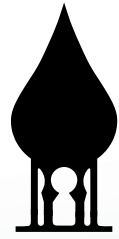


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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

*January/February 2019*



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# Upcoming Events

## Executive Council Meetings

6:00pm at the HCMA Office

March 19, 2019

May 21, 2019

## HCMA Membership Dinner

6:30pm at the Westshore Grand

February 12, 2019

Guest Speaker: Judy Genshaft, President, USF

## HCMA Foundation

22nd Charity Golf Classic

Carrollwood Country Club

April 4, 2019

## HCMA Inauguration Dinner

6:30pm at the Westshore Grand

May 13, 2019 <MONDAY>

Dr. Jayant Rao will be installed as the 2019-2020

HCMA President, Guest Speaker: Michael Connelly, Author

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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.

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

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## ABOUT THE COVER

The cover, shot by *Bulletin* editor, Dr. David Lubin, shows the sunset on New Year's eve from Latitudes restaurant in Key West... where Dr. Lubin and Elke celebrated this year. It was taken with an LG Stylo 3 Plus phone.



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# President's Message

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

Thomas Bernasek, MD

buckteeth@aol.com



I prepared this article with Christmas and 2019 just around the corner and looking forward to some time off. In May, Fred Bearison, MD, handed the presidential gavel to me after two years of service and a job well done. With my eventful year as the 115th HCMA President more than half done, it seems appropriate to reflect on our Medical Association and its mission:

*“Advocating for physicians and the health of the communities we serve.”* I am delighted to report that our association is strong, physician-centric, and active. We are blessed with many ‘servant-physicians’ who are highly motivated to improve and protect our profession. These physicians recognize that we cannot depend on benevolence but must vigorously identify and defend our profession from the seemingly endless pressures that can degrade our financial viability and ability to care for patients.

Under the guidance of HCMA Vice-President, Michael Cromer, MD, the Government Affairs Committee has set the priorities for legislative advocacy and hosted our legislators at the Center Club for the Annual HCMA Legislative Luncheon. The priorities include:

- Eliminating retroactive denial of payment by insurance companies
- Controlled substance prescribing
- Limiting non-physician scope of practice
- Telemedicine oversight
- Needle-exchange programs

A contingency of HCMA members will travel to Tallahassee during the legislative session and meet with legislators and their staffs on March 12, 2019. Members are invited and encouraged to attend; please contact Debbie Zorian or Elke Lubin at the HCMA for details.

HILLPAC, chaired by Malcolm Root, MD, took on the task of vetting and interviewing candidates pre-election. Selected candidates received donations and/or endorsements. This important duty keeps the physician community visible and engaged with the legislators who vote on matters important to all of us.

The HCMA delegation to the FMA numbered 20 at the 2018 FMA Annual Meeting. The FMA is a powerhouse politically and has been extremely effective at supporting or defeating legislation relevant to physicians and patient care. County medical societies are incubators for the ideas and solutions that reach state and national attention. In addition to the delegation, HCMA members were represented on the FMA Board of Governors by Jose Jiminez, MD; Madelyn Butler, MD and Jay Rao, MD. This association with the FMA amplifies our voice and protects the interests of all physicians.

The HCMA enjoys a strong relationship with the USF thanks to Dean Charly Lockwood, the USF faculty, and residents and medical students who attend meetings and contribute. This important alliance connects us to the next generation of physicians. The HCMA has worked to develop medical student mentorships to anchor the ideal of activism and advocacy. The membership dinners are the forum where many students and physicians-in-training meet established members.

The membership dinners are important as a place to meet our colleagues and learn from a variety of community and national speakers. We’ve had some good ones. This year National Geographic photographer, author, and conservationist, Carlton Ward, took us on an incredible pictorial journey of the Florida Wildlife Corridor and efforts to preserve the endangered Florida panther. Only 165 remain in the wild due to habitat destruction. We were also very fortunate to hear four-star General Ann Dunwoody (the first female four-star in U.S. military history) speak on leadership. She is an author and signed copies of her book, *A Higher Standard*. She capped a night where philanthropists Les and Pam Muma received the Frederick A. Reddy, MD, Memorial Award.

**We look forward to USF President Judy Genshaft speaking at the February membership dinner and in May, we will host internationally renowned author and movie producer Michael Connelly. These are do not miss HCMA events!**

Speaking of do not miss events: the HCMA Foundation 22nd Charity Golf Classic is being held April 4, 2019 at the Carrollwood Country Club. This tournament supports the grants and scholarships awarded by the HCMA Foundation each year. Please consider supporting this event by becoming a sponsor, a golfer, or both!

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# Editor's Page

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## *It was a long time coming*

David Lubin, MD

Dajalu@aol.com



Forty-four years. That's a long time. Longer than the time I was in practice, longer than the time I produced my calendar, longer than my youngest daughter is old. But that's how long it had been since I had been back to New Orleans after graduating from Tulane Medical School in 1974. I didn't like New Orleans, having also attended Tulane undergraduate school for my B.S. in psychology. It was dirty, hot and muggy, and just not the place I wanted

to live the rest of my life. Don't get me wrong, New Orleans is full of culture and the culinary scene is probably one of the best in the country, but as a student, I didn't get to go to the fine restaurants or partake of many cultural excursions.

But Elke talked about going and I kept putting her off until she said that she and a couple of her friends were going to plan a "Chick Trip" there. Hey, she took me to Cooperstown to see the Baseball Hall of Fame, so I offered to escort her to New Orleans. We planned to go the middle of October and made a reservation at a hotel, The La Galerie, in, but at the edge of the French Quarter. Elke found it with a Groupon and it was well worth it. Attached to it was Coterie, a great restaurant with really good food, including oysters, and one of the best Bloody Marys I've ever had.

We decided to drive my recently acquired 2015 Honda Civic Hybrid, taking two days with a stop in the Panhandle in Panama, just south of Tallahassee, at a friend's get-away house up there, but Hurricane Michael decided to visit there just a few days before we were scheduled to leave, so we had to have a plan B. We wound up at a Hampton Inn in Pensacola, where we also stayed on the way back. It's a tribute to the road crews who cleaned up the debris to make US 10 and the other roads drivable.

We arrived in New Orleans on Sunday, October 14, and immediately had one of the aforementioned Bloody Marys at Coterie. We then headed out to explore where we were "y'at." We walked through the Quarter, past several souvenir stores that we would pass numerous times. We stopped for lunch at Johnny's, for a po' boy, which I have to say wasn't the best. We then walked around Jackson Square and took in the artist exhibits.



Right across the street was Café Du Monde, home of the original powdered beignets. Of course, I had partaken of those crispy treats when I was there over 50 years ago. Elke was cute. She wanted to know if we could take them out, or share an order. No and no. I warned her not to inhale when she took a bite.



Later on we made it to Pat O'Brien's for Hurricanes and then saw a performance at Preservation Hall. That was certainly one of the cultural highlights to see, even though we were sitting on the floor.

The next day we had breakfast at Coterie, with the two perfect beverages for breakfast...coffee and a Bloody Mary. We visited the World War II Museum, which you should allow a whole day to see, but we did half a day there. Dinner Monday night was at GW Fins on Bienville. Best soft shell crab I've ever had, and they just kept filling up our plates with fresh biscuits. It was pouring rain when we were leaving, so we crossed the street and had dessert and drinks at Arnaud's.



Tuesday was breakfast at Brennan's. What do you need to say about Eggs Benedict and Bananas Foster except "OMG that was good!?" We then walked to the St. Louis #1 cemetery to burn off the calories and take the tour. Hot and muggy...but we made it through. Stories about the

tombs are fascinating, as is the pyramid shaped tomb that Nicolas Cage has there. Afterwards, we Ubered to the New Orleans Aquarium, nothing great, and very similar to the Florida Aquarium, but at least we had air-conditioning. Tuesday night was fresh oysters and Bloody Marys at The Coterie.

*(continued)*



## Editor's Page (continued)

Wednesday was visit college day. We hopped on the trolley and traveled St. Charles through the Garden District, got off at the Tulane campus and walked around. There's something about going back and visiting the school you attended. There's a bonding, although many things have changed. I asked a young student if she could tell me if the Ratskellar was still underneath the student union. The stare she gave me confirmed my fear that it wasn't there anymore. The gift store was as immense as the clothing department at Macy's and, of course, I bought stuff. If any of you have been to New Orleans and been uptown, you may have gone to the Camellia Grill. We went there for lunch and it was the same as



it was 50 years ago. Hanging on the wall behind our counter seats was a picture of a waiter who waited on me back then—good 'ole Harry.

Wednesday night we had dinner at Tujague's. It's currently on Decatur and has been around for over 160 years. We had brisket and it was just ok, not great, but eating at a place with such a history was cool. And our luck, Café Du Monde was across the street and we headed over for dessert--a cup of chicory coffee and what else, powdered beignets.

Thursday, before leaving, we walked over to Mother's Restaurant on the other side of Canal Street where we had delicious roast beef po' boys with debris (that's the part of the brisket that falls off). The place was packed and we understood why. Afterwards we headed home with a stop in Pensacola again, and then made the trip home on Friday.

It had been 44 years since I had been back to New Orleans. I can promise you it won't be that long again.

---

## President's Message

*(continued from page 6)*

My final thought is to thank the HCMA Administrative staff, who makes things run smoothly, and the HCMA officers.

### **HCMA Administrative Staff:**

Debbie Zorian – Executive Director  
Elke Lubin – Executive Assistant/Managing Editor  
Kay Mills – Membership & Event Coordinator  
Jean Repass – Bookkeeper

### **HCMA Officers:**

Jayant Rao, MD – President-Elect  
Michael Cromer, MD – Vice President  
Alejandra Kalik, MD – Treasurer  
Eva Crooke, MD – Secretary  
Joel Silverfield, MD – Chair, Board of Trustees  
Fred Bearison, MD – Immediate Past President

Best wishes for a healthy, safe, and prosperous New Year!

## HCMA contingency to travel to Tallahassee

A contingency of HCMA members, under the leadership of the HCMA Government Affairs Committee, is planning to visit Legislators in Tallahassee on March 12th.

If you are interested in going to Tallahassee, email Elke Lubin, HCMA Executive Assistant: [ELubin@hcma.net](mailto:ELubin@hcma.net). or Call 813.253.0471

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# Executive Director's Desk

---

## A Good Death

Debbie Zorian

DZorian@hcma.net



The conclusion of my last column focusing on Modern Day Healthcare...

*As advances in medicine continue to evolve at an accelerated pace, so will the improvement of customer-centric healthcare experiences which will motivate patients to become even more active players in their healthcare. More engagement means taking*

*more responsibility for their own health which will assist with the changes already in place that focus on prevention and value for care. And as we focus, now more than ever, on our health and quality of life, it only makes sense to me that being able to focus on our quality of death would coincide.*

Perhaps, one day, all patients throughout our country will be provided the option of making their own end-of-life decisions when suffering from an incurable disease. I know this subject is a controversial and sensitive one. When I wrote a column several years back centering on this issue, it was made clear that the column reflected my opinion only.

At that time, Brittany Maynard, a 29 year old terminal brain cancer patient, captivated the nation and became a social media phenomenon. She, along with her husband and family, moved from California to Oregon in order for her to have the ability to choose to end her life prematurely. The decision to put an end to her suffering was allowed due to Oregon's Death with Dignity Act. Currently, seven states and Washington, D.C. have death with dignity statutes.

Reading factual stories touched me deeply. One in particular described how a man lost his wife to cancer and how he prayed for months before her death that she pass into final peace as speedily and gently as possible. It did not happen. He stated that the anguish of helplessly watching her die haunts him daily and how he wished they had lived in a state where his wife was given end of life options. In reverse, I read a reassuring story told by a life-long friend of a woman who was diagnosed with a terminal illness and had approximately six months to live. She lived in Oregon and chose to die with dignity, surrounded by her loving family. The days prior to her death were filled with peace and comfort.

Statistics show that 72% of Americans support death with dignity and the legal rights of terminally ill patients to die. Unfortunately, medical treatments meant to extend life can make the patient's final days much more unpleasant and sometimes unbearable, on both the patient and their loved ones. Prolonging death can be a fate much worse than death.

Because we have deep compassion for animals suffering in pain, we do the humane thing of "putting them to sleep." It confuses me in this day and age as to why human beings can't be afforded the same act of kindness. I continue to believe that people of sound mind with debilitating and incurable illnesses should be afforded opportunities to make a clear and thoughtful decision when their life will end.

A few months ago, I read an article by Dr. David Grube, a longtime medical school professor and National Medical Director for Compassion and Choices. He described how he, after 20 years in practice, prescribed aid-in-dying medication for a patient who was dying of cancer when his symptoms became intolerable.

Dr. Grube stated that as director of Compassion and Choices, he has spoken to scores of physicians who have practiced medical aid in dying. He went on to say that all of them were sincere, compassionate, did not take their decisions lightly, and none have reported instances of regret or depression.

Ten facts listed in Dr. Grube's article included:

- 1) People who request medical aid in dying usually do so because they are experiencing loss of dignity, anhedonia, and the inability to control the "end of their life story."
- 2) In Oregon, six other states, and Washington D.C. with similar laws, there are adequate safeguards to ensure proper application of medical aid in dying.
- 3) The conversation about the option of medical aid in dying is palliative in and of itself.
- 4) Not all suffering can be satisfactorily treated with palliative medicine or hospice care.
- 5) Doctors who conscientiously oppose medical aid in dying are free not to practice it.
- 6) Language matters: medical aid in dying should not be called "suicide" or "assisted suicide."

*(continued)*

## Executive Director's Desk (continued)

- 7) People requesting medical aid in dying are carefully screened to rule out depression that impairs judgement.
- 8) In the United States, only people with terminal illnesses are eligible for medical aid in dying.
- 9) The basic requirements for medical aid in dying have not changed in more than 20 years.
- 10) Since Oregon's Death with Dignity Act took effect in 1997, more people have not died, but fewer have suffered.

The last fact had a great impact on me.

Modern medical options for end-of-life care can provide unimaginable peace of mind and empowerment that many believe should be a basic healthcare human right every person deserves. In saying that, the day may come when the concept of death itself will somehow be viewed differently by society as a whole. Instead of aiming to keep people alive for as long as possible, perhaps laws will be created in all states which will allow patients to experience

a respectable death free from prolonged suffering, if that is their choice.

It makes me think of an excerpt, although implausible in today's times, from one of my favorite movies, *Legends Of The Fall*...

"Tristan died in 1963. The moon of the popping trees. He was last seen up in the North Country, where the hunting was still good. His grave is unmarked, but it does not matter. He had always lived in the borderland anyway, somewhere between this world and the Other.

It was a good death."

---

## Candidates Needed!

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

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

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

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

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# Practitioners' Corner

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## *Evolution of Private Practice*

Erfan Albakri, MD

ealbakri@floridastroke.com



Private practice physicians are fighting hard to survive. The traditional setting where physicians are more than just a doctor - they are trusted advisers, confidants, and personal friends - has changed. It is being gradually replaced by employed physicians and group practices.

The healthcare climate has made it more difficult for doctors to remain independent and self-employed. The Physicians Foundation survey found that 62 percent of physicians were independent in 2008. By 2014 that number had dropped to 35 percent. Independent physicians take more financial risk than employed physicians. The investment required to rent or buy clinic space, purchase medical equipment, and pay staff salaries is an upfront cost of setting up a medical practice before any patients are even scheduled, and long before any patient care reimbursement is collected. Physicians see corporate medicine supplanting the traditional private practice. During the past 25 years, the number of active AAFP members who identified themselves as employed physicians increased from 29 percent to 63 percent. During the same time, the ranks of solo practitioners decreased by 27 percent. These changes are the result of the buyout of independent private practices by large healthcare organizations, such as hospital chains, local and national health insurance companies, healthcare business organizations, and the formation of large physician providers groups where corporate medicine is dominating the traditional private practice.

It has become increasingly necessary for physicians to implement costly EMR systems and to comply with many new regulations such as meaningful use (MU) and Physician Quality Reporting Systems (PQRS), Merit-Based Incentive Payment System (MIPS), Medicare Access and CHIP Reauthorization Act (MACRA), or face a penalty of even lower reimbursements. These developments have decreased the time physicians are able to spend treating patients, forcing them to either see fewer patients, or decreasing their care quality by seeing more patients in the same amount of time, or hire additional staff to lessen the clerical burden.

The movement towards physician employment by hospitals and the aggregation into larger physician groups occurred mostly after the passage of the Affordable Care Act in 2010 which increased regulatory burden and threatens to overwhelm private practices. As negotiating contracts with payers has become more complex, many doctors consider negotiating payments for a small practice to be nearly impossible.

Following the national transformation of healthcare, the independent private physicians in the greater Tampa Bay area are dwindling in numbers. Some older physicians have retired instead of dealing with the latest round of health care upheaval. Private practices have been absorbed by hospital systems such as Health Point physicians' group at BayCare system, Tampa General Medical Group, and Florida Hospital Physicians Group. Others are employed by larger physicians' organization such as Florida Medical Clinic, TeamHealth, and Florida Orthopedic Institute, and DaVita Medical Group which was recently acquired by Optum. Private physicians who saw more value to stay independent, but chose to transform their practices, adjusting to healthcare changes, had joined a large primary care Independent Physicians Association IPA, such as GMS, Tampa Bay Primary Care, or a specialty IPA, such as Florida Urology Partners, Florida Kidney, Florida ENT & Allergy, The Women Group, Gastro Florida, Florida Cancer Specialists, and a multispecialty group such as Florida Physicians Alliance, FPA. Private practice groups' formation is likely driven by financial incentives that favor consolidation over independence.

Hospital employed physicians, multispecialty, and large single specialty groups have not swept the board entirely, but they are real and increasingly prevalent. The new generation of young physicians mostly went into medicine to take care of patients and then go home and be with their families. The scheduling flexibility in a hospital made it unlikely that millennial physicians will consider opening their own practices in an age when long work hours and weekend call coverage are seen as increasingly unsavory options.

The Affordable Care Act encourages doctors to merge into "Accountable Care Organizations" (ACO). By participating in ACOs, hospitals, clinics, and health care providers have been given incentives to organize into teams that will get assigned groups of 5,000 or more Medicare patients. They will be expect-

*(continued to page 14)*



# Grow Forward



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## Practitioners' Corner (continued from page 12)

ed to follow practice guidelines and protocols approved by Medicare. If they achieve certain benchmarks established by Medicare with respect to cost, length of hospital-stay, readmissions, and other measures, they will get to share a portion of Medicare's savings. If the reverse happens, there will be economic penalties. In both the Medicare and non-Medicare varieties of the ACO, cost control and compliance with centrally planned practice guidelines are the primary goal. The new CMS initiative of "Patients Over Paperwork" was attached to another regulation which reduces physicians' Medicare reimbursements.

Private practice, as a part of our cultural fabric, is very likely to survive the changes in the healthcare system. To prosper, physicians must collaborate and face the challenges of the new health care reforms together. This can be achieved by joining ACOs or CINs. Clinically Integrated Network is a nationally established legal structure where many health care providers agree to coordinate all patient services exclusively within their network. It is a physician-led coordination to facilitate healthcare services us-

ing standardized quality metrics, guidelines, and protocols across the network. These new healthcare regulations are promoting clinical integration among physician providers, individual private providers, and group practices where primary care and specialists would work together in a CIN. Their goal is to achieve measurable outcomes at a lower cost, using a unified technological infrastructure and reporting system. There are many financial incentives for private physicians' participation in clinically integrated networks. Using Healthcare Information Exchange (HIE) and care coordination, physicians will be better prepared for the current and future challenges of government regulations and payment reforms. This will reduce the cost of compliance with MIPS and MACRA, increase the chance of negotiating better contracts and will help private physicians' chances to participate in incentive payment programs such as shared saving options and other alternative payment models. This would likely contribute to the success and survival of private practices, when physicians, not business corporations, work together for better patient care coordination.

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HCMA Presidents were honored: Drs. Robert Isbell (1983), Edward Farrior (2003), Hernan Leon (1991), Fred Bearison (2016 & 2017), William Davison (2012), Luis Menendez (1998), Edward Homan (1999), and Thomas Bernasek (current).

# Photo Membership Dinner

On November 20th the HCMA held its Membership Dinner. The Reddy MD Memorial Award was presented to Les and Pam Muma, a four star general in US Military, was the evening's guest.

The medical students in attendance were "mentored" by Dr. Thomas Bernasek, Joel Silverfield, and Jennifer Ting.

Many thanks to GCD Insurance Consultants, ProAssurance, and continued support!



HCMA Presidents were honored: Drs. Ron Seeley (1980), Bruce Shephard (2006), Christopher Pittman (2013), John Curran (2008), Glenn Hooper (1984), and Hunter Eubanks (1992).



Craig Brotchie, Gen. Ann Dunwoody, Debbie Zorian (HCMA Executive Director), and David Goss (ProAssurance VP of Sales).



Jeremy Enns, Insurance Co sponsor and - welcomed th



USF MCOM Dean, Dr. Charles Lockwood, Dr. Linda McClintock, and former Tampa Mayor Dick Greco.



Craig Brotchie, Gen. Ann Dunwoody, Les & Pam Muma, Dr. Thomas Bernasek, and Tammy King.



# Gallery

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## November 20, 2018

Dinner and Past Presidents' Reception. The Frederick A. Reddy, MD Memorial Award was presented to Les and Pam Muma. General Ann Dunwoody, the first female four star speaker.

During the social hour by Drs. Kriston Kent, Anoop Reddy,

Dr. Thomas Bernasek, and St. Joseph's Hospitals for their co-sponsorships



Dr. Jorge and Diane Melendez.



Maisie Reddy, Les & Pam Muma, and Dr. Thomas Bernasek. Mr. & Mrs. Muma were presented with the Frederick A. Reddy, MD Memorial Award for their philanthropic contributions to our community.



Dr. John Curran, an advisor with GCD Consultants - meeting co-sponsor of the HCMA Benefit Provider Reception for the attendees.



US Military's first female four star general, Gen. Ann Dunwoody, captivated the audience with her interesting presentation.



HCMA's Past Presidents were honored with a private reception prior to the membership dinner.



Dr. John and Chris Curran chat with Gen. Dunwoody.



Drs. Katherine Corbyons, David Donohue, David Ibrahim, Thomas Bernasek, Steven Lyons, Chris Grayson, and Ms. Tammy King..

# Foundation Grant Recipient

## *MORE HEALTH: Personal Hygiene Education for children in Tampa Bay*

Karen Pesce-Buckenheimer, R.N., BSN, Executive Director  
kpesce@morehealthinc.org



It's here! The Flu Season. Students are back in school and germs are everywhere. MORE HEALTH, Inc., a nonprofit in Tampa Bay, is busy teaching students the importance of establishing healthy hygiene habits to prevent flu and the spread of germs. The Hillsborough County Medical Association Foundation has kindly donated funds to MORE HEALTH to support

the implementation of the Personal Hygiene Lesson for 2nd grade students throughout Hillsborough County.

Healthy, safe, and strong children, teens and adults is the mission that has guided MORE HEALTH since its inception in 1989, reaching over 3.8 million school-aged children to date. This year, MORE HEALTH instructors will teach over 10,000 presentations to 200,000 students one classroom at a time. MORE HEALTH develops effective health and safety lessons, trains high-quality instructors, and delivers those lessons to students in Tampa Bay communities, including Hillsborough, Pinellas, and Pasco counties.

Started by the Junior League of Tampa as a 3-year service project, MORE HEALTH has since partnered with Tampa General Hospital, Johns Hopkins All Children's Hospital, and many other passionate supporters to provide innovative lessons to students in Pre-K to twelfth grades. Twenty-five lessons offered in Tampa Bay are based on community needs assessments and delivered by trained instructors to students in the classroom setting. In addition to Personal Hygiene, lesson topics such as Nutrition, Dental, Skin Cancer Prevention, Firearm Safety, Distracted Driving, Heart and Lung Health, Safety and First Aid, and Bike and Pedestrian Safety help students form habits for healthy living, leading to a lifetime of overall well-being.

All of the lessons are fun, interactive, and informative and are

enjoyed by students, teachers, and parents alike. According to the Centers for Disease Control (CDC), hand washing is like a "do-it-yourself" vaccine. It is the most effective way to prevent the spread of germs and infection. However, a recent study published by US Department of Agriculture (USDA) determined that 97% percent of us are failing to wash our hands utilizing proper hand washing techniques as defined by the CDC! In MORE HEALTH's Personal Hygiene "Scrubba Bubba" Lesson, second graders learn proper personal hygiene habits that help them fight off germs and stay healthy.

Take a few minutes to discuss the importance of hand washing with your patients, friends, and family. Some good times to wash hands include immediately after using the restroom, before and after mealtime, when suffering from illness, after touching an animal, after coughing, and after blowing the nose. It is important to wash the fronts and palms, between fingers,



both wrists, and under fingernails. The hand washing process should last for a full 20 seconds. Do not forget to dry hands completely because germs tend to live in the water and dirt left on hands. Also remember to use a paper towel to turn off the water if possible. This prevents hands from touching germs on the faucet. If soap and water are not available, the CDC recommends using an alcohol-based hand sanitizer with at least 60% alcohol. However, hand

sanitizer will not be as effective when hands are visibly dirty or grimy.

Additional precautions to prevent the spread of germs include avoiding contact with people who are sick, coughing into the elbow rather than hands, refraining from sharing combs/brushes or hats with others, bathing and shampooing hair regularly. The CDC encourages parents to stop the spread of illness or germs to others by keeping children home when sick.

Do not forget that germs can also damage teeth. If germs mix with the sugar left on teeth after eating, plaque is formed. If plaque is left on teeth, acid forms and will then cause cavities.

*(continued on page 21)*

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

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# Reflections

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## *Fifty Years of Medicine*

William Davison, MD  
davrac4964@gmail.com



At an early age, I loved to hear about medical issues of remote times. I would talk to older physicians about what medicine was like in the 1920s, 1930s, and 1940s. Also, I liked to read about historical medical treatment and thought processes from as far back as the 1700-1800s.

Today, I find myself as one of the older (prefer “experienced”) physicians who can expound on what has happened to medicine over the past 50 or so years.

My earliest memories were those of listening to the radio as they announced the Sabin and Salk polio vaccination success and the millions of people in line for their polio vaccination starting with the Salk injection and progressing to the oral Sabin vaccine on a sugar cube. As a child, polio was a real threat condemning many to life in an “iron lung.” This was a large tubular machine where the patient reclines inside and was assisted in breathing by the constant recycling of positive and negative pressure on the outside of the body thereby assisting with inspiration and expiration of air.

Skip to 1968 - a very good year! I graduated from college and started medical school. That summer I started my first clinical externship and still have vivid reminders of the way we practiced back then.

EKGs were around but only interpreted by cardiologists and some internists. Specialization in medicine was present but a far cry from what we have now (especially in the sub-specialties of the various disciplines). Almost every physician was a generalist - even the specialists were not sub-specialists yet. There were no interventional, transplant, nuclear cardiologists or electrophysiologists. A single specialist took care of everything in his respected specialty. There were very few female physicians at that time - mostly in general practice and pediatrics and to a very small extent, ob-gyn.

The smoking of cigarettes was ubiquitous. I frequently made rounds in the coronary intensive care units with physicians who were actively smoking in the CCU while seeing patients! The CCU/ICU designation had only recently found its way into

community hospitals at that time.

Emergency medicine began in the 1960s as well. General practitioners, general surgeons, and the occasional internist were the first “ER Docs.” There were no such things as residencies in emergency medicine or even family practice as these specialties would have to wait years before their first training programs became available and specialty boards were developed.

In the 50s, 60s, and 70s, children were routinely treated with aspirin as the favorite for fevers and body aches. Suddenly, the association of aspirin and Reyes Syndrome put a stop to all pediatric use of aspirin. It would be the late 1970-1980s before aspirin would become the favorite recommendation to avoid strokes and heart attacks!

Steroids were held in high regard to treat neurological injuries as well as shock. It was not until many years later that the use of heroic doses of steroids was shown to be ineffective treatments for these issues.

Cardiac enzymes started to be used in the late 1960s and 1970s. CPK, LDH, SGOT were used in lots of different combinations to supposedly diagnose heart disease, pulmonary emboli, etc. As time went on, other chemistries such as the use of troponin and CPK-MB replaced the use of these nonspecific markers.

Thrombolytic therapy was being developed in the late 1950s and 1960s by Sol Sherry, MD, at Temple University. The early use of streptokinase finally gave way to the use of other clot dissolving drugs of which TPA has been the favorite and most useful for the past several decades.

Radiology has seen many of the most significant changes in the last 50 years. There were no CT scans, no ultrasounds, no MRIs. No real mammograms, no nuclear medicine to speak of until the 70s, 80s, and 90s. The first CT scans, as well as MRIs, were in trailers pulled around hospital to hospital by big trucks and would only be available for scheduled usage. It was not until much later that “community hospitals” would have these services in-house and available for routine diagnostic use. Many small hospitals, especially in rural areas, have problems making the services available in today’s environment. We all should be very grateful for the incredible array of diagnostic modalities

*(continued)*

## Reflections (continued)

available to us today. Try to imagine practicing medicine where there are no ultrasounds, CTs, or MRIs, as well as no interventional radiologists. I lived this reality for a good deal of time during my early career and am very glad “we have come a long way!”

Fifty years ago, there was no such thing as joint replacement surgery. Look at us now! Lasix was just being released for use as a new and powerful diuretic to replace the mercurial diuretic mercurhydrin. There were no real drugs to treat lipid abnormalities adequately. Transplantation was in its infancy confined to research facilities only.

The past 50 years has been one incredible ride. I can only hope some medical student or young physician starting out in their careers has a similar experience and will write about it in 2069. God Bless...

## 0% INCREASE!

We are pleased to announce...

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

Contact your plan representative, Jeremy Enns, GCD Insurance Consultants, [jeremy@gcdinsurance.com](mailto:jeremy@gcdinsurance.com), or (813) 818-8805, x 232.

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



## Foundation Grant Recipient (continued from page 18)

In fact, tooth pain from poor oral hygiene is a leading cause of absence in school!

Oral Health Tips to share:

- Brush your teeth 2 times a day – in the morning and before bedtime.
- Brush with fluoridated toothpaste for 2 minutes – about the length of the ABC song.
- Visit a dentist for a dental check-up 2 times a year. Fluoride varnish and dental sealants can also help decrease the incidence of cavities.

The 2019-2020 school year will mark our 30th anniversary and we anticipate reaching over 4 million students since our inception. Surely a milestone to celebrate! MORE HEALTH believes prevention begins with education and sincerely thank the Hillsborough County Medical Association Foundation for supporting us in teaching the Personal Hygiene “Scrubba Bubba” lesson to second graders in Hillsborough County. Please visit us at [www.morehealthinc.org](http://www.morehealthinc.org) to learn more about our mission of providing health and safety education to children, teens, & adults. Follow us on Facebook, Instagram, and Twitter too!

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

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

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**11:30 AM:** Registration and Boxed Lunch

**12:45 PM:** Call to Carts

**6:00 PM:** Social/Reception, Awards, Prizes, and Raffle

**Cost: \$150.00 per golfer** (Includes cart, greens fee, goodie bag, lunch, and dinner)

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Enclose your check for \$150 per golfer **made payable to HCMA Foundation**, and mail it to the HCMA, 606 S. Boulevard, Tampa, Florida 33606, fax: 813.253.3737 or email: [ELUBIN@HCMA.NET](mailto:ELUBIN@HCMA.NET)  
Feel free to make copies of this registration form!

**Name:** \_\_\_\_\_ **Handicap (Required):** \_\_\_\_\_

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**Any questions? Call Elke or Kay at the HCMA office, 813.253.0471**

*No refunds after seven days prior to tournament.*

# RESOLUTIONS NEEDED!

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

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

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

When submitting your resolution, please provide:

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

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

We welcome and look forward to your input and participation!

## COMPLIMENTARY CME

ProAssurance, exclusively endorsed provider of professional liability & risk resource services, is offering the following online CME courses, complimentary to all HCMA members.

- HIV Diagnosis and Treatment: What Should You Know? (1.5 CME Credits)
- Intimate Partner Violence/Domestic Violence (2 CME Credits)
- Medical Error Prevention, Analysis, and Common Areas (2 CME Credits)

ProAssurance has confirmed these courses will count toward the licensure requirements for Florida.

In order to take advantage of these opportunities you must create an account: [www.medicalinteractive.net/proassurance](http://www.medicalinteractive.net/proassurance) - click "register here for an account"

HCMA members must select the "Florida" group.

Once registered and logged in, select "Assignments" to view the courses available for the Florida courses group.



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# Photo Gallery

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## *HILLPAC Board*

The members below have been elected to serve on the HILLPAC Board for a two year term:  
January 1, 2019 through December 31, 2020:



Fred Bearison, MD  
Internal Medicine



Bill Butler  
Secretary  
Alliance Appointee



Madelyn Butler, MD  
Ob./Gyn.



Michael Cromer, MD  
Vice President  
Family Practice



Eva Crooke, MD  
Treasurer  
Ob./Gyn.



Francisco Schwartz-  
Fernandes, MD  
Hand Surgery



Chris Pittman, MD  
President  
Venous & Lymphatic Medicine



Jayant Rao, MD  
Emergency Medicine



Malcolm Root, MD  
Immediate Past President  
(1 year term)  
Urology

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# New Members

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## Active

Zaruhi Babayan, MD  
Cardiology  
BayCare  
3003 W. M.L.King Jr. Blvd.,  
#MAB 2nd Floor  
Tampa, 33607  
813.875.9000

Timothy Bradley, MD  
Pediatric Orthopaedics  
Pediatric Orthopedics of Brandon  
& Riverview  
602 Vonderburg Dr., #103  
Brandon, 33511  
813.720.8001

Babatola Durojaiye, MD  
Internal Medicine  
New Tampa Medical Center  
5381 Primrose Lake Circle  
Tampa, 33647  
813.615.2488

Alexander Engelman, MD  
Radiation Oncology  
Cancer Center of South Tampa  
601 S. Armenia Ave.  
Tampa, 33609  
813.353.8803

Jason Fields, MD  
Addition Medicine  
DACC  
4422 E. Columbus Dr.  
Tampa, 33605  
813.384.4071

Nicole Melendez, MD  
Rheumatology  
BayCare  
4612 N. Habana Ave.  
Tampa, 33614  
813.840.3526

Astrid Mondaca, MD  
OBG  
The Woman's Group  
5380 Primrose Lake Circle  
Tampa, 33647  
813.915.5291

Daniel Schultz, MD  
Forensic Pathology  
Hillsborough County Medical  
Examiner's office  
11025 N. 46th Street  
Tampa, 33617  
813.914.4500

Andrejs Strauss, MD  
Radiation Oncology  
Pain Management of Tampa  
2901 W. Busch Blvd., #807  
Tampa, 33618  
813.936.9326

## Resident Physicians/ University of South Florida:

Eric Branch  
Danielle Fontenot  
Philip Fontenot  
Brenton Hill  
Mitchell John  
Stephanie Merimee  
Thomas Sellers  
Rafael Serrano  
Sean Spence  
Jason Stack  
Kyle Stoops  
Benjamin Streufert  
Alex Sullivan  
Shea Taylor  
Raul Villarreal

Michael Anis  
Melissa Bacci  
Shabaz Bhalwani  
Zinkal Bhutwala  
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Philip Brunetti  
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Michele Caravella  
Yasna Chaudhary  
Sukhmani Chauhan  
James Clark, III  
Marc Copeland  
Pablo Dubon  
Ji Fan  
Ricki Forestiere  
William Forshee  
Alvaro Frometa Columbie  
Megan Gilchrist  
Natalya Grigoryan  
John Harris  
Patrick Hsu  
Kai Huang  
Suy sen Hung Fong  
Joshua Hutchins

Sahned Jaafar  
Rashmi Jadhav  
Tatum Jestila  
Lawanya Jeyaselvan  
Paul Jones  
William Juan  
Varinderjit Kaur  
Emily Klosterman  
Roli Kushwaha  
Joseph Le  
Harrison Lief  
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Vladislav Maksimchuk  
Seth Maxwell  
Matthew McClure  
Luis Mejia Garcia  
Alister Meshkin  
Ory Newman  
Ryan Ngo  
Dan Nguyen  
Huy Nguyen  
Enzo Nicosia  
Matthew Nordike  
Rachel Oliver  
Purvi Patel

Pratick Patel  
Nupur Patel  
Alexander Prestley  
Joel Prince  
Michael Rains  
Amanpreet Saini  
Jan-Paul Sambataro  
Stephen Schaffner  
Philip Schertz  
Maryam Sheikh  
Joshua Shinoff  
Keyon Shokraneh  
Michael Simpson  
Puja Solanki  
David Sukhai  
Caroline Trippel  
Neil Trulock  
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## Resident Physicians/ Brandon Regional Hospital: Ali Al-Marzoog

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### In-Office Mentor

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

### Membership Dinner Mentor

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

Call the HCMA to sign up: 813.253.0471

Thank you for your consideration!

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# Personal News

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## In Memoriam



Gail Estes Shafii, passed away on January 6th surrounded by her loving family. Mrs. Shafii served as the 1996-1997 HCMA Alliance President. Gail was a devoted mother, wife, and GiGi and had a zest for all things family, friends, and fun. Those left to cherish her memory include: her husband, Dr. Sohrab Shafii; children, Ashley Shafii Grover (Stephen Stone Grover), Alyssa Shafii Campbell (Eric Scott

Campbell), and Stephen Sohrab Shafii; brother, James Clarence Nichols; and grandchildren Olivia Holly Grover, Drew Stone Grover, Benjamin Scott Campbell, and Ella Nasrine Campbell; and several loving nephews, nieces, and cousins.

## Alliance Social



The HCMA Alliance sponsored Go Red for Women cocktail party and raffle will take place this year on Saturday, February 16, 2019, 7-9pm, at the home of Dr. Madelyn and Bill Butler. Proceeds from the raffle during the event will benefit the HCMA Foundation. Please join the Alliance for a fun evening of socializing. Call 813.254.0808 for more information.

## Project Starfish - A member's passion



In 2012 HCMA member, Dr. Kathryn Kepes, fell in love with India, the culture, the people, the cause! It was "love at first sight" when she was introduced to the people of Tamil Nadu in 2012. Drawn by the natural warmth and sincerity of the villagers, Dr. Kepes saw the need for basic healthcare in their rural communities, and she admired the selfless sisters of Holy Cross Hospital who were struggling to meet that need. This was a cause

that she could gladly serve!

Inspired to do more, Dr. Kepes took a course in global medicine and founded Project Starfish, Inc., the not-for-profit corporation that has been supporting her efforts since 2014. She has traveled to India ten times in the last five years and has mobilized dozens of volunteers to participate in her clinics, provide administrative support, or raise funding for the cause.

For more information about Project Starfish, or to be added to their brand new newsletter mailing list, please contact Kim Williams, Editor, [kim.williams1105@gmail.com](mailto:kim.williams1105@gmail.com).

## Active & Involved



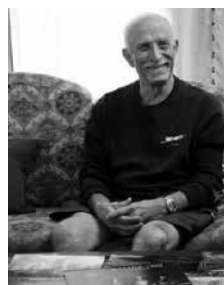
Dr. Jayant Rao (right), HCMA's President Elect, is also serving as the FMA District C representative. Dr. Rao recently attended the FMA Board of Governors' Meeting, taking time to pose with FMA President, Dr. Corey Howard (center) and Dr. Rudy Moise.

## Letter to the Editor



HCMA Past President, Dr. Bruce Shephard, submitted a letter to the editor of the Tampa Bay Times, regarding series about the struggles of Lincoln DeLuna and his family. His letter was published December 26th. You can read his letter by visiting: [www.tampabay.com](http://www.tampabay.com) and search: "Bruce Shephard Lincoln"

## Retiring, again



On December 28th the Tampa Bay Times published an article reviewing the 28 year run of HCMA Bulletin Editor, Dr. David Lubin's, Tampa Bay Events Calendar. To read the article, visit: [www.tampabay.com](http://www.tampabay.com) and search "David Lubin Calendar"

# Extend your brand to those who matter most.

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



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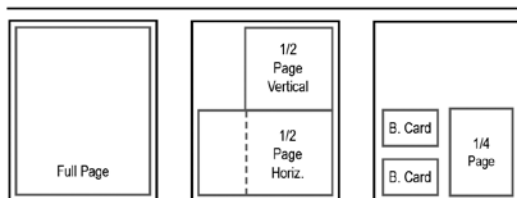
Premium Ad Spots	HCMA Rates		Non-Member Rates	
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Inside Covers	N/A	\$1,739	N/A	\$2,159
Facing Covers	N/A	\$1,389	N/A	\$1,819

Additional Ad Spots	HCMA Rates		Non-Member Rates	
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Full Page	\$869	\$1,099	\$1,079	\$1,399
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1/4 Page	\$409	\$529	\$519	\$669
1/8 Page	\$289	\$409	\$439	\$499

Enhanced Listings*	Price
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Boxed Listing with Logo & 50 word bio	\$169

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

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# Benefit Providers

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



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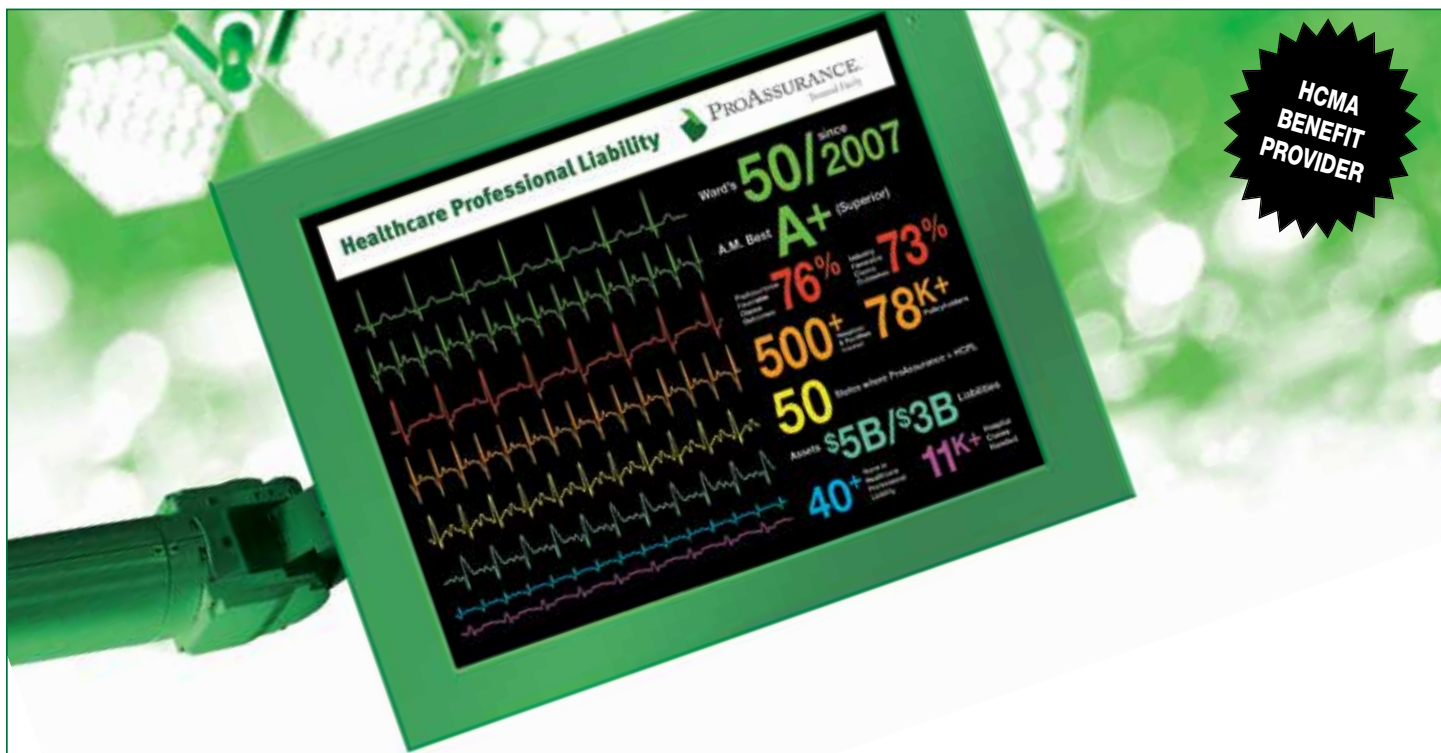
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