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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

November/December 2018





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Executive Council Meetings

6:00pm at the HCMA Office

January 15, 2019

March 19, 2019

HCMA Foundation

22nd Charity Golf Classic

Carrollwood Country Club

April 4, 2019

HCMA Membership Dinner

6:30pm at the Westshore Grand

February 12, 2019

Guest Speaker: Judy Genshaft

President, USF

25th Annual Legislative Luncheon

The Centre Club

January 30, 2019

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To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All 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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ABOUT THE COVER

The cover photo was taken by HCMA member, Dr. Anthony Goldman in Tarangire National Park, Tanzania, East Africa. Dr. Goldman's group came upon a mating lion couple; the male charged and stopped just a few feet from the vehicle after the ranger guide banged on the side of the Land Rover making a loud noise.

Equipment used for photo was the Canon 1DX, Canon 70-200mm lens at 170mm, f/2.8, 1/400sec, iso 100



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President's Message

Compliance

Thomas Bernasek, MD

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I'm not sure whether this article is to complain or inform, perhaps a little bit of both. We all know that the medical landscape is incredibly complex. So, when a law student informed me that many of us are breaking laws we don't even know existed, I believed it. Add rules and regulations to that statement, and being out of compliance somewhere or somehow is almost certain despite best efforts. What happens

when one is accused of a violation? I have a story.

A patient presented to my clinic with a failed total hip replacement. He informed me that he had been seen by several other surgeons and was coming for my expertise. He'd been through multiple prior hip replacement surgeries, a femur fracture requiring internal fixation, and now he had a loose femoral hip stem with a lot of bone loss. Hip infection is always in the differential for a painful total joint replacement, but in this case suspicion was increased because his medical comorbidities included being HIV positive (medically treated and stable).

After the usual history, physical examination, review of prior records, and updated x-rays, it was evident that he was facing surgery. It would be complex and require his strict compliance with postoperative restrictions to be successful. He was informed that people who are HIV positive have a higher infection rate than the general population and that he would need extensive preoperative evaluation to rule out infection as a cause of his loosening, bone loss, and pain. His increased infection risk would continue postoperatively. His hip was aspirated, numerous labs to rule out infection were ordered, and he was referred for general medical clearance. When cleared, his preop was scheduled for his revision total hip replacement.

At preop he had something new; a large mass on his opposite thigh. We cancelled his surgery and began the extensive and invasive workup necessary to rule out infection or malignancy which was fortunately negative. New preoperative and surgery dates were scheduled.

This preoperative visit was different. The patient was agitated and informed my PA that he was very offended by my reference to him during a much earlier visit. He stated that I repeatedly used the terminology "you people" during my discussion with

him. He went on to say that this offensive characterization of his disease and lifestyle was a product of the current political climate. My PA was alarmed and he immediately informed me about the interaction.

I thought: this is clearly a misunderstanding, I could care less about his lifestyle - I am only interested in solving his state of disease; further, I don't even talk to people in that manner (i.e., "you people"); I would go speak to him, put him at ease, and we could get back to normal.

I was certainly wrong. The more I attempted to explain and defuse, the worse it got. He was very agitated and not consolable. He kept making the same assertion and at some point, I realized that any patient-physician trust was absent and irretrievable. There was no way we could navigate his complex postoperative recuperation when the patient did not trust his physician who would be ordering significant multi-month restrictions.

At the point I informed him that we could not proceed with his surgery, his volume and behavior amplified with shouting and vowing legal action as he departed. To say it was unpleasant is an understatement. It truly ruined my day. Additionally, feeling that I had done the right thing, my action protected the patient from surgery that would have made him worse if compliance was not perfect. Well... he did not see it that way.

Have you heard of the Office for Civil Rights (OCR)? OCR is one of the largest federal civil rights agencies in the United States, with a staff of approximately 560 attorneys, investigators, and others. The agency has offices in twelve regions with headquarters in Washington, D.C. (per Office for Civil Rights - Wikipedia). Filing a complaint is easy; just go online and fill out a form. I was stunned when I received the OCR letter from the Atlanta office announcing a formal letter of investigation against me! The feds were investigating me for "unlawful discrimination based on a disability" (in this case HIV status).

It seemed unjust. I've taken care of scores of HIV positive patients. The reason his surgery was cancelled was for the lack of patient-physician trust. At first, I thought, nothing to worry about. Upon learning the penalties for an OCR "conviction" (\$92,383.00 fine for first offense, exclusion from government programs- 50% of my practice is Medicare), I began to worry a lot.

We immediately contacted our malpractice attorney. He is

(continued to page 9)



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Editor's Page

All good things must come to an end

David Lubin, MD

Dajaly@aol.com



No, I'm not resigning as editor of *The Bulletin* after eighteen years, so let me explain...

In recent *Bulletins*, we have had book reviews, as well as a brief history of orthopedics in Tampa. I thought I would pen a brief history of my twenty-eight years producing the Tampa Bay Events Calendar, something I sadly will bring to a close, so please bear with me.

In the late 80's and early 90's I used to send out a holiday card with one of my photos on it, and in 1991 St. Joseph's hospital produced a calendar, requesting submissions from employees and staff. I was fortunate to have one selected. Then I thought I could improve on my yearly card by producing a calendar. I didn't even have a computer yet, and of course, I was still shooting film, but went ahead and planned on a production of 10,000. I got Memorial Hospital to order 500, and Mayor Sandy Freedman to order 500 for the city of Tampa. Klay Printing would do the first calendar, C&D Printing the next 27. With that 1,000 ordered, I would get back a third of my expenses. I had no computer back then and I had to recreate the calendar on a large printed calendar, writing in the dates of events. I did that for a few years, until I finally bought an Apple computer and learned what "copy and paste" could accomplish. I became proficient in both Photoshop and Quark over the years, putting the entire calendar together. On the day that my first calendar, for 1992 (The Tampa Bay Lightning's first year also), was to go to press, I received a call from the city comptroller telling me that they couldn't buy any. They hadn't put the calendar out to bid. I explained that I was the only one producing one, but it didn't matter. Somehow, I don't remember exactly, but I sold all the calendars and didn't lose money, so I embarked on a yearly venture, which eventually led to the production of nearly 500,000 calendars, utilizing well over 1,000 of my photographs.

The first cover was my signature picture of the University of Tampa minarets with the full moon, but the moon was yellow. It was a double exposure done on film, and later when digital was in, I was able to make the moon white. The first 3 calendars were 9x12 inches, and in 1995 I started my run of 8x10 inch calendars with tabs on the bottom for clients to put

their names, etc. Over the years I've had hundreds of clients, and a couple dozen from the medical field. A special thanks to Dr. Stephen Kreitzer, Tower Diagnostic, Memorial Hospital, Dr. Jack Parrino, Physician's Choice Hearing & Dizziness Center, and Italiano Insurance for being clients for at least 15 years.

In the mid-90's Barnett Bank was a customer and ordered over 30,000 a year for a couple years, handing them out at the Gasparilla Art Show when it was on the UT grounds. Then they decided to produce their own, featuring banks across the state of Florida. How exciting! From 1996-1999 I produced a calendar for SmithKline Beecham for distribution in South Florida. I



used pictures from here, but included events going on in South Florida.

One of my hockey pictures that appeared in the 1995 calendar also appeared in the Arlo & Janis comic strip on Sunday, January 1, 1995. Jimmy Johnson also contributed a picture of Arlo & Janis in a sailboat for my 1999 calendar. And the little marauding pirate celebrating the Gasparilla Invasion was compliments of Tom Richmond, MAD Magazine contributor/critic.

I was very fortunate to have received permission from Romero Britto, the famous Brazilian S. Beach artist, to use a number of his pieces for different calendars, including the piece, Brendan's Cat, for August of 1998.

I've shot a number of hockey pictures, and have had the players sign them before printing, so that their facsimile signatures would appear in the calendar. Those included Brian Bradley, John Tucker, and Dave Andreychuk. I was especially grateful to Andreychuk because he posed for a picture in front of his statue at the Arena, AND signed it with HOF (Hall of Fame) added for the back of the 2018 calendar.

1997 was the first year I put pictures of people on the back

(continued)

Editor's Page (continued)

taking the calendar all over the world; that year had 7, later years had over 50. It was fun seeing where people would schlep the calendar, and it was ALL over the world, including Zimbabwe, Mt. Rainier, Turkey, Baghdad, Super Bowls, Pisa, the Ukraine, and Nigeria.



My most dramatic shot was in the 2002 calendar. I was on the roof of Memorial Hospital for a launch of Atlantis in 2001. It was dusk, just as the full moon was rising, and the sun was setting with sunlight reflecting off the buildings downtown. Spectacular! Another was the sunset I took on Belleair Beach reflected in my step-daughter, Samantha's, eye for the 2013 calendar.

In later years I snuck in monthly pictures, and some small pictures, from trips we took, whether it was Key West, Italy, or our European river cruise. They were awesome pictures and helped



me write off some of the expenses of the trip for business.

Starting with the first calendar in 1992, I put my birthday in the August 21st box. Then I added a cake, given to me by a drug rep, in the 2003 calendar. It ran its course and I removed it in 2010 to the chagrin of my financial advisor, Joseph Mascherin, who loved the quiriness of it and said if I didn't return it, he wouldn't buy calendars again. Well, the customer is always right, so it was back in 2011.

I really thought that 2016, my 25th calendar, would be the last one, and to commemorate what I thought would be the end, I put all 25 covers on the back. But analogous to the celebration of Hanukkah, where oil, supposed to last one day keeping the menorah of the Second Temple lit, lasted eight days, so my calendar lasted 3 more years past its 25th anniversary. But now that flame is out. Its time has come. The fat lady has sung. It's finally over, Yogi. It was quite a journey.

President's Message (continued from page 6)

excellent and always there to help, reassure, and defend. However, since a civil rights violation is not malpractice-I was not covered! We needed a civil rights specialist to guide us through this investigation of alleged civil rights discrimination. This is expensive and requires a prescription quite different from malpractice defense.

Our attorneys, and then the OCR attorney, interviewed me, everyone that works directly for me, anyone remotely related to my practice (billing, collections, HR, research, administrators), and then required us to turn over countless documents, including all billing for Medicare programs. The investigation spread to the entire practice.

Defensively, we reviewed our practice policies and procedures under the guidance of the civil rights specialist looking for holes in our process and procedures to improve compliance with the laws, rules, and regulations. Overall, we were doing well but did find we weren't strong enough in the antidiscrimination training per the civil attorney, so we fixed that. The entire practice had to view a video on the topic and it has been added to our annual HIPAA training.

Well, how did it turn out? We have no answer yet. My practice

and I have been under the cloud of investigation for almost eighteen months. The time and financial clock continue to run without any indication of a decision, guidance, or knowing whether we will get penalties. Like the Mueller probe, no information is provided, only questions, interviews, and requests for documents. I'll let you know the outcome when it occurs, until then, we'll keep spending legal money to protect our good name.

The take home is to make sure your liability insurance covers these patient-related liabilities that are not malpractice. Be aware that Section 504 of the Rehabilitation Act of 1972 which prohibits discrimination on the basis of disability in programs and activities that receive Federal financial assistance was substantially strengthened by Section 1557 of the Patient Protection and Affordable Care Act (42 U.S.C. ss. 18116). Make sure you and your practice have formal HIPAA and antidiscrimination policies in place, along with formal training.

Clarification to Dr. Bernasek's September/October 2018 President's Message, page 12: 24% of physicians surveyed attributed burnout to EHR (Electronic Health Records). The acronym published was transposed.

Executive Director's Desk

Fiction & Fantasy...Fact & Reality *Modern Day Healthcare*

Debbie Zorian

DZorian@hcma.net



The world is a futuristic utopia of push-button conveniences made possible by technology. Visiting the doctor happens virtually via videophone.

It is 2062...the year in the future that the 1962 animated sitcom, *The Jetsons*, took place. The Jetson family jetpacked their way into the lives of many Americans, mine included. As a very young child I was mesmerized

by this show that stands as the single most important piece of 20th century futurism.

Many will remember the flying cars, robot assistants, pill cameras, flat screen televisions, digital media, and other kinds of futuristic tools that made life more enriched and easier. William Hanna and Joseph Barbera also envisioned the role telemedicine would play in the future of healthcare delivery. With a push of a button, Jane Jetson could meet with the family doctor in his life-size form, with eye contact and in 3-D, right in the comfort of her skypad home raised high above the ground on adjustable columns.

Although not in 3-D life-size form, telemedicine has been rapidly improving and growing in all sectors specifically in the last five years. I was surprised to learn that telehealth makes up about one-fourth of the healthcare-related technology market, more than one-half of all U.S. hospitals have a telehealth program, 74% of consumers say they are open to a virtual health visit, and seven million people were predicted to use telehealth services this year alone (up from 350,000 in 2013).

Just recently, I read a press release announcing that Walmart and RB, a global consumer health and hygiene company formerly known as Reckitt and Benckiser, have launched a telehealth initiative with Doctor on Demand. Consumers who purchase RB products from Walmart will be offered a free telehealth medical consultation. As you may know, Doctor on Demand (based in San Francisco) is the nation's leading virtual care provider. Patients are allowed to connect face-to-face with board-certified physicians over live video visits, 24 hours a day, seven days a week, and with a typical wait time of only five minutes. Needless to say, sound data solutions to maintain adequate and accessible patient records are essential in order to

ensure that the continuity of patient care does not suffer.

Multiple sources, including the American Telemedicine Association, feel the many benefits of telemedicine are expected to far outweigh the disadvantages. They have listed the four fundamental benefits as: healthcare cost savings (increasing efficiency, fewer or shorter hospital stays, and automating administrative roles and responsibilities), better quality of care (ease for providers to follow-up with patients, monitor them remotely, and respond to their queries quickly), better access with more consistent engagement (stronger doctor-patient relationships and patients who feel empowered to manage their care), and patient demand and satisfaction (patient access to providers that might not be available otherwise and medical services without the need to travel long distances).

On the flip side and according to online resources, our country's healthcare system currently needs better quality of a telemedicine broadcast as poor broadband connection can lead to possible patient mismanagement. The major barriers to telemedicine also include: low physician reimbursement, clinical and legal concerns, and privacy protection. Cybersecurity and data breaches are larger than any other concern as hackers seem to be evolving faster than technology. This means the potential for massive debilitating HIPAA violations. As time passes, these obstacles are expected to be, and must be, sorted out.

In truth, the driving of telemedicine adoption lies heavily on societal behavior and lifestyle habits. Society today is more mobile, in every sense of the word. People prefer to text instead of call, pick and choose what they want and when they want it, expect immediate answers to their questions, and need transparency over all else. Tools like Google and Skype have created this habit in every other facet of our lives. It's not surprising that society expects the same when it comes to healthcare. The measures for telemedicine effectiveness will no doubt be based greatly on how much time it saves patients.

In addition, the availability and growth of the internet has enabled patients to more readily access every health related subject imaginable. I was amazed to read that every single day 160 million searches are made on Google for healthcare related issues. No wonder patients know (or think they know) a lot about their conditions before they even see a physician. Of course, unreliable sources and/or wrong interpretations can result in a self

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Executive Director's Desk (continued)

diagnosis that is incorrect, excessive and unnecessary worry, and a more difficult time communicating one's condition by the time of an actual appointment due to perceived beliefs. Even though, patients are expecting and demanding quicker access to increased and better care.

It is obvious that, as 2019 approaches, we are well on our way to the futuristic lifestyle that Hanna and Barbera dreamed up in the 60s. The explosion of medicine's technological advancements in the past decades has already yielded ideas into reality beyond telemedicine with incredible diagnostics and therapeutics. To think, surgeons can now perform complicated procedures from thousands of miles away using robots and remote video access. In addition, breakthroughs in the life sciences are accelerating, especially in genomics. Genomic medicine is already making an impact in the fields of oncology, pharmacology, rare and undi-

agnosed diseases, etc. Imagine another 43 years when the year 2062 arrives!

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 on our quality of life, it only makes sense to me that being able to focus on our quality of death would coincide.

Thus, a topic for a future column...



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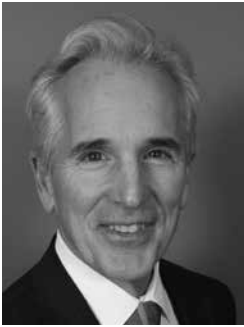
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A Century Ride

Great cause. Great challenge. Great friend.

Edward Farris, MD

ed@drfarris.com



Following my own advice and my dear friend Dr. Julian Rowe-Jones' lead, I stayed physically active and engaged philanthropically this summer while training and fundraising for the Prudential RideLondon. This is a century ride (100 miles) from Olympic Stadium in Stratford, past the Tower of London through the British countryside, following

the Olympic course to Surrey through Chiswick, Molesey, Byfleet, Abinger Hammer, Forest Green, and back through Dorking, Leatherhead, and Wimbledon, over the Thames to London, finishing on the Mall at Buckingham Palace. A glorious way to spend a day for a good cause.

How did I get myself into this? Well, not knowing that my friend and renowned British facial plastic surgeon Dr. Rowe-Jones was a cyclist, I was astounded when he gave me kudos on a local ride I posted on Strava.com and challenged me to try the Prudential RideLondon. I decided to put my money where my social media was, using physical activity to raise money for a good cause, a win-win.

This is a race with over 25,000 riders beginning at 6 a.m. with a staggered start at five minute intervals from five shoots. It sounds like a madhouse, but it wasn't. Race organizers do a great job with road closures, support areas, first aid stations, and the fabulous Brits lining the roadside to cheer on the cyclists. From first rider to the last finisher, the race course is active for ten hours, with the pros going out at noon. We amateurs had a six-hour head start, even if being up at the equivalent of 11 p.m. Eastern Standard Time was a little difficult.

The race has over 40,000 applicants with deference going to riders that participate for charity. Julian had lost his sister at a relative young age to pancreatic cancer and has made that his cause. Having seen the devastating effects of Alzheimer's and being blessed with a 93-year-old father with an eidetic memory, (he still has not forgotten my youthful indiscretions), I thought that anything that I could do to help others have the same privilege that I have been blessed with made Alzheimer's research a natural choice.

The Olympic race course works its way out of London over the Thames and into the countryside. For a flatlander, the minimal hills are a challenge with total elevation change of 4,500 feet, as the usual weekend ride over three bridges around here is 400 feet of climbing. The summit of Box Hill does have a 28 percent gradient, a short steep climb out of the saddle, and out of breath at the top. The weather that day was a welcome break from the inclement 95 degree heat that had been present the preceding week. However, the 65 degree temperature exacerbated by intermittent downpours, made cycling more of a challenge and more dangerous especially on the descents with speeds exceeding 40 miles an hour on a narrow country road with switchback turns.



Having the course knowledge of a fellow cyclist and native, Dr. Rowe-Jones, was helpful with real-time coaching regarding road conditions, climb grades and duration, and more importantly, after which upcoming bridge one was to wave at his relatives.

The six hours of riding goes much faster in a strange place with diversions but still requires the consumption of 5,000 calories. About 800 calories an hour is burned with intense cycling. There is also the need to hydrate. Since the capacity of the human GI tract is about a liter an hour, you have to start hydrating before you leave the start and continually consume fluids with electrolytes. As you can imagine, it is not all extruded as sweat. So now what do you do? Not what you may think or what the pros do, you stop. Thank goodness there are plenty of break stations, but unfortunately, they are not in pubs.



Brits and bands lined the roadways in the small towns and villages along the way, even in the downpours that were taking place that day. You can't let them become a distraction because the minute you do, you are on the tire in front of you, a

(continued on page 15)

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Medical Student Perspective

Medical School Across the Atlantic

Alexander M. Czachor

Jagiellonian University Medical College, Kraków, Poland

czachor@mail.usf.edu



International medical programs in Europe present American students with a unique opportunity to obtain a medical degree. I am a second-year medical student in the MD program of the Jagiellonian University Medical College (UJCM), Kraków, Poland. The strong international reputation of the University, as well as the opportunity to spend four years in the historic city of Kraków, is a unique opportunity I

could not pass up.

Kraków and the Jagiellonian University, Past and Future

Founded in the 14th century, a quarter of a century before the Mayflower landed on Plymouth Rock, UJCM continues to uphold centuries-old traditions while maintaining its status as one of the top medical education and research universities of Central Europe. It is home to some of the most prominent professors from the region. Breakthroughs made by previous graduates range from the discovery of benzodiazepines to the first liquefaction of nitrogen, carbon dioxide and oxygen.

The medical school has outstanding facilities and a faculty that enables students to focus on research and clinical medicine. The School of Medicine in English, established in 1994, is tailored towards American, Canadian, and Norwegian students who ultimately return to their home countries to practice medicine.

A Traditional Education System

With a class size of 34 students, class comradery is incredibly strong. The quality of education is first-rate because students are taught by some of the top professors from Poland and across Europe. Distinguished visiting professors from Harvard Medical School and Weill Cornell Medical College regularly make the journey to UJCM to co-instruct courses throughout the four-year program.

Entrance into UJCM is based on a defined 100-point-based system, 20 points from past grade point averages (GPAs), and 40 points each from Medical College Admission Test (MCAT) score and personal interview. Students with a high school diploma enroll in the 6-year MD program while students with a bachelor degree enter directly into the traditional 4-year MD program.

Many American universities have switched to a system-based medical curriculum; however, the medical faculty at UJCM continue to uphold the traditional medical teaching curriculum. The following courses are taught during the first year: Medical Ethics & Sociology, History of Medicine, Histology, Biochemistry, Gross Anatomy w/ Embryology, Physiology w/Biophysics, Genetics w/Molecular Biology, Cell Biology, Immunology, Neuroscience, Biostatistics, Clinical Skills, Clinical Sciences (problem-based learning), Introduction to Radiology, Microbiology w/Parasitology, and Nursing Clerkship.



The Gross Anatomy and Embryology Course is five months with daily lab and bi-weekly lectures. It begins during the second month of the first year. Students with an interest in surgery have the option to participate in daily morning dissections, led by Professor Jerzy Walocha, head of anatomy. Biochemistry is an eight-month course with weekly labs in which students develop a strong foundation in basic research methodology. Experiments in these labs

range from performing enzymatic assays to conducting studies on protein structure.

Living as an American in Kraków

Having now lived in Kraków for one year, my first year of medical school already has been an exciting and truly memorable experience. The city boasts a spectacular history, remarkable architecture, and an extraordinary culture. It has a fairly dense urban center, thus making travel by foot from class to clinic to café and back home easy and enjoyable. Local city parks are always packed with kids and their families and cafés and restaurants with tourists and locals alike. More often than

(continued)

Medical Student Perspective (continued)

not, stores are closed for the roughly 25 national and religious holidays. There is a general sense that life moves at a much slower pace compared to the United States. A weekend trip to any number of nearby European cities, historic landmarks, and national parks serves as a common remedy for much needed breaks in between never-ending examination blocks. The central location in Kraków makes even the biggest stick-in-the-mud into a full-fledged adventurer.

Back to School

Another important point, i.e., the low cost of tuition (15,000 USD / year) and cost of living, stellar track record in matching students with residencies in the United States and Canada, and the unique opportunity to study abroad in a vibrant European city made my decision to attend UJCM in Kraków, Poland into a truly extraordinary experience. The opportunity to attend a European university should be considered for aspiring medical students in the United States looking for a unique and distinct experience in earning their medical degree.

NOTE ABOUT ALEXANDER M. CZACHOR

Alexander Czachor, a second-year medical student at the Jagiellonian University Medical College (UJCM), Kraków, Poland, worked for four years as a pre-medical student in Dr. Narasiah Kolliputi's research laboratory, Division of Allergy and Immunology, Department of Internal Medicine, University of South Florida (USF) Morsani College of Medicine. He received the "Samuel C. Bukantz Allergy and Immunology Outstanding Research Award" on June 14, 2018 given for "Excellence in Clinical Medicine, Research, and University Service...". Dr. Bukantz was the first Chief of Allergy and Immunology at USF beginning in 1972. Alex co-authored eight scientific papers and is lead author on three of these, all of which are published in peer-reviewed journals. He works in Dr. Kolliputi's laboratory during the summer months. – Richard F. Lockey, MD, Division of Allergy and Immunology, Department of Internal Medicine, University of South Florida Morsani College of Medicine and James A. Haley Veterans' Affairs Hospital, rlockey@health.usf.edu

A Century Ride (continued from page 12)

cobblestone segment of road, or a roundabout, any one of which can be catastrophic for an inattentive cyclist. When you don't have a chase car, a bent wheel is the end of the race and a complex journey with trains, cabs, and a lot of walking to the finish in ill-designed shoes for the task. I did witness a couple of spills due to fatigue and the loss of focus. They all occurred within two miles of the finish which is typical. What a shame, 100 miles minus two means you did not finish.

Finished and survived!

Imagine Green Park adjacent to Buckingham Palace with 25,000 cyclists in silly shorts with an equal number of spectators who already had their pint or two. It was a marvelous site and a fitting end to an epic day for a good cause. Then it was time to locate Amy and Emma, our better halves, get our pints, and find a place to sit and reflect on how blessed of a life we have had.

Consider it in your future. I myself will go back next year better prepared and with pubs programed into my Garmin GPS.




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THREE for FREE

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



USF MCOM medical student, Linda Lu, treated attendees to a beautiful rendition of the National Anthem.

Photo Membership Dinner

On September 11th, the HCMA Membership Dinner was held in memory of those who lost their lives due to the September 11 attacks. The evening's guest speaker, Carlton Ward, Jr., a local hero, presented the National Anthem by USF MCOM medical student, Linda Lu.

The evening's guest speaker, Carlton Ward, Jr., a local hero, presented the National Anthem by USF MCOM medical student, Linda Lu. His illuminating presentation about his experience as a member of the Florida Panther was accentuated by a spectacular presentation to speak with attendees and sign books and

This was the first meeting for the USF MCOM medical students in attendance; the following HCMA leaders served as mentors: Dr. Joseph Brown, Madelyn Butler, Eva Croke, William Davis, Dr. Jayant Rao, Anoop Reddy, Bruce Shephard, and Karen Wells.

Many thanks for the generosity and support of Membership Dinner Co-Sponsors - Tampa and Tampa General Hospital for making the evening a success.



Drs. Joseph Brown and Bruce Shephard and their mentees.



Drs. Madelyn Butler, Karen Wells, and Michael Albrink.



Dr. Dennis and Ellen Laffer, Dr. Mohan and Diana Rao, Drs. Eli Rose, Jorge Inga, and Janet Marley.



Dr. Malcolm Root (HILLPAC President), Tammy King, Dr. Thomas Bernasek (HCMA President), Debbie Zorian (HCMA Executive Director), and Dr. Jayant Rao (HCMA President Elect).



Dr. Maureen Maciel, representing Shriners Hospitals for Children - Tampa, welcomed attendees.



Membership Dinner Co-Sponsors: Shriners Hospitals for Children - Tampa.

Gallery

September 11, 2018

er began with Dr. Eva Crooke giving a moving tribute in
ber 11, 2001 terror attacks, followed by the singing of the
inda Lu.

cal photographer and conservationist, gave an incredible
Florida Wildlife Corridor Expedition and the importance
ar photographic display. Mr. Ward remained after his pre-
prints of his photography.

ical student class of 2022. Many new students were in at-
ctors during the social hour: Drs. Michael Albrink, Joseph
n, Patricia Emmanuel, Edward Farrow, Rebecca Johnson,
n Wells.

ership Dinner co-sponsors Shriners Hospitals for Children
evening possible.



Mr. John Couris, President & CEO of meeting co-sponsor, Tampa General Hospital.



Membership Dinner Co-Sponsors: Tampa General Hospital.



Dr. Douglas and Mary Ann Stein, Ava Lasseter, and Dr. John Currington.



Carlton Ward, Jr.



USF Morsani College of Medicine medical students.



Tammy King, Carlton Ward, Jr., and Dr. Thomas Bernasek.

Members' Passion

The Humane Society of Tampa Bay

Dr. Tom & Nancy Newman
newmannw@gmail.com



Nancy and Tom Newman are avid dog lovers. They even took their beloved Rhodesian Ridgeback, Lily, to a trip to Best Friends Animal Sanctuary in Kanab, Utah, in 2012. Soon after, they realized that the Humane Society of Tampa Bay was a no kill for space shelter just like Best Friends, and

had all of the wonderful programs to save animals and help families as the national resource had. It was an “aha” moment that set the Newman’s on a track to support the local resource and bring awareness and funding to the Humane Society of Tampa Bay.

They founded and hosted the Island Paws Party, a fundraiser for the Humane Society of Tampa Bay, at their Davis Islands home in 2014. In four years it grew from 187 attendees to 416, and was known as one of the most anticipated fundraisers on Davis Islands. Each year more funds were raised and more homeless

animals were adopted at the event. The event has moved from their home but continues to be a great success.

Now their efforts are focused on the capital campaign, *Shelter Them*, which aims to build a brand new shelter that will allow the Society to save at least 2,000 more lives every year. The structure will nearly double the size of the current, 50+ year-old building, include climate control in all areas, isolation areas for sick and injured pets, designated nurseries for nursing moms and their litters, and upgraded medical facilities for shelter medicine practice. The Newmans have not only contributed to the campaign, but have helped promote the worthy cause within the community.

In addition to the Newman’s philanthropic support of the Humane Society of Tampa Bay, Nancy serves on their Board of Directors and as an active committee member for events and outreach efforts.

Nancy Newman submitted this with additional information supplied by Nash McCutchen, the Marketing Manager of the Humane Society of Tampa Bay.



Dr. Tom and Nancy Newman at Woofstock

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Benefit Provider

ERISA Compliance – In a Nutshell

Jeremy Enns

jeremy@gcdinsurance.com



ERISA: The Employee Retirement Income Security Act (enacted 1974). The main purpose of ERISA is to protect the interests of employees (and their beneficiaries) who are enrolled in employee benefit plans, and to ensure that employees receive the pensions and group-sponsored welfare benefits that have been promised by their employers.

Do you know your Key ERISA Requirements?

- ✓ Imposes strict fiduciary responsibilities on Plan Sponsor/Administration.
- ✓ Requires Plan Sponsor/Administrator to adopt a written Plan Document for every health and welfare plan.
- ✓ Requires Plan Sponsor/Administrator to distribute a written Summary Plan Description (SPD) for every health and welfare plan.
- ✓ Mandates reporting and disclosure by Plan Administrators- Annual Form 5500 Filings.

Which compliance laws are YOU subject to?

Size	Compliance
All Groups	<ul style="list-style-type: none">✓ Wrap Plan & SPD – if subject to ERISA✓ Section 125 Premium Only Plan✓ Section 125 Nondiscrimination Testing✓ Section 105(h) Nondiscrimination Testing – if Self-Funded✓ HIPAA Privacy – if Self-Funded
20+	<ul style="list-style-type: none">✓ Subject to Federal COBRA✓ Subject to Medicare Secondary Payer (MSP) Rules
50+	<ul style="list-style-type: none">✓ Applicable Large Employer (Subject to ACA Employer Shared Responsibility and Employer Reporting Requirements)✓ Subject to FMLA
100 Employees Enrolled	<ul style="list-style-type: none">✓ Form 5500 Filing and Summary Annual Report (SAR) – if subject to ERISA

Jeremy Enns is an Advisor with HCMA Benefit Provider GCD Insurance Consultants. GCD's areas of specialty include consulting on group employee benefits, HR & payroll services, and HRIS platforms. For additional information please contact Mr. Enns by emailing Jeremy@gcdinsurance.com or by calling (813) 818-8805, x 232

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The first HCMA member to recruit five non-member physicians to join the HCMA prior to January 31st will win a \$1,000 VISA gift card and your 2020 HCMA membership will be waived!

Rules:

Your five recruits must complete an HCMA membership application, remit payment (a reduced rate for new members), and submit both to the HCMA office no later than January 31st. **YOUR NAME, AS RECRUITER, MUST BE ON THEIR APPLICATION!**

Obtain an HCMA application by emailing: KMills@hcma.net or applications can be completed online: www.HCMA.net, click on "join /renew."

Question? Call Kay Mills, HCMA Membership Coordinator: 813.253.0471

\$1,000 VISA gift card is compliments of HCMA Benefit Provider, ProAssurance - Healthcare Professional Liability Insurance. ProAssurance offers a 5% discount to HCMA members through their exclusive endorsement with the Association. Choose professional liability insurance from a Company Florida healthcare professionals have relied on for more than 40 years. ProAssurance Group is rated A+ (Superior) by A.M. Best. For additional information or to request a no-obligation quote, contact Chad May, Florida Account Executive, at 800.282.6242 or cmay@proassurance.com.

2018-2019 HCMA Membership Directory

The newest edition of the annual HCMA Membership Directory has been mailed to all Active HCMA members. Should you require an additional copy, please contact the HCMA office. Directories are complimentary for HCMA members and \$25 plus shipping and handling for non-members and the public.

Please make note of these updates to the 2018-2019 Directory:

Family Practice

Tawil, Albert, MD, PA
Phone: (813) 876-5548 – Fax: (813) 874-2477
508 South Habana Avenue, Suite #360, Tampa, FL 33609
Medical College of Thomas Jefferson University, Philadelphia, PA, 1962
Cert. FP '15, IM '04, GER '15

Price, Martha A., MD
Phone (813) 879-3334 – Fax: (813)353-1945
3211 Azeele Street, Tampa, FL 33609
Medical School of South Carolina, Charleston, SC, 1980
Cert. FP '90, FP '97, FP '04, FP '14

Otolaryngology

Seper, Janet, L. MD
Phone: (813) 994-8900
27406 Cashford Circle, Wesley Chapel, FL 33544
Rush Medical College, Chicago, IL, 1991
Cert. OTO '98

Plastic Surgery - Facial

Davis, Dean G., MD, FACS
Phone: (813) 877-7917 - Fax: (813) 877-7918
3440 W. M.L.King Jr. Blvd., Suite #101, Tampa, FL 33607
University of North Carolina - Chapel Hill, School of Medicine, 1996
Cert. PSF '05, OTO '02

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Practitioners' Corner

Contraception 2018 - Where Are We?

Barry S. Verkauf, M.D., M.B.A.
bverkauf@verizon.net



Despite societal needs, family planning has been important to individuals throughout time. The earliest methods of preventing pregnancy, abstinence and withdrawal, are still intermittently used and relatively useful. Another method used in the past was continued lactation with breast-feeding which prevented pregnancy. In the middle ages, the average age for menarche was probably around 20 but by 1940, that had dropped to 17 and today is 12.5 years. This change, which occurred for a variety of reasons including improved nutrition, societal advances and changing views about virginity, marriage, and sex, was also accompanied by a heightened need for adequate contraception.

Throughout history, various roots and plants were used for contraception, some of which apparently did have some effectiveness. Barrier methods of contraception also have been known since prehistoric times. The earliest known illustration of a man using a condom is painted on the wall of a cave in France from approximately 15,000 years ago. Various materials were used for this purpose over time and rubber condoms began to be mass-produced in the mid 1800s. In the early part of the 20th century, the condom was the most commonly prescribed method of birth control. Throughout history, women have used a variety of substances intravaginally, such as seaweed or moss, to absorb semen and block its entry into the uterus. A contraceptive sponge was introduced into the American market in 1983 withdrawn in 1995, then reintroduced this century. Contraceptive foams, creams, and jellies also date back to ancient times and ultimately led to the introduction of barrier methods, including diaphragms and cervical caps, which were principally marketed to married women in the mid 1800s. In the 1870s, the Comstock laws were enacted by Congress to suppress the dissemination of contraceptive devices (not repealed until 1971!), but by the early 1940s most doctors recommended the diaphragm as the most effective method of contraception. Diaphragms continue to be available, but U.S. companies no longer produce cervical caps.

Barrier methods of contraception fell into disfavor after the introduction of the birth control pill in the United States in 1960, initially developed for treatment of female disorders such as dysmenorrhea and menstrual irregularity. The "pill" was found to be

an effective contraceptive and was approved for use as such in 1962. Hormonal contraception evolved as a consequence principally of the efforts of Margaret Sanger and Planned Parenthood Federation of America supporting the research of Gregory Pincus at the Worcester Foundation for Experimental Biology and the clinical trials led by John Rock, a prominent Harvard gynecologist. The first birth control pill, Enovid, was manufactured by G.D. Searle and was made from progestins extracted from yams and estrogens synthesized by chemical companies in the 1930s and 1940s. The birth control pill enabled women to take charge of their reproductive planning, and along with the 2nd wave of the feminist movements happening concurrently, increased their sexual freedom, and the incidence of STD's in the sexual revolution.

The combined hormonal contraceptive pill required the need to remember to take it every day. Depo-Provera was approved in 1972 as a long acting injectable progestational contraceptive which only needed to be given every 3 months. While avoiding the necessity of taking the pill daily, it did require an injection at office visits and was not widely embraced by women.

A subdermal implant of progestin, Norplant, was approved in 1984 as an effective and reversible long-term method of contraception. Norplant's time-consuming administration, both upon insertion as well as removal was not well received by either patients or physicians and was removed from the market in 2002. Implanon, a single rod progestin implant using etonogestrel, effective for up to 3 years, became available in 2006 as a long-term method of female contraception requiring easier insertion and removal.

Hormonal contraception took most of the headlines in the mid part of the 20th century but intrauterine devices, which required only a single insertion and might have protracted use, were also being investigated. The early IUDs were associated with intrauterine infection, but in the late 1920s, Ernst Grafenberg in Germany, introduced the Grafenberg ring, an IUD that was widely distributed, particularly in Europe, and was successful because it eliminated the IUD string, which could introduce bacteria into the uterus. In 1964, the Lippes loop was introduced in America and was an instantaneous success.

The IUD fell into disrepute in the 1970s as a consequence of introduction of the Dalkon Shield which had extensions on each

(continued)

Practitioners' Corner (continued)

side meant to prevent expulsion but which made insertion and removal somewhat painful, and the string on the Dalkon Shield was made of a porous material that also introduced bacteria into the uterus and was associated with the same frequent infections that had plagued the early devices. The Dalkon Shield was removed from production in 1974. Despite availability of other, and much safer monofilament IUD's such as the Copper T, IUD's generally remained in disfavor in the U.S. until relatively recently. Currently 6 IUD's are marketed in the U.S. Five of them (first starting with Mirena, approved in 2000) utilize a small dose of levonorgestrel in the uterus and are effective for up to 5 years.

Two other aspects of contraception deserve mention. All methods discussed so far are reversible and temporary, but permanent methods of contraception, which are effective and instituted with relative ease, are currently available. At the beginning of the 20th century, vasectomy began to be used for birth control. Increasing numbers of men volunteered for vasectomies in the 1960s and 1970s because it was less complicated and less expensive than sterilization for women, usually done by laparotomy. By the early 1970s, 3/4 of a million American men a year were having vasectomies. Sterilization of women by tubal ligations took place in association with cesarean sections in the mid 20th century as the concept of family planning gained increasing acceptance. By the mid 1970s, tubal sterilization was widely available on an outpatient basis by laparoscopy, making it easier, less expensive, and more acceptable.

Most methods of contraception discussed to this point are planned. Unfortunately, exposure to pregnancy sometimes occurs unexpectedly. Either no birth control is used because sex is unanticipated or there is a contraceptive malfunction. In those circumstances, emergency contraception is required. In early history, women would sometimes try to wipe the semen out of their vagina with fingers. Somewhat later, the possibility of removing the sperm with injected fluid (douching) became utilized. Currently, emergency contraception is available by use of the birth control pill known as Plan B, no later than 5 days after unprotected intercourse. An IUD inserted within 5 days of intercourse is also effective by altering cervical mucus and the endometrial implantation site.

Today, a wide variety of contraceptive measures are available which are effective and safe. Individuals can choose the method most appealing to and appropriate for them after consultation with their physician. Educating patients about the importance of using "dual contraception"- which includes a barrier method for STD protection is also advocated.

Hormonal contraceptives, which remain the most widely used method of birth control in the U.S., are available in a wide variety of dosages and types, and their principal risk is related to venous thromboembolism and hypertension, though in appropriately chosen candidates, these events are very uncommon. Modern

IUDs, inserted by appropriately trained personnel, are rarely associated with infection and, in those uncommon instances, can usually be easily and adequately treated. Uterine perforation with IUD insertion occurs in less than 1 in 1000 instances.

The newest emphasis in this area is on long acting reversible contraception known as LARC. These include intrauterine devices and subdermal hormonal implants. They are highly efficacious, and the principal barrier to their use currently is expense, misunderstanding about their safety, and inadequate counselling. Only 14% of patients currently use LARC versus 28% utilizing sterilization and 32% using contraception. The advantage of LARC is their long-term efficacy and continuation rates compared to the pill that many users stop within one year of use. LARC methods are reversible but are efficacious for periods of 3 to 7 years depending upon the specific device. The subdermal implants currently utilized are easily inserted and removed, as are current intrauterine devices. All LARC devices, interestingly, can be utilized right after childbirth or abortion, providing immediate contraception and having no impact on the quality of maternal lactation or first year infant growth. A long-term vaginal hormonal ring and a topical male contraceptive are under investigation. Despite the current availability of good contraception (except perhaps for the poor), the rate of unplanned pregnancy remains higher in the U.S. compared to other developed nations.

The proportion of births in America occurring to unmarried women has increased from 3% in 1940 to 41% in 2015. From 1970 to 2010, the median in age for first marriage among women has increased from 20 years to 28 years of age and the age at first childbirth has similarly increased. The percentage of women ages 15 to 44 which are married has decreased from 73% in 1950 to 40% in 2010. Pregnancy rates among married women have decreased from 200 per 1000 women in 1960 to 100 per 1000 women in 2010. The percentage of teenagers who have ever had sex has increased from 25% in 1960 to almost 70% currently.

The average American family, which had 4 children in 1960, now has 1.8 children. With the scientific advances of medical care, the expected lifespan of the average American has increased from 47 years in 1900, to 68 years in 1950, to 76 years in 2000, and 79 years in 2014. The increasing longevity of Americans, and, in fact, of people in most developed economies, in conjunction with the decreased birth rates seen today, have led some economists to have concern about the ability of young workers in modern society to support this aging population. Articles addressing this within the past six months have been in the New York Times, The Washington Post, and The Economist. It is a new world! Bring on the robots!!!!...Or maybe the clones???

A chart comparing the effectiveness of current contraceptives can be obtained by emailing Dr. Verkauf or Elke at the HCMA (Elu-bin@hcma.net).

Physician Wellness

On Streaking, Running, and Exercise

Bruce Shephard, MD

shephardmd@verizon.net



I have been an avid runner since my Ob/Gyn residency days at Jackson Memorial, Miami, back in the 1970's. At the time "jogging" had become a trend and I decided to join what has today grown into quite a popular pastime.

For those of you who know me as a running fanatic and sometime marathoner, you may be unaware that I'm also a streaker, a label that must and will

soon be explained.

To my non-running colleagues, I came by this quasi hobby incrementally as well as haphazardly. After residency and while doing a two year stint in the Air Force, I had started running a mile or two most days. After moving to Tampa in 1976, my routine was to use a dedicated (premeasured) 1.7 mile loop, door to door from my Carrollwood Village home. My first race ever, a 5K was in 1979. I had never run 3 miles in my life and I trained studiously, ultimately grinding through the Gasparilla 5k.

In the 1980's I joined a group of guys who did weekly Saturday morning "long runs" of around 6 miles. Then, in my mid 40's, I remember struggling to keep up with these "dedicated" runners. I also joined a local running group, the Carrollwood Village runners, who ran every second Wednesday night "starting at the clock tower" near the Publix in Carrollwood Village. This group would often mention the famous local running coach, Joe Burgasser, who would be the next step in my running adventure. And it was a game changer.

Turns out, Joe was a running legend in the Tampa Bay area, and not just regionally. A nationally ranked athlete, Joe had routinely been setting a prolific number of US records, at least one in every age group since he was 40. Through "Forerunners," Joe coached and trained runners of all abilities, setting goals, having us keep logs and compete in local races.

After joining Joe's club in 1992, I was hooked and inspired to take this running thing to another level.

Through Forerunners two things happened--my performance steadily improved and I met a number of great people from all walks of life, a few in the medical field. The group shared a common love for the road. Burgasser's coaching turned out to be a great way to stay fit and a program with just enough structure

to motivate and still make it fun. Workouts, technically known as "interval training," were held just twice a month. Running on your own was at your own pace, mostly a daily thing with the distances being worked out with Joe with individualized goals.

As time went on, I decided I would try for longer distances working up to a half marathon, then marathons. It turns out that long term preparation for longer distance running is not so much about speed as endurance, and endurance correlates well with numbers of miles run per week. But as my mileage increased I also found times and pace improved right along.

I really enjoyed my first marathon in New York, an iconic event with dozens of bands playing throughout the city's five boroughs, ending up in Central Park. No matter the time, a runner's first race of a given distance is always a "PR" (Personal Record). Still, after nearly 5 hours, my first reaction was the classic "I'll never run 26.2 miles again" in a race commemorating a famous Greek soldier's race from the Battle of Marathon to Athens in 490 BC. But you get over that.

Twelve years later, after completing my 8th marathon (HOPS), on Tampa's fast Bayshore course at 3h 54m, a friend advised, "you may have qualified for Boston." Boston is quite the dream for runners, the Holy Grail of marathons, and one where you must qualify based on time, gender, and age. Turns out I had qualified by just 6 minutes.

I ran my first Boston in 2005, and with Coach Joe's training I went on to run that incredible venue ten years in a row including 2013's awful bombing which I witnessed on mile 26. That's a topic for another post.

Now about the streaking. Not what you think. In 2008 I mentioned to Coach something about having run 60 days in a row. His eyes lit up as he told me about the US Running Streak Association, an organization that to join you must run a mile or more every day for a year. The catch: no exceptions for illness, injury, or memory lapse. It's a hilarious little organization of several hundred members throughout the U.S., some of whom have run 45+ years without missing a day. Well, I became a member of this group and we all wear running clothes! On September 21, 2018 my running streak reached 10 years.

So, yes, running, while not for everyone, for me has been a way to stay fit while also making some great friends where we talk of most anything on the long runs. By the way, it takes less time than

(continued)

Physician Wellness (continued)

you might think to achieve the CDC's exercise goal. With only 75 minutes/week of running you can achieve the minimum recommended activity to improve aerobic health according to current Physical Activity Guidelines for Americans.

Have fun!



Dr. Shephard with step daughter, Laura, and wife Coleen. Coleen flies a Sponge Bob balloon so Dr. Shephard can spot her in the crowd while running by.

HCMA contingency to travel to Tallahassee

A contingency of HCMA members, under the leadership of the HCMA Government Affairs Committee, is planning a visit to Tallahassee during the 2019 Florida Legislative Session. The Session begins March 5th and will adjourn May 3rd.

We are compiling a list of physicians who are interested in participating if their schedule will allow. The date and details of the trip will then be confirmed.

If you are interested in being added to the list of physicians to receive more details about the Government Affairs Committee's Tallahassee visit, email Elke Lubin, HCMA Executive Assistant: ELubin@hcma.net.

COMPLIMENTARY CME

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Otolaryngology
Florida ENT & Allergy
511 W. Alexander Street, Suite 1
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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!



See you next year!

The year-end brings no greater pleasure than the opportunity to express to you season's greetings and good wishes. May your holidays and New Year be filled with joy. – Charles Dickens



Warmest wishes from the HCMA Administrative staff: Elke Lubin (Executive Assistant), Jean Repass (Bookkeeper), Kay Mills (Event & Membership Coordinator), and Debbie Zorian (Executive Director).

Personal News

In Memoriam



Dr. Ian Loye Matheson was lost to this world on October 14, 2018. He is survived by his wife Eve Matheson, daughters Solveig Ruppel and Tracy Halme, sons-in-law Cory Ruppel and Matt Halme, and grandchildren Tyler Ruppel, Maddy Ruppel, Jane Ruppel, Ian Halme, Morgan Halme, and Campbell Halme. He is also survived by many nieces and nephews in England and Canada.

In 1969 Dr. Matheson established The Plastic Surgery Clinic of Tampa which he ran for over 50 years. Dr. Matheson was a passionate physician who truly cared about his patients' happiness. Aside from his professional patients, he stitched up friends and family at all times of the day and night - more often than not without charge - so he could help them heal as and get them back to enjoying life. He volunteered many hours each month at the Judeo-Christian Clinic in Tampa, helping underserved patients benefit from his expertise. He was a proud member of the Hillsborough County Medical Association, The American College of Surgeons, and was Chairman of the St. Joseph's Hospital/Baycare Institutional Review Board for 17 years until the time of his passing at 85 years old.

Dr. Matheson had just finished a vacation to Mykonos, Greece when he became ill while traveling through London, England. He was flown home where he passed peacefully. He believed firmly in the Lord's words: "Thy Will Be Done." Dr. Matheson's family and faith were his true joys in life.

In Memoriam



Dr. Dennis Pupello passed away while surrounded by family on October 25, 2018. He is survived by his wife, Lisa; sons, Dennis (Kelley), Frank, Brad (Emilia), and Derek (Kalisha); daughters, Angela, Ariel (Chris Burke), Alana, and Alexa; grandchildren, Kelden, Dylan, Rocco, Mariella, Francesca, Carmen, and Milana; sisters, Sandy and Linda.

Dr. Pupello was a pioneer in cardiovascular surgery, serving on the team for the first heart transplant in Tampa. He was one of the founding members of the cardiac surgery staff at Tampa General Hospital. In 1983, he founded St. Joseph's Heart Institute and performed over 25,000 surgeries until he retired in 2005. He published numerous articles and received too many awards to list but among them a lifetime achievement award from the Florida Society of Thoracic & Cardiovascular Surgeons, America's

Top Surgeons, and was featured in the Guinness Book of World Records for being the surgeon for the oldest living heart valve recipient.

He was a founding member of The Fabulous Rockers, a Tampa based band with thousands of loyal fans. In addition to being a world-renowned surgeon, he was a brilliant musician, a master diver, an experienced fisherman, and a boat captain. He was a true renaissance man, a jack-of-all trades and master of many.

Donations may be made in his memory to the American Heart Association or Humane Society of Tampa Bay.

In Memoriam



Rinaldi Printing has been producing *The Bulletin* for well over thirty years. For most of those years, until his retirement not too long ago, Ron Strand was the HCMA's point person and creative consultant at Rinaldi Printing. On October 6th Ron passed away. Our condolences extend not only to his wife, Janice, and their family, but to everyone who could count on Ron for a good laugh and some serious hockey

talk.

USF Health Book of the Month Contributions to the field...



Creasy and Resnik's Maternal-Fetal Medicine: Principles and Practice 8th Edition. Authors: Robert Resnick, MD, Charles J. Lockwood, MD, MHCM, Thomas Moore, MD, and Michael F. Greene, MD.

Internationally known for his research expertise in obstetrics and gynecology, Dr. Lockwood has been credited with leading a research team that discovered fetal fibronectin, the first biochemical predictor of prematurity. He has also made major discoveries in the fields of reproductive science, prenatal diagnosis, and endometrial biology.

Long recognized as the authoritative leader in the field, *Creasy and Resnik's Maternal-Fetal Medicine, 8th Edition*, continues to provide the latest evidence-based guidelines for obstetric and neonatal management, helping you minimize complications and offer patients the best possible care. Written by renowned experts in the field, this comprehensive resource has been thoroughly updated and reflects new information in every area, including tremendous advances in genetics, imaging and more.

Personal News (continued)

A Special Day for Special Athletes



On September 8th, HCMA Member Dr. David Lubin volunteered at a Special Olympics MedFest event. A special shout out to Marina Habib, Community Outreach Manager, Healthy Community Tampa Bay, organizer of the event. We are impressed with the organization of the event and to learn of the many additional services the Special Olympics organization offers.

HCMA Board Chairman interviewed



Insiders reveal secrets of medical device scam targeting thousands of Floridians - Florida company accused of targeting dead patients

“It’s happening around the country: medical supply companies that call Medicare patients to pitch unwanted medical devices, ship those supplies to them and get the government to pay the bill.

“Dr. Joel Silverfield, a Hillsborough County Internist and member of the Hillsborough County Medical Association, is not affiliated with the lawsuit in any way but reveals how doctors can unknowingly perpetuate medical device fraud...” Contact Elke Lubin (ELubin@hcma.net) for a link to the full article.



Meet the Role Model

In recognition of Women in Medicine Month, the FMA featured some of their outstanding members throughout September in their publication *Florida Medical Magazine*. HCMA and FMA Past President Madelyn Butler, M.D., is founder of The Woman’s Group, an award-winning OB/GYN practice with four Tampa Bay-area locations and 25 physicians and practitioners who are all women. Visit the FMA’s website to read about Dr. Butler and how her vision for women’s healthcare has led to 20 years of successful independence.

Hillel Academy appoints Board President



Over the summer, Hillel Academy, Tampa’s only accredited Jewish day school, announced the election of HCMA member, Dr. Seth Forman, as the president of the Board of Trustees.

Dr. Forman, along with his three brothers, is a graduate of Hillel Academy. In addition, all of their children are Hillel Academy graduates or are current students at the school.

Cloudy Tampa Skyline



Tampa Bay Magazine’s “Views of Tampa Bay” photo contest drew entries from all across Tampa Bay. The photographs from the winning entries were published in the September/October 2018 issue of Tampa Bay Magazine.

Dr. William Carson’s “Cloudy Tampa Skyline” merited a two-page spread as one of the winning photos. Dr. Carson has also submitted photos which appeared on the cover of the HCMA publication, *The Bulletin*. Congratulations, Dr. Carson!



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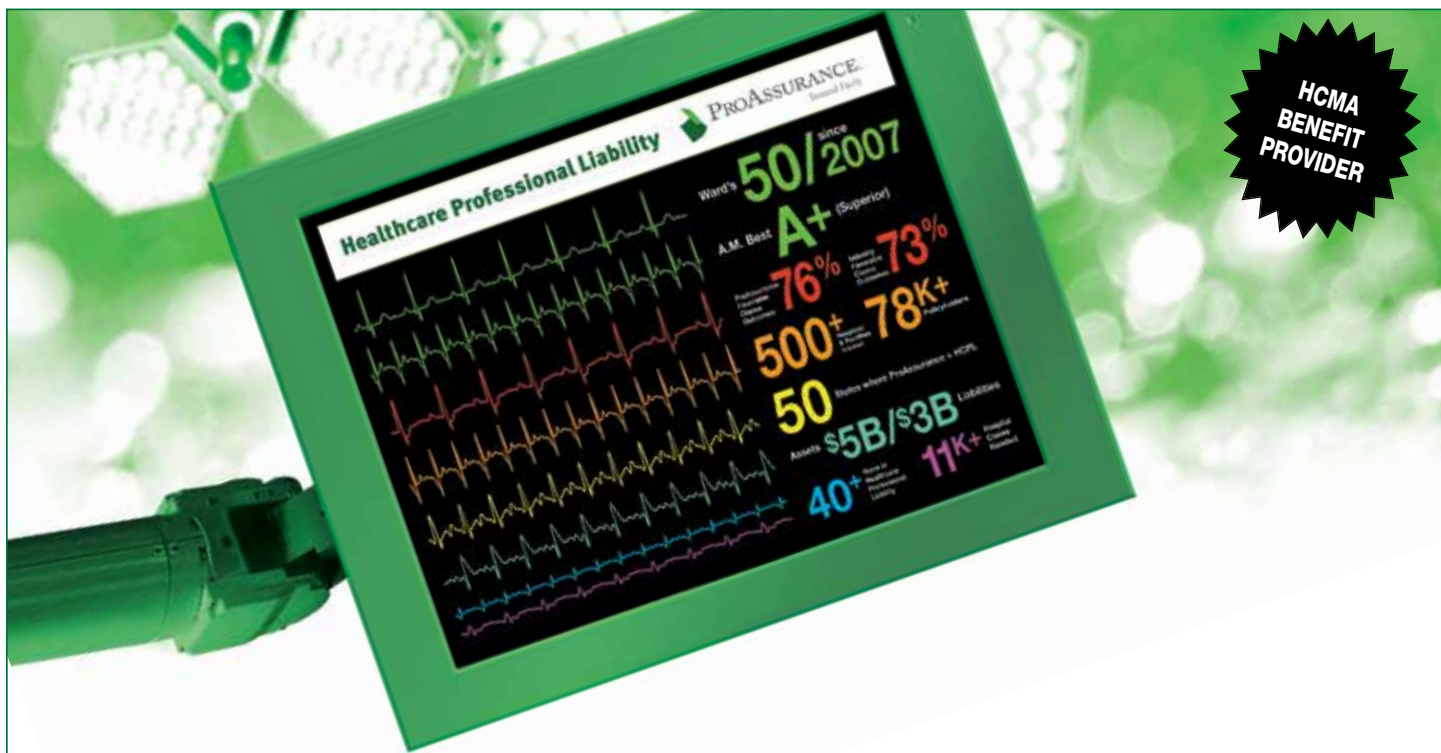
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