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Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

January/February 2016

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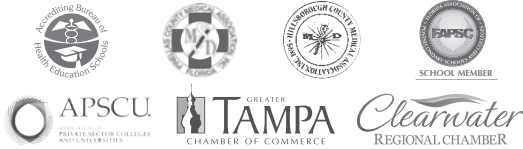
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The Bulletin

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Executive Council Meeting 6:00 PM @ the HCMA Office

March 15, 2016

HCMA Dinner Meeting The Centre Club 6:30 PM

Monday, May 9, 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.

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

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The Bulletin: January/February 2016

ABOUT THE COVER

Dr. Anthony Goldman shot these Alaskan Brown Bears (A mom and two one-year old cubs) in front of the Alaska Homestead Lodge in Lake Clark National Park. He used a Canon 7D Mark II and Canon 70-200mm lens at 70mm, f3.5, 1/160th sec., and ISO 100.

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

It's In The Love

Ralph Lauren, the fashion icon, started out by reselling his very own style of ties. Yes, the man known the world over for the polo shirt, began with ties. It was 1965, when the twenty-six year old Lauren was approached by Bloomingdale's, the most popular store at the time. Bloomingdale's offered to buy his ties outright. But Bloomingdale's wanted to change the ties slightly and put the Bloomingdale's name on them. The young Ralph Lauren swallowed hard and was brave enough to say no. In his heart he felt that his ties were special. He packed up his ties and left. Six months went by and Bloomingdale's called again. They told Ralph Lauren they wanted him back. His ties were so unique that they had not been able to find any others like them. They offered to set aside a section of their store to sell his ties. Ralph Lauren happily agreed.

All seemed well, until one day Mr. Lauren came into the store and found a rack of ties right next to his section. These ties had an amazing resemblance to his. Bloomingdale's had copied his ties! Now that the corporate giant had managed to make ties almost identical to his, his first thought was, "This is the end." He thought his career was over. Seeing Lauren's reaction, a friend of his working at the store came over to offer support. His friend looked at him and said, "Ralph, these ties are not the same as yours. Do you know why? The difference is their love." In other words, the love, care, and passion that Ralph Lauren put into his ties is what made them special.

When I think about this story, I think about our profession. Our secret is also our love. Just like Ralph Lauren, our secret is in the lifelong love, care, and passion that we have devoted to medicine. How else would you explain what we do? We make so many personal sacrifices for our profession and for our patients. If logic ruled our lives, no one would ever start the long and arduous road to become a physician.

In undergraduate school, our heavy course load and the need for an impressive resume in order to be accepted to medical school meant that most of us had much less of a social life than the average college student. The sacrifices continue in medical school, where we study almost every waking hour for years. To add to this illogical scenario, we then put ourselves through years of mentally and physically demanding work in our residency years.

We also fall behind our contemporaries both in our personal lives and our finances. Many of us get married and have families later in life. While our high school and undergraduate classmates are starting a career and accumulating savings from the money they earn, medical students are accumulating an average of \$200,000 in debt. In effect, we start earning a significant salary a full decade or more after others our age, and we do so after accumulating a staggering debt.

So, we finish residency and we come out of the "wilderness." We are ready to earn a living. We celebrate and breathe a huge sigh of relief. What awaits us? A Twilight Zone-type world where insurance companies deny office visits and procedures after they have already provided authorization. A world where insurance companies interfere with our patient care and restrict access to care by denying tests and medications our patients need. A world where the cost of practicing medicine increases every year, but where Medicaid and Medicare payments stay the same.

Have I mentioned the cost of malpractice insurance and the threat of litigation which hangs over our profession? The list of negatives seems endless.

So why do we do it? Why do we go through the long and difficult journey of becoming physicians? Why do we put in the long hours despite knowing we likely will not get rich? Why do we battle the insurance companies every day for our patients and ourselves?

There is something very special in what we do as physicians. We have the amazing honor of caring for people from birth to the end of their lives. Physicians help patients recover from major injuries and serious illness. Physicians help people walk again, correct birth defects, and perform life-saving surgeries. Physicians help comfort the parents of a sick child. Physicians help those dealing with depression and other psychiatric illnesses. Physicians are there at the end of a patient's life. Physicians are there leading the way when natural disasters strike here in the United States and all over the world.

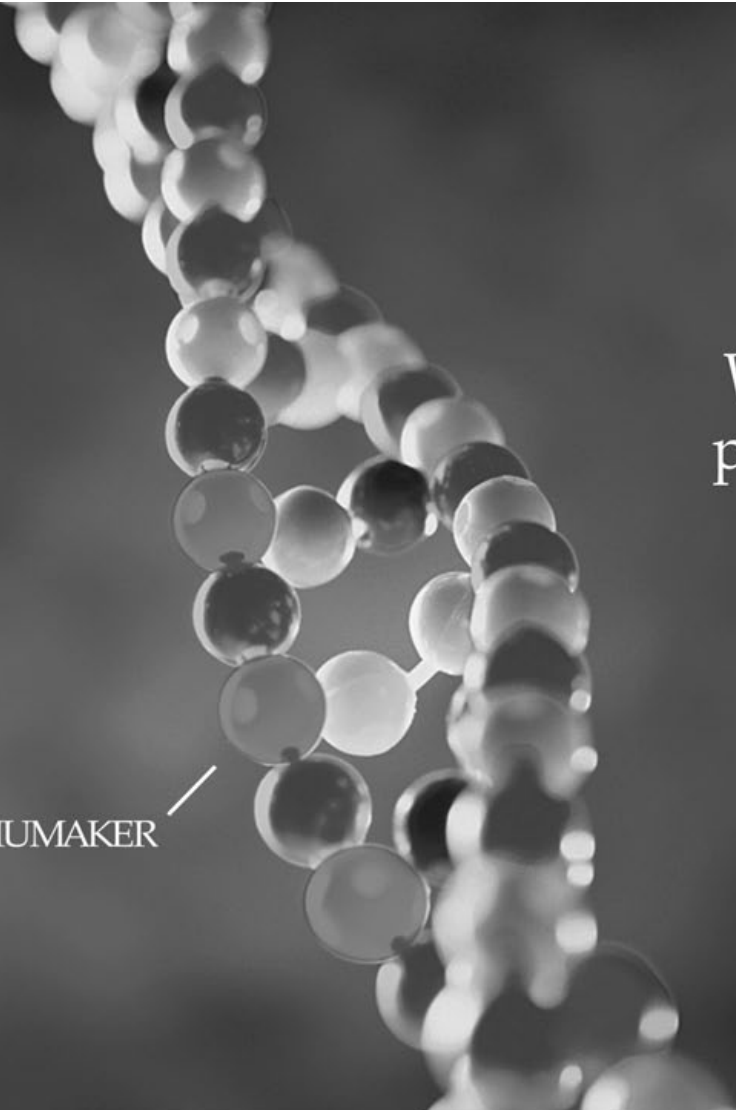
Our profession is a calling. It is a privilege. It is a blessing. It is the love. Ralph Lauren's friend was so right!



President's Message



Jose Jimenez, MD
joseflmd@yahoo.com



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I heard the news today, oh boy...

So if you haven't heard, read, or observed it directly, I've come out of retirement and gone into the food industry. Yes, I know. My financial advisor thought I made a mistake even before the sentence was out of my mouth, and my accountant simply asked me, "Why?" My good friend Mel, who has run Mel's Hot Dogs for forty years, told me that he knew I was crazy, and this proved it, but wished me luck. I had expected much worse from him, something I wouldn't have been able to print.

A former patient, and the wine salesman who sold to the previous owner of the Swann Ave. Market & Deli, told me that the guy wanted to sell it. He was a bit over his head and was going to go back to his previous career, something in the financial field. The Deli had been expanding with a ten-sandwich menu, salads, and breakfast items. Chef Mike had previously been a sous chef at Bern's under Jeannie Pierola and then worked at Irish 31 in South Tampa. I sampled a number of the sandwiches and was convinced the Deli had potential. Plus my former patient said he would help me. The staff would also remain in place.

It seemed like a great adventure, the price was reasonable to buy the business and the previous owner was willing to help me transition, since I'd have to be learning a completely new business model. But then again, running a medical office is nothing like a restaurant, wine and beer store, for sure. But to be honest, after a year and a half of retirement, I was a bit bored. Plus it never hurts to have an income stream.

There was a long list of things to do. Once I knew the deal was imminent, I formed a new LLC, and had to refile for the licenses and permits that he had before, plus get insurance policies that I would need to run the business. One item was the 2AP alcohol license that allows the Market to sell packaged wine and beer, but no drinking on the premises. I had to go to the City of Tampa zoning department to get it zoned again for the alcohol, which is interesting since it's right next to Wilson Middle School. I had to get TECO and the City of Tampa Utilities to open new accounts. The TECO deposit was \$2200. My first City of Tampa Utilities bill never got to me because the address of the meter is 1017 W. Swann Ave., not 1021 which is the physical address, so the USPS could

not deliver it. I didn't quite understand that since the building has been there over 40 years, and I would assume they were receiving bills. I made sure to get that issue corrected.

Then there was Verizon. Great product, nice customer service people, but in between, there's an abyss. More about Verizon later.

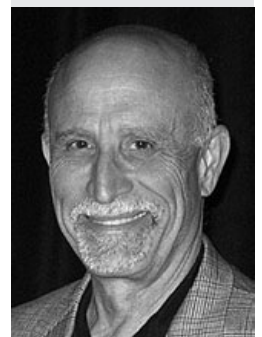
So the closing date was to be October 16, 2015, a Friday, and then I would assume all liability on the 17th. I received a call from the owner on Friday at 7:30 AM, telling me that I would be getting a new window, since the police had caught the Pinellas/Hillsborough "smash and grab" burglar; the guy had robbed about 70 businesses. The police had actually been following him for about ten days and he decided to smash and grab the Market. They caught him and he's still in lockup. I was interviewed that afternoon for TV, following my takeover, and told the reporter that a smashed window was a small price to pay to have caught the guy. Actually, it was no price for me, since it occurred before I bought it.

Before I went to the Bank of Tampa to consummate the deal, the health inspector was at the Market, preparing to file her report. She had a complete setup in her SUV with a printer and everything she needed to do her job. It's like a mobile office. She found a number of infractions, mostly minor, that she had actually previously reported but that had not been corrected. They were simple things like anyone preparing food had to wear gloves and a hat. Rags either had to be used, wiping something down, or in a bucket of sanitizer, not lying around. She checked temperatures of coolers, and examined the plumbing in the back. We had to install an air gap in one of the three sink drains where prep bowls, etc., were washed, in order to prevent them from backing up if they became clogged. Again, over 40 years and we had to do this NOW. Well, that got done, for only \$1300; we had to have some electrical work done too.

Then a reporter from Channel 28 arrived unannounced and asked if anyone had a comment about the WHO report that bacon and processed foods were carcinogenic. How about an answer from a skeptical doctor and the owner of the Mar-

(continued)

Editor's Page



David Lubin, MD
Dajalu@aol.com

ket? I explained that with everything else going on in the world, I wasn't going to stop selling our turkey/bacon/cheese melt sandwich. I was on the air for about 3 seconds.

Overall, I've had a great time, sales are picking up, and I've had a number of colleagues come visit, both for lunch and at our wine and champagne tastings. I love meeting people, schmoozing, and watching them enjoy our food and helping them select beer and wine. I've also added a display case of Chocolates by Michelle, made locally in Carrollwood. Chef Mike has added to our staff and we have a great crew to continue the business and make it grow.

But now back to Verizon. Suffice it to say, that when all we had to do was change the name on the account from the previous owner to me, it was still a disaster, losing the Internet and the ability to use the cash regis-

ter. They told me that I had not accepted their terms of agreement, so that was the problem. I really had, but we had to resolve it another way; it only took an hour of my time. Then I wanted a second phone line removed, since it was never used and was costing \$35/month. At first the representative offered me a \$10/month discount off the \$35 to KEEP it. I asked him if he was really serious. He was. I wasn't taking him up on that offer.

So it's been quite an experience. Additionally, I had to learn the operation of a cash register, which is actually an iPad using two different programs, ShopKeep and Square, and then I learned Quickbooks, and how to do payroll. So I may be no Richard Gonzmart, Chris Sullivan, or Mel Lohn, but hopefully I've taken upon an adventure that one day might just include me in that elite group. C'mon by, check it out, and try a Lubin's Reuben.



Newest Members

New Active Members

- Juan Carlos Abanses, MD (PEM)
- Janeen Alidina, MD (OBG)
- Kristen Barrie, MD (AN)
- Zoltan Bereczki, DO (ORS)
- Viraj Bhalani, MD (NEP)
- Jill Botelho, MD (OBG)
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- Robert Gruber, DO (PM)
- Susan Hoover, MD (SON)
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- Monica Rivera-Amill, MD (FP)
- Vinod Singh, MD (ADC)
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- Michael Weiss, DO (ORS)

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- Aaron Denson, (MD) (IM)
- Cristina V. Garcia, MD (IM)
- Kirbylee Nelson, MD (IM)
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“A dog is the only thing on earth that loves you more than he loves himself.” Josh Billings

On November 27, 2015, I became the proud mommy of a 10 week old Yorkie-Poo (or Yorkie Doodle as they are also referred as), weighing in at a hefty 2 pounds and 11 ounces. Knowing little about the breed didn't make a difference. It was love at first sight.

The day I took my lovable puppy home, I sent photos from my cell phone to almost every person I knew. Zoey's sweet little face melted the hearts of family and friends alike.

Those of you who have read the book or watched the movie, *Marley and Me*, will appreciate the humor when I state that Zoey quickly started reminding me of a mini Marley. When awake, my pint-sized ball of fur has endless energy that I didn't quite anticipate. Like the speed of lightning, she runs through the house and bounces off walls...her playfulness can be exhausting. She chews on furniture, baseboards, clothing, pillows, and me. Potty training isn't exactly going as expected either. I can only hope to survive puppyhood!

Originating in the United States, the Yorkie-Poo is a mix of a purebred Yorkshire Terrier and a purebred Toy Poodle. The idea behind crossing the Yorkie and the Poodle was to combine the intelligence, trainability, and non-shedding coat of the Poodle with the bright, bold nature of the Yorkshire Terrier and also tone down the independence and stubbornness of the Yorkie. Zoey is unbelievably cute, with her twinkling eyes and sassy attitude. Her lively, energetic personality lights up a room. I was told that Zoey will weigh between 8 and 10 pounds. If left up to her own devices, she would double that estimate. She inhales her food in what seems like only seconds and begs for more. I was feeding her too much in the beginning and was told by my veterinarian to cut back by half. I'm following his expert advice,

but feel neglectful when she whimpers and looks up at me as if to say, “Is that all you got?”

Most of what I have researched regarding Yorkie-Poos I'm finding to be very accurate (with exception to the “easily trainable” part). They greet strangers as if they were long lost friends, they are very affectionate, they portray a zest for life, and they crave much attention. I can attest to the fact that Yorkie-Poos do not do well in crates or when left alone.

I didn't realize that about two-thirds of U.S. households own a pet. That makes America a nation of animal lovers. I, for one, agree with researchers that owning and interacting with a pet can improve a person's health. Studies show that owning a pet can reduce our stress levels, tame our blood pressure, curb our depression, reduce feelings of loneliness, keep us physically fit, and even help us live longer. Through their own zest for life, dogs help people maintain a positive attitude which is the key to good health, happiness, and staying young.

“Petting, scratching, and cuddling a dog could be as soothing to the mind and heart as deep meditation, and almost as good for the soul as prayer.” Dean Koontz

Pet therapy has numerous benefits for not only those suffering with physical ailments and mental health, but also for those battling substance abuse. The health benefits dogs bring are why they are used as a form of therapy in hospice settings and nursing homes. They serve as companions to the disabled and people who live alone. It is proven that man's best friend has a positive effect on seniors' physical and emotional well-being. The love of a dog has become a powerful, common mode of therapy in many long-term care facilities. Dogs have long been recognized as being a positive force in the healing process and therapy for people coping with emotional issues relating to their illness. They also offer physical

(continued)



Miss Zoey Zorian

Executive Director's Desk



Debbie Zorian
DZorian@HCMA.net

contact with another living creature, something that is often missing in an elder's life. For elders who reside in a long term care facility, it is not so much the stress of daily problems, but the boredom, loneliness, and lack of control they feel.

My research on the topic found that there are three types of Therapy Dogs. "Facility Therapy Dogs" and "Animal Assisted Therapy Dogs" assist physical and occupational therapists in meeting goals important to a person's recovery. The most common Therapy Dogs are "Therapeutic Visitation Dogs." These dogs are household pets whose owners take time to visit hospitals, nursing homes, and detention and rehabilitation facilities.

I also found out that a dozen therapy dogs are part of Mayo Clinic's Caring Canines program. They make regular visits to various hospital departments and even make special visits on request. The dogs are a welcome distraction and help reduce the stress and anxiety that can accompany hospital visits. Pet therapy is also being used in nonmedical settings, such as universities and community programs, to help people deal with anxiety and stress.

Allen McConnell, a researcher at the University of Miami, reported that pet owners had greater self-esteem, were more physically fit, tended to be less lonely and fearful, were more conscientious and extroverted, and inclined to be less preoccupied than non-owners. Canine karma enriches a person's life with an overall feeling of love and joy, hence making us happier, healthier, and more productive.

"A dog doesn't care if you are rich or poor, educated or illiterate, clever or dull. Give him your heart and he will give you his." John Grogan, Marley and Me

Snuggling up with Zoey not only warms my heart, but can actually reduce my risk of getting cardiovascular disease (confirmed by researchers from the American Heart Association). I will admit to many nights of falling asleep on the couch with Zoey, only to wake up and roll over while thinking, "Just a few more minutes."

Zoey is now 14 weeks old. My almost 4 pound bundle of unconditional love makes my heart smile each and every day. The feelings of daily anxiety and worry automatically dissipate when I look at her sweet, loving face. From energetic and mischievous, to tranquil and demonstrative, Zoey's effortless ability to raise my spirits reduces the stress that accompanies daily life. She has already brought an abundance of love to 2016. There is little doubt Zoey will help me remain healthy in mind, body, and spirit for many years to come.

"A person can learn a lot from a dog, even a loopy one like ours. Marley taught me about living each day with unbridled exuberance and joy, about seizing the moment and following my heart. He taught me to appreciate the small things – a walk in the woods, a fresh snowfall, and a nap in the shaft of winter sunlight. And as he grew old and achy, he taught me about optimism in the face of adversity. Mostly, he taught me about friendship and selflessness and, above all else, unwavering loyalty." John Grogan, Marley and Me: Life and Love With the World's Worst Dog



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HCMA Leaders Meet with Legislators and Legislative Assistants

On December 9th members of the HCMA Leadership met with members of the Hillsborough County Legislative Delegation and their aides. Eight of the fourteen members of the delegation (Senators and Representatives) were represented at the luncheon and discussed with HCMA leaders the issues affecting physicians, their practices, and their patients.



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



Attendees included: Corin Agoris (USF Med. Student), M. Usman Ahmad (USF Med. Student), Dr. Susmitha Apuri (USF MCOM Fellow), Bill Butler (HCMA Alliance President), Dr. Madelyn Butler (HCMA Past President), Dr. Damian Caraballo (HCMA Delegate to the FMA), Christopher Clark (FMA Sr. VP Political Affairs), Dr. Eva Crooke (Young Phys. Rep.), Dr. John Curran (HCMA Past President), Dr. William Davison (HCMA Past President), Dr. Faith Felder, Erika Flores (Leg. Asst/Rep. Janet Cruz), Rep. Shawn Harrison (HD#63), Audrey Hopkins (USF Med. Student), Dr. Jose Jimenez (HCMA President), Elke Lubin (HCMA Executive Assistant), Dr. David Lubin (Editor, HCMA Bulletin), DeWayne Mallory (Leg. Asst/Rep. Edwin Narain) Cate Nall (USF Med. Student), Rep. Edwin Narain (HD#61), Dr. Ralph Nobo (FMA President), Dr. Anand Parekh (Resident Phys. Rep.), Dr. Christopher Pittman (HCMA Past President), Carlos Ramos (Leg. Asst/Rep. Janet Cruz), Dr. Jayant Rao (HCMA Secretary), Sydney Ridley (Leg. Asst/Rep. Dana Young), Randi Rosete (Leg. Asst/Sen. Arthenia Joyner), Dr. Jose Sandoval-Sus (USF MCOM Fellow), Dr. Bruce Shephard (HCMA Past President), Kimberly Simon (Leg. Asst/Rep. James Grant), Amber Smith (Leg. Asst/Rep. Dan Raulerson), Rose Smith (Leg. Asst/Sen. Arthenia Joyner), Dr. Michael Wasylik (HCMA Past President), Matthew Yost (Leg. Asst/Rep. Ross Spano), Rep. Dana Young (HD#60), and Debbie Zorian (HCMA Executive Director).



HILLSBOROUGH LEGISLATIVE DELEGATION

Information as of July 20, 2015

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SENATORS

SENATOR	DISTRICT OFFICE	TALLAHASSEE OFFICE	STAFF
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JOHN LEGG (R) 17 th District Website	813-909-9919 262 Crystal Grove Blvd. Lutz, FL 33548 legg.john.web@flsenate.gov	850-487-5017 316 Senate Office Bldg. 404 S. Monroe St. Tallahassee, FL 32399-1100	Rich Reidy Jim Browne Becky Zizzo
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Committees: Education Pre-K - 12 (Chair); Ethics and Elections (Vice Chair); Appropriations Subcommittee on Education; Fiscal Policy; Governmental Oversight and Accountability; Higher Education.

ARTHENIA JOYNER (D) 19 th District Website <i>Senate Democratic Leader</i>	813-233-4277 FAX: 813-233-4280 508 W. Dr. MLK Jr. Blvd., Ste. C Tampa, FL 33603-3402 joyner.athenia.web@flsenate.gov	850-487-5019 200 Senate Office Bldg. 404 S. Monroe St. Tallahassee, FL 32399-1100	Randi Rosete Rosalie Smith
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Committees: Appropriations Subcommittee on Criminal and Civil Justice (Vice Chair); Appropriations; Health Policy; Higher Education; Judiciary; Rules; Joint Legislative Budget Commission.

JEFF BRANDES (R) 22 th District Website	727-563-2100 9800 4 th Street N., Ste. 200 St. Petersburg, FL 33702 brandes.jeff.web@flsenate.gov	850-487-5022 318 Senate Office Bldg. 404 S. Monroe St. Tallahassee, FL 32399-1100	Trent Phillips Chris Spencer Vanessa Thompson
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Committees: Transportation (Chair); Community Affairs (Vice Chair); Appropriations Subcommittee on Transportation, Tourism, and Economic Development; Criminal Justice; Education Pre-K – 12; Judiciary; Joint Committee on Public Counsel Oversight.

TOM LEE (R) 24 th District Website	813-653-7061 915 Oakfield Drive, Ste. D Brandon, FL 33511 lee.tom.web@flsenate.gov	850-487-5024 418 Senate Office Bldg. 404 S. Monroe St. Tallahassee, FL 32399-1100	Douglas Roberts Pierce Schuessler
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Committees: Appropriations (Chair); Appropriations Subcommittee on General Government; Banking and Insurance; Rules; Joint Legislative Budget Commission (Alternating Chair).

BILL GALVANO (R) 26 th District Website <i>Senate Majority Leader</i>	941-741-3401 1023 Manatee Ave. W., Ste. 201 404 S. Monroe St. Bradenton, FL 34205 galvano.bill.web@flsenate.gov	850-487-5026 330 Senate Office Bldg. 404 S. Monroe St. Tallahassee, FL 32399-1100	Whitney Deem Brody Enwright Kathy Galea Amanda Romant
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Committees: Agriculture; Appropriations; Appropriations Subcommittee on Education; Education Pre-K – 12; Health Policy; Rules; Joint Legislative Budget Commission.

REPRESENTATIVES

REPRESENTATIVE	DISTRICT OFFICE	TALLAHASSEE OFFICE	STAFF
JAKE RABURN (R) 57 th District Website	813-653-7097 3618 Erindale Dr. Riverview, FL 33596-6311 jake.raburn@myfloridahouse.gov	850-717-5057 300 House Office Bldg. 402 S. Monroe St. Tallahassee, FL 32399-1300	Taylor Ferguson Mary LaFollette
Committees: Agriculture & Natural Resources Subcommittee (Vice Chair); Higher Education & Workforce Subcommittee (Vice Chair); Agriculture & Natural Resources Appropriations Subcommittee; Regulatory Affairs; State Affairs.			
DAN RAULERSON (R) 58 th District Website	813-757-9110 110 W. Reynolds St. Plant City, FL 33563 dan.raulerson@myfloridahouse.gov	850-717-5058 300 House Office Bldg. 402 S. Monroe St. Tallahassee, FL 32399-1300	Amber Smith Robyn Bryant
Committees: Joint Legislative Auditing Committee (Chair); Veteran & Military Affairs Subcommittee (Vice Chair); Education Committee; Government Operations Appropriations Subcommittee; K-12 Subcommittee.			
ROSS SPANO (R) 59 th District Website	813-744-6256 10101 Bloomingdale Ave. Riverview, FL 33578-3651 ross.spano@myfloridahouse.gov	850-717-5059 1102 The Capitol 402 S. Monroe St. Tallahassee 32399-1300	Matthew Yost Gloria Perez
Committees: Justice Appropriations Subcommittee (Vice Chair); K-12 Subcommittee (Vice Chair); Criminal Justice Subcommittee; Education; Transportation & Ports.			
DANA YOUNG (R) 60 th District Website <i>House Majority Leader</i>	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) 61 st 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
Committees: Government Operations Subcommittee (Democratic Ranking Member); Economic Affairs; Economic Development & Tourism Subcommittee; Health Quality Subcommittee; Transportation & Ports Subcommittee.			
JANET CRUZ (D) 62 nd 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
Committees: Appropriations (Democratic Ranking Member); Health & Human Services; Health Care Appropriations Subcommittee; Joint Legislative Budget Commission.			
SHAWN HARRISON (R) 63 rd District Website	813-910-3277 15310 Amberly Drive Tampa, FL 33647-2146 shawn.harrison@myfloridahouse.gov	850-717-5063 1102 The Capitol 402 S. Monroe St. Tallahassee, FL 32399-1300	Jacob Gil Derick Tabertshofer
Committees: Economic Development & Tourism Subcommittee; Health Care Appropriations Subcommittee; K – 12 Subcommittee; State Affairs.			

REPRESENTATIVE	DISTRICT OFFICE	TALLAHASSEE OFFICE	STAFF
JAMES GRANT (R) 64 th District Website	813-265-6272 12972 N. Dale Mabry Hwy. Tampa, FL 33618-2806 james.grant@myfloridahouse.gov	850-717-5064 405 House Office Bldg. 402 S. Monroe St. Tallahassee, FL 32399-1300	Jacob Schmidt Kimberly Simon
DARRYL ROUSON (D) 70 th District Website	727-552-3200 535 Central Ave., Ste. 312 St. Petersburg, FL 33701-3703 darryl.rouson@myfloridahouse.gov	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.

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

Cultural Entertainment in the Tampa Bay Area Series: The St. Petersburg Opera Company

Forty years after our arrival, Yvette and I still hear people say that there is a paucity of cultural entertainment in the Tampa Bay Area. This was certainly true back then, but not now! I remember, without any nostalgia, when our Symphony Orchestra performed at the McKay Auditorium of the University of Tampa.

What has happened since then is simply amazing. It took only forty years to create what took centuries to create in some of the cultural capitals of Europe and 150 years in New York. Few Tampans have ever given this a thought.

Most people, who are not retired do not have the time to attend all the music and live theater that is offered. People who have not lived here for many years sometimes do not find out what is available because performing arts organizations do not have enough in their budget to advertise. They rely on mailing lists, the Friday Extra in the Tampa Tribune, or listings in several local magazines.

For this reason, I decided to write a series of articles about these organizations and my series begins with the St. Petersburg Opera Company.

The St. Petersburg Opera Company started in 2007 and is the brainchild of its Executive and Artistic Director, Mark Sforzini. He graciously accepted my invitation to interview him a few weeks ago, providing me with a wealth of information. It is obvious that the St. Petersburg Opera is his pride and joy. Maestro Sforzini is a young man but an experienced musician. He began his career with the Florida Orchestra in 1992, at the age of twenty-two. He served as the orchestra's principal bassoon until 2007, when he decided to change course to focus on teaching, conducting, and composing. Now, he teaches and conducts at the Opera Company. In addition, Maestro Sforzini has been the conductor of the Pinellas Youth Symphony since 1999.

The Opera Company receives surprising support from the community. It started with a single financial contributor and has grown to about 400. They now have their own building which houses administrative offices, a costume shop, a scenic shop, a rehearsal hall, and two small performance spaces which hold 300 people. The venue for opera productions is the Palladium. Maestro Sforzini sees these productions as an "up close and intimate experience." There is no orchestra pit; the orchestra is behind the singers.



Maestro Mark Sforzini

The musicians are local, many from the Florida and Sarasota symphony orchestras. The singers are selected through three days of auditions in St. Petersburg and three days in New York. There is an Emerging Artists program and master classes for students. A program to go into the schools is being developed. This would include busing children to see full rehearsals. The education of new opera fans is done through the "Evenings and Mornings with the Maestro" series, a true gateway to opera.

Maestro Sforzini's wishes for the future include increasing the number of performances, increasing the list of corporate sponsors, and having a dedicated opera venue.

Please take a moment to visit the St. Petersburg Opera Company website: www.StPeteOpera.org. To learn more about Maestro Sforzini, visit: www.marksforzini.com.

Upcoming major performances at the St. Petersburg Opera Company:

February: The Abduction from the Seraglio by W. A. Mozart

June: La Boheme by G. Puccini

July: South Pacific by Rogers and Hammerstein



Entertainment



Rodolfo Eichberg, MD
rodolfotampa@gmail.com

Thank You - First ProAssurance, St. Joe and Ultimate Medical



Drs. Jairo Parada, J.J. Diaz, Rodolfo Eichberg, Henry Cacciatore, and Gus Weekley.



Olivia Butler, daughter of HCMA & FMA Past President, Dr. Madelyn Butler and HCMA Alliance President Bill Butler, opened the meeting with a beautiful rendition of the National Anthem.



Mrs. Maisie Reddy presented Dr. John Curran with the 2016 Dr. Frederick A. Reddy Memorial Award.



Mr. Jack Barrett, President & CEO of First Citrus Bank, an HCMA Benefit Provider and dinner meeting co-sponsor, welcomed attendees.



Guest speaker, Jason Brasse, is a spokesperson for the Wounded Warrior Project.

On November 10, 2015, the Hillsborough County Medical Association dinner meeting which honored HCMA's Past President and FMA President, gave a presentation focusing on the needs of medical associations which greatly affect physicians' lives. The presentation was followed by guest speaker, Jason Brasse of the Wounded Warrior Project, explained how important the military is to his recovery from an injury to his right leg, sustained while in the U.S. Army. He offered to show his scars to anyone interested. A number of medical students took him up on that offer!

Prior to the featured speakers, Dr. Jose Jimenez and Mrs. Maisie Reddy with the 2015 Dr. Frederick A. Reddy Memorial Award presented to Dr. John Curran of the Tampa Bay Community (physician or layperson) for his prevalent in Dr. Reddy's work within the community.

Before dinner, a private reception was held for HCMA members, hosting the reception for our esteemed former leaders.

During the social hour, HCMA leaders mentored medical students. Mentors included Dr. Albakri, Steven Barna, Krishan Batra, Eva Crooke, Ravi Rao, and Anoop Reddy for serving as mentors. The students shared their insights.

Many thanks for the generosity and continued support of Joseph's Hospitals, and Ultimate Medical Academy for



First Citrus Bank table.



USF Morsani College of Medicine attendees.



Drs. Husain and Zubeda Nagamia, Milai Jeerapaet and Dr. Prakit Jeerapaet, Meri Menendez and Dr. Luis Menendez.



Drs. Bruce Shephard, Margarita Gelpi, Nicholas Gutierrez, Barry Verkauf, and Sarah Kline.

at Citrus Bank, Joseph's Hospitals, Medical Academy!

ical Association (HCMA) held its membership
s and all American Veterans. Dr. Ralph Nobo,
accomplishments of the FMA and the county
ability to practice in our State. Dr. Nobo's
Brasse. Mr. Brasse, a representative for the
the role the Wounded Warrior Project played in
while deployed in Iraq with the Army National
ed after dinner and, not surprisingly, a group

Mrs. Maisie Reddy presented Dr. John Curran
l. The award is meant to recognize a member
n) who exemplifies the qualities that were so

Past Presidents. Thanks to ProAssurance for
and their guests.

ical student attendees... Kudos to Drs. Erfan
becca Johnson, Christopher Pittman, Jayant
medical students appreciated their time and

port of First Citrus Bank, ProAssurance, St.
making the evening possible.



HCMA Past Presidents Drs. Robert Yelverton (1997) and Christopher Pittman (2013).



Dr. Ralph Nobo (FMA President), David Goss (ProAssurance, VP sales), Debbie Zorian (HCMA Executive Director) and Dr. Jose Jimenez (HCMA President). ProAssurance hosted a reception for HCMA Past Presidents.



HCMA Past President Drs. Ed Homan (1999), Madelyn Butler (2001), Michael Wasyluk (2000), Bruce Shephard (2006), Luis Menendez (1998), and Glenn Hooper (1984).



St. Joseph's Hospitals table.



FMA President, Dr. Ralph Nobo.



Dinner meeting co-sponsor, St. Joseph's Hospitals, was represented by Dr. Mark Vaaler who briefly addressed attendees.



HCMA Past Presidents: Drs. Ron Seeley (1980), Ralph Rydell (1986), Dennis Agliano (1995), William DeWeese (1989), John Curran (2008), and Mathis Becker (2011).

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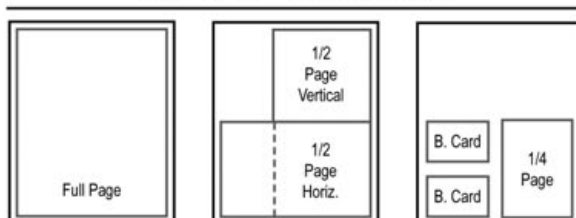
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	HCMA Rates		Non-Member Rates	
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Please tell the advertiser you saw it in the *HCMA Bulletin!*

Moving from Boston to Tampa: Changing my specialty title from Pain Management to Interventional Spine. What's in a name?

In Florida, when one hears the words “Pain Management,” I often wonder how many physicians and patients think “Pill Mill.” Prior to moving to Tampa four years ago to join Florida Orthopaedic Institute, I had been in practice as a pain management physician in Boston for several years. I had what I believed to be all the right credentials: anesthesiology residency, American College of Graduate Medical Education (ACGME) approved pain medicine fellowship, board certification by the American Board of Medical Specialties (ABMS) board of anesthesiology in both anesthesiology and the subspecialty of pain medicine. In Boston, being a pain management physician had zero to do with pill mills. I hardly ever wrote for controlled substances, and instead focused on diagnosing and treating patients with various pain syndromes - mainly non-surgical management of spine conditions. I utilized an evidence-based approach and would work patients up with proper radiologic imaging, lab tests, coordinate physical therapy, cognitive behavioral therapy, non-controlled substance medication management, and interventional diagnostic and therapeutic procedures under fluoroscopic guidance. I was not an exception, but was the norm. The few “pain management doctors” who wrote controlled substances to any degree of significance for chronic pain conditions often ended up as a headline in the local news, on various occasions lost their medical licenses, or just moved on due to inability to build a successful practice in the community.

Fortunately, after legislative changes with proper enforcement, the pill mills in Florida have largely been shut down. The “pain management” doctors from these pill mills have moved on for the most part. However, the specialty title of pain management has been tarnished, and rightfully so.

Back to the topic at hand - what is pain management? This subspecialty is an offshoot of anesthesiology. The ABMS formally approved this subspecialty in 1991 under the board of anesthesiology. ACGME sponsored one to two year fellowships under the board of anesthesiology appeared

around that time. Over the years, an agreement was reached between the ABMS boards of Anesthesiology, Physical Medicine and Rehabilitation, as well as Neurology and Psychiatry to have the same criteria for subspecialty board certification in pain medicine, and only after completing an ABMS approved pain fellowship sponsored by one or a combination of these specialty boards.

The problem in Florida was, and is, that anyone can call themselves a pain management doctor. In fact, one simply needs to check the box on his/her medical license renewal, and do a few CME credits in controlled substance management. What one cannot do in Florida, however, is call him/herself a board-certified pain management physician, unless one completed an ACGME approved pain fellowship as well as completed certification in pain medicine through the ABMS. We as physicians largely only recognize ABMS board certification, yet for pain management, there is a loophole. FL statute 456.44 allows board certification to include the American Board of Pain Medicine (ABPM). This board is not an ABMS board, and allows physicians who never did an ACGME fellowship in pain medicine to take an exam, and then be “board-certified.” If that were not enough, FL Board of Medicine rule 64B8-11.001 allows doctors who are “board certified” by the ABPM to advertise themselves as pain specialists. As far as I know, we do not allow such a double standard for subspecialties like cardiology, gastroenterology, vascular surgery, etc.

More than 90% of my current medical practice involves the non-surgical management of spine conditions, or “pain management” for patients with pain emanating from their spine. A portion of that practice includes interventional minimally invasive spinal procedures under fluoroscopy or ultrasound guidance, which was a key part of my fellowship training. While I do write for controlled substances for patients with acute spinal pain due to a herniated disc or osteoporotic compression fracture, I typically do not simply write for monthly controlled substance prescriptions endlessly for those with non-specific chronic

(continued)



Steve Barna, MD
stevenbarna@yahoo.com

low back pain. For these reasons, coupled with the low barrier to entry to call oneself a pain management doctor and possible association with pill mills, I unfortunately feel left with little choice but to disassociate myself from this specialty designation. This is despite spending five years after medical school taking all the right residency and fellowship and the initial specialty and subspecialty board exams to become properly double board certified, continuing the dreaded maintenance of certifications for each, and then having to recertify via written examination for each.

My specialty title is now Interventional Spine, which better fits what I do in clinical practice within a large multi-specialty orthopedic group, and enables me to minimize seeing a segment of chronic pain patients who want nothing more than their next controlled substance prescription fix for dubious indications. Ironically, by making this name change, I have ultimately become no better than those without the proper training and credentialing process who call themselves pain management doctors, since there is no "boarded" pathway to reach the "certified" level of Interventional Spine. I have been pushed into a corner and the only way to succeed was to play their game and find my own way of winning, while main-

taining my sanity, dignity, and dedication to good patient care...at least for the foreseeable future.



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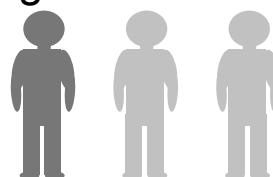
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Over **1** in **10** of adults in **Hillsborough County** are living with diabetes.

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Our Registered Nurses, Registered Dietitians and Health Educators can help your patients learn to better manage their diabetes, or to delay or prevent type 2 diabetes if they are at risk. Programs are free to participants, evidence-based and nationally recognized. Feedback on patient participation is provided to you.

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

Managing New Realities in End of Life Care

Introduction

This year presents a new reality in how we, as physicians, manage end of life care. We have always had a dual professional and ethical commitment to curing disease and relieving suffering, but when it comes to caring for our patients with terminal illnesses, we have often been uncomfortable at best. Patients sense that discomfort, according to recent surveys.

Nearly a half century ago, when physician Elisabeth Kubler-Ross, M.D., began studying end of life care at the University of Chicago hospitals, no physician on the staff acknowledged having a dying patient, yet her subsequent book, "On Death and Dying," became an international best-seller.

Decades later, now in the 21st century, my own efforts as a physician to raise concerns about end of life care within our professional associations have often met the same fate as those Dr. Kubler-Ross initially faced: unyielding reluctance to adopt policies addressing this issue.

Many will argue that a role by physicians in aiding a patient in dying would violate the "do no harm" provision of the Hippocratic Oath (which was actually not a part of the original Oath but added much later). I would suggest that not respecting our patients' wishes in inevitable circumstances only potentiates the harm they are already experiencing. I recall another obligation of the original Oath: "I will remember that there is an art to medicine, as well as science, and that warmth, sympathy and understanding may outweigh the surgeon's knife or the chemist's drug."

The author of the rest of this article, Ron Hammerle, earned his doctorate for interdisciplinary studies in medical ethics (medicine, ethics, law and health administration) at the University of Chicago and studied with Dr. Kubler-Ross. For more than a decade, he served on the adjunct faculty of the University of Missouri School of Medicine and lectured in the graduate schools of business and pharmacy at the University of Southern California. He has written numerous articles and led continuing professional education programs on medical ethics, healthcare management and public policy. His observations follow below.
~ *Mathis L. Becker, M.D., FACS*

New Realities

Last year changed this medical, ethical and legal history in three significant ways:

- The Supreme Court of Canada unanimously repealed all Canadian laws criminalizing medical aid in dying. But the Court went further to declare that a patient's desire to have legal, voluntary, access to medical aid in dying is a "constitutional right" for all Canadian citizens and a matter to be decided between the patient and his or her physician.
- The Center for Medicare and Medicaid Services agreed to pay physicians to provide voluntary, advance care planning with and for patients and their families, beginning on January 1 of this year. You may already be getting questions from your patients.
- This past October, the California legislature passed the "End of Life Options Act," legalizing medical aid in dying throughout our most populous state. Two dozen other states have now filed similar bills, based upon nearly two decades of medical and legal experience in Oregon, which passed the first such law in the U.S. in 1990s.

Why Does This Matter To You and Your Practice?

A half million Canadians have second homes or spend up to six months each year in Florida. Some may be your patients. Their medical needs are not unlike American patients, but their constitutional and legal options are. How will you deal with them?

Now that Medicare is paying for advance care planning in the U.S.—and patients are regularly hearing about this in the mass media, how will you deal with them? Some physicians will continue to avoid it. Others are deciding to outsource or insource "the conversation." Still others face restrictions from their hospital employer.

For decades, patients have voluntarily traveled beyond their home town to obtain medical and surgical care. When it comes to end of life care, however, the vast majority want to spend their last months or days at home with family,

(continued)

For Your Consideration



Ron Hammerle
ronhammerle@gmail.com

friends—and a trusted physician to help coordinate their care. Addressing their needs raises new issues now, but physicians in Oregon and a half dozen European countries have decades of experience doing this.

Larger Implications

Beyond the impact of these changes on your practice, these developments have immediate and far-reaching implications for hospitals, hospice organizations, skilled nursing facilities, EMTs, medical researchers and health insurers.

- End of life care conversations with patients and their families will change.
- Patients now have new, legal, end of life care options, even without traveling out of state. Telemedicine is connecting patients and their families—face-to-face—with physicians and hospitals that honor patient choices.
- Patients and families are beginning to make more informed decisions in choosing or remaining with current healthcare professionals and institutions—including physicians, medical practices, hospitals, skilled nursing and assisted living facilities. Expect to see national organizations publicly identify those that pledge to honor patient choices regarding end of life care.
- “Informed consent” disclosures, discussions and their legal documents must change. What judge or jury really believes a 30-page “informed consent document” is really designed to inform patients? Some international pharmaceutical companies agree and are now bypassing research at institutions where such opaque documents are being used.

Local Responses

Executive Director Debbie Zorian informed HCMA members of rapidly-rising, national attention to end of life care issues in her column in the November 2014 *Bulletin*. Editor David Lubin, M.D., added his concurring opinion.

In February of last year, Peter Reagan, M.D., a national medical director of Compassion & Choices and

the first physician in the United States to write a legal prescription for aid in dying, addressed a dinner meeting of HCMA members.

In October of last year, physicians and medical students attended an HCMA seminar on these issues, led by the author of this article and Barbara Toeppen-Sprigg, M.D. Beyond new information, Dr. Toeppen-Sprigg shared a moving video relating the experience she had accompanying her husband to Switzerland to honor his decision to seek medical aid in dying when his Huntington’s disease reached a very difficult stage.

Available Help

Many physicians are not comfortable dealing with this issue personally or in conversations with patients and their families. Fortunately, continuing education is available, including experts who will work with you and within your practice.

While healthcare industry practices are known to change slowly, it has been widely reported that physicians die differently than their patients. This is certainly a matter of medical education and experience, but when it comes to personal choice, surveys of the American public have shown that the vast majority (around 70%) have actually expressed—for two decades—their desire to see laws and medical practices change in this area. Major media, legislatures, and the courts are now listening. It’s time we do, as well.

Author’s Note

Mathis Becker is past president of the Florida Medical Association, Hillsborough County Medical Association and Broward County Medical Association. He is a cardio-thoracic surgeon by training and formerly served as the Director of Professional Relations for the University of South Florida Medical School and Medical Director of Strategic Initiatives for CAMLS, the USF Center for Advanced Medical Learning and Simulation.

References provided upon request.



The Invisible Patient

Physicians know (and most follow) the rules concerning the 1996 HIPAA law protecting the confidentiality and security of a patient's healthcare information. Patients, however, are under no such restriction when it comes to talking among themselves about their doctors' shortcomings and they do gossip! As a medical writer, I'm often privy to what they have to say.

You may assume that the complaints focus on difficulties in getting an appointment in a timely manner, long waits in the waiting room, or long waits in a chilly examination room. But you'd be wrong. The majority of the complaints I now hear are louder and more similar. They center around those three little words: electronic medical records. "The doctor never looks at me," complained an elderly man. "He just focuses on the computer. I might as well be invisible."

A young woman echoed the same complaint. "I came to see the doctor because I've been depressed. I started crying softly while I sat on the chair in the examination room, but my doctor never noticed. She just asked me a bunch of questions and never looked at me to actually see how unhappy I was. Finally, I interrupted her typing and asked for a tissue." Some of these frustrated patients said the physician actually had the computer positioned so his or her back was towards them. "I felt like sneaking out and wondered when he'd notice I was gone," said one patient.

Many doctors are aware of this distance as the computer often comes between the physician and the patient. Although the reports are easier to read (if the physician is a decent typist and doesn't make serious typos) than handwriting done in a hurry, the downside is that the patient has become invisible, other than a voice across the room. What can you do? A number of doctors have reduced the barriers in these ways:

- Use a "scribe," another person in the room who takes notes as the physician dictates
- Type later and hope to remember what's most important
- Use your cell phone to dictate memos to yourself to type in later
- Dictate the notes while the patient is in the room so he or she can correct any mistakes or deletions

Angle your computer so you're facing your patient and he or she is no longer invisible.

My thanks to the many physicians who talked to me about their frustration in working with electronic medical records. Although they were aware of the importance of EMR, they also realized that the system was creating a technological distance between them and their patients.



Patients' Perspective



Elaine Fantle Shimberg
efshimberg@aol.com

New Member Reception

November 5, 2015

Many thanks to the Legatus Group for sponsoring HCMA's inaugural New Member Reception, held at the Centre Club, for members who joined in 2015.



Dr. Michael Perry and his wife Michelle pose with Dr. Ashley Maru (HCMA Dist 1 Rep).



Dr. Sion Carter and Dr. Michael Wasyluk (HCMA Past President)



Mr. Ray Carapella (The Legatus Group), Dr. Jose Jimenez (HCMA President), Dr. Joseph Brown and his wife Ashley, and Mr. Joe Yagar (The Legatus Group).



Dr. Fred Bearison (HCMA President Elect) and Dr. Kriston Kent.



Debbie Zorian (HCMA Executive Director), Dr. David Folkerth, and Dr. David Lubin (Editor, The Bulletin).



Debbie Zorian (HCMA Executive Director), Mr. Joe Yagar (The Legatus Group), Dr. Rosemarie Garcia-Getting, and Dr. Bruce Shephard (HCMA Past President).



The welcoming committee: Elke Lubin (HCMA Executive Assistant), Kay Mills (HCMA Membership Coordinator), and Debbie Zorian (HCMA Executive Director).

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Grey Salt at the Hard Rock

Grey salt is from Southern France and derives its hue from minerals, apparently lots of them, in the salt. Chef Marc Murphy decided to name his newest restaurant in reference to this finishing salt he grew up with and enjoyed in France.

With the Grey Salt restaurant, I presume that the Seminole Hard Rock Hotel in Tampa (whoops, the better expression is within Tampa. I guess the Seminole property is its own “country” technically) is attempting to be a mini Las Vegas by upgrading their restaurants as Vegas has successfully done by bringing in famous chefs. Chef Murphy qualifies as being famous in the culinary world. A common star on many of the food shows and a judge on the “Chopped” show on the Food Network, he has three successful restaurants in New York City and this is his first venture outside of the “City,” and in Tampa. Imagine that!

Marc has dual French and American citizenships; once aspired to be a race car driver; has parents who live in Monte Carlo; says Prince Albert of Monaco babysat him when he was little; worked at Le Cirque in New York; and was the executive chef at Cellular in the Sky at the Windows restaurant atop the World Trade Center before its unfortunate demise. An interesting guy, no doubt.

Grey Salt, thankfully without the faint cigarette odor the rest of the complex seems to have, is a clean, spacious, and contemporary eatery with a couple of interesting features. There are regular tables, but if you have a group of four or six, the curved booth “pods” have a high wooden back, are stylish, and help alleviate some of the decibels that a lot of newer restaurants have, so you can actually converse with your table partners. Along the rear is an entire wall of jars of preserved lemons – a total of 2,594 lemons in all.

Dinner at Grey Salt began with a deliciously spiced lamb sausage (“merguez”) flatbread with Greek tzatziki sauce. The bread was a beautiful

presentation and the Moroccan spices blended so well with the flavors that I could have had just that for my meal. We also tried the roasted halloumi with capers, tomatoes, and oregano. Halloumi is a cheese that has a high melting point so it can be fried or cooked, leaving a rich crust without melting. More flavorful than mozzarella, it was a good appetizer and the capers added just enough salty taste. The mushroom arancini (stuffed rice balls) looked attractive but we found them somewhat bland compared to the other appetizers.

The fattoush (bread salad) was a fairly typical salad, with flatbread pieces, greens, tomatoes, cukes, and radishes.

For entrees, the “Strozzapreti + meatballs” was essentially spaghetti and meatballs, but the meatballs were very tender and the tomato ragout sauce was delightfully spicy; mozzarella and Parmesan cheeses added to the flavors. It is interesting that strozzapreti is a thick pasta about three inches long and the name means “priest strangler.” Accord-

ing to one of the Italian legends, the dish was so good that priests would eat so fast they would choke on it.

The wood grilled prime skirt steak was very flavorful and tasted as though it had been marinated for hours. The red pepper sauce (romesco) with ash-roasted carrots was interesting, with various colored tiny tender carrots.

The night we were there, the roasted gulf coast grouper, which was caught off Cedar Key, was thick, flaky, and grilled nicely with olives, tomatoes, and a mild anchovy taste. The shrimp rigatoni with Italian calabrian chili and cherry tomato sauce was just “okay,” equal to many other restaurants.

Deserts were not special. The ones we had were the crème catalana and the mini salted caramel budino. “Mini” was correct...about four bites.

(continued on page 29)

Restaurant Review



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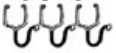

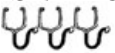


The wine, cocktail, and beer list on the tablet was very interesting. There was a multitude of wines with tasting notes and pairing suggestions.

In all, Grey Salt is a good addition to the Tampa scene but Chef Murphy has to spend time there to tweak the dishes and not just let the Hard Rock use his name. His reputation is at stake. We in Tampa hope it becomes one of the best.



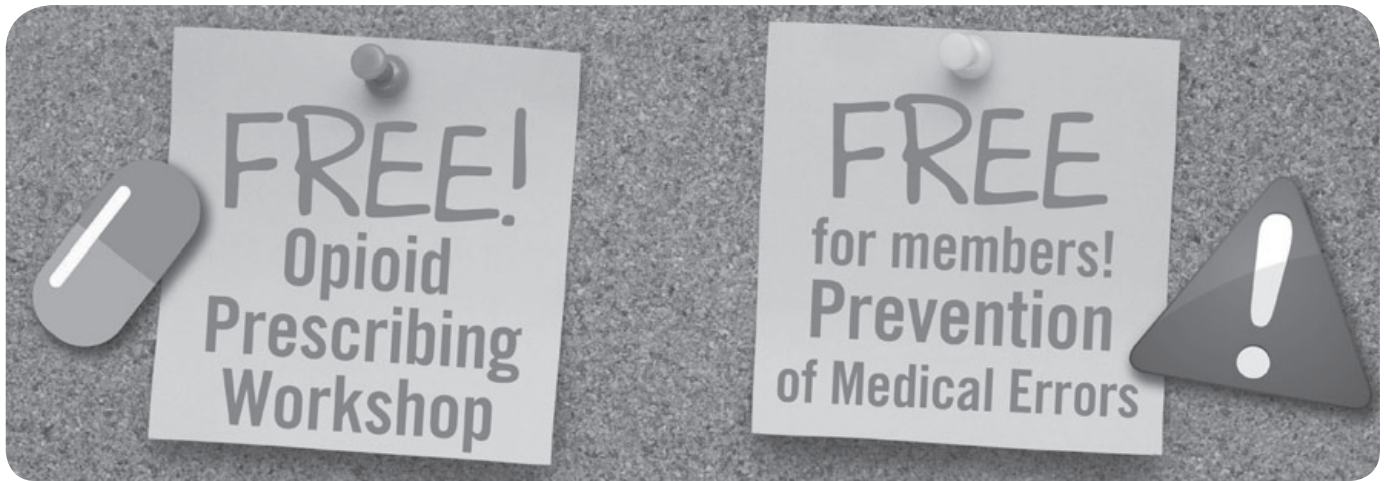
SUMMARY:

	CUISINE  1/2	AMBIENCE  1/2	SERVICE  1/2
PLUSES + + +	<ul style="list-style-type: none"> • A good variety of good tasting food • Don't skip the appetizers; they are generally delicious 	<ul style="list-style-type: none"> • Clean, contemporary with well placed tables • The "pods" were cozy and alleviated some of the noise 	<ul style="list-style-type: none"> • Our server was pleasant, jovial and gave good suggestions • She apparently had tried every food offering
MINUSES - - -	<ul style="list-style-type: none"> • It appears that Marc is using foreign or fancy names to make rather common dishes seem more extravagant than they are • Deserts are very petite for the price 	<ul style="list-style-type: none"> • You still have to negotiate the slots to get to the restaurant 	<ul style="list-style-type: none"> • She did not know wines; just said to "read the tablet" and struggled to open a bottle. It appeared she had never opened one

Grey Salt, Hard Rock Hotel and Casino, 5223 North Orient Road Tampa 33610, 813-627-8100, www.greysalt-restaurant.com

Restaurants are rated from one to five stethoscopes.

Restaurant Review (continued)



April 9, 2016

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IN MEMORIAM

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

Ramona Alveranga, passed away January 14, 2016. She is survived by her daughter, **Dr. Denise Alveranga** and son-in-law, **Dr. Eugene Ward** (HCMA Members); a son, daughter-in-law, grandchildren, and additional family and friends. In lieu of flowers, donations to the Parkinson's Foundation would be appreciated.

Our heartfelt condolences go out to the family and friends of Drs. Alveranga and Ward.

HCMA Member Makes the TBBJ Power 100 List

The Power 100 is a list created by the Tampa Bay Business Journal newsroom, of the 100 most influential names at this point in Tampa Bay business. HCMA member, Dr. Alan List, Moffit Cancer Center President and CEO is on the list! Congratulations!

Please excuse the error...

Recently, all female physician members of the HCMA were listed in honor of Women in Medicine Month. Dr. Saira Khan, an HCMA member since 2000, was unintentionally left off the list.

Did You Miss Your Chance for a Great Prize?

Attendees at the November 10th dinner meeting had the chance to win prizes donated by some of the evening's sponsors and/or exhibitors:

- Canterbury Towers – a bottle of wine
- Tower Radiology Centers - \$50 gift card to Bonefish Grill
- Ultimate Medical Academy – blanket and an office goody-bag

Dr. Madelyn Butler won the raffle for Past Presidents – a gift card to Shula's, compliments of the InterContinental Hotel.

Notify Your Colleagues of Practice Changes

The HCMA now offers members the opportunity to notify HCMA members of any office changes... new location, contact information, a new partner! The cost is \$50 and will include a dedicated personal announcement, professionally created, and emailed to HCMA members. Contact Elke Lubin, Executive Assistant, for more details or to receive a sample: 813.253.0471 or ELubin@hcma.net.

Olivia Butler Crowned Miss Pasco County



From left to right: Katelyn Harris (Miss Pasco County Outstanding Teen), Olivia Marie Butler (Miss Pasco County), David Lang (emcee), Lauren Nielsen (Miss Pasco County Fair), and Courtney Graham (Miss Pasco County Fair's Outstanding Teen). Olivia is the daughter of HCMA & FMA Past President Dr. Madelyn Butler and HCMA Alliance President Mr. Bill Butler. Now...on to Miss Florida?

Dr. Madelyn Butler to be Inducted into Hall of Fame



HCMA & FMA Past President, Dr. Madelyn Butler, has been selected as one of two graduates for induction into the Bartow High School Hall of Fame this year. The induction will take place on the evening of April 12 in conjunction with

the Top Scholars Recognition program, at which the top ranking students in the three academic programs on the Bartow High School campus (Bartow High, International Baccalaureate, and Summerlin Academy) are recognized.



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