The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

January/February 2020

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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 submisions 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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January/February 2020

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The cover was shot by Dr. David Lubin with an old Canon A2000IS point & shoot from the back (aft) of the cruise ship as they entered (strangely on the left) the Panama Canal. The suspension bridge in the distance is the recently constructed Atlantic Bridge.

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The Bulletin is the official publication of the Hillsborough County Medical Association, Inc., 606 S. Boulevard, Tampa, Florida 33606, (813) 253-0471.

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President's Message

Living from Joy not Fear

Jayant Rao, MD
jdrao07@gmail.com

I recently attended a rock concert. But this was no ordinary show. It was my 8-year-old niece's middle school rock band's Winter Concert. Several months earlier, she nonchalantly reported to me that she had decided to try out to sing and play the bass guitar for the band. I was impressed since I had never seen her so much as hold a bass guitar before. So, I said encouragingly, "That's great! I didn't know you played the bass." To which she replied, totally unfazed, "I don't…, but I'll learn." And sure enough, there she was just four short months later, up on stage, rockin' out with her classmates.

Now to be perfectly honest, from a purely musical standpoint, these kids were definitely not going to win *America's Got Talent*. They were out of tune. They were off beat. You couldn't hear the singers over the diminutive electric guitarist's furious strumming. And yet, this far-from-perfect performance brought joy to the hearts of all the proud family members in attendance. Clearly, it was not about their musical expertise, but rather it was about these kids demonstrating the courage to stretch beyond their comfort zone and try something new. They were up there doing their best and it was truly beautiful to witness, in spite of the imperfections.

In another life, before medical school, I taught 5-year-olds at a summer camp in Washington, DC. I always marveled at their creativity, joyfulness, and willingness to challenge themselves. If I asked my students, "Who can dance? Who can sing? Who can draw?" All of them would confidently raise their hands to the sky. However, in interacting with some of the older children at the school, I discovered that they lacked the boldness and exuberance of their younger counterparts. If I were to ask those same three questions to this older and "wiser" group, almost none of them would raise their hands to any of the questions, much less to all three. Apparently, at some point between early adolescence and the teenage years, something happened that caused them to doubt their abilities. They began to pay attention to the limitations, criticisms, opinions, and judgements imposed by the world around them. They started to live a life based on fear instead of joy.

Sadly, on our journey through life, this happens to almost all of us. We raise our hand and give the wrong answer, and everyone laughs. We forget the words in the school play. We get picked last for the team. We don't get invited to the birthday party. We finally muster up the courage to ask the girl out and she says 'no.' We start trying to please others. We seek approval and validation that we are good enough. We make decisions about how we must behave in order to get by and we start putting up walls around us to keep us safe. Initially intended to protect us from getting hurt, these self-imposed boundaries soon become very restrictive. With no space to move around freely, it's no wonder no one can sing or dance or draw anymore! Before long, we are living in a prison of our own design. And as physicians, heavily burdened by our perfectionism and fear of making a mistake, we sometimes take this process to the extreme.

So, what to do? Are we resigned to just trudge along "playing it safe" day after day, secretly longing for the freedom and playfulness of childhood? Are we stuck in "survival mode" for the rest of our lives?? Thankfully the answer is a resounding NO!!!!

Consider the story of Jason Comely, an IT freelancer from Ontario, Canada. Jason hit rock bottom when his wife left him for, in his words, "someone taller, better looking, and with more money than me." He found himself becoming more and more isolated and withdrawn. Finally, while alone for yet another night in his one-bedroom apartment, he broke down in tears. He realized that he had become completely paralyzed by a profound fear of rejection. And in that moment of utter despair, Jason came up with a bold idea. He decided to confront his fear head on, and thus, the concept of "Rejection Therapy" was born.

Jason committed to getting rejected by someone at least once every single day by making odd requests of complete strangers. While walking down the streets of Ontario, he randomly asked a bystander for $100. After checking out at a grocery store, he asked a fellow shopper for a ride across town. He challenged an old woman to an arm-wrestling match. He made it into a game that he played every day, and little by little, his fear of rejection diminished. And, what's more, he was astonished at how often perfect strangers would accommodate his outlandish requests.

What Jason discovered is that most of our fears aren't actually grounded in reality. They are stories we tell ourselves based on our past experiences and they often severely restrict our ability to fully enjoy life. He got so much out of his experiment

(continued)

President's Message (continued)

that he began selling "Rejection Therapy" cards illustrating daily challenges to help others get started in breaking free of their own constraints. There are now people playing this Rejection Therapy card game all over the world. He summed up his experience in an interview, "I realized that my 'comfort zone' was a big fat lie. I was living in a cage of my own making. But, now everything is open to me. Now anything is possible!"

Ironically, a life trapped in your "comfort zone" can actually become quite uncomfortable indeed as you begin to feel more and more stagnant and unfulfilled. Consider learning from Jason and make a game of continuously stretching your boundaries. Just as we voluntarily strain against weights at the gym to build muscles, why not take a similar approach all over your life and see how you expand mentally, emotionally, and spiritually as you push against your own inner resistance.

In conclusion, I invite you to explore where fear may be restricting you in your life. Where are you playing it safe? Where are you limiting yourself with past-based stories that no longer serve you? Where are you allowing the opinions of others to stop you from trying something new? In the year ahead, I challenge you to commit to a life of growth and meet your fears and disempowering beliefs head on to see what becomes possible.

Where can you push your comfort zone today?

HCMA Membership Dinners are held four times per year. Introduce a non-member colleague to the HCMA by inviting them as your guest to a membership dinner at no cost to you.

RSVP to the next membership dinner for you and your guest!

Call the HCMA for details: 813.253.0471

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HCMA Foundation

Physician Wellness Donations

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Editor's Page

Watch out for the red herring

David Lubin, MD
Dajalu@aol.com

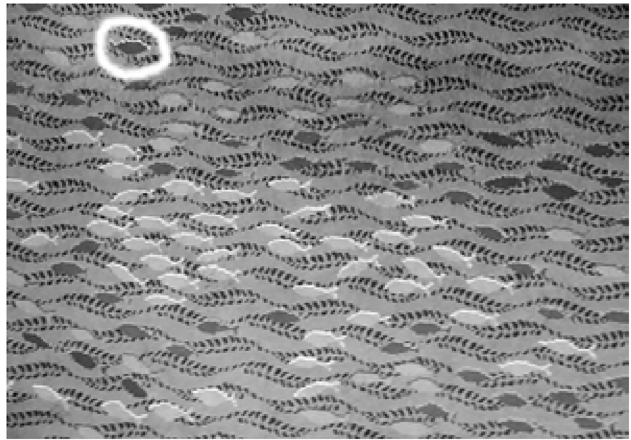
One thing I regret over the years is not having traveled much for vacations. I mean real vacations, not just going somewhere to see relatives. So, in an attempt to make up for it, Elke and I went cruising the first two weeks of December and will again in May. Not that I love cruises, but we did do the Tauck river cruise on a long boat a few years ago from Amsterdam to Budapest and had a great time. I would never do a Caribbean cruise during hurricane season, rocking ships are not my thing.

I had spoken to friends and they had gone on a Norwegian Cruise Line trip from New York, through the Panama Canal, ending up in Los Angeles and raved about it. I thought the Panama Canal would be exciting to see because I had never seen it, nor had Elke. I called another friend, a travel agent, who, last May, immediately reserved a room on the NCL Dawn, which makes a once a year trip, leaving from Tampa on December 1, and returns to Tampa on December 15. The cruise included passage half way through the Panama Canal with a turn-around in Gatun Lake, and exiting on the Atlantic side. The best thing was no travel expense getting to the port!

We left Tampa after 4 PM on Sunday, December 1, and unfortunately didn't make it under the Skyway Bridge until after sunset, but it did look nice all lit up. Monday, we docked in Key West, and as we are usually there every other year, looking at all the tourists departing the ships, this year, we WERE the tourists. Didn't need any excursions, but were disappointed that the ship left late in the afternoon, thus depriving us of all the activity at Mallory Square and the beautiful sunset.

After a day at sea, we docked in Falmouth, Jamaica, and were excited about visiting Dunn's River Falls. I had been there about 35 years ago and had told Elke how beautiful it was, at least back then. We were first in line, and then the young lady said, "Ok, turn around and follow her," putting us at the end of the line. We were the last couple to arrive at the bus, and as on *Amazing Race,* there were no more seats, and we were eliminated. The shore cruise director apologized and said there'd be no charge and we would get to be VIPs at the Bamboo Beach Club. VIPs, it turned out, sat on the other side of the canvas divider and had full length beach chairs. Not a great experience. Plus, we had to pay for our Red Stripe beer.

By the second or third day on the ship we were getting the hang of which way to turn when we exited our room. The carpet in the hallway had fish pointed forward, except for an occasional "red herring" which was pointed aft.



After another day at sea, and a couple purchases at the Park West Gallery auction, we had consecutive dockings in two Colombian ports, Santa Marta and Cartagena. In Santa Marta we had 1 ½ hour bus ride to the Quebrada Valencia Ecological Expedition where we had a walk through the rain forest, walking across a small stream numerous times, before we reached the Valencia Falls, and then walked back. Even had a homemade arepa and churros. Got back to the ship and had a good ole beer and Reuben sandwich, which was really pretty good. The next day in Cartagena, we were on the Party Bus riding around, drinking rum and coke before 9 AM. Have to say, it was a lot of fun.

On day 8, we arrived at the Panama Canal and started our day long trek in and out from the Caribbean side, with the turn-around in Gatun Lake. It was really pretty awesome, and quite a spectacle, seeing how the Canal functions.

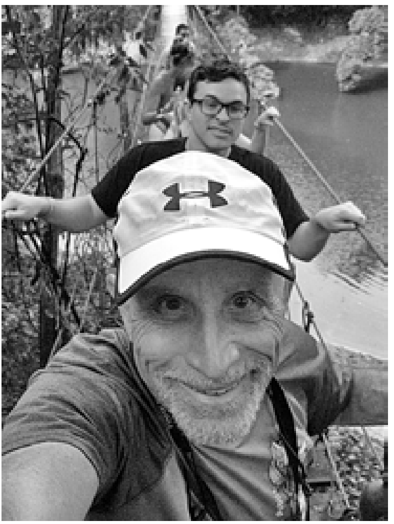
The next port was Puerto Limon, Costa Rica, and we had a great tour, with Jose, our guide, on a river cruise, spotting sloths, bats, birds, and a rare weasel, the tayra, which Jose said he had not seen in 14 years. We had a bus ride of the city, another walk through a rain forest, and a stop at a fruit stand where we had a coconut cracked open for us. Hadn't had that in years!

(continued)

Editor's Page (continued)

After another day at sea, we landed at Roatan, Honduras. The weather wasn't good, and we had to take a tender to the shore. The weather cleared and the excursion to Gumbalimba Preserve was one of the highlights of the trip. Along with another walk through the forest and preserves, we visited an extensive insect museum of mounted insects, and then met up with the Capuchin monkeys. With trainers nearby, they climbed down out of their trees and landed on our shoulders and head, knowing that they were being photographed. There were also macaws available for holding in photographs. After Gumbalimba, it was a short drive to Tabyana Beach, a beautiful and relaxing experience before heading back to the ship.

I accomplished something I never thought I would do in the Gumbalimba Preserve. There was a 30-foot high suspension bridge, about 150 feet long. I am terrified of heights, but I, and a couple younger guys on the tour, was not going to take the alternative path…The Chicken Walk. So, I gutted it out, gripped the cables, and made it across, even pausing to take a selfie.



At our next stop in Belize, Elke chose to snorkel for the first time in her life and had a wonderful experience exploring the barrier reef. I chose to visit a Mayan Shaman and her husband and learned about their herbs and traditional healing. I even had a warm bowl of cacao soup.

Our last port was in Costa Maya, Mexico, where we visited the Chacchoben Mayan Ruins. We climbed to the top of some of the ruins and stood in awe of what went on 1500-2000 years ago. A short bus ride later to the Blue Lagoon beach, with a buffet lunch and tropical drinks, was a fitting last stop, before heading back to Tampa.

Just a few loose ends to tie up…NCL believes in free-style cruising, meaning no dressing up is necessary…dress as you wish, and come to eat when convenient for you. The specialty restaurants were good, especially, for us, Los Lobos.

I tried to get a tour of the medical facility on-board, but it was against company policy. But I did notice a paucity of AED equipment. There was one in the main dining room, not easy to find. And I had to ask…yes, there was a morgue on board.

So, until our next cruise around the British Isles in May, happy travels to you all!

Executive Director's Desk

Healthy Habits for a Happy Heart

Debbie Zorian
DZorian@hcma.net

Along with Valentine's Day and all things heart related, February marks National Heart Month. It's the month each year that focuses on the importance of practicing heart healthy behaviors and pays tribute to researchers, physicians, and public health professionals for their tireless efforts in preventing, treating, and researching heart disease.

The annual celebration began in 1963 via Proclamation by President Lyndon B. Johnson. At that time, more than half the deaths in the U.S. were caused by heart disease. In comparison today…

The American College of Cardiology, when reporting statistics regarding heart disease, stroke, and cardiovascular risk factors, concluded that cardiovascular disease is the leading cause of death in the U.S., with the annual total medical cost estimated at over $350 billion. Approximately every 40 seconds, an American will have a myocardial infarction with the average age of 65.6 for men and 72.0 for women. It was estimated at the beginning of 2019, the year would bring about coronary events for 1,055,000 individuals (720,000 new and 335,000 recurrent). Unfortunately, I fear those numbers were accurate.

Cardiovascular disease also remains the leading cause of death worldwide with more than 17.9 million deaths each year. That number is expected to rise to more than 23.6 million by 2030. I was dismayed to find online statistics, posted less than one year ago, stating that mortality rates from cardiovascular disease is higher in the U.S. than in comparable countries.

While ringing in the New Year, many were already committed to…or dreading…their chosen New Year's resolutions which oftentimes involve ways in which to improve one's health. Although certain heart diseases can be passed down genetically, practicing healthy lifestyle choices often have everything to do with how long our hearts will remain disease free.

We have all heard of the expression, "I was worried to death." This idiom can unfortunately be factual as worry and stress increase the risk for heart disease over time or worsen heart issues that already exist. Heart disease patients who experience stress and anxiety are twice as likely to die within three years of a cardiac event. And depression increases the risk that a harmful heart-related event will occur within that year.

Methods to help change the way stress can take an enormous toll on our hearts include meditation and yoga. In addition, a "change of heart" couldn't hurt. A persistent negative state of mind also increases risk factors. Shifting our attention to a positive emotion or allowing our thoughts to experience a cherished memory creates synchronization in our heart rhythm within seconds.

In addition to managing stress, other heart healthy habits include: losing excessive weight, maintaining a healthy diet, exercising regularly, not smoking, controlling alcohol consumption, and getting more sleep. It is also proven that having love in our lives, from many different sources, benefits our cardiovascular health by helping us remain calmer and more at peace, while decreasing our stress levels and boosting our immune systems.

As physician wellness continues to be a priority issue throughout our country, ways in which physicians can maintain healthy lifestyles, a work-life balance, and reduce stress are at the forefront. Within the HCMA Physician Wellness Program, resources are becoming available to help members cope with burnout and stress overload. Lessening stress will not only benefit the mental and emotional health for members, it will also improve their heart health. A healthy heart helps create a happy heart and the combination can work wonders on longevity.

Lighthearted and not so lighthearted heart facts:

- The average heart is the size of an adult's fist and weighs less than one pound.
- A man's heart, on average, is 2 ounces heavier than a woman's heart.
- A woman's heart beats slightly faster (8 beats per minute) than a man's heart.
- The heart can continue beating even when it is disconnected from the body.
- Your heart beats approximately 115,000 times per day and more than 36 million times per year.

(continued)

Executive Director's Desk (continued)

- Your heart pumps approximately 2,000 gallons of blood per day.
- The earliest known case of heart disease was identified in the remains of a 3,500-year-old Egyptian mummy.
- The fairy fly (a kind of wasp) has the smallest heart of any living creature.
- Whales have the largest heart of any mammal.
- Most heart attacks happen on a Monday.
- Christmas day is the most common day of the year for heart attacks to happen.
- The first open-heart surgery occurred in 1893 and was performed by Dr. Daniel Hale Williams.
- The youngest person to have heart surgery was only one minute old.
- The first implantable pacemaker was used in 1958. Arne Larsson (receiver of the pacemaker) died at age 86 of a disease unrelated to his heart.

May 2020 put happiness in your heart, and in the hearts of those you love, all year long!

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YOUR HCMA HARD AT WORK - A FEW HIGHLIGHTS OF 2019

- The HCMA is growing! Membership reached 2,185, a 10% increase from the previous year.
- Expansion of HCMA's involvement in the political arena was achieved due to the hard work of the Government Affairs Committee, led by Dr. Michael Cromer. A contingency of leaders also traveled to Tallahassee to meet with legislators during the 2019 Session.
- Three successful legislative events took place during the year. A post legislative reception was held in July to discuss passed and defeated healthcare legislation during the 2019 session. Two legislative luncheons took place where numerous state and congressional legislators were represented and medicine's priority issues were discussed and debated.
- 20 HCMA Delegates attended the 2019 FMA Annual Meeting in which five delegates were selected to serve on Reference Committees. Several resolutions authored by our delegation were successfully adopted. With Dr. Thomas Bernasek at the helm, HCMA led the Lower West Coast Caucus which is comprised of seven counties and serves as the second largest caucus within the FMA House of Delegates. In addition, Dr. Jayant Rao was elected to serve on the FMA Board of Governors as District C Representative.
- The HCMA Health Plan Insurance Co-op participants saw 0% premium increase for 2019. HCMA has been able to provide this health insurance benefit to HCMA employer-members, their families, and their staff for over seven years.
- The HCMA 2019 Foundation Charity Golf Classic raised over $40,000. Contributions were sent to nine local healthcare charitable organizations and a scholarship was given to a deserving medical student.
- After numerous meetings and a tremendous amount of effort throughout the year, enough funding has been secured to move forward with the creation of HCMA's Physician Wellness Program. The fully funded program will offer members services and resources to promote work-life balance and physician wellness. Special appreciation is extended to Dr. Bernasek, Chair of our Physician Wellness Committee, for his unwavering support, fortitude, and very generous contribution to the program. Information forthcoming as providers are secured.

As the HCMA identifies future leaders and continues creating innovative programs for members, I welcome your involvement. Thank you for your valued membership as the HCMA commemorates 125 years of *Advocating for physicians and the health of the communities we serve.*

Debbie Zorian
Executive Director

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Committee Update

Government Affairs

Michael Cromer, MD, Chairman
drmcromer@gmail.com

On Wednesday, December 4, 2019, the HCMA held its 26th Annual Legislative Luncheon at Maggiano's Little Italy. It was our last consolidated effort to educate our legislators concerning our priority legislative agenda before the legislative session began in January. This year's luncheon was well attended with nine Florida legislators and four congressional legislators represented.

Even though I am sure the large plates of Italian food were a big draw this year, the legislators listened intently and gave feedback on the four areas of legislation that we presented to them.

- Dr. Madelyn Butler spoke on our opposition to expanding scope of practice for professions such as nurse practitioners, physician assistants, pharmacists, and psychologists. This, no doubt, will be the headline piece of medical legislation that will come out of Tallahassee this year.
- Dr. Eva Crooke presented House Bill 373 that contains four very favorable provisions for our profession and for our patients. One item in the bill prohibits the retroactive denial of payment for previously authorized procedures. Another part of the bill deals with further slimming down the list of medications for which the insurance companies can require step-therapy.
- Dr. Jayant Rao explained that if the present Personal Injury Protection (PIP) insurance gets phased out in favor of another type of Bodily Injury coverage that a carve-out for care provided for physicians needs to be preserved (House Bill 771).
- I educated the audience concerning the Surprise Billing Act that is being debated in Congress. I stressed the need for an Independent Dispute Resolution (IDR) method to determine payments to out-of-network physicians as opposed to allowing the insurance companies to pay the median in-network fee.

Luncheon attendees included: Rep. Mike Beltran (HD#57), MarDee Buchman (Field Rep/Cong. Buchanan), Madelyn Butler, MD (HCMA Past President), Nick Carper (Leg. Asst/Rep. Valdes), Clayton Clemens (Leg. Asst/Rep. Toledo), Michael Cromer, MD (HCMA Pres Elect), Eva Crooke, MD (HCMA Treasurer), William Davison, MD (HCMA Past President), Rosemarie Garcia-Getting, MD (HCMA Council Member), Rep. James Grant (HD#64), Michelle Grimsley (Leg. Aide/Rep. Newton), Cardiena Hardy (Dist. Sec/Rep. Newton), James Jacobs (Constituent Relations/Cong. Spano), Sam Jenkins (Dist. Sec/ Rep. Newton), Rebecca Johnson, MD (HCMA Council Member), John Learn (Leg. Asst/Sen. Cruz), Charles Lockwood, MD (Dean, USF MCOM), Kay Mills (HCMA Event Coordinator), Tennille Moore (Leg. Asst/Sen. Rouson), Don Mullins (Deputy Asst to Sr VP USF Health), Douglas Murphy, MD (FMA Vice President), Dan Paasch (Leg Asst/Cong. Bilirakis), Anthony Pidala, MD (HCMA Member), Thalia Preza (Intern/Rep. Valdes), Michael Rains, MD (HCMA Resident Member), Jayant Rao, MD (HCMA President), Nicole Riddle, MD (HCMA Council Member), James Robelli, MD (HCMA Member), Raven Sansbury (Leg. Asst./Rep. Driskell), Da'juh Sawyer (Leg. Asst./Rep. Hart), Paulette Smith (Dist Sec/Rep. Hart), Vince Suarez (Dist. Exec. Sec/Rep. Valdes), Rep. Susan Valdes (HD#62), and Debbie Zorian (HCMA Executive Director).

Also of note - a contingency of HCMA members traveled to Tallahassee on Wednesday, January 22nd to visit our senators and representatives and attend committee meetings. Legislative representation is one of the most important things that the HCMA is doing for its members and this visit was an additional way of protecting our profession and letting the legislators know that we are holding them accountable for their decisions.

2020 Florida Legislative Session

January 14 – March 13

Hillsborough Legislators' Contact Information:

Google: "Hillsborough County Legislative Delegation"

To apply to serve as Doctor of the Day:

Mavis Knight
Office of Legislative Services
111 West Madison Street, Room 874
Tallahassee, Florida 32399-1400
knight.mavis@leg.state.fl.us
(850) 717-0301

Photo Gallery

Legislative Luncheon: December 4, 2019

GOLFER REGISTRATION FORM

HCMA FOUNDATION, INC.
23rd CHARITY GOLF CLASSIC
April 2, 2020

Carrollwood Country Club – 13903 Clubhouse Dr.

Format: Four-Person Scramble
11:30 AM: Registration and Boxed Lunch
12:45 PM: Call to Carts
6:00 PM: Social/Reception, Awards, Prizes, and Raffle
Cost: $150.00 per golfer (Includes cart, greens fee, goodie bag, lunch, and dinner)

Contest Holes – Door Prizes – SUPER TICKET - Raffle Prizes!

REGISTER FOR HCMA FOUNDATION GOLF:

To register: complete the form below, enclose your check for $150 per golfer **made payable to HCMA Foundation**, and mail it to the HCMA, 606 S. Boulevard, Tampa, Florida 33606.
Fax registration to: 813.253.3737

Feel free to make copies and share this registration form!

Name: ______________________________ **Handicap (Required):** ____________

Email: ______________________________ Phone#: ________________

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2) ______________________ **HC:** ______ **Email:** ______________________

3) ______________________ **HC:** ______ **Email:** ______________________

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Any questions? Call Elke or Kay at the HCMA office, 813/253-0471
No refunds after seven days prior to tournament.

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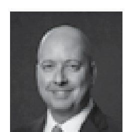
If you would like more information about how we represent the healthcare industry, please contact a member of our Healthcare Committee.



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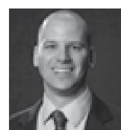

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Photo (

November 5, 2019 M

The Hillsborough County Medical Association (H
Westshore Grand on November 5, 2019.

The 2019 Dr. Frederick A. Reddy Memorial Award
Morsani College of Medicine. The evening's guest sp
us "Everything we wanted to know about nutrition b
recognized with a private reception prior to the dinne

Many thanks to the membership dinner sponsors:
Joseph's Hospital.

Dr. Bruce Shephard mentored medical students during the social hour

Chad May, representing dinner co-sponosr and HCMA Benefit Provider, ProAssurance, welcomed attendees.

Dr. Charles Lockwood (Dean, USF MCOM), Debbie Zorian (HCMA Executive Director), and Dr. Thomas Bernasek (HCMA Immediate Past President).

A bonding moment for Drs. Karen Wells, Michael
and Mark Moseley - GO OHIO STATE!

Peter Charvat, MD, CMO, representing dinner co-sponsor St. Joseph's Hospital, greeted attendees.

Dr. Charles and Nancy Lockwood, Tammy King and Dr. Thomas Bernasek.

Long-time exhibitor and HCMA supporter, Tower

Dr. Michael Cromer, Chairman of the HCMA Government Affairs Committee, gave a legislative update.

The evening's featured speaker, Dr. Corey Howard, FMA Past President.

Drs. Thomas Bernasek and Jayant Rao presen
Charles Lockwood with the 2019 Dr. Frederick A
Memorial Award.

Gallery

Membership Dinner

HCMA) held its membership dinner meeting at the

was presented to Dr. Charles Lockwood, Dean, USF eaker, Dr. Corey Howard, FMA Past President, told out were afraid to ask." HCMA Past Presidents were er.

GCD Insurance Consultants, ProAssurance, and St.

The ladies behind the HCMA Presidents: Mary Seeley, Becky Eubanks, Carole Hooper, Meri Menendez, Kathy Rydell, Dr. Carol Hodges, and Tammy King.

Albrink, Charles Lockwood,

HCMA Past Presidents Drs. Dennis Agliano (1995) and William DeWeese (1989).

Drs. Cheryl Reed, Jennifer Ting, Arun Kalava, and Erfan Albakri.

Dinner co-sponsors, St. Joseph's Hospital, was well represented!

Radiology.

HCMA Past Presidents: Thomas Bernasek (2019), Ronald Seeley (1980), Jayant Rao (current), Edward Homan (1999), Glenn Hooper (1984), and Frank Mastandrea (2004).

David Goss, Chad May, and Kirk Kreis can answer all of your ProAssurance questions.

ted Dr.
. Reddy

HCMA Past Presidents: Drs. Bruce Shephard (2006), Ralph Rydell (1986), Luis Menendez (1998), John Curran (2008), William Davison (2012), and Hunter Eubanks (1992).

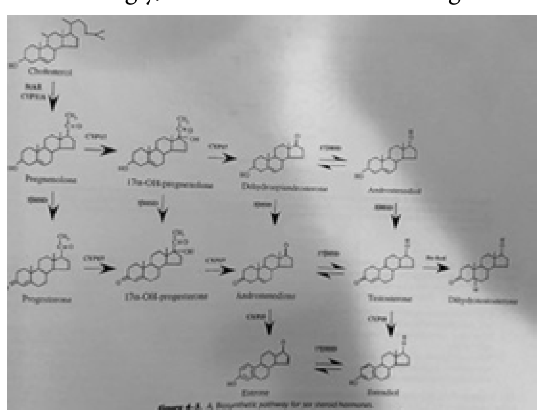
Reflections

VIVE LA DIFFÉRENCE

Barry S. Verkauf M.D., M.B.A.
bverkauf@verizon.net

We tend to think of men and women as being very different, but physiologically they are not. Genetically, men and women differ by one chromosome. In terms of body structure, the differences are principally in the reproductive organs. Endocrinologically, men and women are very similar, too, although hormonally we tend to think they are very different.

Sex hormones all begin with acetate and cholesterol and from there are differentiated or built in the gonads and the adrenal gland, and to a lesser extent the skin and fat into androgens and estrogens (see diagram). Testosterone is produced through less potent androgens. Interestingly, estrogens are produced in men and women by the p54 aromatase enzyme from testosterone; the difference is the degree.



In both men and women, the sex hormones are important in the production of gametes, sperm and eggs, which result after union through sexual (or sometimes now and perhaps more dramatically in the future - nonsexual) acts to produce a new person. In men, testosterone is responsible for muscle mass, hair growth, skin changes, penile growth, and significant to most of us, sexual urge. In women, estrogens are the hormones principally responsible for secondary sexual characteristics related to the breasts, skin, and reproductive tract, though testosterone is important in women for bone health, to some extent for muscle mass, and also for sexual interest.

In the recent past, advertisements for testosterone, estrogens, and other bioidentical hormones have proliferated in the newspapers, on magazines, on social media, and even in certain practices providing these entities to the public. The important thing to remember is that all that glitters is not gold. Both estrogen and testosterone can have adverse effects if used inappropriately, and they need to be prescribed for only pertinent deficiencies. In men, testosterone is rarely required as an additive, only when the testosterone is proven with repetitive serum testing by a dependable testosterone assay (they tend to vary) to be low, most often when it is associated with hypothalamic hypogonadism or aging. Testosterone is often given to men to increase their sexual desire ….commonly their interest. While useful in that regard in men, and women also, used in excess or for long periods of time, in young men it causes infertility by reducing sperm production, and in women it causes hirsutism, increase in clitoral size, and acne. In both sexes it increases the risk of cardiovascular disease

Since the 1950s, in females, particularly around the time of or after the menopause, estrogens were prescribed widely until 2002 when the Women's Health Initiative came out touting their medical risks. But since that time other studies have shown that many of the consequences of the adverse effects in the Women's Health Initiative in women were due to the progestin also given -not estrogen. Estrogen is a safe compound to be used for menopausal symptomatology in women in their 50s or within 10 years of the onset of the menopause and even for longer than that in appropriately selected and monitored women.

"Bioidentical hormones" from plants or other sources though promoted widely, do not have efficacy and safety founded in good scientific studies. At an AMA meeting not too long ago, I leave as is a paper which showed that the government found that in testing over 11,000 bioidentical hormones compounded, 27% of them did not have what was said to be in them or had different doses of what was thought to be present. They are not subject to FDA oversight as traditionally prescribed steroids are. The American Medical Association, the American College of Obstetrics and Gynecology, and the National Menopause Society have all warned against the use of "bioidentical hormones." Hormone supplements in men and women are often useful, but that decision ought to be made by well-trained OB/GYNs, reproductive endocrinologists, urologists, endocrinologists, or other physicians with an interest and experience in this matter.

Beware of the ads! Snake oil is still out there!

Editor's Note: Opinions expressed are those of the author.

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Viewpoint

Fragmentation of Healthcare Services - Is it the prime time for care coordination and integration?

Erfan Albakri, MD
ealbakri@floridastroke.com

Our fragmented healthcare delivery system has failed our patients and physicians miserably. Patients' medical services suffer from the lack of coordination and poor integration. Breakdown of communication between healthcare providers and the inefficient allocation of all patients' services is an epidemic. It harms patients and costs time and resources in every day clinical practice. In recent years, the increasingly prevalent chronic, and often comorbid conditions such as diabetes, heart failure, COPD, dementia, and depression require that patients receive care from multiple providers in multiple settings. Fragmentation of care is exacerbated by the increasing number of narrowly trained super specialists who work independently in a silo. Coordination among health care providers requires timely access to patients' health information to deliver effective and safe medical treatment for their patients. However, providers frequently do not have access to complete medical information, particularly for patients who have been treated by other healthcare providers, groups, and at other health care facilities. Therefore, providers often rely on sparse and incomplete medical information to make complex management decisions. Fragmentation of healthcare causes communication breakdown, duplication of services, medical errors, misdiagnosis, increased costs, and it delays patient care.

Care fragmentation and the gaps in medical information across providers place patients at risk. Especially for patients with chronic conditions who may routinely see multiple inpatient or outpatient providers who don't communicate with each other or with patient's PCPs. Our emergency providers might have no access to the most valuable health information needed to give quality care to save lives and urgently treat their patients. A hospitalist may treat new patients without access and collaboration with the patients' PCPs and other physicians. Our radiologists are still interpreting X-rays and imaging studies with limited or no clinical information. Our primary care providers lack the access and have to search for their patients' hospitalizations records, laboratory, and imaging test reports. Pharmacists operate independently from other healthcare providers, lacking the coordination of prescription drugs with other providers. It is another guaranteed invitation for deadly medication errors. Studies show that, within any given hospital, many medical errors result because of a lack of effective data sharing and teamwork among the health care professionals working at that hospital. It is no fluke that the technologically advanced, but fragmented, US healthcare system ranks 37th among other countries in the performance of its healthcare system.

What is the cure for fragmentation of our healthcare delivery? In the age of digital information-technology, the remedy to a fragmented healthcare delivery system is a coordinated, integrated system, where communication and coordination of patient care among providers is considered the best practice. In an ideal state, patients' information should automatically follow them to their health care providers, so that everyone on their care teams stays informed and provides the best treatment. Facilitating electronic exchange of health information is critical to easing burden by ensuring that clinicians have the best information possible when making decisions about patient care. Using electronic health records (EHRs) by all healthcare providers has the potential to make medical care safer and more efficient, and subsequently, it would improve the patient care experience by providing timely access to health information and seamlessly coordinated care.

Sharing healthcare information, while it is proven to be valuable, is very technically challenging especially with the myriad of different EMRs used by different providers, hospitals, and physicians, who are not in the same network. To address these challenges and improve health information exchange, Congress passed the 21st Century Cures Act of 2016 which is known as "the Cures Act." The Cures Act identified the following main priorities: Improve data sharing across disparate networks, reduce information blocking, advance a trusted exchange framework and a common agreement for exchange between health information networks nationally, and promote the use of Application Programming Interface (API) which allow health information to be accessed and exchanged without special efforts through, for example, smartphones, etc.

It is a tall order to combat fragmentation of healthcare. However, patient care coordination and care tracking are an

(continued)

obligation to serve our patients better and reduce medical malpractice. Individual practices and independent physicians who are working in a "silo" are unlikely to survive the sea of changes in healthcare technology and its regulations. Patients who currently have access to their medical information would probably expect their care to be coordinated among all providers. Hospitals also are required to participate in care coordination by notifying PCPs and other providers of their patient's admission, communicate their discharge, and facilitate in the transition of care.

National efforts were made to stimulate electronic health record adoption and to create national interoperability for health information exchange under Health Information Technology for Economic and Clinical Health Act. HITECH has the following benefits: Appropriate and timely sharing of patient information also allows clinicians to ensure patients receive timely care in the most appropriate setting by reducing duplicate testing, avoiding medication errors, avoiding readmissions, improving decision making, and enhancing care coordination. This can be accomplished when physicians and hospitals actively participate in Clinically Integrated Networks (CIN), which provide care tracking, data collection, and analytics shared among all healthcare providers in the network.

Mark your calendar...

Michael Cromer, MD,
President-Elect

The 2020-2021 HCMA President will be installed on Tuesday, May 12, 2020 during the HCMA Inaugural Dinner being held at the Westshore Grand.

Michael Cromer, MD, a family medicine physician practicing in Carrollwood will be handed the presidential gavel and begin his term as the HCMA's 117th president.

Social hour will begin and 6:30pm; the dinner and program will commence at 7:30pm. The event is complimentary for HCMA members; spouses and non-physician guests are $50 each. Remember: HCMA members can bring a physician colleague at no charge - RSVPs are required.

Call the HCMA for sponsorship and exhibit opportunities: 813.253.0471.

Watch your email for additional details and RSVP instructions.

Candidates Needed!

If you are interested in becoming more involved but not sure how to get started, this is your opportunity to learn about the HCMA and serve your fellow members!

The HCMA Nominating Committee will meet in late February to select candidates for the Annual Election of Officers and Representatives, who are installed in May. The Committee selects candidates for the office of Secretary, Treasurer, Vice President, and for various district positions on the HCMA's governing board, the Executive Council. Nominations are also made for Board of Censors, Board of Trustees, and HCMA Delegates to the FMA.

Candidates must have a membership status of "active" in the HCMA and their current year's dues must be paid in full. For more information, and to volunteer to become a candidate, please contact Elke Lubin, Executive Assistant, at the HCMA office (813/253-0471 or ELubin@hcma.net).

The HCMA has over 2,000 members – please consider participating, in a more proactive role, in your esteemed Association.

Digital Disaster

Richard England, MD

EHR is a disaster
what have I said
a recent Fortune magazine article,
April 2019, page 56 to 70
"Death by a Thousand Clicks"
states that medical errors
are the third leading cause of death
in this country, many of these caused
by this 'miraculous' system
mandated in 2010 by our
Blackberry President Obama

Now 36 billion dollars later
these systems are still causing
irreparable harm;
information is lost or failed to be recorded
and not sent to the people
that it is supposed to help,
physicians and patients.
Orders are not carried out;
information is not being transmitted.

These supposedly beneficial
electronic medical records have also
caused more physician 'burnout'
than most people want to talk about.
We want to hide it somewhere
and disguise it by offering
counselling to the affected physicians.
The time spent working on
computer records is not rewarding
and forces many into other jobs or
depression and worsened patient care.
Older physicians saw the future
and just chose to retire.

How often does your physician
look at you while seeing him
in the office?
Usually he is too busy
pushing buttons on his keyboard;
nurses spend hours of their
precious time on computers
instead of checking their patients.
Out of every 11 hours of work
a doctors types 5.9 hours into the
laptop and 5.1 hours with patients.

Vice president Biden tried
to get his son's records
concerning his glioblastoma
and even he was unable to
obtain these in 2016;
he had to admit that
the system was a failure.

Medicare needs to set up
a system that documents
the number of treatment errors
caused by these defective programs
so that it can work on
a way to correct them.

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Tampa, Florida 33606

Or securely donate online: https://hcma.net/join-renew/

Alliance News

Post Valentine's Day Event

Michael Kelly
Alliance Secretary/Treasurer
michael19452000@yahoo.com

Again, this year, the Alliance will host its annual Go Red for Women event to benefit the HCMA Foundation. The date is set for February 22, 2020, 7-9pm, at the home of Dr. Madelyn and Bill Butler (5206 Bayshore Blvd, Tampa, 33611). There will be a raffle, wonderful nibbles, and a chance to meet with other physicians and physician couples. Plan on joining us. One need not be a member of the Alliance to attend. The event is open to all HCMA members and their guests.

RSVP by emailing michael19452000@yahoo.com or calling: 813.254.0808.

2019 GoRed Social

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Mike Jensen, MSFS, CFP, CFBS, AEP

Jeff Anderson, CFP

Jensen Anderson/Physician Wealth Planning, LLC is a financial planning firm dedicated to serving physicians for over thirty years. HCMA members receive a Comprehensive Financial Plan at a discounted rate of $500.00 (a $1,500 value). This opportunity will give any HCMA member who may already be working with a planner to have someone take a second look at their plan or if you have not created a plan, this is a great opportunity to do so. For additional information, please contact Jennifer Joyce, Executive Assistant, at 813-287-8379 or JenniferJoyce@financialguide.com to schedule a meeting.

Benefit Providers

The Hillsborough County Medical Association's Benefit Provider Program provides value to physicians with products, programs, and services that far exceed the cost of annual dues. If you have any questions, please contact Debbie Zorian, HCMA Executive Director, at 813-253-0471 or DZorian@hcma.net.

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Practitioners' Corner

Evolution of Treatment for Liver Metastasis from Colorectal Cancer…the Increasing Role of Liver Resection

Iswanto Sucandy, MD, FACS
Iswanto.sucandy@AdventHealth.com

Colorectal cancer is the second leading cause of cancer death among men and women in the United States. Liver is the most common site of metastasis in patients with colorectal cancer due to its anatomical arrangement. Venous return from the colon flows through the liver via portal vein prior to reaching the right atrium. To a much lesser extent, colorectal cancer can also spread to other organs outside the liver (extrahepatic) such as lungs (20%), brain, peritoneum, or to distant lymph nodes.

One third of patients develop liver metastasis at the time of primary colorectal cancer diagnosis (synchronous metastasis). Patients who present with metastasis to the liver experience a median survival of only 5 to 20 months and 5-year overall survival of 0% without treatment. Patients with four or more liver metastases have less favorable prognosis, as well as those presenting with a large tumor, bilateral involvement, poor histological differentiation, and lymph-node involvement.

Treatment of liver metastasis from colorectal cancer has undergone significant changes since the 1980s. Historically, patients with liver metastasis (stage 4) were treated with palliative chemotherapy only. Liver resection was contraindicated at that time. Clinical observation subsequently showed that only 25% of patients actually responded to the chemotherapy and their overall survival was poor. As a consequence, patients with liver metastasis were offered liver resection, in combination with chemotherapy. This fundamental change in practice was further facilitated by an increase in safety of liver surgery, achieving minimal morbidity even after major resections. Liver resection then became part of treatment for patients with ≤ 3 metastatic lesions. The goal was to obtain at least 1cm resection margins around the tumor. The five year overall survival reached up to 50-60%, which was very impressive. For patients with four or more metastatic lesions, however, liver resection was not recommended. For patients with extrahepatic metastases (most commonly lung metastasis), liver resection was also not recommended due to perceived poor survival outcome.

Fast forward, this belief was shortly challenged by many clinical studies which showed 5 year overall survival up to 60% after resection of four or more metastatic lesions. A new clinical practice guideline again rapidly evolved to include liver resection as long as all liver metastases can be resected with negative margins and adequate future liver remnant can be preserved (20-30% liver volume). Shortly thereafter, lung metastasis was also no longer considered an absolute contraindication due to improved survival with lung resection in selected patients. Isolated lung resection removing lung metastases is now widely performed either before or after the liver resection.

Currently, liver resection is the most effective treatment for hepatic metastasis in colorectal cancer. Liver resection is the only hope for cure. Today, all patients with liver metastasis are first evaluated for their surgical candidacy upon diagnosis, ideally by a liver surgeon. More than 25% of patients who are considered unresectable by medical oncologists, radiation oncologists, interventional radiologists, and general surgeons are in fact resectable upon evaluation by an experienced liver surgeon. Patients with liver metastasis that cannot be surgically resected are treated initially with chemotherapy (neoadjuvant) to 'shrink' the tumors and later are re-evaluated for liver resection. Chemotherapy is now widely used to convert cases that are unresectable to resectable. These patients present a similar survival outcome to those undergoing surgery initially.

Due to the clear benefits of liver resection, several strategies have been implemented to increase the number of patients who can be considered for complete surgical resection, such as portal vein embolization and 2-stage liver resection with portal vein ligation and liver partition (ALPPS). In these methods, liver hypertrophy is induced to overcome issues/concerns of having inadequate liver volume (function) after an extended liver resection removing up to 70% of liver parenchyma. The rate of postoperative liver insufficiency is significantly minimized with these adjunctive techniques.

The traditional surgical strategy for synchronous hepatic metastasis of colorectal cancer is to resect the primary colorectal cancer, followed by systemic chemotherapy and a delayed hepatic resection. This approach could result in the progression of hepatic disease from time of the colorectal resection until the liver resection is completed. In several studies, it has been proven that simultaneous resection of the liver and colon is safe and effective. By avoiding a second operation, the overall rate of complication decreases and the treatment timeline is much

(continued)

shortened. The patients can be restarted on postoperative systemic chemotherapy much earlier. A delay in restarting postoperative chemotherapy results in survival disadvantage.

Cure is considered after a 10-year survival without the disease. Recurrent disease at this point is less likely. Repeat liver resection is feasible in many patients and those patients can reach an overall 5-year survival up to 40%. In cases of recurrent liver metastasis, chemotherapy administered systemically or locally (chemoembolization or radioembolization) plays a palliative role and is rarely significant to prolong survival. Even with the improvement in the chemotherapy and biological agents, survival is rarely >3 years without liver surgery.

Since early 2010, minimally invasive technique in liver surgery has gained popularity due to improved clinical outcomes when compared to open liver surgery. Less postoperative pain, shorter recovery, earlier return of bowel function, lower postoperative complications including wound infection and hernia formation are clear advantages of minimally invasive technique. For patients who require postoperative chemotherapy, minimally invasive technique also facilitates much earlier start. This technique, however, requires advanced skills in minimally invasive surgery as well as complex hepatic surgery. In a specialized hepatobiliary center such as ours, minimally invasive robotic liver resection is undertaken routinely for both first-time liver resection and repeat liver resection. Since 2016, we have completed almost 300 robotic liver resections. We also undertake combined colon and liver resection on a regular basis. In fact this is our preferred approach to avoid a second operation, whenever possible. In conclusion, treatment strategy for liver metastasis from colorectal cancer has evolved significantly in the last two decades. Liver resection now plays a main role in treatment of this disease due to proven survival benefits, in conjunction with chemotherapy.

References available upon request.

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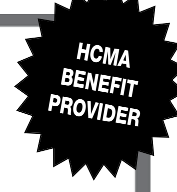

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Personal News

In Memorian

Jay J. Garcia, MD, passed away on Saturday, November 9, 2019, just one day shy of his 74th birthday. Dr. Garcia was born in Havana, Cuba, to parents, Rosa and Jose Garcia. When he was 14, they moved to the United States where they lived in Pompano Beach, Florida. He graduated from Pompano Beach High School and was very humbled to receive the very first athletic scholarship at the University of South Florida for baseball. Dr. Garcia later went on to earn his M.D. from Temple University.

After marrying the love of his life, Loraine, they started a family and he began his private practice. Dr. Garcia went on to become CEO of one of the largest medical groups in the Tampa Bay area. He also co-founded the Tampa Bay Women's group, one of the largest coalitions of Ob-Gyn groups in Tampa Bay. Dr. Garcia was an Assistant Clinical Professor at the University of South Florida Medical School, where he was involved in the surgical training of residents. He also received advanced training in laparoscopic surgery and provided training to physicians in these advanced techniques.

Dr. Garcia was known by many in the community as a wonderful doctor helping women generation after generation for over 45 years. Dr. Garcia took great pride in his health by working out, enjoyed watching football, and playing golf. Dr. Garcia also enjoying a good martini while watching the sun set at the beach. He also was a proud grandpa and loved spoiling his grandchildren. Above all, his family came first.

He is preceded in death by his parents, Rosa and Jose Garcia. Jay is survived by his loving wife of 49 years, Loraine; son, Michael Garcia and his wife Virginia; daughter, Joanna Garcia Swisher and her husband Nick; grandchildren, Andrew Garcia, Gabrielle Garcia, Emerson Swisher, Sailor Swisher, and Sebastian Garcia; sister, Maria Soltesz; nieces, Rosie Zingarella and Mary Soltesz.

In lieu of flowers, the family asks you make a donation in Dr. Garcia's memory to the Jose Garcia and Family Scholarship Fund (#656002), payable to the USF Foundation, and directed to the attention of Beth Corbin in the Office of Donor Relations at 4202 East Fowler Avenue, ALC100, Tampa, FL 33620-5455. https://giving.usf.edu/online/ or Metropolitan Ministries, www.metromin.org.

In Memorian

Jean Morris Mattison, 86, passed away on Tuesday, November 12, 2019, in Tampa, Florida. Jean was born to Roderick Fairley and Berta Morris in Maxton, North Carolina. Jean graduated from Flora Macdonald College and later received a Masters Degree in Exceptional Child Education from the University of Florida.

Jean grew up on a farm in Maxton, North Carolina. Shortly after graduation, she married Joel Mattison, and together they set out on a life path that could not have been pre-designed. Jean was an elementary school teacher in her early years until she and Joel went to work with Albert Schweitzer in Gabon, Africa as medical missionaries upon finishing her training to be a lab assistant. Jean may have been the last living American who worked with Dr. Schweitzer. In 1969, Jean and Joel came to Tampa.

Jean was preceded in death by her husband, Joel Mattison, MD, an HCMA Past President. Jean is survived by her two sons, Lewis and Karl; her two daughters-in-law, Molly and Ashley; three grandchildren Charlotte, Eva, and Lauren; as well as many nieces, nephews and other cherished family and friends.

In lieu of flowers, donations may be made to Palma Ceia Presbyterian Church.

The dues statements for 2020 HCMA Membership Renewal are now past due!

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Dues payments can be made online at: hcma.net/join-renew

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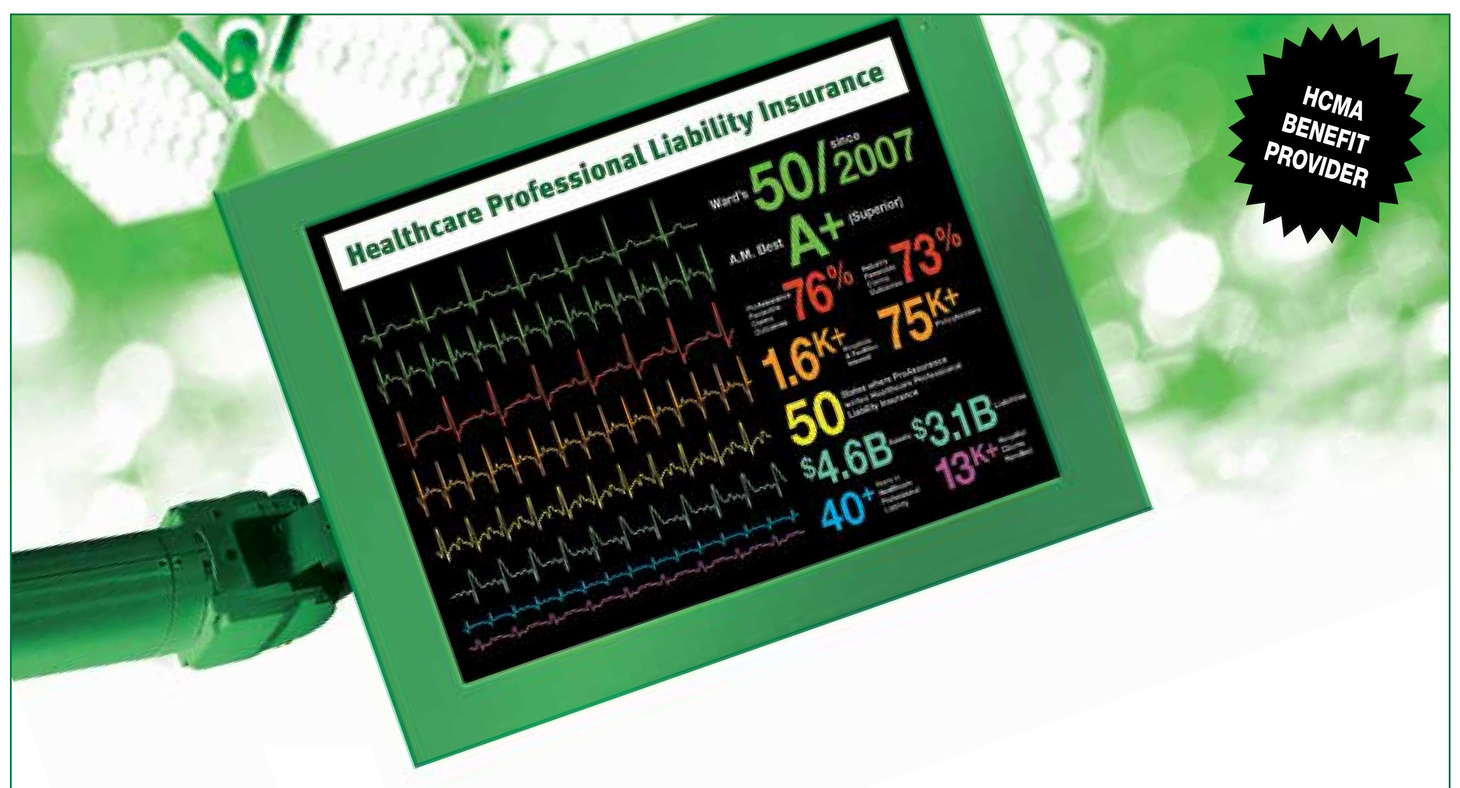

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