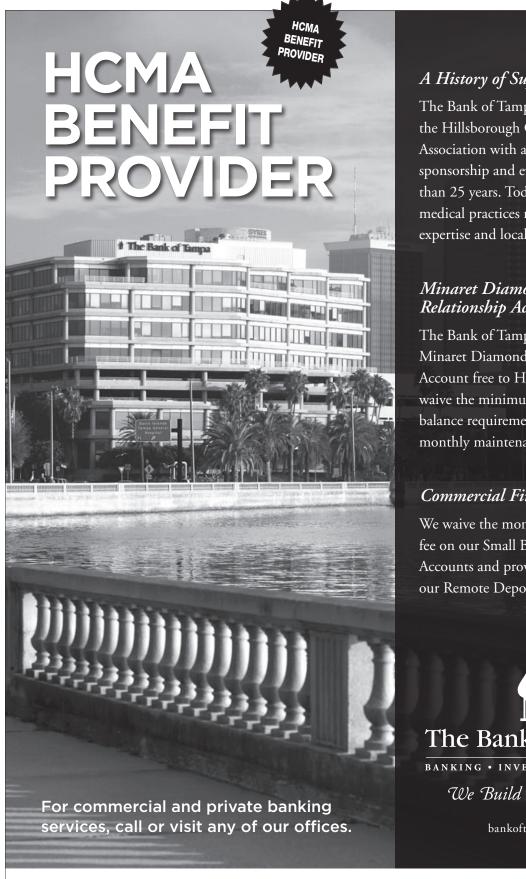
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### Executive Council Meetings 6:00 PM @ the HCMA Office January 19, 2016 March 15, 2016

HCMA Dinner Meeting
The Centre Club
6:30 PM
Monday, February 8, 2016

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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Elke Lubin Managing Editor, *The Bulletin* 813.253.0471 Phone 813.253.3737 Fax ELubin@hcma.net



# The Bulletin: November/December 2015 ABOUT THE COVER

"While cruising from Amsterdam to Budapest over the summer I shot about a million photographs. The cover photo is the Bratislava Castle which I shot as we left Slovakia heading to Budapest. I shot it while the ship was moving, at sunset, with Venus and Jupiter in the sky (upper left, and Venus is the brighter of the two)." — David Lubin, MD, Editor. See The Editor's Page for the whole story...CliffsNotes Style!

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## In Search of...A Mentor

**1** The late 1970's and early 1980's hosted by Leonard Nimoy of Star Trek fame. The show investigated and attempted to explain mysteries on earth and the universe. The show investigated many topics, including UFO's, Big Foot, and The Bermuda Triangle.

Fortunately, searching for a mentor within the HCMA is much easier than searching for the answer to these unsolved mysteries on the TV show. One of my priorities as HCMA President is to attract and increase involvement of new and young physicians. Mentorship is one way to help encourage participation and keep new and young members engaged. I mentioned our various HCMA mentorship programs in my prior article for "The Bulletin", and felt it important to stress the vital function of mentorship and get more in depth on the subject.

I believe that mentorship will be a key for the future growth and success of the HCMA. Retaining new members begins with them making a connection with the HCMA. This connection may be legislative in nature, it may be a member benefit, or it may be a fellow HCMA member that takes an interest in them. We all have had mentors throughout our lives. We fondly remember a grade school teacher, a college professor, or an attending that went out of their way to make us feel special and made a lasting difference in our lives.

One only has to look at our children to see how important the role a mentor can play in our lives. A simple example is what I have seen in my son. When my son was in 2nd grade, he was assigned a 5th grade "Reading Buddy." He met with his "Reading Buddy" once a week for 30 minute sessions, and they read library books together. Even at that age you could see the connection that was made between mentor and mentee. My son became more energized and motivated because one of the older kids was showing a special interest in him. You could also see the satisfaction and growth occurring with his "Reading Buddy" as he felt proud to help a younger student.

The HCMA has created various mentorship programs in the last two years. Last year we began to pair USF medical students with an HCMA member during the social hour of the HCMA dinner meetings. This has been very well re-

ceived by the students and mentors alike! It has allowed students to make a connection with an established HCMA member and allows them to find out about private practice and/or organized medicine.

This year we are beginning a mentorship program that allows students to shadow and learn from HCMA members who are community physicians in order to give the students a hands-on view of private practice. We have also initiated the HCMA Ambassador program, where established HCMA members will reach out to new HCMA members to make them feel welcome and to serve as a liaison and potential mentor to encourage future involvement.

Mentors have been invaluable for me as my involvement in organized medicine began, and then increased over the years. Their encouragement, guidance, and belief in me early on inspired me to continue my involvement to try to make a difference for my profession and for pediatrics. I have been incredibly fortunate and blessed to have been able to lean on and learn from no less than four physician mentors over the years. All of them have been generous with their time and with their wisdom.

I have also found that a mentoring relationship does not necessarily have to require the one-on-one personal time that traditionally comes to mind. Beyond the four physicians that I consider my core group of mentors, I have approximately a dozen other physicians that I consider mentors also. Most probably don't even know that I think of them as mentors. These are physicians that have more experience, and I learn from them through our conversations, in interacting with them at meetings, and by listening to what they say.

I encourage our younger physicians to reach out to the HCMA and surround themselves with physician leaders with more experience. It is a great way to grow as a person, and in this case, a great way to learn more about organized medicine. I also encourage our experienced physicians to participate in one of our mentorship programs and spend time with our younger members. We all have special gifts and something valuable to offer. I am sure the knowledge you impart will

President's Message



Jose Jimenez, MD drjimenez@smallworldpediatric.com

(continued)

mean the world to your mentee, and the satisfaction you will feel in making a long-lasting difference in someone's life will be immeasurable. Simply sharing your time and your thoughts can impact someone for a lifetime.

#### **Newest Members**

Vernard Adams, MD
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Michael Caire, MD
Kelly Devers, MD
Kervin Doctor, MD
Timothy Epting, DO
David Folkerth, DO
Christopher Grayson, MD
MaShira Jackson-Gallegos, MD
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# Cruising from Amsterdam to Budapest--CliffsNotes style

Elke and I planned a European river cruise in the fall of 2014 and scheduled it for June 18-July 2, 2015. To avoid any major conflicts, I researched the possibility of potentially missing any Stanley Cup Finals games. The 2004 Stanley Cup ended on June 7, 2004, so I figured we were safe, but with some international games prolonging the regular season, it didn't turn out that way.

The Lightning made it to the Finals and if there had been a game 7, it would have been played on Wednesday, June 17th, in Tampa. We had booked the flight to Amsterdam on Tuesday, the 16th, in order to get there a day early. Well, we lost game 6 in Chicago on the 17th. Soooo, good news was we weren't missing a game 7--bad news, there WAS no game 7.

But on to the trip.

My travel agent, someone I went to high school with, who now works for AAA, suggested the Tauck Cruise Line over the well-known names of Avalon and Viking, among others. They have been doing tours for 90 years, and although a bit more expensive, he said it was worth it. The trip lasted almost 2 weeks from Amsterdam to Budapest, cruising the Rhine and Danube Rivers. We both felt it was worth the extra few bucks, as the Tauck ships are a bit smaller, only 105 passengers, and the land tours were included, as well as free wine, beer, and mixed drinks throughout the entire cruise. We even received 20 euros each to eat lunch in Vienna because we weren't returning to the ship. We later walked about 4 miles back to the ship, but had to get in some exercise to work off all the free drinks and great food.

I decided, since this was possibly a once in a lifetime trip, that we'd fly premium economy, with a bit more legroom than regular economy. Well, when we got to TIA, the British Airways clerk advised us that we had been bumped to first class... aww, gee, THANKS! We were able to recline and actually lie down in our seats, had champagne to drink and a real three or four course meal. This was our first time flying first class. Even in first class I slept only a couple hours, and when we arrived at Gatwick Airport in London some eight hours later, it was now early morning (six hours later than here). We arrived in Amsterdam that afternoon and just walked around. I won't bore you with what we saw, or what we ate...well,

I might later on, but there we were, walking around amongst 800,000 people and 1.2 million bicycles... Elke shouted my name. I spun around only to see a guy sporting a Chicago Blackhawks jersey, with me in my Lightning t-shirt and cap.

We joked around a bit about the Finals (photo 1) and it turned out he wasn't even from Chicago, but was a Dutchman who rooted for the Blackhawks. I mean, what are the odds???

From Amsterdam we cruised to Cologne, Germany, where we visited the magnificent Cologne Cathedral (picture 2), and of course, started our "beer tour" (picture 3). We also visited the Römisch-Germanisches Museum, which houses many medical artifacts of interest, including a statue of Asclepius (picture 4).

Our next stop was Rüdesheim, then on to Würzburg/Rothenberg. We chose to tour Rothenburg, a quaint village where we had the pleasure of savoring the specialty pastry, the Rothenburg Schneeball (Snowball) a concoction which reminded me of a rolled ball of thick fried Chinese noodles covered with confectioner's sugar (picture 5). We were strolling through the village on a pleasant day, when all of a sudden we heard what sounded like a large band playing, and discovered the University of Nebraska band playing in the plaza (picture 6).

Then on to Bamberg and Nuremberg, where we briefly entered the courtroom where the Nuremberg trials were held. We also visited the site where Hitler was to have built a Coliseum like structure to hold 10's of thousands of Nazis, but he never finished it. It is now called the Documentation Center where visitors and German students can learn details of the Holocaust. It is required of students to attend field trips there.

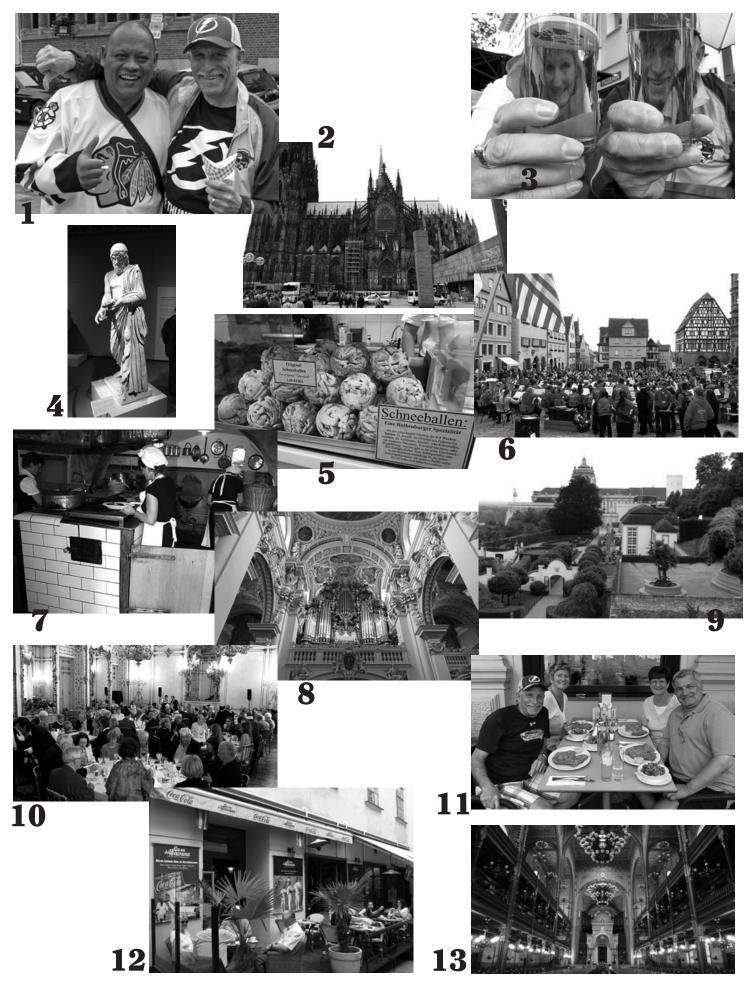
Regensburg, our next stop, was the home of the oldest sausage kitchen around, originally built in 1320 (picture 7), and of course, what else, we had sausage and pretzel sandwiches, along with a Dunkel beer.

The first week of the trip was rather chilly and rainy, not what we had expected, but we had umbrellas and parkas, so nothing had to be canceled. We even took a sky ride in a slight drizzle. The last week, the weather warmed up to the 80's and (continued)

# **Editor's Page**



David Lubin, MD Dajalu@aol.com



was guite comfortable.

Day 10 brought us to Passau, Germany, where we were treated to an organ concert in St. Stephen's Cathedral, home of the largest pipe organ in Europe, with some 17,000 pipes (picture 8).

The next day we visited the Benedictine Melk Abbey, the largest in Austria, in the city of Melk (picture 9). I was a bit disappointed since the weather was overcast, and photos of the Abbey would have been much better in sunshine, but such is the plight of a photographer. That night we arrived in Vienna and it was dress-up night. The Tauck family is friendly with the Pallavicini family of Vienna, and we were all treated to dinner at the Palais Pallavicini, replete with an operatic performance, dancers, and waiters who brought food out in sync with music. It was one of the highlights of the trip for us (picture 10).

The next day we roamed around Vienna, dining on wiener schnitzel at the Café Mozart (picture 11) and did some shopping in the very modern open shopping areas, with pricey stores galore (which we avoided).

Then it was on to Bratislava, Slovakia, where I expected to see old women walking around in babushkas, but again, was surprised to see nice shopping areas, and great restaurants, including the Casa del Havana (picture 12). Even bumped into a foreigner wearing a Tampa Bay Rays cap. The cover photo is the Bratislava Castle which I shot as we left, heading to Budapest. I shot it while the ship was moving, at sunset, with Venus and Jupiter in the sky (upper left, and Venus is the brighter of the two).

And in many cities we weren't surprised, seeing a McDonald's in close proximity to a Burger King, even a Subway, but we avoided them. Ah, just like home.

The last stop was in Budapest, probably the city with the most striking architecture that we saw. We were given a tour of the city and then set free to roam. Elke and I visited the Dohany Street Great Synagogue, built in the mid 1800's and the largest synagogue in Europe (picture 13). We also took a spin on the Budapest Eye, a 200 ft. high Ferris wheel, and surprisingly, I was fine...me, who has a problem climbing a six foot ladder. The market place in Budapest could have taken a day or two by itself to tour, but we managed to stop for some goulash, and of course, Hungarian beer.

I'm happy to say that our smartphones with our T-mobile service worked fine throughout Europe and allowed us to text pictures back to the US, except when stuck in one of the 65 locks that we had to navigate on the rivers. But when we stopped in New York on the way back---of course, service didn't work well.

1300 words and a baker's dozen pictures can't adequately describe what a fantastic trip this was. If you've

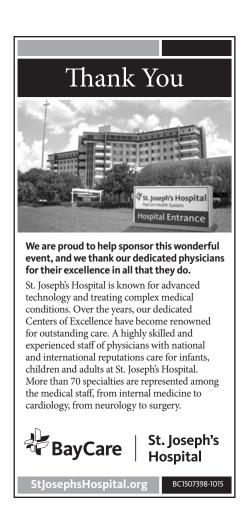
made it, you'll understand. If you've never made it, you should!

In closing, I would be remiss if I didn't address something that's been bothering me. It's the incessant chatter that goes on during our dinner meetings. It's just embarrassing. Please give our President, vendors at the podium, and guest speakers the courtesy they deserve and don't converse during dinner when someone is addressing the audience. You might not think what you're saying is loud, but multiply that by 100.

We have a social hour prior to the meetings. Come early, have a drink, and schmooze then, not when others are trying to direct your attention to the podium. All will appreciate your cooperation.

Editor's note: The November dinner (before this issue was published) was much better. Thank you. Keep up the good work.





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# **Equanimity Over the Holidays**

By the time this Bulletin issue's distribution reaches HCMA members, the holidays will be upon us. In Great Britain the word "holiday" has the same meaning as vacation. Many Americans find this comparison laughable as the holidays can be a very stressful time.

For one thing, it is open season for crime. Robberies, identity thefts, property crimes, and scams are only a few examples of offenses that are known to increase between Thanksgiving and New Year's Day. (See page 14 in this issue which lists several *Holiday Season Crime Prevention Tips*.) In addition to increased crime, financial pressures and an overwhelming array of demands can cause holiday stress and depression to surface. Each year I hear more and more acquaintances state that they dread the upcoming holidays.

Although the holidays can certainly be a time of ambiguities and marked extremes, there is a profound enthusiasm and expectation "in the air" which surrounds us all. This can result in transcendent feelings of joy and generosity. True holiday spirit is collectively unifying and individually soothing, energizing the hearts of those who partake. Yet, too often, holiday spirit seems to deteriorate into something chaotic and hollow. The magical bustle can become a financially draining "rat race" while the time and energy burdens of the season leave us exhausted, guilt-ridden, and annoved.

The holidays can spark all kinds of unexpected reactions and behaviors even in the most well-adjusted among us, proving that this joyous season can sometimes be hazardous to our health and our safety. Topping it off with the New Year can be distressing since it hits us with the pressure of developing good habits right after we've fully exercised many of our bad ones. Research suggests that most people fail their New Year's resolution by week two which gets things off to a negative start. I'm certainly guilty of falling into the "most people" category, therefore I choose not to make any resolutions in the first place! Starting a new lifestyle or kicking a bad habit should take place when a person is truly ready.

I believe the following three holiday health

risks to be the most prevalent...excessive eating which is the queen mother of holiday bad habits, excessive drinking which not only jeopardizes our health, but increases bad risk taking behavior including driving while intoxicated, and excessive spending which causes negative consequences for those who can't afford to take on debt that can last for months or even years.

Another disturbing fact during the holidays is that fatal heart attacks peak on December 25<sup>th</sup>, 26<sup>th</sup>, and January 1<sup>st</sup>. Overindulgence, emotional stress, and excessive drinking trigger cardiac abnormalities and cause what is known as "holiday heart syndrome." It is also believed that people not only practice bad health habits during the holidays, but they tend to put off seeking necessary medical help until the holidays are over... a bad decision that can prove to be fatal. On the flip side, there is an increased rate of emergency room visits due to a plethora of holiday related accidents by young and old alike.

Because of the increased stress during the holidays, I assumed that suicide rates also increased at this time. I was quite surprised to find the opposite. The Center for Disease Control and Prevention and the National Center for Health Statistics report that, in the United States, depression and suicide rates are lowest during the holiday season. One of the primary buffers of stress and depression is our social identity. The holidays, if anything, maximize social connection for most people. It is believed that suicide rates decline because of an increase in available emotional support from friends and family members.

I see the holiday season as a way to create a reflective opening in our demanding, pressure cooker lives so that we can re-assess our current situations and re-affirm what is truly important. Practicing equanimity and adjusting our expectations over the holidays will allow us to enjoy all aspects of the season while keeping us healthy in body, mind, and spirit.

May we all adhere to healthy decisions, both physically and emotionally, as we celebrate the holidays. I wish a very happy New Year to HCMA members, their families, and staff. May good health and much joyfulness fill your lives as 2016

(continued)

# Director's Desk



Debbie Zorian
DZorian@HCMA.net

smiles on us all with an abundance of blessings throughout the year.



10 tips to help create less stress during the holidays:

- Eat well
- Exercise
- Get enough sleep
- Manage your "to do" list
- Practice relaxation & time-outs
- Ask for family participation
- Limit optional events
- Simplify gift shopping & spending
- Practice conflict resolution
- Just sav no!

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#### **Holiday Season Crime Prevention Tips**

- Shop during daylight hours when possible & shop with a friend safety in numbers!
- Be aware of your surroundings. Pay attention to who
  is around you, what they are doing and what activities
  are going on. Be aware of someone watching you, or
  following you you should notice who is around you!
- Don't overload your arms with packages and bags while shopping. Clear visibility and freedom of movement are important self-protection habits.
- Pick your parking spot wisely. Look for a well-lit area.
   If you own a small car, try not to park next to a large vehicle, which can block your vision, or other citizen's view of you while you are entering or exiting your vehicle.
- Do not leave your vehicle unattended while the engine is running, even if you are only going to be away from it for mere seconds.
- Have your keys out and ready when approaching your vehicle.
- Be aware of how you carry your purse or wallet. Would it be easy for someone to take it? Remove any unnecessary items and leave them at home.
- Try to carry only the amount of cash you will need to make your purchases and limit the number of credit cards to only the ones necessary for your current shopping trip or for that day.
- Keep a list of all credit cards, along with contact phone numbers for each card and keep it in a safe place. This will help in the event they are lost or stolen.

- Discuss various situations with your children. What will they do if you are separated? What will they do if approached by a stranger? What will you do?
- Practice an exercise used often by police and military called Crisis Rehearsal. Consider what you would do in various stressful situations. Go through the plan in your mind. If you practice this and then are faced with an unusual situation, you will be able to think more clearly and react more calmly because you have already rehearsed it.
- Don't drive without first locking your doors and closing your windows.
- When walking out to your car, try not to do it alone. Go with a friend, or when there is another group walking out as well.
- Walk to your car with a purpose.
- Do not exit your car if you see a suspicious situation. If you are in doubt, or are approached, drive away.
- If you are being followed, go to a populated public place and call the police.
- Do not let anyone approach you on foot, while in the drive through ATM machine.
- Avoid shortcuts that take you through unfamiliar or unsafe areas.
- When stopped in traffic, leave enough room between your car and the one in front of you, in the event you need to pull away quickly.

#### **2016 FMA LEGISLATIVE ISSUES**



#### **Legislative Priorities**

**Fail First/Step Therapy Override:** This bill would give the physician an override to the insurance company's decision to force a patient to take a certain medication or procedure and "fail first" before getting what the physician feels is in the patient's best interest. We are working with the bill sponsors to include a fix for the OneBeacon project and language that would prevent retroactive denials in this package. (Sen. Don Gaetz and Rep. Shawn Harrison)

**OB/GYN Closure Notification:** This bill requires hospitals to provide 120 days' notice to physicians with medical staff privileges at their facilities when a decision has been made to close an obstetric department. (Sen. Kelli Stargel and Rep. Colleen Burton)

**Needle Exchange Pilot Program:** This bill authorizes the University of Miami and its affiliates to establish a five-year pilot program to offer free, clean, and unused needles and syringes in exchange for used needles and syringes as a means to prevent the transmission of HIV/AIDS and other bloodborne diseases among intravenous drug users. (Sen. Oscar Braynon, SB 242, and Rep. Katie Edwards, HB 81)

#### Legislation we are monitoring

**ARNPs/PAs Controlled Substance Prescribing:** We have been working with the Senate sponsor, Sen. Denise Grimsley, to come to a compromise position that would allow some ARNPs and PAs the ability to prescribe some controlled substances only under a physician protocol. We have also worked to include in this proposal continuing education for these ARNPs and PAs, a version of fail first, a provision that prevents retroactive denials, and a requirement for a single form for prior authorization approval. (Sen. Denise Grimsley, SB 210 and Rep. Cary Pigman, M.D.)

**Telehealth:** We are working with the House and Senate sponsors (Sen. Aaron Bean and Rep. Travis Cummings) to ensure that they mirror the decision by the Board of Medicine that requires any physician who practices telehealth with a patient in this state to have a Florida license. (Sen. Aaron Bean and Rep. Travis Cummings)

#### Legislation we are working against

**ER Balance Billing Ban:** This bill would ban out-of-network physicians who are covering in emergency rooms from balance billing patients for the remainder of their charges. This would severely impact ER coverage and unfairly aid the insurance companies in reducing reimbursements to physicians in network. (Rep. Carlos Trujillo, HB 221)

**Independent Practice for Nurses:** This bill would give ARNPs the ability to set up independent practices in Florida. This would not increase access or decrease the cost of health care. It would only decrease the quality of health care services provided. While we are working on a compromise on ARNPs and PAs prescribing controlled substances, this is not an issue on which we can reach a compromise. (Rep. Cary Pigman, M.D.)

**Limitations in Medical Payments:** This bill dictates what evidence is or is not admissible to allow a jury to determine the amount of medical damages in all personal injury and wrongful death actions. The effect of the bill would be to allow wrongdoers to escape accountability for the full amount of medical expenses they cause.

### HILLSBOROUGH LEGISLATIVE DELEGATION

Information as of July 20, 2015

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**Committees:** Agriculture; Appropriations; Appropriations Subcommittee on Education; Education Pre-K – 12; Health Policy; Rules; Joint Legislative Budget Commission.

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DANA YOUNG (R) 60 <sup>th</sup> District Website House Majority Leader	813-835-2270 2909 W. Bay to Bay Blvd. Tampa, FL 33629-8175 dana.young@myfloridahouse.gov	850-717-5060 322 The Capitol 402 S. Monroe St. Tallahassee, FL 32399-1300	Sydney Ridley Melonie Hoyt
Committees: Appropriations.			
ED NARAIN (D) 61st District Website	813-241-8024 2109 E. Palm Ave. Tampa, FL 33605-3909 ed.narain@myfloridahouse.gov	850-717-5061 1402 The Capitol 402 S. Monroe St. Tallahassee 32399-1300	Dewayne Mallory Patricia Givens
	erations Subcommittee (Democratic Ran Quality Subcommittee; Transportation	king Member); Economic Affairs; Econo & Ports Subcommittee.	omic Development &
JANET CRUZ (D) 62 <sup>nd</sup> District Website	813-673-4673 2221 N. Himes Avenue Tampa, FL 33607-3139 janet.cruz@myfloridahouse.gov	850-717-5062 1003 The Capitol 402 S. Monroe St. Tallahassee 32399-1300	Carlos Ramos Erika Flores
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SHAWN HARRISON (R) 63 <sup>rd</sup> District Website	813-910-3277 15310 Amberly Drive Tampa, FL 33647-2146 shawn.harrison@myfloridahouse.ge	850-717-5063 1102 The Capitol 402 S. Monroe St. Tallahassee, FL 32399-1300	Jacob Gil Derick Tabertshofe

**Committees:** Economic Development & Tourism Subcommittee; Health Care Appropriations Subcommittee; K – 12 Subcommittee; State Affairs.

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DARRYL ROUSON (D) 70 <sup>th</sup> District Website	727-552-3200 535 Central Ave., Ste. 312 St. Petersburg, FL 33701-3703 darryl.rouson@myfloridahouse.go	850-717-5070 212 The Capitol 402 S. Monroe St. Tallahassee 32399-1300	Jason Holloway Tennille Moore Leila Wilson

**Committees:** Justice Appropriations Subcommittee (Democratic Ranking Member); Appropriations; Business & Professions Subcommittee; Regulatory Affairs.

# 2016 Florida Legislative Session January 12 – March 11 Serve As Doctor of the Day

Since the 1960s, the Florida Legislature's Doctor of the Day program has provided lawmakers with medical care during Legislative Session while serving to strengthen physician-legislator relations. Two physicians - one for the House of Representatives 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. Within the House or Senate Chambers, the physician may sit with his or her local delegation.

If the House and Senate are not in session, physicians are encouraged to attend committee meetings and/ or visit legislators' offices. Your participation not only provides a valuable service, but also continues a noble tradition. Please call the Florida Office of Legislative Services (850) 488-6803 for more information on how to volunteer.

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# 19<sup>th</sup> HCMA Foundation Charity Golf Classic



What a great day for golf! I was worried about the rain earlier in the week – but it stayed away and the day was beautiful! The 19th Foundation Charity Golf Classic went off without a hitch and it looks as though we raised over \$23,000 this year! Grants and scholarships will be awarded in the spring of 2016 thanks to our sponsors, contributors, and golfers. To see all the photos, visit the HCMA website (www.HCMA.net) and our Facebook page (www.facebook.com/HCMADocs).

The big winners this year were: First Place Gross: Team Marcus & Millichap (Max McCabe, Tom McGeachy, Greg McNutt, and Louis Tsunis). First Place Net: Team FL Orthopaedic Institute (Jay Butler, Tim Epting, Michael Mi-

randa, and Johnathan Runion). Second Place Net: Team St. Joseph's Hospital (Kevin Elder, Bob Pesce, Donald Straub, and Mark Vaaler). Third Place: Team First Citrus Bank (Rod Brown, Mike Forsythe, Mike Mitchell, and Jeff Taylor). Closest to the Pin/Hole 2: Chris Ignaut. Closest to the Pin/Hole 6: Roger Fox. Closest to the Pin/Hole 11: Nalish Patel. Closest to the Pin/Hole 17: Max McCabe. Putting Contest: Carlos Abanses. Par 3 Poker: Kevin Elder. Super ticket scratch-off: Charles Paidas.

As you can see from the photos – everyone had a great time! I look forward to seeing everyone again next year.

Thank you very much for your support! – Elke

# Thank You, Thank You!

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**PHOTOGRAPHER:** David Lubin, MD.

Please forgive any omissions...it was a very hectic day and we have not intentionally left anyone out!!!

(continued)



## Time.

Time is what we want most, but what we use worst.~ William Penn

My favorite things in life don't cost any money. It's really clear that the most precious resource we all have is time. ~ Steve Jobs

Time is a game played beautifully by children. ~ Heraclitus 535-475 B.C.

How did it get so late so soon? It's night before it's afternoon. December is here before June. My goodness how time has flown. How did it get so late so soon? ~ Dr. Seuss

I don't know who invented this unstoppable time thing, but I'm not sure that I like it at all. ~ James Hulls, MD

**c** eptember 8, 2015

Three days ago was my birthday and yesterday my career-long partner, Howard Franklin, died. It's times like this that we think about time and what we do with it.

My grandson was four, turning five. He can't wait to get older. I told him there are things he can do that I can't. He can fit into that box and hide. He can run around a room and no one thinks he's crazy. He can laugh at nothing and giggle and cry and no one thinks it's odd. If he so much as stubs his toe, he gets a hug and is comforted. There are good things and bad things about every age, so just enjoy where you are. It will be gone soon enough.

The same goes for physicians. Enjoy where you are. It will too soon pass.

When you are in training, grasp every tidbit of helpful information you can. In practice, it won't be so easy to ask others for help.

When you start practice, enjoy your new lot in life. Physicians are still respected by all. You find out the nerdy unpopular guy or gal that was studying all the time suddenly is "attractive" for some reason! And since you are just out of training, you know things older physicians don't! You will never misdiagnose anything! Life is good.... except for those nagging student loans....if only I were older!

And then sometime this decade you will make that first serious misdiagnosis. Maybe, just maybe, you didn't know it all after all. How could that possibly be?

In the forties you are on top of your game. Old enough to have experience but young enough to know the latest. Enjoy this time. In a survey of older (i.e. old) adults, they were asked what age they would go back to if they could. The number one answer was "forty."

And then comes fifty. You realize you might just live long enough to retire! Oh no! I've been spending everything I make! This is the time you must start living below your means unless you want to work until you are seventy, eighty...? Living below your means? Who would want to do that? Well, when you start comparing yourself to the general population instead of how rich your colleagues are, you start to be happier. You might, just might, have enough to retire while you are still healthy, if you are fortunate.

And then comes the big decision. Retire or keep working forever? Some say they don't want to do anything else but work. They don't know what they would do with their time if they didn't work. After all, you do get benefits from grateful patients and you make good money.

When I retired my associates were split into two camps. One camp silently said, "Yippee, now I can get some of his income!" Some nurses said silently, "YES-now the younger doctors who are more up on new things can finally take over!" The other camp said, "WHAT? You are my favorite doctor. The best doctor ever! Why are you retiring? You can still work!"

To which I responded: "Why would I wait until I <u>can't</u> work or enjoy life to retire?"

You realize that there are many eager physicians in line that want to take your place. You will miss the camaraderie and the socialization that are everyday occurrences. But after you retire you also realize that a lot of people you work with that you thought were friends were actually just "colleagues." Once you are gone, you are seldom thought of, and most never contact you again. This hurts - at least it did to me.

So should you retire? Well for me, I am the happiest I have ever been.

To not retire means that you may not have enough time to revisit old friends or mend fences.

Reflections

James Hulls, MD jrhulls?@gmail.com

(continued)

It means you may never sleep soundly without worrying about that last patient you saw or the next one you might see. Or worry about that so-so employee. Or, how reimbursements are decreasing while overhead is increasing.

You might not have time enough to learn how to cook that family recipe that Mom used to make.

You might not have time enough to see the Great Barrier Reef. Or the fjords in New Zealand. Or Rodin's "The Thinker" in Paris. Or the Hermitage Museum in Russia. Or the Alhambra in Spain. Or stroll the riverfront in Buenos Aries. Or go on a river cruise in France with friends. Or go with a group of friends to Lake Tahoe or Food and Wine festivals in New Orleans, Yosemite National Park, or Charleston. Or hike Bryce Canyon. And you may not have the time to dance at night in St. Mark's Square in Venice with the love of your life to a live orchestra.

You might not have the time to go on a family vacation with your grown children at the time they can instead of the time you can. If you are lucky

enough to have grandchildren you might not have time enough to play and splash in the pool with them. Or go on a train ride with your grandson and have him teach you about narwhal whales. Or giggle and play and learn about mermaids with your granddaughter. Or watch your grandchild discover how to run (one of the best things in the world) and watch them run and giggle just because they can. And watch them run with abandon through a fountain so happily that they almost float.

You may have noticed that a lot of the joy of retirement is with family and friends. This is true. You find out rapidly that they are the best treasures you have. And although you have been an important person in your career, the world will get along just fine without you. You discover that:

It is much more important to be very important to a few people than a little bit important to a lot of people. ~ James Hulls, MD



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# Dual Physician Marriage - Making it Work!

This month Edward S. Homan, Jr., MD and Carol Ann Hodges, MD (Mrs. Carol Ann Homan) will celebrate their 23<sup>rd</sup> wedding anniversary. They were both already in private practice when they met. Dr. Hodges had graduated from USF Medical School and completed an Internal Medicine Residency while Dr. Homan had graduated from the LSU Medical School in New Orleans and was practicing orthopedic surgery.

Dr. Hodges (CH): We first met after I began to work for Saslow, Cowan, and Sibert when I finished residency. Our practice was on the first What was it like in a dual physician marriage, with being a legislator mixed in?

Dr. Homan (EH): The three months of separation per year, times the eight years I was HD #60 Representative was tough. Running for office every two years was very time consuming for both of us but fortunately Carol accepted the sacrifice for the greater good.

CH: The eight years we went through were complicated. I was working full time so there were rare visits with Ed in Tallahassee. When home, Ed was divided between catching up with



floor of the same building where Ed practiced on the fourth floor. We became friends first.

A blended family was created...

CH: I have two children from a previous marriage; daughter Stephanie and son Steven. Steve, the younger, was a senior in high school when Ed and I married. Stephie had just married three months before we were married. Ed has three sons Doug, David and Derek all of which were either in college or had completed college when Ed and I married. We have only one other living with us: our nearly 16 year old black lab mix, Talley.

The couple agrees that the biggest challenge in a dual physician marriage is having enough time for each other; enough to stay connected. They also agree the biggest reward is knowing that your partner understands when (and why) you are late and knowing you both are doing work that satisfies. "Your spouse understands all that is required of a physician's job," commented Dr. Homan.

"doctoring," campaigning, working on legislative issues, and home (me and house care). His schedule would have been pure havoc if not for his ability to stay organized. I truly wish the medical community could be aware of his sacrifices. We went week to week and lasted the course. I think our relationship is stronger for the demands placed upon us. I guess it wasn't so bad as we re-upped every two years!

What do you do to relax or de-stress outside medicine (individually and together)?

CH: I like to read, work in the yard, walk, ride the bike, listen to music, or do nothing. Since I fairly recently retired, de-stressing is less of an issue for me!

Together, we love to travel. We have had some awesome trips through the years making terrific memories for our "old age" years: mountains to climb, exotic places, and more recently a super trailer trip out west. We also enjoy going to the orchestra and plays. We exercise when our bodies

(continued)

Personal Space

Carol Hodges, MD Ed Homan, MD allow. Ed is my buddy, my best friend. We like being together.

EH: We travel a lot to get out of town and not have our time together interrupted.

Advice for young physician couples...

EH: Schedule time together frequently. Don't wait for it to "just happen." The success of your marriage and your family is directly proportionate to the time you devote to it and it is much more important than your work will ever be. Don't reverse that priority.

CH: Make time for each other. Plan ahead to have an event to look forward to together. Total trust in each other is necessary. Never go to bed mad at each other. Talk to each other and make sure you are LISTENING! Do not ignore "issues" that arise (same stuff any couple should do - it's not rocket science).

Future plans...

CH: Since I have already retired, the next step is Ed's retirement in January of 2017. After that, we will be taking an extended trip of over six months around the world. This next year's vacations are planned including a trip to Eastern Europe. I will continue golf lessons, shooting lessons, piano lessons and volunteer work. The most important plan is trying to stay healthy.

EH: We are planning a round the world trip, on our own and at a leisurely pace, to visit the out-ofthe-way islands and places we have never been to.

Sounds like the Homans have figured out how to make it work!

Happy Anniversary!



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#### **IN MEMORIAM**

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

Don Clifton Kilgore, Sr., 73, of Plant City, Florida, brother of HCMA member, Dr. John Kilgore (Cindy), passed away on October 17, 2015. He was a lifelong resident of East Hills-borough County, and his family helped to settle the area known as Hopewell that sits just outside the city limits of Plant City. He helped to co-author the book, "Hopewell Pioneers" and was a lifelong member of Hopewell Baptist Church. He went to University of South Florida for his undergraduate schooling and obtained a degree in elementary education and a minor in sociology before he went on to attend the University of Florida Law School where he received a law degree. Upon returning home from college, he served as a member of the Hillsborough County School Board before being elected the youngest county judge. He is also survived by his daughters, his son, his grandchildren, and niece and nephew. Expressions of condolence can be left by visiting: www.HopewellFuneral.com.

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

#### So that's what they do on their own time...

The HCMA staff celebrated Halloween like most offices... obviously ignoring the holiday altogether. Taking a moment out of their busy HCMA duties are: Cruella de Vil (Kay Mills/Membership Coordinator), Leopard Lady (Jean Repass/Bookkeeper), Titanic Aristocrat (Debbie Zorian, Executive Director), and Biker Chick (Elke Lubin/Executive Assistant).



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# A Medical Practice Assessment

The rapid and dramatic changes in health care today are having a significant effect on the sustainability of the private independent medical practice. Medical practices are moving so fast because of insurance and government requirements that inefficiencies, lack of understanding, insufficient time, complacency, and a lack of necessary controls and oversight are threating the very existence of these private independent practices. So a closer and more urgent look is required of the medical practice now more than ever. The best way to take this closer look is through a Medical Practice Assessment.

We often hear the words "Medical Practice Assessment". However, we seldom know exactly what it means and why it is so significant to the sustainability and success of a medical practice especially today. This article will address the What, Why, When, and Who of a Medical Practice Assessment.

#### What is a Medical Practice Assessment?

A Medical Practice Assessment is an operational review, analysis, and evaluation of the practice. It's a <u>comprehensive</u> diagnostic view of the financial management, insurance contract management, the billing and collection processes, accounts receivable, overhead, physician productivity, compensation, personnel, internal controls, information management, governance, patient care and quality, and risk management. This assessment can be very broad and comprehensive as demonstrated above or it can be limited by focusing on just a few of the areas listed. It's an effective tool and an essential approach to viewing the overall operation of the medical practice.

This assessment is performed in order to evaluate weaknesses or strengths and then to facilitate the formation and development of an action plan through a series of recommendations for improvement. The assessment generally consists of a three part process. The <u>first</u> part is the collection of data and documents from the medical practice. The <u>second</u> part actually occurs in the practice for the analysis of the data collected,

interviews of the staff and the physicians, and observation of the actual workings of the office. The third part is the written report containing the findings, the revenue impact of the findings, and the recommendations to resolve the deficiencies. Reflecting the <u>revenue impact</u> in the report is very important for an understanding of the cost/benefit of the assessment and for the buyin required for implementing the recommendations included in the report. In some instances the implementation of the recommendations may become an added component of the Medical Practice Assessment depending on the circumstances. The size of the medical practice and the challenges discovered will determine the length of time required to complete the assessment.

As you can see, it is very similar to an annual physical or wellness examination that you would recommend to a patient or like taking your automobile in for a check-up or like an eye or dental examination. All necessary precautions we take for granted but are overlooked in the medical practice.

#### Why have a Medical Practice Assessment?

Although not a financial audit which are conducted on other types of businesses, it is similarly important and probably more informative for management. Thus it makes good <u>business</u> sense to review the operational aspects of a medical practice to assure efficiency, consistency, and profitability. Again this is very much like an annual physical or wellness examination that reviews a patient's changing medical conditions. These changing conditions in a medical practice could be reflected in operational problems and inefficiencies such as:

- accounts receivable increasing and aging every month,
- cash flow that is slowing down and decreasing over time,
- concerns over productivity and a lack of growth,
- increases in the denial rate of claims,
- insurance reimbursement and contract issues, employee issues,

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(continued)

• and internal control and oversight problems, just to name a few.

So in addition to reversing the negative effects of the challenges just noted above, a Medical Practice Assessment have the added benefits such as:

- mitigating various risks in the practice,
- · formulating a negotiating strategy with insur-
- can lead to the development of a growth plan to increase productivity,
- can serve as a process that coordinates various solutions through the recommendations in the
- may improve the relationships between physicians, staff, and patients.
- determine opportunities to cut cost and overhead,
- and finally improve or enhance operational processes.

#### When should a Medical Practice Assessment be done?

Medical practices are going through very rapid changes; such as electronic EOBs and the implications that has on depositing electronic payments, electronic medical records, complex rules related to the various insurances with each of their different requirements, labor intensive follow-up required for credentialing. a transient staffing, lack of training, insufficient staff, and the lack of oversight by the physician and administrator represent just a few but important reasons why these assessments should be performed annually.

#### Who should perform Medical Practice Assessments?

In most medical practices, practice administrators are overwhelmed with their many responsibilities. In fact there are not enough hours in the day to get done the work that is required just to run the practice from day to day. As in most complex things today, expertise and experience is required to perform these assessments at a very high level of proficiency which most practice administrators will not possess. The other critical factors are independence and objectivity, which would, by definition, require an outside party. It's also more likely that staff would raise and discuss challenging issues with an outside party. Furthermore, an outside party would only have an agenda to solve problems in order to assure the practice becomes more profitable and sustainable.

In conclusion, in these times of uncertainty of the very sustainability of the private independent medical practice, a Medical Practice Assessment is really a "no-brainer" and should be performed. It is hoped that this short article can foster an open discussion and dialogue among physicians and administrators in private independent medical practices to explore more closely the idea of looking into an effective and time-tested tool such as a Medical Practice



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Assessment

# Is the "Managed Care Cartel" Squeezing Your Bottom Line?

ccording to an article in the Wall Street A Journal on May 27, 2015, antitrust lawsuits in federal court allege that 37 independently owned companies are functioning as a cartel in the healthcare space. Who are the 37 independently owned companies? All Blue Cross and Blue Shield companies as well as the Blue Cross Blue Shield Association. These claims have now been consolidated into two lawsuits, one of which represents health care providers who allege that decreased competition is resulting in lower payments for providers. It's obvious that providers and healthcare businesses are feeling the squeeze of decreased payments but a costly and lengthy antitrust lawsuit is far from the best way to fight back.

Providers need to know that managed care contracts usually suffer from two common problems: 1) very important terms are unclear and 2) the cost control provisions are unfair. In addition to the need for clarity, most managed care agreements lack what many consider to be basic procedural fairness. For instance, most agreements contain provisions that permit the plan to implement any rules, regulations, policies and procedures the plan desires at any time and often without notice or public dissemination. The physician does not necessarily know about these things, and such things can undermine the very language of the contract. To meet these concerns, the following should be helpful:

"[Participating Provider's] agreement to be bound by such [policies, procedures, rules or regulations] shall be contingent upon [Participating Provider] being provided advanced written notice or any proposed adverse decision or event and a reasonable opportunity to respond to such proposal. Moreover, the parties agree that to the extent the foregoing conflict with the terms of this Agreement, the terms of this Agreement shall govern."

Sometimes, however, the payer is not actually responsible for payment, but rather acts as a middleman between the provider and the payer.

In those instances, it is essential to create clear lines of accountability. For instance:

"In the event a Payor fails to make payment pursuant to the terms of this Agreement, [Plan] shall (a) make such payment on behalf of the Payor, (b) initiate legal action to recover such payment on behalf of [Participating Provider], or (c) assign to the [Participating Provider] the right to initiate such action. In the event of (b) or (c), Payor shall provide [Participating Provider] a copy of the agreement upon which [Participating Provider] may rely in prosecuting such action and shall release [Participating Provider] from any further obligation to provide services to [Members]."

It is also fairly common for physicians to be denied payment even for patients who were authorized and treated. In addition to requiring the plan to identify members, the following should be helpful in dealing with those instances:

"Verification of coverage at the time of service will be final. Moreover, notwithstanding any provision of this Agreement to the contrary, any preauthorized admission or covered service shall be paid, regardless of any subsequent benefits determination."

Even after a contract is signed by a provider, the managed care company does not always fulfill its contractual obligations to pay according to the contract which results in many practices leaving money on the table and ultimately, remaining in the bottom line (i.e., profit) for the managed care company. The MGMA states that only 35% of providers and healthcare businesses appeal denied claims! The key to mitigating this financial impact is to know the problem before it becomes a trend. For instance, one of the ways to get ahead of a developing trend is to monitor a payer's denial rate. A denial rate is by definition a percentage of claims denied by the payer. A low denial rate indicates cash flow is healthy. A good benchmark for payer compliance would be a

Medical/Legal



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(continued)

denial rate of 5-10%. Often times, practices and healthcare businesses operate with a much higher rate, and even in the 20-30% range without even knowing it. The AMA states that a 5% denial rate for an average family practice equates to about \$30,000 walking out the door!

It makes sense that this perfect storm of poorly negotiated and constructed contracts, increasing denial rates by payers, and unfilled contractual obligations leaves many providers and healthcare businesses feeling like a cartel now runs their practice and their bottom line. However, there are many opportunities throughout the progression of the managed care process for providers and healthcare businesses to take back control.

Valerie Shahriari is an attorney with the Florida Healthcare Law Firm, an HCMA Benefit Provider, located in Delray Beach, FL. She has an extensive healthcare law background and for the past several years (i) established and implemented payer appeal procedures, (ii) developed a Patient Centered Medical Home model, and (iii) developed an ACO model and program for implementing shared savings, shared risk and full risk. Valerie can be reached by email val-

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# Cena - An Uptown Downtown Cafe

Cena ("chain-a" according to our waiter), meaning the "main meal of the day" in Italian, is tucked into a corner of the Grand Central highrise condominium in the Channelside District in downtown Tampa. And "main meal" it is. Chef Michael Buttacavoli has a great resume working with and for local chef-star Jeannie Pierola, even going back with her to the original Buca restaurant in Ybor City. He learned well. His dishes are creative, picturesque, and the combinations that one would not think could ever blend, do indeed.

There are several courses to choose from at Cena. It's like being in an upscale restaurant in Italy. Our waiter said the menu in each course progresses to bolder dishes as you proceed down the list and it seemed to be true.

The cheese and charcuterie course is not to be missed, if you are a "cheeseoholic" like myself. Each exotic cheese is paired with an interesting bit of a piguant side. We stuck to the cheese side of the first course and had the Bra Duro cheese from the Piedmont region (no jokes about the hills in Piedmont please). It was nutty and somewhat like a flavorful white cheddar. The Bra Duro was paired with slivers of marinated artichokes. Cacio de Roma cheese was milder (and blander to my taste) and was paired with a tangy peach chutney. Gorgonzola Dulce, which is the "sweet" Gorgonzola, is slightly milder and definitely creamier than most Gorgonzola, almost like a paste. Its pairing was with a tiny dripping honeycomb and the always good Marcona almonds. The cheeses mated perfectly with the best local bread ever... crusty warm bread from the Jameson B. Breadhouse in Ybor City.

Next came the antipasto and insalata courses. I wish we could have tried them all. The antipasto pan fried Pecorino Sardo cheese with figs and Acacia honey looked like small logs of the cheese which were coated and gooey. The sharpness of the cheese was delightfully balanced by the fig and honey. Veal tartar was very good, the cool tartar with a contrasting tangy mustard aioli and parmesan that was whipped. The Cena house salad again was cheesy, but not overwhelmingly so. It was unusual for a "house salad," it had greens with dates, onions, and candied walnuts with a balsamic vinegar.

For the risotto course we tried the wild mush-

room rendition. Having four kinds of mush-rooms, creamy, and filling, it was virtually a tasty rich meal in itself.

The pasta course was next. We tried two. The oxtail gnocchi was bursting with flavor. The gnocchi were petite, not like the huge seemingly half-pound of dough some serve, and the tomato parmesan sauce just made everything a medley of deep rich flavors that lingered in your mouth begging you to take another bite. The second pasta was the rustic Bolognese. Here again Chef Michael improved on the usual. Instead of a ground beef, there were bite-sized morsels of tender short ribs and pork, bathed in a wonderfully thick tomato-ricotta sauce.

Man, we had too much to eat. So we had to skip the "Secondi" course but I would like to return and taste the Chicken Scarpariello and the Veal Braciole.

We stuffed ourselves more with dessert. They are all made in-house and all sounded great. The tiramisu is like none you have seen or tasted before - molded into a large egg-shaped serving, it's a treat just to see, but also to eat.

Cena has a small but nice wine list heavy on Italians, of course, and a few bottled beers. The corkage fee is \$20 if you want to bring your favorite wine.

Cena is hard to find and the parking is in the tight-fitting garage of its building, but it is definitely worth the effort to discover it.

# (3)

# Restaurant Review



Taste Bud

#### SUMMARY:

	CUISINE UUUUU 1/2	AMBIENCE	SERVICE UUUU
PLUSES + + +	<ul> <li>Creative yet tasty food</li> <li>The good background of the chef shows</li> </ul>	A small, clean and contemporary eatery	<ul> <li>Friendly, promt and knowledgeable</li> <li>They seem to like the place and their job</li> </ul>
MINUSES		• It's not really "ambience", but the place is difficult to find	

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# **Making History!**

At a recent board meeting held on September 12, 2015, the Hillsborough County Medical Association Alliance voted to approve the newest bylaws change. With this change, we, as an organization, opened the door for new membership from a wide variety of individuals that have a direct connection to medicine. As we continue to grow both in numbers and talent, we will maintain a spotlight on ways to help physician practice medicine. Our focus on membership is an important part of that plan. Come join us as we make history!

HCMA Bylaws Revised September 14, 2015, Section 2

Non-Voting Members

Non voting members are

- a. Adult (18 and older) immediate family members of voting members
- b. Parents of physicians
- c. Friend of Medicine. A friend of Medicine is defined as any individual who supports the mission of the Hillsborough County Medical Association Alliance. In order for an individual to become a Friend of Medicine member of the HCMA Alliance, he/she must be nominated by a current, active, voting member and approved for membership by a majority vote of the Executive committee.

Non-Voting members are eligible to attend the annual and special meeting of the members (with a voice, but no vote), to serve on special committees and task forces as chairs and committee members; as a group, they may select one non-voting member to serve as a registered voting member to annual and special meetings of the corporation.

The Hillsborough County Medical Association Alliance are 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.



Dr. Karin Hotchkiss, Dr. Carmen Peden, and Jayne Vargas.



John Hotchkiss, Dr. Karin Hotchkiss, Bill Butler, and Dr. Madelyn Butler.



Dr. John Williams, Linda Hotchkiss Williams, and Dr. David Vargas.



Dr. Cathy Cowart, Jayne Vargas, Dr. Madelyn Butler, and Dr. Rebecca Johnson



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