

The
Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

March/April 2015



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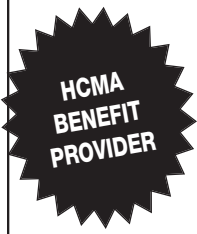
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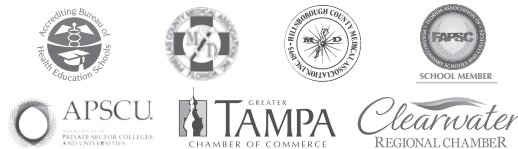
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Executive Council Meeting 6:00 PM @ the HCMA Office

May 19, 2015

HCMA Dinner Meeting InterContinental Hotel

6:30 pm

May 5, 2015

Watch your email
for more details

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GOT SOMETHING TO SAY?

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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The Bulletin: March/April 2015

ABOUT THE COVER:

Dr. Anthony Goldman's flying eagle was shot along the Anclote River in Holiday, Florida. It was shot with a Canon 5D Mark III camera, with a Canon 500mm lens using a 1.4x extender. Camera settings were f5.6 at 1/1000th second with ISO of 100.

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Healthy Living: What We Do Not Know About Our Homes!

In my last article, I mentioned that we spend nearly 90 percent of our daily lives indoors. As humans, we are not supposed to be living within four walls of offices and homes. Our ancestors lived outdoors in pre-historic times and followed the daily habits/rituals according to sunrise and sunset. Human evolution has created sophisticated living habits within building structures that indeed may not be healthy. Recently there was a rash of “Chinese Dry Wall,” resulting in a sulfur odor, with corrosion of the electrical and air conditioning systems. Many individuals complained of severe respiratory ailments and several of the homes had to be abandoned. It is obvious that do we not pay attention to our environment. Do we ever evaluate the floor we walk on, water we drink, light that shines on us, food we eat, or other environmental pollutants at home? Several of my friends have died of cancers in early ages. We chalk this up to “bad genes?” Is it really bad genes? Or is it something environmental?

In my search for answers to these questions, I was happy to have discovered, invested in, and became an advisor to a company called Delos! Delos has created a scenario where Paul Scialla (President and CEO) and his team have figured a way to re-establish circadian rhythms and emulate our lives according to our ancestors before habitation within four walls.

As the pioneer of Wellness Real Estate™ and founder of the WELL Building Standard®, Delos is transforming our homes, offices, schools, and other indoor environments by placing health and wellness at the center of design and construction decisions. The Delos platform includes research, consulting, real estate development, and innovative solutions for the built environment – creating spaces that nurture and promote human health and well-being.

Exploring the intersection between people and the built environment, Delos creates spaces that actively contribute to human health, performance, and well-being by combining the best in-

novations in technology, health, science, design, and enterprise. They see the built environment as an asset to maximize human potential, and envision environments that enhance us – that are both proactive and reactive – to live better by cultivating healthy lifestyle choices and helping prevent health problems before they begin.

They have broadened the scope beyond just environmental sustainability – by including the best concepts of green technology, and have developed an integrated solution that addresses a complete human sustainability.

Delos operates at the intersection of the world’s fastest growing industry (health and wellness) and the world’s largest asset class (real estate). It introduces preventative medical intentions into our homes, offices, hotels, and the other indoor spaces where humans spend most of their time, Delos is advancing the notion of “sustainability” in real estate beyond environmental considerations (green) and into human/biological considerations in the built environment.

WELL is a comprehensive approach to human health and wellness related to the built environment, addressing the elements of our built environment through the seven concepts (Air, Water, Nourishment, Light, Fitness, Comfort, and Mind) and through features focused on behavior, design, and operations. It is beyond the scope of this article to review the seven different concepts. However, the Delos individuals have conceptualized their ideas into building wellness. There are over 30 plus items available (www.Delos.com). Recently, they have been engaged by the MGM Grand in Las Vegas to implement their “Stay Well” programming into several hotel rooms that focus on jet lag, black-out shades, light simulation, etc. President Bill Clinton has presented this concept in the Clinton Global Initiative (CGI) and is a robust proponent of healthy and well buildings. I surmise, in the future, once this concept catches on, it will be the standard for home building and grade A office space, just

(continued)

President's Message



Devanand Mangar, MD
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as we have standards in medicine!!!

Delos has expanded its engagement with the Cleveland Clinic beyond commercialization of the Clinic's nutrition, sleep, and stress content to also include development of content for STAY WELL.

In August 2014, Delos and the Mayo Clinic finalized a joint development agreement for the creation of a laboratory adjacent to the Mayo Clinic campus in Rochester to develop protocols, products, and technologies that are designed to improve the health and well-being of individuals within the built environment. The laboratory will be run by a joint steering committee comprised of Delos and Mayo executives and will be staffed by Mayo Clinic doctors and researchers as well as expert consultants from other institutions, where advisable, on a project by project basis. In addition to running studies relating to the health and wellness domains comprising the WELL building standard, Delos and the Mayo Clinic intend for the laboratory to host product testing and sponsored research by corporations developing health and wellness focused products, materials, and technologies.

Delos introduced a model for design and construction that codifies best practices and presents a performance-based system for measuring, certifying, and monitoring features of the built environment that impact human health and well-being. By designing and building with a human-centered design approach through the WELL building standard, Delos has the potential to reshape public health and make a positive impact on well-being and happiness, as well as capitalize on increased savings and productivity generated through these improvements. The WELL building standard is a tool to support the industry in comprehensively addressing human health within the built environment. WELL provides resources for designing and building towards healthy environments and a frame-

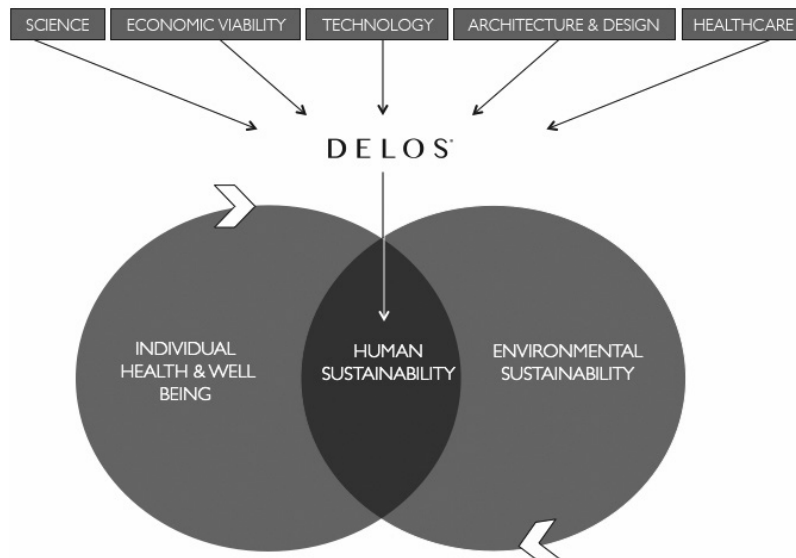
work to measure and evaluate the human and financial impact. WELL empowers the creation of healthy environments for people to live, work, and play, enhancing occupant health and quality of life globally.

LIGHT: The WELL building standard for Light establishes requirements to help reinforce the body's circadian rhythm. Requirements for window performance and design, light output and lighting controls, as well as task-appropriate illumination levels, are included to improve energy, mood, and productivity.

"A 2007 Department of Education survey found that 43% of schools in the U.S. see the condition of their buildings as 'interfering with the ability of the school to deliver instruction.' Children are inherently more vulnerable to environmental hazards because their bodies are still developing. Substandard environmental conditions in schools, such as insufficient cleaning or inadequate ventilation, can cause serious health problems for children."

Environmental Protection Agency, 2010: U.S. Department of Labor Impact on Learning Environments + Student Health Environmental factors studied affected 73% of the changes in student scores. Students were assessed at the beginning and end of the year for academic performance in math, reading, and writing, and classrooms were rated on environmental qualities like classroom orientation, natural light, acoustics, temperature, air quality, and color. A study out of the United Kingdom suggests that a school's physical design can improve or worsen a child's academic performance by as much as 25% in early years.

It has been a pleasure serving the HCMA as President. I extend much appreciation to the HCMA staff and leadership for their dedication and support during my tenure. I wish the Association all the best in the future. STAY WELL!!!!



Hillsborough County Medical Association

ANNUAL INSTALLATION DINNER MEETING

TUESDAY, MAY 5, 2015



Presidential Installation of
Dr. Jose Jimenez
2015 HCMA Election results
will be announced

Guest Speaker: Danielle Ofri, M.D., PhD
Associate Professor of Medicine, NYU School of Medicine
Editor-in-Chief, Bellevue Literary Review

Presentation: "Surviving Medicine in the 21st Century"
Dr. Ofri examines the impact of disillusionment, highlighting strategies for re-engaging doctors, combating burnout, and thriving in the new era of medicine.



InterContinental Hotel
4860 W. Kennedy Boulevard

6:30-7:30 PM ~ Social Hour

7:30 PM ~ Dinner & Program

Spouse/Guest \$40.00

**All Dinner Cancellations & Vegetarian Meal Requests
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Please RSVP to Kay Mills at 813. 253.0471 or KMills@HCMA.net

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Because I can

Inquiring minds want to know. What am I doing now that I'm in my second year of retirement? The simple answer is, "Whatever I want." The actual answer isn't much more complex. I get up about 7:30, have my two cups of coffee, read both the Times and Tribune, have some breakfast, hop on the computer to check my stocks, eBay sales, MedPageToday, then check the mailbox after the mailman passes by and what do you know? It's lunchtime.

The beauty of retirement is being able to do the little things that were reserved for my afternoon off, or worse yet, my free weekends. Now I can do those things at ANY time I want. It's nice.

I'm also helping a former patient of mine with his photography business. He shoots events, both candid and posed shots with a green screen background, and gives 5x7 prints of the event to the attendees. It's a nice touch. Keeps me busy and gets me a few bucks on the side.

But browsing the papers keeps me informed, as does watching the local and national news. Poor Brian Williams was suspended for six months for "misremembering" an event as serious as getting shot down in a helicopter, or reporting seeing a body floating through the French Quarter during Hurricane Katrina, even though the French Quarter didn't flood.

I understand the anger of servicemen at his mistake, since he's in the position he's in, but it does seem ironic that politicians, or pundits, who are caught with their "Pants on Fire" by Politifact, rarely face consequences as serious as Mr. Williams did. He may never be back on the NBC Nightly News.

But there are other news events that I'd like to alert you too, medically related, just in case you missed them over the past few months.

Unless you've been on a rocket chasing a comet or in the heart of Africa treating Ebola for six months, you've read about the untimely death of Joan Rivers last September when an endoscopic procedure was botched and she died. We were given details of whom the doctors were, what happened to Ms. Rivers, and much more information. Aren't we all held to HIPAA regulations to keep such information confidential? I mean, when I was in practice, I wasn't allowed to talk

to a relative of a patient unless that patient listed that person in his or her chart as someone I could speak with. I even had consultants tell me that they couldn't talk with me about a patient, over the phone, since they thought that would be a HIPAA violation. I don't think so. But we hear about celebrities, politicians, athletes, and other notables and all the details related to their medical matters. Isn't it an invasion of privacy to read about Johnny Manziel's drinking and partying and rehabilitation for those activities?

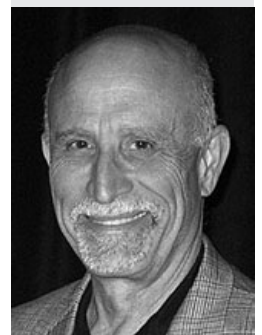
Even last week, I read about poor Benjamin Miller, 20, of Georgia, who was gored during bullfighting festivities celebrating Carnival in Ciudad Rodrigo, Spain. Never mind that we learned that he underwent three hours of surgery to repair damage to his thighs, back muscles, and sphincter (and you can guess which one), which to me would be a HIPAA violation, but isn't it just a shame to make his name and injuries public, thus making him the butt of jokes of late night TV (OK, pun intended).

We also learned that a new antibiotic might be harvested from dirt. Isn't that great? The new antibiotic, teixobactin, has been tested, and it is unlikely that bacteria will become resistant, and there were no side effects in mice. This is something we really need, but it will still be years before it might reach the marketplace. First mold, now good old dirt.

The February 12th Times reported, "The dangers of smoking get worse." The study, reported in the New England Journal of Medicine, stated that smoking was responsible for five more diseases and 60,000 deaths a year more than previously thought. Then three days later, another headline in the Times stated, "Former smokers hoarding scarce Nicorette lozenges." Even though there are generic lozenges, apparently GlaxoSmithKline's lozenges are superior. The company stopped making them last year because of quality control problems and had a recall, so smokers started hoarding them. Since the company said that they were still safe to use, stores could sell what they had. Glaxo does expect production of the lozenges to resume later this year. Factoid: Nicotine gum was invented in the 1970's to help Swedish submariners kick the habit since they couldn't smoke on their subs.

(continued)

Editor's Page



David Lubin, MD
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The nation's top nutrition advisory panel, the Dietary Guidelines Advisory Committee, has come out and said it's ok to eat food containing moderate amounts of cholesterol, although high blood levels of "bad" cholesterol can still be dangerous, especially to patients with certain health conditions, like diabetes. This means that we can eat more eggs, shrimp, and nuts. The greater danger to our health lies in food heavy with trans fats and saturated fats. So there go 40 years of government warnings down the drain.

And ladies...this one's for you...Hot flashes can last 14 years. A study published in JAMA Internal Medicine said they could last as long as 14 years and the earlier they begin the longer a woman is likely to suffer. The median length of time of hot flashes or night sweats was 7.4 years, but some had them up to 14 years. Actually, this info might be informative for the guys too.

And if you treat any of the one million patients with the diagnosis of chronic fatigue syndrome, you may have to do some rethinking. Not that symptoms have

changed or we know what causes it, but there's a new name for it. It's now recommended that we call it "systemic exertion intolerance disease." This reflects what patients, clinicians, and researchers all agree upon: the core symptom is a "sustained depletion of energy following minimal activity, called post-exertional malaise."

I've been reviewing my newspaper clippings and typing for a couple hours now. I'm tired. Maybe I have systemic exertion intolerance disease. Or maybe I just need a couple more cups of coffee, which might actually, according to the new dietary guidelines, be good for my health. In any event, I'm going to take a nap, because I can.



HCMA FOUNDATION, INC.

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Dangers in a Digital World

Digital, mobile, and social media are all forms of electronic media that, when not abused, are ideal methods to interact personally or professionally. Facebook, Twitter, and LinkedIn remain the top three social networking sites with an estimated 1.4 billion users per month visiting Facebook alone.

The widespread use of social media has brought exceptional connectivity that continues to open new possibilities for physicians. Doximity and Sermo are the largest and fastest growing physician networks in the U.S. Physicians are able to interact with their patients, communicate with their peers, and easily share innovative approaches regarding research. They have multiple opportunities to engage with a variety of audiences which can benefit them, their practices, and their patients. However, it is common knowledge that there is a certain amount of risk when utilizing electronic media.

Some physicians are reluctant to engage in online communication with their patients or their peers because of concerns about liability and privacy laws. These concerns are tangible. Several medical associations strongly recommend that physicians do not “friend” their patients, and instead refer them to their respective professional sites. As data sharing, online reviews and ratings, and digital privacy concerns are expected to increase, it is vital for physicians to monitor their digital presence and practice a low-risk demeanor which will limit their professional exposure to liability. Please see the article on page 15 in this issue which expands on social media risk management strategies for physicians.

Another danger that is increasingly troublesome for the profession of medicine is the threat of cyber-attacks. They are snowballing at a phenomenal rate. As the U.S. is the most cyber de-

pendent nation in the world, it also makes us the most vulnerable. According to recent information online, the medical industry faces more data breaches than the military and banking sectors combined. The danger of cyber-attacks was emphasized the beginning of February when Anthem, the nation’s second-largest health insurer, announced that hackers broke into their database storing information on 80 million people. The hack exposed Social Security numbers, a key to a range of identity thefts.

A recent Tampa Tribune article, brought to my attention by an HCMA member, stated that more than 10 million people in the U.S. have been affected by health care data breaches...including hacking or accidents that exposed personal information. The article went on to say that cybersecurity experts expect even more health care hacking problems in the future as paper files are shifted to electronic medical records.

Many people feel very uneasy nowadays when they have to give out their Social Security numbers...especially at physicians’ offices. The concern exists not only due to possible cyber-attacks, but also to the disgruntled or unscrupulous employee who may steal patient data with the intent of selling it. I can’t begin to imagine the turmoil involved for the victims of identity theft.

Please watch for information regarding a seminar which will be held for HCMA members in the next few months...“Cyber Security – why it is important to you and your practice.” Educational articles will also be published in future issues of The Bulletin regarding the physician’s role in our fast paced evolving digital world and the importance of data loss prevention programs to protect you and your patients.



Executive Director's Desk



Debbie Zorian
DZorian@HCMA.net



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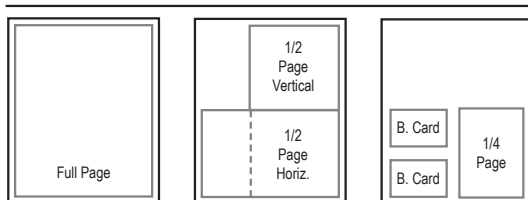
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All a *Twitter* about Social Media

Social media and the Internet permeate today's world. As of January 27, 2015, there are 1.3 billion people worldwide who use Facebook monthly¹. In the fourth quarter of 2014, Facebook reported there were 157 million people in the US and Canada combined that used Facebook daily². And, of course, these numbers don't include membership on other social media websites, such as Twitter, YouTube, LinkedIn, Google+ Flickr, etc.

Opportunities & Risks

The opportunities and risks associated with the medical use of social media and the Internet are numerous. For example, opportunities include, but are not limited to:

- Patient care reminders, rural healthcare communication, updating family members during surgery, issuing allergy alerts, connecting patients with similar diseases, FDA drug safety alerts, epidemiological surveys, transmitting data to patients traveling abroad, post-discharge consultation and follow-up care, etc.;
- Use as a crisis communication tool with media and the local community (eg. the Boston Marathon bombing³);
- Public relations; and
- Promoting community & health related events.

On the other hand, the risks may include, but are not limited to:

- The ease of use and immediacy of social media tools can lead to unintended outcomes or messages⁴.
- It's easy to blur the boundaries between professional and social spheres online.⁵
- Exposure of protected health information (PHI).⁶
- Inadvertent creation of a treatment relationship.⁷
- Discoverability—all social media activity is potentially discoverable should a lawsuit arise.⁸

“Cutting Rope With Which to Hang Myself”

Perhaps the most notorious example of a

physician's use of the Internet is the Boston pediatrician who blogged throughout his malpractice trial. His daily postings included reports of meetings with his defense attorneys and a trial expert who counseled him on proper courtroom behavior and jury psychology. He also posted his impressions of jury members. He was confronted about his blog on the witness stand by the female plaintiff's attorney (whom he had referred to in vulgar terms in his postings); the case was settled the next day.⁹ The story—including the pediatrician's name and photograph—made the front page of *The Boston Globe*. Within hours, parents called his office to have their children's medical records transferred.

In a subsequent interview the pediatrician described the stress he experienced following the patient's death and throughout the resulting lawsuit. He indicated he wanted to show ordinary people what physicians experience during a medical malpractice lawsuit and thought the anonymity of a blog would shield him. He expressed regret about the child's death and the effect the case and his blog had on the child's mother and his own family.

When asked what advice he would give to medical bloggers, he responded “Every time you post, recite the following to yourself as though it were a mantra: ‘I am cutting rope with which to hang myself. I am cutting rope with which to hang myself.’”¹⁰

Risk Management Strategies

To protect yourself, your practice, and your patients, consider the following:

- Assume all Internet communications are public and never anonymous.
- Use privacy settings to block information from public view; however, understand this may not completely prevent outside access.
- Keep your personal and professional lives separate; do not “friend” patients.
- Consider blocking patients' access to your personal social networking pages.
- Refrain from discussing individual patient situations on social media.

(continued)

Risk Management

Lizabeth Brott, J.D.
Regional Vice President, Risk Resource
Jeremy A. Wale, J.D.
Risk Resource Advisor.

 **PROASSURANCE.**
Treated Fairly

- Ensure any information shared is generic.
- Use disclaimers on websites or social media indicating you are not providing medical advice and that users should contact a physician or 911 in the event of an emergency.
- Monitor your web presence regularly; if you enable two-way communication without proper monitoring, you run the risk of missing urgent information.
- Develop a policy for social media usage by staff for work purposes; remind staff that communications are not private and may be discoverable.

Lastly, the American Medical Association (AMA) has a published ethics opinion on “Professionalism in the Use of Social Media,” which reiterates and expands on several of the risk management suggestions herein.

To access the AMA policy, go to <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion9124.page?>

¹ Facebook Statistics. Statistic Brain Web site. <http://www.statisticbrain.com/facebook-statistics/>. January 27, 2015. Accessed February 25, 2015.

² Facebook Q4 2014 Results. Facebook investors Web site. <http://files.shareholder.com/downloads/AMDA-NJ5DZ/3907746207x0x805520/2D74EDCA-E02A-420B-A262-BC096264BB93/FBQ414EarningsSlides20150128.pdf>. Accessed February 25, 2015.

³ Bowman D. Social media key in enabling quick provider response to Boston bombing. FierceHealthIT Web site. <http://www.fiercehealthit.com/story/boston-technology-social-media-enable-rapid-provider-response/2013-04-16>. April 16, 2013. Accessed February 25, 2015.

⁴ Moorhead s, Hazlett D, Harrison L, et al. A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communications. J Med Internet Res. 2013; 15(4): e85.

⁵ Moorhead s, Hazlett D, Harrison L, et al. A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communications. J Med Internet Res. 2013; 15(4): e85.

⁶ Westgate A. Five social media risks medical practices should watch out for. Physicians practice Web site. <http://www.physicianspractice.com/five-social-media-risks-medical-practices-should-watch-out>. September 30, 2013. Accessed February 26, 2015.

⁷ Westgate A. Five social media risks medical practices should watch out for. Physicians practice Web site. <http://www.physicianspractice.com/five-social-media-risks-medical-practices-should-watch-out>. September 30, 2013. Accessed February 26, 2015.

⁸ Westgate A. Five social media risks medical practices should watch out for. Physicians practice Web site. <http://www.physicianspractice.com/five-social-media-risks-medical-practices-should-watch-out>. September 30, 2013. Accessed February 26, 2015.

⁹ Dimov V. Dr. Flea blogged his malpractice trial, settles when outed. CasesBlog – Medical and health blog Web site. <http://casesblog.blogspot.com/2007/05/dr-flea-blogged-his-malpractice-trial.html>. May 31, 2007. Accessed February 26, 2015.

¹⁰ Turkewitz E. My Interview with Robert (Dr. “Flea”) Lindeman. New York personal injury law blog Web site. <http://www.newyorkpersonalinjuryattorneyblog.com/2008/01/my-interview-with-robert-dr-flea-lindeman.html>. Accessed February 26, 2015.

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This article is not intended to provide legal advice, and no attempt is made to suggest more or less appropriate medical conduct.

Need a Meeting Space?



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).

Connect with the Hillsborough County Medical Association

HCMA Website

Scan the QR Code to be connected with the HCMA website! Peruse *The Bulletin*, pay your dues, find an HCMA Benefit Provider, and much more...



HCMA Facebook Page

Find Legislative Updates, event photos, seminar and social invitations. Connect with your colleagues. Like us on Facebook and receive a voucher for a free drink at an HCMA dinner meeting!



A FUNdraiser

The HCMA Alliance's winter benefit event was held Saturday, February 7th at the home of Alliance member, Dr. Ashley Maru. The event was set to coincide with the American Cancer Society's "Go Red for Women." The Spring, a family shelter serving the needs of Hillsborough County residents, was the evening's beneficiary.

Guests were greeted at the door, by Jayne Vargas, the HCMA's Activities Chair, and Mary McDonald, the Director of Development for The Spring. A champagne raffle was a huge success, and a check from the HCMA Alliance Foundation was presented to The Spring at the HCMA dinner meeting held February 10th.

Among the notable attendees were Alliance Past Presidents, Francisca Inga, Ana Crespo, Nishisha Chheda, and Gerry Gutierrez. A good time was had by all.

The HCMA Alliance is a group of physicians, resident physicians, medical students and their spouses whose aim is to promote good health and health education, to engage in charitable community endeavors, and to foster friendly relations among physicians' families and the communities in which they live. The Alliance gathers throughout the year in support of member initiatives consistent with our mission and to socialize in a supportive atmosphere.

The HCMA Alliance welcomes new members. Why not join us?



Dr. Alex Fernandez, Dr. Karin Hotchkiss, and John Hotchkiss.



Alliance Past Presidents Francisca Inga and Gerry Gutierrez.



Jayne Vargas and Mary McDonald greeted guests.



HCMA Alliance President, Michael Kelly, and his wife, Dr. Rebecca Johnson.

The HCMA Alliance

Would Like to Contact You!

The new Alliance, which is open to physicians, medical students, and their families, would like to add you to their database. Please email Elke at the HCMA (ELubin@hcma.net) with your permission to provide your home address and email address to the HCMA Alliance. For more information about the HCMA Alliance, please visit their web page: <http://www.hcma.net/HCMA-Alliance/>

Alliance News



**Michael A. Kelly,
Alliance President**
michael19452000@
yahoo.com

Thank You MCMS, Inc. Insurance for HCMA Members & Tower Radiology



Alliance member Dr. Ashley Maru and Alliance President Michael Kelly present a check to Ms. Mary McDonald of the Spring; the rewards of a recent fundraiser held by the Alliance.

On February 10, 2015, the Hillsborough County Medical Association (HCMA) had Mayor Bob Buckhorn address the members and Dr. Peter Reagan, Medical Director of Co... Many thanks for the generosity and continued support of MCMS, Inc. Insurance for making the evening possible.



Mayor Bob Buckhorn, a special guest speaker, enthusiastically spoke about our city's future development.



Coleen Shephard is surrounded...p
Bruce Shephard, Gene Balis and Ma



Bill Butler, Dr. Madelyn Butler, Dr. Catherine Lynch-Buckhorn, and Mayor Bob Buckhorn.



New HCMA members Drs. Joseph Hild and Damian Caraballo. Many thanks to Dr. Jay Rao for his recruitment efforts!



Drs. Ed Homan and Carol Hodgson



First Lady, Dr. Catherine Lynch-Buckhorn, Mayor Bob Buckhorn, and Debbie Zorian (HCMA Executive Director).



Drs. Ashley Maru and Steve Barna...and their students.

...
Insurance Trust
Members
Centers

held its general membership dinner meeting. Mayor Bob
 Compassion & Choices, was the evening's featured speaker.
 the Trust for HCMA Members and Tower Radiology Centers



Drs. Jay Rao and David Tulsia mingle with students.



posing with her are Drs. Dennis Agliano, Barry Verkauf,
 this Becker.



Dr. Anoop Reddy (right) participated in the medical student mentor
 program; hosting three students during the meeting.



es hosted students and Dr. & Mrs. Marquardt.



Mark Thompson, HCMA
 representative for the
 MCMS, Inc. Insurance
 Trust/Health Plan.



Dr. Peter Reagan, Medical Director of
 Compassion & Choices, with HCMA President,
 Dr. Devanand Mangar. Dr. Reagan was the
 featured speaker.



Tower Radiology was a co-sponsor of the meeting.

2015 FL Legislative Session: March 3 – May 1

Be Doctor of the Day during the Legislative Session!

Each day of the Session, two physicians, one for the House and one for the Senate, provide any necessary care to legislators, their staff members, and others at the Capitol. If the House or Senate is in full session on a day when a physician is volunteering, either the House Speaker or the Senate President will introduce the Doctor of the Day. Physician participation not only provides a valuable service, but also continues a noble tradition. Please call Takeshia Stokes at the Florida Office of Legislative Services (850) 717-0301 for more information on how to volunteer.

The FMA Board of Governors approved the **2015 Legislative Agenda** which lists legislation to seek, support, and oppose. To receive a copy of the 2015 FMA Legislative Agenda contact Elke at the HCMA office: 813.253.0471 or ELubin@hcma.net. Be proactive and share medicine's concerns with your elected officials!

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2015 FL Legislative Session: March 3 – May 1

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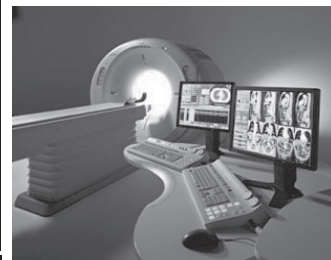
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Please tell the advertiser you saw it in the *HCMA Bulletin!*

Explore the Panhandle

Many of us have a tendency to overlook things that are close to us. Many, if not most, people I know have seen several museums in New York, Chicago, London, or Paris, but have never visited any in the Tampa Bay area, perhaps with the exception of the Dali.

Likewise, most of us have been to many of the 50 states and several countries abroad, perhaps neglecting our own state of Florida. One of the least traveled areas is the Florida Panhandle. For those of us who love unspoiled beaches and nature, the entire region is well worth a weeklong exploratory trip, after which you will yearn to return to some of your favorite places. In my case, I have been back several times.

My love for the Panhandle dates back to the late 1970s when I was hired as a consultant for the establishment of the Pensacola Rehabilitation Center. At that time it was a free standing facility and now it is a part of West Florida Hospital. It is still the only state designated Head and Spinal Cord Injury facility in the region. The job included once-a-week flights to Pensacola for about two years.

My suggestions for an exploratory trip are:

- Duration: One week.
- Transportation: Car.
- Time of Year: Any time for most areas of interest. Summer for the beaches. Avoid Panama City during Spring Break!
- Distance: Round trip is about 1,000 miles.

ITINERARY

Day 1: Take the Veteran's Expressway/Suncoast Parkway until it ends. Then over to US19/98 to Perry. Turn west on 98/30. From there on it will be 98 all the way to the Alabama State Line. You will soon enter the Apalachicola National For-

est; the largest in the state at over 500,000 acres. There is ample opportunity for canoeing, kayaking, fishing, hiking, and other outdoor activities. The St. Marks National Wildlife Refuge is just off 98 at the east entrance to the forest.

I suggest spending the night in Apalachicola, where 90% of the state's oyster crop is harvested and can, of course, be eaten "fresh off the boat." The Gibson Inn is a Victorian style historic hotel and a nice change from the usual chains. In that area there are several barrier islands, some accessible only by boat.

Remember...just west of Apalachicola you will be in the central time zone.

Days 2-3:

A stretch of 100 miles of beautiful coastline extending from Panama City to Pensacola Beach should be explored at your leisure. Sugar white beaches and the blue/green waters constitute the Emerald Coast. There are many resorts and golf courses. Destin is known for excellent deep-sea fishing. Plan to spend a few hours or have dinner at Seaside, located on

Highway 30A between Panama City Beach and Destin. It is an iconic example of New Urbanism acclaimed by architecture review articles nationwide. It was also reviewed as the Best Beach for families by Travel and Leisure magazine.

Days 4-6:

Gulf Islands National Seashore is the only National Park dedicated to the sea and beaches. It extends from Ft. Walton Beach, Florida to Gulfport, Mississippi. The stretch from Navarre Beach to Pensacola Beach on Rte. 399 has no development and allows travelers to see the dunes, beaches, and natural vegetation.

Pensacola and the surrounding areas are worth spending several days. It has a rich history. The first attempt at settlement, in 1559, by



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(continued on page 26)

HCMA Leaders Meet with Legislators and Legislative Assistants



On January 28th members of the HCMA Leadership met with members of the Hillsborough County Legislative Delegation and their aides. Nine of the thirteen members of the delegation (Senators and Representatives) were represented at the luncheon and discussed with HCMA leaders the issues affecting physicians, their practices, and their patients.

This event has proven to be the most successful event that allows HCMA leaders and staff to discuss, one-on-one, with Legislators and their senior staff members the issues facing medicine and the citizens of Florida. Of the thirty-nine people in attendance, nineteen represented various House and Senate district offices.

Attendees included: Senator Jeff Brandes (SD#22), Jim Brown (Leg. Assistant to Sen. Legg), Robyn Bryant (Leg. Assistant to Re. Raulerson), Bill Butler (HCMA Alliance), Representative Janet Cruz (HD#62), Dr. John Curran (HCMA Past President), Erika Flores (Dist. Secretary for Rep. Cruz), Dr. Morganna Freeman-Keller (HCMA), Brittany Gozlan (Medical Student), Jason Holloway (Leg. Assistant to Rep.

Rouson), Dr. Ed Homan (HCMA Past President/Former HD#60 Rep.), Melonie Hoyt (Leg. Assistant to Rep. Young), Dr. Jose Jimenez (HCMA President Elect/Chm. Leg. Committee), Dr. David Lubin (Editor, The Bulletin), Elke Lubin (HCMA Executive Assistant), Dr. Catherine Lynch (HCMA), Dewayne Mallory (Leg. Aide to Rep. Narain), Representative Ed Narain (HD#61), Gloria Perez (Dist. Aide to Rep. Spano), Dr. Christopher Pittman (HCMA Past President), Karen Pittman (HCMA Alliance), Victoria Psomiadis (Medical Student), Carlos Ramos (Leg. Aide to Rep. Cruz), Dr. Jayant Rao (HCMA Secretary), Representative Dan Raulerson (HD#58), Dr. Anoop Reddy (HCMA), Doug Roberts (Leg. Assistant to Sen. Lee), Randi Rosete (Leg. Assistant to Sen. Joyner), Representative Darryl Rouson (HD#70), Dr. Bruce Shephard (HCMA Past President), Amber Smith (Leg. Assistant to Re. Raulerson), Rosalie Smith (Leg. Assistant to Sen. Joyner), Lauren Terpak (Medical Student), Cassandra Timothe (Leg. Assistant to Sen. Joyner), Dr. Michael Wasyluk (HCMA Past President), Becky Zizzo (Leg. Assistant to Sen. Legg), and Debbie Zorian (HCMA Executive Director).

Movement

When we graduate from high school, we are doing more than leaving behind 13 years of schooling. For young students with their fresh diploma in hand, the world has just opened up at their feet. Attending university does not require that we live nearby. Many young people leave their families behind to move across the state, across the country, to try and finish the process of growing up on our own. It can be scary - - terrifying, even.

How much more so, then, when we leave the safety of home to move halfway across the country for medical school?

My classmates are a mix of in-state, transplants, fresh-from-college, non-traditional. We come from different majors, different life experiences, different family backgrounds. We converge here, as first year medical students, very few of us knowing each other and some of us completely isolated from family and friends. In our first two years we start to move internally, to create new circles of friends, new networks with the people we work with and the professors who teach us.

We move again - - into our clinical years, into new hospitals and clinics. Some of us move halfway across the country, into yet another new place, to start this new phase of our schooling. Even for those rare few for whom “halfway across the country” is home, it is not the same place we left... or, perhaps, we are not the same people who left it.

In another two years, we all find ourselves faced with more movement. There is so little we can do regarding location of our residency programs - - many of us, to pursue a field we love, will have to pack our lives into boxes and trucks and reestablish ourselves far from home. And after residency, what then? Do we uproot ourselves again to chase a job we love? Do we stay, content with the new community we have built? Do we even have a choice?

I am among those constantly in motion: from a semi-rural hometown to an urban northern city, to the south and a new academic endeavor and completely new environment, and soon back to the north, with more movement guaranteed in the future. It is terrifying; it is exhausting. Every medical student fears burn-out, and it is common

amongst our ranks, partially as a result of our constant movement. Movement burns energy, and when we are constantly studying, our supply of energy - - whether it is physical, emotional, or a mix of both - - can fall short of the demand if we are not careful.

There are different kinds of motion, different kinds of movement. There is the energy conserving trudge, resistant to forward motion but moving because of requirement. There is the leisurely walk, taking it slow, enjoying the scenery. There is the run, racing against a clock that ticks on the wall saying, “you will not make it, you are too late” - - and when we reach the finish line of a marathon, we are panting, gasping for breath, too exhausted to take another step.

And then there is the dance.

Once mastered, a dance is perfect, every step turning passion to energy. When we dance, the pain in our feet is lessened, the breathlessness is due to laughter, and we can have a partner by our side to complement and aid our steps. Each move is carefully planned and executed, perfectly placed to carry us into the next. Our feet are well practiced in the movements - - it isn't a new dance, merely a new combination of steps we know well. We reach the end of the dance exhilarated, ready to start again, heart fluttering as much from happiness as from the exercise.

That is what makes the difference. If we have the passion for the dance, the motion, no matter how big - - whether it is a leap, hoping to be caught by our partner, or a tricky new step - - is not terrifying. As a young person in medicine, the constant movement, and the uncertainty of where to put your foot next, can be a challenge. But with passion comes peace - - searching for the places, people, and activities that make life exhilarating in that new city, at that new school, in that new clinic, making it easier to move. Treating each change of location and network as an adventure, and finding a way to enjoy that new place without fearing the eventual departure, can make the next step a little less frightening. Each step takes us closer to our final goal, and we do not have to dance alone. We can allow the people we work with, our friends, our families, to be our dance partner in our next phase. With their support, their guidance, their strength, we can take

(continued)

Medical Student Perspective



Victoria Psomiadis
USF Health Morsani
College of Medicine
SELECT Program,
MD Class of 2017
vpsomiad@health.
usf.edu

Medical Student Perspective (cont.)

longer strides, attempt more intricate steps, and reach our goals in ways we could not on our own.

Young people just entering the medical field have been in motion since we were 18. But if we choose to dance, rather than drag our feet or race until our hearts give out, we can find enjoyment in the movements, and come out more confident and happy in our chosen profession, in our new communities. We can find pleasure in each of the steps, bringing our past experiences and strengths for a little flair. And like a dance, no path to a career in medicine has to be quite the same - - there are so many styles, so many individualized patterns for each performance... we simply need to find our own rhythm.



Newest Members

Alicia Billington, MD, PhD (PS) – Resident
Lori Ann Bowers, MD (PD)
Stephen Brantley, MD (PTH)
Craig Burns, DO (FP)
Damian Caraballo, MD (EM)
Sion Carter, MD (DR)
Adam Cohen, MD (CD)
Joseph Hild, MD (EM)
Katherine Hodgins, MD (PUD)
Alejandra Kalik, MD (CP)
Kriston Kent, MD, MPH (PS)
Rohini Kotha, MD (AN)
Linda McClintock, MD (OS)
Paul Nanda, MD (FP)
Jesus Navarro, MD (IM)
Michael Strolla, DO, (ADM)

Travel Journal (cont.)

Tristan DeLuna failed. The permanent settlement was established in 1698. It has flown the flags of Spain, France, England, the Confederate States, and the United States. The Seville Square historic district now houses shops, restaurants, museums, and art galleries.

The National Naval Aviation Museum is the best facility of its kind that I have seen, bar none. The Naval Air station is the headquarters of the Blue Angels precision flying team. There is an IMAX theater which shows related films. Fort Barrancas is also on the premises. Also worth a walking tour is the historic Pensacola Village, a complex of ten museum buildings, houses, and the Old Christ Church. Guided tours are available.

If you are travelling with children, the Gulf Breeze Zoo is worth a visit.

On the way back to Tampa drive up the Scenic Highway to I-10. There are some beautiful homes in this neighborhood. The way home on I-10 and I-75 can feel long and boring. An overnight stay in Tallahassee or Gainesville will make it more leisurely.

Explore and enjoy! You will not be disappointed.



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Sea Salt - Shaking up St. Pete

When a good and popular restaurant in Naples opens up their second location in downtown St. Petersburg, you realize this once sleepy area is now on the culinary map. Sea Salt, on the second floor of the Sundial shopping and restaurant complex, is a welcome and vibrant addition to the plethora of fine eating establishments in this delightfully walkable area.

Sea Salt, as the name implies, relies heavily on the once maligned spice that now is a gourmet addition to every course here, even dessert. And salts from all over the world are imported because of their unusual taste and color. Sea Salt rotates theirs—I counted jars of thirty-eight varieties just in the foyer. Then under the salt shelf in the foyer is a dramatic array of fresh whole fish and seafood—from swordfish to red snapper to live lobster lying on ice.

Then one turns and enters the bar area which has a huge marble-topped bar and several feet of raw oysters on ice on one side of it. Behind the bar is a walk-in wine tower ascending two stories. The room décor breaks from the usual dark, even black ceilings of most contemporary restaurants. Most all of the décor is white—open and refreshing. And despite the current “the louder the better” fad of eateries, Sea Salt has spaced tables and separated areas in the main dining room that tone down the loudness.

Then there’s the food. The oysters. My, the oysters. They bring them in from wherever they are available. Our night they were from Washington, Maine, Rhode Island, Massachusetts, Connecticut, New Brunswick, British Columbia and Nova Scotia. The crispy oyster starter was the best entrance to the meal we had—six coated cooked oysters with a delightfully spicy tequila-corn-jalapeno remoulade surrounding the oysters. The four Tartufata baked oysters with Italian burrata

cheese, black truffle, and leeks were served cool. They were also good but without the “zing” that the crispy oyster starter had.

The Ora king salmon appetizer, shaved thin, rare, and served with red onions, jalapeno, and Murray River salt was a savory offering whose flavors blended well. A beet and peach appetizer was a beautifully scarlet colored presentation. With whipped goat cheese and a raspberry vinaigrette, the beets overpowered the rest of the dish and they were practically all one tasted. A strawberry radicchio salad was fairly standard and not up to the great creativity of the other starters. We bypassed the \$120 beluga caviar.



Passion Fruit Bubbles

The entrée menu is heavy on seafood. The Atlantic swordfish was the best—soft, tender, juicy and tasty, it was not the tough and overcooked rendition one eats at many establishments. The fish was atop ebony rice and surrounded by a great lobster cappuccino and peppadew vinaigrette. Speaking of overcooked, we also had the red snapper with bone marrow and a good coconut curry sauce. Unfortunately the fish was dry and somewhat tough, seemingly having spent too much time over heat.

The Kobe beef Bolognese over pappardelle pasta with French comte cheese was rich and slightly sweet and was a savory and tasty dish. The menu is so different and the dishes so creative that it makes sense to adventure out with creations not offered elsewhere. The linguini with blue crab, broccolini and roasted tomato had little flavor and was not up to the creativity of the other dishes. It seemed this was an entrée that could be ordered elsewhere.

The small chocolate dome dessert was sprinkled with salt; it was smooth and tasty. For a dra-

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Restaurant Review



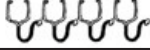
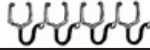
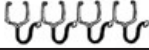
Taste Bud

matic ending order the tangy passion fruit bubbles with coconut. I'll save the secret of the bubbles for your visit.

Sea Salt has an extensive wine list with an international compendium ranging from \$30 to \$1700.

Thanks to Dr. and Mrs. Eubanks for their additional palate opinions on our visit.

SUMMARY:

	CUISINE 	AMBIENCE 	SERVICE 
PLUSES + + +	<ul style="list-style-type: none"> • Creative and large menu. Ask for the daily oyster menu. Attractively plated dishes 	<ul style="list-style-type: none"> • Open, clean and sophisticated without being stuffy 	<ul style="list-style-type: none"> • Our waitress was extremely knowledgeable about everything--likely because she transferred from their Naples location
MINUSES - - -	<ul style="list-style-type: none"> • The best dishes seem to be the unusual ones—go outside of the box to avoid “standard” food found elsewhere 	<ul style="list-style-type: none"> • Avoid eating in the bar area if noise bothers you—the rest of the restaurant is moderate 	<ul style="list-style-type: none"> • Service on a Wednesday evening was leisurely—occasionally slow

Sea Salt, 183 Second Avenue North, The Sundial Complex. Saint Petersburg, 33701, 727-873-7964, seasaltstpete.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.

IN MEMORIAM

It is with much sadness that we report the following members of our medical family have passed away...

Della G. Louis, 84, passed away February, 6, 2015. She was born in Detroit, Michigan on February 1, 1931 to Ibrahim and Asije Galip. Della retired after many years as a teacher with the Detroit Public School System. She was preceded in death by her husband of 60 years, John M. Louis, son, Eric Louis and her parents. Della is survived by her son, HCMA member **Dr. Kenneth M. Louis** and wife Catherine, grandchildren, Jennifer Louis, Michael Louis and Daniel Louis. Della will be laid to rest, next to her beloved husband, at White Chapel Cemetery, Troy, Michigan.

Dr. R. Clinton Pittman, father of HCMA member, **Dr. Christopher Pittman**, passed away January 20, 2015. He was 83. Dr. Clinton Pittman's three professional callings, neurosurgery, law, and divinity, spanned four decades. He completed his medical and neurosurgical training through the Medical University of SC and the Navy. He received his law degree from the Washburn University College of Law in Topeka. His masters of divinity was earned from the Candler School of Theology at Emory University. He is also survived by his wife, daughters Michelle and Lisa, his other son, Russell, stepchildren Julia and Michael, a brother and six grandchildren.

Our heartfelt condolences go out to the family and friends of Drs. Louis and Pittman.



Dr. Jeffrey Tedder



Dr. Donald Mellman



Elke Lubin



Dr. Bruce Shephard

Seen on the Streets!

Several familiar faces were seen crossing the finish line during the Gasparilla Distance Classic Weekend (February 21-22). Elke Lubin (HCMA Executive Assistant), Drs. Donald Mellman and Jeffrey Tedder all ran the 5K; finishing in 41:50, 34:41, and 50:52, respectively. Dr. Mellman also ran the 8K in 1:01:56! Past President, and super runner, Dr. Bruce Shephard ran the half marathon and finished third in his age group (70-74) with a time of 1:51:33. Congratulations runners!!

HCMA Foundation Awards Grants to Local Organizations & A Scholarship

The HCMA Foundation is a 501 (c) (3) charitable organization which provides cash grants to non-profit organizations in the Tampa Bay area for programs designed to promote awareness and support of health related issues in Hillsborough County, Florida and surrounding areas. The Foundation's primary fundraiser is the annual HCMA Foundation Charity Golf Classic.

(continued)





This year's grant recipients are:

Cherry Bekeart/HCMA Foundation Medical Student scholarship. Scholarship applications will be processed and a chosen candidate will be presented with a scholarship at the May 5, 2015 HCMA Installation Dinner Meeting.

Frameworks of Tampa Bay to support their PATHS project which promotes alternative thinking strategies for disadvantaged youth at the Sulphur Springs YMCA.

The Judeo Christian Health Clinic to assist in replenishing the pharmacy shelves in order to provide medicine for uninsured patients, free of charge.

MORE HEALTH to support the "Scrubba Bubba" program which teaches second graders how germs and bacteria spread and how they can prevent the spread of disease.

Voices for Children to assist in providing psychological and psychiatric examinations for the benefit of abused and neglected children in Hillsborough County.

For more information about the HCMA Foundation, or to donate, please contact Elke Lubin at the HCMA office: 813.253.0471 or ELubin@hcma.net.

Spring Break with a Mission

University of Florida students, Gators for Doctors Without Borders, traveled to Lima, Peru over Spring Break, to provide medical care and supplies to various mobile clinics in and around the city. Oftentimes the mobile clinics run out of supplies and have to send unseen patients home. This year's goal was to see every patient. Dr. Jay Fariior and Dr. David Lubin donated supplies which the students took with them to Peru. Thank you to the students for forgoing spring break at the Florida beaches for a good cause and to Drs. Fariior and Lubin for their contributions.

Medical Student Mentors

The medical student contingency is an active group and is always seeking inspiration and knowledge from our seasoned physicians. Knowing that, the HCMA offers a "mentoring program" for medical students. HCMA members host medical students at the HCMA general membership dinner meetings. The students benefit from the wit and wisdom of our physicians, while the physicians benefit from the refreshing, outgoing, and optimistic attitudes of the students. Many thanks to the following members who hosted medical students at the February 10, 2015 dinner meeting: Drs. Scott Anderson, Steve Barna, Madelyn Butler, William Davison, Morganna Freeman-Keller, Carol Hodges, Ed Homan, Jose Jimenez, Rebecca Johnson, Ashley Maru, Christopher Pittman, Jay Rao, Anoop Reddy, and Deborah Trehy. To volunteer for the mentoring program, please contact Elke Lubin at the HCMA office: 813.253.0471.



Dr. Chris Pittman hosted three students.



Second Chance... 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.

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1. Imperiale TF, Ransohoff DF, Itzkowitz SH, et al. Multitarget stool DNA testing for colorectal-cancer screening. *N Engl J Med.* 2014;370(4):1987-97.



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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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