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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
March/April 2019

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Florida HEALTH

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Executive Council Meetings
6:00pm at the HCMA Office
(Now Quarterly)
May 21, 2019
August 20, 2019
November 19, 2019
February 18, 2020

HCMA Inauguration Dinner
6:30pm at the Westshore Grand

May 13, 2019 <**MONDAY**>
Dr. Jayant Rao will be installed as the 2019-2020 HCMA President, Guest Speaker: Michael Connelly, Author

HCMA Membership Dinners
6:30pm at the Westshore Grand

September 10, 2019
November 5, 2019

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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.

The Bulletin is YOUR publication. You can express your views and creativity by participating.

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March/April 2019

CONTENTS

ABOUT THE COVER

HCMA Board of Trustees Chairman, Dr. Joel Silverfield is a collector of Chinese Export Porcelain, as he describes in his article in this edition of *The Bulletin*. The piece shown on the cover is an early 19th century Chinese porcelain pug candleholder made for export. It is decorated in bright enamel colors typical of that era.

Departments

Features

Photo Gallery

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

President's Message

Hacked… A Cautionary Tale

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I recently received an email from a trusted practice partner which required I enter my user name and password to open an 'encrypted' message. Thinking that our practice had installed new HIPAA compliant encryption, I began to enter my password when I thought: ***Wait! Never click on an email link or give information unless 100% certain of the source!*** I emailed the sender and received the response: "spam." He had no idea as to how a hacker obtained his information or accessed his email account. This prompted a casual survey of several of my practice colleagues. When I got to the 5th person, it seemed that everyone had a hacking story which included damages due to money and significant time lost. The ingenuity of the crooks seems endless and is continuously evolving.

A Bank of America account was defrauded using a checking account number stolen by a clerk at store checkout. The crook used the account number to cosign and cash numerous checks as a two-signer 'guarantee.' You might wonder whose checks were being cashed. They were checks stolen from an attorney's office (his staff had discarded checks into a dumpster rather than shredding). Each check was slightly above or below $800.00 and since it was an infrequently used account, over $5,000.00 was drained before it was noticed. Fraud was obvious, so the bank ultimately returned the money, but it took over three months. The hidden cost was the personal time required (at least three full days in aggregate) and included several trips and calls to the bank. The stress and insecurity of getting breached is difficult to measure but is tangible.

A stolen check or credit card is significant, but things get significantly more intense when identity theft occurs. What happens if early detection of identity theft does not occur? One colleague's experience was several years ago shortly after moving to Tampa to start his medical practice. He was extremely busy developing his practice and it was several weeks before he and his wife became aware of the fraud. In a short period of time, the criminals created over 30 credit cards and accounts. All were charged to the maximum and not paid. The resultant destruction of their credit rating was only the beginning of a nightmare that required endless time on the phone, visits to financial institutions and involvement of the police. The financial impact of losing hundreds of thousands of dollars and loss of credit was bad. Even worse were death threats to the doctor and his family from other criminals swindled by his identity thief. The nightmare took five years to resolve and still affects the activities and lifestyle of the family as they take measures to avoid a repeat violation. They never learned exactly how their information was stolen. Police identified the thieves as illegals living in Florida.

In the prior two stories, delayed recognition of the fraud was a factor in the criminals' success. Have we eliminated identity theft for those who use modern communication alerts, texts and emails from banks and credit cards? The simple answer is no.

In November 2018, a colleague working a busy clinic learned that his voice mailbox was full and that his voice message had changed. Between patients, he tried to call out, but his mobile phone did not work. Odd, but he was busy seeing patients and figured he could check things later. He had no bank or credit card alerts because he'd received no emails or texts. The criminals had taken over his Verizon business account and diverted texts and calls. Shortly thereafter, a call from our research foundation informed him that his account was receiving fraud alerts. The account was frozen until the bank determined what was happening with the doctor (modern fraud prevention by Wells Fargo!). Clearly something was wrong, so he suspended patient care (must have been some long waits that day!) and went into action. Using the land line he called his wife with instructions to get bank and credit card accounts frozen. His secretary was tasked with calling Verizon and figuring out why his mobile phone was not working. Wisely his wife immediately called Equifax, Experian, and TransUnion to freeze his credit and Social Security number.

The damage was already underway. The next day one of the thieves waited on his home street in a rented car and intercepted delivery of new credit cards ordered from Navy Federal Credit Union and Barclays Master Card. They now had credit cards issued for new authorized users in control of his identity. Fortunately, they missed the delivery of the Discover and American Express cards. Despite efforts to freeze accounts, the thieves were able to restore the frozen credit card accounts using his stolen identity information. That day credit cards authorized to

(continued)

President's Message (continued)

Olajuwon Thompson were used to charge $31637.95 in cash advances at a south Florida Casino.

The Tampa police and FBI became involved and informed the doctor that he was the victim of an organized crime ring. They typically use call centers in Nigeria or the Dominican Republic and identify and target affluent neighborhoods using Google Earth (three households in his neighborhood had identity theft in the same month). After obtaining an identity and financial records, they add authorized users to stolen credit cards accounts and request expedited delivery of the card. The criminals then track FedEx delivery of additional cards, so they are present to sign and receive them. Charging and cash advances begin ASAP. The usual alerts to a mobile phone or email are defeated by their control of your phone and accounts. All communications are rerouted.

After multiple attempts by Verizon and Frontier to block the hackers, the doctor realized that the criminals' level of sophistication and expertise overwhelmed the telecom providers. Verizon for example continued the cellular service despite notification about the identity theft and in fact continued charging the doctor for activity incurred by the thieves after he reported them! Ultimately, he had to cancel his Verizon and Frontier accounts to escape the thieves' activities and the telecom providers' inability to thwart the criminals. In fact, getting free of the identity thieves required he completely change everything possible including credit cards, mobile phone numbers, home phone numbers, TV, internet, email, and banking.

Despite his immediate notification to everyone about the identity theft and fraud, he continues to grapple with banks and telecom companies for refunds. One disturbing note: his bank informed him that since the financial loss was due to identity theft, it does not count as bank fraud and therefore is not reimbursable. Thankfully he caught the identity theft early and took aggressive action to decrease his exposure. The police informed him that these thefts are typically enacted as the weekend starts and gives the criminals a few days head start.

The LifeLock web site states that in 2017, the Identity Theft Resource Center counted a new record high of 1,579 data breaches, exposing more than 178 million records. The big one (involving Equifax, one of the three major credit reporting agencies) received a lot of attention (I was one of the affected individuals). Not only was the number of potential victims quite large at 147.9 million, the kind of information exposed was significant. It included names, Social Security numbers, birth dates, addresses, and in some instances, driver's license numbers. The incidence of identity theft appears to be increasing rapidly. According to a 2018 online survey by The Harris Poll, nearly 60 million Americans have been affected by identity theft. Many of those affected are physicians.

Each of the doctors affected had similar advice: **pay close attention to all your accounts!** Early recognition of fraud and identity theft is crucial to limiting the damage. Scrutinize every statement and look for any irregularity. Immediately report any discrepancy. Most noted fraudulent credit card charges, bank debits, or wire transfers started with a small test amount then rapidly escalated.

Theses villains are very resourceful, savvy, electronically sophisticated, and fearless. They can purchase your personal information off the dark web for a minimal fee. You can reduce the impact that these **culprits/thieves/criminals** have in this area if you are diligent and mindful to take these steps:

1. Secure your Social Security number (SSN).
2. Don't share personal information (birthdate, Social Security number, or bank account number) just because someone asks for it.
3. Review your mail every day.
    - You can sign up for free notification with grayscale photos of the mail delivered to your house daily
4. Pay attention to your billing cycles and bank accounts.
5. Freeze credit at the credit bureaus until need arises.
6. Never click a hyperlink.

Make the time to take these steps. The best way to protect your identity and hard earned money is by vigilance and early recognition of a breach.

This is my last column as the 115th HCMA president. It has been an honor to serve as your president. In May, we will install Dr. Jay Rao as president. He is energetic and passionate about the HCMA's mission of physician advocacy and protecting our constituents.

I thank our HCMA Executive Council colleagues who serve all of us: Drs. Jayant Rao, Michael Cromer, Alejandra Kalik, Eva Crooke, Joel Silverfield, Fred Bearison, Jose Pizarro-Otero, Francisco Fernandes, William Davison, Scott Anderson, Karin Hotchkiss, Ravi Bukkapatnam, Rebecca Johnson, Nicole Riddle, Trey Remaley, Joseph Brown, and Mr. Bill Butler.

Lastly my sincere thanks to the HCMA staff who bless us and serve with steadfast work and expertise. They help make the HCMA one of the top county medical societies in the country: Debbie Zorian, Elke Lubin, Kay Mills and Jean Repass tirelessly serve our 2,089 members.

Please join us for the May 13th presidential installation dinner (this is a MONDAY!). We look forward to our guest speaker: noted author and movie producer Michael Connelly. Watch your email for details!

Editor's Page

If it ain't broke…but, hell, it is!

David Lubin, MD
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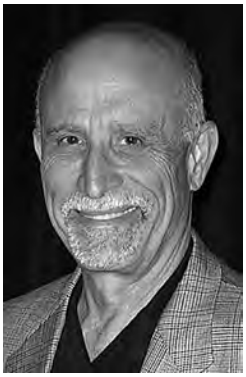

I'm 71 now and have been retired from medicine for just over five years. In addition, I'm retired from the restaurant business for just over a year, and the calendar business for just over a month. I hope I'm soon done retiring from retiring.

I left medicine because I thought it was broken, what with my employer, GMS, finally instituting EMR, and starting to phase it in in the spring of 2013. It was then that I decided I did not want to sit behind a computer and type while trying to listen and comprehend what the patient was trying to tell me about his/her illness.

My chief of cardiology at Tulane, Dr. George Burch, would tell us, quoting Sir William Osler, "Listen to your patient, he is telling you the diagnosis." I'm sure included in that would be, "jot down a few notes to review later," not, "be prepared to type away with words going in one ear and out the other." (These quotes can be attributed to Sir David Lubin). Sir William Osler was a Canadian physician and one of the four founding professors of Johns Hopkins Hospital. Osler created the first residency program for specialty training of physicians, and he was the first to bring medical students out of the lecture hall for bedside clinical training. He has frequently been described as the *Father of Modern Medicine* and one of the "greatest diagnosticians ever to wield a stethoscope." Osler was a person of many interests, who in addition to being a physician, was a bibliophile, historian, author, and renowned practical joker.

I wonder what he would have thought of EMR. Probably one big practical joke. He did say, "There is no more difficult art to acquire than the art of observation, and for some men it is quite as difficult to record an observation in brief and plain language." Good luck to all of you.

I'm just wondering how much better EMR has gotten over the past five years. I have three physicians whom I've seen in the past year. One sits at the computer, "listens" to me, but types away. Another listens, takes notes, but has a scribe to do his EMR. And the third is a bit more old-fashioned. Just sits, talks, listens, and takes a few notes, only to later sit at a keyboard and type up his EMR. EMR seems to be here to stay; it just seems to affect providers differently on how to carry out the process.

Another broken part of medicine is prescription drug prices. Some therapies are 10's of thousands of dollars a month and may treat very few people. Others are well into the high six digit figures per year. One includes a gene therapy, being about $850,000 a year, called Luxturna that can restore sight to children with a rare retinal disease. Another drug, currently making its way through the approval process, and used to treat hemophilia B, could cost $1.5 million.

But "closer to home" and more relevant is the fact that I take the blood thinner, Xarelto, which retails for about $450 a month. The company that manufactures it has a program for those of low income to receive it free. I could pay for it, but I still think $450 is too much. I do not have Medicare Part D since neither my blood pressure meds, nor Xarelto, are included, and I'm fortunate enough to get samples from my physician. I'm able to purchase my Edarbi from the manufacturer for only $40 a month. I called the manufacturer of Xarelto and suggested to someone on the phone that they might offer it to patients who could afford it at a more reasonable price, say $100-$150 a month. He thought that was a reasonable request and agreed that the company would at least recoup some of their costs. So far I haven't heard from anyone. At least when I called the company that makes Emerald Honey Roasted Almonds and complained about the packaging, I got coupons for two free bags. As I've written before in a column or two, "Common sense just isn't very common."

The third broken part is that of reimbursement to doctors and hospitals. Hopefully it's getting better but from what I've seen firsthand with payments to the hospitals I was in for surgery, I would fear Medicare for all. We all know that charges are inflated, but even so, I think, after studying my EOBs, that reimbursements are abysmal. Before my back surgery, an MRI of the spine was billed out for $1550; Medicare approved $222, and paid $174. My bill from Florida Hospital indicated a total bill for the four-day stay of about $69,000, of which Medicare paid $4,421. Unless there are hidden payments somewhere, just exactly how can the hospital provide care for 6.5% of charges, inflated or not? And my bill from St. Joseph's for a two-day stay for my TURP was about $18,000 and they received about 19%...$2,730 from Medicare and about $700 from my Medicare supplement.

(continued on page 11)

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Executive Director's Desk

A Genderless World - The New Normal?

Debbie Zorian
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Chances are many people already have an opinion about this topic, one way or the other. And there are those, like me, who have a very strong opinion about this topic, one which I feel will subject children to unnecessary confusion and struggles way beyond the many issues and pressures that already exist for them.

Several famous people are touting their decision to raise their children without gender stereotypes which is called "gender-neutral parenting" or "gender-creative parenting." This realization is what actually led me to research the topic, one that was unfamiliar to me. I read that one couple is raising their child in a "gender-fluid" environment where descriptions are swapped back and forth (such as being called both pretty and handsome). Another well-known star is raising her children without labels altogether stating since "gender-neutral" is in itself a label, the household is considering themselves label-less. I can only shake my head.

While exploring the topic online, I read that a group of parents in the United States has decided to raise their children in a gender-neutral way, allowing the children themselves to eventually self-identify as male or female. The parents refer to their children as "theybies" rather than "babies" to underscore the gender description. They refuse to refer to their children as "he" or "she" (these children are given they/them pronouns) and dress them with gender-neutral clothing and hairstyles.

The *New York Times* wrote an article in April 2018 about a Utah-based couple's decision to withhold their child's gender from family and friends as well. They refer to their baby, Zoomer, as 'they' or sometimes "Z." As a grandmother of four (and fortunate to see all my grandbabies born), I can't imagine a grandmother not knowing the sex of her grandbaby. That would mean not caring for the baby in any way that reveals his or her sex, including the changing of diapers or bathing. I am open-minded and understanding on many issues, but this would not be one of them. It also makes me wonder, once these children meet the outside world which may be pre-school or elementary school, how it will be possible for them to maintain a gender-free state.

Although this topic remains a controversial one here in the United States, some think it's a great way to mitigate sexism against children and encourage them to embrace their true identity. Whether or not this somewhat new trend is healthy for a child depends on whom you ask. Israel Martinez, a LCSW in Montclair, NJ, who has worked with the LGBT community on a professional basis for many years, feels that human beings crave to make life simpler and want new information to be easier to digest. We naturally want to establish categories, or boxes, that everything needs to fit into. He goes on to describe gender norms as being too limiting, making kids feel like they have to be something they are not which can keep them from being as happy and healthy as possible.

On the flip side, Dr. Fran Walfish, a child, couple, and family psychotherapist based in Beverly Hills, believes every boy and girl must make a strong identification as a male or female. Without it, the child will feel lost and confused about their own identity. She states that gender and sexuality are only aspects of a person's identification. The goal is for clarity.

According to the American College of Pediatricians, human sexuality is an objective biological binary trait and no one is born with a gender. Everyone however is born with a biological sex. People who identify as "feeling like the opposite sex, or somewhere in between" do not comprise a third sex. They also state that puberty is not a disease and should not be mistaken as gender confusion. To interfere is an assault on something utterly fundamental.

I can't envision an obstetrician delivering a precious baby boy or girl and congratulating the parents on their "theybe." When asking the opinion of an obstetrician member, the reply included: "We have had parents who don't want the usual pink or blue bib that we give as a baby gift. They think raising kids to be gender-neutral will enable them to express their gender identity and sexual attractions without stigma. I think it's going to produce a bunch of messed up kids!" It also makes me wonder how pediatricians can effectively treat a patient if a parent refuses to allow his or her gender to be recognized. I feel that gender neutral parenting has nothing to do with fairness or equality and instead highlights that any evidence of being different is a form of prejudice. If physicians feel they are approaching the issue in the best interest of the child and/or don't adhere to the wishes of the parent, could this lead to even more

(continued)

Executive Director's Desk (continued)

concern regarding possible meritless lawsuits?

In addition, being gender-neutral is not something that will be easily accepted by other children who are not experienced with the concept and can't comprehend or understand it. It's difficult for me to believe that this way of upbringing will not affect a child socially. People already get nervous with the unfamiliar. Children are more likely to act out their nervousness by teasing, bullying, or worse. It happens now for a variety of reasons, other than the one discussed in this column, and the effects are dangerous. There is already a strong link between bullying and suicide as suggested by the recent bullying-related suicides by children and teens in the U.S. and other countries.

Many experts feel parents raising their children in this manner are forcing their own ideas on them and their children are being used as guinea pigs in a social experiment. It is felt that the potential for harm to children when parents refuse to acknowledge the biological reality of their sex, and to raise them in denial of that reality, is great. A person's gender can be changed or adopted later in life, when they are adults and know what they want to be. What should be taught early in life is kindness, honesty, gratitude, and respect for others. Education and manners are far more vital lessons to be taught to our children than gender-neutrality.

Another consequence of gender-neutrality is the disappearance of traditions which have been around since the beginning of time. Femininity and masculinity have been recognized for centuries, and gender-neutrality is shaking these core principles of gender the rest of the world is accustomed to. Gender equality (which I certainly support) does not mean gender-neutral and the bottom line is that people cannot alter reality to the way they want it to be. Or can they?

Celebrating the differences between male and female is what makes us human. One can only hope that, without diminishing the rights and feelings of those who do not want to be seen as either, the future will not consist of using our most vulnerable to promote an unhealthy and damaging gender ideology.

Editor's Page (continued from page 8)

I guess I shouldn't worry about this anymore. I was taken care of and fortunate enough to have insurance coverage, with very little out of my pocket. But I do care; I guess it's in my blood. I hope someone can fix what's broken. In the meantime, I should pay attention to another of Osler's quotes: "The young doctor should look about early for an avocation, a pastime that will take him away from patients, pills, and potions…"

Now where's my camera?

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A Member's Pastime

Chinese Export Porcelain

Joel Silverfield, MD
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I knew I was in trouble my senior year in medical school when my roommate and I decided to enroll in art school. My love for color, form, and texture was galvanized during that time and soon after I began collecting antique porcelain. Collecting porcelain has proven to be like a great treasure hunt with one never knowing when a wonderful piece will be discovered. Being on a medical student's and intern's budget certainly helps to focus one's eye and learn to separate the great from the good. It also makes parting with lesser or duplicative pieces mandatory so that the better pieces can be acquired.

Although great porcelain was being produced in China for more than 1,000 years, the story of Chinese porcelain in America essentially begins with the sailing of the Empress of China from New York in 1784. America proved to be a great market for Chinese export porcelain throughout the nineteenth century as we had no real porcelain manufacturers of our own. From America and ports along the way, our boats transported ginseng, copper, quicksilver, lead, dyes, glass, naval stores, and tobacco. From China, our boats returned with tea, silk, furniture, lacquer ware, fans, and porcelain. Of these items, the porcelain, often having the least value, was being used as ballast in the boats. It has been estimated that more than 60 million pieces were shipped to this country during the nineteenth century, much of it to the northeast, but with significant amounts to Charleston, Savannah, and Baltimore. Despite the large number of pieces imported, it is no wonder that after some ten generations of owners, Chinese export porcelain today is relatively scarce.

There is a broad spectrum of quality of Chinese export porcelain and generally, the earlier the date of manufacture, the better the quality. However, some finely decorated pieces were produced in the latter half of the nineteenth century and into the early twentieth century which was known as the Republic period. In 1891, due to the McKinley and Stamp Acts, the United States required that the country of origin be marked on imported pieces.

Nineteenth Century Chinese Export Porcelain Types and Definitions

Animals: Due to their whimsical nature, these are many collectors' favorite pieces. Dogs, ducks, roosters, cats, elephants, and rabbits have all been portrayed.

Blanc de Chine: A creamy white porcelain which was initially produced during the Ming Dynasty but most pieces we see today were made in the nineteenth century.

Canton: This is a traditionally blue and white porcelain depicting arched bridges, exotic tea houses, pagodas, willow trees, and mountains. The blue can range from light gray to a brilliant cobalt blue (sometimes known as Charleston pattern blue). The spectrum of quality is broad.

Famille Rose: Initially referred to eighteenth century wares decorated in the foreign color of pink. Now it refers to a general family of porcelain with rose pink combined with opaque white, green, orange, turquoise blue, and often with gold highlights.

Mandarin: This is among the earliest and best quality of the nineteenth century Chinese export porcelain group. This porcelain has rich but less garish colors than the later rose medallion porcelain. The design is usually depicting Mandarin figures wearing robes in stylized courts, gardens, or domestic scenes.

Rose Medallion: This was the most produced and consequently the most commonly found today of the nineteenth Century Chinese porcelain. The designs consist of four panels or reserves surrounding a central medallion or circle in gold.

Sang de bouef (oxblood): Initially discovered in the Ming Dynasty, the vast majority of these pieces found today are mid to later nineteenth century. The color is usually dark blood red but may be cherry red to purple brown.

A collector has been described as someone who, when they find a great object, has to borrow money to buy it, when they get home has nowhere to put it, and find they already have one just like it. There was a time when buying antiques was considered an investment, as over time most good-quality pieces did go up in value much like real estate or the stock market. However, the value of most antiques peaked around twenty years ago and since then there has been a steady decline. Some of this

(continued on page 14)

A Member's Pastime *(continued from page12)*

reduction has been driven by eBay which has lowered the dealer's cost by providing a ready-made market and eliminating the need for a bricks and mortar store. It has also allowed collectors to sell their pieces to a wider audience and not to have to sell at low prices to dealers or auction houses as they had in the past. It has been estimated that close to 80% of antique shops nationwide have gone out of business in the last two decades.

In the past, new young collectors would come along and bid up the price of rare antiques. However, the majority of the last two generations of Gen Xers and Millennials have virtually no interest in antiques. They do not appreciate the craftsmanship, rarity, uniqueness, beauty, or historical association that gives most antiques their value. They would prefer to buy their home furnishings from IKEA, Pottery Barn, or copies of antiques from Restoration Hardware. In addition, most people today do not entertain in their home but rather go out to restaurants, therefore not feeling the need to furnish their home in a fashionable manner to impress their guests. Therefore, almost across the board, most antiques are worth 50-75% less than they were twenty years ago. As antique shops close and auction houses shrink, an entire generation of dealers' knowledge and intellectual capital is being lost. Objects that have been loved and cherished for hundreds of years are now being damaged or destroyed due to neglect. Our young people, many of whom do not value our nation's history, also do not care about or value objects that have been part of or associated with that history. The reduction in museum attendance also reflects these trends. Although certainly antiques have been in and out of fashion since Roman times, it seems unlikely that in today's virtual, disposable, experience driven culture, that enough people would go to the trouble to maintain these objects. To be worth their care and maintenance, antiques must have a certain value as otherwise they would not warrant the space, time, or cost to provide for them.

On the other hand, for collectors such as myself, there has never been a better time to build a collection. The Internet has swung the door wide open to information and data worldwide for antiques dealers and auction houses. On a daily basis, one can purchase objects from France to China with tens of millions of items to choose from. I am able to purchase and own pieces that twenty years ago would never have been within my reach. On the other hand, it is almost impossible to sell anything from your collection at anywhere near what you originally paid. So therefore, to paraphrase Dickens, it is "both the best of times and worst of times" to be a collector. Maybe a miracle will occur and someday a future generation will discover the beauty, mystery, and wonder of these magnificent treasures much as Napoleon rediscovered the classical worlds of Greece, Egypt, and Rome and made them "cool" again.

Chinese Ho-Ho boy circa late 18th century to early 19th century

Chinese Blanc de chine joss stick holder, circa 1800.

Chinese export candle holder circa 1820.

Chinese export pistol handled urn circa 1800.

— HCMA Foundation Grant Recipient —

St. Joseph's Children's Hospital Mobile Medical Clinic

Jeannette Burgos, MCHES®
Instructor, St. Joseph's Children's Wellness and Safety Center
Project Lead, Community Benefit - Access to Care at Metropolitan Ministries
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Access to care means providing the right services to the right people at the right time. For one child living at Metropolitan Ministries, a local homeless shelter, that was never more true than when St. Joseph's Children's Mobile Medical Clinic (MMC) came to visit one Friday. On a typical day, the MMC team diagnoses and treats common pediatric ailments such as upper respiratory infections, rhinorrhea, and otitis media, as well as providing well child care and immunizations, but this was not a typical day.

The MMC team was first alerted to this case during the preclinic huddle. The facility's Health Coordinator shared that their staff had become concerned about a new resident when they noticed during meal times that the child's breathing appeared labored, and he didn't look well. The mother initially resisted suggestions that she seek medical treatment, but they eventually convinced her to bring the child to the mobile clinic, which was conveniently on-site. When the child arrived, one of two pulse oximeters was set up in the check-in room, so our nurse applied the pediatric sensor probe right away. Knowing the mother's hesitations, she spoke reassuringly to the family as she mentally noted the child's critical state and alarming oxygen levels. The nurse completed taking the child's vital signs and did not delay in escorting the family onto the medical bus.

Mobile medical bus parked on clinic day at the Metropolitan Ministries

Once on board, it was clear to the nurse practitioner on duty that the child presented with increased work of breathing, tripod positioning and was unable to walk and talk. The child was having an acute asthma exacerbation. The child's mother shared his history of asthma and previous hospitalizations in the past, and said she had decided to stop using medication in favor of natural remedies due to her distrust of the medical system. The ARNP discussed her concerns with the child's mother, noting that her own child had asthma and that alternative therapies can be helpful along with modern medicine. Through sensitive communication, provider and parent reached a level of trust and understanding, and she agreed to try a breathing treatment.

By the end of the treatment, the child appeared much better and was breathing easier, but his oxygen saturation was still low as validated by the pulse oximeter on board. The ARNP consulted with a hospital physician, and a timely decision was made to have the child transported to the emergency department. The ARNP worked cautiously, as she was fully aware that any hint of insensitivity or lack of respect could push the mother to refuse transport, further escalating the situation and placing the child's life at risk. The ARNP did not want this to be just another failed attempt by a medical provider to take the time to listen, acknowledge and accept her concerns. The child's mother recognized the severity of the situation and agreed to the transport.

As the ambulance drove away, the MMC team debriefed to validate that all appropriate measures were taken to ensure both the best outcome for both the child and the parent. Later that day, the EMTs who responded to the call returned to thank the mobile clinic team for making the right call, just in the nick of time. If we weren't there that day, they said, this child would have died.

The funding awarded by the HCMA Foundation was critical in this case and in many others that we see at Metropolitan Ministries. Thirty percent of the pediatric residents at Metropolitan Ministries present with respiratory problems. This grant gave us the opportunity to provide pulse oximeter testing and offer high-quality, precise medical screenings on the bus. This project has demonstrated that the pulse oximeters are essential and, for some children, a vital medical device necessary to support a clinician's assessment of the severity of their respiratory illness. In addition, the clinic staff will be working with the St. Joseph's Children's Hospital respiratory team to develop a comprehensive program that provides education and treatment for asthma.

Photo

Membership Dinne

GO BULLS! USF President, Judy Genshaft, PhD many developments during her tenure. USF Health M and USF medical students and residents were also the Cherry Bekaert medical student scholarships were aw

Many thanks to membership dinner co-sponsors and USF Health Morsani College of Medicine!

Drs. Bryan McIver, Scott Anderson, Kriston Kent, Edward Farrior, and Tapan Padhya.

Missing from photo: Rocky the Bull.

Yvette Eichberg, and Drs. Rodolfo Eichberg and Bonnie S

HCMA President Dr. Thomas Bernasek presented the Cherry Bekaert medical student scholarship to Steven Peretiatko

Full house!

.

HCMA President Dr. Thomas Bernasek and HCMA Foundation President Dr. Fred Bearison presented th HCMA Foundation medical student scholarship t Patrick Mullen.

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

Drs. John Curran, Amber Pepper, and Richard Lockey.

Erin Aebel, a board certified health lawyer with HCMA Benefit Provider and dinner co-sponsor, Shumaker Loop & Kendrick, welcomed attendees.

Gallery

r – February 12, 2019

rallied attendees with an exciting recount of USF and the Morsani College of Medicine Dean, Dr. Charles Lockwood, re to support their university. The HCMA Foundation and arded to Patrick Mullen and Steven Peretiatko.

s: Shumaker Loop & Kendrick, Tower Radiology Centers,

aks.

USF President, Judy Genshaft, PhD

Standing: Drs. Sami Elchahal, Orlando Castillo, and Chris Pittman. Seated: Drs. Hernan Leon, Jairo Parada, Jorge Inga, and Luis Menendez.

Drs. Alejandra Kalik, Michael Zimmer (new member!), Dennis Agliano, and Jay Older.

Dr. Thomas Bernasek, Judy Genshaft, Tammy King, and Dr. Charles Lockwood.

Judy Genshaft and Dr. Charles Lockwood take a moment with a few of the medical student contingency.

HCMA Excutive Director, Debbie Zorian, is flanked by HCMA Benefit Provider representatives David Goss (VP of Sales) and Chad May (agent).

Standing: Drs.Ramesh Ayyala, Roy Sanders, Judy Genshaft (PhD), Samuel Wickline, and Harry van Loveren. Seated: Drs. Neil Fenske, John Sinnott, Charles Lockwood, and Patricia Emmanuel

Practitioners' Corner

Silent strokes may not be so silent, nor they are normal aging process

Erfan Albakri, MD
ealbakri@floridastroke.com

UBOs, are the so called "Unidentified Bright Objects" in the brain as they were used to describe incidental subcortical radiographic findings on brain MRIs and CT scans in the nineties of the last century. These brain lesions had also been called leukoaraiosis, or white matter disease. However, currently lesions related to small vessels lacunar diseases, whether subcortical or cortical ischemic changes, are called "silent strokes" or "silent cerebral infarctions." Like when you order a brain CT or an MRI for your patients with different indications, whether a headache or sinus disease, visual problem, or a fall, you are faced with incidental findings of subtle, or maybe not so subtle, small subcortical or cortical lesions with different possibilities. As you read your patients' brain imaging reports, you might encounter the findings of few scattered white matter hypodensity signals on CT scans of the brain or hyperintensity subcortical or cortical signals on brain MRI. The question is to all, how and when we make a diagnosis of silent strokes? How you interpret these reports of radiographic findings to your patients and or to their caregivers? Are these lesions normal for age and at what age we expect these small vessels ischemic changes to be seen? Is it at 40, 50, 60, 70, or at 90 years old? As a practicing stroke neurologist, on a daily basis, I review tens of brain CTs and MRIs of patients who I see in the hospital setting and at the clinic where I share the findings of brain imaging studies with my patients, with the responsibility to finalize their neurological diagnosis.

I can no longer tell them their brain MRI or CT scan lesions are "UBOs" nor could I say they have leukoaraiosis in the brain, as it is not a neurological diagnosis and it has no corresponding ICD-10 code…and it is hard to explain. So, I rely on my collection of clinical, neuroscientific, and neuroimaging evidence to differentiate between traumatic, demyelinating, and cerebrovascular disease with the help of my fellow radiologists who provide their list of differential diagnosis of these findings. The final diagnosis, after all stroke risks assessments, historical neuroimaging, and clinical evaluations, would be silent strokes among patients with high risk for cerebrovascular disease, also taking into consideration their lesion's size, shape, location, and their signals on brain CT or MRI. MR scanning is more sensitive for detection of silent infarcts than CT. Even high-resolution MRI, however, does not detect many "microinfarcts" that are visible at autopsy.

Although silent strokes are more prevalent among the elderly, they may not be considered a normal aging process. They are a common ischemic cerebrovascular disease among the elderly. Silent strokes have been recognized as an entity since 1965, based on autopsy reports noting small infarcts in the deep structures of the brains of patients without known symptoms. These infarcts are usually not truly "silent," since patients with these lesions frequently have evidence of cognitive, gait, or other functional impairment. These patients are also at increased risk of future clinical stroke and dementia. Silent infarcts are common; they are about five times as prevalent as clinically apparent strokes and can be seen in different age groups with cardiovascular disease, stroke, and dementia. They are prevalent among patients with hypertension, atrial fibrillation, diabetes, and young female patients with migraine, with aura, when associated with smoking, hyperlipidemia, and oral contraception. Risk factors for silent brain infarcts have been systematically related to advanced age, hypertension, diabetes mellitus, and smoking. They are associated in young patients with collagen vascular disease, vasculitis, systemic lupus erythematosus, hypercoagulable state such as antiphospholipid antibody syndrome, and sickle cell disease.

In a Framingham healthy population study sample 62±9 years of age, the prevalence of silent brain infarction was 10.7%. Silent infarcts are not so silent: Because progressive silent brain infarcts are associated with several poor neurological and cognitive outcomes. They include impaired mobility, physical decline, depression, and cognitive dysfunction such as mild cognitive impairment (MCI), which can best be determined by a standard battery of neurocognitive testing. Their risk is independent of other risk factors for stroke, suggesting that silent infarcts provide an indicator of propensity for stroke from different vascular risk factors.

Subcortical vascular dementia is insidious and slowly progressive. Neurological symptoms and signs related to SVD in-

(continued on page 20)

ARE YOUR 2019 HCMA DUES PAID?

2019 HCMA renewals were due January 1st. Call the HCMA to pay by phone (813.253.0471) or visit the HCMA website to pay securely online: www.hcma.net, click on "Join/Renew" in the upper right.

Please tell the advertiser you saw their ad in the HCMA Bulletin!

Practitioners' Corner *(continued from page 18)*

clude cognitive deterioration, gait disturbance (imbalance, fall, short-stepped gait), urinary dysfunction, and dysarthria. Behavioral and cognitive changes include mental slowness, emotional lability, personality changes, and depression. Depression is common in vascular dementia, occurring in up to 20% of cases, and is disproportionately prominent in those cases with small amounts of infarction. Silent infarcts double the likelihood of frank dementia, including Alzheimer's disease, as well as vascular dementia, and increase the likelihood of clinical depression. Cerebral amyloid angiopathy (CAA), a small vessel vasculopathy due to deposition of a variant form of beta-amyloid in cerebral blood vessels, is often found in the brains of individuals with Alzheimer's disease. Silent infarcts might be associated with vascular Parkinsonism, as well.

What should we do when our patient's brain CT or MRI scan shows he or she has chronic small vessel ischemic changes, i.e. silent infarctions"? First, we should carefully examine the patient for subtle cognitive and physical deficits. Consider the investigation for common vascular risk factors, such as hypertension, diabetes, hyperlipidemia, or atrial fibrillation. Consider carotid imaging when there is silent brain infarction in the carotid territory. Consider cardiac event monitoring and echocardiography with bobble study when there is an embolic-appearing pattern of silent infarction. In addition, consider laboratory testing for hypercoagulable disorders and the risk for atherosclerosis and thromboembolism. Therapeutic strategies to reduce the stroke risk should be applied to reduce their incidence and the potential progressive nature of silent infarctions and potential functional and cognitive decline. Treatment options with antihypertensive agents or antiplatelets, anticoagulation, or lipid lowering therapies, revascularization for carotid stenosis and patent foramen ovale closures, should be considered when indicated. Strokes are the leading cause of adult disability. It is preventable. Let's all remember "Little Strokes Fell Great Oaks."

0% INCREASE!

We are pleased to announce...

This year, participants in the HCMA health insurance co-op will benefit from a 0% increase in health insurance premiums! In addition, two plan options have been added beginning with 2019 renewals and enrollment.

Contact you plan representative, Jeremy Enns, GCD Insurance Consultants, jeremy@gcdinsurance.com, or (813) 818-8805, x 232.

Advocating for physicians and the health of the communities we serve.

NON-MEMBERS WELCOME!

Bring a Physician Colleague to an HCMA Dinner Meeting...

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

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

Call the HCMA for details: 813.253.0471

THREE for FREE

If you recruit three physicians prior to August 31st , your HCMA dues for the following year will be waived!

Committee Happenings

HCMA's 25th Legislative Luncheon

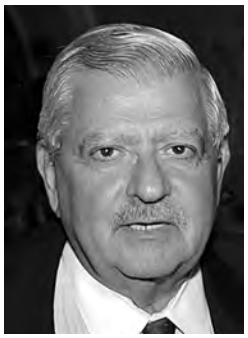
HCMA's Government Affairs Committee Chairman, Dr. Michael Cromer, moderated the 25th Annual event on January 30th at The Centre Club. Ten of the thirteen Hillsborough Legislative delegation offices were represented as well as two congressional offices. Special guests Dr. Charles Chase (Chairman, FMA Council on Legislation), and Dr. Charles Lockwood (Dean, USF MCOM) were also in attendance. Many thanks to the legislators and their staff members who were able to take time away from their busy schedules to spend time with the HCMA leaders.

Attendees of the luncheon were: Lance Barnett (Leg. Aide/Rep. Grant), Sebastian Belloni (Leg. Asst/Sen. Cruz), Rep. Mike Beltran (HD #57), Thomas Bernasek, MD (HCMA President), Amy Bolick (Leg. Aide/Rep. Hattersley), Bill Butler (HCMA Alliance President), Madelyn Butler, MD (HCMA Past President), Amy Carpenter (Dist. Asst/Rep. McClure), Nick Carper (Leg. Asst/Rep. Valdes), Charles Chase, DO (Chm/FMA Council on Legislation), Clayton Clemens (Leg. Asst/Rep. Toledo), Michael Cromer, MD (Chm. Gov't Affairs Comm.), Eva Crooke, MD (HCMA Secretary), Miles Davis (Leg. Asst/ Rep. Hart), Milena Diaz (Leg. Asst/Sen. Cruz), Rep. Fentrice Driskell (HD #63), Rosario Duran (Leg. Aide/Rep. Driskell), Rob Fleege (Dir. of Outreach/Cong. Bilirakis), Luke Furtak (USF Medical Student), Rep. James Grant (HD #64), Michelle Grimsley (Leg. Aide/Rep. Newton), Clay Gunter (Leg. Asst/Rep. Beltran), Brianna Harvey (Leg. Asst/Rep. Toledo), Rep. Adam Hattersley (HD #59), Jeffrey Hawes (Leg. Asst/Rep. Beltran), Ed Homan, MD (HCMA Past Pres/Former HD#60 Rep.), Brian James (USF Medical Student), Rebecca Johnson, MD (Executive Council Member), Ian Leber, MD (HCMA Member), Charles Lockwood, MD (Dean, USF MCOM), Elke Lubin HCMA Executive Assistant), David Lubin, MD (Editor/The Bulletin), Dewayne Mallory (Leg. Asst/Cong. Castor), Donald Mullins, HCRM (Safety & Preparedness/USF Health), Rep. Wengay Newton (HD #70), Christopher Pittman, MD (HCMA Past President), Michael Rains, MD (Brandon Regional Hosp, Resident), Jayant Rao, MD (HCMA President Elect), Radhakrishna Rao, MD (Gov't Affairs Comm), Bruce Shephard, MD (HCMA Past President), Kimberly Simon (Leg. Asst/Rep. Grant), Paulette Smith (Dist Sec/Rep. Hart), Vincent Suarez (Dist. Exec.Sec/Rep. Valdes), Rep. Susan Valdes (HD #62), Cassidy Whitaker(Leg. Asst/Rep. Hattersley), Hailey Wise (Leg. Asst/Rep. Valdes), and Debbie Zorian (HCMA Executive Director).

Reflections

Missed Call or Missed Opportunity?

Rodolfo Eichberg, MD
eichberg@tampabay.rr.com



Contact sports have been an important part of my personal life and my career. Personally, I played competitive rugby football in Argentina and Canada from age fourteen through thirty. Professionally, I was a nationally certified ringside physician working amateur and professional events.

I watch American football occasionally, and have seen most of the playoffs and Super Bowls for about half a century. My subconscious still cringes when I see a "specialist" called a "kicker" walk onto the field to kick a ball that is directly in front of the goal posts! I believe I am improving…I no longer think about how much he gets paid for his efforts.

In the case of the now famous, or infamous, "no call" in the LA Rams vs. New Orleans Saints playoff game - I acknowledge that I love the city of New Orleans; I actually lived in the French Quarter for a year, enough to favor the Saints. So, what is my problem? It is NOT the missed pass interference call or the fact that the officials changed the outcome of this very important game. The real problem, as far as I as a physician am concerned, was barely mentioned initially. It was the helmet to helmet hit.

This was the time for the NFL to intervene and state, in no uncertain terms, that hits of this nature are dangerous and WILL NOT BE TOLERATED. The opportunity was missed.

As the days passed, the hit became a little more of a subject of conversation by the sports media. On the morning of Super Bowl Sunday President Trump was asked if he would let his young son play football on a nationally syndicated program. His answer was that he did not have to deal with this issue because his son plays soccer. So does my grandson!

For your information: youth soccer has outlawed "heading" the ball, to prevent minor traumatic brain concussions.

As it turned out, the player who made the helmet to helmet hit was penalized with a fine by the NFL. The offending player was NOT suspended and was able to play in the Super Bowl without further ado.

I was angry and dismayed. I started thinking that my twenty years of service on the State of Florida Head and Spinal Cord Injury Advisory Council (1978 – 1997) were all for naught. We had created public service ads and bumper stickers with legends like "Feet first, first time" to alert the public about the dangers of diving into shallow water. In the 1980s this was the number three cause of quadriplegia. "Cruising without Boozing" was directed at high school and college student to alert them to the dangers of driving under the influence. This Council also regionalized the acute and rehabilitation care of these patients with centers of excellence distributed throughout the State from Pensacola to Miami. All this for NOTHING?

According to my interpretation, the NFL just sent a message to high school and college players. Unfortunately, the message seems to be "hitting an opposing player with your helmet will get you a trip to the Super Bowl, money, and fame." What they did not say is that the NFL will not pay for the medical and social costs these young people may incur. Some of them will develop Chronic Traumatic Encephalopathy. This will ensure social, political, and economical repercussions.

Is it any wonder that in 2019 the TV audience for the Super Bowl was the lowest in many years? The optimist in me suggests that the decrease in the number of fans may convert some attitudes in the minds of those that have the wherewithal to change things. What and how to chance what needs to be changed is a subject for the future.

Suggested literature research:

1. Bennet I. Omalu, MD – discovered and described the pathology of the human brain with Chronic Traumatic Encephalopathy in a paper published in 2005 titled "Chronic Traumatic Encephalopathy in a National Football League Player." In 2015 the movie Concussion, based on his findings was release. It starred Will Smith as Dr. Omalu and was very good.

2. Ann C. McKee, MD and Robert C. Cantu, MD – both have several papers on the subject. Dr. Cantu is a Boston neurosurgeon and a ringside physician.

Resolutions Needed!

Submit your resolutions today to help set statewide policy for tomorrow! Resolutions for the 2019 FMA Annual Meeting (being held August 9-11) are being accepted via email: ELubin@hcma.net.

Submitting resolutions is your opportunity to assist in setting county, state, and national policy that affects your profession and quality of patient care. It is an exceptional opportunity to use the insight of our membership to change national and state policy and your delegation would be most appreciative of your active input.

The HCMA Delegation and Executive Council will review all proposed resolutions. All approved resolutions will then be submitted to the Florida Medical Association House of Delegates for consideration during the FMA Annual Meeting.

When submitting your resolution, please provide:

- sufficient information to stand alone in terms of what policy or action it intends for the FMA to implement
- any background/research documentation you have to support your resolution
- your name and email address (or the best way to contact you) in case of any questions

If you would like to review a sample resolution or if you are interested in serving as an HCMA Delegate to the Florida Medical Association, during the FMA Annual Meeting, please contact Elke Lubin at the HCMA office (813.253.0471).

We welcome and look forward to your input and participation!

Photo Gallery

Tallahassee Visit – March 12, 2019

ACTIVE & INVOLVED! HCMA physicians visited our legislative contingency on March 12th during the Session. Representative James Grant and Senator Janet Cruz were two of the many stops.

The HCMA contingency included Drs. Thomas Bernasek (HCMA President), Michael Cromer (HCMA Vice President – who also served as Doctor of the Day), Alejandra Kalik (HCMA Treasurer), Jayant Rao (HCMA President Elect), and Bruce Shephard (HCMA Past President). Dr. Rao's colleagues from ACEP joined them on a few visits as well!

Dr. Bernasek commented, "It was fascinating to see the bee hive of actively in Tallahassee…democracy is not simple."

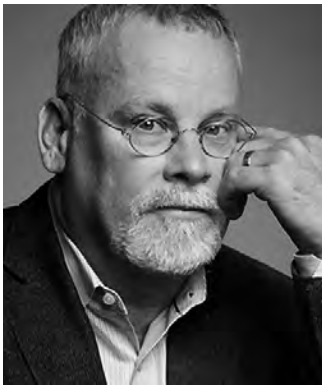
HCMA Inauguration Dinner

Jayant Rao, MD

MONDAY, May 13, 2019*
Westshore Grand Hotel

Social Hour: 6:30pm
Dinner, Installation, & Program: 7:30pm

HCMA Members - complimentary
Guests - $50 per person



Michael Connelly

Dr. Jayant Rao will be installed as the 2019-2020 HCMA President and election results will be announced.

Special Guest: Michael Connelly, Author.

Michael Connelly is the bestselling author of thirty-two novels and one work of non-fiction. His very first novel, *The Black Echo*, won the prestigious Mystery Writers of America Edgar Award for Best First Novel in 1992. In 2002, Clint Eastwood directed and starred in the movie adaptation of Connelly's 1998 novel, *Blood Work*. In March 2011, the movie adaptation of *The Lincoln Lawyer*, hit theaters worldwide starring Matthew McConaughey. Mr. Connelly's crime fiction career was honored with the Diamond Dagger from the CWA in 2018. He is also the executive producer of *Bosch*, an Amazon Studios original drama series based on his bestselling character Harry Bosch

Watch your email for your invitation. Call the HCMA to make your reservation: 813.253.0471.

***PLEASE NOTE** - the Inauguration Dinner is being held on a **MONDAY**...not the usual Tuesday evening.

The Benefits of Advertising in the HCMA Membership Directory:

- HCMA members enjoy a discounted rate.
- Maximize your advertising dollar by targeting the selected professional community in their own official referral book.
- Experience continuous exposure, throughout the entire year, for one low investment.
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- Receive a complimentary directory, which offers a list of all members (name, office address, phone, etc.).
- Call Elke at 813-253-0471 for more inforamtion or see page 29.

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813.844.8757

Colleen Jakey, MD
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Lakeland, 33805
863.603.4717

Amy Solomon, MD
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813.972.4488

Ronald Torrance, DO
Sports Medicine
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Tampa, 33637
813.544.3123

Michael Zimmer, MD
Internal Medicine
Zimmer Medical Group
509 Jackson St., N
St. Petersburg, 33705
727.820.7800

USF Resident Physicians

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Amanda Dailey, MD (Family Medicine)
Vaiva Gustainyte, DO (Int. Radiology)
Elizabeth Hoover, MD (OBG)
Temma Kaufman, MD (Pathology)

Is your partner or colleague an HCMA member?

Call the HCMA to find out and to receive membership materials. 813.253.0471 or HCMA.net/join-renew

BECOME AN HCMA MEDICAL STUDENT MENTOR

In-Office Mentor

Allow medical students to shadow you in your office. The frequency and number of students is up to your discretion.

Membership Dinner Mentor

Escort up to three medical students during the social hour of an HCMA membership dinner and invite them to sit with you and your colleagues during dinner. Medical students are eager to learn and receive guidance from practicing physicians regarding the medical environment.

Call the HCMA to sign up: 813.253.0471

Thank you for your consideration!

Please tell the advertiser you saw their ad in the HCMA Bulletin!

Personal News

In Memoriam

Rosalie K. Cohen, wife of HCMA member, **Dr. Albert Cohen,** passed away on February 23, 2019. She graduated from Barnard College and UCLA and taught high school in the New York State Public School System. In 1969, she and Dr. Cohen moved to Tampa where she baked, played tennis, and raised their three children. After her children left home, Rosalie enjoyed spending time in North Carolina, where she gardened and hosted her grandchildren, and St. Petersburg, where she loved to walk on Beach Drive and Central Avenue and window shop at the antique and glass stores. No matter where she was or what she was doing, Rosalie was always a zealous and loyal advocate for her cousin and friend, Jeffrey Stowell. She was a wonderful wife, mother, and grandmother. She will be sorely missed by her husband of 53 years, her children, grandchildren, other family members and friends.

Is induced labor at 39 weeks best for mom and baby?

The television program, The Doctors, was joined by Dr. Charles Lockwood, Dean USF MCOM, who had conducted a study which found that induced labor at 39 weeks - one week earlier than a traditional due date - may reduce complications and reduce the chance of death. Also joining the conversation is OB/GYN Dr. Russell Clayton, who is against inducing labor early if it is not medically needed.

Watch the video: https://www.thedoctorstv.com/videos/induced-labor-39-weeks-best-mom-and-baby

Helping women make cut

The Tampa Bay Times published an article featuring Dr. Sharona Ross and her work with the Women in Surgery Symposium. The article noted that Just 9% of female medical students want to be surgeons. The lack of young female doctors gravitating toward surgery is a concern, and could lead to an overall shortage in the field...

To read the full article, go to the Tampa Bay Times site and search Sharona Ross (subscription required) or request a copy of the article by emailing Elke Lubin at the HCMA office: ELubin@hcma.net.

Alliance fundraising for the HCMA Foundation!

On February 16th, Dr. Madelyn and Bill Butler hosted an Alliance Social in their home in which $690 was raised to benefit the HCMA Foundation.

Pictured: Randy Luzier, Jim Hotchkiss, Bill Butler, Dr. David Lubin, Dr. Karin Hotchkiss, Dr. Ernesto Ruas, Elke Lubin, Dr. Catherine Cowart, Cathy Conley, Dr. Madelyn Butler, Michael Kelly, Tammy King, Stefanie Grewe, Dr. Thomas Bernasek, Dr. Rebecca Johnson, and Kyle Harburg. Dr. Bruce and Coleen Shephard, unable to attend, donated to the fundraiser as well.

For more information about the HCMA Alliance, email Alliance President, Bill Butler: BButler6@gmail.com.

Extend your brand to those who matter most.

Advertising in the 2019-2020 Hillsborough County Medical Association Membership Directory is now underway!

The Membership Directory is an indispensable tool for all members. Don't miss out on an entire year's advertising to members and the opportunity to stand out from your competitors by advertising or enhancing your company's listing!

Establish an Image: When it comes to advertising and promoting your business, image counts. Be seen in the right places at the right time, by the right people.

Value: Grab this opportunity to build relationships with existing and prospective clients and grow your business.

Longevity: Your ad will be placed in this invaluable resource offering year-round exposure, referred to time-and-time again.

ADVERTISING RATES:

	HCMA Rates		Non-Member Rates	
Premium Ad Spots	**B&W**	**Color**	**B&W**	**Color**
Back Cover	N/A	$1,879	N/A	$2,479
Inside Covers	N/A	$1,739	N/A	$2,159
Facing Covers	N/A	$1,389	N/A	$1,819

	HCMA Rates		Non-Member Rates	
Additional Ad Spots	**B&W**	**Color**	**B&W**	**Color**
Full Page	$869	$1,099	$1,079	$1,399
1/2 Page	$529	$689	$669	$849
1/4 Page	$409	$529	$519	$669
1/8 Page	$289	$409	$439	$499

Enhanced Listings*	Price
Boxed Listing	$69
Shaded Box Listing	$99
Boxed Listing with Logo	$119
Boxed Listing with Logo & 50 word bio	$169

*To participate, you must be an active member with the association/chamber at the time the publication prints. If you are not an active member, you authorize E&M to create an ad (if you don't have one already), run an ad in the marketplace section or provide a digital link in replacement of the enhanced listing.

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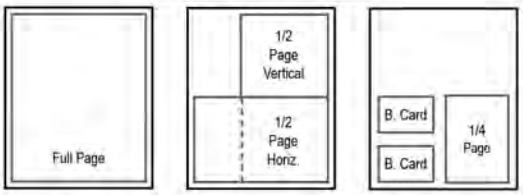

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Florida Healthcare Law Firm - Jeff Cohen, Esq. JCohen@floridahealthcarelawfirm.com, 888-455-7702, or 561-455-7700.

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