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OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

September/October 2016



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# The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

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## Executive Council Meetings 6:00 PM @ the HCMA Office

November 22, 2016

January 17, 2017

## HCMA Dinner Meeting

November 7, 2016

Centre Club

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for more details

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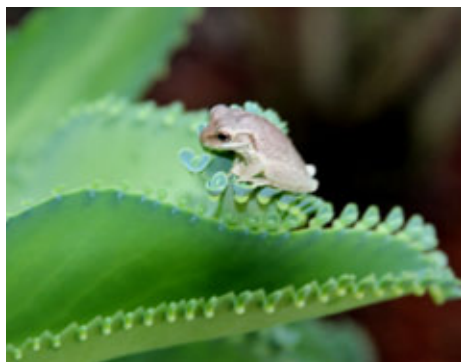
## GOT SOMETHING TO SAY?

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

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

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# The Bulletin: September/October 2016



## ABOUT THE COVER

The cover was shot by Dr. Lubin and shows a small frog sitting on a Mother of Thousands leaf. As the Mother of Thousands, a succulent native to Madagascar, matures, spoon-shaped spurs develop along the periphery of its leaves, each yielding a miniature clone of the mother. Be careful if you have one, you could eventually have thousands of mothers. The small frog is just a small frog.

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Debbie Zorian

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# Bonds Physicians Share

Three “President’s Messages” down and three to go, for my year as HCMA President. I am already thinking ahead as to what my first thought will be when I complete this article. For someone who doesn’t like to write, I truly enjoy “penning” my “President’s Message” for the Bulletin.

Before I look forward, I would like to look back to what I have done so far as your President:

- Attended, or chaired, many HCMA meetings including: Executive Council, Board of Trustees, and quarterly dinner meetings for the HCMA.
- Attended the FMA Annual meeting in Orlando as a Delegate.
- Spoke to the executive board of Brandon Regional Hospital about the value of HCMA membership.
- Obtained 100% HCMA membership in my own medical practice.
- Recruited a large specialty, 14 member, group practice in Brandon.
- Met with residents from Brandon Regional Hospital and spoke about the benefits of HCMA membership and the power of organized medicine.
- Scheduled, with the help of HCMA staff, future meetings with large group practices and hospital medical staffs to discuss the value of HCMA membership.
- Challenged my fellow Executive Council members with an “action plan” to recruit at least three new members each.
- Recruited two hospitalist group practices in eastern Hillsborough county.

In speaking to these various groups, I have discussed one clear consistent message. As physicians, whether in a solo or group practice, whether owned by a hospital or corporation, or independently owned, we all share common bonds. We ALL have a medical license, we ALL have malpractice insurance or must demonstrate “financial responsibility”, we ALL are governed by rules set forth by the Florida Board of Medicine and state laws contained in the Medical Practice Act and Florida Statutes.

These laws and rules do not just “pop out” of thin air. They are developed after careful delib-

eration by the governing body that created them. How is this done? It is quite simple, the interested parties, insurance companies, hospitals, private industry and others who are affected by these laws testify before the governing body that promulgates them.

Obviously, each group has their own agenda; sometimes there is common ground, other times not. BUT WAIT!! Where are the physicians?? These laws and rules affect us, probably more than anyone else. Again, a simple answer: we are represented by organized medicine. Our “seat at the table,” with all the other players, is the FMA which works hand-in-hand with the HCMA and the other county medical associations throughout Florida, as well as the specialty societies. Without organized medicine, our voice would not be heard and our interests not represented. Bearing this backdrop in mind, what has been done recently to benefit us all, physicians working diligently on a daily basis to give the best care possible to our patients? Here are three examples:

- Decreased cost for medical license renewal.
- Malpractice insurance reform .
- Passage of the “Expert Witness Bill,” after more than 10 years of hard work by HCMA past president, Dennis Agliano, M.D., and the Expert Witness Committee. This bill holds out-of-state expert witnesses, in malpractice cases, accountable for their testimony. If it is found to be untruthful, they can be sanctioned.

This is what organized medicine has done for all physicians and why it is important for every physician to lend their support so the work can continue. It is imperative that we continue to have our interests, as physicians, represented at the “table.” THESE ARE THE BONDS WE SHARE

Looking forward, I see myself continuing the work on “spreading the word” of the bonds that ALL physicians share and increasing our HCMA membership.

My first thought, now that I have completed my “message” – I can’t wait for the presidential debates. What a great diversion from my busy workday of seeing patients, completing charts, and doing administrative work.

## President’s Message



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



# Women in Medicine

September was *Women in Medicine* month. The HCMA would like to take this opportunity to recognize and honor its 212 female physician members:

Janeen Alidina, M.D.  
Denise Alverang, M.D., PA  
Margarite Angelopoulos, M.D.  
Sara Ansari, D.O.  
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Barbara Bachman, M.D.  
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Kristen Barrie, M.D.  
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Erica Bartelt, M.D.  
Shelly Baumann, M.D., PA  
M. Ellen Beatty, M.D.  
Anuradha Bharsar, M.D.  
Suman Bhat, M.D.  
Karina Billiris-Findlay, M.D.  
Karolina Borodo, M.D.  
Jill Botelho, M.D.  
Diana Braswell, M.D.  
Kathleen Brown, M.D.  
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Alison Burt, M.D.  
Tracy Burton, M.D.  
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Preet Cheema, M.D.  
Shan Cheng, M.D.  
Dana Coberly, M.D.  
Deborah Cohen, M.D.  
Sheila Connery, M.D.  
Amy Cotton, M.D.  
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Cristina Garcia, M.D.

Rosemarie Garcia-Getting, M.D.  
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Candace Gonzalez, M.D.  
Sandra Goodman, M.D.  
Shyla Gowda, M.D.  
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Laura Hair, M.D.  
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Elsa Ulfers Hale, M.D.  
Tracy Halme, M.D.  
Eve Hanna, M.D.  
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Melinda Hayes, M.D.  
Jill Hechtman, M.D.  
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*This list was compiled August 25, 2016*



# Zorian & Lubin For The Physicians

As the month of September honored women in medicine, my column will focus on the “behind the scenes” support from two women who have served as champions for the HCMA and its members, while experiencing decades of an ever-changing health care environment.

I had the pleasure of celebrating my 30 year anniversary with the HCMA over six months ago. My Assistant, Elke Lubin, will be marking her 29 year anniversary in November. We are proud to proclaim our nearly 60 years of combined dedication to the HCMA and organized medicine.

I asked Elke to share an important issue or experience on how she has been part of a specific change that has made a difference for the profession of medicine and for our members...

“It is hard to choose just one specific issue or experience I’ve had over the last 28 years that I feel had an impact on our members or in medicine in general. There are so many nuances to the administrative duties within organized medicine that even those things that seem to me to be minor, truly made a member’s day. Assisting individual members, or their staff, is a daily occurrence and makes me feel good that I can oftentimes be that one-stop-shop for them. I can’t remember what I had for breakfast but I can remember which issue of *The Bulletin*, three years ago, a specific article appeared in or how to find the background on a specific piece of legislation briefly mentioned during a meeting earlier in the year.

“In my own little way, I assisted in the campaign for expert witnesses to be accountable, via licensing, in Florida. Dr. Dennis Agliano was the driving force who accomplished this daunting task after many years of not giving up the fight... but way back in the early 1990s, Dr. Agliano and I sat in the HCMA Board Room and literally cut & pasted (with scissors and tape) together his presentations and handout materials he used while

traveling the US educating medical associations and licensing boards on the need for the “Expert Witness Program.” Serving as the HCMA’s Expert Witness Committee secretary, I spent much time organizing meetings, coordinating information, and following the progression of the Committee’s mission. Due to the efforts of the Committee, expert witnesses in Florida are now as liable as practicing physicians regarding their testimony concerning the standard of care. Finally in 2011, a change to Section 766.102, Florida Statutes, requires experts to either be licensed in Florida, or obtain an expert witness certification from the Florida Department of Health.

“Working at the HCMA has provided me insight that many of the lay-public do not have. Most people do not understand the struggles physicians face due to legislative and regulatory rulings. They don’t know how many physicians reminisce of the days they could actually sit and take time with a patient and prescribe the medications they felt were best, without having to jump through hoops to get treatments or prescriptions approved. I am an advocate for the physician community when I educate family and friends on these struggles and hope they will see their own doctor, and their staff, in a different light.”

I could ruminate about many examples of grassroots efforts that Elke and I have had the privilege to be involved in. Our decades of hands-on experience, at both the local and state level, have contributed to the success of our esteemed Association.

My personal experiences of lobbying in Tallahassee, establishing relationships with local and state legislators, and educating our friends and foes in the political arena regarding medicine’s issues, have provided much opportunity for me to assist physicians on several levels.

(continued)



**Debbie Zorian**  
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Executive  
Director's Desk

The daunting medical malpractice crisis in 2003 vividly comes to mind. The HCMA's "Day of Awareness" rally held in Tampa was a significant event, gathering over one thousand physicians and advocates who rallied against skyrocketing medical liability premiums. Weeks prior to the rally, I recall escorting Dr. Robert Cline, President of the FMA at the time, to several hospitals in Hillsborough County where he spoke with staff leaders about the steps needed to support legislation that would place a \$250,000 cap on non-economic damages and secure meaningful tort reform. Despite all the hard work and efforts of many physicians (and the support of Governor Bush and the House), medicine was still short of achieving substantial reforms, including the \$250,000 cap.

Much planning then began when the FMA House of Delegates voted to support a constitutional amendment to limit attorneys' fees on medical liability awards. If passed, Amendment 3 was felt to have a far greater impact on lowering malpractice premiums than the \$250,000 cap on non-economic damages. Physicians flew, drove, and were bused in from all over the state to participate in the FMA "Enough is Enough" rally in Tallahassee in March, 2004, and again in July, 2004, during a Special Session called by Governor Bush. Elke and I were at the reigns organizing our county's participation by chartering a bus for HCMA leaders, their staff, and family members, for both rallies. The invigorating conversations held during those long drives made the 15 hour days pass quickly. The impact we felt we were making in contributing to a cause that would help physicians practice in a less burdensome environment was rewarding.

We zealously became part of an effort which required over 600,000 signed petitions (57,000 needed in Hillsborough alone) and millions of dollars. While members and physicians throughout the state gathered signatures from their patients and made contributions to help fund the campaign, distributing the petition to every family, friend, and even those I met in public, became a personal goal. At that time, it was the largest volunteer signature drive in Florida history. On Election Day in 2004, HCMA acquired sponsorship for an aerial banner ad that flew over precincts in our county throughout the day. The banner read, "Your Doctor Says – Vote Yes on Amendment 3!" The amendment passed with a resounding 64% votes.

Skipping to current times...The HCMA continues to play an active role in shaping the future of medicine right here in our own backyard. We offer and encourage the opportunity for the University of South Florida Morsani College of Medicine students to join a network of health professionals and resources which will help them excel as physicians and leaders within their community. I thoroughly enjoy working with the students each year and am pleased that so many of them realize

the importance of being proactive at the local, state, and national levels, as well as in the political arena, early in their careers.

Regulations and acronyms (MACRA, MIPS, APMs, etc.) are still at the forefront in the practice of medicine. The HCMA will continue to assist members and their staff to decipher these mandates and plan ahead in order to better care for patients. As we put forth efforts to assist you with any issue or concern, Elke and I welcome emails or phone calls from all members.

Spending the majority of our careers serving the profession of medicine, while oftentimes behind the scenes, has been most gratifying. Separately and together, Elke and I have assisted in numerous efforts that have helped make a difference in medicine overall and ultimately in the lives of physicians. As we work toward our combined 70 years of serving medicine, we do so with passion and purpose.



***Navigating the Legalities of  
Building Your Referral Base***

*Tuesday, October 18, 2016*

*HCMA Office*

*Registration: 5:45pm*

*Seminar: 6:00pm*

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# Western Medicine's Ally

*Editor's note: For this month's Women in Medicine issue, Dr. Lubin has relinquished his column to his daughter, Leah, a licensed massage therapist and acupuncture physician.*

It's been eight years since I last wrote about acupuncture to the western medical community, and some things have changed! The good news is that more patients are coming to me as a recommendation from their MDs rather than in spite of them. Many allopaths are seeing the results in their unorthodox patients from acupuncture, herbs, and Chinese medicine, and deciding it's worth a shot for others. Patients aren't choosing either or, but both. This is exciting because our medicines make a great team! We have different ways of looking at the same human form and function, both being useful. Another wonderful shift I have noticed is that the word "energy," in reference to medicine, is receiving less eye rolls and raised eyebrows.

So let's talk about this word "energy." Acupuncturists call this "chi," and it is what we are working with at the most basic level. We consider the chi of the whole person as well as individualized organs and systems. As far back as the 1950s, independent researches from three different countries detected a difference in electrical conductivity and resistance at acupuncture points. Research from then on has discovered that stimulation of certain points along the body affects our bioelectric field and that information can be transferred via subtle energy signals. We now know that, at these acupuncture points, there is a significantly greater number of gap junctions which facilitate intercellular communication and increase electrical conductivity. Imposed electrical fields can actually alter cell behavior. Therefore acupuncture affects this bioelectric field and stimulates gap junctions, which could explain its diffuse (yet often specific) results. As science detects and understands the different mechanisms of energy better, the greater understanding western medicine has of acupuncture. And I know it still sounds "crazy" to some of you.

Now that THAT is out of the way, let me explain a little about our medical philosophy. Chinese medical diagnosis most always is a relational one and uses nature as its blueprint. Nothing exists in a vacuum. We live in a world of duality

where nothing changes without affecting something else. Where there is excess in one place, there will be deficiency somewhere else. We talk about the relationship between the kidneys (water) and the heart (fire), for example. And the Chinese have known about the connection of the liver and heart in heart disease for thousands of years. We also talk about chi getting "stuck" like a traffic jam and using acupuncture and herbs to help move it. This may sound overly simplistic, but I assure you that although it is simple in a way, it is also extremely and beautifully complex. Case study in point for both concepts: I have an athletic patient who has been coming to me for two years every month for tight muscles. The acupuncture and few minutes of massage move her chi, keeping her muscles relaxed, her soft tissue relatively pain free, and preventing injury. I noticed that her hands and feet would get very sweaty which seemed to embarrass her, so one day I brought it up during a session and asked if she would like me to treat it. For six sessions, one month apart (which is a long time by our standards for certain ailments) I used just four extra points (two bilateral points) to balance the kidney (adrenal) and heart. The last time she came in I noticed no sweating! She told me she doesn't even know what to do now as her hyperhidrosis had affected her since childhood! Yes, it can be that easy.

Acupuncture's goal is to harmonize and balance, in other words, homeostasis. And, the same acupuncture point can be used for bi-directional regulation. For example, one particular point along the shin can suppress hyperfunction of the bowels (diarrhea) and stimulate hypofunction (constipation) as well. This homeostatic effect includes the autonomic, neurochemical, and endocrine functions mainly controlled by the hypothalamus. I have had great success over the years treating both types of IBS, premenstrual syndrome, anxiety, and other mood issues, just to name a few. I know these are often difficult to treat using western medicine methods.

Chinese Medicine is an ally for allopathic medicine. They are two sides to the same coin, "yin & yang," if you will. Acupuncture is a great treatment for stress, which I consider to be one the main causes of "dis-ease" in the body, directly and indirectly. It has a proven track record treating

*(continued)*

## Women in Medicine



**Leah Lubin,  
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gmail.com

various types of pain and inflammation. I have found in my practice that receiving acupuncture is the *only* relief some patients have gotten from headaches to cystitis.

What if acupuncturists could get their needles in patients regularly *before* their lab results were out of range, *before* inflammation has run amok and stress has deteriorated organ systems? In my opinion it would actually improve patients' health, save insurance companies money, and most certainly make your life easier treating your patients.



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# Obesity: A New Approach to a Big Problem

We are probably all aware that many of the problems patients bring to us are related to their weight, but we may view the weight issue as something that we cannot handle or that the patient is unwilling or unable to address. Or we may feel that asking patients to lose weight is like trying to save the Titanic. Are we being realistic? Maybe not. One of the biggest barriers to effective communication between physicians and their overweight or obese patients is bias on the part of the physician. Because most of us have not been trained to treat obesity and because of the ineffectiveness of diets, we tend to believe that obese patients cannot change and that counseling patients about their weight and lifestyle is a waste of time. We may also fear upsetting patients by drawing their attention to their weight.

We have more power than we think to address weight and lifestyle habits, if we would only use it. One study of primary care practices compared rates of lifestyle counseling to patients for hypertension, diabetes, and obesity between 1995-96 and 2007-08, noting that counseling rates for obesity dropped from 57% to 50%. Looking at types of counseling provided by PCP's, only 48% of PCP's interviewed even mentioned to their overweight patients (BMI 27-29.9) that they were overweight, and even fewer provided any meaningful counseling. Rates of counseling obese patients ranged from 62% for class I obesity to 84% for class III, but even for those morbidly obese patients with BMI over 45%, less than 50% of PCP's provided any specific weight management advice. But physician counseling is one of the more effective tools for getting patients to lose weight.

Why aren't we talking about this with our patients? Mostly because obesity is EMBEDDED within other medical issues that brought the patient in for an office visit and not the primary focus of the visit. Because of this, we may employ the "don't ask, don't tell" method of dealing with the problem. It's time for a paradigm shift and to put obesity at the top of the problem list, rather than the bottom. Imagine making the following statements to your patient: "Mrs. Clark, you are a 56 year old woman who is overweight. The medical term for this is obesity. You have

developed complications of obesity: high blood pressure, pre-diabetes, high cholesterol, and chronic knee pain. If we do not focus on your weight, you are likely to develop other complications. What do you think?"

What barriers exist to keep us from changing our approach to obese patients? There are plenty: lack of time, our focus on acute care, limited resources for patient education and support, lack of reimbursement for providing weight loss services, absence of teamwork for multimodality treatment (unless you are in a bariatric treatment center), lack of physician training regarding weight loss, and bias, as I mentioned above.

So what do we do? First we start asking our patients what they think about their weight and we provide them with honest assessments regarding their obesity and the effect it is having on their health and wellbeing. One technique that is effective for this process is Motivational Interviewing (MI): a collaborative, goal-oriented approach to communication designed to elicit behavior changes. The approach is designed to identify and resolve ambivalence regarding a specific goal by connecting needed behavior changes to incentives that reduce resistance to change. MI interview skills are as follows:

1. Ask – open ended questions that invite patients to consider how and why they might change behavior
2. Listen – to understand patient experience then summarize with reflective listening
3. Inform – ask permission to provide information, education, resources, etc.; ask patient what the implications might be of making the recommended changes.

In over your head? Look for resources in the area, particularly bariatric centers, registered dietitians (the hospitals and Publix supermarkets have RD's), commercial or online weight loss resources, e.g. Weight Watchers, wellness/physical rehabilitation programs (some are hospital based). Most good bariatric centers include dietary counseling with RD/nutritionists, psychologic evaluation/counseling, and lifestyle management coaching, using a team approach, at times with pharmacotherapy, prior to bar-



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iatic surgery. There are now many pharmacotherapy options for weight management. For details on these, I refer you to the Medscape CME activity from which I obtained most of this information. Available medications include Phentermine, Orlistat, Lorcaserin, Phentermine/Topiramate, Naltrexone/Bupropion, and Liraglutide. The Florida Medical Association also offers an excellent online resource: Healthiest Weight CME, with detailed interview questions, ideas for activity/exercise prescriptions, and assessment tools

MI interview questions available at:

[www.cellinteractive.com/ucla/physician\\_ed/interview\\_alg.html](http://www.cellinteractive.com/ucla/physician_ed/interview_alg.html)



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

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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!**



# USF Morsani College of Medicine Medical Student Mixer

August 10, 2016

The USF MCOM medical student contingency held the annual Medical Student Mixer at The Pub at the International Mall, to welcome the first year students and to introduce them to their upperclassmen, HCMA leaders (Drs. Eva Crooke and Michael Cromer), and HCMA administrative staff. HCMA's medical student representative on the Executive Council, Ms. Cate Nall, did a fantastic job organizing the event which the HCMA assists in underwriting each year.





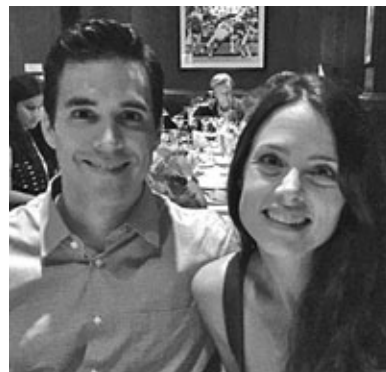
The Lower West Coast Caucus (LWCC) Executive Directors: Valerie Vale (Manatee CMS/Host), Danielle Sorrentino (Charlotte CMS), Lynette Drain (Sarasota CMS), Julie Ramirez (Lee CMS), Jackie Courtney (Polk CMS), Debbie Zorian (Hillsborough CMA), and April Donahue (Collier CMS).



(L-R) Drs. Thomas Bernasek, Joseph Brown, Ros Butler, Edward Homan, Radhakrishna Rao, Dr. Rebecca Johnson, Michael Cromer, Deborah Tre Pittman, and Stanley Dennison. Not pictured: Executive Director.



Carmen Rodriguez and Dr. Francisco Schwartz-Fernandes



Dr. Joseph and Ashley Brown.



Dr. Rebecca Johnson and her husband Michael Kelly, 2015-2016 FMA Alliance President.



Dr. Fred Bearison and his daughter Amy and wife Kim



Dr. Ed Homan and Dr. Carol Hodges-Homan.



Dr. Ken and Cathy Louis.

Many thanks to the HCMA members who attended the Meeting! Four HCMA Delegates were elected (FMA District C representative), Dr. Madely and Kenneth Louis (FL AMA Alternate Delegate).

The HCMA delegation submitted four resolutions (adopted as amended), 16-302 Physician Payment, 16-303 Protection of Physician Payment in Insourcing the Outsourced Health Care, and 16-304 HCMA office, or email Elke Lubin ([ELubin@hcma.org](mailto:ELubin@hcma.org)) for review of Delegates Final Actions.



Rosemarie Garcia-Getting, Marcos Lorenzo, Jose Jimenez, Madelyn Caraballo, Francisco Schwartz-Fernandes, Jayant Rao, Michael Wasylik, Kenneth Louis, Martha Price, Michael Wasylik, Christopher Dr. Fred Bearison. Photo compliments of Debbie Zorian, HCMA



Dr. Christopher and Karen Pittman and their beautiful daughters.



Drs. Michael Wasylik and Rosemarie Garcia-Getting.

who volunteered to participate in the 2016 FMA Annual Meeting to serve in the following capacities: Dr. Jose Jimenez and Madelyn Butler (FL AMA Delegate), and Drs. Rebecca Johnson and Rosemarie Garcia-Getting (Legates).

Resolutions: 16-301 Call for a Moratorium on MOC (adoption for Patient Phone Calls (adopted as amended), and 16-403 Insurance Call Center (adopted as amended). Call the HCMA at [info@hcma.net](mailto:info@hcma.net), to receive a copy of the 2016 FMA House



Drs. Stanley Dennison, Jose Jimenez, and Radhakrishna Rao.



Michael Cromer, Debbie Zorian, and Dr. Jayant Rao.



Drs. Jose Jimenez and Damian Caraballo.



Tammy King and Dr. Thomas Bernasek.



House of Delegates



Dr. Deborah Trehu with Dr. Martha Price and her husband Tom McKeon.



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TC86762(0915)<sup>1</sup>

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# Brandon Regional Hospital Intern & Resident Reception Monday, July 18, 2016

HCMA Benefit Provider, The Legatus Group, hosted a casual social at the Brandon Beef 'O' Brady's for the interns and residents at Brandon Regional Hospital (BRH). Many thanks to Ray Carapella from The Legatus Group for his hospitality. Since the implementation of the program last year, BRH has sponsored HCMA membership for all interns and residents. Dr. Fred Bearison (HCMA President), Debbie Zorian (HCMA Executive Director), and Elke Lubin (HCMA Executive Assistant) were also on hand to welcome attendees. Many thanks to Dr. Joe Corcoran (BRH CMO) for stopping by to say hello and to Barb Allen (BRH GME Program Coordinator) for her guidance and assistance. Everyone was able to relax and enjoy some good wings, cold beer, and great company! We look forward to a continued relationship with BRH and the subsequent classes of the GME Program.



# HCMA Alliance Recognized



Dr. Rebecca Johnson (HCMA delegate) and her husband, 2015-2016 FMA Alliance President, Michael Kelly

During the FMA Annual meeting, the HCMA Alliance was recognized for winning first place in the FMA Alliance's Health Promotions "Best County Fundraiser" contest for 2015-16. The event, "Go Red for Women" was held in February at the home of Dr. Madelyn and Bill Butler (HCMA Alliance President).

The HCMA Alliance is 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.

## Alliance News



**Bill Butler,**  
Alliance  
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bbutler6@gmail.  
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# Finding Balance

Often, it seems that life is about finding balance. It's about maintaining that homeostasis. We try to eat a balanced diet, manage workloads, and find some place to fit in an exercise routine so we can balance the weight scale. And I think we all can relate to how difficult it can be to find that balance - the ever elusive balance between work and play, studies and family, research and beach trips. At this point in my career, my balancing act revolves around completing my second year of medical school classes, studying for Step 1 (that dreaded first step of the USMLE board exams), and maintaining and growing my personal relationships.

At USF, we started our second year classes off by jumping feet first into bugs and drugs. We studied microbiology, pharmacology, and had some pathology thrown in for good measure - which for me meant more time spent in the library in two weeks than I had spent during the last half of first year. This seems to be our introduction to the rigorous study schedule that will be necessary to perform well on Step 1. Over the past few weeks, I had to find a way to fit in all of the lectures, readings, review sessions and student organization commitments, and still have time to spend with my spouse and friends. Thankfully, my spouse is very supportive of my studies, and understands when I just need him to take a walk with me to help me relax. Having a strong social support system is one of the keys to my success thus far in life. It also helps that I have experience with a heavy workload. During undergrad, I worked full-time and attended classes full-time. I learned then what it meant to work for 12 hours and then come home to prepare for class the next day. I learned that I had to find time to take care of myself in the midst. I started practicing yoga and meditating using breathing exercises. Between family support and the mindfulness I gained, I was able to get through and make it here to medical school. I know I have many more long days ahead of me - much longer than 12 hours.

For all of us, work-life balance is important and an imbalance can be a source of dissatisfac-

tion and lead to burnout. Burnout of physicians, residents, and medical students has been a hot topic lately. My faculty has talked about it often; the AMA and other organizations have numerous articles on the growing numbers of physicians, residents, and medical students that are experiencing burnout. A 2012 study published in JAMA by Shanafelt et al. found that 45.8% of physicians surveyed showed at least one symptom of burnout. The study also compared physicians to non-physicians in the general population and found that physicians worked more hours, had lower satisfaction with work-life balance, and experienced more professional burnout.

Simply working longer hours is likely to contribute to the lower satisfaction, but that doesn't explain all of it. Our work doesn't end when we clock out. Physicians must keep up with certification requirements, manage paperwork or other administrative duties, and stay abreast of updated recommendations and guidelines. There is more medical knowledge to keep up with than ever before, which is a blessing and a curse. It is wonderful that we know so much, that we are able to treat and understand so many diseases that were once a mystery. However, for a physician in training, all of this detail makes it that much more difficult to learn and master.

In June, researchers from Michigan State University and other universities published a study documenting the strategies that rural women family physicians use to maintain their work-life balance. These physicians have a broad scope of practice since they work in rural areas and many of them are mothers. They have to be able to work long enough hours to care for their community and also have to manage their own families. In the study, these physicians provided three main themes - family and community support, scheduling flexibility, and personal boundaries.

Family and community support was critical

*(continued)*

## Women in Medicine



**Gate Nall**  
MD Candidate,  
Class of 2019  
lcnall@health.usf.edu

for these physicians to be successful. When a medical emergency happened that they had to respond to, they needed to have someone that could fill in and care for their family. Often, this was a spouse or grandparent, but others found this support in their community. By working in a group practice, many of the physicians were able to maintain some schedule flexibility. Not surprisingly, the researchers found that physicians that worked part-time “often had very full schedules, however, despite working less than their colleagues. Some physicians had worked fewer hours at demanding times in their personal lives, for example, while they had young children.” These physicians also made it a point to preserve their personal boundaries because they felt that “limiting their work and protecting personal time was essential for their well-being.”

This is all excellent advice, but we each have to find our own way to implement it. There will be times when

schedule and available personal time are outside of our control. Then, we may need to lean more on social support to be successful. For me, balancing my personal time means making sure I have time to practice yoga and eat a meal with my husband. Lately, I’ve also been attempting a literal balancing act by learning how to walk on a slack line (think tight rope, but wider) that one of my classmates regularly brings to campus. These balancing sessions are physically and socially refreshing and give me a chance to be outside and re-charge.

Personal care is, in a way, patient care. Achieving that work-life balance prevents distractions and allows us to be focused solely on the patient. Learning how to walk this balancing act is vital. If we can’t properly help ourselves, we can’t suitably serve our patients.



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# A Changing Climate and Its Impact On Health

Being involved with a nonprofit organization, Physicians for Social Responsibility, is providing me invaluable scientific and medical information on climate change and its impact on health, especially that of children, minority populations, the elderly and those with disabilities.

The Lancet report stated in 2009 that “climate change is the biggest global health threat of the 21<sup>st</sup> century”. The American Medical Association and American Academy of Pediatrics made recent statements that health is inextricably linked to climate change, and that clinicians need to understand this relationship to better recognize and anticipate climate-associated health effects, and advocate for health-protective public policy.

I think physicians have a “special obligation,” as the Hippocratic Oath reminds us, to better understand how climate change is impacting the health of our patients.

There has been much public discussion about how sea level rise, from global warming, is affecting our low-lying coastal region, only to worsen in the coming decades. As a pediatrician for 35 years in Tampa Bay, I want to make sure that issues of public health, and children’s health in particular, are brought to the forefront of any discussions we have about the impacts of climate change.

Children will, of course, inherit the planet we leave them. But it’s important to point out that they are also the most vulnerable of all to the health impacts caused by climate change. The World Health Organization estimates that 88 percent of the diseases and deaths tied to climate change in the world now occur in children who are younger than five years. They suffer disproportionately from climate-sensitive diseases, and are exposed longer to the damaging health effects posed by climate change.

Clinicians who care for children are seeing climate change impacts first-hand in their practice today. Due to climate-related increases in ozone and pollution in the atmosphere, we see worsening respiratory problems, allergies, and asthma. According to the CDC, asthma rates are increasing every year in the U.S. I’m seeing more young

infants and children today, than I did a decade ago, taking multiple medications every day just so they can breathe better, and have some quality to their lives.

Children suffer directly from hotter and longer heat waves. According to a study in 2011, extreme heat is the leading cause of environmental deaths in the United States, killing more people than hurricanes, lightning, tornadoes, and floods. According to the American Academy of Pediatrics, studies show that high school athletes and infants younger than one year are at particular increased risk of heat-related illness and death. Warmer temperatures also are expanding the regions where vector-borne diseases occur, like Lyme disease, West Nile virus, and now Zika virus, having devastating effects on infants. Waterborne diseases are expected to worsen as well with continued warming - we’re already seeing an increase in, once rare, amoebic meningoencephalitis due to *Naegleria fowleri* infections. The increased natural disasters that come with climate change place children at risk for injury, exposure to infectious diseases, loss or separation from caregivers, and mental health trauma. In developing regions, mass migrations due to droughts and crop failure will create more child refugees, violence, and political instability.

These impacts are only likely to worsen. Children born in 2016 will be 34 years old in 2050 and 84 years old in 2100. How will Tampa Bay, and our world, look then?

“How will the probable rise in temperature (3.6 to 7.2 degrees,), rising sea levels, and the increasing likelihood of extreme weather affect the course of their lives and the lives of their children?” asks a recent journal published by The Future of Children, a joint project between Princeton University and the Brookings Institution.

I think about those same questions, and I feel a responsibility to get educated on the science of climate change and roll up my sleeves to work for change. Because, even though scientists say we are too late to stop Earth’s warming, we still have a chance to slow it down by reducing the use of fossil fuels. We can also push for changes

(continued)

## Women In Medicine



Lynn Ringenberg, M.D.  
ring46@me.com

in our communities right now, including measures like energy-efficient design, more green space, cleaner and improved public transportation, safer areas to walk and bicycle, renewable energy, and solar, wind and climate resilience policies in our communities.

The Lancet report challenges us by saying that “health professionals have an essential role in the achievement of planetary health, working across sectors to integrate policies that advance health and environmental sustainability, tackling health inequalities, reducing the environmental impacts of health systems, and increasing the resilience of health systems and populations to environmental change.”

As President Barack Obama said: “Someday, our children, and our children’s children, will look us in the eye and they’ll ask us: Did we do all that we could when we had the chance to deal with this problem and leave them a cleaner, safer world?” And I want to be able to say, yes, we did. I hope you do too.

*Lynn Ringenberg M.D. is an emeritus professor of pediatrics at USF Health and board member of PSR/ Florida Chapter. For more information visit PSRs website <http://www.psr.org/> or email Dr. Ringenberg at [ring46@me.com](mailto:ring46@me.com).*



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# The Importance of Women in Business

## Women Connected at The Bank of Tampa

In 2012, The Bank of Tampa created a program for women that included networking opportunities and educational events that assisted with the development and growth of women in the Tampa Bay community. Today we have a network of over 900 women that are invited to be a part of our mission.

The purpose of Women Connected is to establish The Bank of Tampa as a leading resource for financial services in the professional women's community by enhancing relationships and encouraging the professional growth of our women clients, colleagues, and community partners. We hope to strengthen the relationships we have with our women clients and bring added value to them by further demonstrating our mission that "We Build Relationships."

In a time where social media is so prevalent, it can be hard to connect with anyone off of a cell phone screen. At The Bank of Tampa, we understand how important it is to build relationships. Women Connected was formed to bring together professional women clients, partners, and friends of The Bank of Tampa to help introduce them to other local women professionals and business owners. Women Connected hosts educational events throughout the year that provide these women with opportunities to connect both with the bank and each other, helping to further grow their business success.

No one can achieve business success without being connected to others, and we want to help our clients explore how they can be better connected. Ask us to arrange for an introduction to whomever you need; no matter if it's another professional individual, civic or social group, or any other contact. We welcome the opportunity to make personal introductions to other individuals and groups that can help you achieve more business success. The Bank of Tampa has strong connections throughout the Tampa Bay area, and our bankers act as trusted professional, civic, and social advisors.

The events that we've hosted over the past few years have included topics ranging from

financial services to social media. When we design our events, we try and encompass the business and personal lives of our network, and provide opportunities for connecting and learning. We host from 3-4 events per year, a mix of luncheons and after-hours events, for our entire network. Below are some examples of the events that we have hosted over the past year.

Our most recent event, *360 Degrees of You*, was an after-hours event that featured discussions about business, personal branding, fashion, balance, social media, and home design led by our speakers, Gemma Thomas, Jessica Muroff, Suzanne Wightman, Dr. Ann Park, Jackie Rivera, and Keysha Davis. Our speakers interacted with small groups by sharing personal experience, advice, and discussions about their topics.

Earlier this year, we hosted a financial event, *Your Financial Check Up*. The luncheon featured a panel discussion led by Stacey Pittman, Managing Director of BT Wealth Advisors, Beth Horner, Trust Director, and Amanda Gilroy, Commercial Relationship Manager at our downtown St. Pete office. The event was a huge success, complete with great advice about personal and business milestones tailored to our professional women's network.

The Women Connected network also focuses on leadership. The leadership focus is highlighted by our Annual Leadership Luncheons which are hosted in the fall. The most recent leadership luncheon, *Playing in The Big Leagues*, was a great success. The Bank of Tampa and Warren Averett CPAs and Advisors hosted the 2nd Annual Women in Leadership luncheon at Steinbrenner Field Pavilion. This year's panel discussion was led by women in leadership positions within the sports industry. Our speakers included: Tracy West with The Valspar Championship, Melanie Lenz with the Tampa Bay Rays, Elizabeth Frazier with The Lightning Foundation, and Eileen Sweeney with the Tampa Bay Buccaneers. This year's event was a huge success, complete with great leadership advice being provided to our professional women's network.

(continued)

## Women in Medicine



Leslie McCabe-Holm  
lmccabe@  
bankoftampa.com

Our advisory board has played a huge role in making sure that these experiences have been exactly what our network is looking for. We have created a Women Connected advisory board with a set of extremely involved women who come from many different industries. Our advisory board members include: Laura Sherman, Founding Partner of Baldwin Krystyn Sherman Partners; Renee Dabbs, Principal of the Voyageur Company; Deborah Fabbri, Certified Public Accountant with PricewaterhouseCoopers, LLP; Linda Hanna, Attorney at Law at Linda C. Hanna, P.A.; Judy Mitchell, Former Owner and President of Peter R. Brown Con-

struction, Inc.; Cathy Collins, President and Chief Executive Officer of Clinical Consulting Solutions; and Robyn DeLaVergne, Executive Director at Tampa General Hospital Foundation. These women have donated their time to Women Connected and truly helped create events and experiences for our network that are unique and valuable.

*For more information about Women Connected or to find out more about upcoming events, contact Leslie McCabe-Holm at (813) 998-2621 or [lmccabe@bankoftampa.com](mailto:lmccabe@bankoftampa.com).*



## **2016-2017 HCMA Membership Directory Now Available**

Compiled June 1, 2016, the new and improved HCMA Membership Directory has been published and mailed to HCMA members. This four-color glossy, spiral bound, directory is ideal for you and your staff to keep as an easy reference of HCMA physician colleagues, useful phone numbers and website of local organizations and hospitals, as well as the HCMA administrative staff and Association officers. Additional complimentary copies are available to members. \$25 plus S&H for non-members and the public.

An online flip version is available by visiting [www.HCMA.net](http://www.HCMA.net)

Email Elke Lubin, Managing Editor, at [ELubin@hcma.net](mailto:ELubin@hcma.net) to be placed on a list for advertising information for the 2017-2018 edition.

The following corrections to the Membership Directory have been brought to our attention:

Dr. Fred Bearison - President  
Dr. Malcolm Root - Vice President  
Dr. Jose Jimenez - Immediate Past President

Dr. Krishan Batra - Psychiatry  
Phone: 813-926-4700  
Fax: 813-926-4704

Dr. Jeffrey Tedder  
1302 Swann Ave, 33606  
Phone: 813-207-5633

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# What the New Balance Billing Law Means for Physicians

This year two bills became law in Florida that are intended to equip Floridians with tools to make health care decisions based on cost and to protect them from significant unanticipated medical bills. The first (HB1175) requires hospitals and ambulatory surgery centers to post publicly the average price they are paid for certain procedures, as well as information about their financial assistance policies and collection procedures. The second (HB221) expands the existing Florida balance billing prohibition and limits physicians and other providers and facilities in the amount that they can bill PPO patients for their services in certain scenarios. Physicians should be aware of both laws, but their billing staff needs to understand the intricacies of the expanded balance billing law, which became law on July 1, 2016, to mitigate a drop in physician income.

Balance billing is a practice of physicians charging patients for a bill, or any remainder of a bill that was not paid for by the patient's insurance company in addition to any co-pay or deductible due from the patient. Balance billing typically becomes an issue when a patient sees a physician who is not in the network or is not a participating provider of the patient's insurer. This is because participating or network physicians are required to charge patients only the rate contractually agreed to by the physician and the insurance company.

The expanded Florida balance billing law creates a new statute, Section 627.64194, which prohibits physicians from charging PPO patients for any balance not paid by insurance, even if the physician has not contractually agreed to rates with the insurance company. This prohibition applies to two types of patient services:

1. Emergency Services by an out-of-network provider; and
2. Non-emergency services by an out-of-network provider at an in-network facility when the insured did not have an opportunity to select a participating provider.

When a physician provides services to a pa-

tient under one of these two scenarios, the physician's payment is limited by Florida law to be the lesser of (1) the physician's charges; (2) the usual and customary charge for similar services in the community where the services were provided; or (3) the mutually agreed upon charge between the physician and the insurance company.

Any dispute between the physician and the insurer can be resolved through the voluntary Statewide Provider and Health Plan Claim Dispute Program operated by MAXIMUS, Inc., under state contract. The MAXIMUS program has been in place since 2001 and physicians who are not already using it should become aware of its procedures and operations.

As a result of this law, physicians are required to provide medical services to PPO patients where the payment for these services will be dictated by Florida law whether or not the physician has agreed to accept a contracted rate from insurers. This will be a risk a physician takes when providing emergency services and when providing services in an in-network provider facility. This payment structure will be forced upon hospital-based physicians who must provide services in a facility or who are required to provide emergency services to maintain staff privileges. Insurers may also use this law to force a physician into a lower contractual rate than the physician would have accepted had this law not been in place, or risk arguing with an insurer over what is a usual and customary charge. And, the formula for what is a "usual and customary charge" is not clear. Some physicians are advocating for the use of the National FAIR Health database in determining proper charges in the implementation of this law. In any event, physicians should monitor the standards to be applied. Some physicians may be able to use this change in law to advocate for increased on-call pay. Also, since this law also applies in non-emergency situations, where a patient is in an in-network facility but did not have an opportunity to select a participating provider, a physician should document care-



**Erin Smith Aebel**  
Board Certified  
Health Lawyer  
Shumaker, Loop &  
Kendrick, LLP  
eaebel@slk-law.com

fully the patient's opportunity to select a participating provider should the patient elect to go out of network. Physicians must plan now for how to manage out of network PPO patients in these service scenarios to mitigate or avoid the payment rates they did not bargain for and which they do not wish to accept.

*Shumaker, Loop & Kendrick, LLP serves as an HCMA Benefit Provider. The Shumaker health care group is co-administered by Erin Smith Aebel and Ronald Christaldi, board certified health lawyers. Nine Shumaker lawyers practice health law full time with diverse subspecialties*



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# On Swann - Not an Ugly Duckling

The Swanns were huge in the history of Tampa. Alfred, James T. Swann (Ruth Eckerd's first husband), and the rest were the original developers of Bayshore Boulevard, cigar sellers in Ybor, and real estate investors. Swann Avenue was named after them and On Swann pays homage to this rich history.

The wood and brick is an eclectic mix of antique and slick modern. It is a dynamic place with lots of wood from old buildings and barns, exposed duct work, a classy bar and kitchen area, and nothing-matches-heavy silverware that grandma used to have, purchased from estates. All together it spells "fun."

On Swann is a busy place but that does not keep it from serving guests promptly and having gregarious employees who treat you like they own the place. It is obvious that the owners, including Chris Ponte of his famous restaurant across the bay, spent hours and hours training their staff to appreciate the patrons and to teach them what they need to know about the creative morsels they are serving.

The menu at Swann is different. There is, of course, the "Main" entrée list, but the rest is bundled into "Nibbles," "Share Boards," "Starters," and "Vegetables & More" (which could be sides or more starters). In other words, starters, pre-starters, pre-pre-starters and pre-pre-pre-starters.

We skipped the pre-pre-starters and the pre-starters and shot right down to the "Starters" to get the kale salad, tomatoes, the fig tart, lamb meatballs, and also ordered the "Vegetables & More" mushrooms as a starter.

The kale salad turned out to be more complex than your usual "kale salad." With bacon, cherries, quinoa, corn, Brussels sprouts, pecans, and the dried and salted ricotta cheese called "ricotta salata," it was a surprising whirlwind of flavors. The heirloom tomato appetizer was accompanied by chardonnay soaked watermelon (why didn't I think of that before!?!), a "Danish feta" goat cheese, basil, and lightly and delightfully coated with a light lemon vinaigrette. The open face fig tart was described to us as a "sweet pizza" and it was. With the caramelized onions, prosciutto,

mascarpone, and port balsamic glaze it could almost be desert. Lamb meatballs are the favorite appetizer according to our server. Very tender and mild, they were swimming in a marinara type ricotta and tomato date sauce. The dates added a slight, but not overpowering, sweetness and the grits were some of the best I have ever tasted.

As everything is served as ready, we had the side mushrooms as a starter. The four varieties of mushrooms were crusty, super tasty, and, with tarragon crème, were an item to order on the next trip and the next.

Now to the main event. The popular and huge tomahawk pork chop (can't imagine the porker's size) was like all of Ponte's dishes - full of flavorful combinations that make this restaurant different from any other. Hazelnuts, stone fruit, and "summer beans," large sweet cherries, and a side of grits blended perfectly. There was enough to take home for a second meal.

For a lighter entrée, the beautifully displayed tender scallops with curried carrots, almonds, currants, and a bacon aioli was a never-could-think-of-that melody dancing on the tongue. The ragu short ribs were delicately tender, served with cavatelli-like gemelli pasta, wild mushrooms, and crushed pine nuts. The orange-saffron nage cooked thick cobia with a jasmine risotto, spicy chorizo, clams, and peas was my least favorite and for some reason had a slightly burned taste. But all in all it was one of the best meals I've had in Tampa.

Chocolate lovers beware...the dense-dense-dense chocolate desert served with orange pieces will satisfy your chocolate hunger but force an extra hour of workout the next day.

On Swann has a nice bar and a popularity based cocktail, wine, and craft beer list that is reasonably priced. There also is a specialty list of high-end liquors by the glass.

A note of caution if it rains hard: On Swann is located in the midst of the notorious south Tampa "street flood zone." It was seriously raining during one visit and we had some damage to our vehicle driving through surrounding flooded streets.

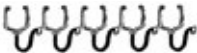
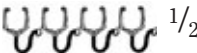
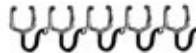
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## Restaurant Review



**Taste Bud**

**SUMMARY:**

	<b>CUISINE</b> 	<b>AMBIENCE</b> 	<b>SERVICE</b> 
<b>PLUSES</b> + + +	<ul style="list-style-type: none"> <li>Artfully displayed and fantastically combined succulent dishes</li> <li>Almost anything ordered is unique to this establishment</li> <li>Chris Ponte deserves praise</li> </ul>	<ul style="list-style-type: none"> <li>Trendy, comfortable, historical and comfortable</li> </ul>	<ul style="list-style-type: none"> <li>Service was as good as one gets—clean dishes and glasses with each course</li> <li>The staff was excited to serve you and excited to describe the dishes</li> <li>Service was prompt but not “pushy”</li> </ul>
<b>MINUSES</b> - - -		<ul style="list-style-type: none"> <li>Noise can be bothersome</li> </ul>	

On Swann, 1501 West Swann Avenue, 813- 251- 0110, www.onswann.com

Restaurants are rated from one to five stethoscopes.



**Newest Members**

**Active Membership:**

- Sisir Botta, MD (PDU)  
– Recruited by Dr. Mark Kolligan
- Karin Hotchkiss, MD (PDO)  
– Recruited by Dr. Rebecca Johnson
- Michelle Judah, DO (FP)  
– Recruited by Dr. Fred Bearison
- Momina Qazi, MD (IM)  
– Recruited by Dr. Fred Bearison
- Alfred A. White, MD (OPH)  
– Recruited by Dr. Scott Pautler

**Bay Area Cardiology**

- (Recruited by Dr. Fred Bearison)
- Robert Betzu, MD
- William Bugni, MD
- Saurabh Chokski, MD
- Francisco Delgado, DO
- Robert Dewhurst, MD
- Umesh Gowda, MD

- Tehreen Khan, MD
- Ranchhod Khant, MD
- Stephen Mester, MD
- Juna Misiri, MD
- Christian Perzankowski, MD
- Rolando Rodriguez, MD
- Mary Sue Stonerock, MD
- Hoshedar Tamboli, MD

**Bay Area Hospitalists**

- **Internal Medicine**  
(Recruited by Dr. Fred Bearison)
- Juan Angel, MD
- David Byrnes, Jr., MD
- Deborah Frank-Byrnes, MD
- Ahmad Issa, MD
- Shakib Khan, MD
- Ajibola Loye, MD
- Olivia Ma, MD
- Humayun Mian, MD

- Shashank Mishhra, MD
- Nalini Patel, MD
- Syed Umair, MD
- Hexuan Ren, MD
- Klemen Ribic, MD

**Affiliate Membership:**

- Jenna Kazil M.D. (VS) (GS)

**In-Training Membership/USF:**

- Poorvi Desai, MD (IM)
- Candace Gonzales, MD (GS)
- Thanh-Phuong Thi Nguyen, MD (IM)





## Retired Tampa neurosurgeon travels around the world by land and sea...



*Dr. Ralph and Kathy Rydell celebrated their 50th Anniversary dining at the Eiffel Tower!*

On Sunday, August 14th, HCMA's very own Past President and adventurer, Dr. Ralph Rydell, was a special guest contributor to the Tampa Bay Times' Latitudes section. Dr. Rydell recounted the recent journey he made around the world - avoiding airports!!

"Why go around the world? I have no singular reason to relate. But I did it last year, in large part I suppose for the romance and adventure. I think there is still lots of adventure to be had in this life and one must go out and seek it. I decided to travel by land and sea, using public transportation as often as I could to avoid airports and flights..."

To read the full article, visit the Tampa Bay Times site ([www.tampabay.com](http://www.tampabay.com)) and search "Retired Tampa Neurosurgeon."

## MARK YOUR CALENDAR!

**HCMA Membership Dinner Meeting**

**Monday, November 7, 2016**

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