The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

July/August 2019

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Executive Council Meetings
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August 20, 2019
November 19, 2019
February 18, 2020

Call the HCMA to RSVP
for any of these events:
813.253.0471.

HCMA Membership Dinners
6:30pm at the Westshore Grand
September 10, 2019
November 5, 2019
February 4, 2020

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Carrollwood Country Club
April 2, 2020

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

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

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July/August 2019

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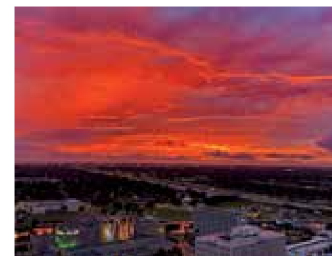

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The Bulletin is the official publication of the Hillsborough County Medical Association, Inc., 606 S. Boulevard, Tampa, Florida 33606, (813) 253-0471.

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President's Message

A Secret Weapon for Wellness

Jayant Rao, MD
jdrao07@gmail.com

What if I told you that there was an evidenced-based practice that has been repeatedly and prospectively proven to help you experience more joy and happiness in your life? What's more, you won't have to buy anything or go anywhere to put it to use. In fact, it won't cost you a thing! And, if practiced regularly and earnestly, it is fully-guaranteed to improve the quality of your life. Would you be interested in this miraculous treatment for your patients? For your family and friends? For yourself?

So, what is this "wonder drug"….? It's called ***Gratitude***.

The regular practice of gratitude has been consistently shown in numerous studies from around the world to provide a startling array of benefits. One researcher from the UK noted, "The list of potential benefits is almost endless: fewer intellectual biases, more effective learning strategies, more helpfulness towards others, raised self-confidence, better work attitude, strengthened resiliency, improved health, and longevity."

Psychology Today cites several studies that found that people who practiced gratitude complained of fewer aches and physical pains. They were also found to be more likely to go to the doctor and to be compliant with treatment plans.

A study from the journal *Behavior Research and Therapy* found that Vietnam War veterans who incorporated a regular gratitude practice into their daily routine experienced lower rates of post-traumatic stress disorder.

Dr Robert Emmons, widely-regarded as one of the world's leading gratitude researchers, reports that the habitual practice of gratitude has been shown to:

- Improve sleep quality
- Improve relationship quality
- Reduced anxiety and depression
- Lower blood pressure
- Increase self-esteem and reduce social comparisons
- Improve goal achievement
- Reduce circulating levels of cortisol, a stress-linked hormone
- Improve empathy and connections with others

So, how do you start enjoying these benefits in your own life and sharing them with your patients, friends, and family? Here are a few simple exercises you can try out:

1. Keep a Gratitude Journal

Take a few minutes each night to list one to three things that you are grateful for. If you need a little creative inspiration to get you started, consider:

- People in your life - friends, family, coworkers, etc.
- Personal strengths, talents, or attributes
- Simple everyday pleasures - a great cup of coffee, a nap with your pet, etc.
- Moments of natural beauty or wonder
- Things that went well in your day
- Surprising or unexpected enjoyable interactions
- Areas of your life where you are thriving
- Gestures of kindness from others

You can also imagine how your life might be without certain people, opportunities, experiences, or things.

While writing, pause for a moment to fully experience the feeling of gratitude towards that person, thing, or experience welling up inside of you. You can even picture yourself saying "thank you" to them. The exercise will be most effective if you try to be as specific as possible. For example, instead of stating, "I'm thankful for my wife," specify "I'm thankful to have a loving partner who fully supports me in all of my endeavors."

2. Write a Gratitude Letter

Take a few moments to write a heart-felt letter to someone in your life. Consider someone who did something or said something that changed your life for the better. Perhaps, someone you have never properly thanked. How has this person impacted you and your life? As explained above, try to be as specific as possible and allow yourself to experience your gratitude as you write.

Extra credit: Reach out to them and arrange to deliver your letter in person. You could even read it to them!

3. Celebrate Thanksgiving Every Day

Every evening at dinner time (or whenever suits your schedule) have each member of your household share one to three things that they are grateful for. Refer to the list in Exercise 1 for

(continued)

ideas and as always, the more specific the better. If you live alone or tend to eat alone, you could commit to a habit of pausing to express gratitude prior to eating all of your meals.

4. Take a Mindful Walk

Once a day, or at least once a week, commit to taking a leisurely stroll. As you walk, practice fully experiencing each of your senses. Notice the smell of the grass, the sound of cars passing by, the gentle caress of the breeze on your skin, and so on. Quite literally, take this opportunity to stop and smell the roses. The purpose of this exercise is to get out of your head and present to the wondrous sensory experience always accessible in the world around you.

You can walk alone or with a companion. But, if you go with another person, be sure to set the intention of staying present and mindful. While walking, you could even share things that you are grateful for in your life, just don’t talk too much!!

Life presents us all with difficulties, stressors, and obstacles to overcome. The modern practice of medicine is especially fraught with numerous challenges. But, if we commit to a habit of conscientiously paying attention, we gradually become aware of the numerous blessings that we enjoy - being born in a free country, being able to make a living through helping others, having loving and supportive friends/families, and on and on. My own list is truly endless.

As part of our HCMA’s commitment to physician wellness, I challenge you to take on one (or more) of these exercises for the next 30 days and see how adding a “daily dose of gratitude” brings joy and love to your life and to those around you. And, please feel free to share with us the impact these simple exercises have on you and your life.

In conclusion, I leave you with this simple question to ponder:

What are YOU grateful for?

References available upon request.

House calls, anyone?

As a result of several phone calls made to the HCMA office, the HCMA staff is compiling a database of members who will see patients in their home. If you would like to be added to the database, please email Elke Lubin at the HCMA: ELubin@hcma.net. Please include your medical specialty, the best phone number to call to schedule a house call, and the area of the county you travel to.

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Call the HCMA to find out and to receive membership materials.

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or

HCMA.net/ join-renew

Editor's Page

You won't see me on TV – I don't think…

David Lubin, MD
Dajalu@aol.com

We've all collected things in the past, most likely when we were kids, and some of us continue to collect things now. Girls usually collected dolls; one of my daughters had many, but not all, of the Little Ponies. Boys might collect small toy soldiers, or cowboys and Indians, setting up battles that had to be cleaned up before bedtime, or marbles…I had marbles--beautiful agates, cat's eyes, and boulders. I could flick them with my thumb and forefinger to the hole in the pavement next to the fire hydrant on our street, and would beat anyone ready to challenge me to be marble champion on Wiley St.

I collected baseball cards, and remember getting the last two I needed for one year, both in the same pack…a miracle to this day. I had the complete sets of Topps' 1959 and 1960 cards, but to this day have no idea what happened to them. I sorta blamed my mother, half-jokingly, for pitching them out, but she denied it till her dying day and was a little ticked off when I wore a t-shirt emblazoned with "I'd be rich man now if my mother hadn't thrown out my baseball cards."

I also collected stamps, not very extensively, but had the American Stamp book and tried to fill in the spaces with as many mint stamps as I could, but that collection never went very far. My major collection as a young person was my Mercury dime collection, those from 1916-1945. I had collected the entire collection, circulated, of course, and was very proud of the accomplishment. When I was in junior high school we had invited a band to visit our school, and although I didn't play an instrument, I housed one of the visitors at my home, a block from the school. I was going to show him my collection, and it was missing, only to wind up in the visitor's suitcase, which I had insisted on checking. Needless to say, that was embarrassing for him and one of those instances I'd just as soon forget.

Through my adult years I managed to upgrade my Mercury collection and had built up a fairly nice collection, then I realized that the dimes would probably not attain the value I had hoped for, and decided to sell the collection and split the proceeds between my two daughters in stock portfolios for the future. I'm sure they're worth more now than the coins would have been. My old proof sets were an easy sell on eBay.

I've also collected some sports' memorabilia from the Lightning over the years—playoff pins, autographed jerseys and bobbleheads, player cards that I got signed, and I still have the newspapers from when we won the Stanley Cup in 2004, along with the DVD of game 7.

I know all of you reading this must have collected something at some time, if not currently. A past member collected beer cans. One member collects baseball cards, another medicine bottles, and a recent issue of The Bulletin had Dr. Silverfield's narrative of his porcelain collection.

I still collect MAD Magazines, just the regular issues that have been published since 1952. The MAD offices recently moved out to California and they have started a new series, now on issue #8. The old series got to #550 over 65 years. It's now a new "Gang of Idiots." Other than #1 in mint condition signed by Harvey Kurtzman, I have numerous issues signed by the cover artists and the people caricaturized on the cover. Those early issues rest comfortably in a safety deposit box. I even have a caricature of me drawn by Jack Davis in 1976 when I met him at the Orlando ComCon. I was fortunate enough to attend a Sotheby's MAD auction in 1996, in New York, where I purchased two original pieces of artwork, one by Mort Drucker and one by Jack Davis. I met Annie Gaines, whom I thought was the daughter of MAD's first publisher, William Gaines, only to find out, from her, that he was her husband. Mmmm, that foot tasted good. I met Jack Davis when he invited Elke and me to his house in 2013, and we sat in his studio schmoozing with him. Unforgettable. I have other MAD memorabilia, and the question arises, as it probably does with every collector at some point…"what becomes of all this stuff when I'm gone?" I really don't think Elke and my two daughters want to bother with a bunch of MADs. I've offered my collection to the Smithsonian and other cartoon and comic museums, but I'd be responsible for getting it appraised and then they'd probably only want the early, more valuable issues. I'm not ready to sell the entire collection on eBay, as I have done with many of my other collectibles.

Now I bring up all this collecting because there's a medical entity that I'm not sure we're all aware of, and don't think any of us have probably ever seen or diagnosed, and that would

(continued)

be ICD-10 code 42.3, or Hoarding. It's a sub-code of Obsessive-Compulsive Disorder, which most of us have seen. I don't think I'm anywhere near being billable under 42.3, but if you haven't seen some of the cases of hoarding, I suggest you check out the A&E network, as its Hoarders series started its 10th season this year. It is truly unbelievable what some people will collect that a normal person has no problem in throwing out. The show's producers will get them medical help to get through, and over, the process of getting rid of their hoards, but sometimes it is not very easy.

And I guess the real question is…why do we even collect things, and I'm not referring to hoarding? I suppose when we're young, it's to remind us of where we were and whom we saw, like taking pictures. As we get older, it might be collectible because of the value it could attain, but then again, it's only worth what someone will pay for it. Someone can appraise an item for a lot higher than someone might be willing to pay, but sometimes it's vice versa.

A Yankee jersey, worn by Babe Ruth sometime in the late 1920s, was just auctioned off by Hunt Auctions for $5.64 million. None of my bobbleheads ever fetched anything close to that. So, if you want to avoid the classification of 42.3, you might want to try eBay. 432,000 collectible items are sold daily, with 168 million active buyers. And, for the right price, you can find a buyer for anything…from a $168 million yacht to William Shatner's kidney stone, which sold for $25,000. Or a Dorito shaped like the Pope's hat for $1,209. I kid you not.

Letters and Tomatoes

CELEBRITY SNAPS

Congratulations for still being around for your 60th birthday. You've been around for 92% of my life and I find MAD more enjoyable than ever before. You've made it though bad times, good times, and even MORE bad times, but you're still here and that's what counts the most. I especially want to thank you for taking up space in my magazine holders in my exam rooms. You'd be surprised how many patients I find reading old issues that I get rid...er, place in the rooms. And while they're wondering what whacko physician puts MAD in his exam rooms, it allows me to answer emails and schmooze with drug reps in the hall while the patients MADly wait for me. So thanks for still being here and "don't stop thinking about tomorrow." And we'll keep on smiling. Happy 60th!

David Lubin, MD • Tampa, FL

P.S. Attached is a photo from a "Meet and Greet" with part of the *Modern Family* cast. What a bonus, eh?

Luby Tuesday — You know, just when we think that your letter is going to be a complete waste of our time, you come through with an amazing Celebrity Snap! And you even had the photographer group the people with beards and hipster glasses stand off to one side. We have only one question — por que no Vergara?!? No es bueno, muchacho! —Ed.

Dr. David Lubin (center) with (l. to r.) Ty Burrell, Jesse Tyler Ferguson, Julie Bowen and Eric Stonestreet

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Executive Director's Desk

What Not To Say

Debbie Zorian
DZorian@hcma.net

As I write my column, it has been three short weeks since the death of my son's father, Jon Zorian. With a heavy heart of immeasurable sadness, I keep revisiting the last phase of Jon's life wondering how the effects of Parkinson's disease could have caused him to decline at an unbelievably rapid pace in only a five year period, specifically the past ten months. Although there are many factors to consider, there are questions that will never be answered, not even by Jon's physicians.

My 27 year old son, Justin, has only known "one version" of life – always living with and eventually taking care of his father. Unlike many others his age, he never moved away from home, married, or began a family of his own. Unforeseen circumstances can change the course of one's life that is sometimes difficult to alter. Under those circumstances, a devoted bond was formed between Justin and his father that not everyone can relate to or understands.

After Justin's father passed away, several unwelcome comments included, "This too will pass," "Time heals all wounds," and "It usually takes a full year to get over it." I believe the most thoughtless comment was when I heard the words, "Well, this will make Justin grow up." Just typing that comment makes my heart hurt all over again and I wonder the purpose of such an unkind statement.

The point being is that you never know what a person is truly going through unless you are them. And no matter what you have dealt with in your life, you should never compare, lecture, or try to minimize a person's tragedy. Being aware of unnecessary comments shows compassion.

Important things to remember about newly grieving people:

1) Grieving people do not want to hear a story about your own loss. We might think the story of our experience will be helpful, but it won't be. Their own loss is all they have space for in their thoughts and in their hearts. Never say, "I know how you feel." No two loses are ever the same and it's useless to compare grief. Keep the focus on them.
2) There is no bright side. Many remarks are intended to soothe a grieving person. Although it's considered a kind gesture, it is not. Never begin a sentence with, "At least" ("At least he lived a full life…") as it's trying to force the person to look at the positive when it might be impossible for them to do so at the time.
3) Be very cautious with religion. The saying, "God never gives you more than you can handle," can be one of the cruelest comments for a grieving person to hear. It goes along with, "It was God's plan," or "He's in a better place now." These remarks suggest that God had a hand in the death which is, in my opinion, beyond comprehension.
4) Let them grieve without boundaries. Don't tell a grieving person how they should feel or suggest a time limit in how long it will take before their pain diminishes and things can "get back to normal." The greatest fear grieving people have is that the person they love will be forgotten. They want you to be there beyond the service. It means a lot to them to hear from you on the birthday of their loved one and/or on the anniversary of their death.
5) When trying to console a grieving person, don't begin statements with "You should," or "You will." These statements can sound too authoritative and insensitive. Grief impacts people in different ways for different reasons, physically, mentally, emotionally, and spiritually.

I, too, am among the guilty when it comes to unintentionally saying the wrong thing or doing something I thought would be helpful. Over the years, being on both sides often, I have learned how important it is to stay mindful of what to say, or not say, to people going through devastating times, involving the loss of a loved one or otherwise. While often associated with death, grief also occurs following other life-shaking events.

When my son was six years old he was diagnosed with type 1 diabetes. It shook me to the core that my child would have to endure a frightening chronic illness, especially at such a very young age. The helplessness, heartache, and grief I felt was beyond overwhelming and lasted for quite some time. I remember to this day a comment made from a close family member, "It could always be worse, he could have cancer." And another from the pastor at the Christian school Justin was attending, "You can't question God's plan and the reason Justin will have to endure this destiny." Comments such as those can cause more pain, unbelievable resentment, and the feeling of hopelessness.

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Suggestions of what to say or do:

1) Instead of asking a grieving person how they are doing, which usually generates a response with "fine" or "ok," acknowledge what they are going through by saying, "I know it's really tough for you right now. I'm so sorry."
2) An exit comment usually includes asking a grieving person if there is anything you can do for them. That puts the responsibility on the bereaved to reach out for help. Don't offer, just do it. Think of things that will ease daily burdens such as showing up with prepared food, dropping off groceries, or doing laundry.
3) Help a grieving person to focus on memories by asking specific questions and being an active listener.
4) If you personally know the loved one, sharing a memory is one of the most helpful things you can do. There is no greater gift than a story about the loved one at a time when it seems there will never be new stories.
5) Plan to be there down the road. Don't assume the grieving person doesn't need support after a certain amount of time. It's often later in the grieving process that people need the most support from family and friends.

According to grief educators and counselors, there are five distinct phases of grief: Denial, Anger, Bargaining, Depression, and Acceptance. Denial makes survival possible. We are numb, in a state of shock, and the world becomes meaningless and overwhelming. It is nature's way of letting in only as much as we can handle. This is where Justin is at this time.

The stages of anger, bargaining, and depression, although painful, are necessary in learning how to cope. As one begins to acknowledge the reality of loss, all the feelings that were being denied begin to surface. Acceptance, the final stage, is recognizing the new reality of our loved one being gone. While we are learning to live with this permanent reality, we are oftentimes able to experience more good days than bad. But we cannot do so until we have given grief its time. And the time involved depends on each individual.

I pray that God will give Justin strength and perseverance as he continues to grieve and learns how to cope with the devastating loss of his beloved father.

Jon Paul Zorian

June 17, 1943 – May 23, 2019

Committee Update

Recap of 2019 FMA Legislative Report

Michael Cromer, MD
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ACCESS. Remember that word. Access to affordable care. That was House Speaker Jose Oliva's mantra heading into this year's legislative session as he described the issue of healthcare in this state like a "five-alarm fire" and promised to reduce regulations that impede access to affordable healthcare for Floridians.

Knowing that access and affordability are important to our patients it was vital heading in to the session that we speak on their behalf to protect their safety. And as always, we let our legislators know about the issues that are important to our members, to protect the profession of medicine.

I will summarize some of the more important bills that were of primary concern to our patients and our membership.

Much of our efforts go in to defeating bills that we feel are not in the best interests of our profession and our patients. There were six bills that we will call Scope of Practice bills that were defeated. These are bills that mainly would allow non-physicians to do more than what their training provides. The most important was the defeating of the bill that would allow APRNs and PAs to practice independently, without any supervision. Also, psychologist wanted to prescribe medicines, including controlled substances, pharmacists want to test and treat influenza and strep throat, and pharmacists want to be able to order and evaluate lab tests so that they can initiate, modify, and discontinue medications.

Step therapy/fail first protocols. We have been working on this and other prior authorization bills for four years but never could get anything through the House. This year, finally, a small step was made in the passage of a bill that prohibits insurance companies from requiring step-therapy for a covered prescription if the patient had already been approved through a step-therapy protocol by a separate health plan, provided that the patient had been on the medicine for the previous 90 days before changing plans. While there is still a long way to go in accomplishing health insurance reform goals, this is an important success and a step in the right direction as we advocate for patient-centered care.

The telehealth bill. We do believe that telehealth is an important and viable option to deliver selected services. But the FMA was very disappointed on the Legislature's approach on this issue. A telemedicine bill was passed that allows out of state physicians to use telehealth to deliver health care services to Florida patients if they register with the DOH, meet certain eligibility requirements, and pay a fee. It does prohibit controlled substance prescribing. We were able to prevent in-state physicians from paying a fee to provide telehealth. Not only was parity of in-person payment not included in the bill, there was no wording that would require insurance companies to pay physicians at all for telehealth services.

Mandating electronic prescribing of all drugs by July 1, 2021 was a bill that was passed that the FMA opposed. We felt that it would be financially detrimental to small practices and physicians who were close to retirement. They did put in wording that would allow for some exceptions including hospice patients and if "the practitioner or the patient determines that it is in the patient's best interest...to compare prices," etc. This wording, along with the reason, must be documented in the chart.

Other bills that were passed:

- Eliminated the CON requirement for general hospitals who want to build new or expand will become effective July 2019 and for specialty hospitals effective July 2021.
- Will give more authority to the DOH to revoke office surgery centers that aren't operating within the basic standards of an operating center.
- Removed the prohibition of smokeable medical marijuana.
- Provided eligibility criteria for prescription drugs to be available from Canadian suppliers, to improve access to affordable medications.
- The Needle Exchange program that had been a pilot program since 2016 in Miami-Dade County, will now be allowed to be expanded statewide upon the approval of each county commission. These programs are not only limited to providing clean needles, but can also offer HIV and hepatitis testing, education, counseling, and referrals for treatment, as well as providing naloxone. This legislation is a powerful example of how organized medicine helped turn an idea of one member into real policy that benefits Floridians.

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The FMA, in partnership with county medical society physician advocates, stopped a slew of anti-medicine bills from passing in the state Legislature and made vast improvements to many others before the 2019 Legislative Session ended. Without strong physician advocacy led by the FMA and supported by our Government Affairs Committee, Florida physicians and patients would have been severely affected. The sheer number of bills filed that were hostile to medicine was the largest in at least a quarter century.

Without the FMA...

The number of bills hostile to the practice of medicine filed during the 2019 legislative session was the most in at least a quarter century. Through the efforts of the FMA PAC and the FMA lobbying team, the vast majority of these bills were defeated outright while the remainder were significantly amended from their original versions. Had the FMA not expended a tremendous amount of time and resources fighting this legislative onslaught, the practice of medicine could have been severely affected as follows:

1. APRNs and PAs in Florida could practice independently.
2. Pharmacists could diagnose and treat "minor, non-chronic" conditions and "collaboratively manage" certain chronic conditions, including asthma, congestive heart failure and HIV.
3. Consultant pharmacists could initiate, change or discontinue medications.
4. Psychologists could prescribe medications, including controlled substances.

5. Before prescribing controlled substances to patients, you would have to refer them to a chiropractor, acupuncturist, physical therapist or massage therapist.
6. Coverage for children's hearing aids would be mandatory, but only audiologists would be paid for providing them.
7. Florida would have a "Health Innovation Commission" with the power to allow non-physicians to deliver care beyond their statutory scope of practice, and to practice medicine without a license.

8. Any physician performing any type of office surgery would be required to have an ambulatory surgical center license.
9. You would have to provide a "non-opioid directive form" to a patient every time you prescribed, ordered or administered an opioid.*
10. Your fees would be capped at 200 percent of Medicare for all medical services. However, insurance companies would be allowed to pay a lower amount.
11. You would be required to prescribe electronically in all situations, with no paper prescriptions allowed.
12. PIP benefits under Florida's no-fault insurance system would disappear. Physicians would have to wait years for payment, and you wouldn't be paid at all if a patient had no insurance and didn't win his or her lawsuit.

13. Health insurance companies would receive $30M in tax credits for providing telehealth but wouldn't have to cover all services. They would be able to pay you less for delivering care via telehealth than in person.
14. More patients would be allowed to sue for pain and suffering, so you would have greater medical malpractice liability risk and higher insurance rates.
15. The Medicare rate is the maximum you would receive for treating a patient who was injured by fault of a third party. For Medicaid patients, you would be limited to the Medicaid rate whether you participated in the program or not.
16. You would be prohibited from providing any healthcare services to minors without parental consent and face up to a year in prison for doing so.
17. Non-physicians could practice telehealth in Florida without having to (a) get a state license (b) comply with the statutes and regulations you are required to follow or (c) face disciplinary action for violating their applicable practice acts.

18. Whenever you referred a patient to a healthcare provider, you would be responsible for determining whether the provider was in that patient's insurance network. If the provider was out of network, you would have to inform the patient in writing and document in the medical record that seeing this provider could result in additional costs.*

**Failure to comply could result in disciplinary action.*

Practitioners' Corner

Mast Cell Activation Syndrome, the New 'Lupus'

Tara Vinyette Saco, M.D.
tsaco@health.usf.edu

I developed a love for mast cell related diseases during my allergy and immunology fellowship training at the University of South Florida Morsani College of Medicine. Mast cell activation syndrome (MCAS) can cause immense frustration for both patients and physicians. It is due to "overactive" mast cells and can cause flushing, generalized urticaria, gastrointestinal symptoms, such as nausea, vomiting, and diarrhea, fatigue, and other non-specific symptoms. MCAS is an increasingly popular diagnosis among physicians and patients alike. However, a lack of or erroneous knowledge leads to an excessive number of inappropriate consultations and a concomitant failure by physicians to accurately suspect this disease. Patients also are in a precarious position of either being mischaracterized as having this syndrome or vice versa. Two case reports illustrate the MCAS conundrum.

First Case

A 54-year-old male presents with dyspnea, a feeling of breathlessness, and syncope when exposed to hand sanitizers, perfumes, cigarette smoke and cleaning solutions. However, he does not experience other mast cell mediated symptoms and epinephrine, antihistamines, and mast cell stabilizers do not provide relief. Cough syrup with codeine is most helpful. He confines himself to his home, labeled as experiencing "anaphylaxis", and is referred for evaluation. He states, "I have read up on MCAS on the Internet; I most definitely have it." The rest of the history and physical exam is unremarkable.

Baseline tryptase is 3 µg/L (reference range 1 – 11.4 µg/L) and urinary n-methylhistamine and prostaglandin levels (mast cell metabolites) normal. Similar values are obtained during a subsequent episode. High-dose aspirin therapy is ineffective. He is diagnosed with vocal cord dysfunction, treated by a speech therapist, and now is functioning normally.

Second Case

A 25-year-old female with postural orthostatic tachycardia syndrome (POTs) and a five year history of episodic and recurrent flushing, abdominal cramping, and "brain fog" presents for evaluation. She has lost twenty pounds in two months and is afraid to eat most foods because she's erroneously diagnosed with multiple food as well as drug allergies. Multiple rheumatologic consultations and evaluations for pheochromocytoma and carcinoid syndrome are negative. The patient states that "physicians treat me as if I am crazy" and that she is often assumed to be a "malinger". She is followed by a psychiatrist and psychologist for anxiety, under control. Her mother has experienced similar but much milder symptoms. The rest of the history and physical examination are normal.

The baseline serum tryptase is 8 µg/L and urinary n-methylhistamine normal and prostaglandin levels slightly elevated. She presents to an emergency room with severe abdominal cramping and flushing and a serum tryptase of 11.6 µg/L, a clinically significant increase from baseline. Her urinary prostaglandin levels are also elevated.

She is diagnosed with MCAS and started on high-dose aspirin therapy with "life-changing" improvement. Given her mother's history, both the patient's and mother's genetic tests reveal duplications of the alpha tryptase gene consistent with familial alpha tryptasemia (HAT).

Discussion

As both cases illustrate, MCAS is "over-referred yet underdiagnosed" and often mis-diagnosed and inappropriately treated because of a lack of knowledge about the disease, as with most "fad" diagnoses. Most patients fervently seek an answer to explain their symptoms, which can lead to excessive phone calls, prolonged office visits, and anger and frustration inappropriately directed towards physicians and other healthcare professionals.

How can this dilemma be resolved? First and foremost, physicians need a reputable source of information, the Mastocytosis Society website (https://tmsforacure.org). The primary symptoms of MCAS include generalized flushing and pruritus, dermatographism, generalized urticaria and angioedema, abdominal bloating and cramping, diarrhea, nausea and vomiting, gastrointestinal reflux, short term memory difficulties (brain fog), headache, difficulty in concentrating, anxiety, and depression. All can occur with a myriad of other diseases, making MCAS difficult to suspect and diagnose. Importantly, these symptoms are episodic and recurrent, not chronic, and two or more organ systems are usually involved.

(continued)

Practitioners' Corner (continued)

A correct understanding of the diagnostic criteria is paramount for the referring physician. Validated guidelines include: "(1) the episodic (recurrent) occurrence of typical, systemic symptoms that are produced by mast cell mediators and involve at least 2 organ systems; (2) an increase in mast cell mediators, preferably serum tryptase levels by at least 20% over the individual tryptase baseline plus 2 ng/mL within a 3 to 4 hour window following the reaction; and (3) a substantial (documented) response of the symptomatology to drugs that either target mast cell-derived mediators or their effects and/or suppress mast cell activation."

In spite of these guidelines, the aforementioned mast cell mediators are not always specific for the disease, thus patients can either be incorrectly diagnosed with MCAS if mast cell mediators are slightly elevated or missed if falsely normal. This can occur when the samples are not collected within 3 to 4 hours of the reaction.

A newly described MCAS-associated condition, HAT, is the only MCAS-associated disease for which a genetic test exists. These patients have duplications, triplications, or even quadruplications of their alpha and or beta tryptase genes. MCAS symptoms usually increase with the number of gene copies. However, some patients with this mutation are completely asymptomatic or instead experience joint pain or have irritable bowel syndrome. Thus, the presence of this mutation does not always guarantee that the patient will meet clinical criteria for MCAS.

Physicians and patients should ask the following questions if they suspect MCAS: "(1) Did…symptoms repeatedly occur in the form of severe attacks requiring immediate medical intervention and/or hospitalization? (2) Did…symptoms lead to anaphylactic shock requiring hospitalization? (3) Did…doctor(s) measure serum tryptase levels before, during, and after…attacks? (4) Did…doctor(s) (indicate that) tryptase levels increased during attacks? (5) Did…symptoms improve with continuous treatment with antihistamines? (6) Did… the frequency of severe attacks decrease (with a glucocorticoid) or antihistamines? (7) Did…doctor(s) diagnose an IgE-dependent allergy? (8) Did…attacks resolve or decrease in number after (starting)…omalizumab?"

If the answers to most of these questions are "yes", the diagnosis of MCAS should be considered. If the answers are "no", MCAS is less likely. Importantly, the patient's symptoms should not be attributed to other diseases or mental health issues until it is ruled out.

All in all, MCAS or no, the duty of any physician is to provide the best care possible, cause no harm, be knowledgeable, and know when and to whom to refer suspected MCAS cases. This fosters trust and provides the patient with the appropriate diagnosis and treatment.

I thank Richard F. Lockey, M.D. for his guidance and assistance in writing this paper.

References provided upon request.

Dr. Saco did her residency training, PGY-5, with the Division of Allergy/Immunology, Department of Internal Medicine, University of South Florida Morsani College of Medicine. She joined the "Windom Allergy, Asthma, and Sinus Clinic" in Sarasota, in July.

Committee Update (continued from page 12)

Certainly not all of the bills related to healthcare went the way that we would have liked. But with the help of the FMA we at least have a strong and well heard voice in Tallahassee. To further get an understanding of what the FMA and county medical societies leaders did this year to protect our patients and our profession, please review "Without the FMA…" on page 13.

It is for this reason that I, and the other members of the Government Affairs Committee, will keep fighting for our profession and going to bat for our patients. We need to let our voice be heard and to try to make a difference in Tallahassee and we believe that we can. We believe that we did. We will keep meeting with our legislators and letting them know how we stand on issues that are important to us. It is an invaluable benefit that our members receive by being a part of the HCMA. I encourage each of you to not stand idly by, wishing that someone else would do something, but to get educated, donate money to the HILLPAC and FMA PAC, and I welcome you to get involved with us.

2020 Florida Legislative Session:
January 14 - March 13

Photo C

Installation Dinne

What an exciting night! Dr. Thomas Bernasek
before installing Dr. Jayant Rao as the HCMA's 2
apparent as he accepted the President's Gavel fron
coming year.

To top the evening off, Michael Connelly, bests
producer of the Amazon TV series "Bosch" was th
his books sold worldwide and translated into fort
cessful writers working today. Attendees were trea
Bernasek, with a Q&A afterward.

Many thanks to membership dinner co-sponsc

Many thanks to The Bank of Tampa - a co-sponsor of the Installation Dinner and long-time HCMA Benefit Provider.

Drs. William DeWeese and Ralph Rydell.

Thank you Florida Blue for co-sponsoring the Installation Dinner!

HCMA Board of Trustees Chair
Joel Silverfield, awarded outgoing
President, Dr. Thomas Bernas
his own President's Gavel and
HCMA Great Again" cap.

Jean Repass (HCMA Bookkeeper), Kay Mills (HCMA Event Coordinator), author Michael Connelly, Debbie Zorian (HCMA Executive Director), Elke Lubin (HCMA Executive Assistant) and Samantha Johnston (HCMA Volunteer).

Author Michael Connelly mingling with guests.

Mr. Connelly was presented with a gift for taking time from his hectic schedule to spend with HCMA members

Corey Neil, with The Bank of Tampa (HCMA Benefit Provider and meeting co-sponsor), welcomed attendees

Dr. Rafael and Wendy Carrion, Dr. Camillus and Angela Johnpulle and Dr. Guillermo and Aleyda Leon.

Debbie Zorian, HCMA Executive Director, presented Dr. Bernasek with a "mini-me" bobblehead and a bound copy of *The Bulletins* from his year as President.

Dr. Bernasek and guest speaker, author Michael Connelly, chat about Mr. Connelly's interesting career and took questions from the audience.

Gallery

er – May 13, 2019

k hosted the first half of the membership dinner 2019-2020 President. Dr. Rao's enthusiasm was n Dr. Bernasek and announced his goals for the

elling author of thirty-two novels and executive he guest speaker. With over 60 million copies of ty foreign languages, he is one of the most suc- ated to an "informal chat" between him and Dr.

ors: The Bank of Tampa and Florida Blue!

Some of the Dr. Jayant Rao cheering section!

Dr. Jayant Rao's biggest supporters: sister, Dr. Sumeeta Mazzarolo, mother, Diana Rao, girlfriend, Sheila Bongcayao, and father, Dr. Mohan Rao.

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Dr. Rafael Serrano, author Michael Connelly, and Dr. Thomas Bernasek.

Drs. Ravi Bukkapatnam, Mohit Sirohi, and Malcolm Root.

Drs. Eli Rose, Janet Marley, Ed Homan, Carol Hodges, Karen Wells, and Michael Albrink.

Drs. Wilfred Daily and Thomas Bernasek, with Yvonne Daily.

Go Bulls!

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

Dr. Thomas Bernasek swears in Dr. Jayant Rao.

After the swearing-in ceremony, 2018 HCMA President, Dr. Thomas Bernasek, handed over the meeting gavel to 2019 HCMA President, Dr. Jayant Rao.

Dr. Thomas Bernasek, Tammy King, author Michael Connelly, Theresa and Ignacio Ferrars.

Resident's Perspective

Would You Rather be Loved or Respected?

Alicia Billington, MD
aliciabillington@gmail.com

Five years ago I sat in a small room at a table across from an older gentleman whose face was expressionless and intense. He asked me a series of questions which I answered and have since forgotten. A handful of other people similarly interviewed me that day. Yet the only question I remember from this interview day for residency was the following, "As a doctor, would you rather be loved or respected, and why?"

The first day of residency I asked myself the same question. Would I rather be loved or respected? A could hear the pattering of footsteps trailing me as the three medical students assigned to my service followed me from room to room and even to the bathroom till I remembered they were with me and I told them where I was going. What kind of a teacher should I be? What impression did I want to leave? What sort of future doctor did I want them to become? I looked around at the world of surgery and the answer for me was clear. There were a lot of tough folks in the surgery world. One person offering a little love couldn't be a bad thing. Perhaps I would be perceived as being weak if I was nice to the medical students. Or perhaps I would be the one person that was kind to them and made them see how awesome the field of surgery was and why they should become a surgeon. I remembered being yelled at, embarrassed, and shamed as a medical student. So, I figured if I could hide it, it was better to be loved.

Interactions with patients were a bit trickier. What would be my philosophy with the five year-old boy who was beaten by his father versus the 25 year old drug dealer with a fractured mandible? Human nature dictates that we behave differently in these situations. Yet here I am a fresh white coat. How did I get the mother to trust a young doctor? Shouldn't I show authority so she knows I am in charge? And how do I get the prisoner to open up to me about risky behavior that could affect his safety and mine?

Then there are the other residents. As I progressed through residency I thought about how I wanted to be perceived by the residents above me and below me. I wanted the residents above me to think I was tough and that I could handle the work. I wanted the residents below me to trust me and to not be afraid to approach me. Yet I didn't want anyone to think that I was soft and could be walked over.

As for my attendings, all I wanted when I started was to be accepted. I wanted to feel like they wanted me there and that I wasn't a mistake.

Each year at the start of a new level in residency I again ask myself this question to assess if my answer has changed. It has not. No matter the person, no matter the situation, I have remained steadfast in my answer. When the interviewer asked me this question I knew what I was supposed to say. The Machiavellian response to leadership is that fear overrules love. Always. But here is what I had to say. Lots of leaders are loved. Lots of leaders are respected. I would rather be loved. To me, love implies respect. It implies trust. It has a connotation of positivity. Respect does not mean that you are loved. It means you are accepted as the authority. But being a doctor is a partnership, not just a leadership. You have to get your patients to buy-in and open up about their deepest, darkest secrets. It requires medical students to let show their insecurities and ask questions. When you are a doctor your lower levels need to not fear you at 3AM when they don't know what the next step is when a patient is sick so they can pick up the phone to ask for help. With the attendings, the most important component of our relationship is that they know I will be honest and work hard.

I was told no one had ever answered the question that way before. I knew the right answer was supposed to be respected and not loved but that wasn't the right answer for me. I figured if the program didn't like my answer maybe it wasn't the right program for me.

On a day to day basis we face challenges in medicine. Situations annoy us. The correct instruments are missing. Someone doesn't follow the post-op orders. We get called about stool softeners in the middle of the night not being ordered. We have two options: engage in a way that makes us respected or loved.

While I don't always get it right, I think the world can always use just a little more love.

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Physician wellness has become a priority issue as the unrelenting changes, demanding challenges, and lack of autonomy that physicians endure cause stress and burnout. More than 50% of physicians in our country indicate industry stressors are taking a toll on their well-being which can translate into affecting how they are able to best care for their patients.

The HCMA is dedicated to addressing the needs of its members through the HCMA *Physician Wellness Program.* The program, modeled after the programs of medical associations that have been successful in Florida and throughout the United States, is being created to provide multiple resources that will focus on your overall health and well-being and achieving work-life balance, including confidential access to highly qualified psychologists, LMHC, and coaches.

We need your assistance to help you and your colleagues! Please consider supporting this essential membership benefit by making a donation.

You can donate by sending your check, made out to the **HCMA Foundation PWP**, 606 S. Boulevard, Tampa, FL 33606. Credit cards are also accepted by calling the HCMA office (please confirm your donation is to the PWP).

Sincerely,

Thomas Bernasek, MD
Chm., Physician Wellness Committee (PWC)

Members of the PWC:

Thomas Bernasek, MD, Chairman	*David Lubin, MD*
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Travel Diary

Las Vegas - Our "City of Lights"

William Davison, MD
davrac4964@gmail.com

Many of us have been to the United States' "city of lights." My apologies to Broadway, but the Vegas Strip is something to behold at night.

Our most recent visit to the fabled gambling mecca was a three day stay at the Venetian Resort. The hotels in Vegas are not your average big city hotels, but are in a rare stratified classification for size and glitz. They make the Marriott Waterside look like a mom and pop hotel, if that is possible. The casino in each hotel was a cacophony of multiple and varied noises that somehow hypnotizes you into oblivion. Our Hard Rock Casino would hold its own there, but would only be one of many.

The entire idea of Las Vegas is to separate you from some of your children's inheritance. They did not build these billion dollar resorts from the money gamblers saved in their piggybanks. Disney World seems like a real bargain when you compare the costs to Las Vegas!

For those lucky enough to "break even" at the casino there are still incredible shops with high end merchandise to spend your money on. Then there are the restaurants, some of which require a mortgage application before being seated. One of these specialized in Japanese steaks at about $300 a person for dinner. Needless to say, we passed on that bit of joy. There are some reasonable alternatives to the big hotels, but it seems some people relish the idea of spending huge amounts of money for that "special experience."

Don't get me wrong - not all of Vegas requires a bank loan before going. There are some properties, primarily just off the strip, which are relative bargains for both room and meals. My son goes to Las Vegas for an eight day vacation about twice a year for under $1500. The places he stays are generally very nice, clean, attractive, and remind me of what a "normal" hotel should be. By the way, the $1500 also includes airfare!

The big resorts are, by themselves, the main attraction with the over-the-top swimming pools, botanical gardens, dancing water features, and of course, the ever popular showrooms housing stars like Celine Dion and Barry Manilow. These shows are quite expensive unless you are a recipient of a "comp" from one of the casino hotels. However, they are extremely well done according to prevailing opinion.

Surrounding Las Vegas is a wide world of other attractions including Lake Mead, Hoover Dam, Red Rock Park, Mount Charleston, as well as multiple desert adventures for jeeps and ATVs. Also, the Grand Canyon is a popular tour whether you rent a car and drive, take a bus, or a helicopter tour. You can save a lot of money by renting a car for the 4-5 hour (one way) drive.

In summary, Las Vegas should be on every bucket list at least once. So much to see and do…so little time. For comfort, travel in the cooler months; the desert is very hot in summer.

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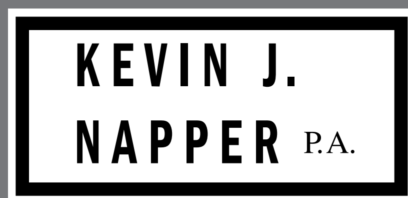

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-USF Alumni Event-

Attention USF Alumni, interns, residents, fellows, and medical students - mark your calendar!

USF Alumni Relations will be hosting a reception at the Westshore Grand,
Tuesday, September 10th, 6:00-7:00pm.
Watch your email for details and instructions to RSVP.

For more information, contact:

Jenny Burger
Annual Giving & Alumni Engagement Officer
USF Health Development and Alumni Relations
University of South Florida
jeburger@health.usf.edu
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Many thanks to Tampa General Hospital, the first contributor to the HCMA Foundation Physician Wellness Program! Also, thank you to our first HCMA member donator, Dr. Bryan Bognar. For more details about the program and how to help, contact Debbie Zorian, HCMA Executive Director, 813.253.0471 or DZorian@hcma.net.

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Personal News

In Memoriam

H. Worth Boyce, Jr., MD, 88, passed away peacefully Monday, June 3, 2019, in Odessa, Florida. Dr. Boyce was married to his devoted wife, Jean Murphy Boyce, for 67 years. Together they raised five children. Dr. Boyce is also survived by his brother, thirteen grandchildren, and nine great-grandchildren.

Dr. Boyce was one of the true pioneers of modern gastroenterology and responsible for many of the techniques in use today for patients with swallowing disorders. Dr. Boyce was a graduate of Wake Forest University (BS), Baylor University (MS), and Bowman Gray School of Medicine (MD). He completed specialty training in internal medicine and subspecialty training in gastroenterology in the United States Army.

In 1975, Dr. Boyce retired from the Army and joined the University of South Florida College of Medicine, where he established and served as the Director of the Division of Digestive Diseases and Nutrition until 1990. In 1987, Dr. Boyce founded the USF Center for Esophageal and Swallowing Disorders. Dr. Boyce recognized that there was very little being done for people who were unable to swallow either because of a congenital disorder, injuries, or diseases such as esophageal cancer. His vision to create a comprehensive Center for Swallowing Disorders came to fruition after Hugh Culverhouse, at the time the owner of the Tampa Bay Buccaneers football team, came to Dr. Boyce as a patient. Dr. Boyce and Jean and Hugh and Joy Culverhouse soon became close friends, and through the generosity of the Culverhouses, the Joy McCann Culverhouse Center for Swallowing Disorders stands to this day as the largest fully staffed swallowing center in the country and the crowning achievement of Dr. Boyce's illustrious career. Dr. Boyce finally retired from the practice of medicine in 2011 at the age of 81.

Of all of the many accolades and accomplishments, Dr. Boyce would say that he is most proud of his role as a loving husband, father, grandfather, and great-grandfather to the most warm, wonderful family in the world whom he loved without reservation.

Donations can be made to: USF Foundation, FBO Swallowing Center Research Operating Fund, 4202 East Fowler Ave., ALC 100, Tampa Florida 33620-5455.

In Memoriam

Monther-in-law to HCMA member Dr. Harris McIlwain and grandmother to HCMA members Drs. Laura McIlwain-Cruse and Kimberly McIlwain-Smith, Jewel Holden Fulghum, "Grams" or "Grandmommy," 90, passed away peacefully on Sunday, June 2, 2019, in Temple Terrace, surrounded by the abiding love of family and friends. Born in Tampa, June 14, 1928, Jewel was a beauty queen, valedictorian, and cheerleader at Pinecrest High School and frequently sang patriotic songs at assemblies and church. She married Roy E. Fulghum. Together, they raised three strong daughters, Linda, Lori, and Debra. With her positive and gentle spirit, Jewel was the epitome of a Christian woman-filled with God's grace, goodness, loving kindness and forgiveness for all. Jewel was passionate about baking for others, making cookies with her secret ingredient of "love" for her many grandchildren and great grandchildren, and she believed the most important thing in life was her precious family. Jewel is survived by her three daughters, eleven grandchildren, sixteen great-grandchildren, more family and many friends.

In Memoriam

Jon Paul Zorian, June 17, 1943 – May 23, 2019. A 3rd Generation Florida Native, learning engines inside and out was Jon's early passion. Although he graduated from the University of Georgia with a B.S. in psychology, it was mathematics and geometry that he worked with daily while becoming one of the best engine builders in the racing industry. In 1968, Jon went into business with the legendary "Big Daddy" Don Garlits and created the Top Fuel engines used in the Garlits dragster. Jon's engines excelled in Top Fuel and Pro Stock Drag Racing and his customers were spread throughout the Nation, South America, and Europe. The Zorian name is proudly displayed on many of the racing cars located in the Don Garlits Museum in Ocala. In 1993, Jon was extremely honored to be inducted into the NHRA Hall of Fame.

Jon's passion for the outdoors and fishing is what drove him, in 1986, to become a licensed USCG charter captain specializing in tarpon. He was a founding member and officer of the Boca Grande Fishing Guides Association and also enjoyed serving as a member of the Florida Outdoor Writer's Association; writing columns for the Boca Beacon and Tarpon Times for 25 years.

(continued)

Personal News (continued)

Jon continued his "hobby" of serving as a tarpon guide while pursuing a career within the Ferman Automotive Group, a decision he made in 1997 that brought him over 20 years of accomplishments and prestige. He is highly regarded in the "Ferman family" and openly displayed his appreciation for their unwavering friendship and support.

Jon was a legend in his own way, but nothing compares to the kindness and consideration he showed to so many. His life demonstrated one of his favorite phrases, "Integrity is doing the right thing when no one else is watching." A man who was admired and loved in so many ways will forever remain in the hearts of all those who knew him.

His true wealth was in his generous heart.
My loving father, my hero, my guardian angel.
~ Justin

With summer here - a reminder that accidental drowning can be avoided.

HCMA member, Dr. Kelly Devers, recently wrote a column addressing accidental drowning among children. As the chief medical examiner for Hillsborough County, Dr. Devers unfortunately experiences the grim reminders that accidental drowning in children is on the rise.

In 2017, four children drowned in Hillsborough County. In 2018, the number spiked to an alarming 15 - an increase of 275 percent. More children under the age of six died from drowning in pools, ponds, lakes and bathtubs than any other preventable cause in Hillsborough. As a community, we can and we must do more.

To read the article, Google: "Tampa Bay Times Kelly Devers." This column originally appeared in the Tampa Bay Times in March.

New Members

Active

Eric Carter, MD
Family Medicine
Baycare Medical Group
4211 Van Dyke Rd., #200
Lutz, FL 33558
813.321.6237

Wanda Cruz, DO
Emergency Medicine
Emergency Medical Assoc of Tampa Bay
2502 W. St. Isabel St., Ste. B
Tampa, FL 33607
813.874.5707

Rodolfo Gari, MD
Anesthesiology
Tampa Pain Relief Center
4730 N. Habana Ave., #104
Tampa, FL 33614
813.437.4243

Andreas Karachristos, MD
Surgery
USF Dept. of Surgical Oncology
5 Tampa General Circle, #740
Tampa, FL 33606
813.844.4554

Patricia Moody-McNab, MD
Dermatopathology
CarePath Dx
3110 Cherry Palm Dr., #340
Plant City, FL 33566
813.932.0374

Abhik Roy, MD
Hospital Medicine
Florida Medical Clinic
38135 Market Square
Zephyrhills, FL 33542
813.778.0444

Ruffolo Hooper & Associates, MD, PA
5751 Hoover Blvd.
Tampa, 33634
813.886.8334
Thirteen physicians:

Geza Acs, M.D., Ph.D.
Lugen Chen, MD, Ph.D.
Liying Fu, M.D., Ph.D.
Casey Gooden, MD
Patricia Gregg, MD
Yanfei "Faye" Huang, MD, Ph.D.
Patrick Malafronte, MD
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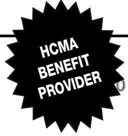

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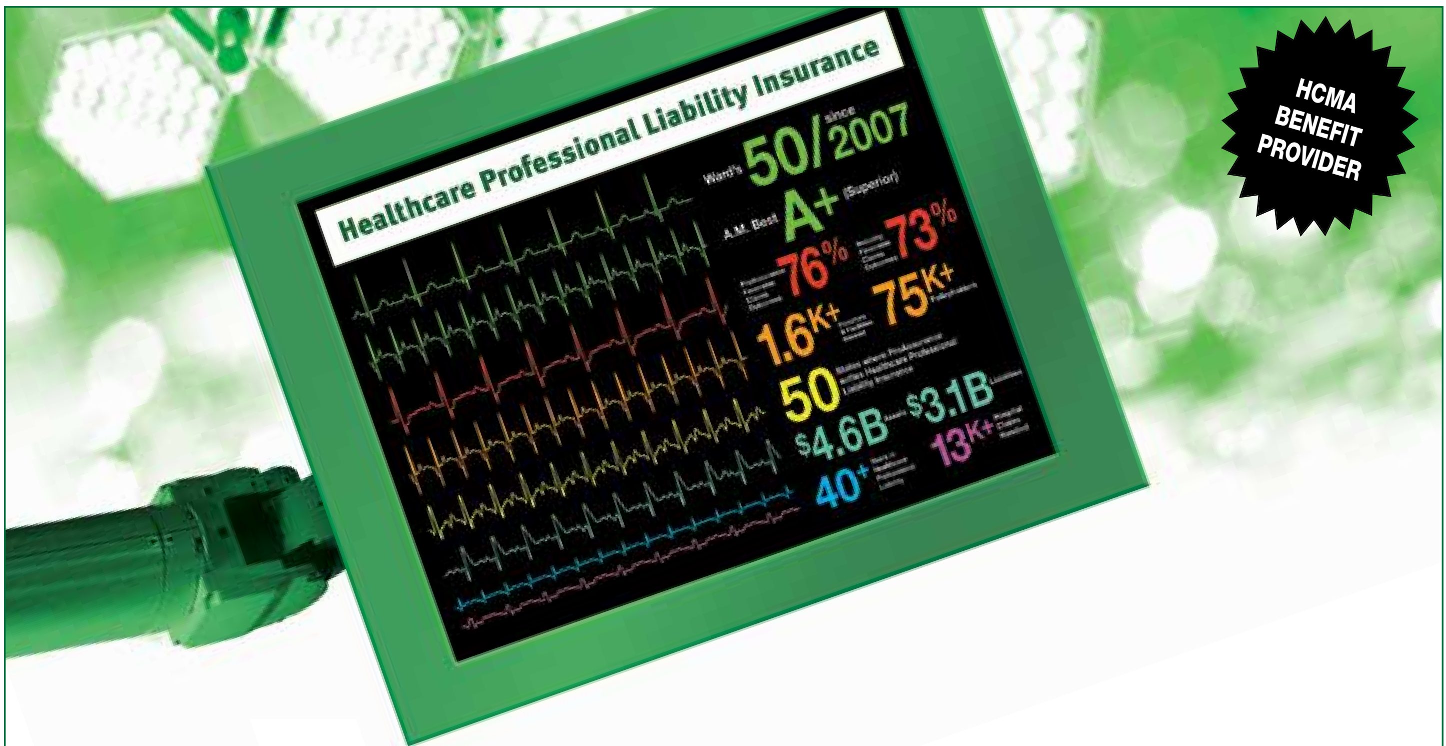

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