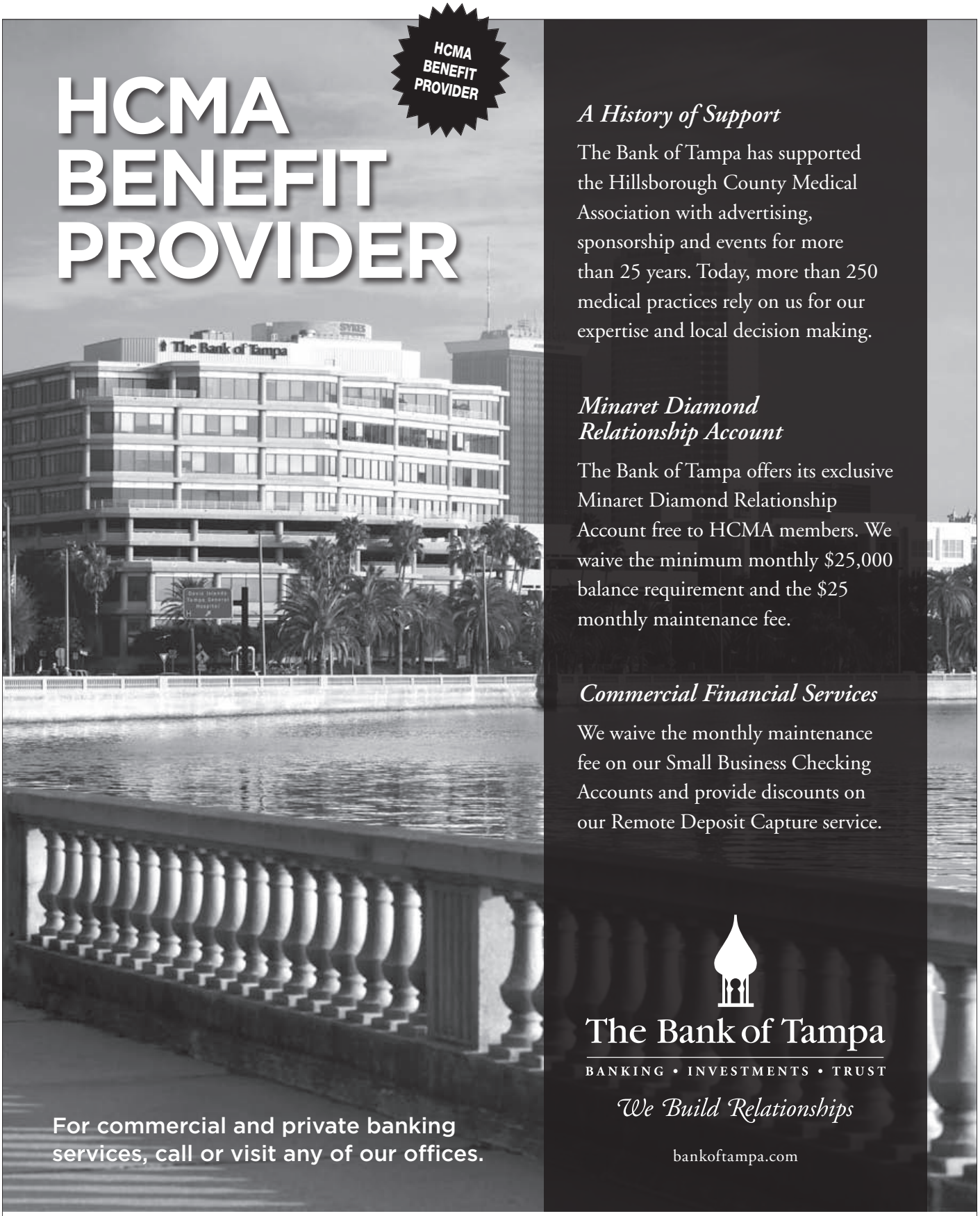
The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
November/December 2016



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The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCAITION

The Bulletin is the official publication of the Hillsborough County Medical Association, Inc., 606 S. Boulevard, Tampa, Florida 33606.

Executive Council Meetings
6:00 pm @ the HCMA Office

January 17, 2017
March 21, 2017

HCMA Dinner Meeting
February 7, 2017
6:30 pm
The Westshore Grand
(formerly the InterContinental Hotel)

Watch your email for more details

Advertising

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: *November/December 2016*

ABOUT THE COVER

HCMA member, Dr. James Hulls, captured the unique image on this issue's cover. As Dr. Hulls explained, "Here's something you don't see every day. These are true photos of goats in argan trees in western Morocco, the only place in the world that these trees successfully grow. The goats like the argan nuts and the tree's leaves so much that they climb the trees to eat them. The nuts are ground and the oil from them are used in local medications, cosmetics (like Moroccan oil for hair), and food. A neighbor of ours imports the expensive oil in 55 gallon drums and makes 49 products out of the oil."

Features

Photo Gallery

Telemedicine

Recently, I have had an experience with telemedicine which I would like to share.

My patient came to see me because her medication was not "working." I asked her to provide details about her illness and the medication. She related to me that she had a sore throat for over a week. She had been busy all week and thus did not make a doctor's appointment. Rather than seek care at a walk-in clinic, she decided to call the "Tele Doc" service over the weekend sponsored by her health insurance company. "After all," she said, "I just had a sore throat and it would be cheaper to call the service than make a co-payment at the clinic or your office."

She went on to tell me that she answered a few questions about her health history, current medications and allergies, and presented complaint of a sore throat. Before she could provide any further pertinent history, i.e. cough, sputum, fever, chills, chest pain, indigestion, etc., she was told "You probably have a strep throat" and a prescription for a "Z-Pak" was sent to her local pharmacy.

That's it, no detailed history was taken, no pictures of her throat sent via the internet, and obviously no physical exam was done. That's not the way I was trained to practice medicine over 30 years ago and I truly hope that this is not what our profession is coming to.

This is what I consider to be "bad medicine." We do not live in a rural/remote area, where healthcare is unavailable and telemedicine is the only way to seek medical care. We all know that the indiscriminant use of antibiotics leads to resistance. This is a prime example of such inappropriate antibiotic use.

There is a rule in the Florida Administrative Code regarding the standards for telemedicine practice (64B8-9.014). It can be found at: https://www.flrules.org

Now, back to my patient. After a detailed history, which included symptoms of burning in her throat and esophagus, no indigestion, no abdominal pain, or vomiting, as well as pertinent negatives for cardiovascular and pulmonary disease, and a physical exam, which revealed a normal ENT exam, no cervical adenopathy, clear lungs, and a benign abdominal exam – it was my impression that the correct diagnosis was gastro-esophageal reflux, for which no antibiotic was indicated. Rather, she was given an anti-reflux diet, and a prescription for a PPI to take for two weeks. She also requested a prescription for a vaginal yeast infection, caused by the antibiotic she was un-necessarily given.

Upon her two week follow-up appointment her "sore throat" and digestion had completely resolved (as well as her vaginal yeast infection).

I challenge my physician colleagues to read the telemedicine guidelines, consider my patient's story and reflect back on your own telemedicine experiences and decide for yourself the place for telemedicine in the Tampa Bay area.

I realize that the practice of medicine has changed in various ways over the last 30 years, but, in my opinion, nothing will ever replace "hands on" verbal, visual, and physical patient contact.

2017 HCMA Dues Statements were mailed Sepember 1, 2016. Dues are past due after February 1, 2017.

President's Message

Fred Bearison, MD
drfredb1@gmail.com

Say it ain't so!

Ok, so who amongst us has not EVER dropped something on the floor, recited the Five-Second rule, picked it up in one motion while reciting the rule, and popped it in our mouths (blowing or not blowing on it beforehand)? A potato chip, pretzel, M & M…the list could go on. I admit it; I've done it. Did it ever worry me that I would become sick, infected with some bacterium lingering around on the floor, just waiting for me to drop something, especially within a week after the cleaning crew mopped the floor? Hell, no!

And, how many of us have reclaimed a dropped morsel and thrown it back on the barbecue grill? Ok, so if any of you have eaten something grilled at my house recently, and are still going strong, then no need to worry.

But a recent report authored by Professor Donald W. Schaffner, a food microbiologist at Rutgers University, said that, after a two year study, no matter how fast you picked up food that fell on the floor, it would be attached to bacteria. The report, "Is the Five-Second Rule Real?" appeared in the journal, *Applied and Environmental Microbiology*.

The history of the five-second rule is really unknown, but it has been even attributed to Genghis Khan, who declared that food could be on the ground for five hours and still be safe to eat. But a number of studies were done in the early 2000's. A study came out of Clemson that the five-second rule did not hold up. And MythBusters busted it in 2005.

In the Rutgers study, researchers dropped watermelon cubes, Haribo strawberry gummies, white bread, and buttered bread onto four different surfaces: carpet, ceramic tile, stainless steel, and wood. The surfaces were covered with *Enterobacter aerogenes*, a bacterium with good food clinging ability, but less dangerous than salmonella. The foods were left on the surfaces for intervals varying from less than a second to five, 30, and 300 seconds. All told there were 2560 measurements of food and surface combinations.

The longer the food touched the surface, the more bacteria it had, but even the shortest times revealed bacterial contamination. Wet food, however, had the most risk of transfer, so watermelon soaked up the most, gummy candy the least. Wood showed the largest variation in transfer, while carpet transferred fewer bacteria than steel or tile.

But would eating *E*. aerogenes cause an infection and is it the most common bacterium found in our houses? Some limited research has shown that sinks have more bacterial contamination than kitchen or bathroom floors. So don't eat that piece of tomato that falls into the kitchen sink. A 2012 study suggested that bacteria found in homes tend to be relatively harmless. And we all know that cellphones and sponges are the most contaminated objects.

But there could be some help on the way. I was perusing a recent issue of *Money* magazine and there was an ad for Sherwin-Williams PaintShield. The ad said, "It's time to redefine what paint can do." I checked the company Website (SWPaintShield.com) and found some interesting information.

PaintShield is the first EPA registered paint that kills greater than 99.9% of S. aureus, MRSA, *E. Coli*, VRE (Vancomycin-resistant *E. faecalis*), and *E. aerogenes* within two hours of exposure on a painted surface. The paint doesn't just inhibit these microbes, but can actually kill pathogenic bacteria and can last up to four years, as long as the integrity of the surface is maintained. Imagine the use for this paint in hospitals, nursing homes, cruise ships, locker rooms, just about anywhere where these bacteria might thrive. The price: $84.99, compared to regular, non-antimicrobial paint costing $29.99-$79.99. And it comes in nearly 600 colors.

I've not been able to find the scientific studies proving the results, but have found that a number of other companies have also developed antimicrobial paint coatings. Imagine if only they could incorporate the antimicrobial product into a floor covering, either a more permanent coating for tile or wood, or into a product used just to clean floors, or something that could be sprinkled into carpeting. We might be able to safely invoke the Five-Second Rule. Maybe…one day.

Here are questions to be answered in my next column. True or false...

1) Riding a roller coaster might help pass a kidney stone.
2) Ants can become addicted to morphine.
3) Reading books can help you live longer.
4) Good sex can be harmful to your health.

See ya next year!

Editor's Page

David Lubin, MD
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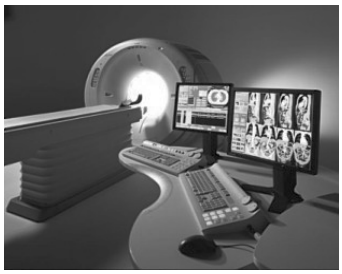

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Eye of Newt and Toe of Frog

Executive Director's Desk

The HCMA staff thoroughly enjoyed our "Halloween Shindig" this year. I thought I was being clever with my crazy "doctor of sorts" costume choice. My sweet dog, Zoey, didn't agree and now, thanks to me, I believe she has a bad case of Wiccaphobia!

Witches and witchcraft have been a favorite topic of literature since the early days. We find mention of Merlin the Wizard in the Arthurian legends. He was both a part of King Arthur's round table and his mentor. Shakespeare's play *Macbeth* sheds the most prominent spotlight on the way witches were viewed in the medieval era. And the fame of the Harry Potter franchise speaks volumes about the interest people (of all ages) still have on the subject.

The belief and practice of sorcery and witchcraft, as well as the belief and practice in witch doctors, still thrives in many cultures throughout countries such as Africa. Traditional African medicine, with its belief that illness is not derived from chance occurrences but through spiritual or social imbalance, obviously differs greatly from modern scientific medicine. Since it is African theology that attempts to explain illness and disease it would be impossible to try and separate their traditional healing from their religion.

Double, double toil and trouble
Fire burn and cauldron bubble!

In the genre of African colonial literature, the witch doctor serves as a metaphor for the dark, disturbing, and evil forces of barbarism. This is known to be a gross distortion of the actual situation in Africa where the term witch doctor is erroneous and the term "folk healer" is more appropriate. Folk healers are known to be highly respected, are linked to benevolent ancestors, and work to ensure the well-being of their patients.

Various folk healers are known to use combinations of plants and animals, as well as spirituality to treat illnesses. They also use words or phrases (casting of spells) that are suspected of having magical powers. Well that explains it…

As a very young child I will admit to making up concoctions using water, flour, whatever spices I could find in the cupboard, leaves, a good amount of dirt, a dead bug or two, and a bit of ketchup that I assumed would help cover up the disgusting taste. I would stir the "potion" and chant a few words in a language that didn't exist while coaxing my older brother to take a sip. He always refused (imagine that) which would begin my tirade of dares claiming it would give him magical powers. One time he told me that if he really had magical powers he would make me disappear, never to return. I believe that is when I stopped making my potions. I had no other victims.

In reviewing information online, I gained a better perspective regarding the different kinds of folk healers that exist in parts of Africa. The practice of folk healing incorporates two roles – that of the diviner and that of the herbalist.

"*Diviners* are experts who are called to the profession by ancestors. Their calling is made manifest by the onset of persistent symptoms, which only yield once she or he undergoes formal initiation. To do so, the person becomes an apprentice of an established diviner and learns to trance so that the ancestors can speak through her or him. The diviner's body can become a vehicle for communication through spirit possession. Diviners enable people to acquire otherwise inaccessible information by generating a shift to the contrary, paranormal, mode of cognition. Because

(continued)

Debbie Zorian
DZorian@HCMA.net

the language of divination is cryptic, all revelations are translated and discussed. Diviners indicate the cause of misfortune and recommend specific therapies. While people are often skeptical, most believe that the revelations of some diviners are true. However, they frequently consult more than one diviner in cases of suspected witchcraft." Personally, there would be no end to my wanting other "opinions!"

"*Herbalists* undergo a more extensive apprenticeship and have a vast knowledge of flora and fauna. Early in the twentieth century Shona healers used five hundred different medicinal plants and parts of animals, birds, insects, and fish, in their quest to heal. Herbalists deal with a wide range of medical, psychological, and social problems. Many therapies are based on practical knowledge, gained through experimentation such as removing ritual pollution through blood-letting and emetics. Other therapies follow the logic of symbolic association such as using parts of scorpions to heal scorpion stings and to treat patients with mumps with tree trunks that have lumps on it." No comment.

Folk healers continue to play a vital role in contemporary Africa, especially in societies undergoing rapid transition. It has been noted that greater access to biomedicine has not undermined folk healing, since Africans view different types of healers as complementary resources.

In fact, some postcolonial states have legally recognized folk healers. In Zimbabwe, the Zimbabwe National Traditional Healer's Association (ZINATHA) supervises the practice of folk healing. ZINATHA was established in July 1980 and has 312 branches and 24,000 registered traditional medical practitioners and spirit mediums. While gathering more information, I read that ZINATHA was accused earlier this year of operating without a registration number and license from the Traditional Medical Practitioners Council (TMPC). It seems as though ZINATHA has been receiving membership dues, but failing to pay an 'annual subscription' to the TMPC.

So, there you have it…

Ooh, eeh, ooh, ah, ah, ting, tang, walla, walla, bing bang!

Gross Anatomy - Not as Gross Anymore

Recollection

I was the first.

No one on either side of my family ever was in the medical field. I never heard tales of what it was like. So I was woefully unprepared for what to expect in medical school. And even more unprepared for what was the ritual of a freshman initiation to be in the center of a horror movie. Some images stay with you your entire life. You can't get rid of them no matter how hard you try.

It was in an old building at Ohio State, in the dark basement, of course. You had to enter going down the stairs. The cold room to preserve the bodies was visible at the front, but dark and foreboding at the back…you couldn't see a thing. You stood at the front of the room while the operator pressed the button. The mostly unclad bodies were hanging together upright on a conveyor exactly like the ones at the dry cleaners. The parts covered were covered with white ghost-like sheets. When the button was pressed the bodies would march around and sway slightly. The ones on the left appeared from the darkness, emerge in front of you, gently jostle around the corner and disappear into the darkness at the back of the room. The bodies were close together so you could see several of them moving in front of you at a time. Many bodies were donated with the intent that their lifeless bodies would improve medical science and find cures. But most were the penniless with no one to remember them or to care. These bodies were allowed to be used for anatomy lessons by the medical students.

I'm sure at the time, donors thought their bodies would be treated with respect. Back then they weren't. In the large dissection room reeking of formaldehyde, we dissected. You couldn't get the smell off of you or your clothes when you went home. It haunted you.

During the dissections we progressed deeper and deeper into the bodies, ruining them but learning; we would not admit that the ghoulishness bothered us. Nervous jokes were common and when the professor and his assistant were not looking, an occasional body part was tossed to another person…yes, that male body part. You couldn't forget that once you saw it.

And then there were the heads. You had to select a head to dissect. There was the same formaldehyde smell when you opened the rectangular bin. Piled one on top of the other were the decapitated heads. But not just heads…half heads cut neatly sagittally with half the skull, half the brain, half the nose. After the stare and the shock, you had to select one. Which one to choose? Finally you just had to do it. I can't forget the open one eye staring at me when I picked one out and lifted it from the other heads. It was hard not to think that there were still some thoughts looking back at you in that half brain.

So it is with relief that I read in The Ohio State University Alumni magazine this month that things have changed for the positive. Now there is upmost respect for these who have given their bodies to educate future physicians, dentists, physical and occupational medicine students, and anatomy graduate students; a total of over 3,100 who are enrolled there each year in anatomy classes. An appropriate and essential memorial service is held and students have mandatory preparation instructions to go through before anatomy classes begin. The memorial service is organized entirely by the anatomy students and is held for the families and friends of people who have donated their bodies to medicine. Testimonials are given, appropriate music is played, stories are told, and the names and photos of the donors are presented on a screen. White roses are presented to the donors' family members.

During the service, the donors are praised for the "extraordinary nature of this gift" and those attending are told, "Your friend or loved one has shared the most cherished gift imaginable."

Now anatomy students must complete a form through which they pledge to follow numerous rules of respect. At the end of the educational use of the bodies they are cremated and the ashes presented to the families, which may be up to two years later.

For one, I am very glad that gross anatomy is not so "gross" anymore.

James Hulls, MD
jrhulls7@gmail.com

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Member Appreciation Reception
Thursday, September 22, 2016
Palma Ceia Country Club

HCMA Benefit Provider, The Legatus Group, graciously hosted a Member Appreciation Reception at the Palma Ceia Country Club. Hosts Joe Yagar and Ray Carapella welcomed members and their guests for an evening of cocktails and camaraderie. HCMA President Elect, Dr. Thomas Bernasek, thanked members for their endless support and thanked The Legatus Group for their generosity and continued partnership.

Ray Carapella, Dr. Jaime Gierbolini, Dr. Sherley Valdez-Arroyo, and Joe Yagar.

Dr. Bruce Shephard, Dr. Kelly Devers, and Coleen Shephard.

The HCMA's administrative staff, Elke Lubin (Executive Assistant), Kay Mills (Event & Membership Coordinator), Jean Repass (Bookkeeper), and Debbie Zorian (Executive Director), poses with hosts Joe Yagar and Ray Carapella (The Legatus Group).

Dr. Michael Wasylik, Nanette Pidala, and Dr. Anthony Pidala.

Dr. Orlando Castillo, Ray Carapella, Dr. Eva Crooke, and Dr. Ernesto Ruas.

Dr. Thomas Bernasek, HCMA President Elect, thanks attendees for their membership.

Thank
Tampa Genera

Dr. David Lubin presented Dr. Bruce Shephard with the 2016 HCMA Outstanding Physician Award.

Drs. Anne Champeaux and Diana Braswell, a new member.

Dr. Sally Houston, Sr. Vice President & Chief Medical Officer of Tampa General Hospital, the evening's sponsor, welcomed attendees.

Exhibitor, Chris Walsh, explains the advantages of ProAssurance, HCMA's exclusively endorsed medical liability insurers.

Volunteer Veronica DeGuenther (in white) and Cate Nall (right) register the medical students while pairing them up with HCMA physician members.

Cate Nall, HCMA medical student representative.

On September 12th, the Hillsborough County Medical meeting at the Centre Club. Featured speaker, Anna presentation, "Disaster Medicine: Ethical, Legal, & Psycho

Dr. Pou reflected on her experience during one of the trina. Not only did she and her colleagues have to endure Center in Uptown New Orleans, she and two nurses were former attorney general, Charles C. Foti. Dr. Pou stresse plans in place, and regular run-throughs of the plans espe

Dr. Bruce Shephard was the recipient of the 2016 HCM him for his decades of dedication to the HCMA.

The medical students came out in full force! A record nu of which 42 were first year students!! Our medical stude derson, Joseph Brown, Michael Cromer, William Davison, Jamin Patel, Jayant Rao, Deborah Trehy, David Tulsiak, an

Many thanks for the generosity and continued support o possible.

Dr. Joe Brown and first year medical students.

Dinner meeting sponsor, Tampa General Hospital.

Dr. Deborah Trehy and her first year students for the night.

Dr. Tessa Wigger, Dr. William Davison, Dr. Michael Wasylik, Dr. Thomas Bernasek, Tammy King, Dr. Ed Farrior, Dr. Anna Pou, and Dr. Jayant Rao.

You
al Hospital

l Association (HCMA) held its membership dinner
a Pou, M.D., captivated the audience. During her
logical Repercussions" you could hear a pin drop.

deadliest disasters in U.S. history…Hurricane Ka-
"third-world" like conditions at Memorial Medical
charged with second degree murder by Louisiana's
d the importance of having disaster preparedness
cially at all hospital and patient facilities.

A Outstanding Physician Award, which recognized

umber of 67 medical students were in attendance...
nt mentors that evening included: Drs. Scott An-
Hunter Eubanks, Richard Lockey, Anand Parekh,
d Michael Wasylik.

f Tampa General Hospital for making the evening

Dr. Ralph and Kathy Rydell, Drs. Richard Lockey, William DeWeese, Carol Hodges, and Ed Homan.

Dr. Bruce and Coleen Shephard among family and friends.

Drs. Hernan Leon, Lazaro Hernandez, Luis Menendez, Jairo Prada, and Orlando Castillo.

Drs. Michael Wasylik, Alejandra Kalik, and Anthony Pidala.

Dr. Anna Pou among the throng of medical students!

Dr. Tessa Wigger, Dr. Anna Pou, and Joe Yagar, representative from HCMA Benefit Provider, The Legatus Group.

Dr. Ed Farrior, Debbie Zorian (HCMA Executive Director), Dr. Anna Pou, Kay Mills (HCMA Event & Membership Coordinator), Elke Lubin (Executive Assistant), and Dr. Fred Bearison.

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Advocacy and Regional Conference

Medical Student Perspective

I would like to share my experiences from this year's AMA Medical Student Advocacy and Regional Conference in Washington, D.C. Currently, I am a medical student at the USF Morsani College of Medicine and hold the position of Vice President of USF's American Medical Association (AMA) Chapter. As such, this past spring, I had the distinct pleasure to represent USF's AMA Chapter, Hillsborough County Medical Association (HCMA), and my medical school at this conference.

The Medical Student Advocacy and Region Conference combines advocacy with the AMA national meeting. This entails advocacy training, Congressional visits on Capitol Hill, regional meetings, and the AMA Clinical Skills Workshop. As a medical student, it was truly inspiring, yet humbling, to walk the same halls as our forefathers. What a sight it was to behold as a sea of white coats from across the nation's medical schools descended upon the Capitol in order to advocate for medical reform to their local congressmen. The congressional resolutions which we promoted as group included increased funding for graduate medical education and residency spots, regulations on combating opioid misuse, bipartisan telemedicine legislation, and student loan forgiveness programs. Moreover, these were not just alien topics that were presented in front of our lawmakers, but tangible congressional resolutions with docket numbers that could be presented in Congress. If that was not enough, on my last day at the AMA Clinical Skills Workshop, I networked with residents and physicians while practicing valuable clinical skills including suturing, radiology and ultrasound techniques, blood pressure management, and airway management and intubation. Throughout my trip, I met and established contacts with numerous other medical students and physicians from around the nation.

A few striking statistics that we brought up during our sessions were the following: The CDC states there were more than 160,000 overdose deaths due to opioids or heroin over the past decade, surpassing the total number of deaths during the first decade of the AIDS epidemic. The AMA believes physicians should be leaders in preventing and reducing misuse, addiction, overdose, and death from prescription drugs, and that a comprehensive, multi-pronged public health approach is needed. Additionally, on average, the single physician contributes $90,449 in state/federal taxes, supports on average thirteen jobs in their community, and contributes as a group $1.6 trillion in total economic impact per year. However, by 2025, workforce experts predict a shortage of 46,000-90,000 physicians. This shortage is primarily due to the increase in the number of medical schools nationally, but lack of federal funding towards subsequent residency training programs. This in turn creates a bottleneck in the career path towards becoming practicing physician. It takes a lot to educate our nation's brightest students in their pursuit of a medical career. At a minimum, seven years is required to train a doctor after the receipt of an undergraduate degree. Nevertheless, medical school remains the most expensive post-secondary education in the United States with a median yearly cost of attendance of $57,821 at a public institution. As a result, the average medical student graduates with more than $180,000 in educational debt. In fact, 84 percent of current medical students incur some type of student debt with 45 percent carrying burdens of more than $200,000. In order to combat this, more funding needs to be allocated towards residency programs, student loan programs, and teaching hospitals. In the case of the latter, teaching hospitals only make up six percent of all hospitals,

(continued)

Corin Agoris
MD Candidate,
Class of 2018
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Medical Student Perspective (cont.)

but provide approximately forty percent of hospital charity care. This is possible because residents provide care for 1 in 5 hospitalized patients, including our seniors, veterans, and patients in underserved communities. One can plainly see that these socioeconomic issues affect not just physicians, but every American citizen. The AMA offers solutions to these concerns by supporting and promoting legislation that we believe will alleviate these struggles for everyone. For more information regarding these topics, feel free to visit the AMA's website under the "Advocacy Topics" tab.

In summary, from my trip, I gained skills and knowledge that will help me to become a successful advocate for medicine, the opportunity to build my peer network, and at the same time hone in on my clinical skills. I would like to thank all those that sponsored my trip. In addition, I would personally like to recommend all medical students who are part of the AMA to attend this unique and informative conference. It is truly a once in a lifetime experience! For any questions about the experience or on how to register, please feel free to contact me at cagoris@health.usf.edu

LICENSURE UPDATE...
TAKE ACTION TO AVOID DELAYS!
Check Your Expiration Date!

On January 31, 2017, half of Florida's allopathic physicians will have to renew their licenses. In an effort to streamline all practitioner services, the Division of Medical Quality Assurance (MQA) recently launched a new and improved Online Service Portal (http://flhealthsource.gov/mqa-services). The portal provides health care practitioners with easy access to MQA's licensing services, including the ability to apply for a license or permit online, check the status of an application, and mange any licensure record.

EVERY HEALTH CARE PRACTITIONER WILL BE REQUIRED TO REGISTER FOR A NEW USER ACCOUNT. Upon successful registration, you will be prompted to add your license number to the account. Once your license has been linked to your new account, you will be able to renew your license from your dashboard screen along with adding additional licenses or applications.

WHAT YOU WILL NEED TO REGISTER - Before beginning this process, it is recommended that you have the following information on hand:

- A valid, active email account.
- Your social security number.
- Your date of birth.
- The mailing address ZIP code you have on file with the Department of Health (this can be found on your renewal postcard or your physical license.

While registration should not take more than 10 minutes, it is recommended that you start this process before the renewal deadline to ensure there are no unnecessary delays in renewing your license.

Please also keep in mind that you must be up to date with your CME in order to proceed with your license renewal. At the time of renewal, your completed CME is reviewed automatically by MQA through the electronic tracking system. If your CME records are not complete, you will be prompted to enter the remaining CME hours before proceeding with the renewal.

Additional renewal requirement:

During the 2016 Legislative Session, House Bill 7087 was passed and created the Telehealth Advisory Council. HB 7087 also requires the AHCA, the DOH, and the Office of Insurance Regulation to survey health care facilities, health care practitioners, insurers, and HMOs regarding the use of telehealth in Florida.

Effective July 1, 2016, the Department will survey all health care practitioners, upon and as a condition of renewal. The telehealth survey conducted by the Department during licensure renewal is required, and you may be assessed fines for non-compliance with the survey request.

Resources:

MQA has created a five-minute video guide for registering for a new account. The video is also available in a PDF format: http://www.flhealthsource.gov/video-guide.

For help with registration, call the MQA Customer Contact Center at (850) 488-0595. For more information on HB 7087 and the Telehealth Advisory Council, vistit: http://www.ahca.myflorida.com/SCHS/telehealth/

Please tell the advertiser you saw their ad in the *HCMA Bulletin!*

20th HCMA Foundation Charity Golf Classic

Golf Hostesses: Jean Repass (HCMA Bookkeeper), Kelly Price (Market Benefits Advisor), Debbie Zorian (HCMA Executive Director), Kay Mills (HCMA Event & Membership Coordinator), and Elke Lubin (HCMA Executive Assistant).

What a great day for golf! I was worried about changing the location, then I was worried about hurricane Matthew (can hurricanes really make a u-turn and come back??!!??), but I worried for nothing. The 20th HCMA Foundation Charity Golf Classic went on without a hitch! Grants and scholarships will be awarded in the spring of 2017 thanks to our sponsors, contributors, and golfers. Visit the HCMA website (www.HCMA.net) and our Facebook page (www.facebook.com/HCMADocs) for all golf tournament photos.

The big winners this year were: First place team: Jay Butler, Tim Epting, Michael Miranda, and Jonathon Runion. Second place team: Brian Batt, Manuel Carmona, Tim Holt, and Michael Sanders. Third place team: Jim Kennedy, Henry Reyes, Steve Short, and Kyle Thomas. Fourth place team: Mark Chapelle, Travis Hamilton, Mike Morello, and Chris Schrock. Closest to the Pin winners: 3 Meadow/Kyle Thomas, 7 Meadow/Omar Medina, 5 Pine/Beau Benton, and 8 Pine/Lazaro Hernandez.

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

Thank you very much for your support! – Elke

Thank You, Thank You, Thank You!

TITLE SPONSORS: St. Joseph's Hospitals and Tampa General Hospital. **CHAMPION SPONSORS:** Tower Radiology Centers. **WINNER SPONSORS:** Advanced Diagnostic Centers and Dr. Michael & Sharon Wasylik. Eagle Sponsor: Dr. Bruce Shephard. **BIRDIE SPONSORS:** Emergency Medical Associates of Tampa Bay, Park Place MRI , and Ultimate Medical Academy. **PAR SPONSORS:** The Bank of Tampa, First Citrus Bank, Ruffolo, Hooper & Associates, MD, PA, Pathology Group, and Tampa Pain Relief Centers. **HOLE SPONSORS:** Associated Pathologists, of St. Joseph's/Baptist, Bay Area Pain Management/Dr. Joseph Rashkin, Dr. Fred Bearison, Dr. Kevin Elder, Florida Urology Partners/Dr. Malcolm Root, Dr. Carol Hodges & Dr. Ed Homan, Dr. John Koval/Tampa Bay Radiation Oncology, Lackman & Co., CPAs, The Legatus Group, Memorial Hospital, Dr. Luis Menendez, Viking Atlantic, LLC, and The Woman's Group/Dr. Eva Crooke.

IN-KIND SPONSORS: Small World Pediatrics/Dr. Jose Jimenez and Debbie Zorian. **HOLE-IN-ONE SPONSORS:** Reeves Import Motorcars.

VOLUNTEERS: Will Barnes/Full Circle PR, Ray Carapella/The Legatus Group, Anna Ehrlich/Bank of Tampa, Samantha Johnston, Trent Lackman/Ultimate Medical Academy, Elke Lubin/HCMA, Kay Mills/HCMA, Jean Repass/HCMA, Chris Xia/ Ultimate Medical Academy, and Debbie Zorian/HCMA.

PHOTOGRAPHER: David Lubin, MD.

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

2016 HCMA Foundation Charity Golf Classic Carrollwood Counry Club

















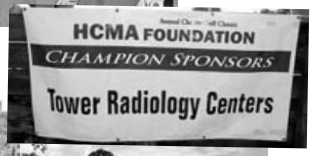



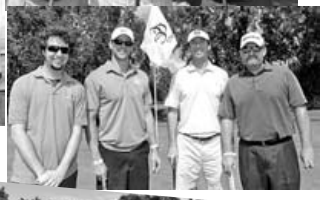


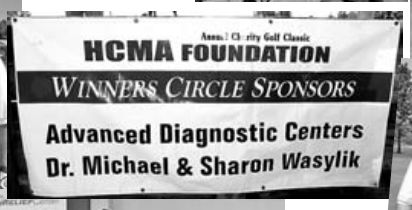


LOL with LTM

Editor's note:

Many years ago, *Reader's Digest* started a monthly article, "Laughter is the Best Medicine." And most of us agree. One of our members, LTM, is an avid joke teller, and if you've "heard this one," you'll agree they're hilarious. This issue of *The Bulletin* will premiere the "LOL with LTM" column. Enjoy!

My Favorite Animal

Our teacher asked what my favorite animal was, and I said, "Fried chicken."

She said I wasn't funny, but she couldn't have been right, because everyone else laughed.

My parents told me to always tell the truth. I did. Fried chicken is my favorite animal.

I told my dad what happened and he said my teacher was probably a member of PETA. He said they love animals very much.

I do, too. Especially chicken, pork, and beef.

Anyway, my teacher sent me to the principal's office.

I told him what happened and he laughed too. Then he told me not to do it again.

The next day in class my teacher asked me what my favorite live animal was.

I told her it was chicken. She asked me why, so I told her it was because you could make them into fried chicken.

She sent me back to the principal's office.

He laughed, and told me not to do it again.

I don't understand. My parents taught me to be honest, but my teacher doesn't like it when I am.

Today, my teacher asked me to tell her what famous military person I admired most.

I told her, "Colonel Sanders."

Guess where my butt is now…

Many thanks to all of the donations we received for our raffle and silent auction:

Donor/Item
Apropos/$100 Gift Certificate
Armed Forces History Museum/2 Adult & 2 Youth Passes
Bella's Italian Café/$100 Gift Card
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Bok Tower Gardens/4 Admission Tickets
Bonefish Grill/$50 Gift Card & Complementary Bang Bang Shrimp
Bradford Renaissance Portrait/$5,000 Gift Card with Hotel Accommodations
Busch Gardens/2 -Single Day Admission Tickets
Cakes by Carolynn/Gift Certificate for $30
Canoe Escape /1 Canoe Escape Trip
Carrollwood Country Club/Golf Foursome
Caspers Company/McDonald's Dinner For 4 Pkg & Swag Bag
Columbia Restaurant/$50 Gift Card
The Dali Museum/4 Complimentary Admission Tickets
Eagles Golf Course/Golf Foursome
Edwin Watts Golf/$25 Gift Card
The Florida Aquarium/2 General Admission Tickets
Ford's Garage /$50 Gift Card, Garage Koozie & Coupon
G. Elliot's Brunchery Restaurant/Free Brunch For 4
Gaylord Palms Resort/2 Night Stay
Golf Locker/4 $25 Gift Cards
Golfer's Grail Of Tampa/Gift Certificate For 1 Hour Of Free Simulator Golf
HCMA Foundation/Half Page Ad In *The Bulletin*
HCMA Foundation/Medical Wall Print
HCMA Foundation/2 Sleeves of Golf Balls
Henry B. Plant Museum/Four Tickets To The 2016 Victorian Christmas Stroll
Improv Comedy Theater/4 Admit 2 Passes
Librero's School & Dance Club/1 Month Dance Club Membership
Maui Jim Sunglasses/1 Pair of Maui Jim Sunglasses
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On Swann/$50 Gift Card
Panera Bread/Bread For A Year
Publix Super Markets/$50 Gift Card
PRP Wine International/Wine Tastings
The Ringling Museum/2 Admission Tickets
Ruth Eckerd Hall/4 Tickets To A Christmas Carol
Ruth's Chris Steak House/$100 Gift Card, Golf Umbrella & Sleeve Of Golf Balls
Sacred Pepper/2 $25 Gift Cards
Salt Pines/Skull & Bones Tee Shirt, Koozie, Tervis Tumbler & $25 Gift Card
Season's 52/Wine Tasting For 20 Guests & Wine Gift Basket
SoHo Cycling Studio/10 Pack Cycling Classes
South Florida Museum/4 Complimentary 1 Day Passes
Southern Wine & Spirits/ Burnett Beach Bike
Southern Wine & Spirits/Callaway Hyper-Lite Golf Bag
Straz Center For The Performing Arts/2 Complimentary Tickets To Pablo Sainz Villegas
Sunken Gardens/4 Admission Tickets
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Westchase Golf Course/Golf Foursome
Wonderworks Orlando/2 General Admission Tickets
Wright's Gourmet House/2 $25 Gift Cards
Debbie Zorian/$100 Gift Certificate to Ulele

Is Your Medical Practice's Social Media Policy Adequate?

Professional Advice

By now every physician should be aware of the benefits that can be bestowed upon their practice as a result of social media. Indeed many practices are engaging in one or more social media platforms on a regular basis. Moreover, staff members are most definitely active in social media, and probably use it while at work.

Physicians and practice managers must be smart about training employees on what they should and should not share online. Staff in your practice could incur liability on behalf of your practice as a result of their comments on social media. Because of the confidentiality rules in HIPAA, staff training is important. You should constantly remind employees that they are representatives of the practice.

You should also have some sort of social media policy in place. Here are a few key items your policy should include:

1. Guidelines and expectations. Your policy should set clear expectations for how team members (as representatives of your practice) must conduct themselves online.

Your policy should clearly state that there will be no posting of protected health information (PHI) and that employees are not allowed to use social media in work areas near patients. Be specific in training your employees and inform them to avoid identifying patients in any way on social media — this includes names, unique characteristics, etc.

Some practices do not allow employees to use social media for personal reasons on work time. While that is fine as a policy, it does not circumvent the need to appropriately train your staff. Moreover, it can be hard to police.

It is advisable to discourage team members from participating with patients on various websites. If they do engage patients on social media, they certainly should not be discussing patient-related matters.

Lastly, someone (most likely the practice administrator) should be designated as the spokesperson responsible for answering questions about your practice on social media.

2. Penalties and consequences. Penalties for data breaches increased under the American Recovery and Reinvestment Act so your policy should make it clear to employees about the consequences of their actions on social media sites. An individual claiming they did not know they violated HIPAA is subject to a minimum of $100 per violation. A HIPAA violation due to reasonable cause and not due to willful neglect carries a minimum fine of $1,000 per violation. A HIPAA violation that is due to willful neglect (but corrected in short order) is subject to a minimum of $10,000 per violation. Lastly, a HIPAA violation that is due to willful neglect and not corrected carries a minimum fine of $50,000 per violation. The maximum fine for each of these four categories is $50,000 per violation.

3. Explanations of rules and regulations.

The social media policy should outline what is illegal, what is considered confidential information of the practice, and what is protected health information.

It's not enough to have a social media policy — employers should put in just as much time and effort in training their employees on the ins and outs of the policy. Make it a separate document from the employee handbook.

Nick Hernandez
nhernandez@abisallc.com
www.abisallc.com

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Poets' Corner

Medicine at a Distance

Telemedicine is like
    Robotic surgery
    With the surgeon
    Miles away
    Operating on you with a machine
You never get to see the doctor
You get big brother
    Over TV
    Telling you
    What's wrong with you
He looks at you through
    The camera
    And somehow
Figures out
    What's wrong with you
    Without actually touching you
He tells you what
    The problem is
    Over video
Then calls in a prescription
    Sends you a bill
    But you never see him
Does he really exist
    Who is he
Just a picture on the screen

~ Richard England, MD

MACRA: The Medicare Access and CHIP Reauthorization Act of 2015

A complimentary audio presentation by Karina Gonzalez, of the Florida HealthcareLaw Firm, is available for all HCMA members.

Download it now by visiting: http://store.nationalhealthcare-lawfirm.com/store and search for MACRA

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.

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.

IN MEMORIAM

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

Laura Garcia-Ibanez, wife of HCMA member **Dr. Roberto Garcia-Ibanez**, passed away on October 2, 2016, after a long and hard-fought battle with cancer. Also known as 'Dolce', she was literally a walking example of sweetness, afflicted with a chronic and intractable case of happiness, generosity, and sense of humor. She is also survived by her mother, her stepchildren, her brother, and many friends. Please visit the family's online guest book: www.blountcurrymacdill.com.

Our heartfelt condolences go out to the family and friends of Dr. Garcia-Ibanez.

Newest Active Members:

James Abraham, MD – IM
Firas Almahasneh, MD – IC
John Chan, MD – ORS
James Davison, DO – IM
Anthony Florschutz, MD – ORS
Jaime Gierrolini, MD – N
Eugenia Glaros, DO – IM
Carlos Marinelli, MD – CD
Jorge Perez, MD – IM
Linga Reddy, MD – N
Tatiana Reynolds, MD – FP
Jeremy Ringewald, MD – PDC
Luis Silva, MD – IM
Selly Strauch Rivers, MD – FOP
Neil Weisman, MD - IPM

HAPPY HOLIDAYS from the HCMA Staff

Jean Repass (Office Manager/Bookkeeper), Kay Mills (Event & Membership Coordinator), Elke Lubin (Executive Assistant/Mg. Editor), and Debbie Zorian (Executive Director).

The Card Shop

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

CLASSIFIED ADS:

$10 per line.

Call 813.253.0471

For Sale

St. Joe's/FL Hospital area - 1572 sf (4710 N Habana) and 2040 sf (5106 Armenia - #4) ranging from $125,000 - 209,000. Motivated sellers. Kevin Platt, Smith and Associates RE 813-367-3458

This medical office is located on the 3rd floor of the Town and Country Medical Plaza. The building was constructed in 1985, consists of 33 units and is located adjacent to the Tampa Community Hospital. This suite is 1,032 sqft +/- and built out with a lobby, front reception office, Doctor's office with private restroom, 3 exam rooms, storage room, patient/staff restroom and a staff breakroom. The asking price is $83,500.00. Please contact Joe Jacob 813.258.3200 for additional information and to schedule a showing.

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