The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
July/August 2017

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November 21, 2017

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October 12, 2017

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To submit an article, letter to the editor, or a photograph for ***The Bulletin*** cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submisions 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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VOLUME 63, NUMBER 2
July/August 2017

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July/August 2017

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"Under The Gandy Bridge." This photo, shot by HCMA member Dr. William Carson, was taken under the west end of Gandy Bridge, using a tripod sitting on the seawall. The tripod was used to allow an approximate 25-second shutter speed (with a 9-stop neutral density filter that is like shooting through dark glass) to produce the smooth effect to the water. This photo was chosen for the cover of *One Day Tampa Bay*, a photography book of local Bay area photographers, produced by the Florida Museum of Photographic Arts.

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The Bulletin is the official publication of the Hillsborough County Medical Association, Inc., 606 S. Boulevard, Tampa, Florida 33606, (813) 253-0471.

President's Message

The Letter You Don't Want To Get

Fred Bearison, MD
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"This letter is to inform you there is a pending investigation against your license to practice medicine in the State of Florida." No physician ever wants to receive a letter that begins this way, however, it could happen to any one of us. Why? There are a variety of reasons, amongst other issues, which I'll discuss in this article in an attempt to help you better understand the system and "how it works."

First, it is important to be aware of some of the basics. A complaint against your medical license can be filed by a variety of sources - the most common being from the Department of Financial Services (closed malpractice claims), a healthcare facility, other healthcare providers, attorneys, patients, their families, or just about anyone!

Now, let's take a look at some of the most common types of complaints against Florida physicians that are filed with the Department of Health (DOH):

- Standard of care issues.
- Wrong site/side and wrong procedure allegations.
- Criminal activities, for example, healthcare fraud, that is related to one's practice or ability to practice medicine as per the Medical Practice Act.
- Impairment (alcohol or illegal drugs) cases where the physician refuses to participate in the Physician Recovery Network (PRN) program or is "out of compliance" with their PRN contract.
- Sexual misconduct.
- Failing to update your physician profile or failing to report to the Florida Board of Medicine actions against your licenses in other states.

Complaints against one's medical license, which initially are confidential, are fully investigated by the DOH. The physician is able to provide a response to the complaint against him/her by offering the Department additional information, an expert opinion supporting his case (if the complaint involves standard of care issues) or mitigating factors specific to the complaint. After this extensive process which usually lasts many months, if the DOH feels there is enough evidence to support a finding of probable cause, the case is presented to the Probable Cause Panel of the Board of Medicine. The Panel, which meets on a monthly basis via telephone conference, is usually made up of three Board members on a rotating basis. At this point, the Panel can decide to:

- Dismiss the case without a finding of probable cause.
- Issue a non-disciplinary "Letter of Guidance" to the physician.
- Instruct the Department of Health to issue an "Administrative Complaint" (AC). When this occurs, the case becomes "public" within 10 days after the finding of probable cause.

At this point in time, the physician is served the AC and has the right to choose a method of resolution as outlined below:

- Enter into a "Settlement Agreement" as described below, or request an "Informal Hearing" (a hearing not involving disputed issues of material fact) to present a legal argument or mitigating factors as to the penalty imposed.
- A "Settlement Agreement," which is a negotiated settlement between the DOH and the physician is presented to the Board of Medicine (BOM) where it can be approved or rejected. If the latter, a counter proposal is offered which the physician may accept immediately or take 7 days to consider. If he/she chooses to reject the counter offer, the case is either referred to the Division of Administrative Hearings (DOAH) for a "Formal Hearing" (an evidentiary hearing where the physician disputes the facts alleged in the AC) or it may come back before the Board for an informal hearing. If the case proceeds as a formal hearing before DOAH, the presiding administrative law judge issues a "Recommended Order" which is then presented to the BOM for final action.
- Request a "Formal Hearing" as the physician disputes the facts contained in the AC.

Penalties imposed by the BOM may include:

- Fine.
- CME requirements.
- Lecture to hospital staff (this usually is in wrong side/site/patient/procedure settlements).
- Probation, suspension, or revocation of medical license.
- Direct and indirect monitoring.
- PRN evaluation.
- Letter of concern or reprimand.

Now that I have discussed how a complaint is made against one's medical license, what are the most common types of com-

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Editor's Page

A Fellow Physician/Photographer – An Interview

David Lubin, MD
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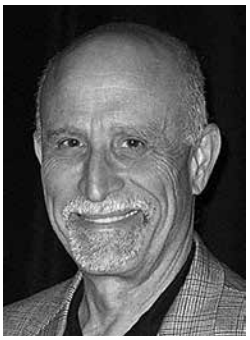


William Carson, MD.

Editor's Note: Dr. William Carson began his orthopedic practice in 1983 with Young, Williamson, and Murphy on Howard Ave. and then started The Sports Medicine Clinic of Tampa, in 1985, on Azeele St. He felt fortunate to have been involved in "organized" sports medicine and served as team physician for the Rowdies, Thrillers (CBA basketball team), Tampa Bay Bandits, Tampa Bay Rays, University of Tampa, Plant High School, and the Tampa Bay Buccaneers for eleven years (1987-1997).

I had the pleasure of going to the Florida State Fair with Dr. Carson to shoot the colorful rides, resulting in numerous kaleidoscopic pictures, and a number of mine have graced covers of The Bulletin. As a fellow "shooter," I was impressed with Dr. Carson's work, and over the years have appreciated his photography even more. I thought you might also be interested.

David Lubin, MD:
Bill, what got you into photography? Some event, person?

William Carson, MD:

When I was growing up, my mother took lots of pictures of our family, mostly color slides that we would show on a screen with a slide projector. She taught me how to use a camera when I was at Plant High School, however it was not until college that my interest in photography really came to fruition.

DL:
What was your first camera? What do you shoot with now?

WC:
My first camera was a Pentax 35mm film camera, then a Nikon F1 film camera. I now use a Nikon D800 digital SLR camera.

DL:
And your first "great shot"?

WC:
As they say, art and photography are very subjective and I am not sure how many great shots I have – maybe none. However I do have a few favorites. 1. "Tough Lie," a golf ball shot that received a full page spread in *Shutterbug Magazine.* This was a high shutter speed shot that simulated a golf ball being hit out of the water. 2. "Timeless," taken in New York City's Central Park after a fresh overnight snowfall. This photo won Best In Show at the 2014 Annual Members show at the Florida Museum of Photographic Arts. 3. "Under The Gandy Bridge," was taken under the west end of Gandy Bridge, using a tripod sitting on the seawall. The tripod was used to allow an approximate 25-second shutter speed (with a 9-stop neutral density filter that is like shooting through dark glass) to produce the smooth effect to the water. This photo was chosen for the cover of *One Day Tampa Bay*, a photography book of local Bay area photographers, produced by the Florida Museum of Photographic Arts.

DL:
What's your favorite subject to shoot?

WC:
As much as I like technically challenging shots that require very short or very long exposures, I seem to gravitate towards street photography. My wife and I travel to New York City quite frequently and some of my more interesting photographs have come from all the action and scenes playing out in this large urban setting. With this type of photography, the goal is not to produce the perfect photo with all the correct camera settings – instead the goal is to capture that "decisive moment" of the action happening around you.

DL:
Did you think you'd be able to make the switch from film to digital?

WC:
My transition to digital was very easy because I learned photography on a film camera and by virtue of the fact that I had either twenty-four of thirty-six exposures in the camera, I had to understand shutter speed, aperture, focal length, etc., so that somewhat of a decent picture would be taken. It's unfortunate that many of the digital photographers do not understand the basics of photography and simply use the "automatic" setting. (Although I have to admit, the digital cameras are so smart that some of those auto pictures look pretty good!) One advantage of

(continued on page 12)

Executive Director's Desk

Political Correctness Run Amok

Debbie Zorian
DZorian@hcma.net

More Health, Inc., a nonprofit organization that trains instructors to deliver interactive health education lessons to students, is one of the charitable organizations the HCMA Foundation has contributed to for over ten years. They offer more than 25 lessons that address topics such as nutrition, personal health, injury prevention, safety, etc. Last month, Elke and I were invited to attend a health and hygiene lesson given to Gorrie Elementary students. They wanted us to experience firsthand how their programs influenced youngsters. I was very impressed with the entertaining way in which the valuable hygiene lesson was presented. It kept the interest of almost 30 second graders for the entire 40 minutes.

One thing that stood out to me during the lesson was when the instructor repeatedly said, "the adult person in charge of you" when referring to a student's mom, dad, or parents. As it was said often, it caused me to ponder the overabundance of political correctness we tend to have in our society. I thought a more appropriate phrase would have been "your parents or other adults caring for you." Omitting the words mom, dad, or parents altogether was (in my opinion) an example of political correctness taken too far.

Noteworthy political correctness has been around for decades, but the last several years it has been taken to ridiculous extremes and has now transformed into a global pandemic. It seems that self-absorbed adolescents, fueled by social media, are the worst offenders. Even humor is the subject of political correctness censorship. In March of this year, comic Chris Rock quit the U.S. college circuit because everything offended his younger audiences.

In researching this topic, I found out that Facebook has increased its gender list from two (male and female) to over 50 (which doesn't seem possible), including bigender, transgender, pangender, cisgender, intersex, and two-spirit person. Not having the time or desire to Google any of the genders on the list, I'm in the dark as to most of their meanings. However, I did read a few online examples of attempts being made to change common words and phrases that would make them "politically correct." They included: gingerbread men to gingerbread persons, snowman to snowfigures, mankind to humanity, sportsmanship to fairness, housewife to domestic engineer, short to vertically challenged, overweight to persons of size, old people to chronologically advantaged, bald to follically challenged, blind to visually impaired, unemployed to involuntarily leisured, and brainstorming to thought showers. I'm still shaking my head at that one.

I also read information that listed policy changes in several schools due to the following bizarre philosophies: holidays threaten the culture of tolerance, the American flag is a symbol of patriotism or a weapon for nationalism, making fun of terrorists compromises cultural harmony, a moment of silence for 9/11 victims would promote Islamophobia, calling students boys and girls offends the plethora of other genders that are now recognized.

And I can't forget…job advertisements should not ask for reliable and hardworking applicants as it could be offensive to unreliable and lazy people. I just hope that I don't have to interview a potential employee candidate anytime soon. Although I've conducted numerous interviews over the years, I feel legal advice might be necessary going forward.

There is no doubt that Americans have become overly sensitive and even paranoid lest they unintentionally offend someone. And that includes me. There are times I find myself silently searching for the "correct" thing to say in fear of all the "incorrect" ways in which something can be construed. In today's society it seems like everyone is a victim and has been emotionally wounded in one way or another. Saying the "wrong" thing can mean a person will be penalized, fired, or taken to court.

I, along with many others, believe that while the original intent of political correctness was positive, the movement has gone too far thus hindering our ability to be comfortable in living and working with those different than us. We have learned to tiptoe around diversity issues or avoid them completely. Going overboard in protecting everyone's feelings is essentially imposing a gag order on society. If people are muzzled, they are not able to talk about significant issues and developments in a civilization that is transitioning continuously at a very rapid pace. This filtering and twisting of reality through feel-good rhetoric may end up causing problems of gigantic proportion.

In an article entitled, "The Coddling of the American Mind,"

(continued)

Executive Director's Desk (cont.)

a cover story published last year in *The Atlantic,* the writers felt that "the campus climate of protectiveness is infantilizing. Protecting college students from words, ideas, and subjects that might cause discomfort or give offense can be disastrous for education and mental health. A campus culture devoted to policing speech and punishing speakers is likely to engender patterns of thought that are surprisingly similar to those long identified by cognitive behavioral therapists as causes of depression and anxiety. Because there is a broad ban in academic circles on "blaming the victim," it is generally considered unacceptable to question the reasonableness (let alone sincerity) of someone's emotional state, particularly if those emotions are linked to one's group identity. The thin argument, "I'm offended," becomes an unbeatable trump card."

And how does the avoidance of specific language affect the profession of medicine? While continual burdens are placed on physicians, worrying about politically correct communication when talking to patients can prove to be yet another obstacle. This can actually make for poor communication, which can negatively affect a patient's health. A recent article in the *Emergency Medicine News* stated, "Political correctness in medicine and the ED has swung toward overcorrection. Emergency physicians, nurses, and techs must adhere to overly politically correct policies regardless of the idiocy hurled upon us. It is our job to confront our patient's unhealthy behavior despite the bureaucrat's love for positive patient scores."

While colloquial terms that are meant to be degrading should never be used, a physician should not have to abandon the use of scientific terminology because someone doesn't like the stigma attached to it. This can de-emphasize the seriousness of the problem which is detrimental to patients who are already in denial of their health condition. If physicians are expected to bow down to the lunacies of political correctness, even if it means putting their patient's health at risk, it goes against the Hippocratic Oath they hold sacred while adding to the encumbrances they already face on a daily basis.

President's Message (cont. from page 6)

plaints and methods of resolution? What can you do realistically to protect yourself? Here are some of my thoughts.

First, practice good medicine. While this may sound simplistic, it is not uncommon for doctors to find themselves facing discipline when they deviate from their established standard of care. This usually includes "cutting corners" to save time, delegating authority to other healthcare providers without adequate supervision, and not completely following through on abnormal clinical data such as labs, biopsy results, and radiological studies. Also, it is of the utmost importance to communicate well with your patients. Studies reveal that it is not unusual for a patient to feel that their physician does not actually listen to them nor fully explain, in layman's terms, what is wrong with them and the "plan of care." An unhappy patient who feels his doctor is "blowing him off" is fertile ground for a DOH complaint.

If you find yourself in the unfortunate situation of having a complaint filed against your medical license, although not required by law, it is my opinion that you should seek assistance from a qualified healthcare attorney who has extensive experience with administrative proceedings and practices before the BOM. Based on my experience with the Board, I have found there to be about a dozen such attorneys in the state. You can do your "homework" and examine previous Board cases (available on the internet), call the Board office, or ask for assistance from your malpractice carrier to identify such an attorney.

Rest assured, all members of the Florida Board of Medicine (twelve physicians and three laypeople who are appointed by the Governor) carefully evaluate each and every case and base their judgment on a fair and thorough evaluation of the information presented to them. While the Board's primary purpose is to protect the health, safety, and welfare of the citizens of Florida, the Board of Medicine does not "railroad" physicians.

Editor's Note: Dr. Bearison originally submitted this article for the March/April 2008 issue of The Bulletin, when he was serving as Vice-Chair of the Board of Medicine. Dr. Bearison updated the article as this topic is as important today as it was nine years ago.

Editor's Page (cont. from page 8)

the digital cameras is the ability to instantly see your image after taking a picture and the ability to make the appropriate adjustments if needed.

DL:
What's been your biggest photographic challenge?

WC:
Flash photography has always been a challenge for me. Whenever possible I try to not use a flash but when I do use a flash, the pictures just seem to be OK, never great.

DL:
What advice would you give your colleagues to improve their photography?

WC:

Occasionally shoot in manual mode so you have to set the shutter speed, f/stop etc., and take twenty or thirty pictures without "chimping" (the habit of checking every photo on the camera display immediately after capture).

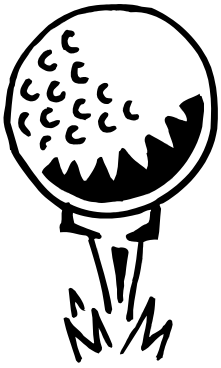
I have very much enjoyed the "technical side" of photography and learning how to use *all* of the buttons and features of the digital SLR cameras – no doubt this is related to the technical demands of my orthopedic practice for the past thirty-four years. However, in general, I have found that most physician photographers, who adhere to attention to detail in their medical practices, also pay close attention to the details and subtleties of photography and produce some really great images.

DL:
Your recent retirement…

WC:
Roger Brainard and I have always prided ourselves on being able to spend twenty or thirty minutes with each patient and to practice an "old-fashioned" brand of orthopedics without the use of PAs or NPs and certainly without electronic medial records. As you know, it became very difficult to run this style of practice and I felt it was time to move on. It's always been my impression that surgeons tend to get out of the game a bit earlier than most.

I look forward to more photography and family time and will in all likelihood begin some volunteer work.

DL:
Bill, thanks for your service to the community and best of luck in retirement!



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21st CHARITY GOLF CLASSIC

October 12, 2017

Carrollwood Country Club

Format: Four-Person Scramble

11:30 AM: Registration and Boxed Lunch

12:45 PM: Call to Carts

6:00 PM: Social/Reception, Awards, Prizes, and Raffle

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Medical/Legal Update

Effects of Florida's New Medical Marijuana Framework on Patients, Physicians, and Entrepreneurs[1]

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Rachel B. Goodman

Jessica S. West

During a special legislative session ending June 2, 2017, the Florida legislature passed Senate Bill 8-A ("SB-8A"), authored by Senator Bradley, amending Florida's medical marijuana laws to reflect the 2016 passage of Section 29 to Article X of the Florida Constitution (commonly referred to as "Amendment 2"). This comes after Florida lawmakers failed to reach a consensus on how to implement the amendment during the legislative session, leaving physicians, dispensing organizations, entrepreneurs, employers, attorneys, and patients wondering how to reconcile the incongruent requirements of Amendment 2 with Florida's existing medical marijuana laws. Governor Rick Scott, to whom the bill was presented on June 19, 2017, has indicated that he plans to sign the bill into law. Notwithstanding these significant developments at the state level, recent statements by Attorney General Jeff Sessions serve as a sobering reminder that medical marijuana remains illegal under federal law despite the Federal Government's prior position on non-interference with state medical marijuana systems.[3]

While portions of the bill's language will likely be challenged in court, passage of the bill provides the integral framework necessary for impacted persons and businesses to begin moving forward with the conduct permitted by Amendment 2. As set forth more fully below, the bill contains numerous provisions of significant interest to potential patients, Florida physicians ordering or interested in ordering medical marijuana for patients, and entrepreneurs. Although the bill delivers an overarching structure for a more strong and effective medical marijuana regulatory system in Florida, additional details remain to be determined by the Florida Department of Health ("FDOH"). The bill tasks the FDOH with drafting various regulations necessary for implementation of the forthcoming revised statutes, including but not limited to rules: regarding recommended daily dose amounts, for medical marijuana treatment center sanitization, regarding storage and handling of medical marijuana related waste, and setting forth permitted and prohibited shapes, forms, and ingredients for edible medical marijuana products.

Patients and Physicians

Like the statutes it amends, SB 8-A continues to prohibit administration of medical marijuana by smoking. However, the amended law now includes the ten qualifying conditions set forth in Amendment 2[4], and removes the 90 day waiting period required under the prior law. The revised statutes will harmonize terms from the state's prior medical marijuana laws with vocabulary found in Amendment 2, such as replacing use of the term "order" with "physician certification" for medical marijuana, and specifying the requirements for issuing and obtaining such certification. The bill also details information that qualified physicians are required to provide to patients (and parents or legal guardians of minor patients) to constitute adequate informed consent prior to issuing a physician certification. Qualified physicians are now able to issue physician certifications for three 70-day supply limits of marijuana, up from the prior 45-day supply limitation. According to language in the bill, the FDOH is required to quantify by rule a daily dose amount for each allowable form of medical marijuana to be dispensed by a medical marijuana treatment center, which will be used to calculate the 70-day supply. Qualified physicians will be able to submit electronic requests for exceptions to the daily dose amount limits under certain circumstances.

Entrepreneurs

Pursuant to the new bill, the FDOH is required to issue "medical marijuana treatment center" licenses to any entity holding an active, unrestricted license to cultivate, process, transport, and dispense low-THC cannabis, medical cannabis, and cannabis delivery devices under the former laws, by July 1, 2017. Additionally, the FDOH is required to issue 10 more licenses to medical marijuana treatment center applicants by October 3, 2017, with special preference given to certain applicants who: applied

(continued)

Medical/Legal Update (cont.)

under the former medical marijuana statute, own facilities used for canning/concentrating or otherwise processing citrus fruit, and/or are recognized class members of two ongoing class action lawsuits. Once patient registration in the medical marijuana use registry reaches 100,000, the FDOH is required to issue four more medical marijuana treatment center licenses within 6 months, and to do the same for each additional 100,000 active qualified patients added to the registry. Notably, license holders will be permitted to open up to 25 dispensaries across the state, which number may increase as more patients are added to the registry as described in the amended law. Additionally, the new bill permits license holders to buy and sell allotted dispensary numbers from other licensees. Thus, it is possible that some license holders will be able to open more than 25 dispensaries under a single license.

Like the prior law, the new bill provides instructions and minimum requirements for license applications and renewals, including requirements that each applicant: has been registered to do business in Florida for five consecutive years prior to submitting an application; has the necessary infrastructure, technology, and resources; and has the financial ability to operate as a medical marijuana treatment center. Licensed medical marijuana treatment centers will be required to cultivate, process, transport, and dispense medical marijuana for medical use, and may not contract for services directly related to the foregoing, except under certain limited circumstances described in the law. License holders may only transfer ownership of such a medical marijuana treatment center to individuals or entities who meet the requirements set forth in the bill. Individuals and entities who directly or indirectly own, control, or hold power to vote 5 percent or more of the voting shares of a medical marijuana treatment center may not acquire direct or indirect ownership or control of any voting shares in any other medical marijuana treatment center. The new law also provides detailed requirements for the inspection and treatment of plants, medical marijuana packing, and regarding production of edible forms of medical marijuana.

We hope that you find this useful and informative. Please contact us if you have any questions about this, or any other matter.

1 Medical marijuana remains illegal under federal law even in states, such as Florida, that permit medical use of the drug under certain circumstances. This article is published for general information purposes only. It does not constitute legal advice and does not necessarily reflect the opinions of the firm or any of its attorneys or clients. The information contained herein may or may not be correct, complete or current at the time of reading. The content is not to be used or relied upon as a substitute for legal advice or opinions. No reader should act or refrain from acting on the basis of the content of this article without seeking appropriate legal advice. This article does not create or constitute an attorney-client relationship between the authors, Shumaker, Loop & Kendrick, LLP, and the reader.

2 Rachel Goodman and Jessica West are associate attorneys in the Health Law practice group at Shumaker, Loop & Kendrick, LLP. They can be reached at 813-229-7600, rgoodman@slk-law.com, and jwest@slk-law.com.

3 Notably, on June 12, 2017, a letter written by Attorney General Jeff Sessions to legislative leaders set forth a request to repeal the Rohrabacher-Farr Amendment. The amendment, which was temporarily extended for one year by the budget bill signed by President Trump on May 5, 2017, does not change the legal status of marijuana under federal law. However, the amendment does provide that no Department of Justice funds may be used to prohibit states, including Florida, from implanting state laws authorizing the use, distribution, possession, or cultivation of medical marijuana. As of the date of this article, however, there are no written responses to Sessions' letter, and the amendment remains in place.

4 The new law defines "qualifying medical condition" to include cancer, epilepsy, glaucoma, positive status for human immunodeficiency virus, acquired immune deficiency syndrome, post-traumatic stress disorder, amyotrophic lateral sclerosis, Crohn's disease, Parkinson's disease, multiple sclerosis, medical conditions of the same kind or class as or comparable to any of the foregoing, a terminal condition diagnosed by a physician other than the qualified physician issuing the physician certification, and chronic nonmalignant pain.

Reflections

Narcotic Use and Abuse in the USA

Rodolfo Eichberg, MD
eichberg@tampabay.rr.com

Several years ago I wrote an article for *The Bulletin* entitled "Pain Killers Kill." Re-reading that article now suggests to me that it was the understatement of the decade. Deaths caused by drug overdose have equaled or surpassed those caused by motor vehicle accidents.

In writing this article, I intend to reflect on fifty years of experience in the musculoskeletal area of medicine. The opinions herein are mine and do not presume to be scientific. They are, in part, a *mea culpa* which all physicians should acknowledge and help to fix.

Instead of reviewing the literature I will list some frequently mentioned claims and comment on them.

Statement #1: Pain training in medical school and residency is minimal and inadequate.

This is true. I would add that it is unscientific and biased in favor of socio-cultural mores and political correctness. What can be more unscientific than declaring that "pain is the fifth vital sign" when pain cannot be objectively measured? Is the patient pointing at a happy or sad face objective or subjective? Is the patient's statement that he or she has level 8 pain objective? In my experience most chronic pain patients are invariably in 9, 10, or excruciating pain. Yet JCAHO, the accrediting and reviewing organization for hospitals and healthcare facilities insists in using the "5th vital sign" and its management as a quality indicator since 1996. The American Medical Association has moved to eliminate this in 2016. Its elimination is opposed by the American Academy of Pain Medicine (a physician organization), and the American Pain Foundation (consumer organization). The latter organization claims that there is an epidemic of untreated pain. Does this sound like there are vested interests involved?

Statement #2: Medical organizations do not always help.

In 2004 the Federation of State Medical Boards called on state boards to make undertreatment of pain PUNISHABLE. A decade later state medical boards were punishing physicians that dispensed narcotics inappropriately to anybody who claimed to be in pain, creating the "Pill Mill" industry. I wonder if the "patient" pointing to the "sad" face was no longer enough.

Personally, all this contributed to my career-long decision not to accept chronic pain patients in my practice. The number of lawsuits prompted by alleged under-treatment or over-treatment of pain, and even manslaughter prosecutions for death caused by prescription drugs, can only be guessed.

Statement #3: Medically Induced Epidemic.

In the late 1980s or early 90s a keynote speaker at the Annual Meeting of the American Academy of Physical Medicine and Rehabilitation stated that we were cowards, afraid of using narcotics, which he claimed were both safe and effective. In 1986, Russell Portenoy wrote an article based on 38 patients, in which he argued that opioids could be used in people without cancer that had pain. To his credit he has performed his own *mea culpa* publishing an article in the *Wall Street Journal* reversing his opinion in 2012.

In 1996 Purdue Pharma released OxyContin, a long acting narcotic. Its sales sky rocketed. Why?

At one time doctors were told that the risk of opioid addiction was less than 1 per cent. Credible?

In 2012 sales of opioids in the USA totaled 9 billion dollars. Can any public health expert call this judicious use of medical resources?

Recently the state of Ohio filed suit against several pharmaceutical companies, claiming large increases in health care expenditures. Some in the press already compare it to the tobacco lawsuits.

Statement #4: Widely discordant statistics.

- 100 million Americans suffer from chronic pain according to the Institute of Medicine. No other country on earth comes anywhere close. Do one out of three of your friends have chronic pain?
- Prevalence of chronic pain varies between 8% and 60% according to different statistics. Can any statistician explain this?
- Heroin and fentanyl killed 1500 people in the first nine months of 2016 in Maryland, prompting the governor to declare a state of emergency. Can this be called "safe and effective"?

(continued)

Reflections (cont.)

- 4 out of 5 heroin users started with prescription pain killers (Mark Siegel, New York University/Fox News). Draw your own conclusions.
- Illicitly manufactured fentanyl and NOT prescription opioids are now the leading drug in death by overdose. Regional variations?

Statement #5: Experience in other countries is very different.

The three most commonly used analgesics in several European countries are acetaminophen, ibuprofen and aspirin. Are Europeans somehow "sturdier" than Americans? Several European countries still use Novalgin/dypirone for acute, severe pain. It is not on the USA market. It has infrequent but very serious side effects including shock and agranulocytosis.

Statement #6: The two health conditions most clearly associated with disability benefits claims, in most First World countries, are musculoskeletal disorders and mental health problems.

Could this be associated with the incidence and prevalence of chronic pain?

The president of the AMA, Andrew German, MD, has said that physicians played a key role in starting the so called opioid epidemic and now must do their part to end it.

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athenahealth is a leading provider of cloud-based services for electronic health records (EHR), practice management, patient communication and care coordination, helping caregivers thrive through change and stay focused on patient care. Recognized as an industry leader, athenahealth received five Best in KLAS awards for 2013, including #1 Overall Software Vendor and #1 Patient Portal.

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As physician advocates, athenahealth directly aligns its incentives with clients' performance. Joining the athenahealth network has low start-up costs, with no licensing, server or maintenance fees.

The fully integrated suite of athenahealth services delivers practice management and medical billing, EMR, patient engagement and care coordination via a single cloud-based workflow. All are designed to help practices and health systems achieve peak clinical and financial performance.

SCHEDULE A DEMO

If you or your practice manager is interested in speaking with an athenahealth representative and participating in an online demonstration, please contact Elke Lubin at the HCMA office: 813.253.0471 or ELubin@hcma.net.

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

Practice Management

Medical Directorship Responsibilities and Precautions

Nick Hernandez, MBA, FACHE CEO, ABISA
nhernandez@abisallc.com

A position as medical director can offer many rewarding opportunities to improve care. The medical director's time is not meant to be spent on clinical visits or resolving individual problems. Rather, the medical director is expected to take a systems approach to care. On a day-to-day basis, being a medical director requires one to be passionate about excellence, good at meddling, and unafraid to be "under the microscope" and to be political, patient, and persistent. Too often, an excellent physician asked to become a medical director fails because the needed skill set is different. Medical directorship also comes with a myriad of challenges, which any prospective applicant must carefully consider before knocking on the door of opportunity.

As healthcare organizations are continuing to pursue physician champions and place them in positions of leadership, physicians around the country are entering into medical director agreements in a variety of settings. While such an arrangement has advantages for the physician, there are also some potential consequences that physicians should be aware of as they carry out the duties specified in these roles. Government regulators and medical boards aggressively enforce their rules where they perceive a violation.

Here are two key items to be aware of before entering into a medical director services agreement:

• Ancillary personnel supervision. In short, know how to do what you offer. Medical directorship encompasses many requirements, oftentimes including the supervision of various healthcare providers and ancillary personnel. This is part of the agreement for several reasons such as medical staff bylaws, CMS billing regulations, and boards of directors' oversight stipulations. Failure to provide the appropriate supervision can trigger not only contractual breach notifications, but may also result in allegations of false claims being made to the Medicare or Medicaid programs. Indeed many times governmental regulators seek to hold medical directors accountable for administrative, civil, or criminal damages.

• Professional liability issues. Medical directorship also comes with potential issues related to professional liability and the physician's medical malpractice coverage. These issues may arise from the execution of duties which the medical director is performing as required by the agreement. Physicians serving as medical directors are often required to review clinical, patient care, and risk management policies and procedures as part of their duties and obligations. As mentioned above, medical directors are frequently obligated to supervise other personnel (e.g. other physicians, nurse practitioners, physician assistants, etc.).

There have been cases where the plaintiff's allegations of negligence are targeted not only at the healthcare provider and facility, but also at the medical director for failure to provide adequate supervision. Therefore, physicians should not overlook medical malpractice insurance and indemnification provisions that are either not included in their medical director contracts or contain poorly written provisions.

Many physicians enter into medical directorship arrangements hoping to "get rich quick" while unsuspectingly jeopardizing their medical license. In 2015, the US Department of Health and Human Services Office of Inspector General (OIG) issued a fraud alert regarding physician compensation. The Fraud Alert reveals that the OIG recently reached settlements with twelve physicians who had entered into separate medical directorship agreements, which, according to the alert, were each deficient in some way. The deficiencies highlighted in the Fraud Alert include payments taking into account the physicians' volume or value of referrals, payments being inconsistent with fair market value for the services to be performed, and physicians not actually performing the services called for in the agreements. The OIG also claimed that certain arrangements involved an affiliated health care entity improperly paying for the salaries of the physicians' front office staff, which relieved the physicians of a financial burden which would otherwise have been their responsibility.

Medical director services agreements can have unforeseen negative effects on the physicians who serve in these roles. Understanding the duties of the medical director as well as the associated responsibilities and liabilities is paramount. Consequently, those physicians contemplating entering into such an arrangement should have a qualified individual carefully review the document before signing.

Restaurant Review

Fodder & Shine…Good Ole' Country Cookin"

Fodder & Shine, 5910 North Florida Avenue, Tampa, Fodderandshine.com, 813-234-3710

The Taste Bud

The Fodder & Shine is a casual "Southern Home Cooking" restaurant on Florida Avenue. While likely most of its patrons did not grow up in the Old South, it gives people a taste of the history of old Florida cooking. Not that the entire menu is Floridian or even southern, but all of it can resemble what "Momma used to cook."

The roadhouse environment makes one feel they are at home and there is no need to "fancy up." There are Ms. Pac-Man and Asteroid games in the entrance, a slew of recovered windows from long gone homes hanging, and a concrete floor set in a warehouse type building.

Appetizers include good house made spreads with crostini and house made thin sweet crackers. We chose two good spreads - old-fashioned pimento spread and smoked mullet, which came with spicy white onions shreds and jalapenos. Then we chowed down New Orleans style Cajun Boudin balls formed with tender pork, rice, and a not-too-spicy Cajun mustard dip.

	CUISINE 1/2	AMBIENCE 1/2	SERVICE
PLUSES + + +	• Rather extensive good tasting menu items • Good 'Ole Southern Comfort Food • Some dishes are imaginative using simple ingredients but throwing in a twist or two	• Friendly down-home atmosphere with large windows looking onto the spacious kitchen	• Nice, friendly, prompt service, better than a lot of upscale places • A late night spot. Open every day, till 10 Sun-Thur, till11 Fri & Sat and the bar is open until 12 Mon-Thur and 2 am Fri and Sat.
MINUSES - - -	• Be prepared to exercise 24 hours to make up for the calories	• "It aint fancy if that's what you're lookin' fur"	

Restaurants are rated from one to five stethoscopes.

We also had Nashville hot wings, which were likely the most standard offering they had. Very spicy (they come with a warning) and crisp.

For "supper," there are a plethora of good old high-fat Sunday-type entrees. We ordered the mullet but they were "out," hard to believe that they were out of perhaps the most plentiful fish around, but we'll save that for next time. We had a half cornmeal-fried chicken. It was very crispy, succulent, and begged to be picked up with fingers. In fact it was, to borrow a phrase, "Finger-Lickin' Good." It was served with green beans topped with bacon and bacon grease in a very successful attempt to make this veggie very tasty and not so healthy. Very dry and disappointing mashed potatoes also accompanied the chicken.

The old-fashioned chicken potpie was served piping hot in a cute little cast iron skillet. It had a perfect, tender crust topping, flavor-filled herbed chicken pieces, and veggies swimming in brown gravy.

The pulled pork plate had larger portions of extracted pork, not like the little ones in sandwiches. It was a large meaty entree smothered in gravy with a gravy-soaking slice of white bread on the bottom with RC Cola black eyed peas and carrot and cabbage slaw on the side.

Now comes the meatloaf. It's really good and a dinner fit for a linebacker or Sumo wrestler. Layers and layers of fat…but really good. On the bottom was a beer cheese made mac-and-cheese, topped with a thick slab of tasty meatloaf, topped with a fatty rich gravy, and then topped with a fatty creamed portion of kale. Yummy. Don't even think of the calories.

On the side of all this we needed more fat, so we ordered another down-home order fit for the cowhands. It was the "Cheddar Cheese Sofkee." Rich and, might I say it again, fatty. But creamy and good - creamy tender grits with lots of cheddar, cream, and butter.

The blueberry shortcake dessert was luscious. And the Mason jar filled "Turtle Pie Trifle" was thick, chocolatey, and layered with brownies, caramel, and bits of toasted pecans that really added to the dish. And it was topped with a cream cheese frosting. Super!

The F&S also has a variety of house crafted cocktails, a few wines, a grand total of fifty whiskeys (including the scotches), and an extensive craft beer list.

Benefit Provider Program

The Hillsborough County Medical Association's Benefit Provider Program provides value to physicians with products, programs, and services that far exceed the cost of annual dues. If you have any questions, please contact Debbie Zorian, HCMA Executive Director, at 813-253-0471 or DZorian@hcma.net.

athenahealth – Fully integrated cloud-based services for EHR, practice management, and care coordination. A 2-time Best in KLAS winner for 2014, athenahealth helps practices and health systems thrive through the ongoing changes in health care with athenaOne, a fully integrated suite of cloud-based services. athenaOne combines EHR, practice management, and care coordination into a single offering, keeping physicians up-to-date each day and focused on patient care. To receive information from an athenahealth representative, contact Elke Lubin, HCMA Executive Assistant, ELubin@hcma.net , 813-253-0471.

The Bank of Tampa - Banking and Wealth Management Services. Specializing in services for medical practices and physicians for 30 years. The Bank of Tampa has designed exclusive benefits for HCMA members including a personal relationship package, commercial banking services, and wealth management services; as well as discounts on Remote Deposit Capture, payroll, and merchant card services. Contact Oliviana Catrone, at 813-295-9933 or ocatrone@bankoftampa.com.

Cherry Bekaert, LLP, CPAs - Specialized team of accounting, tax, and consulting professionals that focus on providing services to healthcare and medical clients. **Members receive discounts on specialized services, in addition to one free hour of proactive consultation.** Contact Bill Becker at 813-251-1010, bbecker@cbh.com or visit www.cbh.com.

Favorite Healthcare Staffing - Serving Tampa and the entire Florida healthcare community since 1981, Favorite continues to set the standard for quality, service, and integrity in healthcare staffing and placement services. With discounted pricing and **preferred rates for HCMA members**, Favorite's comprehensive range of staffing and personnel services can help HCMA members improve cost control, increase efficiency, and protect their revenue cycle. Please contact our dedicated HCMA account representative Tom Maiolo at 813-327-5500 or email MedicalStaffing@FavoriteStaffing.com.

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Florida Healthcare Law Firm (FHLF) - Providing legal services to members with the right pricing, responsiveness, and ethics. FHLF offers **"Healthcare Attorney on Call,"** an **"Online Store,"** and **free webinars** for HCMA members. The Law Offices of Jeff Cohen, P.A. will answer your legal questions, **at no cost**. Contact the office, after hours, and you will receive a return call by noon the next business day and will obtain up to fifteen minutes of free legal advice from a Florida healthcare attorney. Contact Jeff Cohen, Esq. at 888-455-7702, 561-455-7700. **The FHLF Online Store** offers free legal documents, available for instant download. Audio/visual presentations are also available for purchase **(HCMA members receive a 25% discount by using the discount code HCMA25)**. Visit the innovative resource center at www.FloridaHealthcareLawFirm.com or contact Jeff Cohen at JCohen@floridahealthcarelawfirm.com.

Florida Rx Card – a FREE statewide Prescription Assistance Program (PAP). This prescription discount drug card offers savings as high as 75% on both generic and brand medications. Anyone living in or visiting Florida can use this discount card; regardless of age, income, health conditions, or residential status. No restrictions or application. No personal information required to obtain a card. Accepted at over 70,000 pharmacies nationwide. Very easy to use and some prescription costs are less than health insurance co-pays! For more information, or to order cards to distribute to your patients, contact Erin Kelly, Area Representative, 770.715.3204, or ekelly.floridarxcard@gmail.com.

Full Circle PR - Looking for an increased patient base and bottom line? Full Circle PR is a local, strategic growth firm specializing in the medical practice industry. They offer HCMA members a complimentary consultation and create a customized public relations and marketing plan that will increase their patient base and ultimately their bottom line. HCMA members save 10% on all services. Contact Michele Krohn at 813-887-FCPR (3277) or Michele@fullcircle-pr.com.

The Legatus Group - financial services specialists. The Legatus Group has dedicated its focus on the needs of the physician community.Their expertise in helping physicians maximize their bottom line, asset protection, and tax savings brings much value and opportunity to HCMA members. HCMA members will enjoy significant discounts and underwriting privileges on products and services such as disability and life insurance not available to non-members. Please do not hesitate to contact any of The Legatus Group team members: Joseph Yagar, MSFS, CES, RIS, Yagar_Joe@nlvmail.com, (646) 898 3562 and Raymond

(continued)

Benefit Provider Program (cont.)

Carapella, Carapella_Raymond@nlvmail.com, (813) 526-2619.

MCMS, Inc., Insurance Trust Fund - Providing Group Major Medical Insurance for HCMA employer-members. The program is fully insured by Florida Blue and has operated since 1981. Many coverage options are available, including Qualified/Compatible Health Savings Account Plans. Although the program is fully insured with no assessments, offices benefit from a Profit-Sharing agreement where excess underwriting profits are accumulated in reserves for future rate increases. All plans meet the new 2014 ACA standards and mandatory provisions. For more information, contact Spencer Barrett, CLU, Third Party Administrator: barrettspencer@hotmail.com or call local authorized agent Mark Thompson: 727-418-6067.

ProAssurance (PRA) - Offering Medical Professional Liability Insurance and Risk Management Services. Choose HCMA's exclusively endorsed medical professional liability insurer. Doing so rewards **eligible HCMA members with a 5% discount on their premiums.** You also receive fair treatment from professionals who are committed to making it easier for you to secure the coverage, services, and support you want. With PRA, you experience less uncertainty and more control, which your hard-earned professional identity deserves. Find out how you can benefit with steadfast protection from PRA – Rated A+ (Superior) by A.M. Best and serving Florida physicians since 1975. Contact Chad May, PRA local representative, 229.560.0400, or cmay@proassurance.com to request a no-obligation quote along with information about the superior rating of this company.

Shumaker, Loop & Kendrick, LLP - healthcare attorneys, offer the following benefit to HCMA members: **A complimentary responsive call or email to your legal inquiry within 24 hours.** They will give you priority on their calendars when scheduling meetings or calls. **You will also receive an hour credit* on any legal services billed by the firm.** Inquiries should be sent to health care practice co-administrator and board certified health lawyer, Erin Smith Aebel: eaebel@slk-law.com or 813.227.2357. The healthcare team at Shumaker, Loop & Kendrick, LLP look forward to hearing from you and providing quality service and pertinent legal information to all HCMA members. *Please note that hourly rates differ depending upon attorney.

TekCollect – Partnering with medical practices nationwide to maximize cash flow and minimize delinquencies. TekCollect's Binary Program is a refreshing approach that has revolutionized the way people think about A/R management and collections. TekCollect offers low fixed fees of typically less than 5%, highest recovery ratios in the industry, 24/7 convenience on secure website, non-alienating contacts to preserve patient relationships, optional contingent secondary phase, and guaranteed results. Additionally, **TekCollect offers the HCMA exclusive members-only discount pricing.** For more information and to schedule your **FREE**, no obligation, Accounts Receivable Analysis, contact Jeff Nolin, VP, at 813-418-7910, or via email at JNolin@tekcollect.com.

Where's this?

The first HCMA member to correctly identify the location of this fountain will receive a gift card to Panera Bread. Email your guess to: ELubin@hcma.net.

Good luck!

Benefit Provider

A Testimonial - First Citrus Bank

Michael Cromer, MD
drmcromer@gmail.com

Dr. Michael and Carol Cromer on the Sydney Harbour Bridge with the Opera House below.

Four years ago when my wife, Carol, and I decided to look around for a bank to do our business banking, we wanted a partner that was low-key but very personal in their approach. Not only did First Citrus Bank's SVP, Lisa Millman-Nodal, and Jack Barrett, president, have this approach, they were also very knowledgeable and professional. Lisa and her team made our transition very easy. They have made it very clear to me that they want to help doctors fulfill their personal and professional goals. They made it easier to get a loan than anyone I have been involved with. They also have a very friendly staff who take a personal interest in you. You definitely feel important to them rather than feeling like just a number as with larger banks. I would recommend First Citrus Bank to any of my family, friends, or colleagues. I am confident you will experience the same personal touch that my wife and I received. ~ Mike Cromer, MD.

For more information about First Citrus Bank, please contact Contact Lisa Millman-Nodal, Business Banker at 813-864-1966 or lmillmannodal@firstcitrus.com

Committee Happenings

HCMA Leaders Working for a Better HCMA
2017 Leadership Conference

The HCMA Leadership Conference, facilitated by Mr. Bob Harris who is recognized worldwide for his expertise in creating strategic plans for nonprofit organizations, was held June 3rd. Leaders spent their Saturday discussing how best to demonstrate value, strength, community, and diverse interests to members and their patients.

Pictured (right): Mr. Bob Harris, Dr. Francisco Schwartz-Fernandes, Debbie Zorian (Executive Director), Dr. Jayant Rao, Dr. William Davison, Dr. Malcolm Root, Dr. Michael Cromer, Dr. Alejandra Kalik, Dr. Bruce Shephard, Dr. Fred Bearison, Dr. Thomas Bernasek, and Dr. Joseph Brown.

It is the duty of the Executive Council to review, approve, and direct the implementation of the plan. Watch your email and a future issue of *The Bulletin* for the final 2017-2020 HCMA Strategic Plan.

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

LOL with LTM

Honey's Missing

Husband: Honey is missing. She went shopping yesterday and has not come home!

Sheriff: Height?

Husband: I'm not sure. A little over five-feet tall.

Sheriff: Weight?

Husband: Don't know. Not slim, not really fat.

Sheriff: Color of eyes?

Husband: Sort of brown I think. Never really noticed.

Sheriff: Color of hair?

Husband: Changes a couple times a year. Maybe dark brown now. I can't remember.

Sheriff: What was she wearing?

Husband: Could have been pants, or maybe a skirt or shorts. I don't know exactly.

Sheriff: What kind of car did she go in?

Husband: She went in my truck.

Sheriff: What kind of truck was it?

Husband: A 2016 pearl white Ram Limited 4X4 with 6.4l Hemi V8 engine ordered with the Ram Box bar and fridge option, LED lighting, back up and front camera, moose hide leather heated and cooled seats, climate controlled air conditioning. It has a custom matching white cover for the bed, Weather Tech floor mats. Trailering package with gold hitch, sunroof, DVD with full GPS navigation, satellite radio, Cobra 75 WX ST 40-channel CB radio, six cup holders, 3 USB ports, and 4 power outlets. I added special alloy wheels and off-road Toyo tires. It has custom retracting running boards and under-glow wheel well lighting.

At this point the husband started choking up.

Sheriff: Take it easy sir, we'll find your truck!!

Seminar Recap

How to be Prepared, How to React, and Employer Liability in the event of Workplace Violence.

The HCMA would like to thank primary sponsors, First Citrus Bank and GCD Insurance Consultants, along with Full Circle PR, MehraVista Health, ProAssurance, and Shumaker, Loop & Kendrick, LLP, for their support in offering a Workplace Violence Seminar that was held on June 20th. We hope the knowledge shared will help to provide a safer and healthier workplace for the attendees, their employees, and patients.

Pictured above: Michael Krohn (Full Circle PR), Michelle Krohn (Full Circle PR), Elke Lubin (HCMA Exec. Assistant), Jan Pietruszka (Shumaker, Loop & Kendrick), Dr. Rahul Mehra (MehraVista Health), Lisa Millman-Nodal (First Citrus Bank), Deb Adams (First Citrus Bank), Andrew Meyer (Continental Wholesale Diamonds), and Debbie Zorian (HCMA Executive Director).

Expert panelists included: W. Jan Pietruszka, Esq., Shumaker, Loop & Kendrick, LLP, (Labor & Employment Law Attorney), Andrew Meyer, Continental Wholesale Diamonds (Victim), Rahul Mehra, MD, MehraVista Health (Mental Health Expert), and Sgt. Greg Danzig & Sgt. Matt McLane (Active Shooter Experts).

According to the surveys returned, the presentation scored a 4.78 out of 5! Comments from surveys included: "Total information covered," "Excellent!" "Recommendations and sources for information were the strength of the seminar," and "Law enforcement perspective appreciated."

Please do not hesitate to contact any of our sponsors should you have questions concerning their products or services:

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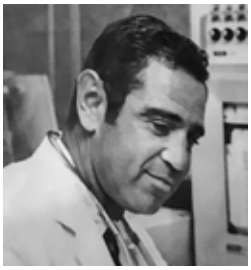
813.227.2245
jpietruszka@slk-law.com

For a copy of the ProAssurance publication, *Key Considerations*, which addresses Workplace Violence, or a copy of Full Circle PR's *Tips for Active Shooter Preparedness*, please email your request to: Elke Lubin, HCMA Executive Assistant, ELubin@hcma.net.

Personal News

In Memoriam



Lawrence Kahana, MD. died, after a short illness, on May 8, 2017. It was his 90th year of a life well lived. He was married to Shirley Elizabeth Segall, until her death in 1996. Dr. Kahana is survived by his two children, Alan and Lynn; and his second wife of 14 years, Helen MacFarlane, whose daughter, Emily became his daughter too. He is also survived by Emily's husband, Brad and their children Julia, 5, and Hunter, 2.

Lawrence Kahana, MD, who much preferred to be called Larry, dedicated himself, heart and soul, to his craft. He was trained as an internist and endocrinologist, as was Shirley, in the 1940s and 50s. He moved his family back to Tampa in 1958, joined the HCMA in 1959, and practiced medicine at Tampa General Hospital for over five decades. Countless patients owe their lives to him. In the 1960s, he taught himself to use the first dialysis machine in Tampa and his career as a nephrologist was born.

In 1982, he and his partners, Dana Shires and Alex de Quesada, started Lifelink which is dedicated to the recovery of life-saving and life-enhancing organs and tissue for transplantation therapy. With the help of South African surgeon, John Ackerman, transplant nephrology was born in Tampa.

Donations in Dr. Kahana's name can be made to the Hillsborough County Humane Society.

In Memoriam

Juanita (Patrick) Eubanks, 92, ended life's journey peacefully June 9, 2017. She is survived by her sons, HCMA member, W. Hunter Eubanks III, MD (Becky) of Tampa, FL and Kenneth Brian Eubanks of Tampa, FL; daughter, Dianne Eubanks Hyland (Chris) of Chicago, IL; grandchildren and great-grandchildren.

Juanita was born in Alabama but moved to Columbus, MS, during her high school years where she met and married the love of her life, Hunter. They later moved to Starkville, MS, raised their children and were embraced by the Mississippi State community for 40 years. As frequently as they could, they spent time in Gulf Shores, AL, one of her favorite places on earth. In 1997, they moved to Tampa, FL, to be near family.

Summer Social

HCMA Alliance Past President, Michael Kelly and his wife, Dr. Rebecca Johnson, hosted a "Welcome Summer" social on June 3rd. The group may have been small but mighty on great conversation and interesting stories! Pictured: Dr. David Lubin and his wife Elke, Michael Kelly and his wife Dr. Rebecca Johnson, Dr. Kervin Doctor and her husband Yezdi Batlivala.

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. Watch your email for future Alliance events and socials. For information on joining the Alliance, please email: ELubin@hcma.net.

Comments on the Opioid Crisis

In a recent edition of the *Tampa Bay Business Journal*, Dr. William Dudney commented on Florida's opioid crisis, "Opioid Impact: Another View." In closing, Dr. Dudney wrote, "Florida could become a leader not a loser, in the "Opioid War" by boldly limiting dosage and duration, and not treating opioid use disorder medically with unlimited long-term narcotics. Other states watch Florida and would follow."

Contact Elke Lubin, HCMA Executive Assistant, for a copy of the entire article: Elubin@hcma.net.

She's Always #1 In Our Book!

Oliva Butler, daughter of HCMA Past President, Dr. Madelyn Butler and HCMA Alliance President, Bill Butler, competed in the 2017 Miss Florida competition, representing Tampa. Olivia was one of the five finalists! Miss Heart of Florida, Sara Zeng, was crowned Miss Florida. For photos, Google "2017 Miss Florida Photo Gallery Lakeland Ledger."

Prior to the Miss Florida competition at the end of June, Olivia gave an interview on *That Business Show*. To watch the interview, visit YouTube and search "That Business Show Olivia Butler."

Poet's Corner

iPad Medicine

Richard England, MD

Computers taking over;
Are doctors going to be necessary in the future?
That question has been asked since1970.

For sure more & more is done on handheld iPads
And computers with internet access.

If I need to know
about a certain drug,
I just can say to the
iPad which one I need to know about.

If a doctor wants to know about my history,
He just asks the iPad.
Like Dick Tracy and his magic watch.

He can give the iPad my symptoms and
Physical exam findings.

The iPad will tell him the likely problems
That I am suffering from.

It will tell him the blood tests
And the xrays I need
And what the results mean,
Then which specialists to call.

Sheezam, I should be cured
But sometimes I don't follow the routine,
I don't fit in the mold,
I am outside the predicted.

I just may need the
human mind to think
Of other possibilities
To make the true diagnosis.

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