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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

July/August 2015





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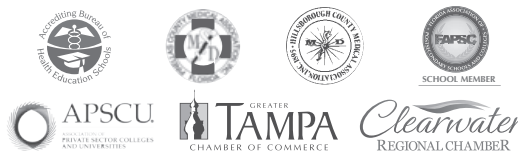
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Executive Council Meetings 6:00 PM @ the HCMA Office

September 15, 2015

November 17, 2015

HCMA Dinner Meetings InterContinental Hotel

6:30 PM

September 1, 2015

November 10, 2015

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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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The Bulletin: July/August 2015

ABOUT THE COVER

The photo was taken at the Keukenhof Gardens in Holland this spring. The Gardens plant seven million bulbs every year, have eight hundred varieties of tulips, and then dig them up and do it all over again the following year. The park is only open nine weeks a year for all this work.
 – Jim Hulls, MD

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A Part of Something Bigger Than Ourselves

The areas of my life that give me the most fulfillment are my family, my pediatric practice, and advocacy through organized medicine. As I have thought about these three facets of my life, I have come to realize a common thread weaves through all of them. They each are about giving time, energy, and love to something bigger than myself.

I have been married for fourteen years and have been a father for less than a decade, but it is very hard for me to imagine what my life was like before marriage, and even more so, before children. The reason is that my life is exponentially fuller because I get to share my thoughts, excitement, and disappointments every day with those that I love. When I am with my family, I am more caring, more loving, and more energized. The whole is truly greater than the sum of its parts.

I became a pediatrician because I love children and wanted to work with them every day. As time has passed, my medical practice has meant more to me with each passing year. In many ways, it has meant much more to me than I ever imagined. I have come to realize that my impact as a pediatrician can extend far beyond me and far beyond just taking care of my patient's immediate illness. I realize now that I can have a lasting impact on the lives of my patients and their families. My hope is for each child to always remember that they had fun when they came to their pediatrician's office, and that I made them feel special. I hope when they get into their teenage years and go through difficult times, they might remember some "words of wisdom" I might have said, or just simply that they remember I cared.

As physicians, we play a major role in our communities, both locally and beyond. What does it mean to work for a cause or belief that is greater than ourselves? We have examples in two members of our medical community that we have lost since May. Dr. Bernard Pollara was a Professor of Pediatrics at USF since 1994, and was a mentor of mine. He had a passion to care for the underserved and the poor. He spent years caring for Native Americans in Arizona, New Mexico, Montana, Washington State, and remote areas of Alaska. He loved teaching, and wanted to pass on his pas-

sion for pediatrics to future generations. His love and dedication for teaching medical students and residents led him to work until the age of 82!

We also lost Mrs. Audrey Schiebler, the wife of Dr. Gerold Schiebler, FMA Past President. Mrs. Schiebler made it her life's work to care for and protect our children, the most precious and most vulnerable members of our society. She established the first statewide Guardian Ad Litem program in the country, she was instrumental in the establishment of Camp Boggy Creek for chronically ill children, and she and Dr. Schiebler helped build the Ronald McDonald House in Gainesville. Together, she and Dr. Schiebler have been leaders in child advocacy in Florida for over 50 years, and their impact has been felt even at a national level.

As members of the HCMA, we too are a part of something larger than ourselves. We are representing all of the physicians and patients in Hillsborough County. This in itself is an incredible honor and a monumental responsibility. But, I view our involvement as having an impact even beyond. I believe that we represent every physician and patient that came before us and every physician and patient that will follow us. We have a responsibility to those that came before and to those that will follow to preserve and advance this beautiful profession. We can accomplish great things by working together. When we work together something special happens. The HCMA becomes greater than the sum of its parts!



Jose Jimenez, MD
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President's Message

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My Interview with Mayor Bob and Dr. Lynch

During the Gasparilla Races in February, I asked Mayor Bob Buckhorn if he'd agree to an interview with me and talk about what it's like to be married to a physician, Dr. Cathy Lynch, who is on the USF OB/GYN faculty. On May 28, 2015, I was honored to interview not only the Mayor, but also Dr. Lynch at Farrell's on Davis Islands.

The Mayor and Dr. Lynch have been married 15 years and have two daughters, Colleen, 9, and Grace, 14.

DL: I understand Dr. Madelyn Butler had a hand in introducing you two. How did that come about?

CL: Well, I was meeting Madelyn for lunch at the Centre Club with a couple of friends and they swear to this day that Bob was there by chance having lunch with a buddy. Madelyn told me Bob Buckhorn was

there and that she had been trying to set us up for three years. So we met, he said hello, and walked away. Later Madelyn called and said there were three messages from Bob; can I give him your contact information? So...

BB: I was just looking for votes.

DL: And your first date?

BB: I was on City Council and had an event at Rita Carlino's restaurant on Bayshore Blvd. We had a drink there.

DL: And how long later did you get married?

BB: I prolonged it as long as I could. Three years.

DL: What do you both like most about your jobs?

BB: The fact that I get to shape a city. I think being a mayor is the best job in American politics. And there will be a tangible body of work when I'm done as a result of my eight years here.

Hopefully this will be a better place than when I got it. So leaving that legacy to my kids is something I get up every day to try to do.

CL: I love that every day is different, that I'm helping people, teaching the next generation of physicians, that there's always something new and exciting with what I do.

DL: What do you like least about your job?

BB: I love my job! I mean, I do, I love going to work every day. I can't wait to get to work every day. You know, I have no privacy; I'm never off. You carry the burden of the office every day. But I signed up for it and I'm thankful for the chance to do it.



Mayor Bob Buckhorn, his wife, Dr. Cathy Lynch, and Dr. David Lubin.

CL: Any time they do an electronic upgrade on the medical records.

DL: That got me out of medicine.

DL: The most satisfying aspect of your job?

BB: That I get to help people. That I get to build and shape and amazing city. And knowing that we've been able to take this city and move it to a

different place.

CL: When you hand a couple their new baby and create a new family, and inspiring the love of medicine in the next generation.

DL: What do you admire most about your spouse's job?

BB: Certainly what she does as a medical professional, that whole OB world, you know, 99.9% of the time you're doing great stuff. I can't tell you how many families have stopped me and said, "Your wife delivered...and introduced me to A, B, C & D." That's pretty cool. And I look at them all as voters. (laughing)

CL: I think he's doing a great job and I get people stopping me and saying we love what Bob's doing with the city, especially with the transformation of the courthouse to Le Meridien.

DL: What do you like least about your spouse's job?

BB: You know, I can't complain about the hours

Editor's Page



David Lubin, MD
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(continued)

because mine is certainly demanding. She's late all the time, but other than that...that may be a doctor thing.

DL: I guess you could say the same about him?

BB: I'm really good about my schedule, David; I'm really disciplined about...

CL: He can be on time when he wants. But that's why he takes the kids to school in the morning. There might be times when we're out with the family for dinner and people want to come up and, you know...

DL: So it's the privacy thing...

CL: Yes, but again, we knew that going in. It was actually a lot worse when he was on City Council and we'd get stopped by potholes.

BB: Now they just want to take pictures.

DL: Would you ever want to do what Cathy does?

BB: No. I'm not smart enough to do it. That's not my forte.

DL: Would you ever want to be Mayor, Cathy?

CL: No

DL: If your daughters had the choice of whom to go to work with on "Take your daughters to work day," whom would they chose and why?

BB: Oh, they would choose Cathy, they like following her around, especially the little one, and Grace did when she was smaller too. They love going over there and playing doctor.

CL: I would say that Grace would go with him. Colleen would come with me.

BB: Although, now that she's 14, she doesn't want to be anywhere around me.

DL: What has your spouse done that has pleasantly surprised you the most?

DL: And keep it clean.

BB: I think how she adapted to being the First Lady. That's an acquired skill. Not everyone is comfortable with it; some spouses don't like the scrutiny. That comes with it, it's not their fault, it's just that they married into the deal. And then, you know, she loves campaigning. She's a warrior out there on early voting. I think she likes it and it's always helpful.

CL: To this day, he makes the girls' breakfasts and lunches, gets them up, gets them going, and gets them to school. They know his routine, and on the rare occasion when he's out of town and I have to do it, we fall out of routine, but uh...

BB: Which means they show up late for school.

CL: He's also a very good shopper for clothes.

DL: For you?

CL: Yes.

DL: Bob, what does Cathy cook best?

BB: {after a 12 second pause, and a few laughs} We're Irish, we're not very good cooks. {to Cathy} Um, what do you cook best?

DL: Uh-oh

BB: I end up doing a lot of the cooking.

CL: Oh, come on!

DL: What's he cook best?

CL: He's learned how to cook.

BB: Only cuz I'm a guy, I can do the grill stuff, and we like smoking and stuff. She cooks good cioppino (Italian seafood soup).

DL: Favorite movie?

BB: Braveheart

CL: I don't know...

BB: We don't get to movies too often.

CL: The Butler

DL: Favorite TV show?

BB: Hardball with Chris



Outside Farrell's, talking with other patrons.

Matthews

CL: Chopped (on the Food Network)

DL: Favorite food?

BB: I like Italian food.

CL: Yeah, I'd say Italian

DL: Favorite restaurant?

BB: Oooo, you're going to get me in trouble, um...

DL: I thought that might.

BB: This week? And I'm sort of becoming the Foodie Mayor, um, I like Ulele.

DL: You know, I had a feeling you were going to say that.

BB: Partially because I got about 6 million bucks in the deal, in the park, but know, we really are becoming a foodie town, there are a lot of great restaurants.

CL: Osteria Natalina (Italian on South MacDill)

DL: Favorite vacation?

BB: Any vacation I get. We like going to North Carolina.

DL: What's something you would want to do that you haven't done yet?

BB: Take the kids to Ireland.

CL: Yeah, I'd say Ireland or Italy.

DL: I decided I wouldn't ask you, Bob, if you were going to run for governor, but Cathy, do you have any plans for remodeling the Governor's mansion?

CL: We've got a 1920's Davis Islands home that's a con-

(continued)

stant remodeling project. I'm not sure I want to take on another remodeling project, but, uh, we'll see.

DL: Ok, all right, thanks.

BB: I'll answer the question.

DL: Well, ok, go ahead.

BB: Um, we're going to look at it. I think Tampa's going to have an amazing story to tell at the end of 4 years. I think it's a story that will resonate around the state and a model of governance, you know, more pragmatic than political, and I think the state could use some adult leadership. So, you know, I love doing what I'm doing, I'd do it for the rest of my life, but I'm term-limited out. So we'll see; we'll do the due diligence.

DL: All right, thank you.

BB: Yah

DL: And doctors are voters.

BB: Absolutely, yes they are (all laughing).



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NEW DINNER MEETING DAY & LOCATION – BEGINNING FEBRUARY 2016!

The Hillsborough County Medical Association (HCMA) dinner meetings are moving, but not far! Beginning with the February 2016 general membership dinner meeting, the meetings will be held on a Monday at the Centre Club - which is connected to our current location, the InterContinental Hotel. The social hour will still begin at 6:30pm, with the program and dinner at 7:30pm.

Upcoming Dinner Meetings:

Tuesday, September 1, 2015 – InterContinental Hotel

Tuesday, November 10, 2015 – InterContinental Hotel

MONDAY, February 8, 2016 - The Centre Club at the InterContinental Hotel

The Centre Club (at the InterContinental Hotel)

Urban Center – 8th Floor

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If you have any questions, please do not hesitate to contact the HCMA office: 813.253.0471.

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Electronic Heroin

When one thinks of addiction, drugs, alcohol, and tobacco most often come to mind. Addiction is a chronic, complex disease that can cause harmful consequences of gigantic proportions...whether we are referring to substance addiction or behavioral addiction. Other common addictions include gambling, shopping, food, sex, love, and work. Excessive tanning, exercising, and cosmetic surgeries are also considered addictions. I recently read in a professional journal that Internet Addiction may now become a psychiatric disorder. If so, employees who suffer from it may be protected by the ADA and employers will have to accommodate their condition.

Internet Addiction, sometimes called “compulsive” or “pathological” Internet use, has been disputed since the 1990’s but is now considered a real affliction in East Asia. In China, where the Internet is sometimes called “electronic heroin,” it was declared an official disorder in 2008. While the Internet is a great resource and time spent online can be hugely productive, compulsive Internet use can interfere with daily life, work, and relationships. It’s difficult for me to comprehend how a person could become addicted to the Internet, as I can’t imagine that many allowable hours in any given day. Nevertheless, the use of the Internet and social media are negatively affecting the lives of many, specifically adolescents.

Internet Addiction covers a variety of impulse-control problems that include: Cybersex Addiction (negatively impacts real-life intimate relationships), Cyber-Relationship Addiction (virtual, online friends become more important than real-life relationships), Net Compulsions (online gaming and gambling often resulting in financial and job-related problems), Information Overload (compulsive surfing which diminishes social interaction and lowers work productivity), and Computer Addiction (obsessive playing of off-line computer games which also diminishes social and family interactions). According to (yes,

the Internet), the most common addictions mentioned are Cybersex and online gambling.

Internet Addiction is no different than any other addiction. Addictions are ways of obtaining comfort through an artificial medium...to self sooth at the expense of one’s “real” life. Whatever the addiction, the effect is meant to allow a person to numb out and escape. It’s their coping mechanism in trying to relieve stress, anxiety, depression, and pain. Of course, it’s commonly known that an addiction is not the source of the problem itself.

According to Dr. Peter Whybrow, Director of the Institute for Neuroscience & Human Behavior at UCLA and author of *American Mania: When More is Not Enough*, our brains are wired for finding immediate reward. With technology, novelty is the reward. He goes on to say that computers activate dopamine producers in the most primitive part of our brain, the medulla and cerebellum. These can start dopamine production to flood our brains with pleasure when we find something new or interesting, and surfing the net can cause a constant state of production. Dr. Whybrow believes there is a dangerously rising tide of psychosocial stress and shrinking physiological balance. He claims that digital innovation is becoming ever smarter at exploiting our body’s natural reward system. When our brain’s reward circuits are overloaded with near-continuous spikes of dopamine, our craving for reward (be it drugs, sex, food, or incoming texts), becomes a hunger that has no bounds.

Consequently, while the Internet provides a constant, ever-changing source of information and entertainment, and social networking sites spread information faster than any other media, it can’t be debated that they both can create a multitude of harms. The Internet can be a great threat to one’s personal data, it allows easy access to pornography which negatively impacts our

(continued)



Executive Director's Desk



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youth and personal relationships, and people become more engrossed in the virtual online world, diminishing the social and family ties that once were. And it's difficult to ignore the plethora of harmful consequences that can coincide with social media: the spread of unreliable and false information, lack of privacy, cyberbullying, stalking, and the exposure vulnerable children and teens put themselves in at the hands of predators and pedophiles, to name only a few. It is even felt by some medical professionals that social networking sites can cause personality and brain disorders in children, such as the inability to have real conversations, limited attention spans, self-centered personalities, and ADHD.

The entwining of social media in the lives of adolescents has created a whole new environment for exploitation. I was astonished when reading the dreadful stories associated with Facebook alone...from inconceivable physical and emotional abuse, to premeditated murder. Adolescents are observing and mediating tragedy and horror. Events have even highlighted some unsettled ethical quandaries around online mediation of both tragedy and excessive violence.



Although social media has made us more densely networked than ever, research suggests that we have never been a lonelier or more narcissistic society. Could social networking be spreading the very isolation it seemed designed to defeat? Is it altering children's brain and behavior, thus creating more emotional stress and anxiety for them? Is it negatively impacting, to the point of no return, personal, family, and business relationships?

A proverbial phrase from the late 15th century comes to mind...“Too much of a good thing.” The Internet and social media can undoubtedly serve as valuable resources in many ways, but only when used responsibly and in moderation.

Now that sounds like the end of a commercial for a bottle of Jim Beam!

Exactly.

“Technology is a good servant but a bad master.” Gretchen Rubin



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Practicing alone may leave you alone

I grew up in a culturally diverse house as the son of a first generation father from India and a southern Caucasian mother from Griffin, Georgia. All of my schooling and training was done below the Mason-Dixon Line. I attended college in Atlanta, Georgia, medical school in Charleston, South Carolina, residency in Savannah, Georgia, and fellowship in Baltimore, Maryland. After completing my Musculoskeletal Radiology fellowship in Maryland, I sought somewhere warm and beautiful to begin my professional career and hopefully spend my entire life. I chose Tampa.

My role models growing up were not only my parents, but also multiple family members, particularly my aunt and uncle. They were also first generation Indians, and had done extraordinarily well for themselves. They had started a chain of outpatient imaging centers in the mid 1980s and entered radiology when the timing was ideal. They had multiple centers in Florida and New York. I decided to move to Tampa to work for them and start my career in the specialty that I loved, in an area that I knew I would love, and for bosses that I loved like second parents.

I moved to Tampa in 2011 and began working for Signet Diagnostic/Doshi Diagnostic as an outpatient radiologist. I walked into a Brandon center that was flourishing and a Tampa center that was struggling. Even though I had an MBA under my belt, I didn't have a clue how the practices were actually run. As we all know, you don't learn anything about business in medical school, and frankly, there is no way to learn to run a business without putting yourself in the situation and doing it yourself. So during my first year with the company, I made it a point to learn and digest as much about the business as possible.

I learned a tremendous amount about the business and committed myself to achieve the business dream I had always sought. I spoke with my uncle and I asked for an opportunity to purchase the business. After due diligence, we agreed to terms and as a 34 year-old radiologist with approximately one year of real world experience under my belt, Maru Diagnostic was born.

Maru Diagnostic was my dream. My focus had suddenly been taken away from being the best radiologist I could and redirected towards being the best businessman I didn't know how to be. I still had to take out a gigantic loan, larger than any young physician could imagine, had two imaging centers to run, and 40 employees to manage. In radiology, as in many sub-specialties in medicine, your referral base is your primary revenue-generating source. I needed to know everybody. So with a team of six marketers, including myself, I set out to meet every single professional who could potentially refer me business.

I had forty employees including two and a half additional radiologists. I was managing payroll, organizing Human Resources, and building a hierarchy within the company. I wanted to make my company as strong as possible so I salaried myself just enough for me to live comfortably. I think this is important for any young entrepreneur that really cares about his or her business. So while probably being the hardest working radiologist in Tampa, I was also the poorest.

The insurance companies were the next beast I faced. Because I was new to the market and because I only had two centers in a relatively small market, the insurance companies were ruthless with me when negotiating my contracts. So when I opened my doors, I had to allow any patient, no matter if I was contracted with their insurance provider or not, to have the diagnostic study that was ordered. I did not want to upset the referral base I was working with by not accepting their patients. I cannot tell you how much money I had to eat because the insurance companies were in no rush to get my contracts done.

The next bit of business was to organize a team of radiologists. Putting together a team took time to find the right ones and I made mistakes with that as well. Incorporating all of the sub-specialties within radiology isn't possible with three individuals, and fighting competitors like Tower Radiology is more challenging than you can imagine. So not only did I have to be on top of my general diagnostic radiology game, I had to

(continued on page 17)

My Story



**Ashley Maru, MD,
MBA**
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have other sub-specialty radiologists who also had general radiology knowledge.

After about nine months into Maru Diagnostic, and after I had taken the company from one that was losing money to a break-even company, my life would change again. At a networking event, actually thrown by the HCMA, I met Dr. Raj Kedar and Dr. Raul Otero from Radiology Associates of Florida and Tower Radiology Centers. After negotiations and a handful of meetings with Raul, Raj, Dr. Krishna Nallamshetty, and Larry Smith, CEO, we made a deal to sell my company to Tower Radiology. I moved from solo practice into a group practice. I moved from the sole owner to one of many. I moved from a two-center outpatient imaging operation to a twelve center, three hospital radiology giant. I also became part of the primary teaching faculty of the USF radiology department, helping to oversee and instruct 32 residents and 9 advanced fellows.

Independent practice has a lot of perks and a lot of pitfalls. You are THE man (or woman). You dictate your own future and you have to work your rear off to make it. This is important to realize before you ever decide to go into the real world on your own. If you don't work hard, if you are not smart, and if you are not organized, you will fail on your own. You are in the spotlight, and everyone, from the patients, to your employees, to the public, watches your every move and judges you based on them. You have to be diplomatic, you have to bite your tongue, and you have to realize that not everyone or everything is going to be perfect. You have to control costs, you have to generate revenue, and you have to be a manager. You have to be on-call 24/7, you have to devote your life to your company, and you have to learn how to manage stress that you have never had before. I personally believe that the most important thing for a new business owner to be, particularly within the field of radiology, is a great marketer. As I stated earlier, YOU are your best marketer. A face-to-face conversation, a meal, a drink, whatever it takes, is what you have to do. Not to mention, marketing is how Tower found me and I found Tower.

Trying to balance life as a solo business owner with really any significant personal life can be very challenging. Even though I am just getting started with my family life, I know that certain priorities change, and a life out there on your own may bring stresses and inconveniences to the house that you don't want. So for those people, and people who want a more balanced life, where the majority of work stays at work and isn't taken home, where a paycheck is more of a certain thing, where there is structure, rules, and a team of individuals, a group is the direction I recommend. While I know every group is different, and every group has its nuances, I can only speak to my positive experiences in my new well-run group, Tower Radiology.

Tower has brought a new satisfaction and challenge to my life. Even though I gave up complete control of a company with my selling of Maru Diagnostic, I gained so much. Tower has given me the opportunity to focus on the things that I enjoy the most and to take the lead in those aspects of business where I excel. I continue to be involved with management although to a lesser degree. I continue to drive new revenue streams for our business and actively market at a more enjoyable pace rather than out of necessity. I have taken small parts of our business such as the medical legal and personal injury side of radiology and expanded them. I also now have much more academic satisfaction with the ability to teach and lecture the future generations of my profession. My most substantial achievement so far with Tower is my current seat on the Tower Board of Directors where I help lead the future of our company. Tower has taken my knowledge of radiology and the business of radiology to the next level. The transition was everything I had expected during my negotiations and much more. I am lucky to be a part of such a democratic, firmly established, and well-managed large group. I cannot imagine a more satisfying balance of a professional and personal life. After spending countless years in school, training, and working, I have finally reached that stable, happy place in life that we all strive to achieve.



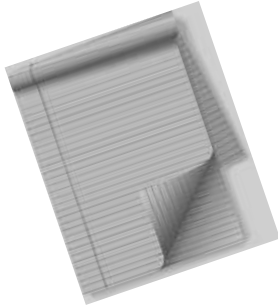
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I'm Back!

It has been twelve years since my scribbles last befouled the pages of the HCMA Bulletin. I stopped writing not because I ran out of things to say, but because other responsibilities took priority, especially the years when I had the honor of serving as Chief of Staff at Tampa General Hospital. After a long day of riding glass at the office (stop snickering, it's tiring and stressful, even if it's not especially physical) followed by hours of committee meetings, I was usually too tired to write coherently, even if I had an idea or two that I wanted to share. But I sort of missed having that outlet, and I appreciated the colleagues who every now and then would mention that they missed my columns. But like most things, once one gets out of the habit, it can be difficult to take it back up again (see also the piano, French, exercise, good manners, sobriety.) And so I was very pleased when Dr. Lubin got in touch and invited me to dust off the keyboard (and the creative side of my brain) and start contributing again.

So where did I leave off? That's a little difficult to say, since my work never really had a consistent theme, but was most often based on a random thought that would work its way into an essay. Sometimes I would reflect on issues of the day; a number of articles in the mid-nineties were about the Clinton health plan, or the effects of HMOs. My favorites were reveries started by finding an old medical text, or a terrific quote.

I don't think it's much of an exaggeration to say that much of what I feared a decade or so ago has come to pass. It's too early to know for sure how it's going to work out, but the Affordable Care Act is much more sweeping and intrusive than anything we've had before, and if (actually when) costs begin to rise, a lot of doctors are going to feel a lot of pain, before the other parts of the system do. As I write, the ever-admirable Florida Legislature is sinking to new lows with its mishandling of the Medicaid issue; I hope it gets resolved without too much collateral damage, but I'm not especially confident. It's sadly ironic that in this age when we can do so much more for so many patients (albeit at a sometimes staggering cost) I don't think we've been held in as little esteem by those very same patients, to say nothing of society at large.

All that said, I don't think it's all doom-and-gloom. While the recent epidemic in West Africa points out serious deficiencies in the health care available in the developing world, I couldn't help but be impressed with the dedication and professionalism of those who responded to the crisis. I also couldn't help but notice that in our age of global travel, we couldn't avoid being involved in the outbreak in our own land. Maybe that will provide more of an impetus to address global health. On the List of First World Problems, who cannot be astounded at the progress made in the understanding and treatment of cancer? Recent revolutionary therapies are certainly coming at great cost, but let's remember that just as the cost of electronics has come down remarkably with progress, so too may "personalized medicine." Organ transplantation has made like progress. So have many other fields. However, we're still not very good at a lot of basic medicine: getting kids vaccinated, controlling diabetes, controlling obesity, discouraging self-destructive behavior, and dealing with the issues that are arising as we live beyond our design specifications.

So, I'm glad to be back in the Bulletin. After all, each of you is entitled to my opinion. I hope I'll be not just older, but maybe a bit wiser, a little more experienced, and maybe a bit less cantankerous (it could happen.) My next installment will be for "Practitioner's Corner," which is more than a little bit ironic, because, oh, by the way, a couple of years ago, I left clinical practice. So, I guess it'll be titled "Post-Practitioner's Corner," a.k.a. "The best decision I never dreamed I'd make." Lot's more on that to come.



**Stephen
Brantley, MD**
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Cybersecurity— Protecting Your Electronic Health Records

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

Many people don't believe—or understand why—medical information is valuable or at risk. According to a compilation of data breach statistics, there were 783 security breaches in the United States in 2014. Of those, 42.5% were breaches of medical or healthcare information. This equated to over eight million individual records being accessed or stolen by cyberattacks.¹

Large healthcare systems, hospital networks, and individual healthcare providers have all been attacked, but the size of the entity is no clear indication of the size of the breach. For example, one Blue Cross Blue Shield attack yielded only 300 records, while a large system in Tennessee yielded approximately 4.5 million records. Several individual physician practices were breached as well, yielding as many as 7,500 records from one practice.²

Why are medical records targeted?

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

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

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

are stored electronically, they are susceptible to theft. The chief information officer for a hospital system in Salt Lake City states his hospital system "fends off thousands of attempts to penetrate its network each week."⁵

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

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

What can you do to safeguard electronic medical records?

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

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

(continued)

Risk Management



Jeremy A. Wale, JD
ProAssurance Risk
Resource Advisor

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

ProAssurance is an HCMA Benefit Provider for medical professional liability insurance and risk management services.

¹ Identity theft resource center breach report hits record high in 2014. Identity theft resource center Web site. http://www.idtheftcenter.org/images/breach/DataBreachReports_2014.pdf. December 31, 2014. Accessed May 8, 2015.

² Identity theft resource center breach report hits record high in 2014. Identity theft resource center Web site. http://www.idtheftcenter.org/images/breach/DataBreachReports_2014.pdf. December 31, 2014. Accessed May 8, 2015.

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

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

⁵ Humer C, Finkle J. Your medical record is worth more to hackers than your credit card. Reuters website. <http://www.reuters.com/article/2014/09/24/us-cybersecurity-hospitals-idUSKCN0HJ21I20140924>. September 24, 2014. Accessed April 28, 2015.

⁶ Humer C, Finkle J. Your medical record is worth more to hackers than your credit card. Reuters website. <http://www>.

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

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

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



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The HCMA's Executive Board Room is the perfect place for your next meeting. The board room table seats fifteen very comfortably and can be arranged classroom style to accommodate up to 30. HCMA members can reserve the board room with a \$100 donation to the HCMA Foundation. To confirm availability, please contact the HCMA office (813-253-0471).





Where is this??

The first two HCMA members to guess the location of this photo will be recognized in the next issue of *The Bulletin* and, best of all, will win a gift certificate! Contact Elke Lubin at the HCMA with your guess: 813.253.0471 or ELubin@hcma.net. Sorry, only one winner per household.

TOP 3 THINGS TO KNOW FOR CYBERSECURITY

As a follow-up to the cyber breach presentation to HCMA members on June 4th, each of the professionals on our cyber defense team wanted to share their “Top 3 Things to Know” in planning for resilience after the inevitable hack.

From your healthcare attorney, A.S. (Gus) Weekley, Jr., M.D., J.D.:

In the long run, it will be less expensive and more productive to let the experts handle an information security problem. With very rare exceptions, this will prove beyond the expertise of the physician.

Consider all options.

Do it now.

From your data privacy and cybersecurity attorney, M. Lisa Shasteen, Esq.:

Take a reasonable approach. That means having a written information security plan which includes regular training and a breach response component with identified team members – then review, practice, and revise it regularly.

Cyber security is not just an IT issue anymore.

If you are breached, call your data attorney first and retain other professionals through your attorney to preserve available attorney-client and work product privileges.

From your information technology expert, Josh Candamo, Ph.D.:

A reasonable effective defense is not about big bucks. It's about big planning.

A multi-layered defense is better than one single obstacle or layer or obstacles.

Nobody is 100% protected. If you don't believe me, ask Sony.

From your financial professional, Keith Blackman, C.P.A.:

All risks are measurable.

Risk assessment analysis contains a financial aspect that a good CFO can help with in working with other professional team members, executive management, and business owners.

Understanding the all-consuming potential costs of a breach and the consequent loss in value of the business can put things into perspective when deciding which mitigating factors to put into place.

From your cyber insurance professional, Christopher Walsh:

If a doctor's office or healthcare facility loses or mishandles private information it can incur significant financial expense. Possible expenses include: patient notification, credit monitoring, legal fees, third-party financial loss, credit card reissuing fees, IT forensics, regulatory fines/penalties and more.

Many states have recently passed laws requiring patient notification if data has been compromised — even if no known confidentiality breach has occurred.

Cost of coverage is very affordable, at least for now.

The bottom line is...be prepared! Perfection is not the standard, but taking reasonable steps in light of known threats is now expected by patients and regulators alike.

Visit the HCMA's website for more cyber security information:

<http://www.hcma.net/HCMA-Cyber-Security.html>

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.

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Nabruzzo Trattoria - Italian Meals Worth the Trip

Well it IS far from South Tampa, so it may be a stretch to make that journey, but if you live anywhere near New Tampa you have to try Nabruzzo at least once. An authentic mostly Northern Italian eatery and owned by a chef, it has an extensive and inviting menu. The owner has ample restaurant experience, having owned restaurants in Hernando County and Palm Harbor and it shows - the crowds testify to his know-how.

All meals are reasonably priced and accompanied by a soup of the day or side salad and bread, something that restaurants are abandoning one by one.

The fresh bread on our first visit (the topping may vary, according to our waiter) was served with a tangy red pepper olive oil and olive tapenade topped with parmigiano - reggiano shavings. It was yummy and we could have eaten much more.

We had the side salad of mixed greens topped with a thick vinaigrette and, for two dollars more, a side classic lemony Caesar salad which was crisp and inviting. The soup of the day made my day - a warm carrot and coconut soup that was subtle. Not being a fan of either carrots or coconut, I thought I would try it anyway and was pleasantly surprised. A creamy savory blend of tastes had neither the carrots nor the coconut overpower this smooth winner. Red chiles added a refreshing zing to the soup.

The appetizer, "Fiocchi Di Enzo," was a dramatic lineup of small pastas stuffed with pear and surrounded by an olive oil prosciutto herb sauce that was delicious. Don't be put off by the pear, it was subtle and just added a slight sweetness. Calamari was tender, not over or under cooked, accompanied with hot cherry peppers and a Marinara sauce.

The waiter's entrée suggestion, "Vitello Nabruzzo," was a thin veal scaloppini with a small amount of eggplant, ricotta, mozzarella, and a sherry cream sauce that blended magnificently and was worthy of the suggestion. Would I order

it again? For sure.

The "Filetto Mignon Deana" was a very tender and tasty filet, topped with a crispy bacon-strip like piece of prosciutto that was salty and crunchy. This meat duo melded into a dance of flavors. These meats were atop mashed potatoes with a brandy cream sauce that was gravy-like and was a bit too strong on the brandy for our tastes. The pork chops stuffed with a rich homemade sausage would please turducken lovers who also love meat - it had a crunchy crust and was flavorful. It was a healthy portion, or rather, perhaps, an unhealthy portion, and too heavy for most of us. The ossobuco, usually an entrée of veal, this time, was of pork. The dish was dramatic in appearance and fall-off-the-bone tender. The lobster stuffed ravioli (a special that night) was plated to appear as sushi. It was popping with flavor, covered with a light sauce and microgreens. The "Gamberi Sofia" shrimp dish was composed of large pan seared shrimp, topped with a white wine sauce, garlic, tomatoes, and feta cheese. Good, but the "Scallop di Amalia" was better, with roasted red peppers and a garlicky white wine cream sauce.

For desert, again at the waiter's recommendation, we had the Lemoncello cake. It was light as a feather and the lemon flavoring was in every single bite - well worth the recommendation and a true treat. A special "desert pizza" was so-so. Topped with Nutella, strawberries and bananas, it had only one thinly sliced strawberry for the entire pizza, and the crust was too chewy to be good.

Nabruzzo has a rather extensive wine list, heavy on Italian varietals, ranging from \$18 to a \$200 Amarone. The Masi Campofiorin at \$45 is a steal and goes with absolutely everything.

The bottom line is Nabruzzo may be outdone by fancier restaurants with more sophisticated dishes, but the homey feel, reasonable price point, and good basic food make this place a cozy establishment that makes one come back again and again.

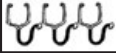
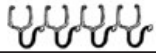
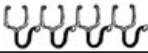
(continued)

Restaurant Review



Taste Bud

SUMMARY:

	CUISINE  1/2	AMBIENCE 	SERVICE 
PLUSES + + +	<ul style="list-style-type: none"> • Extensive Italian menu that begs you to return to try something else • The owner-chef has had other restaurants and the experience shows. 	<ul style="list-style-type: none"> • A busy Trattoria with small rooms making for a nice homey feel • The noise level was lively but not overbearing 	<ul style="list-style-type: none"> • Our server knew the menu well and we were very well pleased with his recommendations
MINUSES - - -	<ul style="list-style-type: none"> • Somewhat variable quality in the menu 		

Nabruzzi Trattoria, 6062 Van Dyke Road, Lutz 33558, 813-304-2583

www.nabruzzitrattoria.com

Restaurants are rated from one to five stethoscopes.



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Feel free to also contact Debbie Zorian, HCMA Executive Director, at 813-253-0471 or via email: DZorian@hcma.net.

Alliance Happenings

On June 20th, Dr. Rebecca Johnson and I hosted the HCMA Alliance summer event and business meeting at our home on Davis Islands. The event was well attended and brought together old and new Alliance members.

The business meeting saw the election of new officers and committee members for 2015-2016. Bill Butler, spouse of Dr. Madelyn Butler, is our new President; Blanca Crespo, spouse of Dr. Israel Crespo, is our Treasurer; John Hotchkiss, spouse of Dr. Karin Hotchkiss, is the new Secretary and Membership chair; and Gerry Gutierrez is our Parliamentarian. The formal installation was held during the FMA Alliance annual meeting in Orlando on July 31st.

This coming year, the Florida Medical Association Alliance will have three officers from Hillsborough County. I will serve as the President. Bill Butler and John Hotchkiss have both been tapped as Directors. Installation of the FMA Alliance officers also took place during the FMA Alliance annual meeting.

A reminder that membership in the Hillsborough County Medical Association Alliance is open to physicians, resident physicians, medical students, their spouses and adult children. Come join us!



Outgoing HCMA Alliance President Michael Kelly and Alliance member Catherine Louis



Olivia Butler and Karen Pittman



Bill Butler, Michael Kelly and John Hotchkiss.



Alliance members Dr. Glenn Hooper, Dr. Madelyn Butler, and Dr. Chris Pittman



Alliance members Dr. John Kilgore, Cindy Kilgore, and Dr. Rebecca Johnson.



Alliance members Blanca Crespo and Carole Hooper

Alliance News



Michael A. Kelly,
Alliance Immediate
Past President
michael19452000@
yahoo.com

IN MEMORIAM

It is with much sadness that we report the following member of our medical community has passed away...

HCMA member, **Anthony (Tony) Fernandez**, MD, 81, passed away May 19, 2015. Dr. Fernandez was born and raised in Tampa. He graduated from Jesuit High School and attended Loyola University where he was an undefeated member of the tennis team. After graduating from medical school at the University of Miami, he opened his medical practice specializing in allergy. He was proud to be the first physician in this field in the Tampa Bay area. He continued his practice for almost fifty years and was loved by his patients, many of whom became lifelong friends. Dr. Fernandez is survived by his sister, Irene Kitta (Ed); his children, Cheri Fernandez, Stacy Fernandez, Tony Fernandez, and the Hon. Kimberly K. Fernandez; his grandchildren, Micah, Caleb, Jacob, and Jackson; his nieces Kelly Hunt and Kathryn Culbreth, and his nephew, Edward Kitta II. Donations in Tony's name may be made to the American Heart Association.

Our heartfelt condolences go out to the family and friends of Dr. Fernandez.

Inducted as Fellow in the ACR



Michael J. Foley, M.D., has been inducted as a Fellow in the American College of Radiology (ACR). The induction took place at a formal convocation ceremony during the recent ACR meeting, May 17-21, 2015, in Washington, D.C.

Dr. Foley is president at Radiographic Consultants, LLC in Tampa. He is a member of the ACR, the Radiological Association of North America, the American Roentgen Ray Society and the Florida Radiological Society. He is also an editorial board member of the HCMA publication, *The Bulletin*. He received his medical degree from Northwestern University, Feinberg School of Medicine in Chicago.

One of the highest honors the ACR can bestow on a radiologist, radiation oncologist or medical physicist is recognition as a fellow of the American College of Radiology. ACR Fellows demonstrate a history of service to the College, organized radiology, teaching or research. Approximately 10 percent of ACR members achieve this distinction.

Proud Grandparents



Kailyn receiving her Miss Florida World 2015 crown.

Kailyn Marie Perez, granddaughter of **Dr. Lazaro and Norma Hernandez**, captured the title of Miss Florida World 2015.

Most shoppers enter a mall to window shop, try on clothing or purchase items. UCF alumna Kailyn Perez, however, received a little more than what she bargained for. In February 2013, Kailyn (a UCF student at the time) and her sister entered a Bloomingdales with the intention of trying on sunglasses. Instead, Kailyn walked out with a career-changing recommendation. A jewelry consultant spotted Kailyn in the store and immediately complimented her beauty, asking her if she had ever modeled. He then suggested she try out for a beauty pageant. Little did Kailyn know... what she thought was a simple compliment could ultimately lead her to being crowned as the first-ever Miss Florida World America 2015 in April. On July 3rd, Kailyn placed in the top twelve of the Miss World America 2015.



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The Editorial Board of The Bulletin is looking for more contributors! If you are interested in submitting an article please contact Elke Lubin at the HCMA: 813.253.0471 or ELubin@hcma.net.

We do not have assigned topics, you can submit an article on almost any topic (for example: your view of the healthcare environment, a book or movie review, an article about a recent vacation, the medical family, how you balance your medical and personal life, an unusual case you have encountered, a personal experience, etc.).

Articles should remain between 800-1000 words...and don't forget pertinent photos!

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