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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

January/February 2018





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Upcoming Events

Executive Council Meetings

6:00pm at the HCMA Office

March 20, 2018

HCMA Membership Dinners

6:30pm at the Westshore Grand

February 13, 2018

May 8, 2018

HCMA Alliance

Go Red for Women Social

7:00 pm at the home of Dr. Madelyn & Bill Butler

5206 Bayshore Blvd.

February 23, 2018

Burnout Prevention Seminar

5:15 pm at the Westshore Grand

March 29, 2018

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

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January/February 2018

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Dr. Jack Maniscalco attended the 2017 Albuquerque International Balloon Fiesta and captured this issue's cover at a Morning Glow. He shot it with his Canon 5D, using a 24-105mm lens.



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President's Message

Hats and Burnout

Fred Bearison, MD

Drfredb1@gmail.com



During my vacation in January, I had time to sit back and reflect over the past year. I knew I had been busy working 10-12 hours daily, as most physicians do, but I didn't realize how many different "hats" I wore each day – professionally and personally. To my surprise, one day I wore five different "hats," each one representing a different responsibility which I bore.

This particular day began about 7:30am. I am a board-certified internist in a single specialty primary care practice. Twenty-five patients per day is my average load. Most of my patients I have known over twenty years and consider the majority family. I love primary care and would never consider doing anything else. I have been in the same practice for over 30 years and hope to continue seeing patients for at least another five years. Hat #1 – Primary Care Physician.

Lunchtime on that same day, I had a meeting with my personal assistant and office manager. Numerous decisions had to be approved by me: raises for employees, new equipment purchases, and changing software vendors. Hat #2 – Physician Administrator.

I decided to eliminate a few open patient appointment slots at the end of the day so as not to be late for my next "activity" – chairing the Executive Council Meeting as president of the HCMA. Lucky for me, the agenda was shorter than usual which would allow me enough time to get back to Valrico for my next "activity." Hat #3 – Active Participant/Leader in Organized Medicine.

As lady luck was on my side, which in Hillsborough County as most of us know is usually not the case when it comes to traffic, I made it home with five minutes to spare for my 8:15 conference call. I am a member of the claims committee for a malpractice insurance carrier and we review claims made against physicians. Hat #4 – Independent Consultant.

Time for my last and final hat??? No, not yet! I still had to spend between one-two hours completing my charts for the day. Our EHR system is cloud based so I can securely complete them at home. Hat #1 (for the second time that day).

Finally, it was then well after 10pm and I had been "on the run" essentially since 7:30am and now it was time for my family.

Lucky for me, all three of my adult children were home for my wife and me to enjoy! We exchanged stories about our activities of the day, plane rides back to Florida, and unusual experiences my daughter had working in management for a large retailer. By midnight I was ready for bed. Hat #5 – Father and Husband.

Most of the time I do not have "five hat days," but when I do, I prepare myself by being well rested, organized, and focused on my goals. That is my story. However, some of my fellow physicians aren't as lucky as I am and have a different story. They find it difficult to deal with the stress which we all experience to some degree by being a physician and suffer from what is commonly called "Physician Burnout." I recently became aware of this problem due to the research done by Debbie Zorian, HCMA Executive Director. With the support of the HCMA Executive Council, she has taken it upon herself to develop and implement a confidential cost free counseling program for any member who feels the need to obtain assistance in dealing with stress and potential burnout. In the near future, specific information will be available about this program as well as offering a March seminar for dealing specifically with physician stress.

In closing, I would like to express my personal thanks to Ms. Zorian for having the insight to recognize such an important issue concerning physicians and the drive to create a program to effectively deal with it. My five "hats" off to you Debbie! This is just another example of the value of HCMA membership.

2018

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were due**

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Editor's Page

Freezing...it's not all about the weather

David Lubin, MD
dajalu@aol.com



You don't think it's going to happen to you. You're invulnerable; it just happens to the "other guy." You might worry initially, but then it passes and you don't think about it anymore.

No, I'm not referring to the "C" word, where your PSA might be slightly elevated, or there's a spot on your mammogram. Or there's a death in a friend's or colleague's family related to a dumb accident, like driving and

texting, because you've told your kids never to do that...right? Or the hurricane in the Gulf just keeps churning straight north because no storm would want to get tied up and stuck on I-4 going across the state.

No, I'm not referring to any of the above. What I'm referring to is related to another issue making us all extremely vulnerable...ID theft. Back in September, 2017, we were made aware of a breach in Equifax's security, affecting almost 150 million people, nearly half the population of the United States. I'm sure we all thought, or at least hoped, that if it was one out of every two people, that it was the "other" person who was going to have all the problems. I read where Equifax could have avoided the breach had they taken five minutes to do something, like take its site down, but they didn't.

I, of course, was concerned, but not overly worried. I don't do a lot of online banking and have what I feel is a limited number of credit cards. And who would want to hack into my Home Depot and Lowe's accounts? I use an Apple computer, and over the years they have been a lot less susceptible to hacking and viruses, so I've never really felt as vulnerable.

Elke's brother had an issue about four years ago when he was filing his income taxes and was informed that someone already had filed and received his refund, so that has always been stuck in the back of my head.

Then on October 18th, I received an email from SunTrust bank:

Thank you for applying for a SunTrust MasterCard Cash Rewards. We are reviewing your application and will notify you by mail within 7-10 business days. Your application ID number is 20172911803060.

That came about 5PM, and soon after, I received this from the Florida Department of Highway Safety and Motor Vehicles:

A Florida Department of Highway Safety and Motor Vehicles account associated with this email address was accessed today at 5:11 PM for DAVID LUBIN. If you believe someone may have accessed this information without authorization, please notify us immediately at GoRenewSupport@FLHSMV.gov.

I'll let you know that about a month prior to these emails, I froze all three credit reports: Equifax (and signed up for their TrustedID), Experian, and TransUnion. I felt relatively safe that nothing could be done to steal my credit. I called both SunTrust

and the DMV and resolved both of these issues. SunTrust did not issue me a MasterCard and I filled out a form for the DMV that would keep anyone from inquiring about my license.

And then, at 5:30PM, I received this from Experian:

Now that you have your Experian CreditWorksSM Basic account, verify that your personal information is correct, review your accounts for accuracy, and look for suspicious activity that could be signs of fraud.

I didn't have any passwords for Experian so I called them and explained that I had not signed up for their account. Someone had though. They had entered all the correct information except for my phone number and answers to security questions. The phone number might have even been from Kazakhstan. The Experian representative was a young man who was going to go into the security business. He told me that since someone had tried to check my credit, which was all they could have done, I now would not be able to go online to check Experian's credit report anymore, since someone had hacked my social se-



(continued)

Editor's Page (continued)

curity number with them. Once hacked, you can never go back, but I could request my information by mail.

I then had an attempted hack through PNC bank, and told I was denied a Discover card because they were "UNABLE TO VERIFY CREDIT REFERENCES/APPLICATION INFORMATION." So the mechanisms that were in place to prevent ID theft were actually working. I received a number of texts from Equifax's TrustedID that there were inquiries with regards to my credit. They were just current creditors updating cards. As of mid-January, there had not been any more attempted thefts.

So what can you do? Freeze all your credit reports at the three major agencies: Equifax, Experian, and TransUnion. But there's also a fourth one that someone could access to check credit, but I don't believe they operate as the others do. It's Innovis Consumer Assistance out of Pittsburgh and you can also go online to freeze that one. Freezing an account may cost \$10, but it's well worth it. Most do not charge seniors. Just be aware, if you freeze your account and then wish to make a major purchase with credit, like a home, car, boat, etc., you will need to contact the agencies and unfreeze your credit reports. Again, it will be worth the slight hassle to be protected.

Just don't think it can't happen to you. I'm sure some of you reading this have lost your tax return or have had your ID stolen.

And on top of all this...Elke and I were going out to eat on a Sunday evening in November and there was a note attached to our mailbox. It was from a FEMA inspector, a form letter, which stated that "I am an inspector with WSP Inspection Services, contracted to perform FEMA housing inspections, and I visited your residence today to perform an inspection of the damages caused by the recent disaster. Your application for Federal Disaster Assistance cannot be processed until the inspection is completed." I had not filed an application for any damages from Hurricane Irma. Ironically, that morning, Joe Henderson had written a column in the Times that he also had a FEMA inspector visit to follow up on his wife's application. She had not filed one. About a month later, another inspector showed up at my house. He appeared legit, with ID and a small tablet that had a sticker on it which said "property of the US government." He said there were a number of fraudulent claims but that they still had to follow up on all claims. He showed me "my application." My birthday was incorrect as was my email address. He was going to cancel the application.

So be cautious and vigilant...and freeze your accounts!

AN INVITATION FROM THE HCMA ALLIANCE

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Friday, February 23, 2018
7-9 pm

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Executive Director's Desk

Physician Wellness at the Forefront

Debbie Zorian

DZorian@hcma.net



As I write my column, it is a mere ten days before the New Year begins. As I reflect on the efforts and achievements the HCMA has put forth and accomplished in 2017, I continue to be honored to be part of an Association that puts the best interest of physicians and their patients at heart. Together we have advanced our advocacy efforts, enhanced physician involvement, provided additional tangible membership

benefits, and solidified the valuable partnership with the USF MCOM. Also, by the time you receive this journal, the HCMA Physician Wellness Committee (PWC) will have met and concrete plans will be in place to implement a Physician Wellness Program (PWP) for members.

As my last column depicted, not being able to truly focus on the practice of quality medicine, more physicians have become frustrated by the direction the system has taken. A myriad of pressures and the continual, demanding challenges that physicians endure can cause chronic stress, depression, and burnout regardless of specialty or practice affiliation. As most physicians struggle to find a balance between the intense demands of their work and their personal lives, the intent of the PWP is to offer members services and resources to promote work-life balance and physician wellness.

In 2012, after several recurring physician suicides, the Lane County Medical Society in Oregon created a PWP. It was the first in the nation sponsored by a medical society. I have had the good fortune to discuss the society's PWP with the then Executive, Candice Barr. She has been a wealth of information and advice of which I will adhere to during the process of creating our own PWP.

The fully funded program will provide resources to help keep HCMA members well and thriving. This in turn will benefit their practices, the quality of care for their patients, their personal lives, and the community at large. Resources and program specifics, although not limited to, will include:

Completely confidential access to seasoned psychologists where there is no diagnosis made, no insurance billed, and no electronic records kept (sessions per year to be determined by the PWC).

Appointments are self-referred and member initiated only.

HCMA membership will be confirmed via the online HCMA member database and the HCMA will be billed directly with de-identified data.

A 24/7 confidential hotline and online direct access will be available.

Educational seminars, speakers, and coaching sessions will be provided throughout the year.

On March 29th, the HCMA will launch our PWP by holding a Burnout Prevention Seminar offering 1.5 CME credits. Dr. Dike Drummond, the foremost national expert on burnout prevention, will be the presenter of this motivating and advantageous seminar. Spouses and the significant others of members are also invited to attend. See invitation opposite this page for further details.

I look forward to participating in the creation of the HCMA PWP. It will serve as a tangible benefit that will help enhance the lives of our valued members.

Your HCMA wants to help keep you, the most important patient, well.

The vision of the HCMA Physician Wellness Program is to produce and sustain a healthy and resourceful medical community where physicians feel supported. The wellbeing of our members is at the core of our mission.

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The Westshore Grand, Tampa
Thursday, March 29, 2018
5:15pm ~ Registration & Social
6:30pm ~ Dinner & Presentation

**This event is complimentary for HCMA members and
their spouses/significant others**

Prior to Dinner...

Join us in a tension-free atmosphere and enjoy complimentary cocktails, hors d'oeuvres, and mini-massages. Harpist, Taylor Mills Krebs will enhance the ambiance with her musical stylings.

Our Speaker...

Dike Drummond, MD, is a Mayo trained family practice physician and the nation's leading coach, trainer, and consultant on the prevention of burnout in individual physicians. He has delivered the Burnout Prevention Seminar to over 10,000 practicing physicians across America.

RESERVATIONS ARE REQUIRED NO LATER THAN MARCH 22nd

Contact Kay Mills at the Hillsborough County Medical Association: 813.253.0471, KMills@hcma.net

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Physician Wellness

Physician Burnout – Why it’s Not a Fair Fight

Dike Drummond MD, CEO

thehappyemd@gmail.com

www.TheHappyMD.com



Why does having a sense of satisfaction and fulfillment as a modern doctor seem like such a struggle at times? There is an invisible battle going on, day-by-day between our search for a Fulfilling Career in Medicine and the hidden forces of Professional Burnout.

What is Burnout?

We each know what it feels like to be fried, toasted and spent after a long weekend of call or a tough night in the hospital. If you are able to recover your drive and energy before you return to work, great job. I hope your resilience continues.

Burnout begins when you are NOT able to recharge your batteries between call nights or days in the office. You begin a downward spiral with three distinct components.

- **Emotional Exhaustion:**
 - You are emotionally drained, depleted and worn out and not able to recover in your time off
- **Depersonalization:**
 - You develop a negative, callous and cynical attitude toward patients and their concerns (“my patients are so #%*&!”)
- **Reduced Sense of Personal Accomplishment:**
 - You see your work poor quality, without value or meaningless (“what’s the use?”) and see yourself as incompetent.

The standard scale for measuring burnout is called the Maslach Burnout Inventory (MBI). The originators of the MBI describe burnout as:

“...an erosion of the soul caused by a deterioration of one’s values, dignity, spirit and will.”

How Common is Burnout?

Numerous global studies involving nearly every medical and surgical specialty indicate that approximately 1 in 3 physicians is experiencing burnout at any given time. Recent studies show

the burnout rate in American physicians is over 50%. Ouch! (Mayo Clinic Proc, 2015 December 90:12, 1600–1613)

What is the Impact of Burnout?

Physician burnout is directly linked to

- Decreased patient satisfaction and quality of care
- Increased medical errors and malpractice rates
- Increased physician and staff turnover
- Increased rates of physician substance abuse and even suicide

The Burnout - Engagement Continuum

Burnout can be thought of as one extreme of a continuum with Engagement on its other end.

Burnout < -----> Engagement

Engagement leads to feelings of fulfillment and satisfaction. You feel your work makes a positive difference in people’s lives and your career has true meaning. Engagement is the emotional gold standard for career success.

It’s a Battle Out There - and it’s Not a Fair Fight

In the day-to-day practice of medicine, the forces of burnout and engagement are in constant conflict with each other. This is not a fair fight because much of the battle lies outside of our normal awareness.

While we focus on our patients and their issues, our practice environment is filled with invisible stresses that feed burnout and block us from engagement.

Here is a partial list of daily stresses working on burnout’s team. Note that they all exist above and beyond everything you do to keep up to date in your clinical skills!

Being a Doctor is Stressful ... Period

The “most stressful” professions are characterized as having a high level of responsibility and little control over the outcome. We are not selling widgets here. This is a tough job that saps our energy every single day.

We work with sick people all day long (duh!)

Our days are filled with intense encounters with sick, scared or hurting people ... with all the emotional needs that come with

(continued)

Physician Wellness (continued)

an illness. In the absence of training on creating boundaries, our energy can be severely tapped by these emotional needs alone.

Balance, What Balance?

Medicine has a powerful tendency to become the “career that ate my brain”, pushing all other life priorities to the side. As we get older, with more family responsibilities, the tension between work and our larger life is a major stressor for many. Training on healthy boundaries would help here too and is rarely available.

A Leadership Role You are Not Trained For

You graduate into the position as leader of a healthcare delivery team without receiving any formal leadership skills training. By default we learn a dysfunctional “Top Down” leadership style. Feeling like we must have all the answers and ordering our patients and staff around only adds additional stress.

The Doctor as the Bottleneck

The team can only go as fast as we can - and we are often behind schedule. Pressure mounts to perform at full steam all day long. We frequently end up being the person who slows everyone else down.

Who’s Paying for This?

The financial incentives are confusing at best. The patient is often not the one paying for our services and many of them receive their care with no personal investment on their part. You may have to deal with over a dozen health plans with different formularies and referral and authorization procedures ... of which the patient is blissfully unaware.

A Lawsuit Waiting to Happen

The hostile legal environment causes many of us to see each patient as a potential lawsuit. This fear factor adds to the stress of all the points above.

Politics and “Reform”

Political debate drives uncertainty about what your career will look and feel like in the future. All the pundits share the same complete lack of understanding about our day to day experience as providers in the trenches of patient care. There is no track record of common sense. We simply don’t know what to expect. (burnout LOVES that !)

Things Eventually Get Stale

The ten year threshold when your practice suddenly seems to become much more of a “mindless routine”, losing its ability to stimulate your creative juices each week. All of a sudden it seems as if medicine is “no fun any more”.

That’s an impressive list (and I am just getting started). Which begs the question ...

Wait a Minute ... Who’s on Your Team?

What skills and strengths are we bringing to this fight?

- We are extremely intelligent, quick learning, hard working with a drive to do our best. Once we know the tactics to defeat burnout, no one will work harder at putting them into action.
- Our connection to “WHY” we are a doctor - to our Purpose. The quality of this connection varies day-by-day, however it is a source of immense power and endurance when the connection is clear
- We have invested over a decade of our lives in our medical training and are not going to give up easily
- We get paid well enough to be in “the 1%”
- We are a respected member of the community
- Our families love and support us. We can draw strength from them
- It is possible for us to build and maintain a life outside medicine where we can recharge and recuperate. You might think of this as “resting between rounds”

Most Importantly:

Just like Rocky Balboa, we can take a huge amount of punishment - take a lickin’ and keep on tickin’. Our ability to simply “take it on the chin” and just keep comin’ is our tactic of last resort. (read on and I will show you some more skillful ways to put the hurt on burnout)

How can you tip the odds in your favor and Beat Burnout?

Recent research shows the efficacy of specific burnout prevention and treatment measures on both the personal and organizational level.

Personal Burnout Prevention Measures

- Self awareness and mindfulness training. Remaining connected to your emotions and energy moment by moment, actively staying present during the work day
- Appreciative Inquiry - doing more of what is working rather than focusing on what is not working
- Narrative Medicine - journaling or peer group processing of your work experience
- Work Life Balance: Creating and maintaining healthy boundaries between work and non-work life areas
- Lowering stress by
 - Learning effective leadership skills
 - Exerting control where possible over your work hours (women physicians are leading the way here)
 - Creating focus where possible on work activities that provide the most meaning

Organizational Prevention Measures

There is a natural place for burnout prevention at the organiza-

(continued)

Physician Wellness (continued)

tional level. Any decrease in burnout should produce measurable increases in profits for the provider organization. Recent research shows us a number of effective interventions.

- State an organizational intention to value, track and support Physician Wellbeing
- Institute regular monitoring for burnout amongst providers (MBI)
- Create CME programs teaching the Personal Burnout Measures above
- Provide time and funding for physician support meetings
- Provide practical leadership skills training
- Support job sharing and flexibility in work hours
- Create specific programs to support physicians suffering from symptomatic burnout

Burnout is waging a constant, invisible, soul eroding battle with our healthcare providers. Physicians engage this enemy every single day and research shows one third of us end up among the walking wounded. It is time to share the research proven tools to tip the odds in the favor of Engagement, Fulfillment and Career Satisfaction for our men and women “in the trenches” of modern medical practice.

Dike Drummond MD is a family physician, executive coach, trainer and consultant specializing burnout prevention and treatment services for physicians. Find over 117 separate ways to prevent burnout at his website, www.TheHappyMD.com

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Dike Drummond MD, CEO, TheHappyMD.com

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—Medical Illustration with Pottery—

Expression of Disease By Ancient Man

Husain Nagamia, MD, FRCS

hnagamia@gmail.com



Medical illustration of a diseased state is an essential part of continuing medical education. In modern times we have gone on to more esoteric forms of audio visual presentations, with 3D graphics, digital cinematographic renderings, and pie charts to illustrate a point of view, or drive home a perspective.

Ancient man, even in prehistoric times, must have contemplated about capturing his observations for perpetuity. However the most unique form of illustrations that I have ever come across in my travels across the globe, was on my recent visit to Peru, when purely by accident and for the very first time, I came across illustration of disease in pottery! The primary aim of the visit was totally different. It entailed the challenging climb of the formidable mountain peak of Machu Picchu, a true landmark of Inca civilization, which I did accomplish with some aid from my young and able-bodied grandchildren!

Besides the impressive vista of the magnificent Machu Picchu at some 8000 feet above sea level, I was even more impressed by what I came across in the Larco Museum of antiquities, in Lima, Peru. For a first time visitor to Peru, this museum of pre-Inca civilizations, is a must see archeological museum!

The museum was founded by a private connoisseur, Rafael Larco Herrera. He acquired a collection of vases and other archaeological pieces from Alfredo Hoyle, who was his brother-in-law. There were approximately 600 ceramic pieces in all. The arrival of these objects ignited a collector's enthusiasm in his son, Rafael Larco Hoyle. Soon after, Larco Herrera left his son in charge of the collection and those pieces completed the first collection of what would become the Rafael Larco Herrera Museum.

Set amongst very beautiful surroundings, this museum houses one of the most incredible collections of pottery that I have ever come across in my world travels. It indeed rivaled the collections of the "Museum of Egyptian Antiquities" in Cairo, famous for its Pharaoh's Mummies and the golden mask of King Tutankhamen!

What intrigued me most was the method used by this ancient civilization to illustrate disease. On later research I found that this pre-Inca civilization dated as far back as 5000 to 2000 BC (Yes! before Christ).

Let us examine some of the pieces that I was able to photograph. Here is a great example of cleft lip and palate (figure 1). Looking closely, the artist has illustrated well that the cleft involves the nasal septum, that it has deformed the nose and the left eye, and the labial fold on the left of the face is accentuated!

To get all these details in a clay pottery image is remarkable! We do not know exactly what the ancient man had in mind to render this much detail in clay pottery: Was it education? Was it perpetuity? Or was it artistic achievement? Let us now go further and look at some of the other clay reproductions:



Here is a classic example of "torticollis" (figure 2). Even some of our modern medical texts would not have been able to reproduce the discomfort, evident in the patient's expression of suffering from this debilitating condition!

This figure illustrates a patient with "Microstomia" (figure 3). What is interesting about this figure is that the patient is illustrated "holding" bottles of liquids in their hands. Presumably the only way that a patient afflicted by this condition could get nutrition and survive in those times!

This figure illustrates the classic expression for a patient who has "Bell's Palsy" (figure 4). The drooping lip, the prominently open left/right eye and absence of the left/right labial fold is a classic giveaway of the condition.

There were many other dolls, with other characteristic features of many classical diseases. More time and research are indeed necessary before all these can be listed and catalogued.

Thus, I must conclude that during the entire rise of human civilization, humanity has endured the ravages of disease processes; but human ingenuity has triumphed and done its best to conquer and eradicate disease. As we advance into future civilizations, hopefully a day will come when disease may be a thing of the past and the future man may look at our medical illustrations with curiosity amazement and wonder as to how little did we know of disease in the 21st century!

Committee Happenings

HCMA's 24th Legislative Luncheon

HCMA's Government Affairs Committee Chairman, Dr. Michael Cromer, moderated the 24th Annual event on November 29th at The Centre Club. Ten of the thirteen Hillsborough Legislative delegation offices were represented as well as two congressional offices. Several legislators and legislative assistants had to leave prior to the group photo being taken. Special guests Dr. Douglas Murphy (Chairman, FMA Council on Legislation), and Chris Clark (FMA Sr. VP of Political Affairs) were also in attendance. Many thanks to the legislators and their staff members who were able to take time away from their busy schedules to spend time with HCMA leaders.

Attendees of the luncheon were: Bill Butler (HCMA Alliance President), Fred Bearison, MD (HCMA President), Thomas Bernasek, MD (HCMA President Elect), Robyn Bryant (Leg. Asst/HD#58), Mardee Buchman (Dist. Asst/Cong. Buchanan), Madelyn Butler, MD (HCMA & FMA Past President), Cyrus Calhoun, III (Leg. Asst/Rep. Newton), Clayton Clemens (Dist. Aide/Rep. Toledo), Michael Cromer, MD (Chm. HCMA Gov't Affairs Comm.), Eva Croke, MD (HCMA Secretary), Erika Flores (Leg. Asst/Rep. Cruz), Matthew Floyd (Leg. Asst/Sen. Young),

Rep. James Grant (HD#64), Rep. Shawn Harrison (HD#63), Ed Homan, MD (HCMA Past President & Former HD#60 Rep.), Melonie Hoyt (Leg. Asst/Sen. Young), Jose Jimenez, MD (HCMA Past President), Rebecca Johnson, MD (HCMA Leader), Alejandra Kalik, MD (HCMA Gov't Affairs Vice Chair), Brian Kissel (Leg. Aide/Rep. Toledo), Ian Leber, MD (HCMA Member), Elke Lubin (HCMA Executive Assistant), Ian McConnell (Leg. Asst/Rep. Spano), Rahul Mehra, MD (HCMA Gov't Affairs Comm. Member), Benjamin Mena, MD (HCMA Leader), Mark Mogul, MD (HCMA Member), Tennille Moore (Leg. Asst/Sen. Rouson), Doug Murphy, MD (Chm. FMA Council on Legislation), Rep. Wengay Newton (HD#70), Victoria Phoumthippavong (USF Medical Student), Trent Phillips (Leg. Asst/Rep. Grant), Karen Pittman, Chris Pittman, MD (HCMA Past President), Radhakrishna Rao, MD (HCMA Gov't Affairs Comm. Member), Jayant Rao, MD (HCMA Vice President), Nicole Riddle, MD (HCMA Gov't Affairs Comm. Member), Summer Robertson (Deputy Chief of Staff/Congressman Bilirakis), Rep. Sean Shaw (HD #61), Rep. Jackie Toledo (HD#60), Leila Wilson (Leg. Asst/Sen. Rouson), and Debbie Zorian (HCMA Executive Director).



Dr. Madelyn Butler and Rep. James Grant.



Drs. Doug Murphy, Fred Bearison, and Michael Cromer.



Drs. Rahul Mehra and Chris Pittman



Brian Kissel and Clayton Clemens flank Dr. Nicole Riddle.

2018 Florida Legislative Session

Your Legislative Delegation

The 2018 Legislative Session begins January 9th and adjourns March 9th. Be pro-active in the future of medicine - contact your legislators and educate them on issues important to the practice of medicine and the patients of our state. Below is a list of the Hillsborough Legislative Delegation, their contact information, and their assistants. Please use this information.

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For a copy of the FMA's 2018 Legislative Agenda, email ELubin@hcma.net.

For information concerning the HCMA Government Affairs Committee, contact Michael Cromer, MD, Chairman, drmcromer@gmail.com.

Interested in serving as Doctor of the Day? Contact Mavis Knight, Office of Legislative Services, (850) 717-0301.

Practice Management

Cybersecurity—Protecting Your Electronic Health Records

Jeremy A. Wale, JD

ProAssurance Risk Resource Advisor



With the increased use of technology comes increased risk of cyberattacks. Anything transmitted or stored electronically is at risk of being stolen by a hacker.

Many people don't believe—or understand why—medical information is valuable or at risk. According to a compilation of data breach statistics, there were 781 security breaches in the United States in 2015. Of those, 35.5% were breaches of medical or healthcare information. Shockingly though, these 277 breaches accounted for 66.7% of all records accessed or 112,832,082 individual records.¹

Large healthcare systems, hospital networks, and individual healthcare providers have all been attacked, but the size of the entity is no clear indication of the size of the breach. For example, one Blue Cross Blue Shield attack yielded only 801 records, while the Anthem, Inc. breach yielded approximately 78.8 million records. Alternatively, a dermatologist in New York practicing alone was the subject of two separate breaches, exposing over 25,000 patient records.²

Why are medical records targeted?

Medical records seem to be targeted because they contain all of an individual's personal information: finances, social security numbers, health information, and family information. This gives thieves more potential uses for the stolen information, including applying for credit cards, store accounts, or other lines of credit. They also can use the information to steal healthcare services. These are just a few reasons why a medical record can fetch up to \$50 on the black market, while a credit card number may only earn \$5.³

Another example of how valuable a medical record may be: a security firm CEO shared an example of a black market advertisement to sell ten Medicare numbers. "It costs 22 bitcoin—about \$4,700 according to today's exchange rate."⁴

The transition to electronic health records has given criminal hackers more opportunities to steal medical records. The

chief information officer for a hospital system in Salt Lake City states his hospital system "fends off thousands of attempts to penetrate its network each week."⁵

Another reason is ease of access. Some hospitals and healthcare providers are using systems that have not been updated in more than ten years.⁶ While hospital systems and healthcare providers adjust to ICD-10 implementation and meaningful use, cybersecurity seems to be falling through the cracks. Many healthcare systems "do not encrypt data within their own networks."⁷ Once a hacker penetrates whatever security the system does have, the unencrypted information is there for the taking.

Criminals also use stolen medical records to fraudulently bill healthcare insurance providers and Medicare/Medicaid. The victims may not discover the theft for several months—or even years. In some instances, victims have received debt collection requests for medical services they never received.

What can you do to safeguard electronic medical records?

When implementing or updating an EHR system, talk to your vendor about cybersecurity. Ask whether the stored information is encrypted. It also is a good idea to determine if or when the vendor will provide security updates for your EHR software.

Organizations may need to "invest more money and employee talent in shoring up the walls around their electronic data."⁸ Cybersecurity is a highly specialized area that requires a certain expertise. Your EHR vendor may be able to provide some assistance in this area, but remember their expertise is creation and functionality. Hiring in-house cybersecurity experts or contracting with a cybersecurity firm specializing in this area may be the best options to protect your organization and your patients.

Several organizations, such as the Department of Homeland Security, the American Hospital Association, the Centers for Medicare & Medicaid Services, and the National Institute of Standards and Technology, offer guidance and resources on cybersecurity. Their web addresses are included in the endnotes of this article.⁹ These are just a few of the vast number of resources available to organizations regarding cyber-security.

(continued on page 20)



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Practice Management (cont. from pg. 18)

Mr. Wale is a licensed attorney in Michigan where he works as a Risk Resource Advisor for HCMA Benefit Provider, ProAssurance. He has authored numerous articles about mitigating medical professional liability risk. Mr. Wale also conducts loss prevention seminars to educate physicians about new and emerging risks.

For more information about ProAssurance or the HCMA Benefit Provider Program, please contact the HCMA office: 813.253.0471.

¹ ITRC Data Breach Reports, 2015. Identity theft resource center Web site. http://www.idtheftcenter.org/images/breach/DataBreachReports_2015.pdf. January 4, 2016. Accessed March 24, 2016.

² ITRC Data Breach Reports, 2015. Identity theft resource center Web site. http://www.idtheftcenter.org/images/breach/DataBreachReports_2015.pdf. January 4, 2016. Accessed March 24, 2016.

³ Murphy T, Bailey B. Hackers mine for gold in medical records. The Boston Globe. February 6, 2015. Accessed April 28, 2015.

⁴ Shahani A. The black market for stolen health care data. NPR website. <http://www.npr.org/blogs/alltechconsidered/2015/02/13/385901377/the-black-market-for-stolen-health-care-data>. February 13, 2015. Accessed April 28, 2015.

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credit card. Reuters website. <http://www.reuters.com/article/2014/09/24/us-cybersecurity-hospitals-idUSKCN0HJ21I20140924>. September 24, 2014. Accessed April 28, 2015.

⁶ Humer C, Finkle J. Your medical record is worth more to hackers than your credit card. Reuters website. <http://www.reuters.com/article/2014/09/24/us-cybersecurity-hospitals-idUSKCN0HJ21I20140924>. September 24, 2014. Accessed April 28, 2015.

⁷ Shahani A. The black market for stolen health care data. NPR website. <http://www.npr.org/blogs/alltechconsidered/2015/02/13/385901377/the-black-market-for-stolen-health-care-data>. February 13, 2015. Accessed April 28, 2015.

⁸ Radcliffe S. Patients beware: hackers are targeting your medical information. Healthline News website. <http://www.healthline.com/health-news/hackers-are-targeting-your-medical-information-010715#1>. January 7, 2015. Accessed April 28, 2015.

⁹ <http://www.dhs.gov/topic/cybersecurity>, <http://www.aha.org/advocacy-issues/cybersecurity.shtml>, <http://www.nist.gov/cyberframework/index.cfm>, <http://www.cms.gov>.

LOL with LTM

A Senior's Perspective of Facebook.



I am of a certain generation who does not, and cannot, comprehend why Facebook exists. I am trying to make friends outside of Facebook while applying the same principles.

Therefore, every day I walk down the street and tell passers-by what I have eaten, how I feel at the moment, what I have done the night before, what I will do later and with whom.

I give them pictures of my family, my dog, and of me gardening, taking things apart in the garage, watering the lawn, standing in front of landmarks, driving around town, having lunch, and doing what anybody and everybody does every day.

I also listen to their conversations, give them the “thumbs up” and tell them I like them.

And it works just like Facebook.

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Restaurant Review

Sa Ri One Grill - Korean BBQ that you grill at the table

7525 West Hillsborough Ave., Tampa, 813-280-9558

The Taste Bud



Dr. and Mrs. Taste Bud were driving while on vacation in Southern California. We saw a sign that read: "BBQ and Sushi." Dr. Taste Bud (thinking of good old southern BBQ): "Wow. How could they do both of those well? That's crazy." Mrs. Taste Bud (Rosebud), replied: "It's probably a Korean barbecue restaurant." Dr. Taste Bud: "What's that?" Rosebud, being much more astute than

Dr. Taste Bud: "They have a barbecue for meats and it's an Asian type of barbecue. They probably have Asian sushi also." Dr. Taste Bud, being naïve: "Never heard of it."

So, when we returned, I looked up Korean BBQ. Sure enough, we have several such places around the bay area. Some have sushi, some don't, some have BBQ that is prepared in the kitchen and is brought to you at the table, and some have a grill where you grill it yourself. Being adventure-some, Rosebud and I, along with another couple, chose to visit one without sushi but one that has a grill in the table. "Sa Ri One" we discovered is the name of the owner's village in Korea and it is NOT pronounced "Sorry One," but "Sa Di One." Visiting was a fun and novel experience and we will visit again. And the food was good.

Sa Ri One Grill has a sister Sa Ri One on Cypress Street in the Westshore area, but that one does not have the table grills, which is the fun of going. The "Grill" location, in Town and Country, is in a strip center, but is nice inside and large with a variety of tables and a couple of private rooms for groups. I have seen other Korean restaurants and this one appears to be the nicest and most upscale.

You must order the "B" option on the menu for "all-you-can-eat" BBQ. It is pricey, at \$35, but it comes with a lot. All the people at the table have to order it if one does, so there is no

"cheating." Despite the price, we found it worth it. There are a dozen meats to grill, each with varying marinade or spices. Your server will bring you many sides and many sauces. For the four of us, at one time we had an amazing thirty dishes on the table.

With the server's help, we ordered four of the twelve meat and poultry options, ordering the most popular ones.

The first two we had were the pork belly (Sam Gyum Sal) and the short ribs (La Gal Bi). Both were famous Korean dishes per the server, the second one having originated in L.A.

The pork belly appeared to be strips of bacon but not as salty. We discovered that the grill takes a while to reach the full temperature and the taste was better and the pork crisper as the grill heated more. It was grilled alongside the La Gal Bi marinated

short ribs which were cut into strips the same size as the pork belly. The meat is served with tongs to lift and turn and a pair of kitchen scissors to cut the strips into bites sized portions to eat with chopsticks. Cutting the meat with the scissors is a tradition in Korea, and it is much easier than cutting it with a knife. It makes a lot of sense.

Now is the fun part. The meat is served with large leaves of lettuce if you wish to make a wrap and dip it in the sesame oil or you can

grill onions to eat that alongside or add any of the various vegetables and sauces. And what a variety! We had marinated cucumbers, strips of fish cakes, garlic, jalapenos, onions, Kimchi, radish strips, bean sprouts, a very flavorful bean paste, spinach, white rice, and miso soup. Try and add up the possible combinations! It is in the thousands.

The next two meats we grilled were Ju Mul Luk and Gal Bi Chicken. Ju Mul Luk is beef rubbed with spices and marinated in a sweet sauce. Although it was called "sweet," it was only slightly sweet and it was a rich addition to the taste of the tender beef. The Gal Bi Chicken was served bright red and was very

SUMMARY:

	CUISINE UUUUU	AMBIENCE UUUUU ^{1/2}	SERVICE UUUUU
PLUSES + + +	<ul style="list-style-type: none"> A fun time, especially for a group A variety of good tasting meats that you grill yourself A multitude of dishes. You will like something! 	<ul style="list-style-type: none"> Nice, clean and large restaurant with a variety of tables, booths and rooms Interesting Korean satellite feed on the TV 	<ul style="list-style-type: none"> Very friendly service, eager to please. Our waitress was from Seoul and knew what to do and how to do it When your grill starts to get soiled with pieces of meat or charred waste, they replace the grill with a clean one
MINUSES - - -	<ul style="list-style-type: none"> You will be "Stuffed" 	<ul style="list-style-type: none"> In a strip center, but the inside is nice 	

Restaurants are rated from one to five stethoscopes.

(continued)

Restaurant Review (continued)

spicy. It was my favorite. By now the grill was very hot, the meats cooked faster, and was more to our liking with a dark crispy crust.


If you are afraid to try the BBQ (don't be), there are pages and pages of ala carte items on the menu.

Sa Ri One has a menu of Korean beers and wines. I opted for the black raspberry "Bohae" wine served in a cute 375 ml. bottle. It tasted more like a thick black raspberry juice than wine but was a good novelty for those with American wine tastes.

Just go visit. Just go.



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<p>NICOTINE REPLACEMENT FREE nicotine patches, lozenges or gum* to help tobacco users cope with nicotine withdrawal symptoms. <small>*If medically appropriate and 18 years of age or older.</small></p>	<p>GROUP COUNSELING Is an effective and critical component of any quit attempt, and can more than double the success rate of quitting tobacco.</p>
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Program covers all forms of tobacco.


GROUP QUIT

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For more information call 813-974-7889
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Personal News

In Memoriam



Charles Allan McLaughlin, Jr., MD, 69, of Wesley Chapel, passed away November 21, 2017. He was born in Raleigh and raised in Southern Pines, NC. Charles graduated from The University of North Carolina as a Morehead Scholar. He then attended medical school at Emory University in Atlanta, did his internship in general surgery at the University of Kentucky and plastic surgery fellowship in Miami under D. Ralph Millard. He opened an office in Greensboro, NC in 1979 and his Tampa office in 1983. He was proud to still be operating his plastic and reconstructive surgery business of 38 years. Dr. McLaughlin enjoyed restoring cars, collecting antiques, racing horses, and working on his farm. He loved spending time with family and friends and was known as “The Cool One” to his grandkids.

Dr. McLaughlin was preceded in death by his parents, Charles and Violet McLaughlin. He is survived by his two sons, Dr. Charles McLaughlin III and his wife, Amy and David McLaughlin and his girlfriend, Victoria Pearce; his daughter, Anna Kimbrough and her husband, Tripp; four grandchildren, Charlie McLaughlin IV, Henry McLaughlin, Ella Kimbrough and Houston Kimbrough.

A celebration of his life and achievements took place at Phoenix Rising Farm. Letter to the Editor

Letter to the Editor



Dr. Rebecca Johnson’s letter to the editor appeared in the November 7th edition of the Tampa Bay Times. She gave her opinion on the negative aspects of Florida House Bill 81:

Florida legislators are considering a bill prohibiting hospitals and health plans from requiring board certified physicians to periodically demonstrate they are current with the latest advances in their medical specialty.

Florida House Bill 81 makes it illegal for hospitals and health insurers to consider Maintenance of Certification, or MOC, a program board certified physicians participate in to maintain their certification, when deciding whether to give privileges.

This legislation represents a new mandate for private organizations regarding what they can and cannot consider when making credentialing decisions. More importantly, it puts patients at risk by lowering the standard for specialty care.

Physicians supporting HB 81 believe that once certified, physicians should always have the privilege of holding themselves out as medical experts and should not have to demonstrate they are staying up to date through periodic review.

Research indicates that expert knowledge and skills decline over time. This, coupled with today’s rapid pace of advances in medical science and knowledge, makes it difficult for physicians to know what they don’t know. MOC helps physicians focus their learning over the course of their careers so they are current with developments in their specialty.

Contact Elke Lubin at the HCMA office to receive a link to the full article: ELubin@hcma.net.

A Tradition of Mission Trips



This medical team pictured, led by Dr. Kenneth Gustke (far right), recently performed 40 knee surgeries in Guatemala. L-R: Monica Coconuba-Sanchez, Jose Mesa, Marlyn Cua, Jessica Zavesky, and Susie Heinrichs.

Dr. Kenneth Gustke has a thirteen year tradition of making missionary trips to help underprivileged in other countries. A recent Tampa Bay Times article featured Dr. Gustke and his latest trip to Guatemala:

Life-changing mission. A local surgical team travels to Guatemala to perform free knee surgeries to the country’s needy.

In Antigua Guatemala there is a hospital that you can’t go to with a sudden injury or traditional emergency. While there, Tampa orthopedic surgeon Dr. Kenneth Gustke saw potential patients lining the walls of every corridor, lobby and even the streets outside. All for the chance at lifesaving surgeries.

For thirteen years, Dr. Gustke has been making missionary trips to hospitals like this to perform hip and knee replacements for no cost to the patients.

“It brings us back to the reason that we went into medicine to begin with,” he said. “It’s not the entrepreneurship, or the business stuff, or headaches of paper work. It’s all back to the pure aspect of providing medicine. Providing medical care.”

Contact Elke Lubin at the HCMA office to receive a link to the full article: ELubin@hcma.net.

New Members

Active Members

Michael Burnette, MD
Rheumatology
BayCare
4612 N. Habana Ave., #101
Tampa, FL 33614
(813) 840-3526

Christina Canody, MD
Pediatrics
BayCare
4712 N. Armenia Ave., #102
Tampa, FL 33603
(813) 879-5716

Jessica Greer, MD
OBG
The Woman's Group
5380 Primrose Lake Cir.
Tampa, FL 33647
(813) 769-2779
Recruited by Dr. Madelyn Butler

Eva Gupta, MD
Hematology/Oncology
Florida Cancer Specialists
403 S. Kings Ave.
Brandon, FL 33511
(813) 982-3460

Elizabeth Harris, MD
Pediatrics
BayCare
2506 W. Virginia Ave.
Tampa, FL 33607
(813) 870-3720

Nalini Hasija, MD
Hematology/Oncology
Florida Cancer Specialists
3402 W. Dr. M.L. King Jr. Blvd.
Tampa, FL 33607
(813) 875-3950

Richard Hodges, MD
General Surgery
BayCare
4301 N. Habana Ave.
Tampa, FL 33607
(813) 870-4064

Renijitha Ignatius, MD
Oncology
Florida Cancer Specialists
4051 Upper Creek Dr., #104
Sun City Center, FL 33573
(813) 633-3955

Rakhsita Satyarthi, DO
OBG
The Woman's Group
13005 S. US Highway 301
Riverview, FL 33578
(813) 915-5293
Recruited by Dr. Madelyn Butler

Cynthia Schroeder, MD
Pediatric Emergency Medicine
Emergency Medical Assoc of Tampa Bay
2503 S. St. Isabel St.
Tampa, FL 33607
(813) 874-5707
Recruited by Dr. Jayant Rao

Michael Scott, MD
Radiation Oncology
Florida Cancer Specialists
3402 W. Dr. M.L. King Jr. Blvd.
Tampa, FL 33607
(813) 875-3950

Suketu Shah, MD
Pulmonology
Pulmonology Assoc of Brandon
910 Oakfield Dr., #102
Brandon, FL 33511
(813) 681-4413

Matthew Truesdale, MD
Urology
Florida Urology Partners
6043 Winthrop Commerce Ave., #200
Riverview, FL 33578
(813) 685-0827
Recruited by Dr. James Alver

Egberto Zayas, MD
Oncology
Florida Cancer Specialists
3000 Medical Park Dr., #250
Tampa, FL 33613
(813) 632-6220

Affiliate:

Daniel Bland, MD
Pediatric Orthopaedic
Children's Orthopaedic &
Scoliosis Surgery Assoc
3440 W. Dr. M.L. King Jr. Blvd., #200
Tampa, FL 33607
(813) 879-2663
Recruited by Dr. Jeffrey Neustadt

Burnout Prevention Seminar

March 29, 2018
1.5 CME*
Turn to page 11
for details

Benefit Provider

Testimonial

Chris Pittman, MD

Medical Director & CEO, Vein911®

cpittman@vein911.com



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The Bank of Tampa - Oliviana Catrone, VP Private Relationship Manager, ocatrone@bankoftampa.com, or 813-998-2617.



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Favorite Healthcare Staffing - Tom Maiolo, MedicalStaffing@FavoriteStaffing.com or 813-327-5500.



First Citrus Bank – Deb Adams, VP and Branch Manager, dadams@firstcitrus.com or 813-287-0992.



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



Florida Rx Card – Erin Kelly, Area Representative, ekelly.floridarxcard@gmail.com or 770-715-3204.



Full Circle PR - Michele Krohn, Michele@fullcircle-pr.com or 813-887-FCPR (3277).



Legatus Group, LLC - financial services specialists. - Joseph Yagar, MSFS, CES, RIS, Yagar_Joe@nlvmail.com or 646- 898-3562.



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ProAssurance – Healthcare Professional Liability Insurance. Chad May, Florida Account Executive, cmay@proassurance.com or 800.282.6242.



Shumaker, Loop & Kendrick, LLP - healthcare attorneys - Erin Smith Aebel, eaebel@slk-law.com or 813.227.2357.



TekCollect – Jeff Nolin, VP, JNolin@tekcollect.com or 813-418-7910.

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
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
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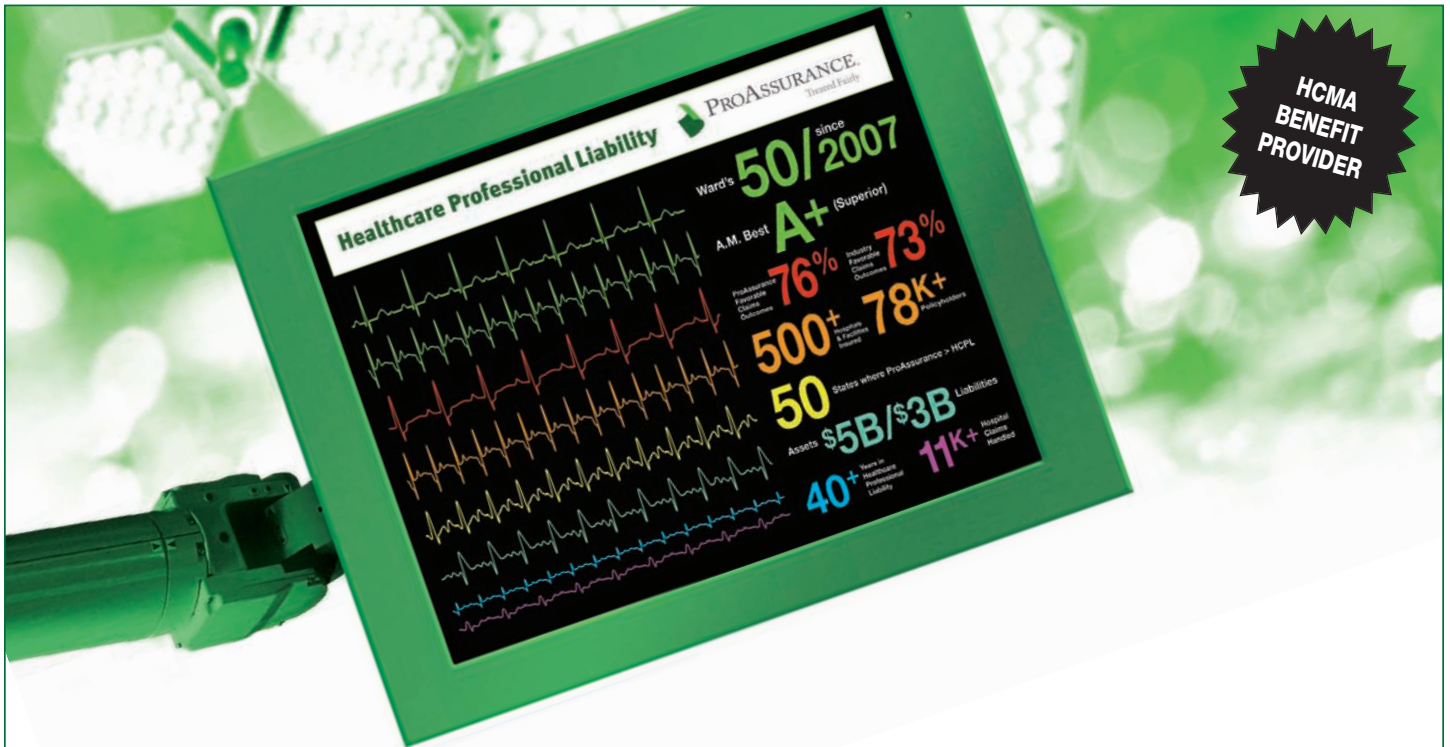


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