

The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

March/April 2016



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The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

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Executive Council Meetings 6:00 PM @ the HCMA Office

May 24, 2016

July 19, 2016

HCMA Installation 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: March/April 2016

ABOUT THE COVER

Bulletin Editor, Dr. David Lubin, shot the start of the 8K race on Gasparilla Race Weekend from the Davis Islands bridge. There were over 5,000 runners registered for this race alone.

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Leadership

In the Spring of 2009, Dr. John Curran signed off in his last article as HCMA President with the following words: "Thank you for allowing me to be your visible leader." Those words changed the way I looked at leadership.

Leadership is not about the leader. I saw my obligation as HCMA President was to set up an environment at the Executive Council where all ideas were welcome, and an environment where these ideas could grow and blossom. My responsibility was to take the action necessary to make sure these ideas came to fruition.

Leadership was apparent even from our younger members. Dr. Jay Rao and Dr. Morganna Freeman had the idea of an HCMA retreat. Their hope was to gather several HCMA leaders to discuss how to make our organization better with long-term goals in mind. Leadership is having vision beyond today like these young physicians showed.

Leadership is also taking action on that vision. The HCMA retreat took place on a recent Saturday morning. HCMA officers (Dr. Fred Bearison, Dr. Thomas Bernasek, Dr. Malcolm Root, Dr. Jay Rao, Dr. Bruce Shephard, and myself), along with Dr. Eva Crooke and Dr. Erfan Albakri, met to discuss the future direction of the HCMA. I thank each of these leaders for giving their time and sharing their creative ideas. One highlight was the consensus that HCMA leadership needs to continue to prioritize building and strengthening relationships with its members and our local legislators. We will build a stronger HCMA by prioritizing mentorship in our HCMA Ambassador Program and with our USF medical students and residents. Similarly, one of the primary ways we provide value to our membership is through legislative advocacy. Strengthening our ties to our local legislators is imperative.

The role of a leader is also to continue and build on the great work of others. Dr. William Davison was instrumental, as HCMA President, in building a strong relationship with our colleagues in the Hillsborough County Osteopathic Medical Society. That relationship continued to strengthen with Dr. Brett Scotch as HCOMS President. Dr. Chris Pittman and Dr. Dev Mangar laid the groundwork with USF several years ago by helping to establish our mentorship programs with the students. Dr. Pittman took this a step

further by starting the Political Colloquium with the USF medical students, where they learn about the importance and the art of medical politics. We have built upon the work of these leaders by establishing a new partnership with the USF Medical School. Thanks to the great support from Dr. Charles Lockwood, Dean of USF Morsani College of Medicine, all USF students, residents, and faculty are now members of the HCMA!

I believe the HCMA Alliance and the HCMA Foundation will play vital roles in the HCMA's future by promoting the HCMA to our community. Michael Kelly, FMA Alliance President, and Bill Butler, HCMA Alliance President, have demonstrated great leadership and vision by transforming the HCMA Alliance so it is now inclusive of family members and friends of physicians. The FMA and HCMA Alliances have great public health projects in the works, including their attempt to change the alarming trend of STD's that affect our young adults and teenagers. Similarly, Dr. Michael Wasylik deserves much credit for the HCMA Foundation's continued positive impact on the Hillsborough community by continuing to provide generous monetary gifts to many local charities each year. He continues to guide and grow this important arm of the HCMA, as we give back to those in need in our community.

I would like to thank all the members of the HCMA Executive Council for their invaluable support, guidance, and ideas. I am proud of the increasing diversity we continue to see in our Executive Council. We have growing numbers of younger physicians, female physicians, and members of large groups. This diversity is critical to our strength as an organization. I also extend much appreciation to our admirable Executive Director, Debbie Zorian, and her outstanding staff, Elke Lubin, Kay Mills, and Jean Repass, for their hard work and dedication.

I leave you in good hands with Dr. Bearison. He has many years of experience in organized medicine and is former Chair of the Florida Board of Medicine. Dr. Bearison has worked hard to establish ties with the Brandon area. Brandon is somewhat geographically disconnected from the rest of Tampa. Dr. Bearison has already started to bridge that gap by helping form a partnership between the HCMA and the newly established resi-

(continued on page 10)

President's Message



Jose Jimenez, MD
joseflmd@yahoo.com

Then and Now



Thirty Years in One Thousand Words or Less...

30 years. 360 months. 1,564.29 weeks. 10,950 days. 262,800 hours.

March 31st marked my 30 year anniversary with the HCMA. How fortunate I am to have spent the last three decades serving the most esteemed profession in the world.

How does one reflect on three decades in one column? One score and ten years ago...

I was actually supposed to begin my employment on March 26, 1986. The evening before, both of my daughters had a softball game. I was sitting in the bleachers watching my youngest play while my oldest was practicing with her teammates prior to her game. A frantic mother found me to deliver the news that my daughter was hurt and an ambulance was on the way. While practicing fast pitches my daughter made the huge mistake of turning away for a second. When she turned back, a not so soft softball knocked her two front teeth out and

caused much injury to her mouth. We were in the emergency room for hours and surgery was scheduled for 7:00 the next morning. I still remember the additional distress of having to call my new boss the next morning to inform him I couldn't come in on my first day of work! Thankfully, he was understanding. Five days later I began, unbeknownst to me, a lifelong career.

Dr. Lubin's column in this issue consists of Q&As regarding my HCMA tenure. His last question pertaining to HCMA past presidents brought many memories to the surface. I have not only had the privilege of working with many remarkable physician leaders, but friendships grew over the years that I will value always. Unfortunately, the passing of several past presidents also brought about sad times. During my employment, five of the 30 past presidents have passed away from

health related issues, none of them advanced in age. Two of those past presidents lost their battles with cancer. Cancer also took the lives of two HCMA employees. Diana Clark began working at HCMA while still in high school. Her 15 years at the HCMA was her only job. Seven years later, and shortly after I was promoted to Executive Director, Patricia White-Kolassa (employed for 12 years) passed away. Patricia was a dear friend of mine. I will forever miss her and her silly antics.

How wonderful that over the last three decades, remarkable medical advances have made

it possible for those who are now battling cancer and other life threatening illnesses to be much more optimistic regarding their chances for survival. Innovations such as human genome discoveries, stem cell research, targeted cancer cell therapy, extension of HIV survival, robotic surgery, hepatitis C cure, HPV vaccine, not to mention face transplants and functional MRIs, are not only keeping patients

alive, but making it possible for them to enjoy healthy futures they never thought possible.

For those members who weren't able to attend the HCMA's February 8th dinner meeting, I am still beaming from the recognition I received during the evening. Since I never thought that recognition for my 30 year milestone would take place "before the fact," I was truly surprised. My wonderful staff spent a tremendous amount of time and effort in planning the surprise and made sure it was kept from me up until the last possible minute. As I exited the restroom at the Centre Club, my three children and two of my four grandchildren were standing in the lobby waiting to greet me. I was so stunned that it took a few seconds to realize the reason for their presence.

(continued)



Debbie Zorian celebrates her 30 year milestone with her beloved family: Grandson, Austin, granddaughter, Amber, daughters Gina and Charisse, and son, Justin.



Debbie Zorian
DZorian@HCMA.net

**Executive
Director's Desk**

President's Message (continued)

dency program at Brandon Regional Hospital.

This has been a truly meaningful year for me. It has been an honor to serve as your "visible leader." I have learned and grown throughout the year, as I have tried to keep the best interests and the future of the HCMA foremost in my mind. I thank you all for the support you have shown me. I look forward to seeing the continued growth and success of our precious organization.



Executive Director's Desk (continued)

Early in the evening, I was called to the podium by my assistant, Elke Lubin. Drs. Jimenez and Shephard shared words of admiration that warmed my heart and I was presented with a gift on behalf of the HCMA Board. I was also given a gift from my staff that included a keepsake box full of cards and letters from HCMA leaders and past presidents, my colleagues throughout the state, and many other acquaintances. Of course, having my family share my joy that evening was the most precious gift of all. I was so elated that I don't remember what I said at the podium, but my rambling was heartfelt.

I would be remiss to not tout my continual appre-

ciation to the incredible staff of the HCMA, as their hard work and dedication is indeed instrumental to my success and the success of our Association. My small but mighty team includes Elke Lubin (Executive Assistant), Kay Mills (Event & Membership Coordinator), and Jean Repass (Bookkeeper).

Representing the HCMA, its members, and the noble profession of medicine for the past 30 years, has been inspiring, rewarding, and above all, a great honor.

"Far and away the best prize that life has to offer is the chance to work hard at work worth doing." Theodore Roosevelt



MARK YOUR CALENDAR!

HCMA Foundation, Inc.
20th Charity Golf Classic
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An Interview-Three

Decades in the Making

Dr. Lubin (DL): First of all, congratulations on 30 successful years working for the HCMA. What were you doing when you applied and what do you think prepared you for what was ahead for you at the HCMA?

Debbie Zorian (DZ): I was working as a realtor associate for several years prior to my employment at the HCMA. As the real estate market did not provide a dependable fixed income and I was a single mother with two daughters, additional income was needed. I began searching for a full time job with benefits and planned to sell real estate part time. Although I kept my CEs up to date and renewed my real estate license for several years after my HCMA employment, the

demands on my free time included softball games, dance lessons, birthday parties, chauffeuring kids, etc. Utilizing my license fell by the wayside. It's possible I will delve back into the real estate world when I retire from the HCMA.

Regarding the second part of your question, I can only say that my work ethic and determination to excel prepared me for my unknown (at the time) future with HCMA.

DL: What was your first position at the HCMA and how did you ascend to Executive Director?

DZ: I was actually hired by Tom Clark, the Office Manager at the HCMA, two months prior to his promotion to Executive Director. John Richardson, the Director at the time, left the HCMA to accept a position with the Tampa Eye Clinic. I served as Tom's Assistant until he unexpectedly retired eight years later. Another executive was hired by the HCMA Board whose employment lasted less than two years. Dr. Fred Reddy, a retired past president of the HCMA, stepped in as Interim Director. Under the guidance of Dr. Reddy, I found myself taking on the role of Executive Director while serving as my own assistant. The additional responsibilities, increasing hours, political involvements, and traveling on behalf of Dr. Reddy to FMA meetings, prepared me for the

official position and title of Executive Director 18 months later. I have served 18 of my 30 years as the HCMA's Executive Director.

DL: What do you feel are the major goals that you accomplished?

DZ: Terminating Medical Association Services (MAS) which was meant to be a for profit entity of the HCMA. However, it was a "borrowing from Peter to pay Paul" situation which my common sense couldn't rationalize. I worked tirelessly with a new bookkeeper I hired and made many necessary changes. Within one year, the HCMA's financial turmoil was stabilized.

I also made several changes that streamlined the staff workloads in order to focus on new initiatives and goals. At the time, the HCMA had five fulltime and one part-time employee. Decreasing the number of dinner meetings, Executive Council meetings, and Bulletin issues (from twelve to six per year), were some of the beneficial modifications made. I also replaced "me" by promoting

Elke Lubin (then Johnston) to the Assistant position. Over the course of several years, additional restructuring took place. We are now, and have been for several years, a small but mighty team of four employees.

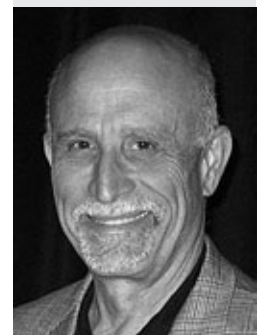
The many partnerships I have been able to attain throughout the years have also had a positive impact on HCMA's financial stability. More importantly, the partnerships provide valuable resources for the HCMA membership, oftentimes helping their bottom line.

After years of perseverance, securing a partnership with the University of South Florida in 2008 was undoubtedly an achievement. The partnership thrived for five years. Unfortunately, the faculty portion of the partnership was eliminated by Dean Klasko in 2012. Under the leadership of Dean Lockwood, I'm pleased to say it

(continued)



*Photos courtesy of the 1986
HCMA Pictorial Directory*



David Lubin, MD
Dajalu@aol.com

has recently been re-implemented and a full partnership once again exists that includes memberships for the USF medical students, residents, and faculty physicians.

DL: Do you have a “most successful or favorite” goal or event?

DZ: That’s a tough one...there are so many. The HCMA’s “Day of Awareness” rally that was held in Tampa in 2003 was a motivating event. The crowd of over one thousand, which included physicians, office staffs, healthcare professionals, and patients, rallied against the out-of-control liability insurance premiums and the importance of fair tort reform legislation by placing a cap on medical malpractice awards. Buses picked up groups of participators at each major hospital. The rally was held on property owned by St. Joseph’s Hospital. Addresses were given by local, state, and national representatives for organized medicine, a USF medical student, and a Tampa defense attorney. HCMA’s President at the time, Dr. John Warren, did a fantastic job of moderating the rally. It was our first fight for tort reform as a united group and we received much media coverage.

Of course, one of my favorite events was when Dr. Ed Homan won his election to serve in the House of Representatives in 2002. I was lobbying in Tallahassee with Dr. Homan in 1999, the year he was serving as HCMA President. It was then that he started contemplating running for office. I thought he was joking at first since his presidency was already utilizing much of his time and he admitted to not knowing much about politics. Losing his first race by a small margin didn’t dampen Dr. Homan’s enthusiasm. He ran again two years later and won by a landslide. He repeated that victory in 2004. I enjoyed being part of all his campaigns and celebrating his successes. The HCMA was proud to have one of our own serve in the Florida House for eight years. His political knowledge continues to be most helpful.

DL: What was your biggest obstacle to overcome while serving as Executive Director?

DZ: The HCMA staff. I became the superior to employees I had been working alongside for many years. That alone brought about a different set of challenges. Not long after I became Executive Director, it was necessary to let an employee go. It was extremely difficult as she was a very nice person. It took me a while to feel fully assertive when it came to staff issues. Knowing I was always making decisions that were in the best interest of the HCMA assisted in that process. It’s common that offices with fewer employees can be more difficult to manage as they work closer together, personal issues are more obvious, and personality conflicts can cause disagreements to surface quicker. Hiring and training a new employee was also stressful, and unfortunately it happened more than I preferred. I have been very fortunate for many years now to have a hard working, dedicated staff. Not to mention that Elke Lubin has been

employed at the HCMA for over 28 years! Together we have been through an abundance of experiences...the good, the bad, and the ugly.

DL: What has been the biggest disappointment under your directorship?

DZ: That would have to be the dreaded membership dilemma, specifically the past few years. As more and more physicians are choosing to become employed physicians, it becomes increasingly difficult to retain their memberships. As you know, frustrations with unreasonable mandates, increased burdens, lower reimbursements, etc., are why many physicians are making this decision. And a good percentage of those physicians feel that belonging to organized medicine isn’t necessary anymore.

DL: What would you still like to accomplish that you haven’t so far?

DZ: To be able to provide and demonstrate the value of membership and the importance of supporting the profession of medicine to the many non-members in our county. I believe that serving the many diverse groups of physicians that now exist is definitely the biggest challenge for county associations.

DL: Would you want to comment on who you thought were the easiest presidents to work with? (Ok, I wanted to ask you who were the most difficult, but won’t since I want you to work at least a few more years.)

DZ: LOL...another tough question. I’ve had the privilege of working with so many outstanding presidents, but Dr. Fred Reddy first comes to mind. Many referred to Dr. Reddy as a gentle giant. His even temperament and optimistic attitude, under even the worst of circumstances, made him extremely easy to work with. His aversion for conflict, however, was a personality trait that proved to be both positive and negative. At times, he was just too nice. And I’d be remiss in not saying that HCMA’s current president, Dr. Jose Jimenez, is most pleasurable to work with. His benevolent demeanor has no end. You didn’t ask, but the president with the greatest sense of humor? Hands down, Dr. Luis Menendez! Just thinking about his wittiness, I can’t help but chuckle.

DL: Once again, Debbie, congratulations on 30 successful years. I’ve enjoyed working with you all these years and I’m sure I speak for the membership in thanking you for your accomplishments and dedication to the HCMA for the past three decades.



**HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
ANNUAL INSTALLATION DINNER
MONDAY, MAY 9, 2016**



Dr. Fred Bearison, an internal medicine physician practicing in Valrico, will be installed as the 114th HCMA President. The 2016 Nominating Committee report will be announced.

***Featured Speaker:
Former Tampa Police Chief Jane Castor***

“Life-saving Professions Working Together”

Jane Castor began her career with the Tampa Police Department in 1984 and worked in narcotics, street anticrime, sex crimes and child abuse units, as well as the Criminal Intelligence Bureau. In 2009, Castor was named the first female police chief for the City of Tampa.

A Tampa native, Castor attended the University of Tampa on a basketball and volleyball scholarship and was inducted into the school’s Athletic Hall of Fame in 2006. Chief Castor graduated in 2001 from the prestigious Federal Bureau of Investigations National Academy.



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Nominating Committee Report

On March 15, 2016, the HCMA Executive Council carried a motion to accept the Nominating Committee report as submitted.

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Rosemarie Garcia-Getting, MD
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Alejandra Kalik, MD
Anthony Pidala, MD
Rodney Randall, MD
Jayant Rao, MD
Pedro Soler, MD

Dr. Fred Bearison will be installed as the HCMA's 2016-2017 President during the May 9th Installation Dinner being held at the Centre Club. Call the HCMA to make your reservations: 813.253.0471.

Committee Happenings

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Why Physicians Should Join a Professional Organization

There are plenty of healthcare professional organizations, but are the yearly dues worth it to join? As budgets get squeezed, many physicians and practice managers have been cutting back on the number of professional associations they belong to. Although there is often a lack of perceived benefit, membership in professional associations yields a number of benefits. Taking an active role in professional associations can benefit physicians through networking opportunities, policy alerts, and continuing education.

1. Education

Perhaps the most important benefit is education. (A plea here to physicians is to remember this applies to your practice managers. If you want a successful practice, run by a talented practice manager, you must be willing to support his or her professional continuing education.) Most associations provide an enormous amount of access to resource information such as: case studies, articles, white papers and books written by experts in your field or area of interest. Providers and managers can keep up with the newest developments (clinical and operational) through their association membership benefits, including conferences. Take advantage of all the information your associations provide and remember that most of it is online and free.

2. Networking

Another important benefit is networking. There is no better way to connect with peers and industry experts than through professional association membership. There is often a variety of possible venues to network at (e.g. listservs, membership connections and groups, national conferences, regional seminars, etc.), providing you are willing to get engaged with other members. Networking with professionals outside your place of employment can give you a broader perspective on the market and healthcare in general.

3. Industry standards

Webinars are frequent these days as a means to deliver information on hot topics such as best practices, new statistics, etc. No matter what your specialty is, staying on top of all of these issues is important.

4. Policy updates

All of us in healthcare know how much one piece of legislation can impact our profession. Professional associations not only update members about these types of changes but also often play an advocacy role on behalf of the membership. I have been involved in this with professional associations and it can often be a tiring effort to work with legislators at the state and national level. However, associations involved in this are able to inform members how to prepare for any upcoming change.

5. Jobs

Most people already know that they can often search for jobs on association job boards as members. Keep in mind that your practice may want to utilize these job boards to post positions for your practice. Recruiters will often post on the job boards as well, so if you are working with a recruiter, be sure to let them know about your preferred associations.

6. Intrinsic value

In addition to money, associations need support to survive. Associations are always in need of new blood to help organize their annual meetings, workshops, CME courses, and legislative committees. This means taking an active role in leadership positions or committees can not only help the association, but also help you personally (from leadership development to networking, to potential job searches). As the saying goes, "You get out of it what you put into it." Undoubtedly the members who get the most out of an association are the ones who get involved and are more interactive.



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Thank You – Flo ProAssurance, Shumaker, Kendrick, and Tower



Drs. Bryan Bognar and Rahul Mehra.



New HCMA member, Dr. Michael Cromer and Dr. David Lubin, Bulletin Editor.



A full house!



HCMA President Elect, Dr. Fred Bearison (far right), mentored several medical students during the social hour.



Dr. Joe Brown, third from the right, blending in with the medical students he mentored.



HCMA Alliance President, Bill Butler, provided an Alliance Update.



Ronald Christaldi, representing Shumaker, Loop & Kendrick, an HCMA Benefit Provider and dinner sponsor, welcomed attendees.

On February 8, 2016, the Hillsborough County Medical Society held a luncheon meeting which honored HCMA's Executive Director at the HCMA. Two USF medical students were present and received the Cherry Bekaert Scholarship and Mr. Mott's Foundation scholarship.

The evening's featured speaker was Mr. Richard Gonzmart, President of the Columbia Restaurant Group. The Columbia Restaurant Group is owned continuously by Mr. Gonzmart's family and it now has seven Columbia Restaurants and Cafes in the area. The native-inspired Tampa restaurant and brewery, Ulele, is owned by Mr. Gonzmart and the Columbia Restaurant Group has a long history of supporting Moffitt Cancer Center, the University of South Florida, and the Tampa Bay Area.

During the social hour, HCMA leaders mentored medical students. Mentors included Dr. Fred Bearison, Joseph Brown, Rebecca Johnson, Ashley Johnson, and Deborah Trehy for serving as mentors. The medical students were Dr. Joseph Brown, Dr. Ashley Johnson, and Dr. Deborah Trehy.

Many thanks for the generosity and continued support of our sponsors, Loop & Kendrick, and Tower Radiology Centers.



Drs. Wilfred Daily and Robert Isbell.



Bill Be...
Stephan...
Scholars...



HCMA Executive Director, Debbie Zorian, is honored for her 30 years of service at the HCMA. Pictured: Dr. Bruce Shephard (Board Chairman), Elke Lubin (Executive Assistant), Debbie Zorian, and Dr. Jose Jimenez (President).



Dr...
an...

Florida Hospital, Shumanker, Loop & ProAssurance Radiology Centers!

Medical Association (HCMA) held its membership dinner. Director, Debbie Zorian, for her thirty years of service presented with scholarships: Miss Stephanie Hudey and Michael Manasterski received the HCMA Founda-

tion. Richard Gonzmart, fourth-generation co-owner and President of the Florida Restaurant was founded in 1905 and has been the oldest restaurant in Florida. The Gonzmarts own Florida, as well as a Cha Cha Coconuts and the Florida. Through the Gonzmart Family Foundation, Mr. Gonzmart has donated millions of dollars to charities, including Florida, and Jesuit High School.

for medical student attendees... Kudos to Drs. Fred Maru, Anthony Pidala, Jayant Rao, Anoop Reddy, and other medical students appreciated their time and insights.

for support of Florida Hospital, ProAssurance, Shumanker, and Loop for making the evening possible.



Dr. Michael Wasyluk, (HCMA Foundation President) Michael Manasterski (HCMA Foundation Scholarship winner), and Dr. Jose Jimenez.



The evening's speaker, Mr. Richard Gonzmart and Drs. Malcolm Root, Ammar Hatar (new member), and Jose Dominguez, Jr.



David Goss, representing ProAssurance, an HCMA Benefit Provider and dinner sponsor.



Drs. Rebecca Johnson and Linda McClintock.



Stephanie Hudey (HCMA/Cherry Bekaert Scholarship winner), and Dr. Jose Jimenez.



Dr. Alexander Rosemurgy spoke on behalf of sponsor, Florida Hospital Tampa..



Drs. Jose Jimenez, Michael Albrink, Alexander Rosemurgy, and Thomas Bernasek.



Dr. Hunter Eubanks, Becky Eubanks, Dr. Bill DeWeese, and Dr. Marcos Lorenzo.



Drs. Jayant Rao and Anthony Pidala mentored medical students.

Extend your brand to those who matter most.

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The HCMA Membership Directory is an indispensable tool for all physicians and businesses. Don't miss out on an entire year's opportunity to stand out by advertising or enhancing your company's listing!

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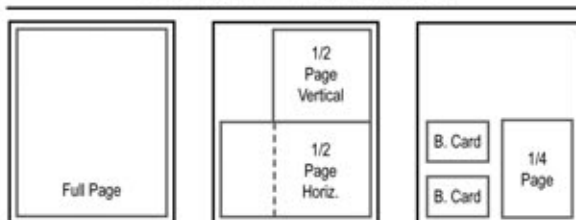
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Please tell the advertiser you saw it in the *HCMA Bulletin!*

2016 FMA LEGISLATIVE REPORT



The 2016 Legislative Session concluded on Friday, March 11 at 6:45 p.m. The FMA track and numerous amendments on behalf of our members. Of the 1,638 bills and proposed amendments filed for the 60-day session, the Florida Legislature passed 272 and has sent Rick Scott for his signature.

Following are highlights of some of our key legislative issues.

Legislation That Passed

Hospital Obstetric Department Closures

After several years of advocacy by the FMA and FMA President and Board of Governors Chairman Ralph Nobo, Jr., M.D., the Florida Legislature finally passed HB 471 by Representative Colleen Burton and SB 586 by Senator Kelli Stargel. This bill requires hospitals to provide 120 days' notice to physicians with medical staff privileges at their facilities when a decision has been made to close an obstetric department. Previously, Florida law did not require that a hospital notify its physicians with privileges prior to closing an obstetrical department. This legislation ensures that vulnerable patients will not be left without needed medical care. SB 586 passed the Senate unanimously and passed the House by a vote of 106-1 in the final week of session.

Miami-Dade Infectious Disease Elimination Act (I.D.E.A.)

Led by Hansel Tookes, III, M.D., the FMA's Medical Student Section has succeeded in getting the Legislature to pass a key piece of public health legislation aimed at saving lives and taxpayer dollars. HB 81 by Representative Katie Edwards and SB 242 by Senator Oscar Braynon authorizes the University of Miami and its affiliates to establish a five-year pilot program to offer free, clean, and unused needles and syringes as a means to prevent the transmission of HIV/AIDS and other blood-borne diseases among intravenous drug users. This legislation enjoyed bipartisan support in an attempt to alleviate the heroin and HIV epidemic in South Florida. SB 242 passed by a 37-2 vote in the Senate and a 95-20 vote in the House before the final week of session. This is a great accomplishment for our medical students.

Catastrophic Fund Exemption For Medical Malpractice

Several years ago, a number of insurance lines were added to the Catastrophic Fund's assessable base. The exemption for medical malpractice premiums from emergency assessments was set to expire in 2016. The FMA was successful in amending HB 651 by Halsey Beshears and SB 992 by Senator Jeff Brandes to extend the expiration date for the exemption to 2019. The Cat Fund exemption is a great economic incentive that helps offset some of the other escalating costs that impact physicians. This legislation passed unanimously through the House and Senate.

Prior Authorization

Previously, every insurance company used different forms of varying length and complexity that physicians had to complete in order to obtain prior authorization for a medical procedure, course of treatment or prescription drug benefit. Insurance companies often made this process so burdensome that it was difficult for physicians and medical staff to obtain the prior authorizations. HB 221 also included a provision that now requires a health insurer to use a uniform, two-page prior authorization form, as approved by the Financial Services Commission in consultation with AHCA, to obtain a prior authorization for a medical procedure, course of treatment, or prescription drug benefit. This creates uniformity and will lessen the burden on physicians by streamlining the current lengthy, complicated process for prior authorizations.

ARNP and PA Prescribing

The FMA was able to work with SB 676 sponsor Senator Denise Grimsley to reach a compromise that would allow Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs) to prescribe controlled substances under a physician protocol. The bill included several limitations and safeguards, including: a limit to prescribing only a seven-day supply of authorized controlled substances, a prohibition from prescribing psychiatric mental health controlled substances for children younger than 18 years old unless the ARNP is a psychiatric nurse, and a prohibition from prescribing controlled substances on the premises of a pain management clinic. The bill also updates the grounds for disciplinary actions against an ARNP or PA for violating standards of practice related to the prescribing of controlled substances. ARNPs and PAs must complete at least three hours of continuing education on the safe and effective prescribing of controlled substances. The House companion, HB 423 by Representative Cary Pigman, M.D., did not contain the above-mentioned restrictions and the FMA was able to secure the Senate language for final passage. Florida was the last state in the country to allow controlled substance prescriptive rights for ARNPs and PAs. SB 423 passed unanimously in the Senate and by a 117-1 vote in the House during the final moments of session.

Surprise Medical Bills in the Emergency Setting

The FMA worked tirelessly on the issue of balance billing and eventually was able to reach a compromise with the bill sponsors: Representative Carlos Trujillo (HB 221) and Senator Rene Garcia (SB 1442). Non-contracted physicians will no longer be able to balance bill PPO patients for ER services, or services provided in hospitals where the patients had no ability to choose the physicians. Physician payment will be the lesser of (1) the physician's charges, (2) the usual and customary charge for similar services in the community where the services were provided, (3) or the mutually agreed upon charge between the physician and insurance company.

If the physician disagrees with the payment rate, the bill provides for a dispute resolution process. The physician or the health insurer may offer to settle the claim dispute. If the offer is not accepted and the final order amount is more than 90 percent or less than 110 percent of the offer amount, the party receiving the offer must pay the final order amount to the offering party. The amount of an offer made by a physician to settle an alleged underpayment by the health insurer must be greater than 110 percent of the payment amount the physician received. The amount of an offer made by a health insurer to settle an alleged overpayment to the physician must be less than 90 percent of the alleged overpayment amount by the health insurer. Both parties may agree to settle the disputed claim at any time, for any amount, regardless of whether an offer to settle was made or rejected.

This was an improvement from previous versions of the bill, which would have mandated an unfair arbitration resolution process and set payment at less favorable rates. HB 221 bounced between the House and the Senate until the final moments of session, where it passed 118-1 in the House and unanimously in the Senate.

Prescription Drug Monitoring Program

Since the implementation of the Prescription Drug Monitoring Program (PDMP), only the pharmacist, prescriber or dispenser could access the PDMP database. This restriction created inefficiencies, as physicians were not able to delegate this task to designees, cutting into patient time and other important responsibilities. The FMA supported SB 964 by Senator Denise Grimsley and HB 313 by Representative Ray Pilon, which cure this inconvenience by allowing a designee of a pharmacist, prescriber or dispenser to have access to the database. SB 964 also allows an impaired practitioner consultant to review the database information of an impaired program participant who has agreed in writing to be evaluated or monitored through the program.

Expedited Partner Therapy

HB 941, the Department of Health package sponsored by Representative Julio Gonzalez, primarily made multiple changes to programs overseen by the DOH. Included in the package was a provision that allows a physician

licensed under chapter 458 or 459 to provide expedited partner therapy if the patient has an STD, has engaged in sexual activity before the diagnosis and indicates that his or her partner is unlikely to seek clinical services. The package passed unanimously through the Senate and by a vote of 112-3 in the House on the final day of session. This is another positive piece of legislation that promotes public health and accomplishes an FMA resolution.

Telehealth

The Florida Legislature once again took up the task to create telehealth legislation. There was conflict between the House (HB 7087 by Representative Chris Sprowls) and Senate language (SB 1686 by Senator Aaron Bean), regarding whether telehealth practitioners should be required to obtain a Florida license. The FMA worked with the bill sponsors and was adamant that Florida licensure was the only way to ensure the safety of Florida patients, as that is the best way to give the Board of Medicine jurisdiction over any disciplinary violations committed via telemedicine. HB 7087 bounced between the House and Senate several times. Ultimately, the passing bill only authorizes AHCA to conduct a study on telehealth utilization and insurance coverage and creates the Telehealth Advisory Council, which will provide recommendations based on the information collected in the study no later than June 30, 2017. The Council shall consist of 15 members, including two health care practitioners of different specialties and two representatives of organizations that represent health care practitioners. HB 7087 passed unanimously through the House and the Senate.

Free and Charitable Clinics

The FMA worked with the Florida Association of Free and Charitable Clinics, Inc. (FAFCC) and was able to successfully secure funds in HB 5001, line 466, in the amount of \$10,000,000 to the FAFCC. The appropriation provides grant funding to support free clinic operating costs and the expansion of access to health care services for low-income and uninsured persons. Funding will focus on delivery of direct patient care and expansion of clinic and network capacities to provide the same. The allocation methodology ensures that funds are distributed such that the free clinics are able to serve the needs of the greatest number of low-income and uninsured persons.

Transparency in Health Care

Due to significant changes in health care delivery and payment, the Legislature sought to create more transparency in health care costs. HB 1175 by Representative Chris Sprowls and SB 1496 by Senator Rob Bradley require AHCA to contract with a vendor for an all-payer claims database, which will provide an online, searchable method for patients to compare physician price and quality, and a Florida-specific data set for price and quality research purposes. HB 1175 further requires a facility to provide an itemized statement or bill within seven days after the patient's discharge or upon a request, whichever is later.

Initially, the limitations for the vendor requirements would have allowed for only one known vendor to submit a bid. The FMA worked with the bill sponsor to create a more open bidding process for potential vendors to ensure the best database. The FMA was also able to combat a provision that would have allowed the consumer advocate to set the rate for fair charges. If a physician charged more than the set fair rate, the physician would then be subject to disciplinary actions by the Board of Medicine. The FMA did not think this was a fair provision and was able to strike out the language before final passage. HB 1175 passed in the House by a vote of 116-1 and 34-1 in the Senate on the final day of session.

Legislation That Failed

Foreign-Trained Physicians

HB 1277 by Representative Daphne Campbell and SB 1626 by Senator Travis Hutson would have provided an alternative option for graduates of foreign medical schools to use to meet the education requirements for licensure by examination. The FMA was concerned that this additional option was not adequate under current

Florida licensing standards. As a result of the concerns raised by the FMA, this bill died in committee. The FMA is committed to maintaining the highest standards of licensure in the country.

Direct Primary Care

Direct Primary Care (DPC) is a primary care medical practice model that eliminates third-party payers from the primary care physician-patient relationship. The FMA supported legislation by Representative Fred Costello (HB 37) and Senator Denise Grimsley (SB 132) that would have provided that a DPC agreement and the act of entering into the agreement are not insurance and not subject to regulation under the Florida Insurance Code. The bill would have also exempted a primary care physician or primary care group practice from any certification or licensure requirements in the Code for marketing, selling or offering to sell an agreement. HB 37/SB 132 successfully passed through all referenced committees and passed through the House unanimously, but was never taken up in the Senate.

Ambulatory Surgical Centers

HB 85 by Representative Heather Fitzenhagen and SB 212 by Senator Don Gaetz related to Ambulatory Surgical Centers (ASCs) and Recovery Care Centers (RCC). HB 85 initially changed the allowable length of stay in an ASC from less than one working day to no more than 24 hours, which is the Medicare payment length of stay standard. It additionally defined an RCC as a facility with the primary purpose of providing recovery care services, to which a patient is admitted and discharged within 72 hours, and which is not part of a hospital. The Senate was not comfortable with the RCC component and removed the language. The Senate additionally added Direct Primary Care, Fail First and One Beacon provisions. The House rejected the additions and stripped HB 85 back to its original form. The bill eventually died in returning messages.

Health Insurance Legislation

The FMA supported legislation that would have prevented retroactive denials, allowed physicians to override fail first protocols, and provided a fix to One Beacon. The insurance companies vigorously fought our attempts to accomplish these goals. Fail first and One Beacon were in a package (HB 85) that passed out of the Senate but was rejected by the House. Retroactive denial passed through the Senate on multiple vehicles (SB 676, HB 85 and HB 221) and was also refused by the House. The FMA will continue fighting for legislation to eliminate these burdens on physicians.

Florida Medical Association: www.flmedical.org

BECOME AN HCMA MEDICAL STUDENT MENTOR

In-Office Mentor

Allow medical students to shadow you in your office. The frequency and number of students is up to your discretion.

Dinner Meeting Mentor

Escort up to three medical students during the social hour of an HCMA dinner meeting and invite them to sit with you and your colleagues during dinner. Medical students are eager to learn and receive guidance from practicing physicians regarding the medical environment.

Call the HCMA to sign up: 813.253.0471

Thank you for your consideration!

The Age of Benchmarking

Most medical practices today receive financial statements, tax returns, and some internal management reports which are required and necessary for obvious reasons. However, much more information has to be considered to effectively manage for success. Benchmarking would provide this critical information. In these challenging times for medical practices, benchmarking is more critical now than ever. The following common business principles must become the guiding philosophy of medical practices: “if you don’t measure it, you can’t manage it” and “if you don’t value it, you won’t change it.”

There was a time in medical practices when data was not that available. Systems were automated to the extent of appointments, billing, and collecting. Today there is an abundance of data but not many practices have been able to convert this data to accurate, accessible, and timely information. Without this critical information medical practices cannot be effectively managed.

Our software IT systems have become very complex. Most of their capabilities are either not understood nor utilized, and in some cases poorly conceived by software developers. So what could have been a good source of data to calculate key operating indicators or performance measurements has become another obstacle. For example, this data or these reports may not be accurate, accessible, consistent, or relevant to the management and oversight of the medical practice. So this becomes a challenge that must be overcome by the practice becoming more knowledgeable with the practice software and making sure the data entered is accurate and timely.

We live in a world today where key operating indicators, benchmarks, metrics, scorecarding, dashboarding, and performance measurements have become part of the common vocabulary of most industries. Benchmarking is an effective and dynamic way to change the way to manage and thus have oversight over the direction of the medical practice. It also becomes an essential tool to keep the private independent medical practice profitable and sustainable.

Benchmarking is simply the measuring

and tracking of key performance or operating indicators. A practice needs to be able to collect data that is reliable and timely. This data must be quantifiable and measurable in order to be converted into relevant information needed to manage. A practice also needs to first determine what metric or indicator will measure the factors that determine their practice success and then establish targets and goals for these metrics. A practice could have many objectives that will define success. For most practices, net income per shareholder will be the primary objective but there certainly should be other objectives. Thus the key performance indicators will need to measure the revenue cycle, efficiency in cost, and finally profits. Overriding these critical areas is an understanding of how these elements effect cash flow. This data must be further measured and evaluated at the payer level and not just in the aggregate for the practice.

For benchmarking to be an effective tool for management and oversight, these metrics need to be tracked and monitored internally and consistently over time. First, the right and appropriate metrics have to be determined and selected in order to be time efficient and to be relevant as an indicator of performance and achieving objectives. Second, the same metrics must be tracked over time. Time is the clear indicator of a trend. Third, the metric has to be monitored at three levels; historically within the practice, externally with peer practices within the specialty, and externally with best practices. As mentioned earlier and this must be stressed, the practice needs to develop targets and goals for each metric. Many resources are available today to determine these metrics.

The most significant reason for benchmarking and the “why” medical practices should adopt this management tool is for the analysis, evaluation, commentary, and then the dialogue that surrounds these key operating indicators. This objective commentary should accompany these measurements in order to provide meaning to the results and to determine what recommendations should be implemented in order to achieve practice objectives. The strength in this process is that it fosters discussion, dialogue, and collaboration

(continued)

Practice Management



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among the physicians, managers, and staff which will enable change. It will assist in the formulation of targets, goals, and action plans, and become the basis of key transformative decisions. Once management decisions are made and implemented, benchmarking will continue to track and monitor progress in order to determine whether the actions taken are achieving the desired results. If not, the decided policies or procedures should be adjusted. This will enable the practice to save any wasted time or delays in rapidly achieving desired results and achieving practice objectives. Time is essential in this environment of the business of health care.

This approach and tool is significantly rooted and based on the fact that time is very limited in order to manage effectively and have clear and direct oversight over the practice. Physicians and managers of practices have to realize that success and sustainability does not happen in a vacuum. Good management and sound decisions in medical practices can only be realized by using information and metrics that are relevant and are clear indicators of performance.

With all the clutter and confusion of data in practices today, this benchmarking process is critical in converting this important data into information that will enable the medical practice to focus on the areas that are relevant, enable them to concentrate on the specific challenges, and to use these objective metrics and conclusions to make decisions that will improve the profitability and success of the practice. It is so important for medical practices to start benchmarking; even if a practice initially starts with a few key operating indicators and becomes comfortable with the process and experiences positive results. By converting data to information through benchmarking, physicians and managers will come to better understand the important factors that determine success and what can be done in order to determine the outcome which will increase the viability and the sustainability of the medical practice.



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

The Rooster and the Till - Comfortably Trendy

The Rooster and the Till on Florida Avenue is similar to many restaurants in the mid-Tampa area that are popping up, but it has gained more following than most due to consistent and unusual food that has even had Emeril visiting. This small restaurant tucked in a small strip center abides to the current trend:

1. It is noisy
2. It is chef-driven, featuring farm-to-table dishes, and
3. It prepares meals and uses foreign words that are not familiar to “normal” people (like me).

So in order to make your visit easier and your wait staff less miserable from answering questions all of the time, here is a convenient cut-out-take-along-with-you dictionary:

Dr. Taste Bud's Rooster and the Till Menu Translations:

Falafel: Balls of fried chickpeas
Fazzoletti: Pasta “handkerchiefs”
Gastrique: Vinegar-deglazed caramelized sugar
Lardo: Cured pork fat
Maitake: A large Asian mushroom (with medicinal properties)
Matcha: Green tea powder
Nuoc Cham: Vietnamese sauce made with fish sauce, lime juice, and seasonings
Peperonata: Sweet bell peppers
Pierogi: Filled dumplings
Pistou: Pesto sauce minus pine nuts
Rouille: Sauce of oil, bread, and seasonings
San Mazano's: Similar but stronger than a plum tomato

The R&T, as they call it, is a friendly and interesting place. It is simple but decorated tastefully with a large wooden kitchen bar in the center and a chalkboard on the wall of fresh oysters and clams of the day with their origin indicated. Actually, sitting at the kitchen bar and watching the unusual and skillful preparations is a fun treat. It has become our favorite place to sit. It is obvious that the young staff is serious about their

profession. They are precise, busy, and concentrate thoroughly on their task at hand. There is no chitchat when the restaurant is busy.

Be sure to start your meal with a cheese, charcuterie, or combination plate to share. Served on a slate or wood block, it features varieties of cheese you may not be familiar with paired with small amounts of accompaniments such as honeycombs, fig bars, or quince paste. The combinations are well thought out and blend well. The charcuterie may be of a pâté, pastrami, or a duck sausage.

Small plates are offered next. We skipped the octopus, falafel, and pierogi, but had the gnocchi and short ribs with smoked ricotta cheese, San Marzano tomatoes, and spicy pickled peperonata. It was fun watching it being prepared, as our seats happened to be just in front of the area

where the dish was created. The short ribs were very tender with a slightly sweet glaze, filled with flavor, and the tastes of all the toppings mixed well. The gnocchi were thankfully small and tubular, not the heavy balls of dough found in many places.

For large plates, we have had the R&T fish of the day twice, once with amberjack and once with sheepshead. Each time the fish was delicate and light, sautéed perfectly, and the sides of small fried green tomatoes and celery crab salad finished the presentation well.

The fazzoletti is my favorite dish. The pasta is thin and almost crepe-like with a wonderful blend of tastes from the onion pistou, olives, the sous vide tomatoes, and Parmesan Reggiano cheese.

For dessert, we had the matcha custard with that deep dark rich taste of Valrhona chocolate in a slightly spicy sorbet. Could have eaten another one.

(continued)

Restaurant Review



Taste Bud

R&T has a wine list featuring “Wines You Have Never Heard Of,” arranged by price. We had a good Jean-Maurice blend of grenache and syrah, rated a 90 by Wine Spectator, for \$35. As with the food, they know what they are doing.



SUMMARY:

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MINUSES - - -	<ul style="list-style-type: none"> You may need to take along Dr. Taste Bud's guide or refer to Google often to decipher what you are ordering. 	<ul style="list-style-type: none"> As is the norm now, noise is a factor. 	<ul style="list-style-type: none"> They may become weary of translating the menu all the time. No online reservations which is unusual now; important if have ever.

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Newest Members

New Active Members

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Richard Cain, MD (ORS)
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Lindsay Hinson-Knipple, MD (OBG)
Mohammad Ibrahim, MD (IM)
Yoon Nofsinger, MD (OTO)
Marc Peden, MD (OPH)
Rengit Philip, MD (IM)
Delbert "Trey" Remaley, DO (ORS)
Robert Yelverton, Jr., MD (OBG)

USF Health Residents:

Suhas Gangadhara, MD (N)
D. Carolina Marques, MD (PTH)
Phouthasone Thirakul, MD (FOP)
Ashley Perkins, DO (PTH)

Brandon Regional Hospital Internal Medicine Residents:

Said Awad, MD
Talha Badar, MD
Kissonie Bair, MD
Shayan Butt, MD
Timothy Edmiston, MD
Henria Fain, MD
Linda Ferrer Gonzalez, MD
Sharad Malavade, MD
Vennis Lourdusamy, MD
Eduardo Morovo, MD
Tanvi Nandani, MD
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The Payer Provider Hub is a brand new resource for providers and healthcare businesses. Members of the Hillsborough County Medical Association call in toll free to **(888) 455-7702** on Tuesdays & Thursdays between 8:30-9:30am EST and receive a complimentary 15 minute phone consultation with a highly experienced healthcare reimbursement attorney from the Florida Healthcare Law Firm.

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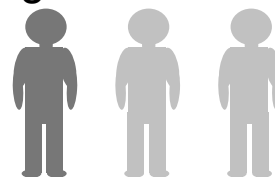


THE DIABETES FACTS



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Another **1** in **3** are at risk for developing Type 2 Diabetes in the future.



Don't like these numbers? We don't either!

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.

Call for more information and referral forms: 813-307-8071.

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Doctor as Computer Geek

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Can only look at computer screen

Need to do computer forms

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Wrong subject brought up,

Sorry can't talk about that

Not on the list for today

Computer tells me what to ask

Can't look at patient

No time

Can only discuss one problem

Too much work on computer to

Be able to discuss anything in detail

Insurance companies, government don't

Allow communication anymore

Have to fill out computer forms

Can't get paid

Without their computer tasks

Too many things to say

Sorry

Can only deal with problems

Outlined on the screen

Clock in, clock out

Patient is only a number on the screen

Government, insurance companies

Dictating patient care

No longer is physician

Healer or caregiver

Just another computer geek

~ Richard England, MD

Poets' Corner



Richard England, MD

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2016 Gasparilla Distance Classic

HCMA members were all over the streets of downtown Tampa February 20 & 21 for the Gasparilla races. Bulletin Editor and official photographer, Dr. David Lubin, was there to capture photos of the Gasparilla Race runners.



This photo, shot by Coleen Shephard, shows **Dr. David Lubin** shooting fellow photographer, Bill Ward, with Olympic runners Meb Keflezighi and Shalane Flanagan.

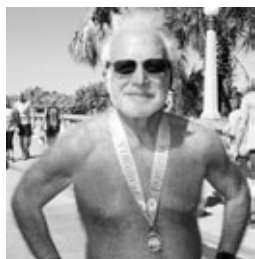


Coleen Shephard and Sponge Bob cheered on **Dr. Bruce Shephard** who ran the half marathon in 1:49:30.



Dr. William Carter's time for the half marathon was 2:17:07.

Dr. Donald Mellman just couldn't get enough. He ran the 5K on Saturday in 39:03 and then the 8K on Sunday in 1:06:33.



Simmy Campbell and **Dr. Morris Hanan** ran the 15k in 1:43:39 and 1:43:40 respectively.

And for the spouses...



Dr. Martha Price's husband, Tom McKeon, ran the half marathon in 2:25:18, while Elke Lubin, **Dr. David Lubin's** wife and HCMA Executive Assistant, ran the 5K in 42:47.

Congratulations Dr. Peden!



New member, **Dr. Marc Peden**, is our big winner! Dr. Peden's name was drawn from the names of physicians who joined the HCMA during the month of January. He is now the proud owner of a new, state-of-the-art, Apple Watch which was presented to him on February 24th by HCMA Executive Director, Debbie Zorian (pictured). Dr. Peden was pleasantly surprised at his good luck, but is resigned to the fact that he may have to turn over his winnings to his wife, Dr. Carmen Peden. Either way... Congratulations Dr. Peden!

Many thanks to ProAssurance, HCMA's exclusive Benefit Provider for medical professional liability insurance and risk management services, for underwriting the cost of the Apple Watch!



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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.

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