The Bulletin
OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
May/June 2015

Jose D. Jimenez, M.D.
2015 HCMA President

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The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCAITION

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Executive Council Meetings
6:00 PM @ the HCMA Office

July 21, 2015
September 15, 2015

HCMA Dinner Meetings
InterContinental Hotel
6:30 PM

September 1, 2015
November 10, 2015

Watch your email for more details

Advertising

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: *May/June 2015*

MEET YOUR PRESIDENT

Dr. Jose Jimenez is not only serving as HCMA President, he is also serving as the Florida Medical Association's District C representative.

Born in Milledgeville, GA, Dr. Jimenez moved to MacClenny, FL when he was 4 months old and lived there until he went to college. MacClenny is a "Mayberry-like town" in Northeast Florida having only three traffic lights during the time he lived there.

He moved to Tampa in 1992, when he began medical school at USF. The first time he ever came to Tampa was for his USF medical school interview. After completing his internship and residency at USF, he opened Small World Pediatrics, P.A. in November, 2003, located in Wesley Chapel.

Dr. Jimenez has been married to HCMA member, Dr. Nancy Silva for fourteen years. He and Dr. Silva met in 1997 during their time together at USF Pediatric Residency. They have a son in elementary school and an infant daughter.

Dr. Jimenez's goal as HCMA President is to strengthen and grow the organization from the inside by focusing on developing the wealth of talent of young physician advocates in the HCMA. He plans on celebrating and highlighting the incredible good that we do for our patients, continue our legislative advocacy efforts, and having the HCMA become a more integral part of our community.

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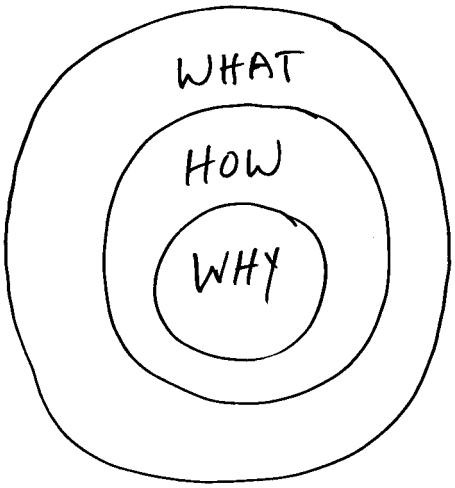
Start With "Why"

President's Message

Why should I belong to the HCMA? So often we are asked by fellow physicians why we are involved in the HCMA. We (myself included) tend to give answers that try to convince physicians to join and "sell" them on the HCMA. We tend to tell them what we can do for them. We have strong legislative ties locally, we rattle off the legislative victories from 2008, 2011, and 2013 regarding managed care and tort reform issues. We tell them we have strong relationships with vendors that can prove useful to their businesses. We provide informative seminars to help them navigate all the red tape we deal with on a daily basis. We also help provide cost saving health insurance for them and their staff.

I wholeheartedly agree that all of this is true and vital to our mission. These are great reasons to join the HCMA, but somehow it doesn't seem to be enough. These accomplishments and services, though amazing, still do not seem to resonate with so many physicians. My feeling is that for many, they will not consider joining unless they feel a personal connection with the HCMA. How do we connect? Turn the story around. Instead of telling "What" we do, start by telling "Why" we do it. Start with our purpose.



Simon Sinek's book, "Start with Why", focuses on the simple concept of what he calls "The Golden Circle" (What, How, Why). He likens it to the layers of the brain as you travel from the outer brain layer (neocortex), which controls reason (What), to the inner brain (limbic system), which controls emotion (Why). He discusses that everyone in an organization knows "What" they do, some in an organization know "How" they do it, but, very few in an organization know "Why" they do what they do. Conveying your "Why" is crucial because your "Why" is what inspires.

How does this apply to the HCMA? Our "What" is our legislative agenda and member benefits, our "How" is the work of our HCMA Executive Council, HCMA Board of Trustees, HCMA Foundation Board, and HILLPAC Board, and our "Why" is our mission statement: "Bringing Physicians Together to Advocate for Our Profession and for the Care of Over One Million Patients in Our Community."

We fulfill our mission statement (our "Why") in three ways. The first is by what we do every day - caring for our patients. I don't believe any of us really has any idea of how much of an impact we have on our patients or our communities. I first began realizing this a few years ago when I started eating lunch occasionally with my son when he was in kindergarten. Every time I entered the cafeteria I would hear children yell out "Dr. Jimenez!" from all over the room. I felt like a rock star! I started realizing how many of these children were my patients and that these children felt a connection to me.

The second way in which we fulfill our mission statement is through legislative advocacy. We do this at a state-wide level in coordination with the FMA and locally through HILLPAC. The Hillsborough Legislative Delegation comprises of almost 10% of the Florida Legislature, so the relationships we cultivate with local legislators are incredibly important to legislative success. We cultivate these relationships with HCMA leaders reaching out to legislators individually, through HILLPAC, and with our annual Legislative Luncheon.

Lastly, we fulfill our mission statement through community involvement. As the voice of medicine in Hillsborough County, this is a key element to the life and growth of our organization. We contribute to the Hillsborough community through the HCMA Foundation, through our coordinated efforts with the HCMA Alliance, with our contributions to local media, both newspapers and television, and through our work with USF/MCOM. Student involvement in the HCMA has been tremendous over the last few years! Our student mentorship program has been incredibly

(continued)

Jose Jimenez, MD
drjimenez@small-worldpediatric.com

President's Message (cont.)

successful, and student involvement adds value to the HCMA and energizes our organization! We look forward to increasing USF Resident involvement in the coming years as well.

The HCMA mission statement means we come together to celebrate our profession, to advocate for our profession, and to play an important role in our community. Our "Why" is the most important message to communicate when we discuss the HCMA. It is the key to continued success and growth of the HCMA, and is what keeps us motivated and inspired. It is how we will attract new members, continue with future legislative successes, continue to improve member benefits, and enrich our community. Our "Why" is the heart of HCMA and the reason we will always play a special and important role for physicians and our community.

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Call Elke or Kay at the HCMA (813.253.0471) for more information or email Elke: ELubin@hcma.net

CONGRATULATIONS!

At the May 4th Board of Censors meeting, the ballots were counted. At the May 5th Installation Dinner meeting, Dr. Jose Jimenez was installed as the 2015-2016 President of the Hillsborough County Medical Association, succeeding Dr. Devanand Mangar. The new officers and representatives were also announced:

The following members were elected to serve you.

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Dr. Steve Barna

Executive Council
USF
Dr. Richard Lockey

Vice President
Dr. Thomas Bernasek

Executive Council
District 5
Dr. William Davison

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Dr. Husain Nagamia

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Dr. Jayant Rao

Executive Council
At Large
Dr. Michael Levitt

Board of Censors
Dr. Deborah Trehy

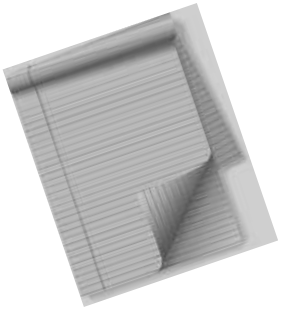
Executive Council
District 2
Dr. Erfan Albakri

Executive Council
Young Physician
Dr. Eva Crooke

Other election results:

DELEGATES TO THE FMA (2015-2018):

Drs. Dennis Agliano, Scott Anderson, Thomas Bernasek, Damian Caraballo, David Halpern, Jose Jimenez, Catherine Lynch, Katherine Macoul, Devanand Mangar, Tapan Padhya, Nishit Patel, Christopher Pittman, Martha Price, Henry Rodriguez, Malcolm Root, Francisco Schwartz-Fernandes, Bruce Shephard, Stephen Szabo, Deborah Trehy, and Mark Vaaler.



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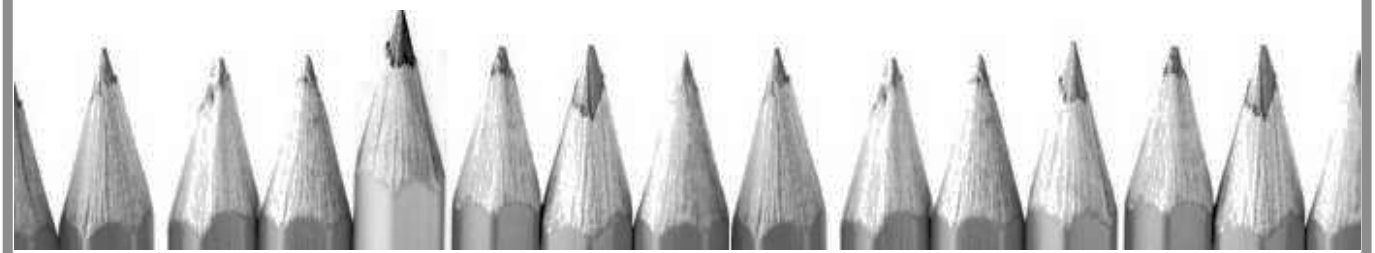

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On the short end again

Editor's Page

Not that it directly affects me anymore, but I was glad to see that Congress finally passed a long term "fix" to the Medicare Sustainable Rate Growth (SGR) formula. If nothing had been done, doctors would have faced a 21.2% reduction in fees starting in April of this year. But we all know that for the past umpteen years, Congress comes through with an eleventh hour temporary fix. What's even more amazing is that it was pretty much a bipartisan vote in the House (392-37) and Senate (92-8). And considering that our Congress is split along party lines with almost every vote, I found passage of the "fix" to be a worthwhile alliance between both parties.

The SGR fix involves more of a shift away from fee-for-service and toward alternatives such as accountable care organizations and bundled payment initiatives. For the next five years, doctors will see a small 0.5% increase in payments. Starting in 2019, doctors who have at least 25% of their patients in value-based payment models will be eligible for 5% bonus payments through 2024. After that they'll receive annual payment bumps of 0.75%, three times the level of increase for physicians who stick with fee-for-service.

The only hiccup, to me, was that David Jolly, Representative from the 13th District covering Pinellas County, and Ron DeSantis from the 6th District covering the upper east coast of Florida, both voted against it in the House. And interestingly, Marco Rubio, our Republican Senator, and Ted Cruz, Republican Senator from Texas and presidential candidate, both voted against the fix. I'll be looking forward to seeing whom the FMA and different medical associations support in the Florida Republican primary election.

Another thing I recently learned was that insurance companies were being allowed to pay doctors with credit card payments, much in the same way that patients use credit cards in offices to pay for charges. I was at my dentist's office and his receptionist told me that I might be interested in learning that they were receiving payments from insurance companies in the form of a "virtual credit card" and then the money would be transferred into their account---MINUS the credit card fee associated with taking that credit card.

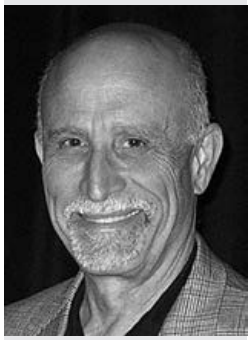
I also learned the same from an optometrist friend of mine. His wife told me that they had received only about $500 in payments and their fee was less than 3%, so the total amount the payments were reduced was negligible. But multiply what might seem "negligible" by thousands and it becomes significant.

It's one more tangle in the Affordable Care Act, where the law sought to make less paperwork for doctors, and save about $16 billion over the next 10 years, so the law set new standards requiring insurance companies to pay doctors electronically.

With the payments, come the fees. The insurance companies are charging the doctors to collect their payments on a virtual credit card, which is in fact no more than a 16-digit string of numbers in an email. The doctors then type the digits into their credit-card machines. While the virtual credit card system is supposed to save money for all of those involved, it pushes the cost onto doctors, who are forced to pay processing fees every time they collect a payment. The arrangement has the effect of reducing doctors' pay, in nickels and dimes, on every treatment.

What's worse for many doctors and healthcare providers is that they are enrolled into the virtual credit card automatically. Doctors and providers can opt out easily, but doctors are protesting this should change to an opt-in system. The *American Medical News,* before folding a couple years ago, had an article indicating that even the Department of Veterans Affairs was paying providers with electric funds transfer (EFT) and charging a fee. Apparently providers can request that funds be transferred directly into an account rather than using the virtual credit card, or as in the case of my dentist and optometrist friend, they can request checks…the old-fashioned way.

I have not heard any chatter of this "virtual credit card" occurring here in Tampa, so if you've fallen victim to it, please send me an email and let me know what you did to resolve the matter.



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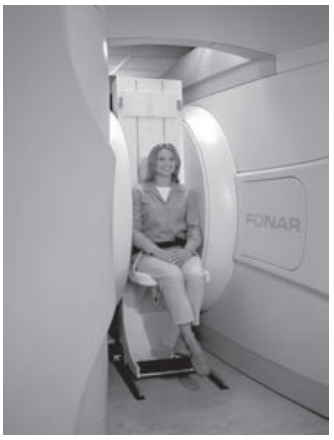

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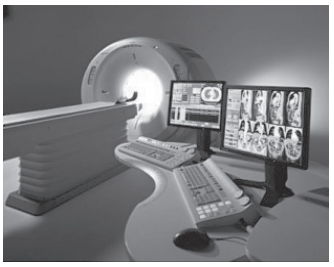

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Priceless Medicine

"Laughter is a tranquilizer with no side effects." Arnold Glasow

April 2015 was the 39th Anniversary of National Humor Month. I had no idea that such an awareness month existed, let alone for 39 years. And to think it begins with April Fool's Day…a day which has sanctioned frivolity and pranks in the Western World ever since the 1500's. While researching online for my column, I came across the three greatest April Fool's Day hoaxes of all time. The one I found most amusing is worth sharing: In 1998, Burger King ran an advertisement in the USA Today announcing its new "Left-Handed Whopper," which was specifically designed for left-handed Americans by rotating all condiments exactly 180 degrees. Burger King revealed the hoax the next day but claimed that thousands of customers had requested the new sandwich at their restaurants!

National Humor Month was founded in 1976 by comedian and best-selling author Larry Wilde, Director of The Carmel Institute of Humor. Mr. Wilde intended this commemorative to heighten public awareness on how the joy and therapeutic value of laughter can improve health, boost morale, increase communication skills, and enrich the quality of one's life. Declared "America's best-selling humorist," by the New York Times, Mr. Wilde is the author of 53 published books of humor including, *Laughter: Rx for Healing, Health, & Happiness.*

Many are familiar with the first book written by a patient that addressed our current interest in the importance of taking care of our own health. In 1979, Norman Cousins' groundbreaking classic, *Anatomy of an Illness*, detailed how he used humor, courage, and tenacity to ease his pain while battling a life-threating illness. In the medical profession, numerous studies worldwide have shown that an atmosphere of humor results in less anesthesia time, less surgery time, shorter hospital stays, and overall better patient care. In a world of escalated stress and uncertainty, laughter can prove to be our defense system's life line. Wouldn't it be ideal to figure out how to bottle up the magic of mirth!

"There is nothing in the world so irresistibly contagious as laughter and good humor." Charles Dickens

Research has shown that humor helps us keep a positive, optimistic outlook through difficult situations and disappointments. Laughter itself strengthens our immune system, boosts our energy, diminishes pain, and protects us from the damaging effects of stress. There's nothing more delightful than seeing and hearing a baby laugh. Laughter in children seems to come naturally. Adults, however, are apt to use caution when laughing due to the seriousness of life's challenges and expectations.

It's proven that in social circles, most people will gravitate to laughter…to those who are high spirited and joyful. These people radiate with happiness and are a pleasure to be around. The uncontrollable belly aching laughs are my favorite to experience. The effects last long after the laughing episode ends. To this day, my daughter and I find ourselves laughing as if we were school aged kids. The sillier the situation, the more giggles evolve. Someone very dear to me has a habit of snorting when she laughs hard. Of course that makes me laugh even more. It becomes a never-ending ritual that usually stops due to pure fatigue.

"Laughter is an instant vacation." Milton Berle

Humor can also be used strategically and help end arguments and ill feelings. According to Bartlett's Book of Anecdotes, Orson Welles, the well-known film director, had a longstanding feud with production manager Jack Fier on the 1947 film, *The Lady from Shanghai*. Welles had decided that a certain set in the movie needed repainting on Saturday, in time for a shoot the following Monday.

When Welles approached Fier about the matter, the director refused stating union rules and the expense of calling in a crew of painters to work on a weekend. Determined, Welles gathered a group of friends who volunteered their painting services and broke into the studio's paint department. They repainted the set themselves, leaving a huge sign that read: "The only thing to fear is Fier himself."

Monday brought a new set of issues when the union painters arrived and found that the work had been done by non-union labor. They called a

(continued)

Executive Director's Desk

Debbie Zorian
DZorian@HCMA.net

strike, and Fier was required to pay a large sum to each member to compensate for the work they lost. In retribution, Fier deducted the money from Welles' fee and had his own sign painted that read: "All's well that ends Welles."

The two men, who had been bitter rivals, then called a truce and in time became good friends.

"A well-developed sense of humor is the pole that adds balance to your steps as you walk the tightrope of life." William Arthur Ward

I subscribe to the words of Harvey Mackay, author of one of the most inspirational books of all times, *Beware the Naked Man Who Offers You His Shirt,* in which he states, "A good sense of humor helps to overlook the unbecoming, understand the unconventional, tolerate the unpleasant, overcome the unexpected, and outlast the unbearable."

I am convinced that humor and laughter is perfect medicine for the mind, body, and spirit. The perceived wide-ranging health benefits are no joke.

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"You don't stop laughing because you grow old; you grow old because you stop laughing." Michael Pritchard

Physician Communications: Considerations for Using Text Messages and Social Media

Risk Management

It is becoming easier and easier for physicians to communicate with each other and their patients. And although open communication is generally thought of as positive, the medical profession should proceed with caution. Patients and consulting physicians rely heavily on their communications with their treating physicians. Thus, communications which do not require the thought of focus that a physician would otherwise give to a situation may result in disaster. While there are many potential ways a physician might use text messaging and social media both professionally and personally, we will focus generally on physician interactions with other physicians, and physician interactions with patients.

To start, physicians should be aware that, in 2011, the American Medical Association issued guidelines in its Code of Ethics for physicians who use social media:

- Physicians should safeguard patient privacy and confidentiality online, and via text message, and must refrain from posting identifiable patient information;
- Physicians should realize that privacy settings are not absolute and that once on the Internet, content is likely there permanently.
- If they interact with patients on the Internet, physicians must maintain the same professional and ethical boundaries as they would in any other context.
- Physicians are strongly urged to separate personal and professional content online.
- Physicians should defend the profession, and should act in the event that unprofessional or unethical content posted by colleagues.
- Physicians must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers, and can undermine public trust in the medical profession.

Interactions with Other Physicians

Connecting with other physicians using social media is a great way to share information and improve the profession. However, most times text messaging and using social media to work with other physicians is not appropriate.

Messages between physicians for the purpose of treating an individual must be timely and adequately documented in the patient's medical record. At this point in time, that is terribly difficult to accomplish successfully and consistently.

There are at least a few popular social media platforms that are exclusive only to physicians. Certain of those say that they allow anonymous postings and interactions. However, physicians must realize that hardly anything on the internet is actually anonymous. Physicians must be sure to uphold the ethics and obligations of the practice of medicine when posting anything on any site, whether or not their names are readily available. HIPAA does not subside just because a physician's name is not directly connected to a posting. Nor does it subside because a patient's name is not mentioned in a posting.

A good practice is for a physician is to step away from the posting or text message prior to sending it, to consider what purpose it will serve, and to consider whether it preserves the confidentiality and ethical obligations that are necessary for the situation.

Moreover, physician interactions with other physicians on purely social media, especially their superiors at work, may blur the lines between professional and personal lives. Supervisor physicians (employers, attendings, professors, etc.) should not attempt to connect with their subordinates via social media and subordinate physicians should think twice before asking to connect with supervisor physicians.

Interactions with Patients

First and foremost, before any interaction with a patient using social media, text messag-

(continued on page 17)

Jacqueline Bain
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ing, video conferencing or some similar transmission, physicians must adhere to any and all applicable telemedicine statutes in the states where they practice. Telemedicine laws are constantly evolving to keep up with changes in the area of communications, and physicians are well-served to acquaint themselves with the laws.

The AMA Code of Medical Ethics contains an opinion for the use of electronic mail in communicating with a patient. Perhaps most importantly, the Code sets forth that e-mail correspondence should supplement a physician's personal encounters with a patient. Moreover, a physician is held to the same professional and ethical standards over email that he/she is held to in person. Medical advice or patient-specific information should not be transmitted over an unsecure connection and without the patient's prior authorization.

Although the AMA has not put out guidance regarding text message communications with patients, physicians are advised to consider using the same guidelines. For example, text messages containing patient-specific data should not be provided over an unsecure or public connection. Copies of the text message should be saved to a patient's file to ensure continuity of care. And physicians must realize they are held to the same standard of care over text messages that they are in their office encounters. Answering a patient's brief question via text message without a full explanation of a patient's state of health or without a full explanation of a physician's thought process could subject the physician to just as much liability as an inaccurate assessment made in-office. The adequacy of care cannot be sacrificed for the sake of ease in communication.

Messages sent to patients over social media are even more problematic. Patient privacy laws generally precludes providing patient-specific information this way. Moreover, even if patient-specific information is not transmitted via social media, a physician's failure to maintain proper professional boundaries with his/her patients may tarnish the reputation of the profession and subject the physician to discipline.

Ms. Bain is a healthcare attorney with HCMA Benefit Provider, the Florida Healthcare Law Firm. She is admitted to practice law in the states of Florida and New York and has specific experience with compliance and negotiating and analyzing healthcare contracts. She can be reached via email at Jackie@FloridaHealthcareLawFirm.com or by calling 888-455-7702.

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Sue Isbell is surrounded by Drs. Wilfred Daily, Ron Seeley, husband Robert Isbell, and John Curran.

Thank You
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On May 5, 2015, the Hillsborough County Medical Association (HCMA) held its at the InterContinental Hotel. Dr. Jose Jimenez was installed as the HCMA's 20 addition to Dr. Jimenez's inauguration, the HCMA election results were annou

The evening's guest speaker, Danielle Ofri, M.D., PhD, Associate Professor of M levue Literary Review, presented "Surviving Medicine in the 21st Century." Dr. ing strategies for re-engaging doctors, combating burnout, and thriving in the

The Cherry Bekaert medical student scholarship was awarded to Mr. William Pe to Ms. Kanchi Batra.

Many thanks for the generosity and continued support of The Bank of Tampa, F and MCMS, Inc. Insurance Trust for making the evening possible.

In her absence, HCMA member Dr. Krishan Batra (right) accepts the HCMA Foundation's medical student scholarship for daughter, Kanchi, from Foundation President, Dr. Michael Wasylik.

Drs. Christopher Pittman (HCMA Past President) and Ralph Nobo (FMA President Elect) congratulate Dr. Jose Jimenez (center) on his impending HCMA Presidency.

Dr. Fred Bearison poses with guest speaker, Dr. Danielle Ofri. Dr. Bearison's son, Craig, is a freshman at NYU Medical school and has heard Dr. Ofri lecture.

Dinner meeting co-sponsor, the Bank of Tampa, was represented by Beth Horner, Sr. VP/Trust Director, Wealth Management, who welcomed attendees.

Dr. Jimenez' his wife, Dr. the midst of Allen Liberat Jimenez and and Vin and

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Tampa
Group

Hillsborough Osteopathic Medical Society Members, Drs. Lon Lynn, Sasha Noe, Mr. Ken Webster (HCOMS Executive Director), Drs. Robert Norman, and Brett Scotch shared a table with The Legatus Group, representatives Joe Yagar, Ray Carapella, and Sam Hammer.

for HCMA Members

annual installation general membership dinner meeting
015-2016 President, succeeding Dr. Devanand Mangar. In
nced.

Medicine, NYU School of Medicine, Editor-in-Chief, Bel-
Ofri examined the impact of disillusionment, highlight-
e new era of medicine.

earce with a matching award from the HCMA Foundation

lorida Blue, Florida Hospital Tampa, The Legatus Group,

HCMA Secretary, Jayant Rao, presented outgoing HCMA President, Dr. Devanand Mangar, with his Past President's plaque and gavel.

s cheering section! Dr. Jose Jimenez and Nancy Silva and their son, Jonathan, are in their biggest fans…Dr. Tania Liberato and o, our new president's parents, Dr. Jose R. Mildred Jimenez, Dick and Dianne Sipe, Laura Marchetti.

Mr. Bill Becker, representing Cherry Bekaert CPAs, presented medical student, William Pearce with the Cherry Bekaert medical student scholarship.

Drs. Patricia Emmanuel and Mathis Becker pose for a photo during the social hour.

Joseph Yagar, representing dinner meeting co-sponsor, The Legatus Group, introduced himself and The Legatus Group as the newest addition to the HCMA Benefit Provider Program.

Our Current Mission as Physicians: Deliver Value

Practitioner's Corner

While in medical school and residency in the late 90s, I do not recall ever learning much about providing value as a physician. By this, I mean providing something of worth or importance that at least matches and ideally surpasses the monetary amount spent. The focus at that time was to correctly diagnose and effectively treat the patient's condition, avoid complications, while showing compassion all along. While that is still the premise of medicine, and always should be, I feel that we as physicians are continually under pressure to also provide value. This pressure comes from all angles: patients, payers, malpractice attorneys, hospitals, etc. Furthermore, this expectation is palpable throughout the work day. It involves trying to save a patient a follow-up office visit co-pay by making medical decisions over the phone, or taking time for a utilization review call to justify a requested medication or imaging test. By doing so, we compound our already assembly-line like clinical day with more administrative time, that is time sensitive, and must be completed in those few minutes in between patients.

I have always thought of myself as being efficient with my time, and was always proud of how I could see a set number of patients per day, while correctly diagnosing and treating them, but also making them feel like they were not a number. What amazes me is that somehow that set number has increased over the years. Perhaps the electronic medical record with templates, and carry-over from prior visits has helped, but there is no denying that my time spent with each patient must have dropped. I used to take a lunch hour--now I do not stop, and am happy to take a bite and a sip here and there in between patients in that same hour mid-day.

My own medical practice has evolved into mainly non-operative spine pain, with low back pain being the most common condition treated. It is well known that low back pain is one of the most common reasons a patient goes to the doctor, one of the leading causes for missed work, and among the most cost-consuming conditions for our healthcare system in this country. Most cases of low back pain are due to back strain and resolve in a short time, and really do not require much workup or expensive treatment. Even cases involving sciatica, due to either a herniated disc or spinal stenosis may resolve within a few months without surgery or expensive care. A large number of cases of chronic low back pain fall in the bucket of nonspecific low back pain. Perhaps less than 5% of cases which involve diagnoses such as cervical myelopathy, or radiculopathy with motor deficit, or dynamic instability or deformity, significant fracture, or cancer may require surgery and consume a lot of our healthcare dollars, and rightly so.

It is the remaining 95%, much of which falls under nonspecific low back pain, that one can determine where the concept of providing value should be focused. On the one hand, guideline consensus based on less than perfect published literature, would suggest that we should not do anything for these patients. Specifically, many of the common treatment modalities we utilize such as physical therapy or chiropractic care, nsaids, and muscle relaxants have weak published evidence. Yet most payors have adopted a rule that patients must have failed the above in order to justify an MRI, which is the best test available, non-withstanding that it must be carefully interpreted with regard to a patient's clinical presentation by a spine expert. For many patients, the time, missed work, and money (a single PT session co-pay can be up to $100 for some patients) are wasted going through the motions of these therapies. The catch 22 here is that many patients never get the MRI of their spine, which in turn leads to their diagnosis of nonspecific low back pain, which in turn leads to an endless cycle of missed work, more nonspecific treatment like physical therapy, nsaids, or muscle relaxants, more office visits, etc.

To truly provide value for these patients with nonspecific back pain that last more than a several weeks, we should challenge the paradigm of

(continued to page 24)

Steven Barna, MD
sbarna@floridaortho.com

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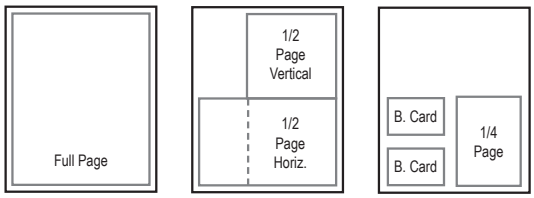

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Coming to America!

"Coming to America" has been the subject of essays, books, plays, movies, musicals, and other intellectual and artistic endeavors. It must therefore have been a major event in the lives of many people. I will use my own story to illustrate this major event.

My wife, Yvette, and I had an easier time than most of our colleagues because we spoke fluent English. Most of the maternal branch of my family is American and Yvette had an aunt and cousins in New York.

The younger readers will have a difficult time relating to my first trip to America in December of 1948. The flight from Buenos Aires, Argentina, to New York took about 36 hours. The aircraft was a DC4 propeller plane.

It stopped six or seven times to refuel, which meant that all passengers had to deplane. We were served a sit-down, restaurant style, meal at each airport. In New York, LaGuardia was the International Airport. We arrived during a snow storm. This was the first time I saw snow in my entire life…I was eleven years old at the time. One of my cousins lent me a sled and I used it in a park in Washington Heights, NY, where my grandmother lived. I also remember a hockey game at Madison Square Gardens that my uncle took me to. The hockey fanaticism lasts to this day!

In 1965 I decided to come to America for post graduate training. A medical school friend, who was interning at Wayne State in Detroit, told me the program was great, and so "America, here I come!" it was. Yvette and I got married a few days before our departure, using parts of the northward trip as a honeymoon.

1965

Yvette had never seen snow, but had enough of it after our first Thanksgiving. Getting a good position was easy. Medicare had just started and the need for more physicians was great.

The Wayne State program was excellent, especially because I liked trauma back then. The city had serious problems with crime and racial strife, preceding the 1967 riots. Interns got a crash course in trauma on day one. We had one of the first civilian shock trauma units in the country and much of the early shock literature came from Detroit Receiving Hospital – now the Detroit Medical Center (Robert Wilson, MD, et al).

Socially, the era was one of great changes. The Civil Rights Act of 1964 had just gone into effect and had profound significance in Detroit, not only because of the large African American population, but also because of the culture of discrimination in the housing, social clubs, schools, and employment, which also affected the Jews, Poles, Italians, and others.

Speaking British English, like I did, caused one of the funniest but potentially dangerous incidents in my internship. I was doing my pediatric rotation and had a difficult time understanding an African American mother. I said, "Pardon

(continued)

Reminiscences

Rodolfo Eichberg, MD
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Reminiscences (continued)

me, madam?" She thought I was calling her a Madame, which started a major incident. She wanted to know if her child had measles, a new problem for me. I had never seen a black child (there were no African Americans in Argentina). I did not know what the measles rash would look like so I called my resident, who was South African. He did not believe me, called me every name in the book, but finally told me to look into the child's mouth. Fortunately, I was already immune to South African curse words because I was playing rugby football for Windsor, Ontario, Canada and had already played against several of his compatriots.

Foreign graduates came to America for different reasons. They can be divided into three groups:

- Americans who studied abroad. They, of course, did not have any adaptation or visa problems, but may have had problems with securing residency positions.
- Natives of other countries who spoke fluent English but were not familiar with American culture. Their problems were mostly social and cultural.
- Natives of other countries that were not fluent in English. They usually had the most difficult time.

All of us had to take the same or similar exams before even coming here. Visa problems vary from one case to the next. All of us came because we chose to do so. My personal observations over a 50 year period tell me that, for a large majority, coming to American has been a highly rewarding experience.

(Continued from page 21)

Practitioner's Corner (continued)

first failing conservative care for months. We should instead spend a fraction of that money on a single MRI and a single office evaluation with a spine expert in order to properly diagnose the patient with a SPECIFIC back condition, and then formulate a specific evidence-based, value-laden treatment plan. In an effort to provide value for treatment of back pain, we should also be open to continually critically evaluate the medical literature with regard to novel therapies such as regenerative therapies like bone marrow aspirate stem cell injections into lumbar discs for discogenic low back pain or percutaneous discectomy for disc herniation/radiculopathy, or whatever the next breakthrough is. These minimally invasive options performed early, even before "accepted" conservative therapy noted above, and in many cases prior to spine fusion surgery or open discectomy, may prove to be the most cost-effective with regard to quality of life year value measurement, as well as risk benefit ratio. In summary, we can certainly deliver some value by building a faster and cheaper assembly line and following standard protocol. Perhaps the way to deliver the most value is to simply slow the assembly line down, focus on one patient at a time, make the right diagnosis early, and treat early with the most promising, low risk, reasonably priced treatment options available.

Dr. Barna has been an HCMA member since 2011 and is the District 4 representative on the HCMA Executive Council. He practices Interventional Spine at the Florida Orthopaedic Institute and is an Assistant Professor of Orthopaedics and Sports Medicine at the University of South Florida College of Medicine.

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).

Research & Education to Benefit Local Patients

USF Diabetes Center

The mission of the USF Diabetes Center is to dramatically advance the care of diabetes and pursuit of a cure through a coordinated approach utilizing resources in medicine, nutrition, mental health, biostatistics, and technology.

There can be no doubt that diabetes impacts almost every aspect of life and diabetes, in turn, is affected by everything from diet to mood. Ideal treatment, in our opinion, seeks to achieve blood sugar control that is as close to normal as possible in order to minimize risk for complications while allowing the person with diabetes to live life to the fullest. It is our belief that diabetes is best managed by a multidisciplinary team that includes the physician, nurse educator, nutritionist, clinical social worker, mental health professional, and most importantly, the patient and his or her family and friends. It is our goal to educate every patient and their family to empower them to become active partners in their treatment. This requires ongoing education and dialogue to determine the best strategy to reach individual goals.

We are very fortunate to have a very talented and dedicated group that includes both pediatric and adult endocrinologists, diabetes educators, nutritionist, psychologist, clinical social worker, clinical research nurses, and support staff who are skilled in the latest treatments and technologies and who are all committed to assist patients and their families to manage diabetes.

Research is a cornerstone of our program. Participation in research allows patients access to the latest innovations in care while contributing to scientific knowledge that, in turn, will lead to further improvements in therapy and ultimately a cure. Working with fellow researchers around the world, the Center is the site of nearly 20 clinical research studies. We are one of 18 Type 1 Diabetes TrialNet Clinical Centers funded by the National Institutes of Health, focused on the prevention of T1D, and a member of the T1D Exchange national network investigating multiple avenues to improve the management of the disease. Additional studies are investigating new technologies in managing diabetes and therapies for type 2 diabetes in children and adolescents.

Our clinical facility, located in the Carol & Frank Morsani Center for Advanced Healthcare on the USF campus, is a state-of the-art 10,000 sq. ft. space dedicated to comprehensive and integrated care that provides an ideal setting to conduct clinical and translational research studies in diabetes, to educate those challenged by the disease, and to assist patients and their families to manage their disease in the context of their day-to-day lives. Center facilities include examination rooms, family consultation/education rooms, infusion rooms with an adjacent laboratory, a team interaction rooms a classroom accommodating 40 individuals, a kitchen demonstration studio, a media center with 10 computer stations for patients and their family to download their electronic diabetes devices and engage in individualized computer based learning, and a family playroom.

Research, in conjunction with the best in education and care and partnerships with area diabetes care providers and diabetes stakeholders is allowing us improve the lives of Tampa Bay residents challenged by diabetes.

Henry Rodriguez, MD
hrodrig1@health.usf.edu

The Benefits of a Revocable Living Trust

One aspect of a properly developed estate plan is a revocable living trust. Once property is transferred to a revocable living trust it does not go through the probate process and will greatly speed up the transfer of the estate. Avoiding probate is the most recognized benefit of a revocable living trust and usually the reason that convinces the majority of people to set one up. After your death, the successor trustee transfers ownership to the beneficiaries you named in the trust. This process can be as quickly as a few weeks. Probate is a court-supervised process that requires the filing of all probate documents with the local court. This makes each probate pleading a part of the public court records that anyone can read. This includes a listing of your beneficiaries, assets, and a breakdown of who's getting your assets.

A Revocable Living Trust is a private document and is not published like a last will and testament. A pour-over will is used in conjunction with a living trust and transfers anything that you have not placed into the revocable living trust prior to your death into it after taxes and expenses are paid. It's a private contract between you as the trust maker and trustee so it doesn't have to be filed with any court clerk.

Initially, a revocable living trust is more expensive than a will due to the length of the document and the necessity of transferring property into the revocable living trust which is referred to as "funding the trust". The transfer of real estate would include preparation and execution of real property deeds, etc.

There is no loss of control with a revocable living trust. This is a living document, meaning it takes effect immediately. After your assets are placed in the trust you will continue to enjoy all of the benefits of your assets without any changes in your ability to control them. A revocable living trust does not complicate your life or management of your assets and you maintain control over the assets as you wish.

The benefits of the additional cost are seen after your death. There is no need for duplicate probate if there is real property in different states, fees are saved by not having the estate go through probate in the taxpayer's resident state and the quick transfer of the property in the trust based on your wishes.

Upon your death, the assets of the trust are distributed to designated beneficiaries, or assets may be held for designated beneficiaries in an IRREVOCABLE TRUST. Assets designated to an Irrevocable Trust are protected from creditors, spouses in the event of divorce, and spendthrift habits of the beneficiaries themselves. It enables you to maintain some control over trust property after death too. Beneficiaries who maintain their portion of the assets in their IRREVOCABLE SUB-TRUST maintain these assets outside of their estate. As long as these assets remain in the trust the growth and transfer of the assets to future generations remains free of estate taxes, if applicable, and maintain the asset protection privileges mentioned earlier.

Ken Crosser serves as a representative for HCMA Benefit Provider, The Legatus Group, LLC. The Legatus Group, LLC does not provide tax or legal advice. For advice concerning your own situation please consult with a legal or tax professional.

Money Matters

Kenneth Crosser
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Benefit Providers

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

AMO Office Supply - Lowest prices on all office supplies... will meet or beat any office supply company. Over 30,000 items and a full line of recycled products, free customized cost analysis (guaranteed minimum of 10% annual savings), order via website, email, fax, or phone. Free, next-day delivery with no minimum requirement. You will be assigned a designated account manager to handle every aspect of your practice's needs. Call Brittany Bunnell at 800-420-6421 ext. 245 or bbunnell@goamo.com for more information.

The Bank of Tampa - Banking and Wealth Management Services. Specializing in services for medical practices and physicians for 30 years. The Bank of Tampa has designed exclusive benefits for HCMA members including a personal relationship package, commercial banking services, and wealth management services; as well as discounts on Remote Deposit Capture, payroll, and merchant card services. Contact Anna Ehrlich, Vice President, at 813-872-1271 or aehrlich@bankoftampa.com.

Cherry Bekaert, LLP, CPAs - Specialized team of accounting, tax, and consulting professionals that focus on providing services to healthcare and medical clients. Members receive discounts on specialized services, in addition to one free hour of proactive consultation. Contact Richard Hedley at 813-841-1953 or 813-251-1010, rhedley@cbh.com or visit www.cbh.com.

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Florida Healthcare Law Firm (FHLF) - Providing legal services to members with the right pricing, responsiveness, and ethics. FHLF offers "Healthcare Attorney on Call," an "Online Store," and free webinars for HCMA members. The Law Offices of Jeff Cohen, P.A. will answer your legal questions, at no cost. Contact the office, after hours, and you will receive a return call by noon the next business day and will obtain up to fifteen minutes of free legal advice from a Florida healthcare attorney. Contact Jeff Cohen, Esq. at 888-455-7702, 561-455-7700. The FHLF Online Store offers free legal documents, available for instant download. Audio/visual presentations are also available for purchase (HCMA members receive a 25% discount by using the discount code HCMA25). Visit the innovative resource center at www.FloridaHealthcareLawFirm.com or contact Jeff Cohen at JCohen@floridahealthcarelawfirm.com.

Full Circle PR - Looking for an increased patient base and bottom line? Full Circle PR is a local, strategic growth firm specializing in the medical practice industry. They offer HCMA members a complimentary consultation and create a customized public relations and marketing plan that will increase their patient base and ultimately their bottom line. HCMA members save 10% on all services. Contact Michele Krohn at 813-887-FCPR (3277) or Michele@fullcircle-pr.com.

The Legatus Group – bringing over 80 years of collective experience in financial services. The Legatus Group has dedicated its focus on the needs of the physician community.Their expertise in helping physicians maximize their bottom line, asset protection, and tax savings brings much value and opportunity to HCMA members. HCMA members will enjoy significant discounts and underwriting privileges on products and services such as disability and life insurance not available to non-members. Please do not hesitate to contact any of The Legatus Group team members: Joseph Yagar, MSFS, CES, RIS, Yagar_Joe@nlvmail.com, (646) 898 3562; Raymond Carapella, Carapella_Raymond@nlvmail.com, (813) 526-2619; Michael Aguas, Aguas_Michael@nlvmail.com, (845) 521-1350; and Kenneth Crosser, Ken@andersonlarkin.com, (641) 684-5489, or visit their website: www.ExploreLegatus.com.

MCMS, Inc., Insurance Trust Fund - Providing Group Major Medical Insurance for HCMA employer-members. The program is fully insured by Florida Blue and has operated since 1981. Many coverage options are available, including Qualified/Compatible Health Savings Account Plans. Although the program is fully insured with no assessments, offices benefit from a Profit-Sharing agreement where excess underwriting profits are accumulated in reserves for future rate increases. All plans meet the new 2014 ACA standards and mandatory provisions. For more information, contact Spencer Barrett, CLU, Third Party Administrator: barrettspencer@hotmail.com or call local authorized agent Mark Thompson: 727-418-6067.

ProAssurance (PRA) - Offering Medical Professional Liability Insurance and Risk Management Services. Choose HCMA's exclusively endorsed medical professional liability insurer. Doing so rewards eligible HCMA members with a 5% discount on their premiums. You also receive fair treatment from professionals who are committed to making it easier for you to secure the coverage, services, and support you want. With PRA, you experience less uncertainty and more control, which your hard-earned professional identity deserves. Find out how you can benefit with steadfast protection from PRA – Rated A+ (Superior) by A.M. Best and serving Florida physicians since 1975. For a no-obligation premium quotation, contact Barbara Daugherty, Account Executive, at 863-324-2650 or bdaugherty@proassurance.com.

Transworld Systems, Inc. (TSI) - Delivering progressive cash-flow solutions since 1970. HCMA members receive a members' only discount, on the already fixed-fee pricing, regardless of account balance. Medical practices receive 100% of all recovered money, as well as monthly reporting, on all accounts placed in any of the flat fee services. Transworld has assisted over 200,000 clients resolve $6 billion in accounts receivables in the past decade, helping them to eliminate their need for traditional collection agencies and attorneys. Contact Gene Rodriguez at 727-432-5690 or gene.rodriguez@transworldsystems.com.

Ultimate Medical Academy (UMA) - Office personnel at no cost to HCMA members. UMA is a dynamic career school committed to empowering students to excel in the health care field. As a part of their curriculum, UMA students are required to perform a clinical externship in a physician's office. UMA will place their students in HCMA members' offices, performing the support staff duties they were trained for, at no expense to you or your practice. Contact Star Aponte at UMA, 813-283-5152, saponte@ultimatemedical.edu, or visit www.hireuma.com for additional information.

The Haven - They forgot the "E"

Restaurant Review

Okay, I'm exaggerating…it's not really "HEaven". But it is good and a welcome addition to Tampa eateries. People, including me, who were very disappointed with Bern's Elevage across the street, will find The Haven is what they were expecting from Bern's - something unique - with some extravagances and creativity.

The uniqueness of The Haven comes from its emphasis on cheese, something that has not previously been done really well in the Tampa area. They will always have fifty or so available to sample from all over the globe at $5 each. If you have a dining group, the eighteen-cheese sampler called the "Cheese Monger Plate" is a fun way to go. From England's mild Ticklemore to France's orange Mimolette cheese to Winter Park, Florida's own strong Bleu Sunshine cheese, the adventure of tasting eighteen cheeses in one sitting was a fantastic new experience. For $47 and served in a white deviled egg dish, there are eighteen varieties each in its own space. Toasts accompany it; one way to avoid paying $4 for your bread (a baguette). A printed guide that rates the cheeses from very mild to strong blues, in four categories, accompanies the dish.

Likewise, charcuterie plates of beef, pork, sausages, and duck are from around the world. The "Butcher's Plate" of chef's selections, for $42, makes a congenial sampling for your table.

There are other starters, again heavy on the cheese-cheese fritters, grilled cheese, and goat's milk pimento cheese. We already had our fill of eighteen cheeses, so these will wait for the next time.

The Haven is a place where you can complete one course and then order another as your stomach size and desires allow. Most dishes are small and despite the progressive ordering process, the plates arrive in well-paced timing.

Most dishes were great hits with only a couple of shortcomings. Some of the offerings are different than the menu on the website, making one believe that the menu is still being tweaked. For instance, the ceviche style Hamachi Crudo fish was not as flavorful as it sounded. The advertised pine nuts and lemongrass were average tastes and somewhat bland, apparently being changed from the passion fruit and kaffir lime granola that is on the website as "Himachi Tiradito." The roasted cauliflower was hardly recognizable as a cauliflower (which is okay with me). With a variety of flavors including ginger, ham, and goat's milk, it was not the knockout robust dish it sounded like, but it was good. And the rich mac and cheese, which changes often, had two types of cheddar that night and was not that different from gourmet mac and cheese at other eateries.

But the rest of the food was outstanding. The "Duck Tongues" (the poor mute ducks waddling around!) with General Tsao's sauce of "scorched ketchup" which is greatly reduced with brandy, peanuts, red chiles, and green peppers was, both colorful to look at and tasty to human tongues.

Likewise, the lacquered pork belly with pomegranate molasses and soy was tender and tasty. The spiced pressed chicken thigh was delightfully pleasing and tender.

The Haven has moved Bern's popular macadamia nut ice cream to their "Sugar Rush" menu. We also had a wonderful "Bananas Foster Pudding" which is deconstructed and a delight of sweet and salty tastes. The "Dirt Pie" was composed of a vertical valhrona mousse and chocolate coffee crumbs - good, but not that different from other restaurants. The "Baba au Bourbon" was very small and one could not really taste the bourbon that much.

The Haven has an extensive wine list that has top wines from around the world with substantial markups. Wines by the glass are plentiful and may be a better option for those price conscious individuals. You may also bring your own bottle for a $25 corkage fee.

The bottom line is: I can't wait to go back and try the rest of the menu.

See summary on next page.

Taste Bud

(continued)

Restaurant Review (cont.)

SUMMARY:

	CUISINE 1/2	AMBIENCE	SERVICE
PLUSES + + +	• Most dishes were creative and tasty, well priced and attractive. • The extensive cheeses and charcuteries provide an unique aspect to this lively place.	• Open, lively and clean appearing. A stylish transformation from the somewhat awkward and overpriced Sidebern's.	• Our server was an expert on everything to do with the menu, pleasant and responsive. • The Haven spent six weeks training their staff before they officially opened, something I wish other new restaurants had the dedication to do.
MINUSES - - -	• The menu is still being tweaked	• The usual complaint--- noise. The wait staff must be hoarse at the end of a shift.	• Our poor server needed a bullhorn because of the noise. I never heard a word of the charcuterie description as she was at the other end of the table.

The Haven, 2208 West Morrison Avenue at Howard (The previous Sidebern's location), Tampa 33606, 813-258-2233, haventampa.com

Restaurants are rated from one to five stethoscopes.

MCMS, Inc., Insurance Trust Fund Providing Group Major Medical Insurance Remains a "Tax-Free" Benefit As An Approved Group Plan

The MCMS, Inc., Insurance Trust Fund continues to offer health insurance through Florida Blue. The Trust is available to HCMA members, their families, and their staff. Many coverage options are available, including Qualified/ Compatible Health Savings Account Plans. The purpose of the Trust is to keep annual premium increases to a minimum while providing physicians with a great membership benefit. Members who enrolled originally saw no rate increase in 2013 or 2014 and only an 8% increase for 2015. For more information, visit: **www.trusthcma.com**, contact Spencer Barrett, CLU, Third Party Administrator: **barrettspencer@hotmail.com**, or call local authorized agent Mark Thompson: 727-418-6067.

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

Alliance Happenings

My wife, Dr. Rebecca Johnson, and I will host the annual HCMA Alliance Summer Social in our home on June 20th. The Social will also see the presentation of the 2015-16 slate of officers to be approved by the membership. The nominees are, Bill Butler - President, Blanca Crespo - Treasurer, John Hotchkiss - Secretary/ Membership, and Gerry Gutierrez - Parliamentarian. Jayne Vargas will serve as Activities Chair. The membership in the Alliance has increased this year, and we look forward to welcoming new physicians and spouses.

At the state level, the HCMA Alliance will be well represented in the 2015-16 governance of the FMA Alliance. I will be inaugurated as the President on August 1st, along with Directors Bill Butler and John Hotchkiss, and FMA PAC At Large member, Karen Pittman. The FMA Alliance annual meeting will be held in Orlando on July 31st in conjunction with the FMA annual meeting, July 31st-August 2nd.

The HCMA Alliance is a group of physicians, spouses, family members, resident physicians, medical students, and their family members 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. We gather throughout the year in support of member initiatives consistent with our mission and to socialize in a supportive atmosphere.


Bill Butler


Blanca Crespo


Gerry Gutierrez


John Hotchkiss


Karen Pittman


Jayne Vargas

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/

Michael A. Kelly, Alliance President michael1 9452000@ yahoo.com

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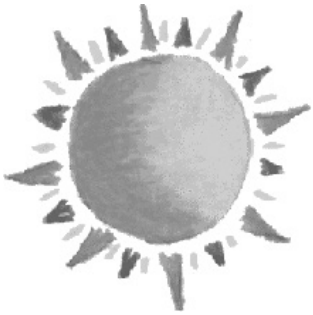
2,052 SF Medical Office Building, 5516 Hanley Road Tampa. Built out as a gynecology office. 5'x10' monument sign. ADA compliant. 8/1000 Parking. Located in Town and Country. Contact Abbey Ahern at The Dohring Group 813-223-9111.

HAVE A GREAT SUMMER!



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Let Your Inner-Writer Out!

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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