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Bulletin
OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
November/December 2017



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Executive Council Meetings

6:00pm at the HCMA Office

January 23, 2018

March 20, 2018

HCMA Membership Dinners

6:30pm at the Westshore Grand

February 13, 2018

May 8, 2018

HCMA Alliance

Go Red for Women Social

7:00 pm at the home of Dr. Madelyn & Bill Butler

5206 Bayshore Blvd.

February 23, 2018

Burnout-Proof Live Workshop

5:15 pm at the Westshore Grand

March 29, 2018

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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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ABOUT THE COVER

Dr. James Hulls and his wife Suzie traveled to Kenya and Tanzania this past July. Dr. Hulls snapped this “Thirsty Trio” close to a path in the Serengeti National Park in Tanzania. “These three zebras very wary of predators and only drank for a short time before stopping and surveying their surroundings. One time they became spooked and ran away, only to return a couple of minutes later when they felt safe again.”



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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.

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President's Message

Hurricane Irma - In Their Own Words

Fred Bearison, MD
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By the time this article is published, the hurricane season will be over. Although the Tampa Bay area was spared from a major Category 3 storm, or higher, Irma did take a toll on all of us. In speaking with my family, friends, other doctors and office staff, I found it quite interesting how it affected them in different ways; some more than others. During lunch hour, a few days after the storm, I overheard some of my

staff speaking about their "hurricane experiences." I thought it would be interesting to share with you their thoughts about what they experienced. They were kind enough to put it in writing, here they are, in their own words:

Have you ever wondered where the news industry gets their figures on how much a hurricane cost? The news outlets throw out figures about how much it costs to rebuild after all the damage is done; but they fail to give an accurate cost. I know it costs more than just money for a medical practice and its patients. Of course, there are monetary costs, such as lost revenue from patients cancelling and/or missing their appointments, the loss of revenue from patients calling and asking for prescription refills instead of making appointments. But there are other concerns like the anxiety patients and staff feel with the loss of power, telephone and internet service. These are just some of the issues I dealt with, with Hurricane Irma.

With all the hype the media placed on preparing for Hurricane Irma, more than a week prior to it hitting the state of Florida, people began to panic. That panic resulted in them preparing by purchasing food, gas, and supplies, however, they did not prepare for their medical needs in the event of a catastrophe. With Florida in the direct path of the hurricane, things started getting interesting with people deciding to leave the state resulting in many cancelled and/or rescheduled appointments, and people not showing up for their appointment. Then there are the patients who wait until the last minute to call and ask for refills on prescriptions because they are completely out.

Hurricane Irma came through and wiped out power to a majority of the state including our practice. Our office manager made phone calls to our employees to tell them we could not open because of no electricity. Shortly thereafter, our power did

return and the decision was made to open and accommodate our patients but with a skeleton crew, even with no phone and no internet. However, with no phone service patients could not call for or cancel appointments. Some did show up for their scheduled appointment but most did not because they tried to call to see if we were open but could not reach us. But amazingly our cell phones worked!

For the patients who did show up or the ones who just walked in hoping to get an appointment they got to watch us go back in time to the old fashioned way, paper! Going to EHR has many benefits but not when one is without internet service. In essence, one has to do their job twice; the first time physically writing all the information regarding patients' history, diagnosis, etc. and then one must do it again at a later time and enter all the information in EHR. The luxury of technology.

Lastly, there is the physical cost of Hurricane Irma. Dealing with no power, no internet, and no phones can be quite stressful for staff and patients. We get how anxious and nervous patients and staff get when all one hears for more than a week is how bad things may get and how one must be prepared for a disaster. We care about our patients immensely and show up at work even though scheduled patients are not showing up or cancelling their appointments. Our patients get emergency refills even when they run out at the last minute. With the restoration of the phone system appointments are easier to get and with internet service up and running the office doesn't have to do double work. For now, things have settled down...until next year's hurricane season!

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Editor's Page

Family Time with Irma

David Lubin, MD

dajalu@aol.com



First of all, my thanks to Dr. Lynn Ringenberg, who served as Guest Editor of the Sept/Oct *Bulletin*, which was dedicated to articles involving climate change and potential sequellae. And a special thank-you to all of the contributors of that issue. Each article was well written and presented an interesting and often thought provoking concept of climate change related to water safety, elevated temperatures, vector-

borne diseases, and elevated sea levels. The cover was particularly alarming, depicting what downtown Tampa would look like with a five-foot rise in sea level.

What was even more ironic was that Elke brought me the articles to review the weekend that Hurricane Irma decided to threaten the state with its devastating winds and potential flooding. As a whole, we in the Tampa Bay area were quite lucky that Irma decided to zig a little to the east just as she approached Tampa, and the zag a little to the west just as she passed to our north. Although many lost power for days and had to clean up debris (much of which is still curbside as of this writing), and many had to face the consequences of rising rivers past flood stage, overall, we came out relatively unscathed, especially if you consider what happened to the Caribbean islands and Puerto Rico with Irma and Maria. Had Irma been just a few miles to the west as she passed Tampa, downtown could have looked very much like the last *Bulletin* cover.

We at the Lubin household fared well. When I bought this house seven years ago, I replaced windows with the double paned, but not storm proof windows. Electric bills went down, but the thought of hurricane damage was out of sight and out of mind...until early September. We only have a few windows, so we were going to brave it out without boarding them. Since then, though, I've gotten a couple estimates on shutters and the fabric panels, and plan to do something before the next hurricane season.

We did do some planning ahead though, stocking up on non-perishables, water, batteries, etc. We also invited Elke's mom and dog, my daughter Leah and her cat, and Elke's daughter Samantha (who wrote about safe water for the *Bulletin*), her boyfriend, and cat to join us at the Lubin household, along with

our resident cat, Hobbes (figure 1).

We made it through fine, watching updates on the weather, until they got extremely boring, putting together a 1000 piece puzzle, eating too much junk food (we discovered coconut filled Oreos!), and just keeping ourselves busy. We prepared what we call our Harry Potter room (figure 2), with lounge chair cushions in case we had a real disaster. It's a storage room under the stairway where we keep suitcases and other odds and ends. I couldn't imagine six adults and four pets cramming in, even with cushions. Just wasn't going to work, and thankfully, we didn't have to try it.

Here's a suggestion to local TV station general managers. We want to know where the storm is, how strong it is, and where it's going. We don't need all four meteorologists on the air at one time, with one of them telling us, "It's really going to be howling tonight, and scary, when it passes through." I actually slept through the night, and have heard scarier thunderstorms. How about resuming normal broadcasting, during the storm, with half hour updates on the storm status? That could help us take our minds off what was going to be inevitable anyway. And afterwards, you don't have to stay on the air showing us reporters standing in empty streets.

So we didn't lose power at home and everyone went home on Monday. Our 15-foot tall cactus even survived (figure 3). Everyone checked in, after arriving home, and no one had significant damage or even power loss at their residences. Samantha, however, had a neighbor who later in the day decided to remove a tree limb, which hit a wire, which killed power in her neighborhood, which upset the entire neighborhood, but was fixed quickly by TECO. PS - nor did I lose power or have any damage at my Swann Ave. Market & Deli, luckily preserving everything in the walk-in cooler.

Other than Irma, I had another life changing event occur this summer, well, not exactly life changing, but I could finally scratch something off my short bucket list. I've been a baseball fan for at least 65 of my 70 years and always wanted to go to the Baseball Hall of Fame in Cooperstown, NY. I was hoping to go with an old school friend of mine, but he couldn't make it due to health reasons. Elke offered before to go with me, but knowing she wasn't a huge baseball fan, defined as sitting through a 3 ½ hour game on TV, I politely declined her offer. But then she

(continued)

Editor's Page (continued)

offered to take me for my 70th birthday, and, thinking this could be my only chance to go, I accepted. Ironically, my birthday fell on the day of the full solar eclipse, and even though we had gone to the Hall that day, and were having lunch at an outdoor café, we were still able to see the eclipse thanks to others who offered to share their eclipse glasses.

If you're a baseball fan, as I am, make it a point to see the Hall of Fame. I won't go into what made it so memorable, but suffice it to say there's enough to see in a couple days that will evoke memories that you didn't think you still had about the game (figure 4). What impressed me most were displays of the old equipment used at the turn of the century (1900) and into the 1900s. How they played with those gloves, I will never understand. And Cooperstown is a great little village, no tourist traps, a couple beer breweries, and souvenir stores that didn't gouge your wallet. Even the prices at the Hall of Fame were reasonable for souvenirs. It's a trip down memory lane, well worth the adventure. And thank you Elke for a great birthday gift!



Fig. 1



Fig. 2



Fig. 3



Fig. 4



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Executive Director's Desk

A National Health Crisis

Debbie Zorian

DZorian@hcma.net



“The most important patient we have to take care of is the one in the mirror.” Robert Wah, M.D.

I recently attended a full day American Association of Medical Society Executives meeting where the topic of physician wellness was paramount. It is believed that few people realize just how much stress physicians experience on a daily basis.

From the myriad stresses associated with getting into and graduating medical school, to clinical training in a hospital, to dealing with emotions inherent in doctor-patient relationships, to guarding against wrongful malpractice suits, to unreasonable workloads and extended hours, not to mention the continual increased burdens our healthcare system imposes on physicians, it's easy to understand the effect mounting stress can have on them. The practice of medicine evolved into a business many years ago. Not being able to truly focus on the practice of quality medicine, more physicians have become frustrated by the direction the system has taken, their stress becomes chronic, and burnout is inevitable.

Statistics show that physicians experience burnout at a higher rate than ever before. More than half of physicians, across all specialties in our country, experience burnout in one or more ways. For example, when a primary care physician in a large group practice may have as many as 35 patients a day for 15 minutes each in order to keep the organization financially afloat, it's easy to understand how their lack of autonomy and chronic stress can escalate into subsequent burnout. Some surveys show burnout rates over 70% with the highest in emergency room physicians.

A report, produced by the Mayo Clinic and the American Medical Association, states that while burnout rates for physicians increase year after year they are much more serious than “just feeling tired.” Burnout is an experience of emotional exhaustion, depersonalization, and feelings of low achievement and decreased effectiveness. It takes a toll on physicians, their patients, and their practices.

According to a report from the authors of *Physician Burnout Is A Public Health Crisis*, “The spike in reported burnout is

directly attributable to loss of control over work, increased performance measurement, the increasing complexity of medical care, the implementation of EHRs, and profound inefficiencies in the practice environment, all of which have altered workflows and patient interaction. The result is that many previously well-adjusted and engaged physicians have been stressed to the point of burnout, prompting them to retire early, reduce the time they devote to clinical work, or leave the profession altogether.”

My online research continually confirmed the veracity of this very critical issue. No matter what provokes it or how it manifests, the main cause of physician burnout is workplace stress. While patients often complain that modern-day medical practices aren't set up to prioritize their best interests, it's becoming increasingly obvious that these same practices aren't prioritizing the quality of well-being for physicians, either. And the further physicians get from the patient care and positive results that motivated them to enter medical practice in the first place, the more difficult it becomes for them to shed that stress.

The consequences of physician burnout are significant and threaten our country's healthcare system, including patient safety, quality of care, and healthcare costs. On the personal side, burnout can evidence itself through shattered relationships, alcohol and substance abuse, depression, and even suicide. Approximately 400 physicians take their own lives every year in our country. The physician suicide rate is double compared to those in other professions. As doctors continue to experience burnout at an alarming rate, suicide rates will increase as well.

While the problem itself isn't new, what's changed in recent years is greater willingness to acknowledge it. Psychoanalyst, Claudia Luiz, believes the problem is not self-care, but rather knowing self-care is needed. There are now several programs and resources aimed at addressing physician wellness.

Your HCMA is researching the feasibility of implementing a Physician Wellness Program (PWP) for its members. The program will provide completely confidential counseling and coaching services at no cost to members, burnout prevention workshops and educational sessions on various aspects of physician wellness, as well as online resources.

Prior to launching our PWP, the HCMA will hold a Burnout-Proof Live Workshop on March 29, 2018. The presenter, Dr. Dike Drummond, is a national keynote speaker for many

(continued)

Executive Director's Desk (continued)

healthcare entities, as well as the author of *Stop Physician Burnout – what to do when working harder isn't working*. Dr. Drummond will educate attendees how to recognize, prevent, and treat burnout; a presentation which he has perfected with over 1,800 hours of one on one coaching with over stressed and burned out physicians. Watch for more information, regarding this valuable workshop, in the near future.

The HCMA serves as your advocate in all aspects of medicine. We also want to serve as your resource in helping to keep you well while you are keeping your patients well.

Wishing you, your loved ones, and your staff, a Happy and Healthy New Year!

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A Heartfelt Thank You

It went by in a flash

Elke Lubin, Executive Assistant

ELubin@hcma.net



I have been Managing Editor of *The Bulletin* since 1993 but have written a column only a couple of times: my twenty and twenty-five year anniversaries with the HCMA. Don't get me wrong, my words are all over *The Bulletin* – yep, I author those snappy captions for all the event photos.

Well, now I've been here thirty years. I started working at the HCMA on Friday, November 13, 1987. Yes,

Friday the 13th... I am obviously not superstitious. In September the HCMA turned 122 years old; I have been a part of the organization for nearly a quarter of that time.

During the November 7th Membership Dinner, after a lovely, flattering introduction, which broke down three decades all the way to 262,800 hours (tears are threatening again just at the memory), Debbie Zorian, your Executive Director, called me to the podium. She personally presented me with an Elke Lubin bobblehead. I absolutely love it – it never disagrees with me!! I was also given a generous gift from the HCMA Board of Trustees and a standing ovation from the attendees. The recognition was humbling.

As a few people are aware, it makes me very nervous to speak in front of a group. So there I was, at the podium, facing over a hundred people. I know that I said something; I was assured I "did fine." I truly do not remember what I said. So, I'd like to pretend that I am cool as a cucumber at the podium and that I find speaking to a crowd a pleasure...this is what I would say...

I'd like to thank the Academy...oops, wrong speech...(my alternate self is quite a jokester).

I have worked at the HCMA for more than half of my life. I truly cannot imagine working anywhere else. The relationships I have made over these thirty years, both professionally and personally, are priceless to me. Heck, I've even acquired a husband out of it!

I work with the most dedicated women I know. During my entire career with the HCMA, Debbie has been there. She and I have not only mastered a working relationship that only people who have been together this long can, we serve as confidants for one another. We've even been referred to as Evil Twins... in a nice way. The other two ladies in the office, Kay and Jean, I

also consider dear friends and enjoy working alongside them. I so admire the women I work with. We can have a lot of fun together but we also are very serious when it comes to the HCMA. We are a small, but mighty, team!

Over the years I have worked with so many exceptional men and women, the leaders of the HCMA. I cannot imagine the pressures of being a physician, especially in current times. I have been told the satisfaction of helping patients outweighs the multiple hoops they must jump through just to do that. How can you not respect that? At the HCMA, we do our very best to help the practice of medicine, so the people I admire most can continue their mission, hopefully, a little less impeded. I feel that I am an essential member of a fantastic quartet that helps so many in the noblest of professions.

Thank you for recognizing my thirty year anniversary with the HCMA. Thirty years sure seems like a long time, especially when broken down in months, weeks, days, and hours – but I can assure you one thing...it went by in a flash.

Happy Holidays

Whatever is beautiful, whatever is meaningful, whatever brings happiness, may it be yours now and throughout the coming year.



Kay Mills (Event & Membership Coordinator), Jean Repass (Bookkeeper), Debbie Zorian (Executive Director), and Elke Lubin (Executive Assistant)

The Hillsborough County Medical Association administrative staff wishes you and all those close to you a joyous holiday and a new year filled with happiness and a world at peace.

2018 Florida Legislative Session

Your Legislative Delegation

The 2018 Legislative Session begins January 9th and adjourns March 9th. Be pro-active in the future of medicine - contact your legislators and educate them on issues important to the practice of medicine and the patients of our state. Below is a list of the Hillsborough Legislative Delegation, their contact information, and their assistants. Please use this information.

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Dist. 58 - VACANT

General Election:

December 19, 2017

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For a copy of the FMA's 2018 Legislative Agenda, contact Elke Lubin, Executive Assistant, at the HCMA office (813.253.0471) or ELubin@hcma.net.

For information concerning the HCMA Government Affairs Committee, contact Michael Cromer, MD, Chairman, drmcromer@gmail.com.

Interested in serving as Doctor of the Day in either the House or Senate during the Session? Contact Mavis Knight, Office of Legislative Services, (850) 717-0301.

Reflections

Hurricane Irma: Apprehension, Preparation, and Relief

Richard F. Lockey, M.D.

rlockey@health.usf.edu



There It Is!

A small dot on the National Hurricane Center (NHC) website. You understand what it could mean to family, home, and the ability to practice medicine. The NHC no longer projects cones for more than several days. In 2004, four hurricanes crossed Florida with varying patterns and damage. The worst, Charlie, was to travel

straight up to Tampa Bay and instead, it ravaged the Charlotte Harbor, area as I witnessed two weeks later when I presented a lecture there.

Routine Work Then Apprehension

Back to work, conferences, clinics, and answering consults. Now, you routinely access the NHC and learn that Irma is headed straight towards Florida. Forecasters indicate that it will affect the east coast; Feeling guilty, you think, “Thank goodness, it is not coming our way.” Gradually, the entire state comes into Irma’s path and the unending warnings begin. It is projected to hit the Florida Keys, Naples, and head up the Florida peninsula. The pulse of the clinic changes. Employees become tense and apprehensive and patients cancel appointments. Prescription refill phone calls increase. By Friday, only a few patients with acute problems keep their appointments and at 2:00 PM, the clinic closes.

Preparation

Equipment is covered because of possible roof leaks and vital materials are moved away from the windows, hoping that the clinic will be “workable” when Irma passes. Allergen vaccines from outlying clinics are moved to the main practice setting where a generator capable of running two refrigerators is located. The staff also moves serum samples from the USF Division of Allergy and Immunology Clinical Research Unit to generator-protected refrigeration at the USF Morsani College of Medicine.

Time to go to downtown Tampa to your home, located eight feet above sea level with an anticipated “surge level” of 10 to 12

feet. Everything on the ground level is elevated several feet onto cinder blocks and the garage doors sandbagged. Indoor shutters and cabinets are secured with masking tape and furniture moved away from windows. The front door is braced with wood beams so that it does not blow inward, force open the back doors, and create a virtual wind tunnel. All this while continually being aware of the massive Florida evacuation, which includes members of your family.

Two of your friends remain home. You contemplate, “perhaps too, I should stay,” realizing that only one out of three or four evacuations is really necessary. The “Cat 4” is already hitting the Florida Keys and looks inconceivably dangerous. E-mails are forwarded to colleagues telling them to heed the expert advice, while openly welcoming anyone to evacuate to the reinforced-steel concrete clinic building, adjacent to the Florida and Veteran’s Hospitals, where the electrical grids may be the “last to go” and where you will stay.

Leaving Home and Moving In

The electricity, water, and natural gas are turned off, the refrigerator emptied, the home locked, taking enough food, clothing, and water for 7 days. An insatiable feeling of sadness occurs as pictures are taken of your home’s content and as you leave, and through the window of your car, its exterior. Exiting about 11:00 Sunday morning, time for church on any other Sunday, the hurricane winds are approaching 40mph. Then an ominous sight while driving on Bayshore Boulevard, something never seen, the upper bay is completely devoid of water. You think, “What goes out must come in.” Food, water and other essentials are moved to the fifth floor. My sleeping bag is placed in one of the examination rooms. “What irony!” you think. So many patients over the years have been cared for in this same room. Your cell phone rings. One of your fellows and their family is seeking shelter and a cousin and a family member of a faculty member want to do the same. They arrive as the winds intensify and dusk approaches.

All gather together in the break room, share a heartfelt prayer for safety and for Irma’s demise, and eat junk food for dinner. Everybody is frightened about the possible loss of life and home and the capability to continue work once Irma passes. The

(continued on page 16)



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Reflections (cont. from pg. 14)

lights remain on, dimming occasionally.

Trying to Sleep

Finally, at about 10:30 PM, everyone retires. There is a bit of encouraging news while listening to digital TV and dozing off. Hurricane Irma has decreased from a Category 4 to a 2 or 1. Water surges are now anticipated to be less severe. Finally, off to sleep.

A trace of light peeks through the window in the early morning. You can't believe that the electricity is still on. Your mind is blurred, hardly realizing what day it is. Peering out the window, a few tree limbs are down and the wind is blowing and it's raining. A friend calls, one who stayed behind, and indicates that your house is intact with a few trees down. An overwhelming feeling of relief occurs.



Restoration and Resolve

Cars are retrieved from the Florida Hospital parking garage undamaged. You and your colleagues, who for an evening were "family," two cats included, pick up belongings, pack cars, and say good-bye early Monday afternoon. A special bond is felt as we hug and head home.

Millions in Florida and the Tampa Bay area are without electricity, so too, your home. A natural gas generator, installed in 2004 after a similar experience, makes the home habitable. Welcomed communications from family and friends are interspersed throughout the day, while you begin restoring it back to normal. The anticipation of a decent night's rest keeps you motivated.

A few staff show up Tuesday to put the clinic back in order, and phones are reconnected late afternoon. Not a normal day but, nevertheless, welcomed. At 2:00 AM, Wednesday, your son and family arrive from Atlanta, an 18-hour trip. Your wife flew back Tuesday afternoon.

Calls are made to assure that friends and colleagues are okay, only one had major damage to her home. A feeling of exhaustion and some depression ensues especially because of having to cancel a trip to Alaska to lecture and fish with your brother. This very

day, he is on the Kenai River as you stare at the e-mailed pictures of rainbow trout and silver salmon.

Back to Work, Family, Friends, and Colleagues

A week later, full-time work is established and the stress from Irma begins to dissipate. The news is now about Hurricane Maria, which tragically causes more damage to the Caribbean Islands and to Puerto Rico, the latter where you have been a visiting professor on many occasions.

What enabled you and others to cope with the trials and tribulations of this catastrophic hurricane? First, the collegiality and cooperation of people coming together to face a potential crisis. Experiences and friendships were made which will never be forgotten. Second, the phone calls, text messages, and e-mails from both within and outside of harm's way. Hearing from so many before, during, and after the hurricane was essential to our well-being.

One additional thought, Floridians love their state and lifestyle. However, you quickly learn that hurricanes are a part of life. As it returns to normal, the NHC is periodically accessed. Fortunately, hurricane season ended November 30th.

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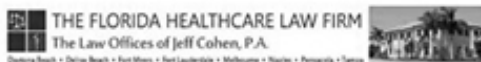
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Membership Dinner



Membership Dinner sponsor and Benefit Provider: First Citrus Bank.



HCMA Past President, Dr. William DeWeese ('89).

With Veterans' Day only a few days away, the HCMA attendees, Dr. Hunter Eubanks recited the poem, *Flam* National Anthem.

Featured speaker, FMA President, Dr. John Katapodis. He explained how the crisis began, where we are now epidemic.

Special guest speaker, Jarrod Fowler, MHA, FMA Director of Healthcare Policy & Innovation presented "Federal Policy Update." His presentation focused on the 2015 (MACRA), the bipartisan legislation signed into law. Fowler provided, please email your request to elubin@

Bulletin Editor, Dr. David Lubin presented Susan F. Fowler Classic, with the Dr. Frederick A. Reddy Memorial Awards this year, including Boys & Girls Club and Big Brothers & Sisters.

HCMA Past Presidents were honored and recognized at a private reception, prior to the membership dinner, sponsored by Debbie Zorian (HCMA Executive Director) and the HCMA Executive Assistant on her 30 years with the HCMA gift.

Several HCMA members volunteered to mentor medical students. Albakri, Eva Crooke, Rebecca Johnson, Nicole Riddle, and Karen Wells. The medical students appreciate the mentorship from them to colleagues, and expound on their experiences.

Many thanks for the generosity and support of our members and longtime supporter, St. Joseph's Hospitals, for making this event possible.



Drs. Rebecca Johnson & Nicole Riddle (center) with their medical student mentees.



FMA President, Dr. John Katapodis, HCMA Past President, Dr. Chris Pittman ('13), HCMA President, Dr. Fred Bearison, and HCMA Past President, Dr. Dennis Agliano ('95).



The ladies behind the Past Presidents: Meri Menendez, Becky Eubanks, Coleen Shephard, Carole Hooper, Esperanza Leon, Kathy Rydell, Susan Isbell, Mary Seeley, and Christine Curran.



Dr. John Katapodis, FMA President.



Jarrod Fowler, MHA, FMA Director of Healthcare Policy & Innovation.



The HCMA Past Presidents' Reception was sponsored by Benefit Provider, ProAssurance.



HCMA Past Presidents: Drs. Michael Wasyluk ('00), John Curran ('08), Fred Bearison (current President), Luis Menendez ('98).

Gallery

November 7, 2017

... honored our veterans by handing out flag pins to all ... *nders Field*, and medical student, Masi Javeed, sang the

... dis, provided staggering statistics on the opioid crisis. ... y, and how FMA will do its part to help eradicate this

... Director of Healthcare Policy & Innovation, presented a ... the Medicare Access and CHIP Reauthorization Act of ... law on April 16, 2015. For the MACRA resources Mr. ... hcma.net.

... Harmeling, Director of the Publix Gasparilla Distance ... ard. The GDC donated over \$330,000 to over 60 chari- ... thers Big Sisters of Tampa Bay.

... ed. Fourteen past presidents and their guests enjoyed ... sponsored by HCMA Benefit Provider, ProAssurance. ... HCMA Board of Trustees congratulated Elke Lubin ... e HCMA with a heartfelt introduction and a generous

... medical students during the social hour: Drs. Erfan ... e, Francisco-Schwartz-Fernandez, Joel Silverfield, and ... entors taking the time to answer questions, introduce

... r dinner sponsors, Benefit Provider, First Citrus Bank, ... king the evening possible.



HCMA Past Presidents: Ronald Seeley ('80), Ralph Rydell ('86), Dennis Agliano ('95), and William Davison ('12).



Membership Dinner sponsor: St. Joseph's Hospitals.



Dr. Fred Bearison (President), Elke Lubin (Executive Assistant), Debbie Zorian (Executive Director) and Elke's "mini-me." Now Dr. Bearison isn't the only one with his own bobblehead!



Jack Barrett, CEO & President, of First Citrus Bank, Membership Dinner Co-sponsor and Benefit Provider.



Susan Harmeling (center) recipient of the Dr. Frederick A. Reddy Memorial Award. Flanked by Candi Ashley, Mark Johnson, Brenda McGehee, and Mary Gramer.



Dr. Mark Vaaler, St. Joseph's Hospitals, Membership Dinner Co-sponsor.



HCMA Past Presidents: Drs. Hunter Eubanks ('92), Bruce Shephard ('06), Robert Isbell ('83), Glenn Hooper ('84), and Hernan Leon ('91).



Dr. David Lubin presented Ms. Harmeling the Dr. Frederick A. Reddy Memorial Award.

Cultural Entertainment

In the Tampa Bay Area Series

American Stage Theatre Company

Rodolfo Eichberg, MD
eichberg@tampabay.rr.com



The company was founded in 1977 as The Palisades Theater of Florida, taking residence at Eckerd College. Its programming was targeted primarily at students and educators. In 1979 the Junior League of St. Petersburg provided funds to convert an old cinema house in the downtown area into a 179 seat performance space. In 1984 this facility was condemned by the city so the power company offered an alternative site. The group changed its name to The American Stage Theatre Company and moved into a new 130 seat facility.

The Company is one of only five original companies in the country signing the new Small Professional Theater contract with the Actor Equity Association in 1985. In 1986 they launched the Shakespeare in the Park outdoor program, offering ten performances of *The Taming of the Shrew*. A record 8,000 plus spectators saw these performances and started a community tradition which continues to this day.

Renovation of the new facility was complete by 1996, increasing capacity to 148 seats, plus the addition of a visual arts gallery. In 1998 *Anna of the Tropics* was performed in the region in which the story is based - Ybor City - its cigar factories, and the traditional lector who read the news and stories to the workers while they rolled the cigars.

In 2007 American Stage entered into a partnership with St. Petersburg College to build a new state of the art theater in the downtown area. Raymond James Financial acquired naming rights, and continues to be a steadfast supporter. The Company moved into the new facility in April of 2008.

2010 is the year of major accolades. The Tampa Bay Business Journal named The American Stage Theatre Company the "Nonprofit of the Year" and the St. Petersburg Times selected the move to the new facility as the arts scene most important event of the decade.

The current Producing Artistic Director is Stephanie Gularte. Several events during this season will celebrate the 40th anniversary.

Production highlights over the past four decades include *The Boys Next Door* (1989), *Death of a Salesman* (1991), *Anna of the Tropics* (2004), *Lysistrata* (2008). The latter was the final production at the 3rd Street S. location. The first production at the current facility was *Tuesdays with Morrie*, the emotional story of a student who visits his wise teacher, afflicted with amyotrophic lateral sclerosis (Lou Gehrig's Disease), every Tuesday until his death. The author is Mitch Albom, a sports reporter with the Detroit newspapers.

I have had the good fortune of seeing many of their productions over the years, and can say without a doubt that I was never disappointed. The 2017-18 season will include: *The Royales*, *The Producers*, *Strait of Gibraltar*, and several other interesting plays. Shakespeare will be represented with *Much Ado About Nothing*.

If you enjoy live theater, cross the bridge and see one of their upcoming productions. You will not regret it.



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Maria Gonzalez

Today, your main hope is a nurse anesthetist named Maria Gonzalez. Maria is a registered nurse who received additional specialized training in anesthesia to obtain her title, CRNA. You had a chance to meet

with her in the pre-operative waiting area when she reviewed your medical and surgical history. The surgical team is applying blood pressure cuffs, arranging surgical instruments on the table, and charting the flow of action on a corner computer. Maria suggests a warm blanket and asks you if you would like to hear a particular type of music or if you would like to have a pillow under your knees. Her voice is very soft and reassuring. She attaches wires to the EKG pads attached to your chest. You can hear your heart beat as the monitor taps out your rate. Maria assures you that she can give you medication at any time so that you can be sleeping or you can stay awake with minimal or no sedation to calm you. But, you think, “What or who can possibly relax me at this moment in time?”

Maria asks you about your job, your hobbies, your family, your children, or your grandchildren. Maybe you just returned from a vacation and she asks you to reflect on the pleasant experience of being with your family or friends. As your surgeon, I am sitting on the other side of a drape that has been placed around your arm. I listen to Maria’s conversation with you and at a pause between sentences I tell you that I am about to gently inject some local anesthetic into the surgical site. Without you

realizing it, the conversation drifts to something that interests you and the operation has started. Maybe you are a teacher and Maria asks about some teacher that was influential in your career, or maybe where you went to school. Occasionally you will learn a bit about Maria and discover that she went to high school at St. Petersburg High School.

Because Maria is passionate about animals, she may ask about your pets and their names. Maria relates that she recalls one seemingly prim and proper patient who named her pets Beavis and Butt-Head and everyone in the room burst out in laughter. “Laughter in the operating room?”, you think. But with Maria, this is no surprise. Maria will recount her stories of trapping feral cats at the St. Joseph’s Hospital grounds and relocating them to her rural home. At one time she had 5 dogs and 12 cats! Sometimes she will also share her stories about hand feeding a deer named Sweat Pea in her back yard. You might learn that Maria was originally intending to become a veterinarian but switched to caring for humans while at the University of Florida. Oh, and if you want to talk football she is more than happy to tell you about her beloved Tim Tebow. This is what makes Maria stand out from the rest; your surgical experience has somehow transformed from one fraught with nerves to a relaxed, engaging chat with a skilled conversationalist.

Sometimes the topic is serious and you relate some very personal information about a sick parent or child, or the loss of a loved one because, somehow, you sense that you can trust Maria to be a compassionate listener. Maria always seeks to find your area of interest and listens to your experiences, worries, recommendations, and thoughts. It is almost always about you but once in a while you may hear Maria’s self-deprecating story about an early cooking misadventure. You perceive correctly that she is humble and honest.

While Maria is engaging you in conversation, she is vigilant, constantly monitoring your heart rate, blood pressure, EKG, and oxygen and carbon dioxide saturation. If your blood pressure starts to rise, she is quick to add some medication to lower it. She is the consummate professional ready to act in case of an unexpected event. She makes this process of speaking with you while still monitoring your care look so easy; it is not. It is an ART that is not classically taught in nursing school. The basis of this skill is her empathy for and love of people, life, and her passion for her profession. Maria is an example of a professional

(continued)

Kudos(continued)

who has received a classical, well-rounded education rich in sciences and liberal arts enhanced by exposure to multiple life and cultural experiences. It is this fund of knowledge from a broad-based education that enables Maria to engage you in intelligent conversation about almost any topic, while also successfully executing her core responsibilities. Before you know it, the surgical procedure is completed and you break out in a smile disbelieving that your operation is over, that you received little to no medication, and that you can now return to the recovery room. There you will see Maria for a final review of your medical condition. Like the majority of our patients, you will tell Maria and your family or friends who have gathered at your side about your positive experience. You will relate that Maria made the surgical experience “almost enjoyable.” Later you will reflect on the day and realize that what you have just experienced is ...the “Remarkable Art of Maria-anesthesia.”

It has been my honor and privilege to have worked with Maria for nearly 30 years since my early days at the VA Hospital in Tampa. Maria is the ultimate professional for whom I have the deepest respect and admiration. Like so many unsung heroes, her special talents deserve to be properly recognized.

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Reflections

Wearing Two Hats: Reflections of a Practicing Utilization Review Physician

Steven Barna, MD

sbarna@floridaortho.com



After completing my residency in anesthesiology and a fellowship in interventional pain medicine, I spent the first few years in practice dividing my time equally between the two specialties. Ultimately, I transitioned to a full time interventional pain practice. One valuable lesson I learned during that early part of my career, balancing these two really very different clinical hats,

was the importance of having perspective. Simply put, the perspective I obtained was as simple as being on either side of the operating room surgical drape. When in the role of anesthesiologist, I had the important job to not only make the patient comfortable and not move during the surgery, but the overriding part of my job was to ensure the patient stayed alive and safe--whether for a life-threatening trauma or an elective knee arthroscopy. Despite deeply knowing the importance of my role as an anesthesiologist, or the now more descriptive "perioperative physician," I somehow felt left out and alone at times on my side of the surgical drape. The attending surgeon, surgical resident, surgical tech, and operating room circulating nurse were nearly totally focused on the surgical side of the drape, and for the most part, rightfully so. At times, it felt like their focus on my side of the surgical drape was only if the patient moved unexpectedly (while of course still under deep anesthesia), or the table height needed to be adjusted--trivial things relative to being the perioperative guardian of this patient's life.

In contrast, as an attending interventional pain physician I now stood on the surgical side of the drape, assisted by my own interventional pain fellow, surgical tech and circulating nurse. On the other side of the drape stood an anesthesiologist, who just the day before may have given me a lunch break when I was providing anesthesia that day. After putting on my surgical gown and adjusting the operating room lights overhead, I would then ask for the scalpel to make the first incision whether it is for a spinal cord stimulator implantation or a kyphoplasty. It was only after the very first time in my role as "surgeon" on that side of the drape and every single time since, that I realized how misguided I was when on the anesthesia side of the drape. When I was in the role of "surgeon," I, along with everyone else on my side of the drape, was immersed and in the moment to ensure that the surgery went well--safely, technically, and effi-

ciently. Glancing a concerned look at the anesthesiologist if the patient bucked, or asking to raise the table to obtain a better lateral view on fluoroscopy were just simple requests in order to continue my intense focus on the surgical task at hand. On my surgical side of the drape, as far as I was concerned, we were all one team, with a singular mission to ensure a technically successful surgery, as well as the patient's safety and well-being. There was no need for Freudian psychoanalysis of surgeon or anesthesiologist. Simply put, we were vital in our own ways and on the same team, where attention to one's ego on either side of the drape provided no added benefit to the patient, for whom we were all really there to help.

As a part-time utilization review physician for the past few years, I have peer-to-peer telephone discussions daily with fellow physicians around the country regarding diagnostic and therapeutic requests for their workers compensation patients. This insight and perspective I've gained by being on both sides of the peer-to-peer process align with my experience on both sides of the surgical drape. While we as practicing physicians generally feel that these peer-to-peer requests are ridiculous and unabashed waste of our valuable time, I can candidly say that in most cases, the utilization review is necessary. Typically, a reviewing nurse presents me the pertinent provider clinical notes, a summary of the case, the relevant insurance provider clinical policy, and what specific documentation is either unclear or deficient, thus preventing approval of the diagnostic or therapeutic request. A small portion of these cases are never going to be approved because the requests are simply outrageous. For example, I've seen a request for installation and maintenance of a personal home hot tub for someone with low back pain. Another outrageous recurring example was a request for an unproven non-FDA approved topical compound cream for knee pain at \$1,000/month for years to come.

The vast majority of these requests really come down to either clinically inappropriate care or lack of documentation for clinically appropriate care. An example of clinically inappropriate care is prescribing an nsaid for nonspecific low back pain for years with the concomitant cardiovascular, renal, and gastrointestinal risks over time. An example of lack of documentation is ordering a steroid injection of the knee without noting pertinent x-ray, physical exam findings, or conservative care already attempted. In all cases, I am up front with the requesting physician and let that provider know exactly what we need

(continued)

Reflections (continued)

to get the request approved if at all possible. Most of the time, the doctor is appreciative of getting to the point of the matter. However, sometimes the voice on the other side of the phone is frustrated, annoyed, and downright rude, even in cases where approval literally requires a simple one sentence addendum to their clinical note. My experience as a utilization review physician has helped me as a practicing physician. My clinical notes, or should I say EMR templates, are now better worded, which has since reduced the number of peer-to-peer requests. If one of my clinical requests does go to utilization review, I now know in advance when it's worth taking the call or not bothering based on my knowledge of the insurer's clinical guidelines relative to the particular request and what I am able to document. I don't take the requests personally, and am simply neutral.

With the challenges of ever increasing administrative burden, possibility of litigation, and risk of burnout, we as practicing physicians must find a way to take a step back, draw on our depth and breadth of experience, and simply try to gain as much insight as possible into the different perspectives of the key stakeholders around us that drive healthcare today. I sincerely believe, based on my own personal experiences just described, that continually doing so will help us not only be better physicians, but also mitigate the frustration that many of us feel.

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Joseph Yagar, MSFS, CES, RIS

Yagar_Joe@nlvmail.com



Hurricane Irma came and went. In our particular case, we were fortunate to escape with minor damage and inconvenience. However, right outside the gates of our community, across the avenue, people were canoeing to their front door. Their homes and cars were submerged. That was Irma weakening to a category 1 storm in a matter of 4

hours after coming ashore in Naples as a category 4. Tampa hasn't been anticipating a storm this big since 1921. We were fortunate, to say the least.

Life, in general, brings many storms, and the most turbulent are usually financial or health-related. Some you can anticipate and prepare for, some you can prevent, and some you have no control over or see coming. However, in finance, as in medicine, an ounce of prevention is better than a pound of cure. In other words, a little precaution before a crisis occurs is preferable to a lot of fixing up afterward. That's where preparation is key.

As with building a solid home, fitness program, healthcare protocol, or a financial plan, a strong foundation must be established. In finance, we believe in two general stages of planning. The first, the foundation, addresses the needs that never change first. The second stage is about exploring your financial potential. The foundation stays intact while we take on exploration which involves risk.

Regardless of who we are, where we come from, our political and spiritual beliefs, etc., we all face three inevitable contingencies:

We may die before we expect.

We may live longer than we expect.

We may become chronically ill or disabled in between 1 & 2.

A strong foundation must address these three contingencies. Especially, if you have others who financially depend on you. Let's discuss these briefly to demonstrate.

If you **die before you expect**, will your family have the financial resources to have time to mourn you, remain in the world you have built together or have time and resources to adjust to the new reality?

If you **live longer than you expect**, what will run out first? Your life or your money?

If you **become chronically ill or disabled**, what's the income replacement plan if you're still an earner? How will a chronic illness impact the cost of retirement?

Some of you reading this may have these contingencies taken care of, and some of you THINK you do. Regardless, before you dream of fancy cruises, antique cars, and umbrella bearing Mojitos overlooking a majestic sunset in Barbados after a \$300 round of golf, make sure that the above contingencies are addressed adequately. Otherwise, you are playing roulette with your and your family's future. If stage two, exploring your financial potential, fails along the way, your foundation will give you the opportunity to have your basic needs taken care of while you rebuild. Your practice can keep running and caring for your patients, your mortgage is paid, there is food on the table, your credit stays strong, and your retirement keeps on being funded. Most importantly, your dignity and independence remain intact. And that goes a long way to picking yourself up and taking a shot at your dreams. It's not nirvana, but it's likely far better than the alternative.

I love the saying, "Life happens while you're busy making plans." So does death and illness. If you believe in living as if it's your last day go for it, but just in case it isn't, be prepared.

Joseph Yagar is a Registered Representative and Investment Advisor Representative of and offers securities and investment advisory services solely through Equity Services, Inc. 675 3rd Avenue, 9th Floor, New York NY 10017, (646) 898 3562. Member FINRA/SIPC. Broker/Dealer and Registered Investment Advisor affiliate of National Life Insurance Company, Montpelier VT. Legatus Group, LLC is independent of Equity Services, Inc. TC97757(1017)1

The Legatus Group serves as an HCMA Benefit Provider. For more information about the Benefit Provider Program, please contact Debbie Zorian, HCMA Executive Director, 813.253.0471, or DZorian@hcma.net.

Practitioners' Corner

Look Out for Zebras

William Davison, MD
davr4964@gmail.com



It was a quiet Saturday morning in the ER in a semi-rural area 75 miles north of Tampa. The shift had just begun when the EMS radio crackled with notification of a “stroke alert.”

EMS was transporting a 48 year old female who had gotten up that morning neurologically intact and suddenly developed aphasia with right sided hemiplegia. She and her husband had just arrived into town to stay at a local golf resort.

Upon arrival, the patient was placed in one of the largest ER suites. We greeted her and the above story was recounted by the paramedics. The patient was unable to speak but was fully awake and in touch with everything going on. She had a look of fear and concern on her face. No doubt she was suffering from an acute ischemic event which caused the aphasia and right sided hemiplegia. Her mild tachycardia would easily have been explained by her anxiety. However, it became very clear something else was also wrong when her pulse oximeter reading was found to be in the mid 80s even on the face of mild tachypnea. Such a picture could probably be explained by a number of things but her tachypnea, tachycardia, hypoxia, and low blood pressure argued for an immediate concern for pulmonary emboli (PE). She also had symptoms of an acute cerebral vascular accident (CVA) that needed to be evaluated.

A quick trip to the CT scanner revealed a normal brain scan but massive pulmonary emboli. The explanation now became more apparent: she had pulmonary emboli as well as an acute CVA, almost certainly connected to the shower of emboli.

Although hypoxic, tachycardic, hypotensive, and anxious, we explained to the patient that we needed to treat her stroke symptoms and her PE. We went over the various possibilities as quickly as we could. However, it seemed like the best answer was treatment with tissue plasminogen activator (TPA) for both the PE and CVA. The hospital had a TPA protocol for PE as well as another one for stroke. We chose to use the PE protocol as it would also incorporate treatment for the CVA.

The TPA was administered and by the end of the hour, the patient had regained her speech as well as her ability to move her right side, although still weak compared to normal. The

pulse oximeter had improved to the high 90s and her hypotension had disappeared. The success story was continued as she was moved to the ICU completely free of all stroke symptoms as well as effects of her PE. Ultrasound evaluation showed large deep venous thrombosis (DVT) in her right leg and the patient was maintained on heparin. Echocardiograms revealed her suspected atrial septal defect (ASD) which explained the acute episode. After several days of total body ecchymosis, the patient was transferred to a tertiary care hospital for closure of her ASD by interventional cardiology.

This case brings up several questions as to whether immediate transfer to tertiary care would be the best alternative. In the face of an acute CVA where time is paramount to saving brain cells, and the patient with unstable vital signs, the decision to use TPA then and there proved to be the best alternative. Transfer to a tertiary care interventional radiology program would have delayed her treatment for at least another hour. The patient and her husband understood the risks inherent in what was done and “thank God” it worked!

The moral of the story - just because you are in a small hospital 75 miles from the nearest tertiary care center does not mean you are not going to be presented with awesome and perplexing problems. In other words: look out for zebras even though the hoof beats sound more like horses. We all got lucky on that day!

P.S. It is so nice to practice in the large medical centers where everything is available to you. It seems like, at least in my experience, we see the weirdest, as well as very unusual, things in our smaller hospitals as opposed to the big ones.

HCMA Foundation

It was BEAUTIFUL! The weather for the 21st HCMA Foundation Charity Golf Classic, held for the second year at the Carrollwood Country Club, couldn't have been better. Grants and scholarships will be awarded in the spring of 2018 thanks to our sponsors, contributors, and golfers. Visit our Facebook page (www.facebook.com/HCMADocs) for all golf tournament photos.

The big winners this year were: First place (gross) team: Richard Cain, Ian Cameron, Travis Nesmith, and Brandon Todd (score: 57). First place (net) team: Jay Butler, Tim Epting, Michael Miranda, and Jonathan Runion (score: 57). Second place (net) team: Scott Anderson, Carleton Compton, Ken Levine, and Lazaro Hernandez (score: 58). Third place (net) team: Ken Diepholz, Howard Markowitz, Lee Pitisci, and Joseph Rashkin. Closest to the Pin: Kevin Sierra, Long Drive: Gene Balis, and Putting contest winner: William Capo.

We look forward to seeing everyone again next year.

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



HCMA Foundation President, Dr. Michael Wasyluk, also served as our Master of Ceremonies.



Gallery

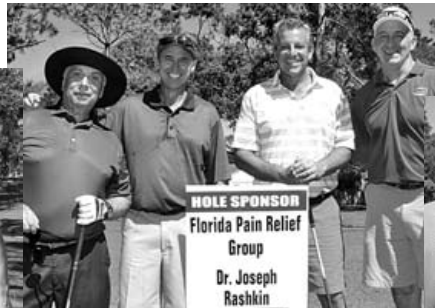
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Please forgive any omissions...it was a very hectic day and we have not intentionally left anyone out!!!

See the list of prizes and donors at the HCMA Facebook page: HCMADocs



Nominating Committee

Nominations Needed!

Fred Bearison, MD, President

Drfredb1@gmail.com



The HCMA Nominating Committee is responsible to nominate members to serve on the HCMA Executive Council, Board of Censors, and as Delegates to the FMA.

I invite all HCMA members to consider being placed, as a candidate, on the 2018 HCMA ballot. You must be a member in the ACTIVE, AFFILIATE, or LIFE membership categories and your HCMA dues must be paid in full, in order to qualify as a candidate. Seats and officer positions serve one to four years, depending on the position. Election results will be announced at the May 8, 2018 Membership Dinner to be held at the Westshore Grand.

order to qualify as a candidate. Seats and officer positions serve one to four years, depending on the position. Election results will be announced at the May 8, 2018 Membership Dinner to be held at the Westshore Grand.

Open seats include:

- Vice President - 1 year term
- Treasurer - 1 year term

- Secretary - 1 year term
- District or At Large Seat on Executive Council - 2 year term
- Board of Censors member - 3 year term
- HILLPAC Board - 2 year term, beginning 1/1/19 (HILLPAC dues must be paid)
- Delegate to the FMA - 3 year term (FMA dues must be paid)

Nominations to specific seats will be determined by the Nominating Committee members. However, if you have a preference to serve in a certain capacity, please indicate such when submitting your request.

Submit your name for nomination no later than February 1, 2018 to Elke Lubin, ELubin@hcma.net.

I hope you will consider being placed in nomination to serve as a leader or on a committee of the HCMA. Do not hesitate to contact Debbie Zorian (HCMA Executive Director) DZorian@hcma.net or by calling the HCMA office, 813/253-0471, should you have any questions regarding any of the positions open for election.



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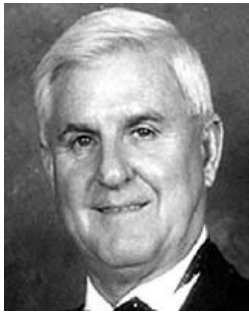


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Personal News

In Memoriam



Michael Joseph Pickering, MD, died peacefully surrounded by family and friends October 28, 2017. He embraced his life with strength of character and purpose. Dr. Pickering exchanged his Eagle Scout uniform for that of a Navy Corpsman in The Korean War, ultimately achieving rank of Lt. Commander. It was in the military that his passion for medicine and healing began, graduating first in his class at The University of Florida Medical School. He concluded his military service as a decorated flight surgeon. Upon completing his naval service he returned to his alma mater as a professor, and is a member of the esteemed University of Florida Hall of Fame. Even upon his retirement, when asked about his 48 years of practicing medicine, he remarked simply and unabashedly, "Going to work every day was like going to a candy store."

He is survived by his wife of 35 years, Micky; daughter, Priscilla (Kim) Pickering Backus; grandchildren, Courtney (Hunter) Norton, Jacquelyn (Brian) Harrison, Kelsey Backus; and great-grandchildren, Lawson, Holt, and Harper.

Memorial donations may be made to the Alzheimer's Association or Lifepath Hospice.

In Memoriam



Harold L. Williamson, MD, passed away October 31, 2017. Dr. Williamson, an orthopaedic surgeon, served as HCMA President in 1974. He retired in 1995. Kathryn Elizabeth Wilson Williamson, Dr. Williamson's wife, passed away October 3, 2017.

Dr. and Mrs. Williamson (married 68 years) are survived by five children, Kay (husband Paul) Saari of Lakeland, Alan (wife Barbara) Williamson of Clermont, Judy (husband Richard) Maugeri of Clearwater, Bryan of Santa Fe New Mexico, and Glenn (husband Kurt Birusingh) of Los Angeles; seven grandchildren; and seven great grandchildren.

Prestigious Acknowledgement



Lynn Ringenberg, MD, the immediate past president of Physicians for Social Responsibility (PSR)/National and board member of PSR/Florida, has informed us that PSR received a pretty large slice of the Nobel Peace Prize that ICAN (International Campaign for the Abolition of Nuclear Weapons) received a few weeks ago.

PSR and their sister organization in Europe-IPPNW (International Physicians for the Prevention of Nuclear War) started ICAN in 2007. It's a hugely successful group of several hundred NGOs and others... largely young people who don't want nuclear weapons on "their" planet.

Also of note – Dr. Ringenberg served as the guest editor for the Sept/Oct issue of The Bulletin which is prominently featured on the PSR website's home page! Check it out: www.psr.org

New FAPM President...



Dr. Stanley Dennison, Jr. is the newly elected President of the Florida Academy of Pain Medicine. He was elected at the 17th annual FAPM scientific meeting. Dr. Dennison graduated from the University Central Del Este, San Pedro De Macoris, Dominican Republic. He is a Diplomate of the American Academy of Pain Management. He served his internship at Wayne State University in Detroit and

completed his residency in Anesthesiology at the Medical College of Ohio Hospital in Toledo. Dr. Dennison completed a Fellowship in Pain Management at the University of Kentucky in Lexington. He has 30 years' experience in pain medicine and anesthesiology where he practices in Tampa.

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
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
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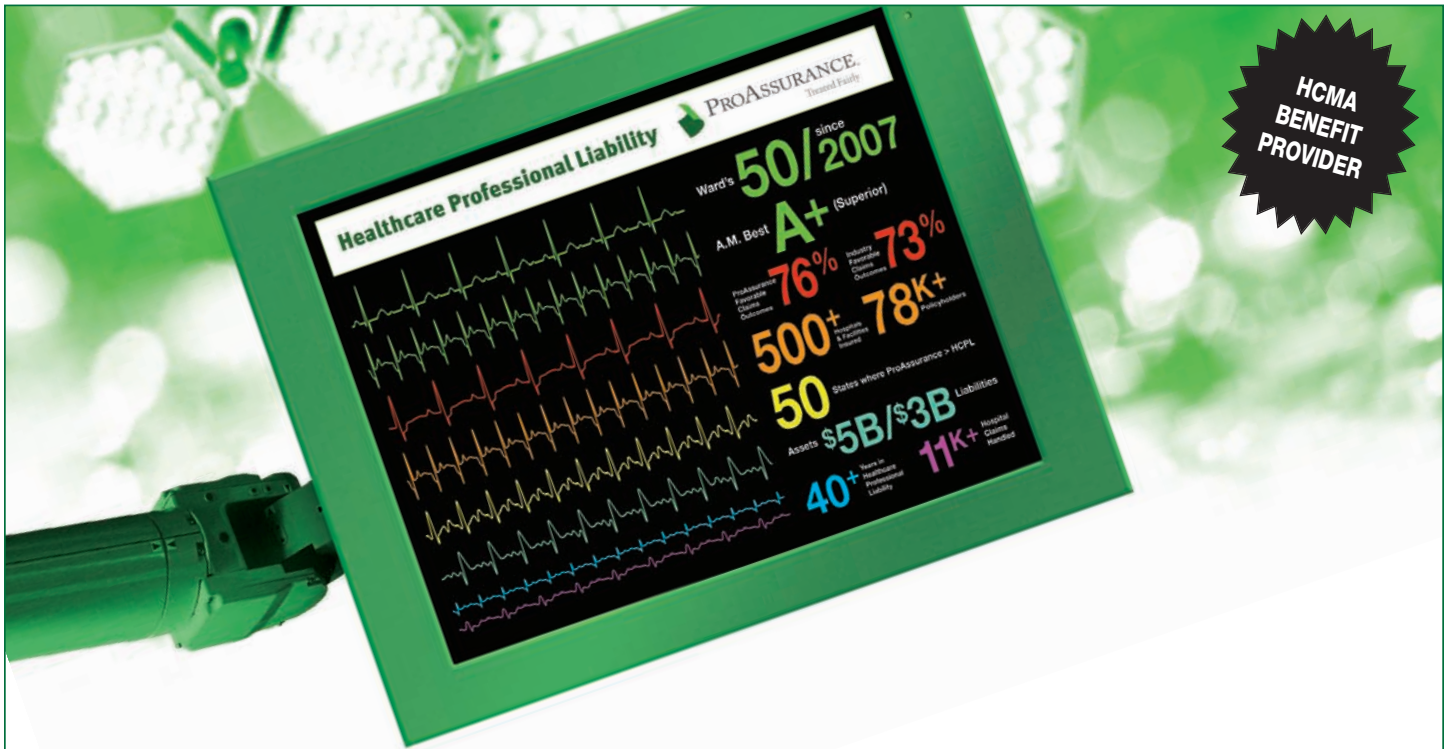


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Deb Adams
VP, Branch Manager
South Tampa
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17-FeaturedRelationships (04/2017)



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