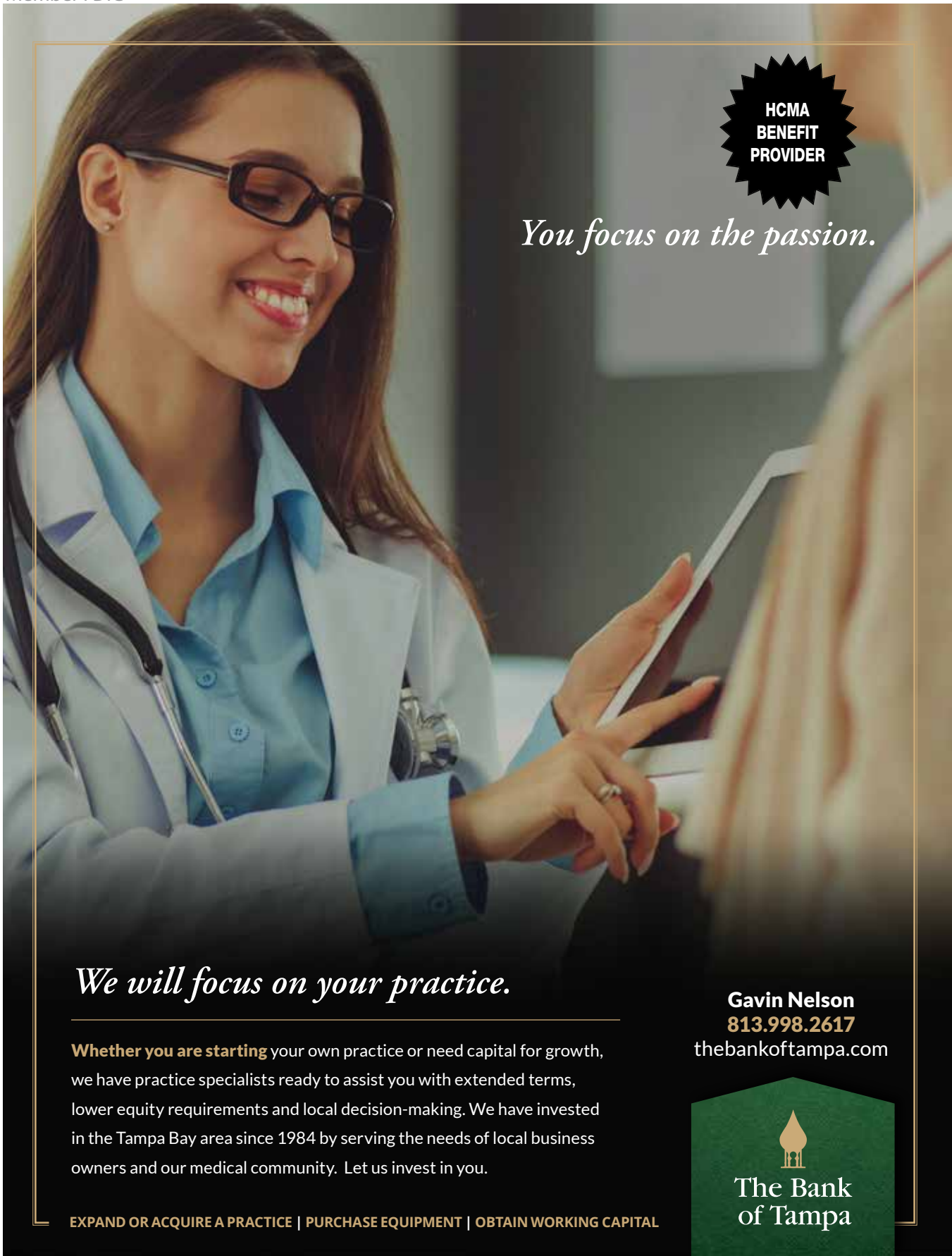


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Winter 2023





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# Upcoming Events

**Medical Student Mixer**  
Greenwise Pours, Channelside Dr.  
7-9pm  
January 5, 2024

**HCMA Government Affairs**  
Members meet legislators  
Tallahassee  
February 20, 2024

**HCMA Executive Council Meeting**  
6:30pm  
February 27, 2024

**HCMA Membership Dinner**  
Westshore Grand  
6:15pm  
February 13, 2024

**HCMA Presidential Installation**  
Westshore Grand  
6:15pm  
May 7, 2024

**FMA Annual Meeting**  
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August 1-4, 2024

Call Elke at the HCMA for more information about these events: 813.253.0471.

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# Got Something To Say?

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

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

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## About the Cover

HCMA Executive Director, Debbie Zorian, captured this issue's cover photo with her iPhone 13 Pro while cruising the North Pacific Ocean. The magnificent Hubbard Glacier is one of Alaska's most inspiring national treasures and spans 76 miles directly into the Disenchantment Bay. Read Ms. Zorian's article and view photos of her Alaska cruise, in this issue.



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# HCMA Membership Dinner

## September 19, 2023

The event speaker, Kent Myers, presented “Seeing Impact through the Eyes of the Patient,” as he captivated the audience with the recounting of his life-altering event. The Dr. Frederick A. Reddy Memorial Award was given to Dr. Haywood Brown and the HCMA Outstanding Physician Award was presented to Dr. Joel Silverfield. The 2023 HCMA Foundation Grant recipients were also recognized. Many thanks to the evening's sponsor, Tampa General Hospital. All photographs can be viewed by visiting the HCMA Facebook page /HCMADocs. *Photographs by Dr. David Lubin.*



Guest speaker, Kent Myers, and HCMA President, Dr. Michael Cromer. Mr. Myers, Managing Principal of Vision Companies, shared his personal experience and perspective of what impacted the 90 minutes that saved his life.



Dr. Cromer, with Dr. Haywood Brown, the recipient of the 2023 Frederick A. Reddy, MD, Memorial Award. Congratulations, Dr. Brown!



Dr. Bruce Shephard, HCMA Foundation President, and Dr. Joel Silverfield, the recipient of the 2023 HCMA Outstanding Physician Award. Congratulations, Dr. Silverfield!



Several HCMA Foundation Grant recipients were honored during the event. Represented were the following organizations: Children's Home Network, Clothes to Kids Inc., More Health, New Life Village, and Voices for Children.



Event Sponsors and longtime supporters of the HCMA, Tampa General Hospital (TGH) and TGH Medical Staff were represented by their leadership team: Drs. Lien Le, Erika Abel, Ronaldo Sevilla Berrios, Paul Nanda, Philippe Chain, Murray Shames, Yamil Miranda-Usua, Karna Patel, Jose Herazo-Maya and Asa Oxner, many of whom are pictured.



Dr. Haywood Brown, HCMA's recipient of the Frederick A. Reddy, MD Memorial Award (seated/ left) was cheered on by Dr. Charles Lockwood, Dean, USF Health Morsani College of Medicine (seated/ right) and several USF Health colleagues.



Drs. Jayant Rao, Harry Van Loveren, Haywood Brown, and Murray Shames.



Drs. Ronaldo Sevilla-Berrios, Jairo Parada, Luis Menendez, Lazaro Hernandez, and Hernan Leon.



Drs. Robert Maddalon, and David Tulsiak.



Dr. Paul Nanda, Karen Pham (medical student), Dr. Randall Warren, and Arun Kalava.



HCMA Administrative Staff: Anni Blackwell (Event Coordinator), Asta Orthman (Membership Coordinator), Elke Lubin (Executive Assistant), and Debbie Zorian (Executive Director).



Dr. Robert and Susan Isbell, Dr. Bruce Shephard, and medical students Shreya Chapyala and Urmila Venkataramani.



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# President's Message

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## *Things Could Be Worse*

Michael Cromer, MD  
drmcromer@gmail.com



The article that I wrote for the last edition of *The Bulletin* focused on some of the financial impacts brought on by health insurance and pharmaceutical companies in making health care in America among the most expensive in the world. Some people think that if we just had socialized medicine everyone would have healthcare and the cost in this arena would go down substantially. At the end of September, my wife, Carol, and I had the opportunity to

take a ship out of Southampton, England, and cruise around Ireland and Northern Ireland for 10 days. Knowing that Great Britain has socialized medicine, called the National Health Service (NHS), I was determined to meet some Brits who could give me more insight into socialized medicine, both the pros and the cons.

My opportunity to start learning about the NHS came during our first night on the ship. Carol and I went to the Bliss Lounge to dance, and I bumped into Michelle while doing the Cha Cha Slide dance. While apologizing to each other for our incidental contact, I could tell by her accent that she was a prospect to start asking questions. Talking more to her off of the dance floor, we found out that she worked in accounting for the NHS, and her boyfriend, Teddy, worked in IT for them. They had plenty to say about their experience with the NHS.

The NHS is the publicly funded healthcare system in England. Other countries of the UK, Wales, Scotland, and Northern Ireland, also have publicly funded systems but it is called something else and managed a bit differently. The NHS is the second largest single-payer healthcare system in the world after Brazil. Primarily funded by the government from general taxation (plus a small amount from National Insurance contributions), the NHS provides healthcare to all legal English residents and other regions of the UK, with most services free at the point of use for most people.

Free healthcare at the point of use comes from the core principles at the founding of the National Health Service

which was implemented in 1948. The NHS provides the majority of healthcare in England, including primary care, in-patient care, long-term healthcare, ophthalmology, and dentistry. Even though 80% of Englanders point to the NHS as one of the reasons they are proud to be British, there has been a recent increasing dissatisfaction with the system's efficiencies, policies, and availability of care. In 2022, over 3,000 Britons were polled and less than 60% were satisfied with the NHS system.

The Budget for the Dept of Health in England was 125 billion pounds in 2018. This is about \$153 billion USD. Compare this to the \$1.15 trillion spent in healthcare in 2020 in the United States. To pay for the cost of the NHS, Brits are taxed at a 40% rate if they earn > 42,000 pounds (83.2% of the population). They are taxed at 50% if they earn over 150,000 pounds (13.1 % of the population). In addition, anyone with a halfway decent income has an "insurance fee" of about 650 pounds a year deducted from their paycheck. If they want private insurance, there is an additional cost of 1,450 pounds/year – about \$1,900 USD. The NHS no longer covers "everything". There is an average cost of 10 pounds for prescriptions and a co-payment for medical equipment.

The receivers of healthcare in Great Britain mainly complain about the availability of care and the fact that they don't feel like the government funds the system adequately. Of course, to fund it more, the citizens would also be taxed to a greater extent. Even though seeing a general practitioner is free, there are months of waiting to get in to see the GP for 8-10 min. You can have a baby for free in the UK but you will most likely be assigned to a midwife. Due to there being too few OB's and too few midwives, 23% of women giving birth were left alone during most of their delivery process.

One way that care is rationed is through what is called a postcode lottery. Every year extra sums of money, or in some cases less sums, are divvied out to certain parts of the UK as the government decides. This leaves even fewer resources in certain areas of the country than in others. In addition to long waits for primary care, 60% of patients wait up to 18 weeks to get routine surgeries. However, one can often get their cataracts removed within 2-3 months. Other specialties that show an 18-week wait to be seen after the refer-

(continued)



## President's Message (continued)

ral is made include gastroenterology, dermatology, neurology, orthopedics, gynecology, and otorhinolaryngology.

One reason why there is a shortage of medical resources in the NHS is because the physicians feel overworked and underpaid. The salary for a new physician is about 45,000 pounds. They top out with an approximate 100,000-pound salary and the average is about 60,000 pounds. This goes for all specialties too, with many ER doctors and general surgeons making less than a primary care doctor.

On October 1st of this year, most of the junior doctors went on strike for higher wages. This included 4/5ths of the physicians who work in hospitals. I am not sure of the outcome of the strike but they no doubt were coming out of the effects of COVID, feeling stressed, and not feeling very appreciated. I am sure that some of us can relate to that.

So, hearing Michelle and Teddy talk of the nuances of their healthcare system, I am certainly not one to come home and push for a reform of our system to a national, one-payer system. The system we have in the States certainly has a lot of problems but we, as physicians, need to be leaders and look for ways to improve accessibility for the underserved population, look for ways to keep costs down, and prove that we are giving quality care. As an organization, the Hillsborough County Medical Association provides opportunities for physicians to work together and to be leaders of change for the benefit of our profession, our patients, and the healthcare of our nation.

*Editor's note: The current exchange rate is about 1 pound = 1.25 USD.*

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# Editor's Page

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**FINALLY!**

David Lubin, MD

dajalu@aol.com



Thanks to all of you who empathized with the Lubins after reading my column in the Fall *Bulletin*. We had a cruise around the UK canceled three times, due to variations on the COVID theme. But I'm happy to say that we finally made our trip, a straight non-stop flight from Tampa to Heathrow, and visited London in early September. My son-in-law, Joe, works for a restaurant group that was opening a fine dining establishment in the new BoTree hotel, so we met him and my daughter, Sabrina, there.

I'm going to bet that most of you have been to London. If you haven't gone, it should be on your bucket list. If you have gone, I'm not going to bore you with the details of our trip. Suffice it to say, if you've been there, you probably did almost everything we did. We were quite the tourists, with a day trip to Paris via Eurostar, with lunch at the Eiffel Tower, a train trip to Liverpool to experience the Beatles Story and Magical Mystery Tour, a bus trip to Windsor Castle, Stonehenge, and Bath, as well as a ride on the Big Eye, a walk-by Big Ben, The Tower of London, Tower Bridge, Trafalgar Square, Piccadilly Circus, and even a walk to Harrod's, which was quite an experience, as was our high-tea at Fortnum and Mason. We did a night dinner cruise on the Thames, dinner at the Hakkason Asian restaurant, and played guinea pigs (who ate very well) at Lavo, the restaurant Joe was helping to open.

Having packed fall apparel, it was completely untimely that the temperatures got up into the upper 80s, although not a drop of rain. London surprised me. I thought it would be dingy (what with rain) and dirty. But it wasn't. Along with centuries-old structures, there were modern buildings, and I actually saw a worker sweeping the street. We rode the Tube, which was easily accessible from our hotel, and very clean, and using Google, it was a snap to figure out which train to take wherever we wanted to go. We saw very few people smoking cigarettes, and the staff at the Resident Victoria made our stay even more memorable, by just being nice and seemingly caring about how we were doing.

But driving in London! OMG! I would never, EVER! First of all, it's on the WRONG side of the street. Secondly, lanes are narrower, and thirdly, big, double-decker buses are everywhere, going round and round in the traffic circles. But, on the bright side, there were never long backups at traffic lights (which also turn yellow just before turning green) because light cycles did not seem to be more than 45 seconds, compared to some that are over two minutes locally.

But let's discuss a subject that has probably never been broached in the annals of *The Bulletin* of the HCMA... Traveler's Constipation. Okay, leave out the probably.

It hits us commonly when we travel, although, admittedly, we don't travel very often. We went on a river cruise a few years ago and it was not a big issue, I think because we were more on our own schedules, although there was a similar time difference. But we could rise later, drink our coffee, eat breakfast, and just take our time before heading out on our excursions. Our bodies adjusted more easily to the changes, but on this trip, we were there for only two days and then had to be at the train station at 6 AM for the Eurostar, so we were up before 5 AM, meaning back in Tampa it was not even midnight. I think my anal sphincter took it personally. "Do you know what time it REALLY is?" Same thing every other day for the next two planned trips. So, I get it, BIG disruption in the schedule. We didn't eat salads like we usually do, so fiber issue? Dunno, but when we got home on Sunday evening, by Monday AM I was back to normal...without any salads on the Virgin Atlantic flight home.

We got physical activity in, walking all over, and tried to stay hydrated. So, I'm blaming the change on time more than anything. I've been taking Mag07 daily since my surgery five years ago and it works like a charm. I mixed in a little Dulcolax and found myself well-prepared for the travel day's activities, or inactivity, depending on how you looked at it.

I've questioned colleagues who swear by taking Metamucil. I spoke to my dentist who was in Afghanistan, and he said they could often go 10-14 days without opening the colonic express route, and it got quite uncomfortable. I was, just thinking about it.

*(continued)*



## Editor's Page (continued)

So, my question to the readership, following *The Bulletin's* very successful Corn-On-The-Cob survey is do you have issues with traveler's constipation, what do you do to treat it, or do you have any methods to prevent it? Any tips up your sleeve, or stashed in your fanny-pack? So, poop... er, pop me an email with any you might have. All submissions will remain anonymous, so don't worry about exposing your innermost thoughts.

And before this discussion comes to an end, I'd like to briefly mention bidets...butt, of course. I discovered the beauty of using one a couple of years ago and love it. It provides more cleanliness than toilet paper, as well as saves trees. Check out the Luxe Bidet company for inexpensive ones that are easy to install. You don't need warm water, it doesn't get that cold down here, and as Kramer said in the infamous Seinfeld Jr. Mint episode, "It's very refreshing."

In the meantime, enjoy our photos on page 29. We hope they bring back some fond memories.

*Editor's note: Just before The Bulletin went to publication, I learned that one of the contestants on the TV show Bachelor in Paradise suffered a case of constipation for 10 days and had to leave the show for obvious medical reasons. Samantha Jeffries has pooped since and made a complete recovery.*



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## Letters to the Editor can be submitted to:

David Lubin, MD  
[Dajalu@aol.com](mailto:Dajalu@aol.com)

### TIDBITS

A new study, reports *NBCNews.com*, finds that being chronically constipated—defined as having a bowel movement once every three or more days—is associated with a greater chance of developing cognitive decline. In studies involving about 110,000 adults, constipated participants experienced notably worse cognition than those who had BMs every day. They had a 73% increased risk of cognitive decline, while those who pooped more than once a day had only a 37% increased risk. Genetic analysis of stool samples from about 500 of the participants showed that those with weaker cognition had less of the gut bacteria that digests dietary fiber and more that causes inflammation. *So we can only surmise what happens to older folks who travel a lot - Editor.*



# Executive Director's Desk

## Welcome Aboard!

Debbie Zorian

DZorian@hcma.net



This past summer, David and I were able to experience a seven-day Alaska vacation on an all-inclusive luxury cruise ship, the Regent Seven Seas Explorer.

The Explorer was a stunning ship embellished with elegant décor. The atrium showcased marble flooring, twin glass elevators, and a magnificent chandelier cascading between arched staircases. Picasso paintings and beautiful glass art were displayed throughout. The all-suite, all-balcony ship offered around-the-clock personalized service. With only 746 on board, and 548 crew to accommodate, it was delightful.

We had plans to fly to Anchorage two days early to sight-see and enjoy a historical tour of Alaska's largest city. However, as Robert Burns wrote in 1785, "The best laid plans of mice and men....."

We arrived at TPA hours before our morning flight was expected to depart. Lo and behold, as we were standing in line to board, our flight was canceled. With no detour flights available, we ended up sitting at the airport all day waiting for an evening flight to Dallas. We stayed at the Dallas airport hotel (without luggage) and couldn't leave for Anchorage until 3:30pm the next day. We also lost our first-class seats and were told we should be glad to have any seats at all. That is not, however, the way we felt. Thankfully, we arrived in Anchorage seven hours later where we retrieved our luggage without incident. The following morning, we were on our way to the Seward cruise port to board our ship.

Cruising the Hubbard Glacier the next day was spectacular. Nicknamed the "Galloping Glacier," due to its rapidly advancing ice margin, the largest tidewater glacier in North America measures 76 miles long and plunges 1,200 feet into the depths of the Disenchantment Bay. The clear day allowed the snowcapped mountains to blend flawlessly with the glacier and at 40 stories high, its immense beauty was captivating.

The first port we visited was Sitka, a town surrounded by rainforest and inhabited by brown bears and bald eagles. We embarked on a ferry for an enjoyable expedition at sea where

we witnessed incredible scenery and wildlife. It was surprising to discover that the town of Sitka was less than one mile from end to end. I will admit to being disappointed to find out the 2009 romantic comedy, "The Proposal" with Sandra Bullock and Ryan Reynolds, was not really filmed in Sitka!

The gold rush town of Skagway, our second port, was a unique place to visit. It is a zero-stoplight town with population of just over 1,100. Skagway is home to the White Pass and Yukon Railroad, the "Scenic Railway of the World." We rode 40 miles in a vintage locomotive, retracing the original route to the white pass summit. The famously steep trail offered extensive mountain views while we climbed to 2,888 feet. When standing out on the railcar's platform, it looked as though there were mere inches between the narrow-gauge railroad tracks and a descent to oblivion. A bit unnerving for those who fear heights.

During the Gold Rush, we learned that approximately 100,000 people migrated to the Klondike region, yet only 30,000 succeeded in completing the journey. The others either turned back or died. Causes of death included contagious diseases, Typhoid fever, and accidents caused by severe weather such as landslides and avalanches. In the end, no more than 4,000 struck gold and only a few hundred became wealthy.

On to Alaska's state capital and what I felt was the highlight of our trip. I found Juneau to have a small-town charm. It can only be reached by sea or air due to the surrounding wilderness. After a 15-minute drive, we boarded a 10-passenger seaplane to experience flightseeing over five incredibly beautiful glaciers. At first, I was a bit hesitant due to the size of the plane but after a short time the thrill and beauty of it all allowed me to relax and enjoy the fabulous excursion. About an hour later, we landed on the Taku River, arriving at the historic Taku Glacier Lodge. The word "taku" is a Tlingit word meaning fierce winds. During storms, the north winds have been clocked at 220 miles per hour!

While enjoying a salmon feast, we heard the history of the 100-year-old landmark, as well as an incredible story about an Alaskan adventurer and female inspiration. In 1934, the Taku Lodge was bequeathed to Mary Joyce, a private nurse who had resided there as a caregiver and who helped oversee the lodge while raising husky sled dogs and guiding hunt-

*(continued)*



## Executive Director's Desk (continued)

ers. She gave the lodge a new name (Taku Glacier Lodge) and turned it into a thriving tourist resort.

Among Mary's many accomplishments, she became Alaska's first female radio operator and bush pilot. Her successes led to her transporting radio equipment by dog team for the Navy during World War II, teaching survival skills to troops, and helping develop new air routes from New York to Fairbanks.

Mary's biggest claim to fame was a three-month, one-thousand-mile dog sled journey from Juneau to Fairbanks. She trekked through bona fide wilderness, breaking new trails, in temperatures as low as sixty degrees below zero and with only a few hours of daylight each day. I was amazed by the story and was able to observe the sled and harness she used on the trip which were displayed at the lodge. Mary's extraordinary life inspired articles, plays, books, and songs. Her journals are in the historical collection at Alaska's State Library. In 2013, Mary Joyce was inducted into the Alaska Women's Hall of Fame.

Our last stop was Ketchikan, the "Salmon Capital of the World," where the locals are extremely proud of their fishing culture. While there, we enjoyed an entertaining Lumberjack Show followed by a delicious all you can eat Dungeness Crab Feast.

Back at the ship, we continued to take advantage of many amenities while meeting new friends. From afternoon tea to fine dining, theater performances to visiting the casino, we had a fabulous time. On our last day while cruising the Seymour Narrows to Vancouver, we reminisced about our memorable escapades.

We were also able to enjoy a full afternoon in Vancouver, including a visit to Stanley Park, prior to boarding a red eye flight home without cancellations or lost luggage! And it ended up we could have traveled lighter as much of what we packed included jackets, boots, and warm clothing. Surprisingly, it was in the 70s and sunny the entire vacation. Locals even complained about the "heat wave" being unpleasant.

For us, it was perfect.

*See page 27 for photos.*

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**By Santhini Namagiri, M.D.,  
Conviva Care Center, Florida**

When I moved to Tampa three years ago, my aim was to join a medical practice that provides quality care to patients and truly prioritizes its employees by valuing our work-life balance. That's why I am grateful to be working for Conviva Care Centers where we take a distinctive approach to patient care.

At Conviva, our value-based, care team model enables us to have lower patient panels and extended time with patients – up to 40 minutes per visit. Working in a senior-focused practice and treating older adults requires extra time to build long-term, trusting relationships with my patients. I find it extremely rewarding to witness their progress and make a positive impact on their lives. Many older patients have no one else to rely on and greatly appreciate the comprehensive and compassionate support we provide.

Having the support of a care team enables us to practice holistic medicine that contributes to our patients' overall well-being. Our team of doctors, care coaches, pharmacists, social workers, nurse practitioners, behavioral health specialists and other administrative staff work together to provide comprehensive, personalized patient care that goes beyond medical treatment. Our social workers help patients with insurance issues and provide resources for housing, food and transportation assistance. Care coaches work closely with patients after hospital discharges to ensure there's coordination of treatment. This team approach provides the time and staff support required to address the complex needs of older patients.

What sets Conviva apart from other practices where I've worked is the friendly environment and genuine care for both our patients and staff. The emphasis on quality over quantity means better care for patients and more support for physicians. There's a healthy and collaborative workplace culture at Conviva that values input from all team members, making everyone feel appreciated and respected.

There are many benefits to working at Conviva, but these factors stand out to me:

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Conviva believes in the importance of senior-focused primary care and going beyond basic medical care to help seniors stay as healthy as possible and thrive as they age.

## **Balance.**

Maintaining a healthy work-life balance has always been a priority for me. Whether it's attending my daughter's school events or accommodating other personal needs, Conviva has been flexible and understanding.

## **Care.**

The strong, long-term relationships I've developed with my patients, and being their advocate and a source of guidance are the parts of my job I greatly cherish. Every day, I witness the difference our holistic care makes in the lives of our senior patients.

## **Growth.**

Conviva Care Center, along with CenterWell Senior Primary Care, is part of the nation's largest senior-focused primary care network, with nearly 260 centers across 15 states with ongoing expansion. This growth provides me opportunities to consider working in different locations and for my fellow physicians to experience the benefits of working for an organization that supports a care team model.

I would encourage anyone looking for a change – and interested in working in a truly collaborative practice that effectively supports patients and physicians – to take a tour of our centers and talk with our providers to understand how we deliver primary care. You'll find that Conviva does a great job at caring for not just their patients but also their physicians.

To learn more about careers at Conviva, please visit [ConvivaCareers.com](https://www.convivacareers.com).



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# Benefit Provider

## SGP Advisors

### Key Issues in the Property Marketplace



Patricia Thompson  
pthompson@sgpadv.com  
(813)418-4492

As a benefit provider for the Hillsborough County Medical Association and Tampa's premier specialty insurance firm, the goal of SGP Advisors is to provide the highest quality customer service and industry knowledge, while at the same time delivering the best products to adequately protect our clients and their interests. SGP is a full-service insurance broker, and this article will focus on property insurance.

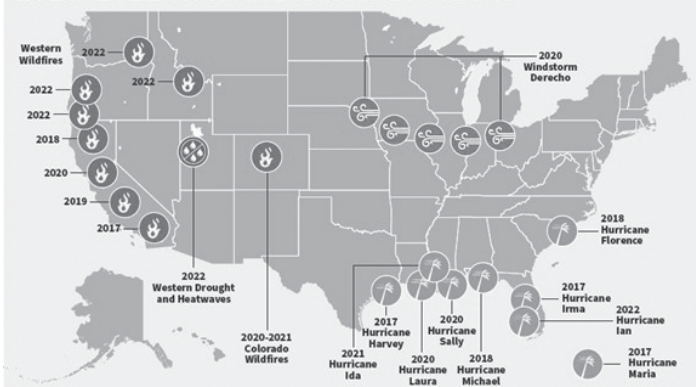
*Whether it pertains to commercial insurance or your personal homeowner's insurance, property insurance costs are on the rise. Why is that?*



Samantha Vergara  
svergara@sgpadv.com  
(813) 341-4822

One of the main contributory factors to the rate increase is natural disasters. Nationwide, we have been faced with numerous natural catastrophes, such as hurricanes, wildfires, and floods. These incidents have certainly become more frequent and severe in recent years. In 2017 for example, three of the five costliest storms took place. In the property insurance space, we view this as the true beginning of the hard market. Shortly after 2018, the California wildfires added to the effects of the hard market, and in 2020, we experienced one of the most active storm seasons on record, estimating \$30B in damages from hurricanes Isaias, Laura, and Sally alone.

#### 2017-2022 Natural Disaster Locations



Other items come into play such as rising social inflation and property valuations. Recent catastrophes have uncovered many properties that were dramatically underinsured, and most carriers are requiring inspections and insuring up to the value of the property. Construction costs are also increasing due to higher material and labor costs. This in turn has driven up the price of insurance claims. Moreover, drawn-out legal proceedings and the cost of litigation in Florida have risen, adding to social inflation increases.

**Social Inflation Example:** One analysis of more than 3,000 property insurance cases in Florida determined that, on average, fees paid to attorneys by Florida carriers for litigation were more than 750% of the damages paid to the plaintiffs/insureds.

Less obvious factors include reinsurance costs, which are driving significant changes in premium, rate, capacity, and terms/conditions. Insurers are experiencing higher insurance costs due to increased claims frequency and severity. Inflation pressures also play a role in reinsurance costs. The current property market is relatively unstable, both residential and commercial, with carriers ceasing to write coverage or worse, becoming insolvent. There is a high demand for insurance coverage and limited availability to insure, resulting in limited coverage options and higher than-expected rates.

*As an insurance consumer, what can you do to mitigate exposure and risk?*

First and foremost, it is important to work with a broker who understands the Florida property insurance market and represents insurance companies that can meet your needs based on risk and budget. Well-maintained properties, including roofs, systems, and overall premises, will result in more favorable underwriting outcomes.

Consumers also need to understand deductible and coverage terms by reviewing the insurance policy on an annual basis with your broker. Although carriers are releasing terms closer to the expiration date, starting the renewal process with adequate time can allow more consideration of various coverage options.

As a member of the Hillsborough County Medical Association, SGP Advisors will complete a thorough policy review and assessment of your current coverage, offering our recommendations and market knowledge to assist you with your insurance decisions. You may reach out to us directly with any questions or concerns.

*References available upon request.*



Mike Jensen  
MSFS, CFP®, CFBS, AEP  
Adjunct Faculty Member  
USF School of Medicine



Jeff Anderson  
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# Reflections

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## *Work-Life Balance – New vs. Old*

William Davison, MD  
davrac4964@gmail.com



In my short lifetime, there has always been talk surrounding work-life balance. More definitely, time spent making a living versus enjoying that living away from work. Recently, I happened to interview a group of female medical students from several different schools at the annual FMA Meeting. They, unanimously, voiced concerns about this so-called balance for their futures. They were concerned about post-graduate training years as well as their lifetime

of actual working.

Fifty years ago, women made up a small percentage of physicians. Obviously, that has now changed drastically. I single out women because they seem to be most concerned with this subject and for very good and real-life reasons.

I had it very easy as a young physician. My wife took care of the home, finances, and children almost completely, while I went out and practiced medicine. The fact that I loved what I did made it very feasible to work 70-80 hours/week. Not too many young doctors want to do that today. However, there are still a few willing or crazy workaholic individuals ready to emphasize the work part of the equation.

Medicine has changed a lot over the years, including how we spend our hours in productive work time. The change to shift work in larger groups now makes it much more possible to have a satisfying professional career as well as a rewarding amount of time for family, friends, and other non-medical interests.

Back in the day, if you wanted to have a defined life, you had to choose a specialty that offered a defined work schedule. Radiology, dermatology, ophthalmology, pathology, and possibly anesthesiology were the logical choices for a physician desiring to have that work-life balance we talk so lovingly about. Training programs started to allow for reasonably defined work times in many more specialties. The surgical specialties were the last ones to give any ground on the often grueling training period. After all, if you were on call every other night, that meant you could miss out on half of the good cases.

Back in the 70s and 80s, there was a movement to humanize the training programs. Many programs stopped so-

called “scut work” to spend time on actually learning instead of being inexpensive labor.

I have to confess that my choice of internal medicine training programs was heavily influenced by this change. I am still glad I chose USF and Tampa General over the other programs I considered! We were on call every 4th night instead of every 3rd or God-forbid every other night.

The list of specialties that allow for more defined time off has expanded with this thought process, although the surgical specialties still are the exceptions to the rule. Group practice has been a godsend to the work-life balance issue. Pediatricians, OBGs, family practice, and internal medicine have been able to alter their call responsibilities in such a way as to make life more enjoyable (for lack of a better term). The specialty of emergency medicine has drastically altered life for many physicians. It was a distinct change for a physician to direct a patient to the ER in the middle of the night or on weekends instead of having to get up and meet them in the office. This also, cut the number of sleep-deprived doctors drastically.

Today many groups rely on hospitalists to handle their sickest patients. No more middle-of-the-night phone calls and trips to the ICU are necessary. If you had not experienced this drastic change, you may not be able to appreciate your current life position. For those of us who have lived through these changes, it has been unquestionably rewarding. Our patients are cared for 24 hours a day by competent, awake talented physicians who are generally in much better moods than in the days of old.

Surgical specialists have also been beneficiaries of the new order. Besides reducing call responsibilities, hospitalists and critical care specialists have greatly reduced non-OR time spent on hospital wards for surgeons.

Unfortunately, many of these benefits have escaped the rural and smaller suburban medical communities. Some of these communities have come up with variations of group practices such as having all the primary care physicians have their offices in or adjacent to the hospital where they could double as ER physicians or part-time hospitalists.

Many of the older problems of “work-life balance” remain to be solved including working 32 hours and desiring pay for 40 hours. But one thing is for sure—it ain’t like it used to be! And that’s a good thing.



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# Practitioners' Corner

## Trends in Oculoplastic Surgery

William P. Mack, MD  
drmack@tampabay.rr.com



When eye contact is made, we immediately begin forming our first impressions. Judging someone to be tired, sad, angry, or pleasant is based on the appearance of the eyes as this area is the most important aesthetic region of the face. Oculoplastic surgeons specialize in plastic and reconstructive surgery of the eyelids, eyebrows, forehead, face, orbit, and lacrimal tear system. Evolving trends in oculoplastic surgery include an emphasis on achieving natural aesthetic outcomes while avoiding overdone, unnatural results. The ultimate goal is to create a natural, more youthful, refreshed appearance through various cosmetic techniques. This goal is achieved by focusing on maintaining volume in the eyelids and avoiding the hollowed outcomes in eyelid surgery that were often seen in patients who underwent surgery in prior decades.

Rejuvenation goals focus on combining eyelid/brow surgery, skin rejuvenation, and noninvasive procedures such as fillers and botulinum treatments. Facial fillers are often used in the lower eyelids to treat the tear trough region and to also add volume in the cheek regions to enhance the results of upper/lower lid blepharoplasty.

It's important to have an individualized treatment plan for each patient that focuses on their unique needs to achieve the best aesthetic outcome. The preoperative examination focuses on the face in its entirety including an emphasis on facial proportions. The examination of the upper eyelid includes an assessment of the height of the eyelid in relation to the pupil, the effect of the brow position on the eyelid height, and an analysis of the amount of excess skin. The lower eyelid assessment includes assessment of any evidence of hollowness (tear trough deformity), orbital fat herniation, and amount of excess skin with the surgical goal focusing on achieving a smooth transition in the lower

eyelid/cheek junction.

Facial aging changes include the descent of soft tissue, loss of muscle, loss of collagen in the skin, loss of bone, and droopiness of the brow and eyelid region. These factors all contribute to the overall aging changes in the eyelid region. As the aging facial muscles and skin lose their tone, excess skin on the forehead follows the pull of gravity and crowds the eyebrows. Lacking the supple elasticity it had in youth, the heavy excess skin pushes the eyebrows lower over the upper eyelids, making the skin of the eyelids wrinkle as well. There is a natural tendency to use the forehead muscles to hold the eyebrows up so the brow and eyelid skin do not obscure vision, but this continual effort can cause deep furrows to form in the forehead.



Before



After

The most common surgery that oculoplastic surgeons perform is upper and lower eyelid blepharoplasty. Patients undergo this surgery when they notice a tired or heavy appearance of their eyelids and are seeking a refreshed, rejuvenated appearance. Patients may not only have cosmetic concerns but may also notice functional issues as the heaviness of the upper eyelids can also obscure their peripheral vision. During this surgery, the oculoplastic surgeon focuses on the rejuvenation of the upper and lower eyelids through the reduction of excess skin, bags, and wrinkles to restore a natural appearance to the eyelids.

If significant brow ptosis exists in addition to heavy eyelids, then an endoscopic brow lift can be performed at the same time. The primary advantage to selecting an endoscopic brow is the ability to place smaller incisions in the scalp, behind the hairline, that are minimally invasive compared with larger incisions that are used in coronal or direct brow lifts. The endoscopic procedure minimizes the complications associated with a coronal brow lift such as scarring, hair loss, and numbness of the posterior scalp. This revolutionary surgical procedure is used to elevate the eyebrows, smooth the forehead and decrease the effect of muscle contraction on the area between the eyebrows.

*(continued)*



## Practitioners' Corner (continued)

Oculoplastic surgery is typically performed as an outpatient under IV sedation (MAC anesthesia), also known as twilight anesthesia. MAC anesthesia is a procedure where the anesthesia team administers small increments of a sedative to allow the patient to be relaxed at which time the local anesthetic is administered for the patient's comfort. Patients are very comfortable with MAC anesthesia. Immediately following the surgery ice packs are placed on the patient's eyelids and continued for the next 2-3 days. Patients are asked to avoid lifting, bending, and straining for the first week. Patients are also encouraged to take arnica and bromelain before and after the surgery to limit the amount of bruising and swelling. Sutures are removed approximately one week following the surgical procedure.

In summary, rejuvenation goals in oculoplastic surgery focus on combining surgery, skin rejuvenation, and non-surgical procedures such as fillers and botulinum treatments to enhance the patient's appearance with a more youthful look. Trends in oculoplastic surgery include an emphasis on achieving natural aesthetic outcomes while avoiding overdone, unnatural results. The most common oculoplastic surgery, upper and lower eyelid blepharoplasty, can be combined with other cosmetic procedures, such as endoscopic brow lift, laser skin resurfacing, and facelift surgery. The goal of any facial cosmetic procedure is for the patient to be able to look in the mirror and notice a more rested, refreshed appearance that is natural.

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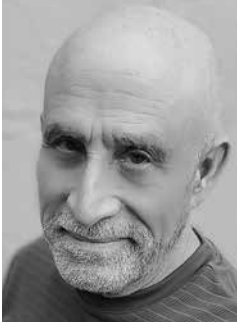
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# For Your Dining Pleasure

## *Elevated Asian Cuisine*

David Lubin, MD

dajalu@aol.com



Elke and I dined at a new restaurant, Hales Blackbrick Chinese, on N. Dale Mabry. We thought it would be somewhat of an adventure since it occupied the old diner Pop n' Sons, right next to Mom's Place, north of Raymond James Stadium (he even kept the old diner tabletops as a nod to an old Tampa tradition). Chef

Richard Hales and

his wife Jenny's Tampa digs is an offshoot of Blackbrick Chinese and others of his in Miami. Chef Richard grew up in Tampa but trained in restaurants all over Asia. He has received accolades from critics and diners alike, including a cameo on Guy Fieri's "Diners, Drive-ins, and Dives" and a spot on Bon Appetit's Best New Restaurants list in 2014.

Reservations are suggested but, like a well-managed physician's office, he has a long table with 18 chairs, or so, to accom-

modate walk-ins. There's a full-service bar where you can also dine.

Elke and I shared a Blackbrick Tower, three pairs of delicious dumplings, and a must-have Egg Roll, Chef Richard's interpretation of his grandmother's 100+ year family recipe. Along with a tasty bottle of O.P.P. Oregon Willamette pinot noir, we partnered the Yu Xiang Sichuan sweet & sour eggplant, and the shiitake mushroom sweet potato noodles with sunflower truffle oil. For dessert, we had enough room to knock off a piece of key lime pie with lychee boba.

To top off the evening, Chef Hales came by and chatted for a few minutes.

We thoroughly enjoyed every aspect of Blackbrick...the food, service, atmosphere...all of it. It's one of those restaurants where you leave and really feel like you got your money's worth.

Hales Blackbrick Chinese  
Elevated Asian Cuisine  
<https://halesblackbrick.com>  
4812 N. Dale Mabry Hwy.  
813.683.4233



### NOTES

#### Summer 2023 Directory Updates

HCMA's Annual Membership Directory has been mailed to all physician members and is posted on [www.HCMA.net](http://www.HCMA.net) under the "Members" listing. We try our best to keep members' information updated but ask for your assistance. Please review your listing. You can update your profile at any time by logging into the HCMA website.

Please note the following updates to the Summer 2023 Annual Membership Directory:

**Derrick Dupre, MD**  
Neurological Surgery  
Board Certification: ABNS 2020 **(updated)**  
727.494.7573

**Randall Warren, MD**  
Pain Medicine/Anesthesiology **(updated)**  
720 Cortaro Dr., Sun City Center, 33573  
833.320.7246

**Michael Foley, MD**  
Radiology  
101 E. Kennedy Blvd., Suite 3450,  
Tampa, 33602 **(updated)**  
813.229.1208

**Karen Wells, MD**  
Plastic Reconstructive Surgery  
3424 W. Kennedy Blvd., Tampa, 33609 **(updated)**  
813.353.8809

**Michael Strolla, DO**  
Addictionology  
3808 Gunn Highway, Tampa, 33618 **(updated)**  
813.798.1200 **(updated)**



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# Outside of Medicine

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## *Visit an Antique Tool Collection*

Richard Lockey, MD

rlockey@usf.edu



Richard F. Lockey, MD

Luckily, having spent most of my youth in Lancaster County, PA, farming country, gave me a supreme appreciation for hand tools of all kinds. My two brothers, sister, and I grew up in an old farmhouse surrounded by working farms that produced wheat, tobacco, tomatoes, and potatoes, among other crops. Some were also dairy farms. On our family's several acres mini-farm, we grew a variety of different apples and pears, apricots, peaches, cherries, and plums and had a large garden with vegetables and other different fruits that grow in that part of the country. The outdoor shed and cellar were stacked with tools of all sorts, mostly hand-me-downs from my grandfathers. Many tools were also bought by my father at Pennsylvania Dutch auctions he routinely attended.

The three boys in the family learned about tools needed to grow, harvest, and "can" foods and by working summer jobs helping the farmers harvest their crops. Likewise, we learned how to use all sorts of hand tools to keep the gas-driven power mowers and other equipment operational, including our first car, a 1954 Dodge convertible with a continental tire (a spare tire carried above the rear bumper and integrated into the rear bodywork). It was decorated from top to bottom with chrome and had white-walled tires. Likewise, many of the tools were also used to repair our old farmhouse, rebuilt and added to by previous occupants. I became fascinated, not only with the utility and increased efficiency provided by tools but also considered many of them to be "works of art," most "invented" by unknown artisans and subsequently improved by others over many lifetimes preceding mine.

By the time I finished my residencies, in internal medicine and allergy and immunology, I had collected different tools for my own family's use, many of which were given to me by my father. As you can guess, my father, a physician allergist/immunologist, was also a handyman of all sorts, as were most men born and raised during the Great Depression. Ultimately, I kept most of his tools that were to be auctioned off following his death in 1985. Thus, my own embryonic

tool collection was greatly augmented. I also realized that many tools that I had collected were already outdated and had been replaced by more sophisticated, efficient, power-driven tools.

I moved to Florida in 1973 to join the USF faculty, thinking that collecting antique tools would be much more difficult here than in the Northeast-Central USA from which I hailed. Not so! On the weekends, with my family, I journeyed to various antique shops and estate sales in the extended Tampa Bay area, where I quickly discovered that tools were an important possession both for the natives and the "snowbirds." Many of the latter brought their tools with them from other parts of the country when they moved here. They were often left behind as part of their estate when they died in Florida.

I also purchased more and more antique tool books to learn about unusual and unique tools, some of which could bring thousands of dollars; they were usually one-of-a-kind "signed" handmade tools, out of my financial reach. However, I did learn to concentrate on collecting Winchester tools or other named tools that had added value. The Winchester Repeating Arms Company originally made arms and ammunition. However, following World War I, they also began to make tools. They merged with the Simmons Hardware Company in 1922, forming the Winchester Simmons Company and manufactured tools until approximately 1929 when the company went bankrupt. By 1931, Winchester no longer produced tools. Today, because of their added value, forgeries of the famous Winchester trademark are becoming more frequent; however, those tools with the authentic mark are very collectible.



Over the years, my tool collection gradually grew so large that I no longer had enough storage to mount them on reinforced walls in my "rec" room. So, what does one do with a tool collection, collectively "weighing a ton," that suddenly

*(continued)*



## Outside of Medicine (continued)

is somewhat of a burden, not only because of its size but also because of needed ongoing maintenance?



Today, that tool collection is housed and displayed in the Pioneer Museum of Dade City, Florida, which a visit to is very worthwhile, particularly for the newer generations, who have little or no concept of their heritage which was so dependent on skilled artisans.

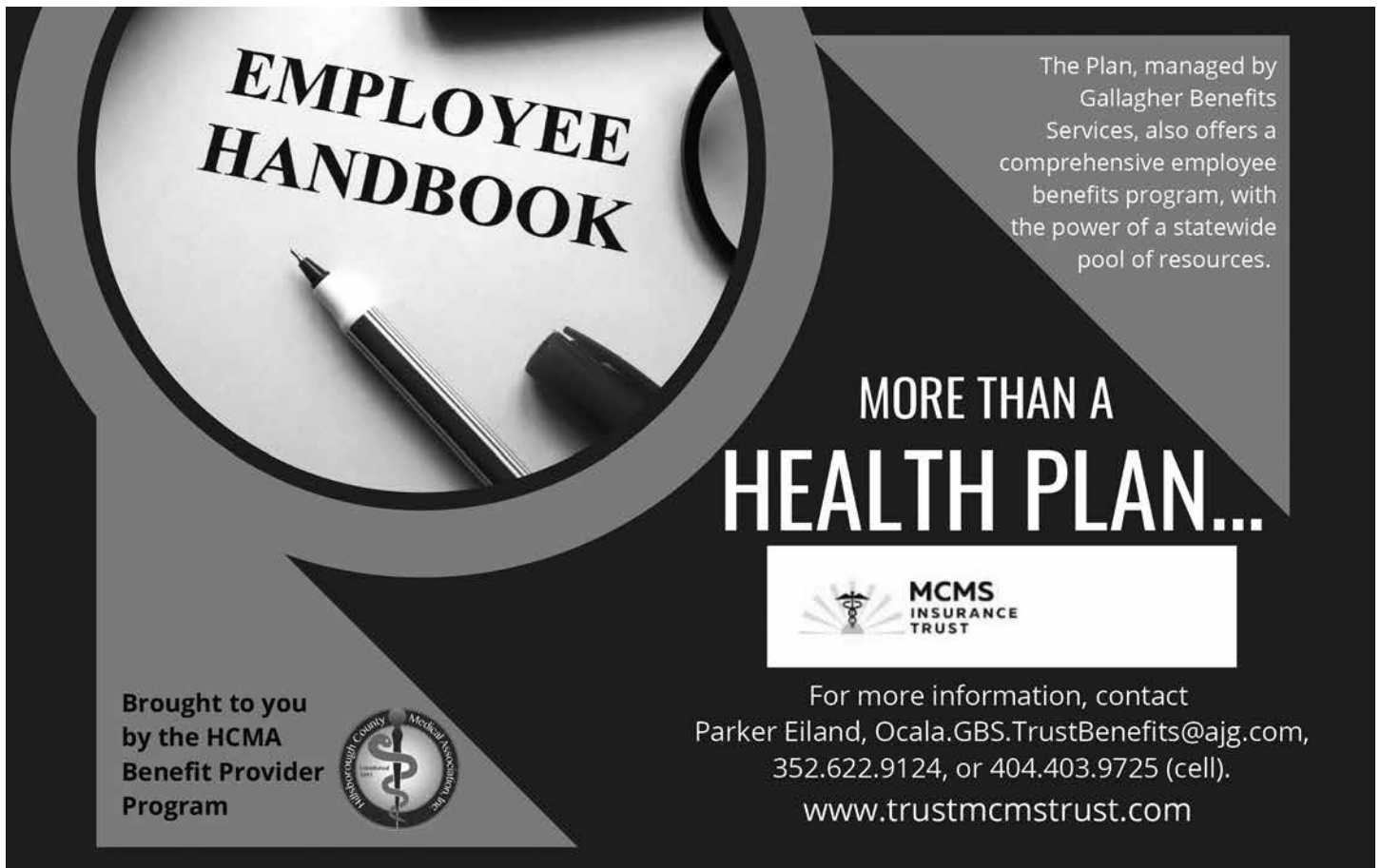
These artisans knew how to appropriately use these tools to make barrels, wagons, furniture, rifles, ceiling molding, and many other objects, including those of iron, the latter made by blacksmiths. Scan the QR code for a look at the collection.

Today, my most prized tool collection, which I still possess, is a “pattern maker’s toolbox,” full of tools, collected and used by a native of Ohio. These tools were used to produce a wood-en mold, ultimately to produce an object of cast iron or iron, such as iron pipes, kitchenware, door stops, or other items.

The wooden patterns were sandcasted to make an identical cast iron or iron object similar to the wooden object. Fine damped-down sand was pressed around the pattern to be cast, forming a mold. The mold is then processed and vented allowing molten iron to fill the mold. The collection has many “shrinkage rulers”, a rule or graduated scale used by these artisans, a fraction of an inch longer per foot than a standard rule. It is a quarter of an inch longer for iron objects.

The handmade patternmaker’s toolbox is one-of-a-kind. It has handmade brass corners, hinges, and wheels, and contains a huge collection of different tools, most of which are much more valuable sold alone versus as an entire collection. It eventually will be given to one of my sons; if not, the Pioneer Museum.


You can visit the Pioneer Museum in Dade City at 15602 Pioneer Museum Rd, Dade City, FL 33523, or by calling (352) 567-0262. A visit to the Pioneer Museum is a wonderful trip, very worthwhile.



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**Kavita Kalidas, MD**  
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# Physician Family Alliance

## *Celebrating Success: Physician Family Day and Upcoming Events*



Livia Restrepo and Lauren Swoboda  
HCMAPhysicianFamilyAlliance@gmail.com

The HCMA Physician Family Alliance hit a milestone this year with its successful Physician Family Day 2023, an event that brought together nearly 60 attendees at the Florida Aquarium in Downtown Tampa.

Set against the captivating backdrop of The Florida Aquarium, our Physician Family Day provided attendees with a day of connection, exploration, and memory-making, as they enjoyed the aquatic exhibits. The event highlighted the Alliance's dedication to nurturing relationships and well-being among physicians and their families. Physician Family Day wasn't just about admiring underwater wonders; it was a day of fun activities and opportunities for both children and adults to make new friendships and strengthen their sense of community.

**Pumpkins, Pizza, and Painting Fall Event** - Following the success of Physician Family Day, the HCMA Physician Family Alliance hosted the "Pumpkins, Pizza, and Painting Fall Event" on October 22 at Foster Park in Tampa for more than 40 attendees! This family-friendly event featured a range of activities to celebrate the fall season, including pumpkin decorating, face painting, pizza, and drinks. All who attended had a boo-tastic time!

**Upcoming Opportunities** - This Fall and winter, we have more in store for Alliance members, including bi-monthly Adults-Only happy hours (with venues, dates, and times to be announced) and a special "Brunch with Santa" in December. We welcome existing and new members to these gatherings where there are opportunities to build relationships,

relax, and savor quality time with loved ones.

We are also actively exploring health-related philanthropic opportunities to contribute our time and resources to in conjunction with the Hillsborough County Medical Association efforts. Stay tuned!

**How to Get Involved** - To participate in these and other upcoming events hosted by the HCMA Physician Family Alliance, become a member by visiting [HCMA.net/Physicians-Family-Alliance](https://www.hcma.net/Physicians-Family-Alliance).

Membership not only gives you access to these exciting gatherings but also connects you with a supportive community of fellow physicians and their families. The HCMA Physician Family Alliance is dedicated to supporting physicians and their families, and we can't wait to continue creating memorable experiences and fostering connections in the months ahead. We hope to see you at our upcoming events as we celebrate the spirit of togetherness in our community.

**Thank you to our sponsors!** - As we continue to grow the Alliance, we have received immense support from some very important sponsors who have a physician client niche including our Platinum Penlight Sponsors — Andrew Rahrig with Nightcap Social offering custom craft cocktails for personal events, Julianne Hendrickson with Hendrickson Interiors and Lauren Swoboda with Compass Real Estate and Moving Medicine Partners. Our Gold Coat Sponsors include Jen Facini with Brighton Jones Wealth Management and Kourtney Doyle at Amerant with a focus on Physician Home Loans.

If you have an interest in supporting the Physician Family Alliance in a sponsorship capacity or someone you know is hoping to get in front of a physician-family audience, please reach out via email to [HCMAPhysicianFamilyAlliance@gmail.com](mailto:HCMAPhysicianFamilyAlliance@gmail.com) or phone 863-398-1783.







## HCMA In Brief

### HCMA'S NEW WEBSITE FEATURE - YOUR WEBSITE!

Visitors to the HCMA website can not only find the office address and phone number for members - we have included the opportunity to list your website too! To add your website to your online HCMA profile, simply log into your HCMA profile ([www.HCMA.net](http://www.HCMA.net)) or call the HCMA office, 813.253.0471.

### MEMBER SPOTLIGHT ... WE WANT TO HEAR FROM YOU!

If you are serving as a keynote speaker, conducting research, have written an article pertinent to medicine, or if you are serving our communities by volunteering for your favorite charity, we would love to showcase your endeavors! Submit a photo along with a brief description of your activities and watch for it in a future edition of Enews, The Bulletin, or on the HCMA website's upcoming Member Spotlight feature.

### ATTENTION PRACTICE MANAGERS AND ADMINISTRATORS HOW CAN WE HELP YOU?

As the practice manager or administrator, you are saddled with a lot of responsibilities. The HCMA Benefit Provider Program has been developed to assist members with tangible benefits that can help the practice's bottom line and ease some of the burdens from you. Benefits include discounted office and surgical supplies, HR services, marketing specialists, CPAs, healthcare law professionals, and professional liability resources, to name a few.

But we want to help more! At your convenience, please review our list of Benefit Providers and the values they provide, by

visiting <https://hcma.net/Benefit-Provider-Program>. If there is a benefit or service you feel is missing, one that would make your job easier, let us know. We will do our best to find a provider, vet prospective partners, and then our Board of Trustees will meet, interview, and select a provider worthy of our endorsement.

### MISSED THE MONTHLY ENEWS?

HCMA's monthly electronic publication, Enews, is sent the first week of each month. Included are pertinent information, new members, a spotlight on savings, upcoming events, and more... Enews is also posted on the HCMA website for those who suffer from an overloaded email inbox: [www.HCMA.net/Latest-News](http://www.HCMA.net/Latest-News).

### UPDATE YOUR HCMA PROFILE

In order to make use of our innovative new database and all of its features, all HCMA members need to create a password for their profile.

By setting up your profile, it will ensure that you have full access to our website in which you can update your office information, your home mailing address, RSVP to our events, pay dues, and receive all future correspondence from the HCMA.

Please follow these few simple steps to set up your profile:

- Log in to your HCMA account at [www.hcma.net](http://www.hcma.net)
- Click the orange sign-in icon located in the upper right-hand corner
- Enter your email address - IF YOU HAVE NOT CREATED A PASSWORD YET, click the "forgot password" link and follow the instructions.
- If you have any questions, please contact the HCMA: 813.253.0471.





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# ALASKA 2023

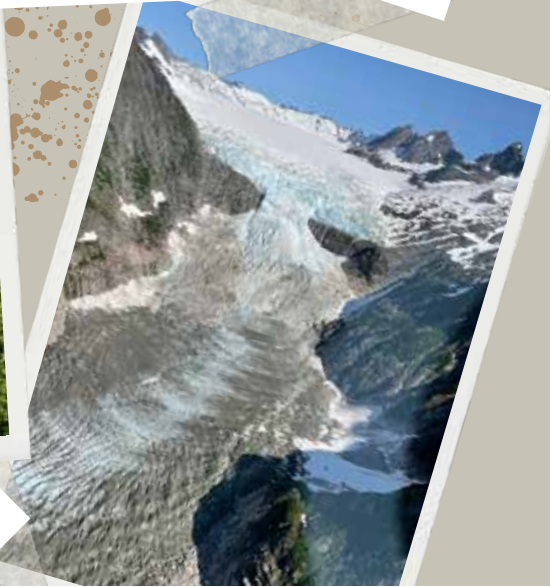
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HOLE IN THE WALL GLACIER



VIEW FROM THE SEAPLANE





See all photos on our Facebook page: HCMADocs



Women in  
Medicine  
Reception  
October 25, 2023



Photos by David Lubin, MD & Debbie Zorjian

# HCMA's 30th Legislative Luncheon

11.01.2023

Visit the HCMA's Facebook page for all of the photos: /HCMADocs





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MARK YOUR CALENDAR

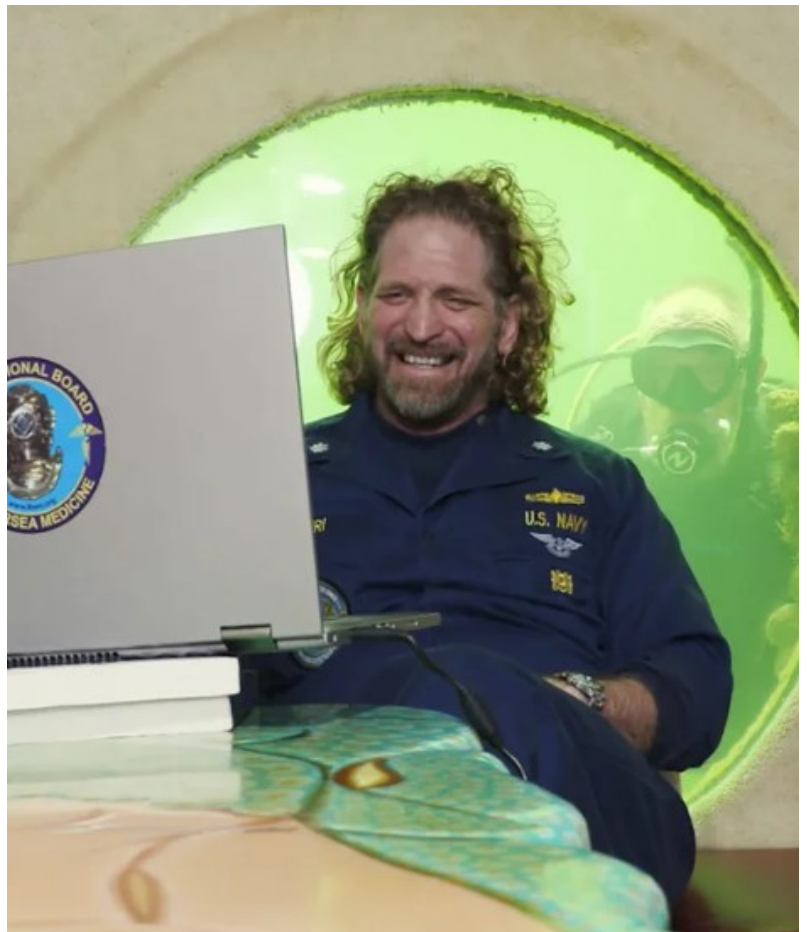
**HCMA MEMBERSHIP DINNER  
TUES., FEBRUARY 13, 2024  
SOCIAL HOUR: 6:15PM  
DINNER: 7:15PM**

The University of South Florida professor, who broke the world record for the longest time spent living in a fixed underwater habitat, will be our guest speaker. USF professor and researcher Joseph Dituri, also known as Dr. Deep Sea, spent 100 days, 22 feet underwater at Jules' Undersaw Lodge in Key Largo.

Dituri chose to live underwater to study how the human body responds to long-term exposure to pressure from the underwater habitat.

**DON'T MISS WHAT IS SURE TO  
BE AN AMAZING EVENING!**

Watch your emails for the official invitation and registration details. Sponsorship and exhibit opportunities are available.  
Call 813.253.0471.



# Personal News



## In Memoriam

Dr. William O. DeWeese, 81, passed away on Sunday, September 3, 2023. Dr. DeWeese was born in Pennsylvania and raised in West Virginia. He attended Maryville College where he obtained a Bachelor of Science in Chemistry in 1964. He continued his education at West Virginia University Medical School where he obtained his Doctorate of Medicine in 1968. Dr. DeWeese completed his internship and neurosurgical residency in 1975 at Charity Hospital in New Orleans, Louisiana. Dr. DeWeese practiced neurosurgery in Tampa, Florida for over 40 years. Throughout his distinguished career, he served the Tampa Bay medical community as President of the Hillsborough County Medical Association in 1989, Chief of Staff at St. Joseph's Hospital, and Vice President of Ethics for the Florida Medical Association. Outside of his service to the medical community, Dr. DeWeese was a Board Member of Maryville College, a founder and Board Member of Pilot Bank, and an active member of the Rotary Club and Messiah Lutheran Church. Dr. DeWeese is survived by his wife of 55 years, Martha DeWeese, his two sisters, his 4 children, as well as his 11 grandchildren. Our condolences to Dr. DeWeese's family and friends.



## Dr. Silverfield featured in BayCare's Newsletter

After receiving the HCMA's Outstanding Physician Award, the BayCare newsroom did a feature article about Dr. Silverfield, his career in Tampa, and the HCMA award. The article is posted on the BayCare website, <https://baycare.org/newsroom>, and you can search "Silverfield" to read the news piece.

## We just love to dress up!



So, it was just any old Thursday at the HCMA...only kidding, it was the HCMA staff annual Halloween costume shin-dig! Jean, Bookkeeper, was keeping quiet, Asta, Membership Coordinator, was channeling Daisy Buchanan, Debbie, Executive Director, became England's favorite nanny Mary Poppins, Anni, Event Coordinator, was a happy little witch, and Elke, Executive Assistant, geared up to celebrate Dia de Muertos. Visitors to the party included Frida Kahlo, a Wicked Witch, Miss Demeanor, The Outlaw Josey Wales, a Beekeeper, Payne Stewart, Bacon, Bert (from Mary Poppins, not Sesame Street), and Weather Tite Mike!



## Thank you, Dr. Foley!

Longtime HCMA member and member of The Bulletin Editorial Board, Dr. Michael Foley, has made a financial contribution for the fourth year. Thanks to Dr. Foley's generosity, by helping offset publishing expenses, *The Bulletin* will continue to maintain the high quality our readers enjoy.



## Best Wishes, Anni!

November 30th marked the last day at the HCMA for Anni Balckwell. Anni served as Event Coordinator since January 2021. She is on to bigger and better things including being a full-time student at the University of Tampa. Anni may pop up at HCMA events as a volunteer, so be sure to wish her luck with her new adventures! We will miss you, Anni!



## Happy Anniversary

In November, HCMA's Executive Assistant, Elke Lubin, celebrated her 36th anniversary with the HCMA. From Membership Secretary to Executive Assistant (and Managing Editor thrown in for fun) it has been a fast three and a half decades. Congratulations!



# The Card Shop

Service Ads - Business Cards size...The perfect advertising opportunity for companies such as your favorite electrician, plumber, A/C repairman, automotive repair shop, lawn maintenance business,

restaurant, or office cleaning crew. Contact Elke Lubin, Managing Editor, at 813/253-0471, to learn how to place a business card ad.



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