did not take long.

We have no time to waste. Right now, there's only one item on the menu--to eradicate this deadly virus before any more people die.



Dear HCMA members,

On behalf of the HCMA, thank you for the care you are providing your patients while faced with the ongoing threat of COVID-19 and for your tireless efforts during this time of challenges and uncertainty.

Many physicians are finding Headspace, a meditation and mindfulness app, beneficial to their mental and emotional wellbeing. Headspace is supporting healthcare providers during the pandemic, siting stressors unique to those involved in public health. To subscribe, for free, click on the following link, pick Florida and submit your NPI.

<https://www.headspace.com/health-covid-19>

~ The HCMA Physician Wellness Committee

# Bulletin Update

## A note from your Managing Editor

Elke Lubin

ELubin@hcma.net



You may have noticed this edition is entitled Summer 2020, instead of May/June. Beginning with this issue, the Editorial Board approved shifting *The Bulletin* to a quarterly publication per a request made by Debbie Zorian, Executive Director. The four issues, Summer, Fall, Winter, and Spring will continue to be mailed to our circulation of approximately 1,300 as well as being posted on the HCMA website:

<https://hcma.net/e-news-journal/>

The reasons to change the frequency were based on practicalities. Most county and specialty medical societies publish quarterly journals. *The Bulletin* is not a scientific journal and articles need not be timely.

Publishing less frequently will lower costs and allow for more color and additional features within the publication. Adding color and more features will offer a more attractive product when soliciting potential advertisers.

The HCMA administrative staff amounts to only four, even though the HCMA is one of the most proactive and successful county medical associations in the state. Changing *The Bulletin* to quarterly will allow me more time to assist with recurring and new HCMA endeavors.

We plan to add CME opportunities as well as new features including Florida's Great Outdoors, which premieres in this issue. We will be adding new aspects as we go along; let us know what you think.

The Board of Trustees and the Editorial Board would like to thank Dr. Michael Foley who made a generous donation to *The Bulletin* for production expenses.

*The Bulletin* is your publication. Please do not hesitate to contact me with suggestions. We also accept articles from members, on almost any topic, and photo submissions for cover consideration. If you have been on, or are planning, an amazing vacation and want to share your experience with your colleagues, contact me. If you had an unusual medical experience - yourself or a patient - tell us about it!

Thank you and stay well.

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# Our Wellbeing

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## *Ten Ways to Reduce Coronavirus Stress*

Michael Cromer, MD  
drmcromer@gmail.com



At the time of this writing the coronavirus mania is still in full swing. The devastation and the stress that this has brought to the world and to individual lives is like nothing we have ever seen. Most likely we all have spent hours watching the news and reading emails about COVID-19 data - past, present, and future. It has been a lot to take in and it sometimes has had the tendency to consume us.

The constant bombardment of COVID-19 news, as well as the burden of other things in our lives, is one of the things that can lead to a feeling of “burn out”, as an individual or as a physician.

I have compiled a list of 10 tips, not all of which are my original ideas, that should be helpful to reduce stress during this, and other, difficult times:

- 1. Ignore the news.** I don't mean forever. Just try disconnecting for a full day or two and see how you feel. You might be amazed!
- 2. Reduce someone else's stress.** This can include sending a reassuring email to your patients. Text family or friends to let them know you are thinking about them. Interact with people throughout your day with a calm demeanor.
- 3. Think about the future.** Make a mental list of the things that you will be able to do again that make you happy.
- 4. Get strength from past difficulties.** Granted, we have never seen anything that has had such a worldwide impact like COVID-19, but we all have been through at least one challenging event. You made it through that event, and we will make it through this.
- 5. Read a book.** Not just any book. Read one that focuses on hope or self-improvement. Let the contents of the book help you during challenging time. Hold on to the book, you probably will find it useful during other stressful times in your life.
- 6. Help someone who is worse off than you.** You have heard it stated that when you focus on someone else's problem, it helps take your mind off of your own problem. This is true, at least temporarily. Make a donation to people who are worse off than you. Donate food to a local food bank. Donate blood. Help an elderly couple with groceries, an errand, or a project.
- 7. Connect with your faith.** This virus is more powerful than any of us individually. It is a great time to turn to a spiritual source from which you can draw strength.
- 8. Connect with your neighbors.** Whether or not you have been close to your neighbors in the past, during any crisis or emergency it is nice to have neighbors you can turn to when you have a need. Lay the groundwork now by waving to them when you see them and maybe striking up a conversation. Send them a text, asking them if they are alright or see if they need anything.
- 9. Connect with your family.** Sometimes families can be drawn apart due to past conflict or the busyness of our individual lives. You might want to use this time as an opportunity to give a call to a family member whom you have not spoken with in a while. It might be the seed that will flourish in to an improved relationship down the road.
- 10. Finally, find some way to relax and have fun.** Work on a hobby, play a game with your kids, start some regular exercise, put a puzzle together, or watch a movie with your significant other. There is no rule that says we need to be worried or on edge all the time.





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# Practitioners' Corner

## *Sleep and the Immune System In the Era of COVID-19*

Stephen Kreitzer, MD  
krei513@aol.com



Since the 1970s it has been appreciated that sleep and the human circadian rhythm exert a strong regulatory influence on the human immune system. For instance, the low molecular weight sleep promoting Factor S is found in the brain and cerebrospinal fluid of patients with various illnesses, fever as well as sleep deprivation from one of the 84 sleep disorders. Factor S increases slow wave or Stage 3 sleep. Additionally, the number of T cells and pro-inflammatory cytokines peak during nocturnal sleep whereas the cytotoxic natural killer cells peak during daytime wakefulness. Both these types of cells and the rest of the complex immune system detect and eliminate foreign antigens.

The bio-circadian rhythm which is synchronized by our hypothalamic pacemaker, the suprachiasmatic nucleus, acts to adapt an organism to the ever changing demands of night and day. In the nocturnal sleep period there was down regulation of the hypothalamic pituitary-adrenal axis and the sympathetic nervous system with a concomitant dropping of blood levels of cortisol, epinephrine, and norepinephrine. If sleep disorders change this phase relationship there is strong evidence that cortisol and catecholamines oppose certain phases of immunity in illness.

When a virus infects the host, that virus can only survive by invading the cells of the host and replicating itself. The host T cells must recognize these virally-invaded cells and release cytotoxic factors to destroy that infected cell. Over time, our B cells will produce antibodies against the invading virus as the B cell acquires immunological memory.

As we age, some of the changes of the immune system are reduction in production of B and T cells in the bone marrow and

the thymus. These cells do not respond to a foreign antigen as robustly and in fact they respond weakly to vaccinations.

It has been estimated that about 30% of people over the age of 65 and over 50% of the nursing home population have obstructive sleep apnea or one of the other 83 documented sleep disorders. Obstructive sleep apnea is associated with recurrent periods of disruptive sleep with decreased total sleep time, decreased sleep efficiency, and decreased slow wave sleep. This disruptive sleep along with hypoxic events that occur in sleep apnea increase cortisol and epinephrine which inhibit our immune response to foreign antigens. The T cells and the B cells do not function as well. In addition, hypoxemia can induce tumor resistance so an individual is less capable of recognizing cancer cells.

We can use this knowledge to protect the nursing home population which has been severely affected by the Covid 19 pandemic. First we should promote the natural bio-circadian rhythm by:

1. No pre-sleep mental stress, caffeine, nicotine or alcohol.
2. Lock in a bedtime at 10 p.m. and a wake up time 8 hours later.
3. Limit daytime napping to one 15 minute nap.
4. Increase daytime activities to keep the individual more awake.
5. Early a.m. sunlight

Since we now have the ability to do free screening for sleep disorders in nursing home patients and we now have lower cost diagnostic and treatments available, it is suggested that all nursing home patients be screened and treated for sleep disorders as an adjunct to vaccines and infection prevention protocols. We must use our knowledge of the immune system and sleep disorders to serve the most vulnerable among us.

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Our continued partnership with The Bank of Tampa is a benefit of membership that we are very proud to provide.

We encourage you to contact Ms. Catrone and her colleagues at The Bank of Tampa.

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# Reflections

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## *A Resident's Dilemma*

Carlos Pla Fernandez, MD

USF Internal Medicine-Endocrinology

carlospla@usf.edu



I remember in high school when I first thought about becoming a physician; everyone encouraged me to follow this dream. Many of my parent's friends were physicians and seemed happy and satisfied with their careers. They would tell me stories about interesting patients they saw during their daily activities and I would listen, sometimes in awe. I thought, "Wow

that could be me one day, helping a patient survive a disease or diagnose an obscure medical problem." As time passed, a certain magnetism drew me to like-minded students in college and eventually in medical school. We were all so excited about learning the pathophysiology of diseases and frequently discussed our plans for residency and fellowship. Now, when I meet up with my medical school and resident friends, we laugh about how naïve we were and ask each other, "If we could go back, what would we do differently?"

After four years each of college and medical school and five years of post-graduate training, I can finally say, at age 31, I am finishing my medical education and looking for a job. I frequently find myself reflecting on the past decade on how quickly it has gone by, how many important outside activities I missed and, yes, how I've aged in the pursuit of this career. I often question myself, "Was it worth it?" Doubts at this stage of my career are common, especially now that our generation of physicians is learning how modern medicine works.

During residency and fellowship, much like medical school, I still experienced the rush and elation of learning and pushing myself to "be the best that I can be" and to give optimal care to patients. Unfortunately, although there are many joys, most time is spent behind the computer. The most enjoyable moments are rounding on wards, interacting with and examining patients, and discussing cases with attendings. These times are all too short compared to the long enduring hours spent on the computer. I still spend most of my day sitting at the computer, writing notes, calling in prescriptions, answering an endless number of patient portal messages and phone calls, and doing many other things, all while sacrificing face-to-face time with patients and family. I struggle each day with the dilemma of my continuing passion for medicine and learning, in particular, how to treat patients in my specialty, endocrinology. Is

this a healthy approach? Of course not! Our generation must do something about it. "We must act!" I keep telling myself while chugging along in front of the computer.

Most residents and fellows feel as I do, necessitating a strong push for "physician wellness" from "institutional bureaucracies." Unfortunately, these "wellness" modules are also on the computer, how ironic, our nemesis, and are usually completed at home after work. Wellness is even more hindered, as in my case, when I begin to look outside in the "real world" for a job. I am actively seeking a private practice position. Despite being told about a great need for endocrinologists, my search has been challenging. Many practices, regardless of location or model, have a two- and three-month wait period for new patient appointments and are not hiring. I inquired about a position for an endocrinologist at one of the Tampa institutions and was told they were looking for physician assistants (PA), not physicians, to work in the same specialty. This made me think, "Why am I doing this?" I trained and worked for so many years to be replaced by a PA who has had minimal training, compared to me. Was spending a decade of my life to learn medicine worth it? Are we now going to be replaced by PAs?

There is more and more talk about allowing nurse practitioners (NPs) and physician assistants (PAs) to practice independently, even getting compensated as physicians. These associates can be very helpful in complementing physicians and assisting with patient care, however, they should not practice in the same capacity. According to the Florida Medical Association (FMA) and the Florida Patient Protection Coalition, the difference in training and training hours between MDs and PAs is staggering. Again, this makes me question why I went through a decade of training to be possibly replaced by someone with far less training. If society permits non physicians to practice beyond their scope of education and training, we not only endanger the care of patients, but we make it much less likely that qualified young people will want to become physicians. Simply put, the knowledge and expertise are not the same. Ask the question, "Who would you and your family members or a politician and his/her family members want to see for an illness?" The answer is obvious.

Another sobering fact is how much our practice is limited or dictated by external factors about which we have little or no control. Part of our frustration stems from mandates and

*(continued)*

## Reflections (continued)

limitations imposed by institutions, employers, or insurance companies. As physicians we are expected to provide “excellent, expeditious, and affordable” care for a new patient in 30 minutes and follow up care for an established patient in 15 minutes, not counting electronic medical record (EMR) time. No physician can adequately care for and appropriately document the history and physical with such time limitations. To increase institutional “efficiency” or profit, many physicians are being pushed to see increased numbers of patients, steadily eroding quality of care.

I hope that my lament and assessment of current training and opportunities for practice resonates with you, my colleagues, and others. Most of us become physicians because we have an internal drive to learn and use our talents to improve the health and quality of life of others. This innate characteristic is awesome and even more extraordinary in that we sacrifice so much of our youth to obtain this goal. The more I learn about life during residency, the more time I question my decision to become a physician. No one ever told us about the “modern” physician’s responsibilities to be “productive,” reach ideal numbers of relative value units (RVUs), excessively document anything and everything on EMR, complete continuing education and all sorts

of other mandatory programs online, schedule appointments and tests, review laboratory results, and many other things, all at the same time while worrying about a litigious society driven by Yelp and Google reviews.

What can I do? What can you do? Do we acquiesce to the pressures this kind of medicine dictated by bureaucracies, whom local, state, and federal governments, hospitals, medical schools, private companies, insurance companies, and others are instituting, or do we try to reinvent medicine to allow us to spend time with patients and give them the quality care commensurate with our training. It’s up to all of us, you, me, all of us, no matter where and how we practice.

*The opinions are that of the author and not of the University of South Florida or the University of South Florida Morsani College of Medicine.*

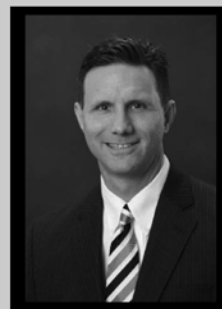


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# Benefit Provider

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## *What the New NP Practice Expansion Means for Doctors*

Jeffrey L. Cohen

Florida Healthcare Law Firm

JCohen@floridahealthcarelawfirm.com



The issue of scope of practice is front and center in Florida right now with the expansion of what nurse practitioners (and nurse midwives) are legally permitted to do. Newly enacted 464.0123 allows for qualified APRNs (there is specific criteria) to practice independent of a supervising physician in the following areas of medicine--primary care, family medicine, general pediatrics, and general internal medicine.

Even more, assuming they meet the membership criteria for admission to a healthcare facility medical staff, they may admit patients, manage patient care, and discharge patients. One of the only preserved connections with a physician established by the law is if the APRN practices at a healthcare facility, a transfer agreement including a physician is required. Additionally, the new law establishes a Council On Advanced Practice Registered Nurse Autonomous Practice, two members of which are appointed by the Board of Medicine and an additional two appointed by the Board of Osteopathic Medicine.

While a “game changer” in Florida, the new law extends to APRNs many of the same restrictions applicable to physicians for many years, including state self-referral restrictions (the “Florida Patient Self-Referral Act of 1992”), adverse incident reporting, fee splitting prohibitions and professional liability insurance requirements, none of which were directly applicable to APRNs before the new law.

The law distinguishes between APRNs that engage in autonomous practice and those that do not, pinning very particular clinical requirements and responsibilities to those who elect to practice autonomously. They are not all bound by the specific provisions applicable to autonomously practicing APRNs. Finally, the new law is clear that neither commercial insurance, self-insurance nor HMOs may *require* a patient to treat with an autonomously practicing APRN.

Whether physicians view the expanded scope of practice to be positive or negative, they should expect and plan as if it is here to stay. And they should expect that there will be continued attempts to expand the scope of autonomous practice. The issue of “scope creep” has existed for years and will not go

away. We’ve seen tremendous change in the area of relationships between ophthalmologists and optometrists (e.g. co management) and others.

The question physicians have to begin to ask is how it can be good for them and for their patients. Will patients come to demand an APRN (as some do with nurse midwives)? How can working with an APRN improve access, ensure quality and be cost effective? While relationships between physicians and APRNs are common, the challenges for both physicians and APRNs will be how to transition relationships with APRNs who want to practice autonomously into a platform that meets the needs of the medical practice, the APRN, and patients. For the enterprising (or just curious) physician, this is an interesting time! PCPs, FPs, GPs and internists would be best served to lead here.

Here’s what I mean: the specialties where autonomous practice are open happen to involve lower reimbursement by payers and high staffing requirements. From a business perspective, these are not “easy” practices. Moreover, any physician in practice for years will attest to the trials and tribulations (and the expensive learning curve) of these businesses. Issues like HR, billing and collecting, practice administration, and regulation are especially challenging and will likely be even more challenging to APRNs who likely will not receive the same level of reimbursement from payers that physicians do. In short, it isn’t easy!

All of this can mean that physicians already in practice with an existing patient base might have an existing platform for the APRN, might have an APRN who should be considered for partnership, or as an independent business partner in a stand-alone practice. It’s a guessing game at this point as to whether this new niche will take flight. But it’s better to be at the table!

### **Conclusion**

The issue of “scope creep” is not a new issue. And as training and degree programs expand for healthcare professionals, the social issues of access to care and affordability continue to dominate public discussion, scope creep will continue. Physicians have to decide whether these changes are opportunities and whether they can use the changes to stabilize cost and quality in a profitable business model.

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# Photo Gallery

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## *New HCMA Officers & Representatives*

On May 13th, Dr. Michael Cromer began his role as the HCMA's 117th President along with the members listed below who will serve the HCMA in the following capacities:

### *Officers*



Michael Cromer, MD  
President  
Family Medicine



Joel Silverfield, MD  
President Elect  
Rheumatology



Eva Crooke, MD  
Vice President  
Ob/Gyn



Alejandra Kalik, MD  
Treasurer  
Cytopathology



Raviender Bukkapatnam, MD  
Secretary  
Urology



Jayant Rao, MD  
Immediate Past President  
Emergency Medicine



Malcolm Root, MD  
Chm., Board of Trustees  
Urology

### *Executive Council, Board of Trustees, & Board of Censors*



Jennifer Ting, MD  
District 1  
Internal Medicine



Damian Caraballo, MD  
District 3  
Emergency Medicine



Colleen Jakey, MD  
At large  
General Surgery



Arun Kalava, MD  
At Large  
Pain Management



Rebecca Johnson, MD  
At Large  
Pathology



Thomas Bernasek, MD  
Board of Trustees  
Orthopaedic Surgery



Edward Farris, MD  
Board of Trustees  
Facial Plastic Surgery



Raj Mohapatra, MD  
Board of Censors  
Urology - Retired

## Encouraging Moments



“Physicians are taking care of their own patients instead of referring to the emergency department, which results in better care for these patients and less inappropriate and inordinately expensive emergency care.” - Michael Rains, MD, PGY-2, Emergency Medicine, USF/HCA-Brandon Regional Hospital

“During these stressful times in the ER, we have received an unprecedented amount of support coming from our consultants, local businesses, and regular people in the community. Their generosity and thoughtfulness has made us feel appreciated for being on the frontlines of healthcare in the ER. A local grassroots movement called #FeedtheER, #feedthefrontline started right here in my Emergency Department at St Joseph’s Main Hospital where people began sending meals in to support our ER staff. It went “viral” spreading to other locations across Florida and into other states where ERs everywhere have received an outpouring of support from local people and businesses sending us meals every day to boost our morale while simultaneously supporting local small restaurants. For those 8-10 minutes in the breakroom we get a nice meal and we feel a sense of camaraderie. It has been very uplifting in the



With a minimum donation of \$50, HCMA Benefit Provider, Full Circle PR, will deliver a “THANK YOU HEALTH CARE WORKERS” sign to your front yard, business or doorstep. All proceeds will be used to purchase food from locally owned and operated restaurants, who will deliver meals to health care workers in our community hospitals and COVID-19 testing sites across the Tampa Bay area. To participate, visit [GoFundMe.com](https://www.gofundme.com) and search “Full Circle PR Tampa.”



Debbie Zorian, Executive Director, and Elke Lubin, Executive Assistant, maintaining social distancing and mask recommendations when celebrating Dr. Cromer’s installation!



# Gallery

## During this New Normal

midst of all this uncertainty and fear to witness the support pour in. I think this pandemic is helping the general public to understand just how important our emergency departments are. We are here 24/7/365 to serve our communities, no matter the need.” - Alonso Osorio, MD, FAAEM, FFAFP, FACEP

“When experiencing a pandemic, you often hear of the devastation occurring all over the world and the lack of adequate resources. Amidst the constant stressors in the emergency department, we have had an outpouring of support from our community far and wide. At St. Joseph’s North Hospital, we had started to get donations of hand made masks for staff to wear. Our friends from as far a Boston, MA heard of our need for masks and took it upon themselves to send care packages with homemade masks for the emergency department. Others quickly followed suit with donations coming in from neighbors, friends, mothers, grandmothers, etc... Putting on those masks also gives the staff an extra reminder during these difficult times that someone does care about us and supports us in all we do.” - Katrina Cordero, DO, Emergency Department Medical Director, St. Joseph’s Hospital North



Hospitals across the region are working together to develop plans to share resources. They have purchased several billboards, including this one near downtown Tampa. It notes Tampa General Hospital, Advent Health, HCA Healthcare, and BayCare Health Systems.

# The Great Florida Outdoors

## Go find a gall!

Robert Norman, DO

drrobertnorman@gmail.com



What does this picture show?

- a. Callus
- b. Tumor
- c. Burl
- d. Gall
- e. All of the above

Answer = All of the above

This picture shows galls—the wood and bark that grow over a wound in the trunk or branch of a tree, also called burl, callus, or tumor.

A gall is an outgrowth of greatly modified woody tissue that appears on tree branches or stems in response to irritation by an alien organism, often bacteria, fungi, or insects. A gall ranges from spindle-shaped to globose with a rough surface, either vertically or horizontally ridged and covered with small knobs of tissue. On large tree trunks, galls can reach a diameter two to three times that of the tree at the point of occurrence. A gall is a product of excessive division and enlargement of cells from abnormal cambial activity stimulated by bacteria or fungi and the wood is characterized by wildly contorted grain. Galls often contain small knots with pith centers, ingrown bark, and concentrations of stain.

In 2012, Kevin Smith, a plant physiologist at the U.S. Forest Service's Northern Research Station, noted in an article that, "The crown gall bacterium is responsible for many burls. That common bacterium is especially interesting because it carries within it a little extra DNA, called a plasmid, which infiltrates the tree's genetics. The plasmid prompts

the tree to make special amino acids and growth regulators to produce the burl, which apparently is the preferred habitat for the bacterium. The bacterium that started the process can be long gone by the time the burl is of any size."

"Burls are occasionally associated with dormant buds, but even that does not explain why they get 'turned on' here and not there. Burls don't seem to do much harm to the tree or shorten its life," said Smith. "The xylem, twisted and contorted though it is, still seems to do its job of transporting water and nutrients. The vessels are still working and there's still starch storage in the healthy outer parts of the burl, so it's capable of normal function, though I'm sure that function is diminished."

According to the website for the Florida School of Woodwork, the burl grain variation is twisted and interlocked, causing it to chip easily. This "wild grain" makes burl wood extremely dense and resistant to splitting. These properties make it valued for bowls, mallets, mauls, and handles of hammering chisels and driving wooden pegs and each one is unique in its shape, pattern, color, and texture. It is the job of the turner to bring this natural phenomenon to the full potential of bringing out the beauty in a unique and challenging piece of burl by turning it and texturing, carving, and adding to the natural surface with color enhancements.

Where can you find these changes on the trees? Get out and look for them in the Great Florida Outdoors!

*Dr. Norman is an advanced master naturalist graduate of the FMNP program from UF.*



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# Reflections

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## *Could you get into Medical School today?*

William Davison, MD  
davrac4964@gmail.com



It is human nature to reflect on many things comparing “then and now.” Whether it is our belt size, weight, hairline, traffic, automobiles, fashions, or phones, we always seem to compare the old vs the new. Similarly, we all wonder if we could get into medical school today vs the obvious fact that we all got into medical school years ago - sometimes many years!

Back in 1967 when I applied, you almost had to be a biology or chemistry major with a GPA of, at least, 3.25 or higher. Flash ahead about 50 years and it still helps to be a “science” graduate, but the GPA now looks a little higher - thank goodness for grade inflation.

Back in 1967, the only criteria medical schools cared about were grades and MCAT scores. It also helped if you went to an “ivy league” school as well. Recommendations from college professors were also considered, as well as an interview with med school representatives, if you were lucky enough to get that far.

Guess what - all of these things still matter today! It matters whether you live in a state which gives its own residents very strong preference or it may not enter into the equation at all.

Looking through the CVs of many of the current medical students can be quite humbling. Many of today’s doctors in training have extensive life experiences as well as advanced degrees compared to 50 years ago. Their GPA is often times in the stratosphere compared to back then. Remember that there is a thing called grade inflation - a 3.25 in 1967 may be a 3.75 today!

The extra curriculum activities also seem to be awesome. In 1967, nobody really cared whether you tutored inner city students or hiked the Himalayas. An honorable research project did have some weight but the ever popular GPA and MCAT score still were the deciding factors.

Not much has changed though. Almost all applicants are put into categories of admissibility based on GPA, MCAT, and occasionally state of residence and only then do the other factors such as recommendations, extra-curricular activities, or other non-academic factors come into play.

Admission officers often down play the academics to show how human their particular school is. The University of South

Florida is justly proud that their students have scored among the highest in the nation on the entrance exam. The beautiful part is that there are so many applicants that they can pick from a pool that score high in all areas.

In 1967, there was one physician for every 680 citizens. Today, that number is about one in 250 or so. We have a lot more physicians than ever before and we need more.

There are many more medical allopathic and osteopathic schools now than 50 years ago with more graduates every year.

The bottom line: almost all of us would be accepted into medical school now as we were before - maybe not the same one but we would all be chosen for that four years of fun. I can still remember the elation and stress release when that first letter of acceptance was opened. God, it has been a great ride!

### FROM THE IN-BOX

**From:** Kelly Bell  
**Sent:** Wednesday, May 20, 2020 2:18 PM  
**Subject:** Donation of Masks

Dear Dr. Ricalde,

Mrs. Elke Lubin delivered to us today your wonderful donation of 100 N95 masks!

I cannot say thank you enough for this gift! Not only are the masks expensive, but they are in such short supply. Our suppliers are rationing them and we have been concerned about having enough.

Your donation came in such a wonderful timing! Providing a safe environment for our volunteers to continue seeing patients, and for patients to safely be seen, has been our greatest concern. As we are ramping up our in person visits here at the Clinic, we are so very grateful for this health saving/life saving gift.

THANK YOU SO VERY MUCH!

Best regards,

Kelly Bell, MBA  
Executive Director

Judeo Christian Health Clinic, Inc.



# Personal News

## HCMA Foundation Physician Wellness Program



The Program provides a safe harbor for members to address life difficulties, especially during this time of uncertainty and challenges due to the ongoing threat of COVID-19, in a

confidential and professional environment.

Please take advantage of this valuable HCMA benefit if you are experiencing...

- Family Issues
- Relationship Problems
- Work-related Challenges
- Depression/Anxiety
- Stress/Mood Swings
- Suicidal Thoughts

Appointments are made within 24 hours of request with independent doctorate-level clinical psychologists, licensed mental health counselors, and marriage & family therapists. Please note: All appointments will be operating fully via HIPAA compliant telehealth during the COVID-19 pandemic. Six (6) complimentary sessions per year for all HCMA members regardless of membership category. Complete confidentiality; no information disclosure. Appointments are self-referred and initiated with no medical diagnosis made, no insurance billed, and no electronic records kept.

Visit the Physician Wellness Program webpage, on the HCMA website (HCMA.net) to utilize this exclusive benefit and learn more about additional wellness resources.

## Book of the Month



The much-awaited book, *Allergens and Allergen Immunotherapy, 6th edition*, edited by Richard F. Lockey, MD and Dennis K. Ledford, MD, (pictured) has been published globally, March 2020. It has been written by a distinguished

group of international authors and is an extremely useful learning and reference guide for all clinicians, trainees, as well as medical students. The book has been designated “Book of the Month” by the University of South Florida Morsani College of Medicine Shimberg Library.

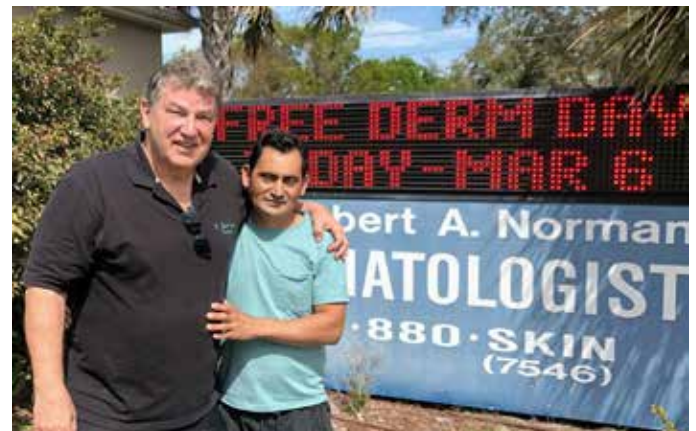
## So much for retiring



HCMA Past President, Dr. Bruce Shephard, has been keeping himself busy. Not only is he raising monarch caterpillars at his home, but he has become a new contributor to the online publication *83 Degrees*. He has interviewed Dr. Jose Montero, Professor of Internal Medicine at USF

College of Medicine, about the local COVID-19 situation, Dr. Jay Rao for insights from a Tampa emergency room physician during COVID-19, and Dr. Silvia Campbell recounting her distinguished career.

## Helping those in need



Dr. Robert Norman, a Tampa Dermatologist, offered “Free Derm Day” on March 6th. Pictured here, Dr. Norman stated, “Removed a painful tumor from the scalp of this refugee from Honduras. One of many patients in great need—all free today!! Good to have skills and help from above...”

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*geriatricians nurse practitioners*  
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*life sciences engineers microbiologists*  
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**pharmacists** *hospital administrators*  
*public health officials nursing homes*  
**pathologists** *hospital housekeepers*  
*PPE manufacturers immunologists*  
**medical research scientists** *paramedics*

**To the doctors, nurses, and other healthcare professionals battling COVID-19**—the employees of ProAssurance and our families are deeply grateful for your leadership, dedication, and sacrifices.

**To everyone else**—please be safe, wash your hands, and most importantly... **Listen to the doctors.**



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For ProAssurance policyholder information and resources >>>

[ProAssurance.com/COVID-19](https://www.proassurance.com/COVID-19)