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Bulletin
OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
Spring 2021





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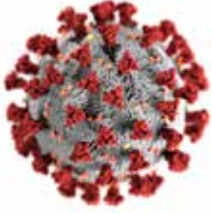


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To submit an article, letter to the editor, or a photograph for *The Bulletin* cover, please contact Elke Lubin, Managing Editor, at the HCMA office. All submissions will be reviewed by Bulletin Editor, David Lubin, M.D. We encourage you to review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

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Spring 2021

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The photo was taken by Dr. Bruce Shephard at Mackenzies Bay, Bondi Beach, located on the east coast of Sydney, along one of the most popular coastal hiking trails in New South Wales, Australia.



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President's Message

Building a Championship Organization

Michael Cromer, MD
drmcromer@gmail.com



As I sat in front of my computer to compose this article for *The Bulletin*, my last as the president of the HCMA, I found it quite difficult to come up with an appropriate topic. It is challenging because I am asked to turn in the article almost two months before *The Bulletin* is mailed out and three months before my term of service ends. I wish I could predict the future and tell everyone how we are coming out of the COVID crisis and how vac-

cines will be available for all who want them, but I can't be quite sure about that. Then, I watched Super Bowl LV last night and joined most all of you in cheering on our Tampa Bay Buccaneers. They played a great game against a very strong opponent and brought the Lombardi Trophy to Tampa.

The game made me think about all the things it took for the Bucs to have the season that they had and what it takes to build a championship organization. I began to correlate that with the HCMA, another example of what I consider to be a championship organization. I thought of the following points that we, and any other championship organization, must have.

- 1. The same clear mission.** The Bucs staff and players most likely had a similar mission of doing whatever it took to win the Super Bowl. HCMA's mission statement is clear and concise, "Advocating for physicians and the health of the communities we serve." I cannot think of anything that we put our time into that doesn't benefit our profession, our members, our patients, or our community. Continuing to keep our mission statement first and foremost will help us stay on track for the future.
- 2. Good leadership.** The Bucs obviously have a good general manager in Jason Licht and an excellent coach in Bruce Arians. They brought in Tom Brady to lead the team with Mike Evans and Lavonte David. No one worked harder than these men and they led by example, finding ways to motivate their teammates. The HCMA truly has a wonderful leader in Executive Director Debbie Zorian who has dedicated thirty-five years to our organization. She leads by example and no one works harder. As your president, I have attempted to do what it takes to be a good representative of our organization. But what I have leaned on at times is the leadership and examples of those that have come before me and those that serve on the Board of Trustees and Executive Council.

- 3. Surround yourself with good people.** The Bucs leaders certainly couldn't have won the Super Bowl by themselves. They surrounded themselves with other outstanding assistant coaches and players. At the HCMA, the leaders can't do it all by themselves. Debbie heavily relies on the skills of Elke, Jean and Anni to serve the HCMA members to their fullest. The president relies on the Committee Chairs, members of committees, and others who volunteer their time.
- 4. Do the basics well every day.** Everyone has heard of the preparation of Tom Brady and his approach to the game. His attention to detail and what he expects out of others are just a few of the reasons he has enjoyed such a long and successful career. We too, at the HCMA, strive to be the very best that we can. That comes from the leadership prioritizing the needs of our members, being prepared for situations that arise, and striving for perfection in being of service to our members.
- 5. Overcome adversity.** We all have read about the difficulties that the entire NFL had in safely getting through this entire pandemic-clouded season. All teams have injuries and other players have to step in. Teams lose games they shouldn't, but great teams learn from these defeats and come out stronger. The HCMA certainly has had adversity this year, but we adapted quickly to the changes needed due to the pandemic. We have grown in membership despite not being able to meet in person the entire year. We have also solidified our fiscal outlook during a very challenging time. We have continued to learn of the needs of our members and do our best to service those needs through advocacy, partnerships, and legislative efforts.

In closing, I just want to say what a pleasure it has been to represent the HCMA this year and be of service to our members. Being the first HCMA virtual president was something I would have never dreamed of, much less aspired to be. However, I am extremely proud of all the things that we have been able to do, and will continue to accomplish this year. I am also excited about our future. I will be handing over the reins into the capable hands of Dr. Joel Silverfield but I will definitely be staying involved. I want to continue to be a part of the process that charts our course as the profession of medicine. I hope that you, too, want to continue to be part of our championship organization, the Hillsborough County Medical Association.

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~ John F. Kennedy



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Editor's Page

With a little bit of luck...

David Lubin, MD
dajalu@aol.com



We'd all like to think our successes in life are due to our intelligence, skills (financial, athletic, artistic, cooking, yada, yada, yada), and occasionally, maybe, the right look. Maybe sometimes, not most of the time, but often times, there's a bit of luck involved. Whether it's finding the right partner, the right parking space, or tickets to the big event, sometimes it just takes a little bit of luck. That's what happened to me recently.

And by recently, I mean the second week of January. By time you're reading this, it will have been old news, for sure. We were all glad to see 2020 float slowly away, but early 2021 brought on new issues. President Trump had challenged, with no evidence, the election results, and not only lost the Presidential election, but I believe, by not conceding, also helped the Democrats take control of the Senate. He was impeached before leaving office, again old news by the time you're reading this, and the inauguration went without incident, as scheduled, on January 20th. There was an insurrection on January 6th, with the Capitol building overrun by people from only one bad side, emboldened by the words of the President because he was a sore loser. But that's not the topic of my column.

Dr. Peter Hotez, co-director of the Center for Vaccine Development at Texas Children's Hospital and dean of the National School of Tropical Medicine at the Baylor College of Medicine in Houston, had, in 2016, actually developed a vaccine for the treatment of SARS, which had appeared almost a decade before. He tried to get funding for human testing, but there were no takers. That SARS virus is similar to the current COVID-19 variety. The amount of money to have started testing was miniscule compared to what the world economies have lost.

Moderna's vaccine, which was reported over 90% effective this past November, was actually designed January of 2020, two days after the genetic sequence was released by China. Thanks to the skills of the Moderna scientists. Or maybe a bit of luck?

I've been critical of President Trump for his handling of the pandemic, but early on he did initiate "Operation Warp Speed."

Through most of the year a number of pharmaceutical companies developed and tested vaccines. Dr. Hotez pointed out that "Operation Warp Speed" meant running clinical trials simultaneously, rather than sequentially, manufacturing the vaccine at the same time, and authorizing the vaccine for "emergency use" in December, based on only preliminary data. Alex Azar, HHS Secretary, kept telling us how we'd have 20 million vaccinated by the end of the year. Well, it turned out more to be "Operation *Warped* Speed," as the number vaccinated by the end of the year was only over 3 million. Secretary Azar was accusing Pfizer of stockpiling and not releasing vaccine, while the Pfizer CEO was saying it was in warehouses, and they were just waiting for direction from the Feds for distribution. The Administration, soon thereafter, called it a miscommunication.

Then the Administration, without any real plan, distributed it to the states and left it up to them how to vaccinate their own. Susan Bailey, MD, the AMA President, was also critical of the federal government. The CDC had guidelines, but Governor DeSantis chose to vaccinate frontline healthcare workers, nursing home residents, and those over 65. No real plan; just do it. There were no directives specifically for First Responders or teachers. It was up to each county, and major hospitals in the state, to devise a plan, and if you didn't get people vaccinated, Gov. DeSantis was going to take your allotment and give it to those who could get it from vials, to syringes, and into arms. But Florida had no residence requirements, so people from other states, and even countries, were traveling to Florida for immunizations. Gov. DeSantis, by the way, fired COVID-19 data scientist, Rebekah Jones, and hired an Ohio sports blogger, Kyle Lamb, who had no applicable qualifications, to replace her. She claimed she was fired because she wouldn't fudge the data; he was known to spread COVID conspiracy theories and false scientific information on the Internet.

On January 4th, Hillsborough County opened a website where you could sign in, or call, and schedule your vaccination. I didn't even try, knowing that it would be a disaster...and it was. It was all over the news. People tried all day but were blocked or the site crashed; phones were busy for hours. The county fired the company responsible and attempted to try it again. This time they had time slots for age groups, and if you didn't get in, they suggested coming back and trying after 5 PM when it would be open to all who were over 65. Yeah, right! If

(continued)

Editor's Page (continued)

you were lucky!

I went to the portal the night before they were opening it up again. I supplied my demographics, as well as answered a short questionnaire about medical conditions and allergies, thinking, as I had understood it, that it would shorten the time needed the next day to schedule. At my allotted 2 PM slot the next day, I signed in...and crap...had to answer the medical questions again, as well as sign the obligatory "I've read everything" waiver again. It then directed me to locations; I picked one out and then watched tiny blue balls go in circles for about 10 minutes. I decided to change browsers, as I have found that some aren't as responsive as others, so I went from Firefox to Chrome, but had to sign in again, AND answer the medical questions again, AND sign the obligatory "I've read everything" waiver again. The message on Chrome was that my age group was blocked out and there was no availability; try back after 5.

I gave it a try...signing in, answering medical questions, signing the waiver that I didn't need to read anymore, and all of a sudden, like a miraculous Victor Hedman shot from the blue line that bounces off two Red Wing defensemen, hits Brayden Point's butt and bounces through the goalie's five-hole...the option to pick a location opened up with available time slots. I couldn't believe it, and with a shaking hand, I picked a time slot 3 weeks from then for the booster. I received a QR code for my appointment the next day.

When I arrived at Ed Radice Park, it was like a Disney ride, not shoulder to shoulder, but rather, bumper to bumper. I reached one checkpoint and was told the computers were down and the QR code would not work, so I filled out a short form while creeping along in line. At the next checkpoint, the computers were again working, and I slowly progressed to one of four tents, where I received my shot from RN Tiffany. I came to learn...Drs. Sinnott and Lockwood...that the technique of aspirating the syringe went out 15 years ago. No one does it anymore. At this point, I didn't even care. We were then directed

to a parking area to hang around for about 10 minutes, after which, if you didn't have an anaphylactic reaction, you could leave.

So "with a little bit of luck" I received my first vaccination, and "with a little bit of luck," if they don't run out of vaccine, I'll get my second in three weeks.



Addendum: Three weeks later, Feb. 3, I drove out to Ed Radice Park and within 45 minutes completed the drive-through and received my second vaccination. All's relatively well. Thanks to all the physicians, nurses, and volunteers at the Health Department for all they are doing.

But wait, there's more...

All expressed views were solely those of the author. Comments are welcome.

Letters to the Editor can be submitted to:

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Have you paid your 2021 HCMA dues yet?

Dues can be paid in the following ways:

1. Call the HCMA office to provide credit card information: 813.253.0471
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4. Sign up for automatic renewal - your credit card will be charged in September of each year for the upcoming HCMA membership dues. To sign up, contact Elke Lubin, Executive Assistant: ELubin@hcma.net.

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Executive Director's Desk

In Spite of Adversity

Debbie Zorian

DZorian@hcma.net



The past 12 months were filled with a plethora of challenges and uncertainties, coupled with irrationalities and belligerence. People all over the world have suffered greatly for many different reasons, with the pandemic monopolizing much of the sorrow. It would not be difficult to fill this entire Bulletin with negative and distressing news.

My last Bulletin column, published in December 2020, focused on why and how people choose to see the “glass half full or half empty” even in the most difficult of times. I discussed the difference between optimism and pessimism and how both can have tremendous (albeit opposite) effects on one’s mental and physical health.

In spite of all the adversity that has taken place, I would like to list a few positive happenings that have given us all reasons to smile...even if it is under our dreaded masks!

- Families have found positive ways to adapt. Drive-ins were rediscovered along with other family focused activities that have been part of the past for quite some time. Families have found joy in spending more time together and creating new rituals. Simple pleasures such as preparing and eating meals together, having more time for conversations, playing games, and taking bike rides, fell by the wayside as modern life pulled everyone in a million different directions.
- Animal shelters are emptier than ever and increased adoptions have been a national trend. Even with the pandemic restrictions making it more difficult to visit shelters, people stepped up to adopt dogs and cats. Every dog at the Pinellas Animal Services was adopted as well as at the Humane Society in Tampa where many “fosters” ended up keeping their pets permanently.
- Historic steps have taken place in space. NASA astronauts Douglas Hurley and Robert Behnken became the first Americans to reach orbit in an American rocket launched from American soil since the retirement of the Space Shuttle program. Other space-related news included NASA landing its most advanced rover on Mars, rendezvousing a spacecraft on an asteroid, and the discovery of ample water

on the moon to perhaps sustain future missions.

- Tampa Bay sports kept all fans energized as the Buccaneers became instant contenders after luring Tom Brady to Tampa, the Rays strategized their way to the World Series, and the Lightning won their second Stanley Cup! And in a bubble no less!
- As I type my column, it has been two days since the Tampa Bay Bucs became the Super Bowl LV champions. Their victory exceeded expectations and made history. The Bucs became the first team to win a Super Bowl in their home stadium, Tom Brady secured his seventh Lombardi Trophy at the ripe old age of 43 (extending the mark for the most by any player), and Bruce Arians became the oldest head coach to win a Super Bowl at age 68. So goes the old adage...age is just a number. CONGRATULATIONS TAMPA BAY & THE BUCCANEERS!
- Precautions and life style changes brought about due to the pandemic contributed to the fact that there has been a dramatic reduction of flu and other respiratory illnesses these past few months. Wearing masks, social distancing, frequent hand washing, virtual classes and working from home, less traveling, etc., all played a big part in this decrease.
- The approval of the COVID-19 vaccine in less than one year was a marvel. Researchers quickly mobilized to share their COVID data with other scientists. Both Pfizer and Moderna developed and began distributing a COVID vaccine in less than one quarter of the time it took to achieve the same for the mumps vaccine which took four years, the previous speed record. What a magnificent triumph for the global healthcare research community.
- As of February 9th, over 43M vaccines have been administered in the U.S. Over 2.7M have been administered here in our state while hospitalizations hold steady. It may take longer than originally expected for all vaccines to be distributed, but I’m definitely seeing the glass half full.
- In addition, there were other impressive medical breakthroughs during 2020. “Gene editing” has opened up the possibilities of creating targeted therapies for numerous conditions. For the first time ever, there is promise in reversing sickle cell anemia and thalassemia. Breakthroughs

(continued)

Executive Director's Desk (continued)

occurred in heart disease and stroke research, oncology advancements, along with a blood test for Alzheimer's disease that can diagnose its progression.

- The pandemic facilitated a push at the government level and with state and federal regulations to reduce barriers to Telemedicine, a critical lifeline for many patients. Its comfort and convenience, along with control of infectious illnesses, is why Telemedicine will be a permanent part of our new normal.
- Our very own Tampa General became the first hospital in Florida to use a tool that keeps blood flowing to transplant organs, keeping them viable longer.

I don't want to end my column without commenting on recent accomplishments concerning your HCMA...

Your dedicated leadership and administrative staff remain vigilant in advocating on your behalf and providing resources to assist you during these unprecedented times. As the 2021 Legislative Session is upon us, the HCMA Government Affairs Committee has been meeting with local legislators focusing on retroactive denials, prior authorizations, overpayment of claims, and scope of practice. A Retroactive Denials Bill, submitted by the committee to Senator Gayle Harrell & Representative Susan Valdes, will be brought to the Florida Senate and House respective-

ly. We will keep members updated on its progress. An HCMA Virtual Legislative Event with 23 members of the Hillsborough Delegation & their Aides was held in lieu of HCMA's annual luncheon. This opportunity continues to allow your leadership to educate legislators on priority issues that pertain to physicians, their patients, and the profession of medicine.

I'm pleased to announce the implementation of a partnership with Moffitt Cancer Center and look forward to working with their faculty physicians, now HCMA Associate members, as we move forward with collaborating efforts to build a mutually beneficial relationship. As the HCMA continues to grow its membership of over 2500, allowing us to represent a larger voice on behalf of medicine, new endeavors will be executed and leaderships formed to better help you care for yourself and your patients.

2021 has brought about many reasons already to help us see the silver lining and keep our spirits up. However, when stress begins to mount and you see your glass starting to empty below the half way mark, try to remember the expressive words of Franklin D. Roosevelt...

When you reach the end of your rope, tie a knot in it and hang on.

HCMA Resolution: Streamline!

The HCMA resolves to go paperless, one step at a time. Beginning with the 2022 dues billing cycle, we plan to send only email reminders that membership fees are due. In order for this method to be successful - we need your email address!

Submit your current email address and that of your practice manager for future correspondence by emailing Elke Lubin, Executive Assistant (Elubin@hcma.net).

In order to continue to receive important email information from the HCMA please be sure to:

- Add new employee, Anni Blackwell's email: ABlackwell@hcma.net to your "safe/allowed/whitelisted senders"
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Jean Repass, Bookkeeper: JRepass@hcma.net

Thank you for your attention.

— HCMA 2021 Legislative Priorities —

Florida Legislative Session March 2 – April 30

1. SB 698 regarding pelvic examination

- This legislation prohibits physicians from performing pelvic examinations without the written consent of the patient or patient’s representative. The language created confusion and uncertainty as physicians grappled with vague language, unanswered questions, and unintended consequences.
- The original intent was to obtain written patient consent prior to a pelvic exam under anesthesia, but the adjusted language now includes every pelvic exam or procedure on every separate occasion.
- Burdensome governmental regulations that impede the practice of medicine and are an intrusion on the physician-patient relationship
- FL chapter of ACOG also opposes the intrusion into the patient-physician relationship when legislators dictate specific medical practices and requirements as opposed to the joint decision making of care.
- The FMA obtained guidance from the FL Board of Medicine to help clarify interpretation of this law, however, legislation to repeal or reword this new law back to the original intent is important to limit any further interference with the practice of medicine.

2. Prior authorizations for medications and procedures

- Prior authorizations are a major burden for physicians and patients and often cause harmful delays in care for standard and necessary medical services (delayed diagnosis from tests ordered, having to take less effective medications, time lost waiting for approval, and postponed procedures for adequate treatment)
- Health insurance cost-control process where providers must obtain advance approval from health plans before specific services are delivered to patients in order to qualify for payment coverage.
- Negatively impact continuity of care with many ancillary services such as home health, physical therapy, etc. where the prior authorization is for only one company/provider and they are not actually available for the patient
- Prior authorizations need to be streamlined and include clinical validity (not just cost alone), promote continuity of care, and be both transparent and fair. There must be timely access and efficiency with responses, preferably through automation.

- CMS has proposed new rules to address prior authorization process: Medicaid, CHIP, QHP payers will be required to build and implement FHIR (fast healthcare interoperability resources)-enabled APIs (application programming interfaces) to allow providers to know in advance what documentation is needed for each different payer, enable providers to send prior auth requests and receive responses electronically, and proposes a maximum time frame for payers to issue decisions (72hrs for urgent requests, 7 days for non-urgent) as well as providing a specific reason for any denials. To promote accountability, the rule also requires they make public certain metrics that demonstrate how many procedures they are authorizing.
- We are requesting all other insurance companies follow suit to the CMS rules above

3. Retroactive denials

- Denial of payment for services that were prior-approved by insurance companies jeopardizes the economic stability of medical practices in FL and undermines access to care.
- Both state and federal law has a “grace period” in which the insurer cannot deny treatment for insureds who have not paid their premiums. Insurances can retroactively deny claims for services provided during the grace period if the insured does not pay their premium due. Physicians then have to get payment from the patient, go uncompensated, or even have funds recouped by the insurance company if already paid out.
- We need to help prevent patients from receiving unexpected medical bills when they have relied on their insurance company to effectively handle any submitted prior authorizations/claims.
- We need to prohibit health insurers and HMOs from retroactively denying a claim at any time if that insurer or HMO verified the eligibility of an insured/subscriber at the time of treatment and provided and authorization number.
- Review prior HB 373 (Rep. Massullo) and SB 820 (Sen. Harrell)

4. Scope of practice

- Promote quality of healthcare by requiring medical school training and licensure to practice medicine in FL
- Clinical training hours:

(continued)

HCMA 2021 Legislative Priorities (continued)

- NP = 500, PA = 2000, med students at end of yr 4 = 6000, physicians w/ 3yr residency = 15000
- Reducing physician oversight is not in the best interest of Floridians, we need to have clear boundaries on the scope of practice for physicians, ARNPs, PAs, and CRNAs as well as other areas such as psychology, optometry, and pharmacy

5. Due process for contracted physicians

- A significant number of FL physicians are employed by companies with private equity backing/ownership
- The Corporate Practice of Medicine (CPOM) creates a financial conflict of interest that harms the quality of healthcare patients receive and interferes with the patient-physician relationship by creating protocols that are driven by profit as opposed to health or quality outcomes
- FL already has statues prohibiting the corporate practice of dentistry and optometry
- Physicians can be essentially terminated without cause by these companies where they will keep them “employed” on paper, but stop scheduling any shifts for them to work
- There is no due process for these physicians prior to being denied work/shifts. There needs to be legislation in Florida to protect physicians’ due process in these situations

The HCMA also supports:

COVID heroes package from the FMA

- 8% of practices closed across US; 4% across FL with another 13% considering permanent closure
- 99.6% FL practices have seen a decline in revenue
- each FL physician supports an avg 14.8 jobs, generates \$2.5 million in economic output, and generates \$80,992 in state and local tax revenue which means FL’s physicians support 673,683 jobs, generate \$113.8 billion in economic output, and #3.7 billion in state and local revenue – keeping physicians in practice will help our state economy recover faster

Continued access to healthcare via telehealth and the need for payment parity for virtual visits at the same rate as in-person visits as well as removing the exclusion of audio only calls from the definition of telehealth

- 65% of FL practices have implemented telehealth due to COVID-19 and claims for telehealth increased 2395% in FL over last year

Telemedicine Legislation: 2021 HB 247, 831& SB 660, 700, 864, 1250

When things get back more toward normal and patients will feel more comfortable traveling to physicians’ office, the % of telemedicine visits no doubt will decline a little but there still will be a need for it and certainly among certain populations of patients (homebound, rural areas, younger generations). The emergency order will one day be lifted. Here are some of the issues that we feel will be important for the telemedicine world to remain viable and useful.

- Payment parity – Insurance companies certainly will be lobbying against this. Our overhead remains the same whether we see patients in person or on the computer. Risk remains the same. There will be some who will want to make it a contractual issue (“free market”), but not all physicians will have equal bargaining positions.
- Allow telephonic visits to get paid on parity, especially with Behavioral Health. This is currently prohibited even with the emergency order.
- Rx of controlled substances. Currently this was limited to Nursing Home, Hospice, and Psychiatric patients. Lift restrictions to include all controlled substances especially for stable, established patients.
- HIPAA compliant rules needs to be relaxed, with a statement of precaution to the patient.

The HCMA’s Government Affairs Committee has asked for the legislators’ consideration in supporting these bills:

- Retroactive Denials: HB 851 (Valdes)/SB 1388 (Harrell)
- Prior Authorizations: HB (TBD)/SB 528 (Harrell)
- Overpayment of Claims: HB 1109 (Greico)/SB 1386 (Harrell)
- Pelvic Exam Bill: HB 361 (Jenne)/SB 716 (Book)
- Telemedicine: HB 247 & 831/SB 660, 700, 864, & 1250
- Lawton Chiles Endowment Fund /Tobacco Fund for Heart Disease: HB 765 (Chaney)/SB #TBD (Gruter)

We encourage physicians to contact legislators with personal or patient stories as they relate to the bills listed. Your legislators’ contact information can be found by Googling: hillsborough-legislative-delegation-state. Or, contact Elke Lubin (813.253.0471 or ELubin@hcma.net) for a link to the Hillsborough Legislative Delegation and a copy of the HCMA’s 5 Priorities.

Practice of Medicine

Telemedicine – Here to stay... but what flavor will it be?

Michael Cromer, MD
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One thing that the COVID pandemic did was fuel the rapid growth of telemedicine visits. At the peak of the summer 2020, telemedicine visit numbers had grown >400% compared to the same period the year before. Things have calmed down a little from May when televisits comprised 69% of all claims to November when they comprised 21% of all claims.

One thing for certain is that telemedicine is here to stay. . . and for good reason. It provides people, who because of personal circumstances or due to lack of access, an ability to get quality medical care when they otherwise would not have received it. It has been shown to save in healthcare costs and it certainly provides an avenue for medical care when a patient would not be able to travel for an in-person visit.

Another reason for the rapid growth was due to the paucity of telemedicine visits prior to the pandemic starting. The lack of telemedicine visits was for good reason, there were many restrictions placed by the federal and state government on telehealth visits (too many to name). One of these restrictions was that patients would not be able to use their own computer if it could not download a HIPAA compliant platform for telemedicine visits. Also, physicians were paid very little or sometimes not at all for telemedicine visits.

In March of 2020, Governor DeSantis instituted an emergency order for the use of telemedicine and many of the restrictions were lifted and physicians started getting paid on par with the equivalent in-person visits.

When things get back more toward normal and patients feel more comfortable traveling to physicians' offices, the percentage of telemedicine visits no doubt will decline a little but there still will be a need for it. The greatest needs are among certain populations of patients (homebound, rural areas, younger generations). The emergency order will one day be lifted but I would like to share with you some of the issues that I feel will be important for the telemedicine world to remain viable and useful.

Payment parity – Insurance companies certainly will be lobbying against this. Our overhead remains the same whether we see patients in person or on the computer. Risk remains the same. Our skill set and knowledge pool remains the same. There will be some who will want to make it a contractual issue (“free market”), but not all physicians will have equal bargaining positions.

Allow telephonic visits to get paid on parity, especially with Behavioral Health. This is currently prohibited even with the emergency order.

Prescribing of controlled substances. The emergency order has allowed follow up visits to be done through telemedicine visits. Prior to the order, prescribing controlled substances via telemedicine was limited to nursing homes, Hospice, and psych patients. I feel that after the emergency order expires all controlled substances should be allowed to be prescribed, especially for stable, established patients.

Supervisory – Clarification will need to be made on how close and what type of supervision will need to exist for Advanced Practice Clinicians.

HIPAA compliant rules need to be relaxed. If a platform like Zoom or Skype cannot guarantee HIPAA compliance, I feel that as long as a statement of precaution to the patient is given, the patient can choose whether to have a visit on that type of format.

These are some of the issues that are going to be addressed legislatively this year, both on the federal and the state level. HCMA's Government Affairs Committee has been at work already this year, educating our Legislators on this topic, so that as bills come through committees, we will have let them know our concerns.

Scope Battles

Non-Physicians aren't surrendering. Are you?

Mary Thomas, Esq.

Assistant General Counsel
Florida Medical Association

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The Florida Legislature passed two massive scope bills that were then signed by the Governor almost immediately on the same day – an expedited timeline not often seen. House Bill 607 (2020) granted nurse practitioners an entryway to practice autonomously in the areas of primary care, family medicine, pediatrics, and internal medicine. While pharmacists

had been pushing for years to have the ability to test and treat for the flu, the breadth of House Bill 389 (2020) was shocking, allowing pharmacists to manage chronic health conditions under a collaborative practice agreement with a physician and to test and treat for minor, non-chronic conditions under a physician protocol.

“How did this happen?” is a question I have been asked many times. It is true that 2020 turned out to be a perfect political storm. In his last year as House Speaker, Rep. Jose Oliva made it no secret that his top priority was to expand scope of practice and, with no known future political aspirations, hard deals were his to broker. His aspirations were made more easily attainable after years of zealous advocacy from certain legislators and pharmacists, nurse anesthetists, and others packing the Florida Capitol’s halls wearing white coats session after session. But there is also a more painful truth: Physicians have become passive participants in their own profession.

Out of over 25,000 Florida Medical Association members, only 879 are also members of the FMA Political Action Committee. I promise you that is not a typo, I did not leave off a zero. This is a problem. The sole mission of the FMA PAC is to elect medicine-friendly candidates. To truly understand what those 879 are up against, let us look a little more into the scope landscape at the national, state, and regulatory levels.

National nurse practitioner associations drive the policies for their respective state organizations and further promote the idea of independent practice within nursing school programs. Upon completion of the program, regardless of whether it is operated by a credible institution or an online diploma mill, students emerge falsely confident that they can practice free

nurse practitioners will solve all the problems in modern medicine and subsequently cite their own studies when lobbying for expanded scope. This sequence is not unique to nursing – plug in any other healthcare profession and you will see the same pattern.

If you are still dismayed by the passage of HB 607 and 389, I understand. But frankly, there is no time to live in the past. Here is what the FMA is defending against in 2021: Legislation that would allow full independent practice for nurse practitioners in every “specialty” already has been filed. There is no doubt that the physician assistants will try to gain independent practice through this bill as well. Keep an eye on Senate Bill 160, which would give psychologists full prescriptive authority, including controlled substances. The CRNAs would like to replace “anesthetist” with “anesthesiologist” for no logical reason other than that is what the national associations are peddling. We also expect the “Eye Wars” to resume as optometrists will once again attempt to expand their prescriptive authority and perform ophthalmic procedures such as laser eye surgery. This is by no means an exhaustive list as the 2021 Session has yet to commence.

Once a scope bill has passed, it is typically subject to rule-making through one of the regulatory boards – and this typically further complicates advocacy efforts. Depending on the way the legislation is written, control of rulemaking may solely lie with the mid-level board or require some type of input from the Boards of Medicine and Osteopathic Medicine. HB 607 (2020), for example, created the Council on APRN Autonomous Practice, which is responsible for recommending to the Board of Nursing standards of practice for autonomous APRNs. There are four physicians, two from each medical board, who sit on this Council. However, the Board of Nursing has the authority to reject Council recommendations and, therefore, a method to silence physician voices.

While the FMA and other physician groups lobby and actively participate in these meetings, it is not the same as lobbying members of the Legislature. Board members are Governor-appointed volunteers who, aside from the consumer members, are active participants in their healthcare profession. While some boards may be more friendly than others, at the end of

(continued to page 17)

Physician Wellness

A Moment of Wellness: Lessons Learned

Amaryllis Sánchez Wohlever, MD



As the New Year approached, 2020 made it easy to recall the challenges and joys of an unsettling year. Regardless of our individual circumstances, the pandemic turned our lives upside down, challenged much we took for granted, and forced us to ponder the impact of our behavior on our health and the well-being of others. For us as physicians, our duty to educate the

public about medical matters and illuminate the role of science in public health took on a whole new meaning.

With the vaccination phase now underway and a new hope rising on the horizon, stopping to contemplate all that has occurred will prepare us to receive the next 358 days with renewed focus. For instance, some of us lost loved ones to COVID-19. We have seen our colleagues struggle to keep their practices afloat and their families secure, and some had to close their doors. Some of us have used the same N95 mask for months and lived through the infection ourselves, with or without sequelae. And all of us adapted to constant change in life and work, and sense more changes coming.

The word “uncertainty” describes much of our experience in 2020, and we gained proficiency at balancing life on its shaky ground.

Thankfully, as 2021 begins, several vaccines to fight the novel virus are already in distribution. Although many people still don’t grasp the significance of this major achievement, those of us who lived through the HIV crisis and witnessed the likes of the Ebola challenge feel a deep sense of gratitude, even wonder, at what we can accomplish when we work together, using our knowledge to serve humanity.

Zero scholarly articles about SARS-CoV2 were available when 2020 began. By Feb. 9, 105 articles were published. As of the third week of December 2020, more than 82,000 articles had been published worldwide about this virus. In just one week in August, over 4,300 peer-reviewed articles became available and searchable on PubMed about this one, brand new microscopic enemy. Isn’t that an astounding response to this worldwide emergency? Imagine how different the HIV crisis would have been in the ‘80s if we’d had such global resources at our disposal. I am in awe of this body of knowledge that makes

so much possible — the best of the digital era in the service of global health.

A Deliberate Pause

As we welcome a new year that will surely bring its own challenges, I invite you to consider how this experience will continue to impact each of us as we make daily choices. How does it change how we think of the poor, the homeless, and all those less fortunate than we are in our communities and nation? How does it impact our compassion and commitment to other human beings and to our own wellbeing?

Moreover, what will we do to recall and nurture the blessings and joys the pandemic has brought, such as more time with family, greater focus on physical activity and healthy behaviors, more time in nature, more simplicity in daily life?

What is the meaning of all this, and how will we let it transform us?

Our answers will vary, but we will all need to be intentional so the lessons of this collective and individual experience will bear good fruit that endures in our lives, and enhances our collective welfare as well.

21 Actions for 2021

Each new year, I choose a new word to anchor me to purpose daily. This year, beyond my word and the verse that goes with it, I’m writing 21 actions to implement throughout the year to celebrate and cultivate all I learned in the pandemic, so the learning takes hold, creating habits that last. Some of my 21 actions include continuing to send handwritten letters and learning about other cultures, going for more walks with my neighbors, playing tennis, and reaching out to someone new each week—an old friend or a family member—by phone or mail. I also plan to volunteer again at Give Kids the World, a village in Central Florida where children and families experience generosity and kindness to ease their suffering.

As I continue to add slowly to my list of 21 actions, I feel so grateful that a new year has arrived. I need it. We need it. The world needs it. But let’s be sure to pause longer than usual this time before turning the corner to what’s next. Let’s be sure we squeeze all the learning we can out of this trial, so every ounce of suffering is redeemed, and we experience the joy that awaits those who endure with intention and hope.

(continued)

Scope Battles (continued from page 15)

the day, to vote the way physicians want is viewed as a vote against their own profession. In fact, members of these mid-level boards actively advocate for expanded scope, despite the fact their main charge is to protect the health, safety, and welfare of Florida's patients. In this sense, it is much more difficult to get a favorable outcome at the regulatory level and further illustrates why it is critical to stop scope expansion at the legislative level.

A fact that is underappreciated, or perhaps just unknown, is the broader support for scope expansion. This isn't "physicians against nurses" or "physicians against optometrists" – this is physicians against all mid-levels, hospitals, insurance companies, consumer advocacy groups and so on. And that is just regarding scope battles. Constantly focusing on defense diverts a great deal of time and attention from initiatives that would benefit all healthcare providers and patients, such as legislation that would simplify prior authorizations and step therapy protocols. Unsurprisingly, mid-level providers are silent when it comes to advancing legislation that would directly benefit patient care.

The landscape may be bleak, but the opportunity to close ranks is present. It is more important than ever to develop personal relationships with your local legislators outside of session. Physi-

cians are in the best position to explain the importance of medical training and share firsthand the hardships faced during daily practice. Never underestimate the value of personal relationships and participation in the FMA PAC. Help us help you practice medicine.



Physician Wellness (continued)

Your Wellness Moment: We're about to receive the gift of more time. How will we unwrap it and use it for good?

Resources

LitCovid database of curated PubMed articles

Amaryllis Sánchez Wohlever, MD, is a family medicine physician, author and physician coach specializing in clinician wellness, leadership development and life-work integration. She is also a graduate of the Florida Medical Association's Physician Leadership Academy. (Essay reprinted from the Jan. 7, 2021 edition of FMA News, the Florida Medical Association's weekly newsletter.)

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Physician Wellness Program

Meet Martin Cohen, PhD



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The Bulletin will feature a PWP provider in each issue.

Dr. Martin Cohen is a licensed Psychologist with over 40 years of experience counseling multiple clients in the medical profession. Dr. Cohen also offers Executive Coaching for physicians and their practices. Areas of expertise include: depression, stress, anxiety, alcoholism, PTSD, OCD, and anger management.

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Please visit the Physician Wellness Program page on the HCMA website (www.HCMA.net) for more information about the program and a list of all PWP providers.

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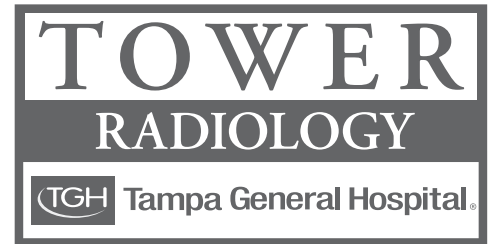
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Question of the Week: Is your Medical software provider using the Cloud to store data?

Steven Boyne, Esq.
Florida Healthcare Law Firm



These days everyone is migrating to the Cloud. This exodus away from servers to the cloud is driven by the flexibility, security and pricing that Cloud services such as AWS (Amazon Web Services), Microsoft's Azure, Google Cloud and IBM offer software developers. It is a pretty safe assumption that most healthcare software vendors are currently using the Cloud, or they plan on using the Cloud.

So, why do you want to ask that question? Because, believe it or not, most major cloud service providers do not offer HIPAA compliance by default. They can all be configured to be HIPAA compliant, and as far as the regulators are concerned it is up to the Covered Entity (i.e. the Healthcare provider) to enforce

the compliance. If AWS or Azure has a data breach and your patient's data is involved, then you can be held liable. To close this loophole, you should ask your software vendor (1) do they store data on the Cloud; and (2) if so, to provide evidence that they are configuring their interface and services with the Cloud provider to ensure HIPAA compliance. If the vendor doesn't know the answer, or is unwilling to discuss how they utilize the tools available by the Cloud providers to make the Cloud HIPAA compliant, then it may be time to find another vendor.

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Reflections

Covid-19 and Nursing Home Patients

Robert Norman, DO
skindrrob@aol.com



Covid-19 has been an enormous battle for almost all of us. At the time of this writing, the rollout of vaccines here has been a disaster. More people are dying of the virus than ever before and the vaccine distribution has been glacial in pace. Right now the focus of vaccines has been on those 65 and older and does not specifically take into account those in nursing homes, who have the highest percentage of Covid-19 infections in our country.

By the fourth week in June, 2020, at least 54,000 residents and workers had died from the coronavirus in nursing homes and other long-term care facilities in the United States. Nearly 264,000 people were infected across 9,912 facilities. Florida has the highest percentage of elderly residents in the U.S., but it was far behind many other states when it came to expanding Covid-19 testing.

One statistic stands out: residents of long-term care facilities constitute less than 1 percent of the U.S. population, yet 43 percent of all COVID-19 deaths occurred in those facilities. At the time of this writing, the number of deaths in nursing homes reported in June 2020 has now doubled.

“Look at it from the 30,000-foot level,” says Eric Carlson, an attorney at Justice in Aging, who testified before Congress in June on the impact of the virus on nursing homes. “If you are living in a world with potential for pandemic, which we are, it seems like bad practice to put 150 people in their 80s together in tight quarters, two to a room, sleeping 4 feet away from each other. That’s about the worst thing you can do.”

A recent series of articles by Joe Eaton in the AARP Bulletin revealed, “Large and small mistakes made at every level, from the federal government to states, local health departments and individual nursing homes.”

The history of our present nursing home system was derived from three major events. First was a set of 1950s laws that led to hospital-like settings for most nursing homes. And the law that created Social Security back in 1935 was the springboard for what followed. “In an attempt to keep older Americans out of

public poorhouses, the Social Security Act prohibited payments to residents of public institutions; that helped launch the rise of private nursing homes,” Eaton wrote.

Another law with a major influence on today’s nursing homes was created in 1954--The Hill-Burton Act. The law funded hospital construction and provided loans and grants to build nursing homes that agreed to provide low-cost care. Eaton writes, “The law instituted the medical model of nursing homes, in which older adults are housed in institutions that resemble hospitals more than, say, a college dorm or apartment. It’s a model that carries on today.”

Second, 1960s laws ultimately made nursing homes reliant on government funding. The creation of Medicare and Medicaid occurred in 1965. The federal health insurance program for individuals 65-plus, Medicare, was created to pay for doctor and hospital visits as well as short-term stays in nursing homes.

Third, Medicaid rules forced many into nursing homes, often against their desires. Medicaid, covering primarily the poor, is funded by matching state and federal funds, and became the payer for long-term care in nursing homes. A major legal industry was created to find loopholes to get people onto Medicaid to provide nursing home coverage.

Many critics say that the Medicaid entitlement is most responsible for the nursing home industry we have today. Although most studies show that few older people would choose to live in nursing homes, they are often the only viable option for those who can no longer live in their homes without paid help. Under Medicaid law, states are required to pay for nursing home care for anyone who qualifies and are not required to pay for the home and community-based services that would help seniors stay in their homes, although certain waivers may apply.

“Before the launch of Medicare and Medicaid, few families struggled to pay for nursing home care,” says Bruce Vladeck, a nursing home policy expert. “Back then, nursing home care was relatively inexpensive,” he says. “And few people lived long enough to require it.”

Life expectancy grew dramatically in the last half of the 20th century. The cost of medical care and nursing homes rose rapidly and created the financial hardship many middle-class

(continued)

Reflections (continued)

Americans face today.

Making nursing homes the de facto choice for older Americans in need of care set the stage for the ravages of the pandemic, says Patricia McGinnis, executive director of California Advocates for Nursing Home Reform. “Nursing homes are not good places for anyone except for short-term rehab,” McGinnis says. “I would hope this is a wake-up call that the system isn’t working.”

After doing consulting in nursing homes for over 35 years, I agree with McGinnis. But this will require a major paradigm shift. We tend to “warehouse” the elderly in our country, and it is now reflected in the high percentage of nursing home elderly stricken during the Covid-19 crisis. Countries such as Jamaica, where I have gone many years to provide free medical care, have few nursing homes. Despite the built-in difficulties to provide vaccines in Jamaica, fewer seniors are institutionalized in long-term care facilities and therefore less prone to Covid-19 infection.

Now that the Covid-19 genie is out of the bottle, it can never be put back and the results cannot be reversed. The new paradigm may shift to short-term rehab, as McGinnis writes, or a hybrid of our current model. Whatever the outcome, I hope there are

major changes in a system that has been proven defective and deadly during Covid-19. As Eaton writes, “the American nursing home industry exists as it does today because of federal laws and regulations that go back 85 years. The infrastructure these laws created, no matter how well intended, didn’t anticipate the future, nor could it foresee a health storm of this magnitude, speed and deadliness.”

We are overdue for a major change in our long-term care system. I believe we have a strong obligation to our elderly and disabled to provide the safest and most effective prevention and medical care.

Reference

Who’s to Blame for the 100,000 COVID Dead in Long-Term Care? Finger-pointing in wake of health disaster is widespread, but causes were laid decades ago, by Joe Eaton, December 3, 2020, *AARP Bulletin*

<https://www.aarp.org/caregiving/health/info-2020/covid-19-nursing-homes-who-is-to-blame/>



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Editor's Page - Part 2

And here's the more...

Elke and I went to the Super Bowl. I bought the tickets. They were expensive, and they were in the last row in the upper deck, in the corner of the stadium. We could have gone on a nice river cruise in Europe for the same price, but then again, we couldn't. You're happy for us because the Bucs won, but you're really thinking I was crazy...maybe. But...Life's too short; You only live once; You can't take it with you.

That said...

It was a once-in-a-lifetime experience, with the Bucs playing for all the confetti at home.

After bumping into Bucs' Super Fan, Big Nasty, we got up to our seats and each chowed down a decent Cuban sandwich before kickoff. When you're watching at home, you're more focused on what you're actually viewing, but at a game like this there's just so much to focus on and distract you simultaneously. The pregame with the flyover was awesome, and the halftime show relatively spectacular, although locating The Weeknd on the field was like trying to find Waldo.

Coming back from the restroom was the biggest challenge. Climbing 60-70 steps simulated a Stairmaster and was quite the cardio workout. After the game and the ever-present postgame traffic jam, we pulled into our driveway about 11:30.

We both agreed it was certainly an experience of a lifetime and worth it. Oh yeah, THE BUCS WON, 31-9, AND ARE SUPER BOWL CHAMPIONS! The Stanley Cup and Lombardi Trophy are now Tampa residents!



The day is today... The moment is now...

Barely the day started and... it's already six in the evening.

Barely arrived on Monday and it's already Friday.

... and the month is already over.

... and the year is almost over.

... and already 40, 50 or 60 years of our lives have passed.

... and we realize that we lost our parents, friends.

And we realize it's too late to go back.

So...Let's try, despite everything, to enjoy the remaining time...

Let's keep looking for activities that we like...

Let's put some color in our grey...

Let's smile at the little things in life that put balm in our hearts.

And despite everything, we must continue to enjoy with serenity this time we have left.

Let's try to eliminate the "afters."

I'm doing it after...

I'll say after...

I'll think about it after...

We leave everything for later like "after" is ours.

Because what we don't understand is that:

Afterwards, the coffee gets cold...

Afterwards, priorities change...

Afterwards, the charm is broken...

Afterwards, health passes...

Afterwards, the kids grow up...

Afterwards, parents get old...

Afterwards, promises are forgotten...

Afterwards, the day becomes the night...

Afterwards, life ends...and then it's often too late.

So...Let's leave nothing for later...

Because, still waiting to see you later, we can lose the best moments, the best experiences, best friends, the best family.

The day is today... The moment is now...

We are no longer at the age where we can afford to postpone what needs to be done right away.

~ Caitriona Loughrey

Travel Diary

Australia - A Return Visit After 50 Years

Bruce Shephard, MD

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In late 2019 I completed a bucket list item by traveling to Australia and Papua New Guinea. This was my second visit since my first in 1969, when, as a then fourth-year med-student at the University of California (UCSF), I spent a three-month Ob/Gyn “externship” at National Women’s Hospital in Auckland, New Zealand. In route, we spent some brief time in Sydney, Australia. Always wanted to go back. But somehow, over a four-decade medical career in Tampa, it never happened.

The 17-night cruise out of Sydney was on Holland America’s Maasdam, a relatively ancient member of the former Dutch cruise line that since 1989 has been part of Carnival Corporation. The trip followed a northerly route skirting Australia’s heavily populated east coast with stops at two of Australia’s six states, New South Wales, then Queensland. From there it would only be a short distance to reach Australia’s closest neighbor, Papua New Guinea.

In 1969, Sydney had been in a building frenzy, turning it into a “mini-Manhattan”. The world-renowned Opera House was still under construction. Sadly, during the 1970s many historic buildings were demolished, a casualty of rapid development.

Today Sydney is a multicultural metropolis of 5 million people which gets the lion’s share of visitors to “Down Under.” The city was founded as a penal colony by Great Britain in 1788, the first European settlement on the continent. Earlier in 1770, James Cook claimed the east coast of Australia for Britain, thus laying the basis of Britain’s Empire in the Pacific.

Our Sydney visit began with a walking tour of “The Rocks”, the city’s oldest European settlement. Once a squalid convict town, the area now consists of a beautiful array of colonial-era architecture saved from bulldozers of an earlier era. From “The Rocks” you have a close-up view of Sydney’s iconic Harbour

Bridge, the place where many of us in Tampa and around the globe witness New Year’s first fireworks.

Two well-known attractions--the expansive Taronga Zoo located on Sydney Harbor and Wildlife Sydney, a wildlife park closer to downtown—compete for visitors seeking their Australia wildlife “fix.” From egg-laying mammals, like the platypus, to the famed marsupial kangaroos and koalas, these animal groups, which are all but exclusive to Australia and New Guinea, have something for everyone.

Australia’s unusual fauna are a great evolutionary example of specialized adaption to a harsh, dry environment, plus over 30 million years of isolation. Today, many of Australia’s ecoregions and their species are threatened by both human activities and introduced non-native species. Australian mammals have the highest mammal extinction rate of any country in the world.

Travelling north to subtropical Brisbane, located at a similar latitude as Tampa, this Queensland city is one of Australia’s oldest. Brisbane was founded on ancient homelands of indigenous



tribal peoples who had lived there for over 20,000 years and takes its name from Sir Thomas Brisbane, governor of New South Wales at the time, who selected it as a penal settlement. Our most interesting stop here was the Lone Pine Koala Sanctuary, Australia’s first and largest Koala reserve.

Koalas, which get their name from an aboriginal term meaning “no drink,” obtain most of their fluids from a steady diet of eucalyptus leaves. This low-calorie diet has led to low metabolism in these marsupials which require nearly 20 hours of daily sleep. Sadly, around 80% of koala habitat has been lost, and recently been made less habitable by extensive brushfires.

From Queensland we visited nearby Papua New Guinea (PNG), making stops at Alotau on the mainland as well as to the offshore islands of Katava, and Kiriwina, which belong to the Trobriand Island group. PNG, along with Indonesia and the Solomon Islands, form the “coral triangle”, a region known for being the world’s center of marine biodiversity and a global priority for conservation.

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Travel Diary (continued)



Papua New Guinea had also been on my bucket list owing to its remote location and unique wildlife. The islands of PNG were settled 40,000 years ago by a mixture of peoples arriving first from Asia, then Indonesia.



The Great Barrier Reef (GBR) sits directly off Australia's north-eastern coast and extends for 1400 miles. This largest of the world's coral reef systems consists of over 2,000 individual reefs and was

PNG, today, continues to be inhabited by hundreds of tribal groups making governance a great challenge. The people live in small, self-sustaining villages where safe water supplies, sanitation and electricity are sketchy at best. The people have become accustomed to cruise ship visits, and depend significantly upon tourist gifts to support their agrarian lifestyle. We knew this in advance and had shopped at Walmart for some recommended items like batteries, fish hooks, and clothing.

In Kiriwina we were given a tour by a local village chief, a woman who introduced us to her teenage daughter, elderly father, and other family members, all living together in a single-room thatched hut. As anticipated, top-coverings are optional for the native people. Local children, dressed up in traditional wear danced around up while we asked the guide our many questions.

Heading back to the ship, I walked over to one of the villagers, offering up my hat. Obviously pleased, he insisted on giving me in exchange, one of his wood carvings—a little crocodile— which I now have on my desk. We were struck with how generous and genuine these people were.

accessible from our stops at Cairns and Airlie Beach. The vast tourist industry offers tour-boats to experience the GBR up close through snorkeling, diving, glass bottom vessels or even submersible mini-submarines. My wife, Coleen, and I took advantage of the snorkeling option, always wearing recommended protective wetsuits to guard against the infamous jelly fish that have ruined more than one tourist's aquatic adventures.

Today, the Great Barrier Reef is threatened by “coral bleaching”, a killing effect due to warming seas thought to be related to climate change, as well as by pollution and starfish overgrowth, the latter a consequence of overfishing of starfish predators. About half of the corals of the GBR have been lost since 1998 according to the National Academy of Sciences.

Returning to Sydney we noticed a strange acrid smell as the first of Australia's fearsome fires of the 2019-2020 season became apparent. This is a vulnerable land, one very much worth visiting. Perhaps, if I'm lucky, there will be another opportunity to return to Australia for yet a third visit.



Personal News

In Memoriam



Sharon Arleen (Carlson) Wasylik of Tampa, died peacefully February 22, 2021. Born October 31, 1947 she was originally from Menominee, MI. She became a registered nurse after graduating from the Columbia Hospital School of Nursing in Milwaukee, WI. It was there she met and married the love of her life, Michael, and soon after, they relocated to Florida where they lived for the following 48 years. She took great pride in her career as a nurse, where her warmth and nurturing spirit shone brightly. She enjoyed traveling and was a voracious reader. Sharon's compassion and empathy were once again on display while volunteering and helping patients at the St. Joseph's Hospital-Cancer Institute for several years. Sharon's crowning achievement, however, was her family. Her greatest joy was being surrounded by her loved ones. Sharon is survived by her husband of 51 years, Michael A. Wasylik M.D, a son and daughter, several grandchildren, and many other family and friends. In lieu of flowers, donations can be made to the St. Joseph's Hospital Foundation.

In Memoriam



Thomas M. Newman, MD, known to family and long-time friends as "Tommy," passed away on January 29, 2021, at the age of 73. He was born in Cleveland, Ohio, to Millard and Lillian Newman. Dr. Newman had a kindness and infectious spirit that was beloved by all. He is survived by his wife Nancy, his two children his two grandchildren, his brother and his sister, all of whom loved him so unconditionally they didn't even mind that he would tell the same jokes repeatedly — as he would laugh just as hard the 100th time telling it as he did the first. In 1954, Dr. Newman moved with his family from Cleveland to Tampa for the family business: J.C. Newman Cigar Co. He graduated from one of the first classes at Berkeley Preparatory School, received his undergraduate degree from Washington and Lee University and his M.D. at Vanderbilt Medical School. Postgraduate studies in Neurology were completed at the University of Miami. He was Board Certified by the American Board of Psychiatry and Neurology. Following a few years of practice in Houston, Texas Tom returned to his hometown, Tampa, in 1984 and joined Jack Maniscalco, MD at Neurological Specialties. At the time of his death, Tom was managing partner of Neurological Specialties and was actively practicing with his neurological partner, Brody Henkel, MD. An

avid sports fan with musical gifts, his great loves in life -- aside from his family -- were playing the trombone in the Tampa Community Band, entertaining family and friends on the piano, playing golf (especially with his longtime foursome), the Cleveland Indians, the Buccaneers, spending time with family and friends at his second home in Lake Las Vegas and dog Haley. In lieu of flowers, the family requests donations in his memory to his favorite charitable organization, the Humane Society of Tampa Bay, 3607 N. Armenia Avenue, Tampa, FL 33607.

In Memoriam



Michael S. Fernandez, MD, was born on September 12, 1952, and passed away on January 28, 2021. He is survived by his wife Suzanne, family, and friends. Prior to his retirement, Dr. Fernandez practiced Obstetrics/Gynecology.

In Memoriam



Horacio Arias, MD, 96, of Tampa, Florida passed away January 23, 2021 at AdventHealth Carrollwood Hospital after a short illness with his loving family at his side. Dr. Arias was born in Medellin, Colombia to Sergio and Lucilla (Duque) Arias. He did his undergraduate and medical training in Colombia, having attained the degree of MD in 1954. He did additional training in Psychoanalysis in Colombia, and he practiced Psychiatry and Psychoanalysis for a remarkable 67 years (in Tampa, FL since 1977). Dr. Arias is survived by the families of three nephews and a niece.

In Memoriam



Jose Carlos Dominguez, Sr., MD, died December 30, 2020. Known to his friends as Jose Carlos, he was born on February 17, 1929, in Cuba. Dr. Dominguez attended Belen from primary school through medical school. He was an exceptional student and an excellent soccer player. Dr. Dominguez's excellence as a physician was evident early in his career when he traveled from Cuba to Boston for Cardiac Catheterization studies in the 1950s. Dr. Dominguez practiced medicine in Tampa until he was 85 years old. Along with medicine, his passions included his racehorses and family. He received many honors over the course of his life, including teaching at

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Personal News (continued)

TGH and he was a Knight of the Krewe of Sant Yago. Dr. Dominguez is survived by his wife of 64 years, Edith, and his two sons, Dr. Jose Carlos Dominguez Jr., and Peter Louis Dominguez. He is also survived by Tina, Jose's wife of 32 years, and three grandchildren, Chaz, Sasha, and Shelbi.

In Memoriam



Alejandro Marcelo de Quesada, MD, died unexpectedly on December 17, 2020, in Tampa, at the age of 88. He was born September 4, 1932, in Camaguey, Cuba, and is a medical school graduate of the University of Havana. Dr. de Quesada is survived by his wife, Graciela; his sister, his two sons, and four grandchildren. After moving to Gainesville, he began working with a team that would develop Gatorade while at the University

of Florida. He continued on his medical career as a nephrologist and taught as a charter faculty member at the medical school of the University of South Florida. It was during this time he helped found Kidney Care of Florida and Life Link Foundation. Dr. De Quesada was an accomplished physician and was a generous individual toward family, friends, and charitable organizations. Ever the consummate scholar he loved books, history, gastronomy, wine, sports cars, and travel. He was active with Alegra Motorsports, Le Chaine des Rotisseurs, and The Company of Military Historians. In lieu of flowers, please send donations to Moffitt Cancer Center.

Congratulations Scholarship Winners!



During the February 9th virtual membership event, Dr. Joel Silverfield presented the HCMA/Rivero, Gordimer, & Co. scholarship to Robert Monsour, a 2nd year medical student at USF MCOM, while Dr. Bruce Shephard presented the matching scholarship from the HCMA Foundation to Richa Bisht also a 2nd year medical student.

Board of Medicine Re-elects HCMA Member as Vice-Chair for 2021



At the Florida Board of Medicine's December 4, 2020 board meeting, the board members re-elected Zachariah P. Zachariah, M.D., to serve as Chair of the Board for 2021. At the same time, the board members re-elected HCMA member Hector Vila, M.D., to serve as Vice Chair of the Board for 2021. Dr. Vila is an anesthesiologist practicing in Tampa.

Foundation Contribution

With much gratitude to HCMA members, staff, and benefit



providers, and a special thank-you to Mike Jensen of Jensen Anderson Wealth Management, Dr. Lubin was able to present a check to the HCMA Foundation for \$235, based on sales of his photobook, Memories.

Meet Anni Blackwell!

Meet the HCMA's new staff member, Anni Blackwell. Anni is the Membership & Event Coordinator, replacing Kay Mills who recently retired. Anni and her husband, Chris, moved to Tampa Bay from Heidelberg, Germany last year. Chris is stationed at MacDill AFB. Anni and Chris have an 18-month-old son, Logan. Before coming to the HCMA, Anni was an Administration Specialist at SAP, a multinational software corporation. In her spare time, she likes to cook, garden, go to the movies, and spend time with family and friends. Take a moment to say hello to Anni at a future Membership Dinner or event.



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Personal News (continued)

Three and a half decades of service



Congratulation to Debbie Zorian, HCMA Executive Director, who celebrates 35 years at the HCMA on March 31st! Her dedication and passion for the HCMA are apparent and very much appreciated. We thank you for your distinguished leadership!

HCMA Alliance Update



After much discussion, it was been decided to cancel the Alliance's February "Go Red for Women" event. We hope to resume in February 2022. In lieu of our annual event, the Alliance will participate as a Title sponsor of the upcoming HCMA Foundation's Charity Golf Classic. Thank you to those Alliance members who have indicated a willingness

to serve on Alliance committees this coming year. For more information about the Alliance, please contact Michael Kelly (michael19452000@yahoo.com).

New Members

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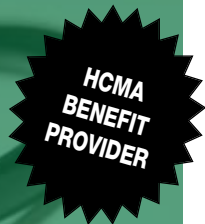
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