The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

September/October 2015

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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
November 17, 2015
January 19, 2016

HCMA Dinner Meetings
InterContinental Hotel
6:30 PM
November 10, 2015

Watch your email for more details

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Got Something to Say?

To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review *The Bulletin's* "Article Guidelines" which can be faxed or emailed to you.

The Bulletin is YOUR publication. You can express your views and creativity by participating.

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The Bulletin: *September/October 2015*

ABOUT THE COVER

The cover photo was taken of a local fisherman in Kovalam, a beach town by the Arabian Sea, in Kerala, India. It was taken by Project Starfish Mission Board Member, Amanda Judd, BA, BSN, RN. She shoots with a Canon Rebel t3i.

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HAPPY 120TH BIRTHDAY HCMA!

Est. September 3, 1895

A Nice View

President's Message

As HCMA President, I get to sit at the head of the table at the HCMA Executive Council Meetings. I have a different vantage point this year, and I like the view.

When I look at the physician leaders who have volunteered their time and talents to the HCMA, I see a very diverse group. Young physicians make up a large percentage of the Executive Council now, and female physician involvement is at its highest since I became a member of the HCMA seven years ago. I also see veteran physicians of organized medicine around our table, who continue to be enthusiastically involved in order to help guide us with their experience and wisdom. We have Executive Council members that not only belong to small groups, large groups, and hospitals, but also solo practitioners, residents, students, and USF Faculty.

What does this diversity mean? It means more ideas at the table. The HCMA Executive Council Agenda for 2015-2016 is ambitious primarily because of this diversity. Different ideas have been brought forward and the ideas have been made better by input from other members. Ken Blanchard, the author of the famous book "The One Minute Manager" has coined the phrase "None of us is as smart as all of us." This certainly holds true at the HCMA.

Our goals include growing the HCMA, continuing and improving upon our strong legislative advocacy efforts, and to be more involved in our community. We plan on reaching out to new members and making them feel valued from the outset. We have put together our new HCMA Ambassador program. The HCMA Ambassadors are current HCMA members who have volunteered to help new members feel welcome. They will serve as guides to help educate new members on HCMA advocacy and member benefits and to help encourage their involvement. We will also host a New Member Welcome Reception once a year so new members can meet and get to know HCMA Leadership and other current HCMA members in an informal setting.

We value the great relationship the HCMA has with its local legislators and we continue to place these relationships as a priority. The next legislative session is almost upon us, as the session will begin in January. We are hosting our HCMA Annual Legislative Luncheon in December at the Centre Club. We look forward to this meeting every year, as it gives us a chance to meet and talk on a more intimate level with our local legislators and their staffs. It is a tremendously valuable experience. We get the opportunity to discuss ideas with the Hillsborough Delegation that are a priority for the HCMA; we are able to get feedback from the legislators, and we get to answer questions the legislators may have on these or any other issues that pertain to medicine.

Our ties with the USF Morsani College of Medicine continue to strengthen. Dean Lockwood has brought with him great energy and vision. We are continuing our mentorship program at the HCMA dinner meetings and taking it to another level with our community mentorship program where we will pair students with HCMA members in the students' field of interest to allow students to foster a relationship with a local physician and gain clinical experience.

We look forward to bringing residents and fellows into our HCMA community as well. Continuing our mutual collaboration with USF, residents and fellows will now be HCMA members at no cost! Residents and fellows lead very busy lives, but it is important to help prepare them for their transition into their next great adventure. Both the HCMA and USF have seen the value of introducing organized medicine to these young physicians in-training, so they are better educated about the reality, options, and opportunities of the world that awaits them, whether they choose private practice, hospital medicine, or academic medicine.

Yes, I have a different view this year, and I like what I see. The energy from the Executive Council is contagious and is evident in what we have accomplished to date and in what we plan to accomplish. Our future is bright, and I invite you to come and share the view with me.

Jose Jimenez, MD
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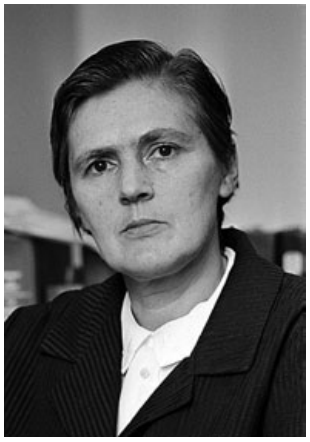
I think you'll agree with me

Dr. Frances Oldham Kelsey. Her name probably doesn't ring any bells; neither did it for me. I read in the papers, in August, that she had died at age 101, and thought that she had probably lived a good long life. Then I read more about her, and was even more impressed with her accomplishments.

She was born July 24, 1914, in British Columbia, one of 3 children of Frank and Katherine Stuart Oldham. She earned bachelor's and master's degrees in science and a doctorate in pharmacology in 1938 at the University of Chicago, and then became a faculty member there as an assistant professor of pharmacology. She married another pharmacology professor, Dr. Freemont Ellis Kelsey, in 1943. He later became a special assistant to the surgeon general in 1962 and died in 1966. The Kelseys had two daughters.

Frances Kelsey received her medical degree from the University of Chicago in 1950 and was an editorial associate for the AMA Journal for two years before moving to South Dakota. She taught pharmacology there, was in private practice, and became a naturalized American citizen in 1956.



Credit: Associated Press

Her husband was appointed to a post to the NIH and the family moved to Washington in 1960. She accepted a job at the FDA evaluating applications for licenses to market new drugs. Merrell's was one of the first to cross her desk.

Kevadon was a sedative and had already been marketed to pregnant women in Europe for morning sickness, and it seemed that the FDA was about ready to rubber stamp the application for use in the United States. But Dr. Frances Kelsey, the FDA's new employee, asked the William S. Merrell Company of Cincinnati for more information.

Merrell gave the FDA information, but she wanted more and Merrell even complained to the FDA that Dr. Kelsey was a petty bureaucrat. By late 1961, incredible information was pouring in. The drug, better known by its generic name, thalidomide, was causing thousands of babies in Europe, Britain, Canada, and the Middle East to be born with flipperlike arms and legs, as well as other defects.

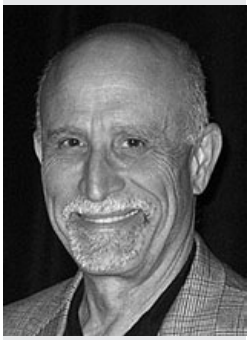
Dr. Kelsey was hailed as a 20th century American heroine, not only for her role in the thalidomide case, but also for giving rise to modern laws regulating pharmaceuticals. Congress bestowed upon her a medal for service to humanity and passed legislation requiring drug manufacturers to prove that new products were safe and effective before marketing them. President John F. Kennedy also presented her with the President's Award for Distinguished Federal Civilian Service. President Kennedy said, "Her exceptional judgment in evaluating a new drug for safety for human use has prevented a major tragedy of birth deformities in the United States."

I think you'll agree with me that Dr. Frances Oldham Kelsey is one of the truly great women in medicine.

Dr. Oldham Kelsey receiving the President's Award for Distinguished Federal Civilian Service from President John F. Kennedy; 1962.

Credit: White House

Editor's Page



David Lubin, MD
Dajalu@aol.com

September was Women in Medicine Month! We'd like to take this opportunity to recognize HCMA's 195 female physician members!

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Adriana Anderson, M.D.
Margarite Angelopoulos, M.D.
Sara Ansari, D.O.
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Dawn Ericsson, M.D.
Shahla Escobar, M.D.
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Robin Hauser, M.D.

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Renee Haynes, M.D.
Jill Hechtman, M.D.
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Soha Patel, M.D.
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Dong-Lin Xie, M.D.
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On the Frontline & Behind the Scenes

The month of September honored women in medicine. They are recognized for their significant contributions in the medical profession. The grassroots effort to establish this recognition began in the 1970's. The history of women physicians and how much they have served as a valuable fragment in our antiquated, and now modern, world of medicine is inspiring.

It was interesting to read a timeline from the American Medical Association and to learn that the first female physician to join the AMA was in 1876. Her name was Dr. Sarah Hackett Stevenson. This led me to further search information regarding women whose great accomplishments in the profession of medicine have served as a true inspiration. A recap of just a few historical specifics…

- Despite opposition and extreme criticism from both fellow students and the public in 1849, Elizabeth Blackwell (originally from England), became the first woman to graduate from medical school in the United States. She received her medical degree from the Geneva Medical College in New York. Dr. Blackwell opened a clinic that became known as the New York Dispensary for Poor Women and Children in 1853 and went on to establish the New York Infirmary for Indigent Women and Children in 1857. Dr. Blackwell created a medical school for women in the late 1860's and later returned to England to set up private practice. She served as a lecturer at the London School of Medicine for Women until she retired.
- Serving as a physician, anatomist, medical researcher, and writer, Dr. Florence Sabin was best known for her work on blood cells and the lymphatic system. Dr. Sabin was the first woman to graduate from John Hopkins in 1900 and the first woman to become professor in 1917. She researched tuberculosis and the immune system and is known as the "First Lady of American Science." Dr. Sabin also served as the first female president for the American Association of Anatomists in 1924. She left John Hopkins in 1925 to work at the Rockefeller Institute for Medical Research.
- Virginia Apgar entered the Columbia University College of Physicians and Surgeons at the beginning of the Great Depression. She graduated fourth in her class in 1933. Dr. Apgar was appointed the first women to become full professor at the University in 1949. She began studying obstetrical anesthesia and designed the first standardized method for evaluating the newborn's transition to life outside the womb, known as the Apgar Score. In 1959, Dr. Apgar earned a master's degree in public health from the John Hopkins University. She devoted herself to the prevention of birth defects through public education and funding for research. She became the director of the division of congenital defects at the National Foundation for Infantile Paralysis (now the March of Dimes) and received many honors and awards for her enthusiasm and work.
- The founder of pediatric cardiology, Helen Brooke Taussig, was known for her innovative work on "blue baby" syndrome. She earned a B.A. degree from the University of California at Berkeley in 1921, and after studying at Harvard Medical School and Boston University she transferred to Johns Hopkins to pursue her medical degree. Dr. Taussig graduated in 1927 and three years later was appointed head of the Children's Heart Clinic at the Johns Hopkins Hospital pediatric unit, the Harriet Lane Home. In 1944, Dr. Taussig, along with another surgeon and surgical technician, developed an operation to correct the congenital heart defect that causes the syndrome. She was given a full professorship at Johns Hopkins in 1959. She was elected president of the American Heart Association in 1965, one year after receiving the Medal of Freedom from President Lyndon Johnson.

Beginning in 1970, when just fewer than 8% of U.S. physicians were women, the percentage of female physicians began to steadily increase… to nearly 12% in 1980 and 17% in 1990. In the 21st century, the number of women physicians continued to rise; 25.2% of U.S. physicians were female by 2002. The websites of the American

(continued)

Executive Director's Desk

Debbie Zorian
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Medical Association and the Association of American Medical Colleges confirm that by 2012, the percentage of female medical students had grown to 47.9%.

Today, there are more women in medicine than at any point in history. Females comprise over 34% of the physician workforce in the United States, a number that continues to rise as women enter medical schools in record numbers. Research also indicates that female physicians outnumber male physicians in pediatrics and female residents outnumber male residents in primary care, obstetrics and gynecology, pathology and psychiatry.

I remember attending the FMA Annual Meeting in 1989 when Dr. Kay Hanley, a pediatrician from Clearwater, was elected to serve as the first female president of the FMA. Dr. Nancy Dickey, a practitioner from Texas, was elected the first female president of the AMA in 1998. Of course, our very own Dr. Madelyn Butler served as the first female president of the HCMA in 2001 and went on to serve as FMA President in 2010.

This brings me to my "behind the scenes" segment of women in medicine. Although not physicians, there are numerous women in history who have dedicated their lives to medicine and patient care. Two renowned women who come to mind: Florence Nightingale, a Crimean War nurse who was known as "The Lady with the Lamp." She established a nursing school in 1860 and her writing sparked worldwide healthcare reform; and Clara Barton, one of the most honored women in American history, was a pioneering nurse who founded the American Red Cross (at the age of 60) in 1881, and led it for the next 23 years.

Women have always dominated the nursing field all over the world. They play an integral part in the healthcare system, performing various roles concurrently depending on the unique needs of each patient. Nurses have been referred to as the "heart of healthcare."

Women also comprise the majority of Practice Administrators and Medical Office Managers, important and valued positions, overseeing the services of their physicians and running practices as efficiently as possible. The Medical Group Management Association (MGMA) has been serving as the leading Association for medical practice administrators for nearly 90 years.

That brings to mind two other organizations that serve the profession of medicine and are made up of women by majority…the American Association of Medical Society Executives (AAMSE) and the Conference of Florida Medical Society Executives (CFMSE), both of which I belong.

AAMSE serves as the professional association for state and county medical society executives throughout the United States. AAMSE advances the profession of medicine through education, communication of knowledge, leadership development and collaboration. Although I'm not aware of the exact percentage, women serve as the majority of AAMSE members.

CFMSE serves as the professional association for county and specialty medical society executives throughout the State of Florida. Their mission is the same as AAMSE, just on a smaller scale, focusing on medicine's issues in our state. I can attest that 75% of CFMSE members are women.

In addition to a majority of women serving as executives of medical societies, I feel confident in stating that most of the staff employees at societies are also women. Your HCMA has four dedicated women who work tirelessly to advocate for HCMA members, their patients, and the community at large.

In honor of all women…on the frontline and behind the scenes…who devote their lives to the noble profession of medicine, I salute you.

2015 FMA Annual Meeting

The HCMA Delegation traveled to Orlando to participate in the 2015 FMA Annual Meeting. The HCMA Delegation is a member of the Lower West Coast Caucus which is comprised of the Charlotte, Collier, Highlands, Hillsborough Lee, Manatee, Polk, and Sarasota county medical societies. Many thanks to the HCMA Delegates who took the time to attend: Drs. Pamela Baines, Fred Bearison, Thomas Bernasek, Madelyn Butler, Damian Caraballo, William Davison, Stanley Dennison, Ed Homan, Rebecca Johnson, Marcos Lorenzo, Kenneth Louis, Katherine Macoul, Nishit Patel, Christopher Pittman, Martha Price, Radhakrishna Rao, Bruce Shephard, and Deborah Trehy. Debbie Zorian, HCMA's Executive Director, was also in attendance. Other HCMA members who participated in the weekend meeting were Drs. Jose Jimenez (FMA Board of Governor/Dist. C) and Michael Wasylik (Florida Orthopaedic Society).

Visit the HCMA's Facebook page for more photos:

https://www.facebook.com/HCMADocs

Lower West Coast Caucus Executive Directors: Debbie Zorian (Hillsborough County Medical Association), Jackie Courtney (Polk CMS), Lynette Drain (Sarasota CMS), Danielle Sorrentino (Charlotte CMS), Valerie Vale (Manatee CMS), April Donahue (Collier CMS), and Julie Ramirez (Lee CMS).

A sampling of the HCMA Delegation: Drs. Madelyn Butler, Thomas Bernasek, Kenneth Louis, Damian Caraballo, Martha Price, Stanley Dennison, William Davison, Pamela Baines, Radhakrishna Rao, and Jose Jimenez. Kneeling in front: Drs. Michael Wasylik, Deborah Trehy, and Bruce Shephard.

Drs. Pamela Baines, Ed Homan, and Madelyn Butler.

Mr. Tom McKeown, his wife Dr. Martha Price, Tatiana Dennison and her husband, Dr. Stanley Dennison.

Drs. Christopher Pittman and Fred Bearison.

Dr. Jose Jimenez, Christopher Pittman, and Radhakrishna Rao.

Mr. David Goss and Ms. Debbie Zorian (HCMA Executive Director), enjoying the inauguration festivities.

HCMA Alliance President, Bill Butler, and wife, Dr. Madelyn Butler enjoy Dr. Ralph Nobo's FMA Inauguration Celebration.

Dr. Bruce and Coleen Shephard.

Drs. Ed Homan, Thomas Bernasek, and Stanley Dennison.

Why pathology is a specialty that medical students should consider.

Women in Medicine

Perhaps some of you know medical students who are contemplating which medical specialty to choose for residency training. Pathology is often not considered because of the minimal exposure that most medical students have to practicing pathologists. Their exposure to pathology often consists of studying Robbins and Cotran "Pathologic Basis of Disease" textbook. They learn pathology as part of their basic science training, but rarely have an opportunity to see pathologists in action, practicing their specialty. Most medical schools no longer have a requirement to observe or participate in autopsies, another missed opportunity to observe the vital role of pathologists.

One of the influential reasons why I chose pathology was because our medical school course was fascinating, challenging, participatory, and well taught. We had great pathologist role models. We were required to participate in at least five autopsies, which was a much better experience than dissecting our cadavers.

Who are pathologists?

Pathologists are physicians who specialize in the diagnosis and management of disease by laboratory methods. Pathology is the scientific study of the nature of disease and its causes, processes, development, and consequences. Pathology and pathologists are the foundation of medicine and a bridge between basic science and "bedside" application of new knowledge. Pathologists are consultants to other physicians and health care providers and are often referred to as the "doctors' doctor."

Why is pathology such a great career choice?

There are so many paths that a pathologist can take. Most pathologists train and practice anatomic and/or clinical pathology. Anatomic pathology (AP) includes gross and microscopic examination and diagnosis of surgically removed tissues and organs. It also includes cytology, which is the examination of cells in body fluids, exfoliated cells (e.g. Pap tests) and specimens obtained by fine-needle aspiration biopsies. Autopsies, another AP practice area, provide a unique opportunity to study the natural history of disease and the effects of therapy. Autopsies are often underappreciated as the ultimate quality assurance, providing feedback to physicians on the accuracy of their diagnoses and the effectiveness of treatment, to the benefit of future patients. Autopsies also benefit families, by answering important questions they may have about how their loved one lived and died and also by sometimes revealing unsuspected disorders that can help living family members. There is also the important role of autopsies for the public and society when cause and manner of death are determined in medical-legal cases.

Clinical pathology includes hematology, microbiology, immunology, molecular pathology, genomics and genetics, clinical chemistry and blood bank/transfusion medicine. Clinical pathologists are important consultants to physicians and health care providers about appropriate selection of laboratory tests and interpreting their results.

Over 90% of pathologists are certified by the American Board of Pathology in Anatomic and/or Clinical pathology. There are currently eleven subspecialties with certification: Blood Bank/Transfusion Medicine, Clinical Chemistry, Clinical Informatics, Cytology, Dermatopathology, Forensic Pathology, Hematopathology, Medical Microbiology, Molecular Genomic Pathology, Neuropathology, and Pediatric Pathology. Only internal medicine and pediatrics have more subspecialties than pathology.

Because pathologists are so varied in their training, expertise, and practice, that when asked to define a pathologist, we say "A pathologist is what a pathologist does." This is one of the great attractions of pathology; there are so many different career paths for us, including direct patient care, consultant, teacher, and physician-scientist. Pathologists practice in many different setting, including community hospitals, clinics, academic medical centers, private independent laboratories, commercial laboratories, physician offices, and industry, to name some. Pathologists

(continued)

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Women in Medicine (cont)

are often leaders of their medical staff and a disproportionate number are medical school deans.

Another advantage of being a pathologist is a relatively predictable live style. Yes, pathologists take call, but usually questions or problems can be solved by phone, although there is the occasional middle of the night intraoperative frozen section consultation. Pathologists have an above average income compared to other physician specialist. And finally, the stereotype of pathologists as being introverts simply is not true. This stereotype is promulgated by the joke "What is the difference between an introverted pathologist and an extroverted pathologist? The introverted pathologist looks at his shoes when talking to you; the extroverted pathologist looks at your shoes when talking to you."

I prefer the story of the three baseball umpires comparing notes. The first umpire says "some are balls and some are strikes, and I call them the way I see them". The second umpires says "some are balls and some are strikes, but I call them the way they are". The third umpire says "some are balls and some are strikes, but they aren't ANYTHING until I call them". That third umpire is like the pathologist in that there is usually no diagnosis until the pathologist makes it and pathology diagnoses are expected to be 100% accurate.

So if you are discussing career choices with a medical student, suggest that they may want to consider pathology and encourage them to talk to a pathologist who you respect and appreciate. You will be doing them a great favor.

Letters

Letter

...to the Executive Director

Hi Debbie,

I have been meaning to write to you for a while now. I love reading your article in every Bulletin - the first article I read and then I go for the rest. You write so well, succinct , and definitely get the point across. Your article in the July/August issue should receive National publication. I.T., cell phones, and all that technology has gotten out of hand. Eli and I travel quite a bit. I have asked drivers of our tour groups etc., about cell phone use while driving. We have been told that if they are caught , their vehicle is taken away; others are fined $5000 on the spot, no questions asked; others jailed and the passenger holding a cell phone receives a lesser fate as well.

JUST LIKE HERE IN THE U.S!!!

With your permission may I send your article to my sister in California? She has taken it upon herself to teach a class on etiquette and manners to young kids at the Community Centre.

Keep writing these great articles. Now we have to deal with DRONES - another threat to our society. What happened to PRIVACY or does this pertain to the medical profession only?

Janet Rose.

a.k.a. Janet A. Marley, M.D., F.A.C.O.G.

Newest Members

Frank Bono, DO (ORS)

Joseph Brown, MD (PS)

Lee Phillips, MD (PDO)

James Ronzo, DO (ORS)

Patient Tracking & Follow Up – What You Don't Know Can Hurt You

Risk Management

Lapses in patient care, including follow up, can lead to dire consequences beyond those to patient well-being. Substantial malpractice settlements and verdicts have been paid as a result of "lost" diagnostic reports and physicians' failure to review and follow up.

Patients who miss or cancel appointments risk undetected and untreated medical conditions, threatening continuity of care. If the patient later experiences an illness or injury, he or she may hold you responsible. The best way to prevent such lapses—and the corresponding malpractice allegations they create—is to develop written policies and procedures. The goal is to effectively track lab and diagnostic tests, as well as missed appointments and referrals.

Lab and Diagnostic Tests

Establish a tracking system that documents and follows patients referred for diagnostic imaging or laboratory testing. An effective system will verify the:

- test is performed;
- results are reported to the office;
- physician reviews the results;
- physician communicates the results to the patient;
- results are properly acted upon; and
- results are properly filed.

It is important the physician or allied health professional (AHP) review, authenticate, and date all diagnostic test results as soon as they are available—before filing. When test results are abnormal, it is important to let the patient know both the results and the need for follow up. If the patient does not follow through as advised, it is prudent to make—and document—repeated efforts to encourage the patient's return.

Cancellations and No-Shows

Tracking missed or cancelled appointments will help you improve patient care and reduce liability risk. When patients miss or cancel appointments, attempt to reschedule and document both the reason for cancellation and each of your efforts to reschedule.

We suggest the AHP review all missed or cancelled appointments and discuss them with the physician to determine if follow-up is necessary. More aggressive follow up may be necessary for patients with urgent conditions. Document all such efforts in the medical record.

Consultations/Referrals

Plan to develop an effective system to identify and track patients who are scheduled for referrals and consultations. Document in the patient's medical record all recommendations that a patient see a specialist for consultation or continued care. Include any letters or other communications between physicians in the medical record.

Types of Tracking Systems

Tracking systems do not have to be complex or expensive; they just have to work. Many medical practices use simple and inexpensive methods, such as logbooks. Others utilize tracking functions provided in their electronic medical records system. Whatever tracking method you choose, be sure to follow up on laboratory and diagnostic tests, cancellations, no-shows, and consultations.

ProAssurance is an HCMA Benefit Provider. For more information, please contact Christopher Walsh, Account Executive, ProAssurance Companies, cwalsh@proassurance.com, or 941.966.9014 (direct).

Laurette Salzman, MBA, CPHRM
ProAssurance
Senior Risk Resource Advisor

Thank
ProAssurance and Tan

Dr. Scott Anderson and his mentees.

On September 1, 2015, the Hillsborough County Medical Assoc
Dr. Charles Lockwood, Dean, USF Morsani College of Medicine,
Mr. Harris, longtime Tampa Bay radio and television personality e
history and then opened it up for questions from the audience.

During the social hours, HCMA leaders mentored medical stude
derson, Fred Bearison, Madelyn Butler, Nishit Patel, Chris Pittm
Trehy for volunteering as mentors. The medical students appre

Many thanks for the generosity and continued support of ProAs
possible.

Dr. Dario and Adriana Grisales, Drs. Jairo Parada, William Capo, Rodolfo Eichberg, Deborah Trehy, and Lazaro Hernandez enjoying the social hour!

Jack Harris, the most popular and most recognized media personality in the Tampa area since 1970, was the evening's featured speaker.

Drs. Catherine Cowart (2nd from right) and Madelyn Butler (right) spent time with medical students.

Dr. Vincent Perron, Associate CMO of Tampa General and dinner meeting co-sponsor, welcomed attendees to the meeting.

In 1981, Jack Harris ran his radio show out of Dr. David Lubin's livingroom… at the dinner meeting they were reunited again!

Drs. Charles Lockwood, Thomas Bernasek, new me
and Edward Farrior.

You...
mpa General Hospital

ciation (HCMA) held its general membership dinner meeting.
gave a brief update followed by featured speaker, Jack Harris.
entertained the attendees with amusing stories from his media

ent attendees… Many thanks to Drs. Erfan Albakri, Scott An-
man, Jayant Rao, Malcolm Root, Joel Silverfield, and Deborah
ciated their time and insights.

ssurance and Tampa General Hospital for making the evening

Dr. Charles Lockwood, Dean USF MCOM, provided an enlightening update to attendees.

Mark Thompson, designated agent for the MCMS Inc., Insurance Trust, reminded members of this exceptional member benefit.

In lieu of an honorarium, Mr. Harris requested a donation be made to the Children's Home. Dr. Jose Jimenez, HCMA President, and Mr. Harris presented the donation to Children's Home representatives Mr. David Eischeid and Ms. Irene Rickus

Drs. Jack Parrino, Luis Menendez, Ernesto Ruas, and Jorge Inga.

mber Joseph Brown,

Dinner sponsor, Tampa General Hospital, was well represented!

Dinner Meeting

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

Project Starfish: Where we have been? Where we are going?

Women in Medicine

In December 2012, I went with a group of healthcare professionals on a medical mission to Southern India with Holy Cross Hospital (HCH), with Nagercoil, Tamil Nadu as the hub. India has 4 million inhabitants in fishing communities and 60 percent earn less than a $1.00 a day, hence a need for access to health care that does not depend on income. We evaluated 1,000 patients, and over 10 percent of the adults presented with *complications* of diabetes (paresthesias, foot ulcers, polyuria, blurred vision, polydipsia); most of them had been undiagnosed. We subsequently found that diabetes currently affects more than 62 million Indians, which is more than 7.1% of India's adult population; in 2030, it is expected 79.4 million will be affected. An estimate shows that nearly one million Indians die due to diabetes every year. Indians develop diabetes about 10 years earlier (42.5 years old) than Western countries and at a lower body mass index. There are multiple causes: diet, obesity, lack of exercise, not being aware of or ignoring the problem, heredity – just to name a few.

Our dietician, Ani, counseling diabetics about nutrition

We found our cause - Hence Project Starfish was born, a Tampa-based nonprofit organization whose mission is to establish sustainable rural general medical and diabetic screening, treatment, and education clinics in Southern India with American and Indian health professionals.

In the last two years we have had two additional trips to Nagercoil, held 8 clinics (camps) each year in rural underserved areas, and have seen over 5,000 patients. We provided all medical equipment to run the camps, including stethoscopes, otoscopes, BP cuffs, and perishables, such as hand sanitizer, bandages, etc. We provided a portable microscope to use in the camps (how I got it on the plane is a story unto itself) and it is also used in the hospital. We were able to provide a real time lab, including kits for HgbA1c, Hgb, malaria, HIV, and syphilis in addition to the basic UAs and stool guiacs. We did a sociodemographic study of recently diagnosed and known diabetics at both visits.

What have we found? The incidence of uncontrolled diabetes is over 20% in some camps, dispelling the myth that diabetes is just an urban disease. Most of the uncontrolled diabetes had been diagnosed for over 7 years in individuals between 50 – 60 years old. The vast majority of the BMIs were either categorized as overweight or obese. We are working with graduate students in the College of Public Health at the University of South Florida to analyze our data.

Dr. Kepes with some of the core group of PS: Head of lab, Hospital Administrator, and Head of Pharmacy

During our second visit we drew hemoglobins in women of childbearing age and treated those who were anemic with iron. Anemia in pregnant women, especially in the first trimester, is a high risk for pre-term births, low birth-weight babies, higher APGAR scores, and respiratory distress. We will be analyzing that data as well.

Project Starfish is working closely with Project HOPE through which ten healthcare workers from Holy Cross Hospital have taken a four-month diabetes-training program (IDEEL) and received certificates of completion. We created a

(continued)

Kathryn L. Kepes, MD, MBA
kkepes@yahoo.com

training module for nurses and in collaboration with the physicians at Holy Cross Hospital; nurses are working in the clinics under physician supervision. I worked closely with the hospital administrator of HCH and helped obtain dialysis units for the underserved through Bridge of Life of DaVita Medical Mission. Furthermore, in conjunction with HCH and their head pediatrician, Project Starfish obtained a $30,000 grant from Children Across Borders for an additional ventilator (they had only one), C-PAP, infant warmers and other equipment for the NICU.

Everything we do is for the underserved in Southern India, regardless of religion or social status. We are there to serve unconditionally and there is a need for our services.

Selfie of Dr. Kepes and the Indian docs

Needless to say, we have had a busy two years. But where are we going? I am pleased to say we now have a combined India-US Team truly working cohesively towards the goal of sustainable camps. Project Starfish is there for the long haul. I am returning to India in November for two weeks to oversee and assist with the first four of these camps we organized this April. These camps will be staffed with only the Indian team members. Eventually the camps will run with an all-Indian team with minimal funding. We hope to expand the model to include specialty services, as well as to roll out into other communities.

How can you help? We are privately funded and consist of 100 percent volunteers. All our funding goes into the operation of the camps, which includes the lab, drugs, transportation, and Indian health care workers' stipends (doctors, nurses, pharmacists, and lab techs). Our US volunteer travelers, many of whom have returned two to three times, pay their own way.

We are looking for health care workers to go with us April 11 – 25, 2016. We need primary care, internal medicine, emergency room, and pediatric physicians along with nurses, nurse practitioners, and physician assistants. In addition, an ophthalmologist and a podiatrist would be a wonderful addition to our Diabetes Clinic. *This will be a life-altering experience.* Working with our Indian Team and their dedication to serve the rural poor is inspiring. For more information, see Project Starfish India on Facebook or view our website: www.projectstarfishindia.org. You can contact me at kkepes@yahoo.com; I will be happy to send you an application.

Nursing students (also our translators) working in pediatrics

Why Project Starfish? An old man was walking along a shore littered with thousands of starfish. A young boy was picking them up and gently tossing them back into the ocean. "Why do you bother?" the old man asked. "You are not saving enough to make a difference." The young man picked up another starfish and tossed it back into the water. He then looked up at the old man and said, "It did to that one."

Why India? I have been asked many times. Project Starfish India has been my passion for over two years. I try to explain, often times not succinctly or clearly, the love of the people, a spiritual connection and the sense of calling which are all true. But perhaps the Dalai Lama said it best; "The people of one nation must consider the people of other nations to be like brothers and sisters who deserve progress for their homelands." Now I answer, "Why not India? We are family."

American and Indian teams with some of the villagers

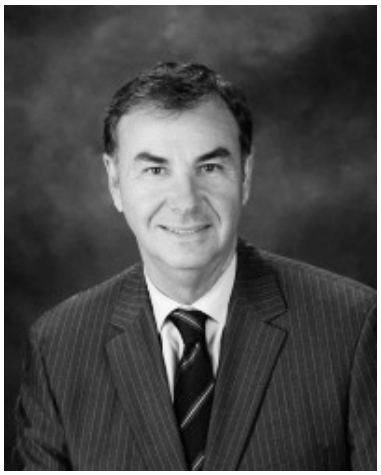
Mark Your Calendar!

November 10, 2015

HCMA Dinner Meeting, InterContinental Hotel.

Social Hour: 6:30 Dinner & Program: 7:30pm

Guest Speaker: Ralph Nobo, MD, 2015-2016 FMA President



The Florida Medical Association installed Ralph J. Nobo, Jr., M.D. as its 139th President on August 1st during the 2015 FMA Annual Meeting. Dr. Nobo is an obstetrician/gynecologist in private practice in Bartow.

Dr. Nobo earned his medical degree from the University of Santiago de Compostela and completed his residency at the University of Illinois, Peoria, and St. Agnes Hospital/Johns Hopkins. He has served the FMA in numerous roles over the last three decades, including FMA PAC President, FMA President Elect, Vice President, Secretary, and Delegate to the AMA. Dr. Nobo succeeds Dr. Alan Pillersdorf who served as FMA President 2015-2015.

Watch your email for further information and to RSVP – or call the HCMA: 813-253-0471.

Nominees Needed for "HCMA Outstanding Physician" Award

HCMA member nominees are needed who tirelessly represent organized medicine; who are leaders among peers who strive to make the HCMA an organization that is valuable and meaningful to colleagues. Send your nomination, with a brief description and examples of why you are nominating the physician, to: Debbie Zorian, HCMA Executive Director, DZorian@hcma.net. If you have any questions, do not hesitate to contact Ms. Zorian at the HCMA office: 813.253.0471.

Previous "HCMA Outstanding Physician" award recipients include: Drs. Dennis Agliano, Mathis Becker, Madelyn Butler, John Curran, Edward Homan, David Lubin, Dennis Penzell, and Michael Wasylik.

Medical Student Mixer
Welcoming the Class of 2019!

On August 27th, medical student leaders coordinated a mixer to welcome the newest students…the class of 2019! The Hillsborough County Medical Association, the Florida Medical Association, and the American Medical Association co-hosted the mixer at the CLSpace in Ybor City. Dr. Jose Jimenez (HCMA President), Dr. David Lubin and Dr. Deborah Trehy along with Debbie Zorian (HCMA Executive Director) and Elke Lubin (HCMA Executive Assistant) chatted with students and welcomed them to Tampa Bay. Dr. Jimenez, Audrey Hopkins (HCMA medical student representative), and other student leaders addressed the students and encouraged their participation in the HCMA and organized medicine.








Big

There's a low hum of students chatting – clarifying concepts from lecture, catching up after summer break, avoiding the isolation of the quiet study "cave." I'm sitting with a group of my friends and colleagues; when we're required to learn as much as second year demands, this has become the premiere way to socialize. Ironically, we'll keep to ourselves, barely speaking despite the fact that we'll likely spend the next 4 hours sitting at the same table, studying the same material. That is, when we aren't otherwise distracted – perseverating on our concerns about the upcoming exam, or daydreaming about out next weekend of freedom, and how we'll spend those treasured 48 hours.

Mission trip October 2014 with Latino Medical Student Association to the Jarabacoa, Dominican Republic.

Since starting second year, I've almost been too busy to reflect. First year, I'd call my mom almost daily, we'd talk for an hour (or more) about whatever life lesson I was currently working through – learning to navigate successfully around Tampa (driving here is certainly a special skill), struggling with the humanity of my Gross Anatomy Lab cadaver, or making new friends. I'm now too busy to call. Between the 20 or more hours of lecture a week, Tuesday mornings on the wards at Tampa General Hospital, Monday afternoon meetings for Doctoring II, Tuesday afternoon meetings for Clinical Problem Solving, and sporadic meetings for clubs and Scholarly Concentrations, I find myself with less time to stop, regroup, and reflect, let alone discuss my reflections with anyone.

Photo was taken November 2014. This was the AMWA E-board for the 2014-2015 academic year at our annual T.E.A (Teaching, Empowering, Advancing) Event. Seated, from left to right: Cady Welch, Kristin Prewitt, AMWA Co-Presidents 2014. Standing, from left to right: Deepika Kulkarni, Audrey Hopkins, Jewel Brown, Richelle Reinhart, Tiana Guillaume. Not Shown: Abby Pribish and Annie Topham

However, this article has forced me to reflect, to take time from studying and just think. What do I want to write about? What is this medical student's perspective?

I find myself thinking a fair bit about mentorship. Now that I'm a second year, I have the privilege of being assigned a first year "Little." I'm supposed to impart the incredible wisdom I gained from my experience in first year upon this eager and excited new medical student; mostly, I just gave her a couple books I found useful, a USF MCOM t-shirt, a decal for her car, and some snacks for her locker. Now that I'm in the position of being a "Big", I'm impressed about how attentive my Big was to me. Brittany checked in on how my studying was going. I'd see her in the courtyard at lunch, and she'd welcome me to sit with her. I've only met once with my Little since I initially met her; it isn't ideal. Hopefully I'll join her in Soho to celebrate completion of her first exam.

In medicine – and presumably other trades, though I can't speak from experience with those – we seem extremely concerned with the concept of mentorship. There are multiple programs at USF MCOM to connect medical students with undergraduates, their peers, and physicians. So I find myself reflecting on the benefit of it. Until last year, I was almost always in the position of the mentee – always seeking guidance from a more senior mentor to council me through life choices, or just talk about everyday life triumphs and challenges. The benefit to the mentee is obvious. But why would anyone sign up to be a mentor? It takes time; even as a second year medical student, with no "real life" obligations – no family to care for, no house or yard to maintain, and minimal concerns about bills (I have loans for that) – it is still difficult just to find time to meet with my Little, my mentee.

(continued)

Audrey Hopkins
USF MCOM
Class of 2018
audreyhopkins@health.usf.edu

The first reason I can come up with is happy nostalgia. I was excited to meet my Little on her first day of medical school. It was the same day as our first exam of second year, a beast of an exam that a large number of my classmates struggled to pass. While I had planned my studying fairly meticulously leading up to this exam, making sure I would be able to rest the night before, I was still exhausted when I met Caroline at lunch. I was mentally drained, having done my best to pour my knowledge into my responses on the 2½ hour, 107-question exam. I knew my thoughts may very well be loosely associated, as even the decision of which boxed lunch to choose was a struggle –yikes! Yet, I was so stoked to meet her. My sleep deprived and rammy self – "keyed-up Audrey" – was ready to share everything I learned last year with her.

Thinking of what I'd share with her was therapeutic; I felt happy remembering all the incredible things I experienced during first year. I saw my first birth, went on two missions trips abroad, attended my first medical conference, and served at multiple free clinics in the community. I had so much fun with my new friends – my "medical school family." I wanted to share everything I could with her, so she would be appropriately excited for the whirlwind of a year ahead of her. So, despite the fact that I was mentally, emotionally, and physically exhausted, I found myself filled with amazing joy remembering last year. Having a mentee forced me to recall just how blessed I was, even if at that moment. I felt medicine was getting the better of me. I suppose we tend to spend so much time working toward the next goal, we fail to fully realize how far we've come and all that we've already accomplished.

My thoughts then shifted to the way that I viewed Brittany (my Big) when I was a first-year. She seemed so put together. She seemingly effortlessly juggled lecture, second year rotations, clinical problem solving, pathology labs, and extracurricular activities. She still impresses me with her wisdom and insight. But mostly, she impressed me with her empathy. In retrospect, first-year was incredibly easy. Only 12 hours of lecture a week and our exams were only about an hour long. There was time to have hobbies and cook dinner. As a second-year, my new favorite hobby is sleeping. However, to be a good Big, I can't write off Caroline's stress; I remember how difficult everything felt when I was in it. After all, struggle is relative; I believe we are never given more than we can handle, I also think we're always pushing the boundaries. And that's how it should be.

So, my second reason we choose to work to be good mentors is that it fosters personal growth in us through forcing us to be selfless and empathetic. We learn in Doctoring to be patient-centered; through being a good Big, we learn to be generally others-center. When we're practicing physicians, we won't only be interacting with patients – we'll interact with students, nurses, techs, and other docs. Being a mentor is teaching me how to temporarily put my own concerns aside to fully engage with someone in addressing their concerns. It's something that even doctoring hasn't successfully taught me thus far.

It's getting fairly late as I'm writing this, and I know I need to get back to studying. Recalling everything I can't help but be grateful. When I started this article I was ready to be finished with it, move on, and get back to preparing for my next exam. Although I'm finding myself with so much more to write – it really has been a while since I've had a detailed, thoughtful conversation with a friend – I do need to close. I wish I could end with something incredibly profound, and I'm so humbled to have my thoughts (read: ramblings) and writing read. So while I sit here, typing and reflecting away while my friends stare with mixed frustration and exhaustion at their computer screens, I'm just so happy that we are still finding time to spend together, even if its time spent studying. Hopefully I'll hang out with Caroline again soon, being a Big is pretty great.

Photo Contest Answer:

No one was able to correctly identify the mystery photo from previous issues. The location of the fountain was at Busch Gardens in the lagoon outside the Garden Gate Café.

Watch for more photos contests in future issues of *The Bulletin* – guess correctly and you will win a gift certificate to Panera Bread!

Renzo's - An "Argentalian" Eatery

Restaurant Review

Taste Bud

Renzo's bills itself as an Argentinean restaurant with Italian flair and Italian touches, but it is a blend of both wonderful cuisines. Italian restaurants are popular in Argentina, and they know how to prepare Italian meals well, with South American touches. With two locations (the South Tampa one more casual and more popular) and a menu as wide and diverse as the two countries it represents, Renzo's has something for everyone. The menu is extensive; including sides, desserts and the kid's menu, there are seventy-five items. One wonders how a small and casual eatery could possibly live up to quality and good service with all of this, but Renzo's does.

The appetizer Trio de Chorizo includes two pork sausages and a blood sausage that were tender and spiced differently from one another so that each was distinctive. Picada de Fiambre y Queso is essentially a charcuterie platter that is crammed with fresh cheeses and thin slices of meats and was ample for the four of us. Provoletta Parrillera is a simple melted provolone with a gentle smattering of herbs and is served with small rolls.

There are several salads, some large enough to serve as a meal. We had the Palmitos, a large portion of romaine, tomatoes, hearts of palm, black olives and avocados with a house vinaigrette. The "Capresa," which we know as Caprese, was good, but standard Mozzarella and tomatoes.

Renzo's most popular entrée is the Renzo's Parrilla which is a carnivore lover's paradise. We did not order it because it was way too much meat for us. If you have been to Argentine restaurants before you know the emphasis on meats. This serving is for two and has three different cuts of steak, plus short ribs, sausage, a pork chop, and a grilled chicken breast. We did try the short ribs by themselves, they were well-seasoned, juicy, meaty, and tender.

Churrasaco de Entrana (skirt steak) and Pollo (chicken breast) al Chimichurri are both topped lightly with classic oil and parsley chimichurri sauce that gave a zing to the tender breast and the skirt steak. One of our party had the potato gnocchi which had smaller morsels and lighter gnocchi than the usual. Our friend who ordered it usually never finishes a meal and she ate every bite.

The Classic Milanesa is served with either chicken or beef, which is crisply breaded and fried. Never order it without the best deal in the house, the Napolitana sauce, for two dollars. The topping is the Argentine style of red pasta sauce (tuca), made with red peppers and tomatoes over provolone cheese and ham. The red sauce is slightly thicker and richer than most Marinara, and the cheese is melted to perfection, just dripping gently over the side of the thinly breaded meat or chicken, and it adds so much to this tasty dish. The crisp meat and the smooth cheese contrast each other, combining into a mouth-watering symphony.

Renzo's also has many sandwiches and Panini to satisfy any budget or taste. Indeed, speaking of the budget, most entrees are in the twelve to nineteen dollar range with only a very few steak entrees in the thirties.

Renzo's has likely the best or near best variety of Argentine malbec wines in the area, nearly thirty on the wine list.

SUMMARY:

	CUISINE 1/2	AMBIENCE	SERVICE 1/2
PLUSES + + +	• Large variety of tasty meals, sides and appetizers • Most personnel rotate from each location to Provide consistency	• Casual, homey and comfortable at the South Tampa location, the North Tampa location a little stiffer , so take your pick	• Servers are astute at translating and usually knowledgeable of the preparations • Service is prompt but not intrusively so
MINUSES - - -	• Some of the cuts of steak are not as tender as the ones we are used to		

Renzo's,
South Tampa at 3644 W. Kennedy Ave., 813-870-3606
North Tampa at 14445 N. Dale Mabry Hwy., 813-969-3609
www.renzosgourmet.com
Restaurants are rated from one to five stethoscopes.

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- Digital Mammography
- IVP's

Brandon
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Brandon, FL 33511
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- Digital X-Ray
- DEXA

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- Ultrasound

Radiologists:
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Charles Boyd Jr., MD
Brian Butler, MD
Paul Cardi, MD
Denis Cavanagh, MD
Frederick Ehmke, MD
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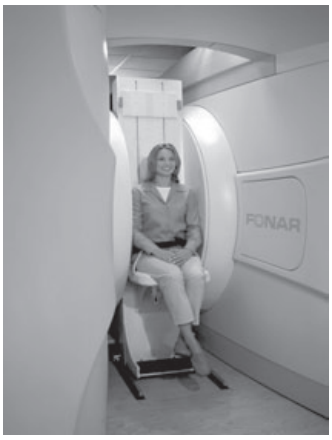

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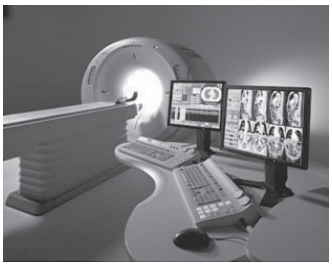

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Chronic Care Management Services: Two Lessons in Two Months

Women in Medicine

Care coordination, the battle cry of primary care providers, is experiencing a small revolution. The 2015 Medicare Physician Fee Schedule allows for reimbursement to providers for chronic care management (CCM) services—at least twenty minutes of non-face-to-face care coordination provided in a calendar month to eligible beneficiaries with multiple chronic conditions.

A hat tip to primary care providers, CCM is, in many respects, what clinical staff time has always been about: coordinating the care of chronically ill patients with multiple healthcare professionals. What's been lacking—and, really, where the small revolution is brewing—is a concerted effort to create, maintain, and share comprehensive care plans for patients based on information from multiple providers and data sources.

Reflecting on our clinic's first two months of CCM implementation, two facts are hard to ignore. First, a patient's written consent to CCM services—an absolute requirement to bill CPT code 99490—is a strange thing to ask for when you've been providing care coordination (albeit, light on the technology) for twenty-some years. And second, CCM is an ambitious push to reengineer—more to the point, reenergize—how EHRs work for providers and patients, and the latter don't see that as the selling point.

Decide Who Will Close the Deal

In order to bill CPT code 99490, the provider must obtain a patient's consent. Consent requires an explanation of CCM services to the patient, written agreement to provide those services, and authorization to share the patient's health information electronically with the patient's other providers. Before we implemented CCM, we knew the pitch shouldn't be made by our providers. Yes, the obvious time restraints providers work under were a consideration. But the deciding factor was our vision of our group's future: to encourage our patients to consider their relationship with our office as one with a care team, not one with a single provider. This was an opportunity to align patients' expectations with reality: When it comes to your health, your provider plays well with others.

In our practice, our primary care providers introduce CCM services to eligible patients during their visits. After their visits, patients spend one-on-one time with our Patient Experience Coordinator for a detailed explanation of CCM services and to handle the logistics of the written agreement. Here, the Patient Experience Coordinator describes the relationship the provider has with our pharmacist, certified diabetes educator, and registered nurses, and how those relationships will work for the patient in the years to come. This workflow has been a huge success—not only in terms of enrollment growth, but also in terms of developing the care team culture that will be the bedrock of our viability.

Today, Only Medicare Appreciates the Electronic Care Plan

For many providers, and certainly for us, the most elusive element required to bill for CCM is to share electronically a patient-centered care plan with the patient and the patient's other providers. This element is the foundation on which the future of patient-friendly and patient-owned electronic health records will be built.

But a funny thing happened on the way to the care plan: Only twenty percent of our CCM enrollees actively engage with their online accounts (here, active engagement is generously defined by signing in to your account at least one time). Undeterred believers in CCM, we dug into the demographic details. That twenty percent was comprised of two distinct groups: recently-enrolled senior Medicare beneficiaries, and enrollees of all ages who had active caregivers.

Our takeaway is to play the long game. Even though we're investing resources to build care plans for many patients who don't want to personally access them, we are taking the time to build them, and, importantly, our care team culture. Looking to the future, it's the tech-savvy

(continued)

Sharon Galantino, Esq.,COO, LoCicero Medical Group
sgalantino@locicero-medicalgroup.com

baby boomers who will likely embrace the patient-centered electronic health record—and call it to task when it falls short of their expectations. For now, it's Medicare who's really acknowledging our efforts to deliver electronic health records into our patients' hands.

In months three and four of CCM implementation, we're looking forward to learning the next lessons: How will providers outside of our group interact with patients' electronic care plans? Is a twenty-percent buy-in too farfetched? And what will that twenty-percent look like?

After the Care Plan, the Deluge

Patient outcomes, not service volumes, are the future of healthcare spending. Chronic care management, we've learned, is the perfect opportunity—for those ambitious enough to seize it—to align your clinical practice with the big-picture goals of value-driven reimbursement. Decide the right workflow for your practice to introduce CCM to eligible patients, and work tirelessly to perfect it. As your CCM program grows, run your numbers and reflect on your data to make necessary adjustments. This is, of course, just the playground.

NEW DINNER MEETING DAY & LOCATION – BEGINNING FEBRUARY 2016!

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

Upcoming Dinner Meetings:

Tuesday, November 10, 2015 – InterContinental Hotel

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

MONDAY, May 9, 2016 - The Centre Club at the InterContinental Hotel

The Centre Club (at the InterContinental Hotel)

Urban Center – 8th Floor

123 S. Westshore Boulevard

Tampa, FL 33609

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

HCMA Alliance - at the State and Local Levels

With the 2015 Florida Medical Association Annual Meeting behind us, the tailwinds of progress have continued to blow mightily in the direction of Tampa, as we have our newest President of the Florida Medical Association Alliance living right here is none other than our very own, Mr. Michael Kelly. We are very proud and honored to have one of our own serving in this capacity and we wish him well and much success in his presidential year.

As your new 2015-16 President of the Hillsborough County Medical Alliance, I want to invite all physicians to take another look at joining our Alliance as we continue to grow and show how we as the family of medicine can help our physician spouses practice more efficient medicine and advocate for the House of Medicine more affectively.

Stay tuned…upcoming Alliance event information will be coming to you by fax, email, and the ever more popular social media outlets.

The HCMA Alliance are a group of physicians, resident physicians, medical students and their spouses whose aim is to promote good health and health education, to engage in charitable community endeavors, and to foster friendly relations among physicians' families and the communities in which they live. The Alliance gathers throughout the year in support of member initiatives consistent with our mission and to socialize in a supportive atmosphere. The HCMA Alliance welcome new members, Why not join us now!

FMA and FMAA Inauguration Celebration. Left to right, Dr Rebecca Johnson, her husband, Michael Kelly (FMA Alliance President), Dr Karin Hotchkiss, Dr Chris Pittman, and John Hotchkiss.

HCMA Delegate, Dr. Rebecca Johnson, looks on while husband Michael Kelly (former HCMA Alliance President) is honored at the FMA Alliance Luncheon.

Alliance News

Bill Butler
Alliance President
bbutler6@gmail.com

IN MEMORIAM

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

Regina Holsonback, wife of HCMA member **Dr. William Holsonback**, passed away August 20, 2015, at home, surrounded by her loving family. She is also survived by her son, sister, stepchildren, 23 grandchildren, and extended family and friends. You can visit her online guestbook at: www.andersonmcqueen.com

Dr. Leonard John Hooper, Jr., ("Buddy"), 91, of Gainesville, brother of HCMA member **Dr. Glenn Hooper**, passed away on August 20, 2015 after a brief illness. He is also survived by his two daughters, his sons-in-law, his grandchildren, sister-in-law, numerous nieces and nephews and friends. In Lieu of flowers, donations may be made to the Methodist Home for Children or to Haven Hospice (www.havenhospice.org).

H. Howard Franklin, MD, 'Doc', passed away peacefully surrounded by family on Monday, September 7th, 2015. Dr. Franklin attended the University of MS, Ole Miss, and graduated Medical School from Miss State University. He moved to Tampa in 1968, completed his residency at Tampa General, and began his Emergency Medical career at University Community Hospital in 1972. He then became Medical Director of Emergency Medicine at UCH, and began his practice Franklin, Favata, Hulls, MD's, PA. in 1975. He is survived by his wife, Katheryn, four children, many extended family members, friends, and colleagues. Dr. Franklin was a mentor to many, a great friend to more, and a generous and loving father to the end. He was an outstanding emergency physician and enjoyed politics as well as scuba diving. A private celebration of his life will follow in Winter Park, CO, August 2016. Any memorial contributions may be made to Suncoast Hospice or The Tampa Children's Home.

Our heartfelt condolences go out to the family and friends of Drs. Franklin, Holsonback, and Hooper.

Personal News

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.

Classified Ads

For Sale

S Tampa med complex - 1450 sf clinic and 1400 s.f. ancillary bldg - 17K s.f. mol land - zoned RO - asking $699,000. Kevin Platt, Smith and Associates RE, 813-367-3458.

4710 N Habana - 2 units - 1500 sf (GI) and 1575 s.f. (OBGYN) - for sale - $159K and 189K - Motivated. Kevin Platt, Smith and Associates RE, 813-367-3458.

For Lease

Office next to Florida Hospital. 1500 sqft, 4 exam rooms, 3 baths, 2 doctors' offices, lab, reception, business office. Call 813-622-5372.

CLASSIFIED ADS:
$10 per line.
Call 813.253.0471

2015-2016 HCMA Membership Directory Now Available

Compiled June 11, 2015, the new and improved HCMA Membership Directory has been published and mailed to HCMA members. This four-color glossy directory is ideal for you and your staff to keep as an easy reference of HCMA physician colleagues, useful phone numbers and website of local organizations and hospitals, as well as the HCMA administrative staff and Association officers.

An online flip version is available by visiting the HCMA website: www.HCMA.net

Email Elke Lubin, Managing Editor, at ELubin@hcma.net to be placed on a list for the 2016-2017 edition advertising information.

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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The Card Shop

Service Ads - Business Cards size...The perfect advertising opportunity for companies such as your favorite transcriptionist, electrician, plumber, A/C repairman, automotive repair shop, lawn maintenance business, restuarant, or office cleaning crew. Contact Elke Lubin, Managing Editor, at 813/253-0471, to find out how to place a business card ad.

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