

*The*  
***Bulletin***  
OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION  
*May/June 2016*



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# The Bulletin

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September 20, 2016

## HCMA Dinner Meeting

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Centre Club

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

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



# The Bulletin: May/June 2016

## MEET YOUR PRESIDENT — FRED BEARISON, M.D.

Fred Bearison, M.D., originally from New Jersey, graduated from the University of Bologna, Italy Medical School. He moved to New Jersey to complete his internship and residency in Internal Medicine at St. Elizabeth Hospital in Elizabeth, NJ, where he met his wife, Kim, a nurse at the hospital.

After completing his residency in 1985, Dr. Bearison moved to Valrico, Florida and became the managing partner of the Valrico Brandon Medical Group. He served on the Florida Board of Medicine from 2005 – 2013. He states one of his greatest professional accomplishments was serving as

Chairman of the Florida Board of Medicine in 2009.

Dr. Bearison and Kim have three grown children: Craig, an NYU medical school student, Cara, a manager at Macy Corporation, and Amy, an FSU medical school student. Besides growing roses and vegetables, jogging, and target shooting, Dr. Bearison enjoys relaxing at a favorite vacation spot - Clearwater Beach.

Dr. Bearison's goals as HCMA President are to continue to fight against government and outside parties invading the practice of medicine and interfering with the sacred doctor/patient relationship. He also plans to continue growing the new programs established last year by immediate past president, Dr. Jose Jimenez: the Ambassadors for New Members and the Medical Student Mentorship programs.

He states that it is an honor to serve as this year's HCMA President.

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# Perception = Reality

I have always found it interesting that two people can share the same experience, read the same book, look at the same picture, or hear the same words and come away with a completely different interpretation.

Over my greater than 30 years of practicing medicine, two examples of this stick out in my mind and I would like to share them with you.

The first episode involved a hospitalized patient of mine by the name of Bill. He was a thin, elderly man who suffered from a multitude of medical problems and took over twelve pills daily. While in the hospital, along with his bedtime blood pressure medication, he was given a stool softener in the form of a yellow capsule. Eventually, after a prolonged month long hospitalization, he was finally discharged home to be cared for by his family. I saw him in my office about one week after discharge. He told me he was doing great at home but he only had one problem, he had severe insomnia. "The hospital messed up my discharge medications and did not give me a prescription for my sleeping pill." I explained to him that his bedtime meds, while hospitalized, were a blood pressure pill and a stool softener.

He went on to state he knew what his blood pressure pill looked like. He wanted the yellow capsule, his sleeping pill that he took at night. I patiently explained to him that the pill was a stool softener, not a sleeping pill. "Doc, I hate to tell you, that is my sleeping pill and I can't sleep without it," was his response. "Why else would they give it to me before bedtime, if it wasn't to help me sleep?"

That was Bill's perception of his medication; that was his reality.

Another example I recall was a recent office visit, one of my favorite patients, I'll call Ethel. When I entered the exam room she was not her usual bubbly self. "Dr. Bearison," she said, "I am so stressed out at work I don't know what I should do. I can't sleep at night; I barely eat and am always nauseated due to the tremendous stress I am under." Ethel was a relatively new patient; I didn't know where she worked, or what her job was.

"Ethel," I said, "exactly what do you do at your job?"

"Well Doc," she replied, "I work at the wastewater plant downtown."

Hmmm, I said thinking to myself; I wonder what she does that could cause her so much stress.

After a brief pause, she went on, "The wastewater travels through an open pipe about a 100 feet long. If the flow is too fast or if all the solids have not been filtered out it splashes up on the deck. It's my job to keep the deck clean so I don't get yelled at by my supervisor." That is Ethel's perception of stress; that is her reality.

Now let's transition over to my perception of the Hillsborough County Medical Association.

I see it as a vibrant, well established (over 100 years old) association made up of local physicians, assisted by a top notch staff, who work together to better our profession. Members have joined the association because they realize it provides opportunities to network with colleagues, has an enhanced (second to none in the state) benefit provider program offering tangible practice benefits, as well as providing political and professional advocacy on a local and state level, working together with the Florida Medical Association.

This is my perception of our medical association; this is my reality. What is yours? I hope it is similar to mine. I welcome the opportunity to speak about it with current and future members. I can be contacted at drfredb1@gmail.com.

Finally, please remember that our strength and advocacy for our profession and our patients lie in numbers. If you are not currently a member, please consider joining. If you are currently a member, thank you for your support and please consider recruiting new members.

Thank you, in advance, for sharing my reality of the Hillsborough County Medical Association.

## President's Message



**Fred Bearison, MD**  
drfredb1@gmail.com



# Hillsborough County Medical Association, Inc.

Established 1895

## HOW TO BECOME INVOLVED IN THE HCMA CHOOSE A WAY THAT IS RIGHT FOR YOU!

### Attend an Executive Council Meeting

The HCMA Executive Council is the governing board of the Association. The meetings are held bi-monthly at 6pm at the HCMA office and are open to all HCMA members. RSVPs are required. Call the HCMA office for a list of meeting dates.

### Attend a Dinner Meeting

The HCMA holds four dinner meetings per year. The meetings offer an excellent opportunity to socialize with colleagues, meet HCMA partners, and enjoy a variety of interesting speakers. Dinner meetings are held at The Centre Club in Tampa.

### Legislative Activity

The HCMA's political arm, HILLPAC, meets with legislators and interviews candidates to determine friends of medicine. The HCMA Legislative Committee hosts an annual Legislative Luncheon, and reaches out to legislators to educate them on important issues that affect physicians and their patients.

### Become an HCMA Delegate to the FMA

The HCMA Delegation prepares resolutions to be submitted at the FMA Annual Meeting which is held annually. At the meeting, resolutions are discussed by the FMA House of Delegates and, if approved, may result in proposed legislation or FMA policy.

### Medical Student 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.

### Join our Editorial Board

The HCMA's bi-monthly publication, *The Bulletin*, is the voice of our members. Submit an editorial, travel journal, photo diary, or relay an experience you believe would interest your colleagues. Submissions are always considered and suggestions welcome.

**Call the HCMA for information concerning any of the opportunities listed  
(813.253.0471) or email Debbie Zorian, Executive Director (DZorian@hcma.net).**

**Be sure to provide us with your email address so you can be kept apprised of pertinent information,  
urgent legislative updates, and to receive our monthly "Enews" and CME correspondence.**



# CONGRATULATIONS!

On May 9, 2016, Dr. Fred Bearison was installed as the 114th President of the HCMA, succeeding Dr. Jose Jimenez. It was also announced that the members listed below will serve the HCMA in the following capacities:



Thomas Bernasek, MD  
President Elect



Rebecca Johnson, MD  
Executive Council  
At Large Seat



Chris Pittman, MD  
HILLPAC Board



Malcolm Root, MD  
Vice President &  
HILLPAC Board



Rodney Randall, MD  
Executive Council  
At Large Seat



Michael Wasyluk, MD  
HILLPAC Board



Jayant Rao, MD  
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Pedro Soler, MD  
Executive Council  
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Bruce Shephard, MD  
Board of Trustees &  
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Anoop Reddy, MD  
Secretary



Erfan Albakri, MD  
HILLPAC Board



Rosemarie Garcia-  
Getting, MD  
Board of Censors



Alejandra Kalik, MD  
Executive Council  
Dist. 1 Seat &  
Board of Censors



Fred Bearison, MD  
HILLPAC Board



Cate Nall  
Executive Council  
Medical Student Rep.  
Class of 2019




Michael Cromer, MD  
Executive Council  
Dist. 3 Seat



Jose Jimenez, MD  
HILLPAC Board

**HCMA Delegates to the FMA (2016-2019):**  
Drs. Joseph Brown, Michael Cromer, Stanley  
Dennison, Rosemarie Garcia-Getting, Rebec-  
ca Johnson, Alejandra Kalik, Anthony Pidala,  
Rodney Randall, Jayant Rao, and Pedro Soler.



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# You'd think this was a no-brainer!

**E**d Homan preached it to us day in and day out while he was our state legislator in the Florida House of Representatives, and even afterwards. It takes money to get bills passed and no bill can be labeled as a “no-brainer.” I understood the concepts, but it didn’t hit home until I was part of the process.

A couple years ago, my mother-in-law, Elke’s mom, needed refills on her cholesterol and thyroid medications. Both were small white generics; neither bottle said what the medications were for. She told the pharmacist she needed one refilled, but it was actually the other that she needed. It was hard to convince her, but the pharmacy finally won out. At that point, using my Leo common sense, I deduced there was a simple fix. All the doctor had to do was add the reason for the medication on to the prescription so that it was printed on the label. No-brainer, eh?

I brought this matter up at last year’s HCMA/Legislative luncheon and Rep. Janet Cruz, Dr. Stephen Rifkin’s wife, contacted me and said she would do what she could to get something passed in the 2015 Legislature. But it was too late to have a stand-alone bill, so she tried tacking it onto others. Ed even emailed me with encouraging news...”Everyone thought it was an “apple pie” bill that shouldn’t get much opposition.”

Carlos Ramos, Rep. Cruz’s legislative aide kept in touch with me and let me know that there were a number of bills that they were trying to get this legislation attached to. One dealt with PBM’s (Prescription Benefit Managers), insurance companies, pharmacies, etc. Another was with the Diabetic Advisory Council, one with swimming pool safety, and the last one with Health Insurance. Sorry to say, it didn’t get attached to any of them. I was assured that Rep. Cruz would try again in 2016. Realizing that helmet safety and distracted driving legislation each took a few years to pass, I would look forward to the 2016 legislative session with great anticipation.

I also had discussed this issue with a local, independent pharmacist to get his input. He forwarded my proposal to Michael Jackson, Executive VP and CEO of the Florida Pharmacy Association. Mr. Jackson loved the concept but had

a number of questions, which I felt I answered adequately for him. These included:

1. Will physicians be disciplined for not providing this information or will the discipline be on the pharmacist for filling a prescription that had missing information required by law?
2. Will PBMs financially penalize pharmacies for filling prescriptions without this information?
3. What happens if a physician is guessing what is wrong with a patient and prescribes something just to evaluate the response?
4. Will the Department of Health sanction a pharmacist for filling a prescription that does not have this information on it? In other words if this information is lacking does that make it an invalid prescription?

These were tough questions, but it was my hope that there would not be disciplinary actions taken, rather it would be an educational process to help doctors treat Florida citizens, millions who would receive prescriptions and would better understand what medical condition the prescription was treating.

In July 2015, I received word from Rep. Cruz’s aide, that Rep. Cruz was introducing HB1161 in the 2016 legislative session. It was entitled “An Act relating to prescription medication” and it would amend five current prescription statutes. The prescriptions had to have everything already stated in the statutes “and the medical condition for which the drug is prescribed.”

This was my no-brainer, my apple pie, “Lubin’s Law.” Should I fly to Tallahassee and watch Gov. Scott sign the bill and then receive the pen as a souvenir? There I was counting chickens before they hatched. Aesop was said to have warned against it, as well as others some centuries later. But the Irish playwright, Oscar Wilde, also said, “People who count their chickens before they are hatched act very wisely because chickens run about so absurdly that it’s impossible to count them accurately.” Anyway, I felt very good about HB1161.

I received a call early in the 2016 legislative

*(continued)*

## Editor’s Page



**David Lubin, MD**  
**Dajalu@aol.com**

session, from a neurologist interested in my proposal, that it probably wouldn't even be heard in the Health Quality Subcommittee, headed by Cary Pigman, MD, R-District 55. He explained that an issue with the bill was that doctors could write for off-label uses and the insurance companies could deny payment based on that reason. I spoke to my local pharmacist who agreed that some insurance companies could do that, but that, on the other hand, some insurance companies were insisting that the condition for the prescription be included before they would pay for it. The eggs were starting to hatch, and indeed the chicks were running around absurdly. I spoke to Dr. Pigman's aide and he confirmed that might be a problem in getting the bill passed. The pharmacist suggested the prescriptions could be submitted by the pharmacies to the insurance companies, but the condition could be left off if it was an off-label use. I didn't think that would resolve the problem.

So "Lubin's Law," HB1161 never made it to committee for discussion. How disappointing was that? Very.

Millions of Floridians were being denied the safety factor of knowing why they were taking their little white

pills...hypertension, diabetes, thyroid, cholesterol? Our legislators were stymied by what the insurance companies would pay for despite the fact that a licensed physician, or physician's extender could legally write the prescription. Once again, the insurance companies were practicing medicine. I can imagine this no-brainer becoming quite complex based on what the insurance companies will or will not pay for and placing doctors and extenders between rocks and hard places, as well as patients in jeopardy, not knowing what their prescriptions are for.

Perhaps we need legislation directing the insurance companies to pay for any legal prescription, with the condition on the prescription, whether they like it or not, as long as the off-label use has been accepted in the medical community, not the insurance community.

Hopefully, Rep. Cruz will introduce this legislation again in 2017, and with some reasonable discussion, something can get passed. But with all these chickens running around, who knows?



## CORRECTION

In the March/April 2016 edition of The Bulletin (page 18), the spelling of HCMA Benefit Provider, Shumaker, Loop & Kendrick was incorrect. Please accept our apologies for the typographical error.

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# Robotification of Civilization - Welcome to The Twilight Zone

Opposite my column in the last *Bulletin* issue, which focused on my 30 years at the HCMA, I included “then and now” photos revealing transformations over the last 30 years. From technology, to fashion, to entertainment, the differences were astonishing. I’m specifically intrigued by the advances in technology over the last three decades, and what percentage of tasks, normally performed by humans, will be replaced with mechanical or electronic devices over the next three.

For those who are part of the baby boomer generation, you will no doubt remember watching *The Jetsons* as a child. It was a popular cartoon show featuring a family living in a futuristic utopia of elaborate robotic contraptions, holograms, and whimsical inventions. People lived in housing in the sky and drove aero cars that looked like flying saucers. The *Jetsons’* robotic maid, Rosie, stole the show in many episodes.

Artificial intelligence (AI) is advancing more quickly than ever, especially when paired with robotics. Research shows that robots will have an incredible impact on our workforce by 2025, with huge implications for industries such as health care, transportation, and manufacturing. I question whether robots will truly ease our toil or perhaps become a tool for oppression. Technology experts seem sharply divided, and passionate, about the subject. Optimists believe that technology will be a net creator of jobs as we will have the power to choose how we apply robotics to the work force. Pessimists are concerned that the coming wave of innovation will threaten all aspects of the work force and that political and economic institutions are poorly equipped to handle the challenges presented by using robots.

A *Harvard Business Review* article, written by Bill Davidow, a high-technology industry executive and venture investor, and Michael Malone, a regular op-ed contributor to *The Wall Street*

*Journal*, stated, “The technologies of the past, by replacing human muscle, increased the value of human effort, and in the process drove rapid economic progress. Technologies of the future, by substituting for man’s senses and brain, will accelerate that process – but at the risk of creating millions of citizens who are unable to contribute economically, and with greater damage to an already declining middle class. In contrast to the rate of technology progress in the past, progress today comes rapidly. The rates of progress are embedded in the creation of intelligent machines that will soon dominate the global economy, which will drive down the value of human labor with astonishing speed.”

I see a double-edged sword in that scenario. Although technological progress will no doubt create a multitude of new opportunities for employment, there very well could be hordes of citizens with zero economic value. Figuring out how to deal with the impacts of that development may be the greatest challenge facing free market economies in this century. Perhaps an individualized, cultural approach, to the meaning of work and the purpose of life should be on the horizon.

Since much research exists regarding the belief that all valuable human skills and varieties of knowledge are things that can be assimilated in a machine-like way, it makes me wonder about the fine details of human exchanges. I believe many will agree that a machine-oriented culture will create more social disruptions that will have profound impacts on society. In my opinion, we have already crossed the line with technology that has affected our children and young adults in ways that prevent them from forming a healthy relationship with family, friends, and society in general. Youth today spend so much time maintaining superficial connections online that they leave little time to cultivate real-life

*(continued)*



## Executive Director's Desk



**Debbie Zorian**  
DZorian@HCMA.net

relationships. They have gotten away from personal interactions to the point of causing harmful behaviors and addictions to surface. I dare to touch on the vulnerability and psychological damage that social networking (from sexting and chat rooms...to cybersex and virtual reality porn), have already had on our youth. As their sense of intimacy becomes increasingly distorted, will they become a generation of non-empathetic adults living in a world of complete fantasy without any emotional commitments? I recoil to imagine the future progression of destruction and danger as more and more adolescents become privy to the immoral side of technology.

During my research, I also read many examples of intelligent technology gone wrong, but more often than not they involve deception. Malevolent bots, designed by criminals, are now ubiquitous on social media sites and elsewhere online. The mobile dating app Tinder, for example, has been frequently infiltrated by bots posing as real people in an attempt to manipulate users into using their webcams or disclosing credit card information. As robots become increasingly connected to the internet, and able to respond to natural language, one needs to be especially vigilant about figuring out who, or what, they are talking to.

In the profession of medicine, Dr. Pete Diamandis, chairman and CEO of XPRIZE, a Foundation that leads the world in designing and operating large-scale incentive competitions, expects that it will only be a matter of time before diagnoses will be something primarily done by machines. He sees the role of the physician changing significantly through the use of robotics and believes robots will end up performing surgeries on their own, without the assistance of a medical professional (which is extremely difficult for me to imagine).

Last year, the Florida Hospital Nicholson Center in Celebration successfully tested lagtime created by the Internet for a simulated robotic surgery in Ft. Worth, Texas, more than 1,200 miles away from the surgeon who was at the virtual controls. The Center's simulator mimics procedures performed by a da Vinci robotic surgery system, the most common robotic equipment in use today, which is involved in hundreds of thousands of surgeries every year worldwide. According to a recent report by Allied Market Research, surgical robotics sales are expected to almost double to \$6.4 billion by 2020.

Although robotic techniques are recognized to improve the safety of surgery, lessen complications, and reduce postoperative pain and recovery time, robot-assisted surgery also has its critics. The importance

of surgeons and the rest of the surgical team being sufficiently trained are of concern. Issues have also been raised concerning the vulnerability of these systems to hacking. And concerns about robotic surgery become even more pronounced in regard to systems that make use of artificial intelligence. Professor Richard Lilford, University of Warwick's Chairman of Public Health, states, "Doctors often have to act even before a definite diagnosis is reached, which would put human intuition in the spotlight." He believes that the human aspect in medicine is irreplaceable because doctors can provide a form of psychological or emotional relief which a computer would definitely lack, and that separating psychological care from physical care is lethal.

Regardless of whether or not fully-automated surgery ever becomes a realistic proposition, robots will certainly play an ever larger role in the profession of medicine. In the end, it's how the existence of both human physicians and healthcare robots, in the same environment, can help advance knowledge and better quality of care for patients.

Although I admit to finding it a bit unsettling, whether we are talking about service robots, robot cops, robot teachers, or medical and rehab robots, robotification is certain to bring many enhancements to our society. While it's plain to see the many benefits, I still must use the "too much of a good thing is still too much" idiom. And robot "entertainers" (AKA sexbots) is one so called advancement that I simply can't wrap my mind around. I read an article online that indicated sex robots could be the biggest trend of 2016 as more lonely humans seek mechanical companions. These uncanny robots are created to look and feel as humanlike as possible. I already believe that technology, coupled with AI, is destructively transforming every step of our love lives and altering our relationships and the meaning of fidelity. However, what really shocked me was a report from Futurologist, Dr. Ian Pearson, who predicted having sex with a humanoid robot will be the norm in a few short decades. Sounds like a plot of a 1980's sci-fi film! His statistics go on to claim that by 2050, human-on-robot sex will be more common than human-on-human sex.

The most intimate of human acts with a non-human partner? Excessively creepy, in my opinion.

But that's just the opinion of one baby boomer who was never a fan of Rod Serling.

*"Unless mankind redesigns itself by changing our DNA through altering our genetic makeup, computer-generated robots will take over the world." – Stephen Hawking*



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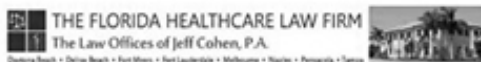
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# First of Its Kind for the Tampa Bay Area

**T**ampa Bay Integrated Healthcare Network (TBIH) has partnered with major health insurance companies to expand upon and improve quality of care for patients in the Tampa Bay area.

TBIH was formed in 2012 and is now comprised of over 200 independent physicians. As the first and only physician led, clinically integrated network in the Tampa Bay area independent of a hospital system, the TBIH physicians are working together to advance Tampa's medical scene. Through independence and autonomy, these physicians are empowered to make their own decisions, and as a result, they enable healthcare to thrive.

The benefits of these new arrangements are multifaceted, affecting the physicians and patients, as well as the community at large. Patients and community members will now have greater access to healthcare, improved care coordination and a subsequent increase in the overall health status of the Tampa Bay area. Additionally, these new arrangements intend to minimize costs for everyone. TBIH is focused on quality, efficient and proactive healthcare for the entire Tampa Bay community.

"Tampa Bay Integrated Healthcare Network is proud to collaborate with health insurance companies, embracing a state-of-the-art approach to revolutionize how patients receive medical

care," said Mona Boghdadi, M.D., president of TBIH and president of University Community Independent Practice Association (UCIPA). "Our physician network is committed to providing high quality, cost effective care to our patients to achieve improved results and patient satisfaction. Our goal is to reduce hospital readmissions, eliminate unnecessary emergency room visits, and eliminate duplication of services. Our team is committed to support our patients towards better health and we will strive to minimize costs by sharing information and meeting superior targets."

## About Tampa Bay Integrated Healthcare Network (TBIH):

TBIH is a physician-led clinically integrated network, founded and established by University Community Independent Practice Association, Inc. (UCIPA) and Tampa Bay Provider Group, Inc. (TBPG). UCIPA and TBPG have provided excellent cost-effective medical services for over 500,000 members in the Tampa Bay area for over 22 years. TBIH physicians will follow the footsteps of their predecessors, take medical care to the next level, and continue to be leaders in their communities for providing high quality care to patients in the Tampa Bay area. For more information contact TBIH at [mbowne@ucipa-tbpg.com](mailto:mbowne@ucipa-tbpg.com), call 813-615-2520, or visit the website: <https://ucipa-tbpg.com/>

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## UPCOMING EVENTS\*

- July 14** Media Training Seminar, HCMA office, 6pm. HCMA members and staff only. RSVPs required. No charge.
- July 19** HCMA Executive Council Meeting, HCMA office, 6pm.
- July 29-31** FMA Annual Meeting, Disney Yacht & Beach Club, Orlando.
- August 23** Merit Based Incentive Payments (MIPS) Seminar, HCMA office, 6pm. HCMA members and staff only. RSVPs required. No charge.
- Sept. 12** **MONDAY** - HCMA Dinner Meeting, Centre Club. Featured Speaker: Anna Pou, MD. Social hour: 6:30pm; Dinner/Program: 7:30pm.
- Sept. 20** HCMA Executive Council Meeting, HCMA office, 6pm.
- Sept. 22** Membership Appreciation Reception, Palma Ceia Country Club, 6:30pm-8:00pm. RSVPs required. Sponsored by The Legatus Group.
- October 13** HCMA Foundation 20th Charity Golf Classic, Carrollwood Country Club (NEW LOCATION). Golfer, sponsor, and volunteer opportunities available. Call Kay or Elke at the HCMA for details: 813.253.0471.
- October 18** Navigating Your Referral Base Seminar, HCMA office, 6pm. HCMA members and staff only. RSVPs required. No charge.

*\*Meeting details subject to change. Please contact the HCMA office to RSVP prior to attending (813.253.0471).*

# Thank You The Bank of Brandon Region & The Legatus



Drs. Robert Maddalon, Thomas Davison, William Davison, and Thomas Bernasek.



Drs. Rodolfo Eichberg, Thomas Bernasek, Sam Diasti, J.J. Diaz, Michael Yarnoz, and Jairo Parada.



Dr. Fred Bearison's cheering section (L-R): Dr. Fred Bearison, wife Kim, daughter Cara, niece Lauren Iarussi, daughter Amy, mother-in-law Patricia Robertozzi, sister-in-law Kari McGuiness, mother Carol Bearison, and brother Michael.



HCMA Alliance President, Bill Butler, Former Tampa Police Chief, Jane Castor, and FMA Alliance President, Michael Kelly.



HCMA Benefit Provider and dinner meeting sponsor – The Legatus Group.

On May 9, 2016, the Hillsborough County Medical Association held a dinner at the Centre Club. Dr. Fred Bearison was installed as the new president, and Dr. Jose Jimenez was installed as the new president. In addition to Dr. Bearison's inauguration, several new members were announced.

Guest speaker, Jane Castor, Tampa's Former Police Chief, spoke at the dinner, depicting the similarities between the professions of physicians and police officers.

New members, Drs. Ammar Hatab, Akhil Maheshwari, and Dr. Michael Kelly, all came to the Association.

Members of the HCMA's medical student contingency were also present, including Michael Cromer, Eva Crooke, Ashley Maru, Jayant Rao, and Deborah Trehay. The dinner meeting mentor program members very much appreciate physicians taking the time to escort them to the dinner.

Many thanks for the generosity and continued support of the Hillsborough County Hospital, and The Legatus Group for making the evening so enjoyable.



Dr. Bruce Shephard, Board of Trustees Chairman, thanked Dr. Jose Jimenez for his leadership over the past twelve months.



Former Tampa Police Chief, Jane Castor.



Representing the dinner meeting sponsor (The Legatus Group CEO), Mr. Joe Yagar (The Legatus Group EVP Market President), welcomed everyone to the dinner.

# You Tampa Hospital Group

Association (HCMA) held its annual installation ceremony as the HCMA's 114th President, succeeding the previous president, the new officers and representatives

gave a humorous and sobering presentation to the physicians and police officers.

and Vinod Singh were introduced and welcomed.

He was paired with the physician members: Drs. Anoop Reddy, Brett Scotch, Bruce Shephard, and Vinod Singh. Anoop is a favorite of the medical students who work with them during the social.

of The Bank of Tampa, Brandon Regional Hospital, and as much as possible.



Castor.



Dr. Craig Berger and his lovely wife, Melissa.



ing sponsors, Mr. Bland Eng (Brandon Hospital Group), and Mr. Corey Neil (The Bank of Tampa) and everyone to the dinner.



Dr. Fred Bearison accepts the President's Gavel from Dr. Jose Jimenez; signifying the "changing of the guard."



Dr. Malcolm Root, Carole Hooper and her husband, Dr. Glenn Hooper.



Dr. Manuel Rose (far left) joins Dr. Anoop Reddy (second from left) and Dr. Ashley Maru (far right) as they mentor medical students Amir Boubekri and Nirraj Gowda.



Dinner meeting sponsors – Brandon Regional Hospital.



Dinner meeting sponsor and HCMA Benefit Provider – The Bank of Tampa.



Elke Lubin (HCMA Executive Assistant), Chief Jane Castor, Debbie Zorian (HCMA Executive Director), and Kay Mills (HCMA Membership & Event Coordinator).

## Please Consider Making a Donation

The Foundation is the charitable arm of the HCMA. Through the Foundation, grants were provided to medically related organizations and medical student scholarships. In order to accomplish this, donations to the Foundation, as well as participation in our annual fundraising event, are essential.

As a result of the 2015 Foundation Charity Golf Classic, we were able to award grants and a scholarship to:

Michael Manasterski, USF MCOM medical student

Frameworks

Hillsborough Water Safety Team

Judeo Christian Health Clinic

MoreHealth

Outreach Clinic Brandon

SJH Foundation/Craniofacial New Patient Welcome kits

Voices for Children

The 20th HCMA Foundation Charity Golf Classic is being held Thursday, October 13th at the Carrollwood Country Club. We hope you will join us for a great day of golf, camaraderie, and fundraising!

Visit: <http://www.hcma.net/Docs/Golf-INFO-FACT-SHEET-2016.pdf>

And please consider donating to YOUR Foundation. Call the HCMA office 813.253.0471 or visit [www.hcma.net/About-HCMA-Foundation.html](http://www.hcma.net/About-HCMA-Foundation.html)

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Call Kay or Elke at the HCMA for more information: 813.253.0471.

# Cultural Entertainment in the Tampa Bay Area Series - Second Installment:

## Stageworks Theatre

This group was established in 1983 by its founder and, until recently, Producing Artistic Director, Anna Brennen. Ms. Brennen has retired but is still the Grande Dame.

From 1983 until 2012 it was an itinerant group without a venue it could call its own. From 1984 to 1986 their performances were held at the Ybor City Italian Club. Since then their Mainstage Seasons have been at the Straz Performing Arts Center Jaeb and Shimberg Theaters, Hillsborough Community College/Ybor City Campus, the Historic Falk Theater at the University of Tampa, and the Gorilla Theater in Drew Park. Finally, in the summer of 2012, Stageworks opened its new and very own home in the Channelside District. Generous area developers lease the space to Stageworks for \$10 a year.

From Ybor City to Edinburgh - They have toured the state of Florida and have been as far as the Hong Kong and Edinburgh Theater Festivals.

The new Producing Artistic Director is Karla Hartley. She is a third generation Tampa native (how many of these do you know?). She received a Bachelor of Fine Arts in Theater Studies from Boston University in 1992. She has received numerous awards as a director and for acting. Karla is an adjunct instructor in the Department of Theater and Dance at the University of Tampa.

The Stageworks mission is "to provide the highest quality professional theater which respects, ignites, and celebrates the human spirit while challenging the thresholds of intolerance and insensitivity."

### Stageworks commitments are:

- To present new and enduring works from a variety of cultures, and showcase the diverse artists of Tampa Bay.
- Bring productions and workshops to underserved communities for free or at nominal cost.

- Provide artists with a support network and forum for their work.
- Help create at least one project every year with another art form or social organization.
- Give Florida artists exposure and recognition.

The plays presented range from the serious and time-honored like the recent, *Inherit the Wind*, to the zany, hilarious *Psycho Beach Party*, coming in October.

In addition to the performances, Stageworks has programs for at-risk youth, teaching positive ways to express anger and deal with conflict. There are several courses, and even drumming, as a forum of self-expression.

There is an annual social event for supporters and friends which is a masque ball, with dinner, dance, and a silent auction. For the past few years, it was held at the Centro Asturiano, usually in January. A fun night out for everybody!

Many thanks to Karla Hartley for graciously allowing me to interview her.

### Stageworks Theatre

**STAGEWORKSTHEATRE.ORG**

**1120 E. Kennedy Blvd., Tampa, 33602**

**813.374.2416**

### Upcoming:

*Psycho Beach Party* – Charles Busch

*Five Lesbians Eating a Quiche* – Evan Linder and Andrew Hobgood



Entertainment



**Rodolfo Eichberg, MD**  
**Eichberg@tampabay.rr.ocm**



# Hillsborough County Medical Association, Inc.

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## BECOME AN HCMA MEDICAL STUDENT MENTOR OR NEW MEMBER AMBASSADOR

### GET INVOLVED

#### Medical Student 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.

#### New Member Ambassador

Welcome a new member to the HCMA. You will be provided with names and contact information. Invite the new member to lunch or meet them at a dinner meeting to introduce yourself and colleagues.

To get involved in any of the programs, please see an HCMA staff member or complete a sign-up sheet. You will be contacted and provided with appropriate information to participate in your chosen program(s).

**Thank you for your participation!**

# On mentoring...

We have all had the opportunity to see people who are experts at their work. We've seen the nurse who knows how to truly connect with a patient, the customer service rep who takes care of everything and anticipates future needs, or the physician who perfectly completes a difficult procedure. We have all seen these individuals work and use their examples to improve our own skills and behavior. Think back to when you were in training. Did you have anyone who had a particular impact on you and the professional whom you have become? By observing and interacting with these skilled people, you were able to incorporate their knowledge into your practices and become successful. I know I have been fortunate to see individuals that are excellent at what they do and have skills that I wish to learn - especially in medical school. I am surrounded by brilliant people. My classmates, my teachers and preceptors, my anatomy TAs, and particularly my few patients have taught me, and continue to teach me, what I need to know to become a skilled physician.

One experience in particular stands out. In my program, as first year medical students, we are assigned a doctor to follow for several hours once a week. We go to their clinic and follow them throughout the day. One day, I got to follow a palliative care physician and sit in on a family meeting. The patient's condition was not improving and the family was dealing with the fact that they didn't have much longer with their loved one. It was a very difficult situation, but the physician was amazing to watch. He was so calm and clear. He opened the conversation by asking the family what they understood about the patient's condition. He found out what their concerns and expectations were. If they didn't understand something, he clearly explained it. He answered all of their questions and explained the options that were available for the patient. And he did it all expertly. He was able to describe the condition of the patient and the possible outcomes clearly, so that the family understood, but without any harshness or negativity. He was aware of the body language and mood of the family and helped them explore their feelings about the situation which they were in. It was a difficult and sensitive conversation to watch, but it was so helpful for me to observe an expert at work. One day, I will be the one having that conversation with a devastated family and I know that I will draw from this experience.

Over the last few years, I have had the opportunity to shadow several physicians and learn from each of them. Whether it was a clinical detail about an illness, or how to express empathy for a patient who was brutally assaulted, I have learned from that interaction. These experiences allowed me to see what it was like to be a doctor and confirmed that this was the career for me. At this point in our training, we know that we want to be doctors, but we are still in the process of determining what type of doctor we should be. Having a chance to see a day in the life of a practicing physician and being able to ask questions can help us decide. Mentoring provides an opportunity for these connections and more.

Mentoring allows doctors to have another set of eyes in the exam room. While the experts are performing tasks that may have become routine, the questions from students allow the doctors to analyze, solidify, or even improve their practices. As a doctor who has already been there and gone through the experience of medical school and residency training, you can provide much needed insight and guidance.

Mentoring helps at the macro level as well. Mentoring helps to bridge the gap from the veterans to the newest recruits, ensuring that by the time new doctors are face-to-face with new patients, they have the experience to live up to the expectations which come with the white coat. It provides a connection between the experts and the physicians of the future, and allows the experts to shape that future. In this ever-changing field, we can use all the guidance we can get.

Over the summer, we will be partnering with the HCMA to coordinate a mentoring program for USF medical students. If you are interested in becoming a mentor, please contact Ms. Elke Lubin at the HCMA and we will work on pairing you with a medical student. I know many of you have already signed up, and I want to thank you for doing so. Keep an eye out for more information about the mentoring program in the future!

*"Show me a successful individual and I'll show you someone who had real positive influences in his or her life. I don't care what you do for a living - if you do it well I'm sure there was someone cheering you on or showing the way. A mentor." - Denzel Washington*



## Medical Student's Perspective



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# Telemedicine Benefits and Risks

The healthcare landscape has changed radically in recent years. Implementation of the Affordable Care Act, expanding roles for nurse practitioners and physician assistants, meaningful use, and ICD-10 implementation are just the highlights. But one change that often gets overlooked is the rapid expansion of telemedicine—“the ability to provide interactive healthcare utilizing modern technology and telecommunications.”<sup>1</sup> Telemedicine includes interactive video, home monitoring devices, scanning and emailing photos, and myriad other ways physicians and patients can communicate without a face-to-face interaction.

## Drivers

Several factors are driving the telemedicine explosion, including

- **Convenience**<sup>2</sup> — a patient can sit in their living room and consult with a dermatologist who can view the problem area. A cardiologist can review monitor readings from their office while the patient is at home. Diabetics can check blood sugar levels and upload the results for their physicians to monitor.
- **Cost savings** — telemedicine allows physicians to consult with more patients within a shorter timeframe.<sup>3</sup> This increases revenue for the physician, saves patients money on travel expenses, and decreases patients' time away from work and family.
- **Efficiency** — images and documents can be sent electronically. The consulting physician can then conduct an electronic visit with the patient. This decreases the potential for noncompliance (especially with regard to specialist follow-ups), saves time, and increases physician-to-physician collaboration.

## Drawbacks

While technological advances have helped advance telemedicine, technological failures can be one of its biggest drawbacks. Networks are subject to interruptions, delays, system overloads, or other technical difficulties. Because telemedicine is wholly dependent on working technology, its

effectiveness is severely hampered when technology fails.

Privacy, security, and confidentiality are other potential problems. Even when healthcare providers take necessary security precautions, hackers may still access electronic communications—and HIPAA extends to the patient's living room. It's important to take necessary precautions to ensure telecommunications are as protected as possible. Use encrypted emails, consult with cyber-security experts when setting up your telemedicine practice, and develop a well-written consent form that addresses the risk factors of telemedicine.

It also is important not to overlook physical interactions between physicians and patients. Sometimes patients need a physical exam for an effective diagnosis (e.g. broken bones). Seeing patients in person helps establish a trusting, cooperative relationship that may be challenging to build electronically. Both parties may be more engaged if conversations are conducted in-person. This may be less of an issue if you only use telemedicine for established patients. It is still a good idea to suggest an annual in-office examination.

## Mobile Apps

Mobile app use is booming. According to one estimate, the global mHealth market was valued at \$13.6 billion in 2015, with an expected compounded annual growth rate of 34% over the next six years.<sup>4</sup> The implications are equally enormous.

Mobile apps can be used for anything from monitoring patients remotely to facilitating physician/patient communication. A brief review of cardiology related mobile apps<sup>5</sup> revealed several that allow physicians to demonstrate, illustrate, or show videos to patients to help explain certain conditions. Mobile apps also can provide decision support for physicians or help with diagnoses.

Dermatology apps can help patients track moles and other skin lesions to document changes. One app, developed by University of Michigan physicians, includes a skin cancer risk calculator.<sup>6</sup> Another dermatology app claims to be 70% accurate in predicting the severity of a mole; der-



**Jeremy A. Wale, JD**  
ProAssurance Risk  
Resource Advisor

matologists are about 85% accurate according to the same article.<sup>7</sup>

**Risk Management Considerations**

Increased availability and real-time data are key telemedicine benefits. But while these two factors seem to foster patient/physician communication and nurture that relationship, they also may increase your risk exposure.

If you offer electronic availability to your patients, consider how it could negatively impact you when something doesn't go as planned for a patient. A plaintiff's attorney could present to a jury your claim to be available, and then state the patient didn't receive the type of response promised. The attorney could assert your failure to be immediately available directly led to the patient's negative outcome.

Real-time data also can present challenges. On one hand, it may increase your effectiveness as a health-care provider. However, it also can create professional liabilities, particularly in the event of a claim. Consider: If you receive real-time blood sugar results from a patient and fail to notice a large spike or depression, could you be held liable for a negative outcome? A juror might look at this information and ask, "Why didn't the doctor notice this sooner?"

These examples highlight the importance of full disclosure and informed consent when it comes to telemedicine. It is important patients and healthcare providers are aware of both the advantages and limitations telemedicine presents.

You also may wish to consult with your insurance agent to determine if your current policy covers internet-based services.

*About the author: Jeremy Wale is a licensed attorney in Michigan where he works as a Risk Resource Advisor for ProAssurance, HCMA's Benefit Provider for medical liability insurance. He has authored numerous articles about mitigating medical professional liability risk. Mr. Wale also conducts loss prevention seminars to educate physicians about new and emerging risk*

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# Portillo's - Fast and Furious

It is weird, strange, and unusual to do a restaurant review for a fast food establishment but Portillo's has such a long and storied history, The Taste Bud could not resist. Anyone who has lived in Chicago, and many who have visited there, know Portillo's well. Opening in 1963, their current flagship there is always packed, has about a three story high ceiling, lots of neon, and lots of energy. Their hot dogs are famous but their most talked about item is a milkshake; they throw in cake to make it a decadent stomach buster.

They have about fifty locations now but keep doing things differently, which works. They bring in four or five times the revenue of a typical McDonald's. If there is a line of cars in the drive-thru they take your order and money in line and deliver your food before you get to a window. Maybe when there are those long drive-thru lines at Chick-Fil-A, they should put some of those cows to work outside taking orders instead of having them paint billboards. Portillo's ships food all over the country and has forty people in a call center taking phone orders. Because the Tampa Bay region was the area that called in the most meals, Portillo's opened their first Florida location in Brandon.

First of all, at meal times, there are mobs of people visiting. But Portillo's is a model of efficiency. Despite the crowds, everything usually runs smoothly and rapidly.

Now, about the food. The "Everything" hot dog has mustard, relish, celery salt, chopped onions, sliced tomatoes, "sport" peppers, and a kosher pickle wedge the size of the bun, all in a poppy seed bun. It is an explosion of flavors and if you like a little bit of spice, make sure you order yours with the small sport peppers. They also have chili dogs (and plain chili), jumbo hot dogs, and Polish dogs. But the menu is more extensive than just hot dogs.

About as popular, or more so, is the Italian beef sandwich on French bread. It is packed with layers of moist thin slices of beef. It is a mouthful and enough for a meal. They haven't forgotten seafood lovers with a tuna sandwich with grilled tuna (the "real" tuna, not canned) as well as a

fried halibut sandwich. There is even a veggie sandwich with portabella mushrooms and Havarti cheese. There is a decent array of burgers and chicken sandwiches. We had a grilled tuna sandwich. It was a healthy slice of tuna with thin red onions, chopped lettuce, tomato, and tartar sauce on a toasted bun. The tuna was well done, more done than I like, but the tastes blended well and for six dollars it's a good deal.

Sides include good crinkle cut fries that are not greasy like some establishments. But don't bother with the cheese fries. It's only 70 cents more and worth less...it's the same goop that the movie theaters use.

The onion rings are crisp and good, pretty standard fare. The fruit cup is rather large and appears to be all fresh. A side tamale was mushy and tasteless.

There is a chicken noodle soup with thick noodles and viscous broth, a hearty small bowl is only \$3.59.

If you want just a salad, there are plenty of choices. We had the Classic Caesar which was fresh and good and also tried the same with slices of the same grilled tuna as the sandwich. There are chopped salads, chicken pecan salads, apple walnut garden salads, BBQ chicken salads, and poppy seed fruit salads to satisfy every taste.

Now the yummy part. Their chocolate cake is moist with a creamy dark chocolate icing. It tastes as good as homemade. The "Chocolate Eclair Cake" is creamy, fat laden and layered, much like a Napoleon. It was so good it was almost worth the rich scrumptious calories. And Portillo's is famous also for their yummy "Chocolate Cake Shake" which is a chocolate shake with added bits of chocolate cake throughout just to make it memorable.

If you are a Rays, Lightning or Buccaneers fan be warned there are plenty of Cubs, Blackhawk and Bears shirts. Didn't see any White Sox ones...

*(continued)*

## Restaurant Review



**Taste Bud**

**SUMMARY:**

	<b>CUISINE</b> U U U U U	<b>AMBIENCE</b> U U U U U	<b>SERVICE</b> (Self Serve)
<b>PLUSES</b> + + +	<ul style="list-style-type: none"> <li>• Good comfort food with a few twists</li> </ul>	<ul style="list-style-type: none"> <li>• A huge, fun, busy place with a multitude of clever and historical signs</li> <li>• A happier, more exciting place than 99% of fast food places.</li> </ul>	<ul style="list-style-type: none"> <li>• There are plenty of trained employees to speed your visit and help you along.</li> </ul>
<b>MINUSES</b> - - -	<ul style="list-style-type: none"> <li>• Stick to the most popular items, the rest are iffy.</li> </ul>	<ul style="list-style-type: none"> <li>• Crowds can be somewhat pushy and hard to negotiate.</li> </ul>	<ul style="list-style-type: none"> <li>• Line standing is a must.</li> </ul>

Portillo's, 1748 Brandon Boulevard, 813 210 8190, [www.portillos.com](http://www.portillos.com)

Restaurants are rated from one to five stethoscopes.



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# Connecting Communities through Health Information Technology

Connecting health care providers across communities increases coordinated care and better patient outcomes. The Agency for Health Care Administration (Agency) supports these connections by promoting the use of health information technology (health IT) throughout the state of Florida. The Agency manages the Florida Health Information Exchange (Florida HIE), which enables the secure statewide exchange of health information between health care providers and administers the Medicaid Electronic Health Record (EHR) Incentive Program funded by the U.S. Centers for Medicare and Medicaid Services (CMS).

The Medicaid EHR Incentive Program encourages eligible providers (EPs) to adopt and meaningfully use certified electronic health record technology to support the exchange of health information. This year is the last year that EPs can begin participation in the program and take advantage of the incentive payments offered (totaling \$63,750 over the course of six years).

The benefits of EHR utilization are extensive. Patients can become more engaged in their health care through patient portals, and providers can more easily document information and coordinate with one another. This exchange of information promotes measurable improved care delivery and performance, leading to improved patient outcomes.

In order to participate in the Medicaid EHR incentive program, providers must be a non-hospital based physician, dentist, advanced registered nurse practitioner (ARNP), certified nurse midwife, or Physician Assistant (under certain circumstances). Participants must have 30% Medicaid volume, 20% if they are Pediatricians. Providers can begin the program by simply adopting, implementing, or upgrading to certified electronic health record technology. In years that follow, participants begin documenting specified measures to demonstrate the meaningful use of their EHR technology. As part of meeting these measures, providers must be able to transfer patient information from their EHR to other providers electronically when there is a transition of care. One way to achieve this measure is through

use of the Direct Messaging Service offered by the Florida HIE.

The Direct Messaging service provides health care professionals with a secure, encrypted, HIPAA-compliant way to securely exchange messages and health information via email. The Florida HIE's Direct Messaging service is nationally accredited by Direct Trust. This accreditation provides the ability for providers, vendors, and organizations to exchange information across a very large community of entities meeting these standards. Users of this service include health care providers, health plans, and health care agencies. This web-based service has no software to download and can be integrated with electronic health records and health information or used as a stand-alone mailbox.

In addition to the Direct Messaging Service, the Florida HIE promotes exchange through a Patient Look-Up (PLU) query service. The service enables providers (with patient consent) in participating health care organizations to query one another for medical records. PLU provides comprehensive patient data from many sources, allowing practitioners to make more informed decisions about patient care. PLU operates without a centralized database, providing the security of local control with the utility of statewide exchange. In addition, PLU provides access to the national eHealth Exchange gateway. There is currently funding from the CMS to assist organizations with initial participation costs. For providers who do not have the technical infrastructure to directly connect to the PLU network, this funding can help them join one of the existing partner organizations - a lighter implementation while still receiving all of the benefits of the state connections.

Better care coordination is achieved through the inclusion of every facet of a patient's health care team. The Event Notification Service (ENS) provides health plans and accountable care organizations (ACOs) with timely alerts on their members' health care encounters. With over 200 hospitals securely sending admit-discharge-

*(continued)*



**Carrie Gaudio, PLU  
Project Manager  
FLHII@ahca.my-  
florida.com**

transfer (ADT) feeds to the service, health plans and ACO subscribers are able to provide this information to primary care providers to ensure that patients are receiving the best and most appropriate follow up care. Supporting the reduction of hospital readmission and non-urgent use of emergency departments, ENS works to keep all members of a patient's health care team up to date on the patient's care needs and health status.

By closing the gaps in information availability, the use of EHR and HIE systems build a stronger and more knowledgeable network between all levels of the health care continuum. Health care professionals are encouraged to access and utilize Health IT. A number of funding opportunities are available to help to help providers adopt EHR technology and communities of care to connect to HIE services.

To learn more about Florida HIE services, please

visit [www.florida-hie.net](http://www.florida-hie.net), or email [flhii@ahca.myflorida.com](mailto:flhii@ahca.myflorida.com). For more information on EHR incentive program requirements and how you can participate, visit the website at [www.ahca.myflorida.com/medicaidehr](http://www.ahca.myflorida.com/medicaidehr), or email [MedicaidHIT@ahca.myflorida.com](mailto:MedicaidHIT@ahca.myflorida.com) for assistance.



## Mark Your Calendar!



**Featured Speaker: Anna Pou, MD**  
<http://www.drannapou.com/>

**HCMA Dinner Meeting**  
**Monday, September 12, 2016**  
**6:30pm – Social/7:30pm - Program**  
**The Centre Club**  
**Urban Center – 8th Floor**  
**123 S. Westshore Boulevard**

In the days following Hurricane Katrina's landfall in New Orleans on August 29, 2005, Dr. Anna Pou and 2,000 others endured "third-world" like conditions at Memorial Medical Center in Uptown New Orleans as they waited to be rescued. By the time evacuations were complete, 45 critically ill patients had died. Dr. Pou was left with painful memories; in addition to accusations of "helping" four of those patients go peacefully with a lethal cocktail of drugs. The next year, Louisiana's former attorney general Charles C. Foti charged Dr. Pou and two other nurses with second-degree murder. Charges were dropped in 2009, and now, she reflects on her experience during one of the deadliest disasters in U.S. history.

Watch your email for your invitation. If you have any questions, please do not hesitate to contact the HCMA office: 813.253.0471.



## **The Hillsborough County Medical Association Alliance**

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Email: [michael19452000@yahoo.com](mailto:michael19452000@yahoo.com)

The HCMA Alliance are a group of physicians, spouses, family members, resident physicians, medical students and their family members whose aim is to promote good health and health education, to engage in charitable community endeavors, and to foster friendly relations among physicians' families and the communities in which they live.

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## Congratulations!



HCMA member and Foundation Board member, **Dr. Ashley Maru**, and his beautiful wife, Jennifer were married in February. Their vows and the subsequent celebration took place in Riviera Maya, Mexico, and accompanied by seventy of their family members and friends.

### Dr. Curran Appointed Deputy Secretary for CMS



The Florida Department of Health announced the new senior official over a health coverage program for the state's sickest kids. **Dr. John Curran**, a regional medical director for the Children's Medical Services program, an associate vice president of the University of South Florida College of Medicine, and HCMA Past President, will take over the job as deputy secretary for CMS.

"Dr. Curran is an accomplished pediatrician and has long served the children of our CMS program as a consultant and regional medical director," Dr. Celeste Philip, Florida Interim Surgeon General and Secretary of Health, said in a statement. "We are confident his knowledge of pediatric medicine and his extensive leadership experience will guide him as he shepherds CMS into its next chapter."

## Dr. Letson Named Fellow of NAI



**Dr. G. Douglas Letson**, a USF alumnus, has been named a 2015 Fellow of the National Academy of Inventors. Dr. Letson is the executive vice president of clinical affairs, physician-in-chief and chair of education at the H. Lee Moffitt Cancer & Research Center.

## HCMA and FMA Physicians Speak to Brandon Regional Hospital Residents



William Davison, MD

The newly formed resident program at the Brandon Regional Hospital is in full swing. Regular noon conferences are held which allow for physician presentations. Many thanks to **Drs. William Davison, Husain Nagamia, and Ralph Nobo** for taking time from their practices to address the resident physicians.



Husain Nagamia, MD

Drs. Davison and Nobo gave a presentation in January in which they educated attendees on medical politics, the benefits of organized medicine at the local and state levels, and the importance of remaining involved. Dr. Nagamia has presented in April covering cardiology and in May on the topic of Evaluation of Venous Disease-Lower Extremities.



Ralph Nobo, Jr., MD

If you are interested in presenting to the Brandon Regional Hospital Residents during a noon conference (noon-1pm, select weekdays), please contact Elke Lubin at the HCMA office (813.253.0471) or email: [ELubin@hcma.net](mailto:ELubin@hcma.net).



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