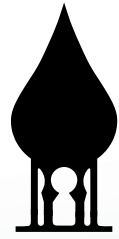


The
Bulletin
OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
May/June 2018



Thomas L. Bernasek, MD
115th HCMA President



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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.

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

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May/June 2018

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Thomas L. Bernasek, MD, the HCMA's 115th President, was installed on May 8th. Dr. Bernasek shares his history and plans for his presidency; see his "President's Message" on page 6.

Congratulations Dr. Bernasek - we look forward to working with you!



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President's Message

In The Saddle

Thomas Bernasek, MD

buckteeth@aol.com



A diesel mechanic. That's right, diesel mechanic school was the recommendation of my high school guidance counselor. It is not that my grades were bad. In fact, I was an A student, but I did get notoriety with my identical twin brother Bob, or Bobby and Tommy as we were known back then.

Before you ask, yes, we did all the twin deviant behaviors. We changed classrooms, traded places on date night, covered for each other on a regular basis, and were best friends. Being born and raised in Montana, we spent a lot of time outdoors including hiking, fishing, and camping. Once able to legally drive, we would leave on Friday into the mountains and return home sometime before school on Monday morning. To say my single mom had her hands full was an understatement. She was raising four kids while working two jobs.

After high school graduation, it seemed like a good idea to move to Sheridan to live with my dad and attend junior college. Somehow being a diesel mechanic did not appeal to me. It wasn't too long before the house got too small for my dad, his new wife, and a single college student, so one of us had to go. I drew the short stick. During this time I held down several jobs: busboy, chafing dish cook, carpenter, truck driver, and brick stacker (hardest job ever). Later in college, I worked as a chemistry research assistant as well as a physiology lab assistant.

So, yes, if you ever want me talk to your son or daughter about the value of hard work, paying and paving their own way, or why junior college is a viable option, I am your guy.

While at Sheridan College, I discovered my interest and aptitude for chemistry. I transitioned to the University of Wyoming to earn a BS in chemistry and continued on to medical school at Creighton University. My orthopaedic residency was at the University of New Mexico and then on to the Mayo Clinic for a joint replacement fellowship.

While assessing my options for employment after fellowship, my mentor from Mayo highly recommended I consider USF Medical School in Tampa as an up and coming program, a great suggestion. Although my initial first choice was the University of New Mexico, I went with the demographics and became a joint replacement specialist in Florida (not to mention that USF paid \$5,000 more than UNM). In 1987 I became faculty at the

University of South Florida Department of Orthopaedic Surgery and then three months later became Chief of Orthopaedic Surgery at the Tampa VA. I guess they had a very short list of candidates with minimal competition for the spot (that has changed vastly since).

I will skip over the politics and antics that followed over the next decade. Suffice it to say that it is nicely captured in this quote by Nobel laureate Henry Kissinger: "Academic politics are so vicious precisely because the stakes are so small." The transition of seventeen orthopaedic physicians out of USF and into private practice carried a great deal of physical, emotional, and financial uncertainty. This was a challenging time that called on my faith and trust in God to sustain. As the orthopaedic practice blossomed, the wisdom of the move became increasingly obvious.

This practice, Florida Orthopaedic Institute (FOI), has become the largest orthopaedic practice in Florida. FOI has always believed in and strived to provide educational opportunities. The fellowship training came first, followed seventeen years later by a new residency program at USF. FOI participated from the beginning with increasing involvement over time. The FOI/USF relationship strengthened and became permanent under the guidance and wisdom of its Dean, Dr. Charles Lockwood.

Tampa has an incredible medical community. I've had the pleasure and opportunity to work at several local hospitals including James A Haley VA hospital, University Community Hospital (now Florida Hospital Tampa), Carrollwood Hospital (now Florida Hospital Carrollwood), St. Joseph's Hospital, and Tampa General Hospital, which is where I now practice exclusively.

I am also honored to serve on the TGH Governing Body (Florida Health Sciences Center Board of Directors). I serve on the Boards of the Florida Orthopaedic Society and the Foundation for Orthopaedic Research and Education (FORE). I serve as core faculty for the University of South Florida Orthopaedic Department, and I am a director of the FOI Adult Reconstruction Fellowship. My practice and professional interests include total hip and knee implant design.

I've been blessed with my partner, Tammy, who is my best friend. Our four collective adult children and two grandchildren bring joy to our lives like we could not have imagined.

(continued on page 10)

Photo Gallery

HCMA Officers & Representatives

On May 8th, Dr. Thomas Bernasek was installed as HCMA's 115th President. It was also announced that the members listed below will serve the HCMA in the following capacities:

Officers



Thomas Bernasek, MD
President
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Vice President
Family Practice



Alejandra Kalik, MD
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Eva Crooke, MD
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Immediate Past President
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Editor's Page

It's the Squeaky...oh wait, no it's not...

David Lubin, MD
dajalu@aol.com



So I was going to use the proverb "It's the squeaky wheel that gets greased" to start off my column, until I found out that it wasn't the right proverb to use. It means that the loudest squeak gets greased (or oiled to some), not necessarily the most persistent squeak. My squeaks, I believe, are mostly persistent, but probably not the loudest.

I tried to find a proverb most appropriate to my needs, but all I could come up with was, "Hey, stop being such a whiner!" And that's not really a proverb!

Then I found this online... "If you have time to whine and complain about something then you have the time to do something about it."

And, from Zig Ziglar... "Be grateful for what you have and stop complaining - it bores everybody else, does you no good, and doesn't solve any problems."

Well, I complain, AND solve problems...I think, anyway!

Most of you know I love writing to the papers, used to often write to the Trib, now to the Times and *tb. I've had over 200 letters published, and dozens of photographs in the papers. But I really love to complain...to the city about potholes or streetlights out, or the timing of traffic lights, or turns, or suggestions to the Lightning organization how to improve the fan experience. Things we've all loved to complain about but thought, gee, no one will care or listen. You'd be surprised. Sometimes they do.

My first big complaint was back in the 80s when I practiced at The Cleveland Medical Clinic. No, not THE Cleveland Medical Clinic. The Clinic that was at the corner of Cleveland and Armenia, on the southeast corner, where there is now a Montessori school. If you've driven by, you know that Cleveland

is one-way going west, Armenia, one-way going south. Cars would make the left hand turn on red lights, not paying much attention to southbound Armenia traffic. At least weekly there was a squeal and thud on the corner, causing us to run out of the building and check for injuries. The current "No left on red," is my legacy at that corner.

I've often emailed one of my contacts in the Lightning organization about lines at food concessions, that they were long and blocking the path around the concourse. A few times they listened and made "bank lines" leading up to the counters to make way for fans walking around. Some still need some work, mainly on the 3rd level concourse. I'm still working on it.

And when Jeff Vinik put \$40 million into renovating the Amalie Arena a few years ago, they put counters in the corners on the 1st level concourse where you could stand and eat, but they put the garbage cans in the center of the concourse, necessitating crossing in front of dozens of fans scurrying perpendicular to the direction you were going

to dispose of your trash. Similar to the old video game Frogger, for those of us who remember. Why not put them at the end of the counters, I asked? And they did.

And even before the renovation plans were announced, I asked for another addition, probably not on Mr. Vinik's list of priorities. This is mainly an issue for us guys. You see, in the men's rooms, we don't all have our own stalls, like ladies do; we have urinals, just inches from one another. As a man gets older, urinating becomes a little more difficult as it is (this is the part of my column related to medicine, which is something I try to do every issue). And it's even more difficult when there's a drunken Flyers fan yelling obscenities behind you. So I didn't think it was much to ask when I proposed dividers between urinals, just for a bit more privacy. Some restrooms already had them, some didn't. Now they all do.



Figure 1



Figure 2

(continued on page 10)



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President's Message (continued from page 6)

I am fortunate to still call my work a hobby, but also try to find time for fishing, hunting, diving, traveling, and spending time with friends and family.

As your president I look forward to serving our membership. I've been proud of what this organization has accomplished and believe in its mission: *Advocating for physicians and the health of the communities we serve*. I would like for this to be the year of growth and continued empowerment. The relevance of a county medical association is immense. Our power is in numbers and we need your membership and participation. Growth empowers those members who passionately pursue the local, state, and national political agendas that protect physicians and our patients. In the storm of change, medicine must have a voice, and the HCMA will work to increase its relevance to modern healthcare practice including political advocacy, providing member benefits, and development of a Physician Wellness program. I ask for your

input and support as we go into this next year.

My thanks to our outgoing president, Dr. Fred Bearison, who has done a superb job. We have an excellent administrative team and are extremely fortunate to have Debbie Zorian, Executive Director, and her staff dedicated to the mission of the HCMA.

Please do not hesitate to contact me as I look forward to getting to know many of you and hope that you will join me in supporting our mission to help improve our community and the medical environment.

Editor's Page (continued from page 8)

A complaint to the city got wheels turning...damn squeaky things...and the street markings near the end of Tampa St., approaching Brorein, were improved, although even on a good day, people are switching lanes as they near the end of the street.

My latest continuing effort, of over three years now, has been letters to the National Hockey League to get them to change the time of a goal to the time remaining in a period, not the time into the period. Not a big deal, but something I thought would make it easier for fans of the game to follow. I heard from Commissioner Bettman that they would look into it.

One of my biggest disappointments concerned the medical symbol I found on the Florida Board of Medicine website (Figure 1). Over a year ago, I noticed that it was the double-winged caduceus, the magic wand of the Greek god Hermes. It's the wrong symbol, as we've discussed in these pages before. The HCMA, FMA, and AMA, amongst MOST other medical organizations, use the correct symbol, the single serpent encircling the staff of Aesculapius. I contacted someone from the Board of Health, which oversees the BoM, and she said they were going to look into it. She contacted me later and sent me a proposal for a new symbol (Figure 2). I was starting to envision traveling up to Tallahassee for the unveiling. Then I heard from her, and after signifi-

cant "research," they decided against changing it. I just didn't get it. Our own BoM uses the symbol of the god linked to alchemy. I figured someone had just ordered thousands of dollars of stationery and they didn't want to let it go to waste.

But on a more positive note, at a recent Executive Council meeting, it was voted on that the HCMA takes some sort of positive step in the gun violence issue. Being pro or con guns is not something we wanted to take up directly, but thought a letter to the editor of the Times, supporting the CDC being allowed to look into gun violence as it relates to public health, would be a positive stance. Dr. Bruce Shephard and I drafted a letter; it was signed by President Dr. Fred Bearison and sent to the Times. It did not appear in the paper in a week, so I emailed Tim Nickens, the Editor of Editorials, and asked why, since I thought a letter coming from us would be a rather significant statement. He had not seen it, but when I sent him a copy, he completely agreed and it appeared in the paper the next day...as Letter of the Day.

Of course, I may not be the only "complainer" on certain issues, but when I do, it's nice to surmise that mine might be influential.

Maybe we should all have a can of WD-40 close by.

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Executive Director's Desk

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I am typing my column on April 16th, four days prior to the deadline for this issue and three and a half months into 2018. I would like to report on your HCMA and its many efforts since the beginning of the year.

- The HCMA Government Affairs Committee, which was reactivated several months ago, was engaged in advocacy efforts before and

during the 2018 Florida Legislative Session which began on January 9th and adjourned March 11th. Committee members met with Hillsborough County legislators locally and in Tallahassee to keep them informed and educated on medicine's issues. An Annual Legislative Luncheon was held for the legislators and their aides prior to the Session which has always proven to be a great avenue to discuss our issues. Ten of thirteen legislative offices were represented as well as two congressional offices.

- Next week the HCMA is holding a Post Session Legislative Reception which will give HCMA leaders and our legislators the opportunity to discuss the outcome of the 2018 session and the projected, continued efforts by the medical profession to determine issues for next year's session. To date, 23 attendees are confirmed.
- On February 13th, a membership dinner was held at the Westshore Grand in which an educational presentation regarding cyber liability and the steps that can be made to protect patient records was given. Two annual medical student scholarships were also presented during the evening. Congratulations to this year's recipients, Amanda Vakos and Ariel Crocker.
- The HCMA Editorial Board met on February 27th. Articles for the upcoming year were assigned for *The Bulletin* and discussion took place regarding ideas in how to improve our journal. Along with several revisions, it was decided to devote the entire September/October issue to physician wellness. Dr. David Lubin,

Editor, welcomes all members to submit articles for consideration. Topics can include interesting cases and interactions with patients, an exciting vacation, movie/book reviews, hobbies, etc.

- The HCMA Nominating Committee met on March 1st in order to create a slate of officers, Executive Council representatives, and HCMA Delegates to the FMA (terms beginning May 9th), as well as HILLPAC Board members (terms beginning January 2019). On March 14th an announcement of candidates who were elected without opposition was sent to the membership.
- After months of hard work, the HCMA's newly designed website went live on March 20th. If you haven't had a chance, please visit www.hcma.net to appreciate our more user friendly, mobile optimized, and social media integrated site. Our enhanced professional appearance adds to the ease of searching for information in a timely manner.
- A Physician Burnout Prevention CME Seminar was held on March 29th. The 90 minute seminar presented by a nationally known expert on physician burnout, Dr. Dike Drummond, provided insight and tools on how physicians can lower their stress levels, create more life balance, and build a more ideal practice.
- The HCMA Foundation Board met on April 5th to determine which charities were to receive donations this year. The grant recipients included Children's Home Network, Frameworks, MoreHealth, Voices for Children, SJH Children's Mobile Medical Clinic, The Outreach Clinic, and the Judeo Christian Health Clinic. The Foundation also awarded one of the 2018 medical student scholarships.
- To date, members have received pertinent information via eight electronic newsletters, "Enews," which provides pertinent information, Board of Medicine updates, personal news, benefits through HCMA partnerships within our community, upcoming events, CME seminars and webinars, etc.

(continued)

Executive Director's Desk, continued

- Membership efforts are currently underway. HCMA leaders are reaching out to those members who have not renewed their 2018 dues in hopes that they will do so prior to the April 30th drop date. Recruitment efforts have been in full force since the beginning of the year and 40 new members have joined the HCMA.
- The governing body of HCMA, the Executive Council, meets bi-monthly and has met twice this year. The Council approved the creation of a fully funded HCMA Physician Wellness Program (PWP). The mission of the PWP is to offer services and resources to help members deal with stress and burnout, and experience work/life balance and wellness. This in turn will benefit their practice, their personal lives, the quality of care for their patients, and ultimately the community at large. As a 2018 priority, the HCMA will focus on physician wellness.
- Hence, a Physician Wellness Committee was formed in February and has met twice. The committee's charge is to evaluate and determine the independent, doctorate-level clinical psychologists and LMHCs used in the program, negotiate partnership agreements, assist with funding efforts, determine specific details of the program including educational seminars, and approve all endeavors as they unfold.
- An HCMA Board of Trustees meeting will be held next week in order to review the third quarter finances of the Association, the budget analysis from the beginning of HCMA's fiscal year to date, and other pertinent information as it pertains to finances and partnerships.
- Moving forward, a delegates meeting was recently scheduled for May 16th in order to begin making plans for the FMA Annual Meeting in Orlando this summer. Resolutions will be brought to the table for consideration to submit to the FMA House of Delegates (HOD). HCMA delegates will also serve on and attend Reference Committees and report back to the Lower West Coast Caucus which is made up of Hillsborough and six other counties in the state. The HCMA is allotted 19 seats in the HOD. Members have been asked to assist in creating FMA policy or possible legislation by submitting their resolution ideas to the HCMA.
- Plans for the HCMA Annual Installation Dinner, which will be held on May 8th at the Westshore Grand, are currently underway. Dr. Bernasek has begun efforts to assume the HCMA Presidency and serve members to the best of his ability. The HCMA staff looks forward to working with him during his tenure as President.

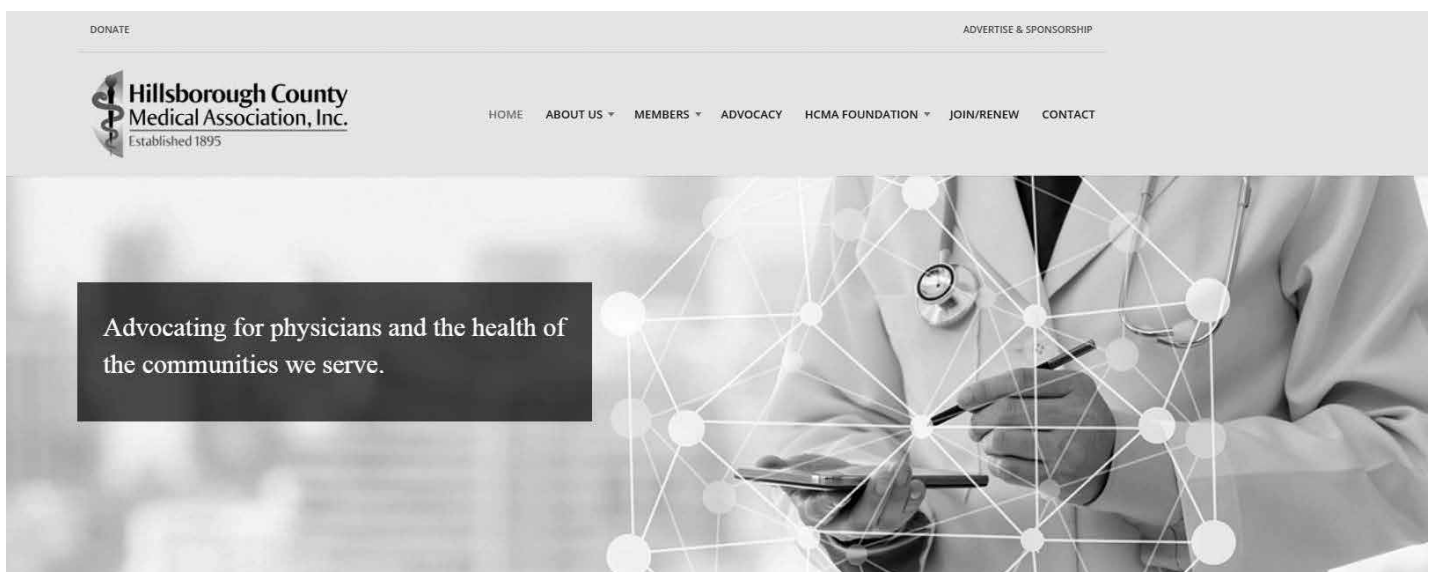
I would personally like to extend a special thank you to Dr. Fred Bearison for serving as HCMA President for two consecutive years. His hard work and fortitude in leading the Association never waned and he deserves many accolades for his ability in "how to best run a meeting!" His continued participation, as Immediate Past President, will only enhance our future efforts.

Your HCMA continues to create resources and benefits in order to serve you, your patients, and your valued profession. As the idiom which stemmed from a Sonny & Cher hit in 1967 states...

"And the beat goes on..."

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The Business of Medicine

How Will New Medical Mergers Affect You?

Ron L. Hammerle

ronhammerle@gmail.com



Decades ago, I was among the first to show hospitals why, and how, medical practices were far more valuable than the depreciated value of their fixed assets. It took hospitals a while to respond, but not the editors of Medical Economics, the Journal of the Medical Group Practice Association, or judges at the Missouri Supreme Court. Surprisingly, it took most physicians much longer.

Shortly thereafter, we witnessed the rise, and fall, of investor-owned medical practice acquisition companies. National insurers set up their own walk-in clinics and non-profit hospitals went on a first round buying binge. The former groups disappeared, the national insurers failed at owning clinics, and PriceWaterhouseCoopers reported “85% of hospital CEOs admitted they lost money on them - and the other 15% were lying.”

De ja vu?

Now, three decades later, hospitals, national insurers, and new players are doing medical acquisitions again. But times and markets have changed, so we should not be too hasty in thinking history will repeat itself.

Today, hospitals are far less worried about competition from other hospitals than they are about “outsiders,” since few industries ever reform themselves.

Hospitals began “circling the wagons” several years ago. “Between July 2015 and July 2016, hospitals acquired 5,000 physician practices, a 100% increase in hospital-owned physician practices over four years and a 63% increase in physicians employed by hospitals between July 2012 and July 2016,” according to the Physicians Advisory Institute.

New Threats

One perceived threat comes from three outsiders: Amazon, Berkshire Hathaway, and JPMorgan Chase, which are partners in a new venture to reduce the high cost of American healthcare.

Beyond that, hospitals have been spooked by efforts to undermine the Affordable Care Act, by mergers involving pharmacies and insurers, and by a Wall Street Journal report that begins “the days of the hospital as we know it may be numbered...”

Why?

The nation’s largest health insurer, UnitedHealth Group, with more than 30,000 employed physicians, recently acquired 300 medical practices from DaVita, 250 Med Express clinics and dozens of outpatient surgery centers.

CVS is acquiring Aetna.

Walgreen’s, which got only part of RiteAid and failed to expand its ownership of AmerisourceBergen, is now one of several companies eyeing Humana.

Walmart, the nation’s largest employer, and most frugal buyer of everything, is also trying to cut a deal with Humana, after several decades of Walmart healthcare efforts.

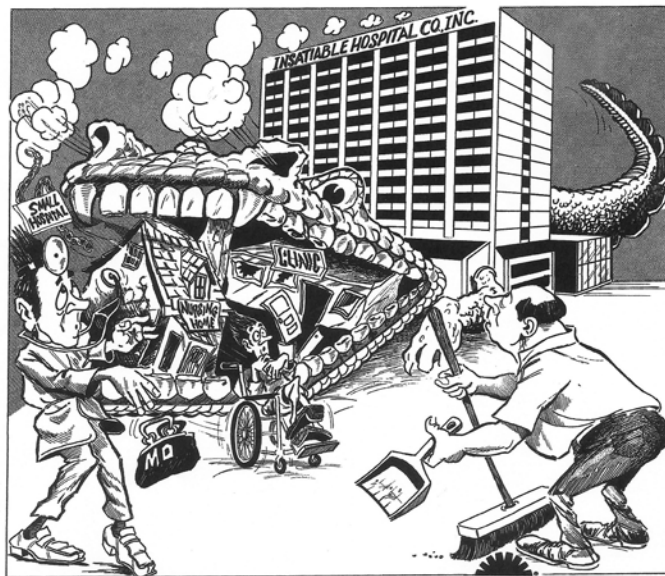
Meanwhile, Humana is buying Kindred Healthcare, and

CIGNA is buying Express Scripts.

Beyond this, telemedicine and low cost remote technologies are now bringing physicians and patients together “anytime and anywhere” via telemedicine, and artificial intelligence is rapidly moving beyond IBM’s doctor “Watson.”

In response:

The nation’s largest Catholic hospital chain, Ascension, terminated thousands of employees and announced a future where



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(continued on page 18)

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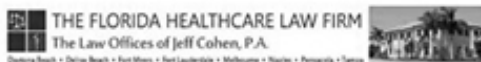
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Photo Installation Din



Dr. Pamela Baines and her husband, Dave Greco.



Dr. Fred Bearison installs Dr. Thomas Bernasek as the HCMA's 115th president.

On May 8th, outgoing president, Dr. Fred Bearison, installed HCMA's 115th president, Dr. Thomas Bernasek. The newest officers and representatives for the HCMA were also announced and HCMA Foundation grant recipients were recognized.

The evening's guest speaker, Dr. Rich Castellano AKA "The Smile Doctor," delivered an uplifting presentation on how physicians can improve their mental and physi-



Dr. Bearison was presented with a parting gift, the "President's Gavel," after words of appreciation for his service from Dr. Bruce Shephard.



Dr. Bernasek's cheering section was on hand for his installation. Back row: Casey Engel, Juanita Buitrago, Dr. Thomas Bernasek, Tammy King, Abby Altman, and Cameron King. Front row: Kelly Engel, Connie Cosgrove, Coraline Bernasek, and Addison Bernasek.



Dr. Nicole Riddle, Luke Furtak (medical student), Dr. Eva Crooke, and Dr. Alejandra Kalik.



Orthopaedic resident Dr. Bernasek.



Mr. David Goss, VP of Marketing & Sales, represented ProAssurance, an installation dinner co-sponsor.



Drs. William DeWeese, Rodolfo Eichberg, and Jairo Parada.



Dr. Margaret Rinker, Juliette Pistorino, Pa-C, and Dr. Betsy Cooduvalli.



Dr. (HCMA member).



Drs. Joseph Hirschfeld, Edward Fariior, and Kriston Kent.



The lovely smiles that greeted attendees at the registration table: Jean Repass (HCMA Bookkeeper), Veronica DeGuenther (volunteer/standing), and Samantha Johnston (volunteer).



Shannon Lynn, representing Precision Diagnostics, installation dinner co-sponsor, briefly addressed the opioid epidemic.



Olivia Catrone, VP of Relationships Manager, welcomed attendees, representing dinner sponsor, The Bank of Tampa.

Gallery

ner May 8, 2018

cal wellbeing, their personal lives, and their patients' experiences and outcomes. Dr. Castellano, a Wall Street Journal bestselling author, provided a complimentary copy of his book, "The Smile Prescription," to attendees.

Many thanks for the generosity and support of The Bank of Tampa, Florida Blue, Precision Diagnostics, and ProAssurance for making the evening possible.



The Bank of Tampa table.



Dr. Rich Castellano - The Smile Doctor!



ents, USF faculty, and colleagues came out to support



Dr. Thomas Bernasek, Cameron King, and Dr. Steve Lyons.



Drs. Michael Yarnoz, Jerry Poklepovic, Bruce Zweibel, Ravi Bukkaapatnam, and Nicholas Sears.



Richard England and Elke Lubin (CMA Exec. Asst.).



Shannon Lynn (back row, second from the right), with Precision Diagnostics a dinner co-sponsor, hosted a table at the event.



Outgoing HCMA president, Dr. Fred Bearison, and incoming president, Dr. Thomas Bernasek.



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Dr. Glenn and Carole Hooper, Dr. Bruce Shephard, Ms. Kelly Bell (Exec. Dir./Judeo Christian Health Clinic), and Dr. Ernesto Ruas.



HCMA Foundation Grant recipient representatives for Children's Home Network, The Outreach Clinic, Judeo Christian Health Clinic, Voices for Children, MoreHealth, and SJH Children's Wellness & Safety Center.

The Business of Medicine (continued from page 14)

hospitals are no longer the center of its business.

Massachusetts' largest employer, Partners Health, owner of Massachusetts General Hospital and a dozen other well-known hospitals, announced plans to cut \$600 million over three years.

In mid-April, Moody's Investor Services said payers' vertical integration strategies are "credit negative for hospitals" and will put more pressure on their volumes and margins.

So, What's A Physician To Do?

Procedural specialists in many metropolitan areas have either already sold out, some for a second time, or managed to dominate their markets and work with multiple competing systems.

A few primary care physicians, who aren't part of a multi-specialty group or a hospital-owned practice, have continued to "mine the gold and get left in the shaft." Others are trying to figure out with whom to make a deal. In the early 2000s, however, national leaders of the American Academy of Family Physicians passed up a chance to lead the development of national retail clinics. Once they passed, national retailers turned to nurse practitioners and physician assistants to create multibillion dollar clinic networks, with NPs and PAs now emerging as healthcare's new frontline.

Given such developments, it's clear that physicians can no longer expect corporate practice of medicine laws or state licensure to restrict competition, as the cost, access, and supply of medical caregivers becomes critical to businesses, politicians, and third party payers.

Early in April, JAMA published an article, by Atul Gawande and others, warning that consolidation may pose safety risks to patients.

Patients: Pawns or Players?

Lacking independent buying power, and often medical knowledge, patients have increasingly followed their health insurers and employers. That left many caring, effective, and dedicated physicians longing for the days when it was patient relationships that really counted.

More recently, however, we have seen the rise of patient advocacy groups, particularly those working in areas related to end-of-life care. This is the area of healthcare that is the most costly, least likely to change the course of illness, and the one most frequently involving unwanted care.

Despite more than three decades of litigation and enabling legislation, patients' Advanced Care Directives are still often ignored or overridden by healthcare providers. In response, physicians, hospitals, and other care facilities will soon face new litigation and national efforts to deny insurance payments for delivering unwanted care.

Big Buyers

Aside from federal, state, and local government, the biggest buyers of American healthcare are corporations, many of whom are now self-insured.

According to a recent survey, some are now ramping up plans to "buy direct and bypass the middleman." If the multi-decade history of the National Business Coalition on Health and its regional affiliates is any indication, they won't play a major role. But government and big private payers are increasingly favoring integrated healthcare systems, making independent practices difficult to maintain in the foreseeable future.

In a market as turbulent as this, anyone who thinks (s)he can predict the future is either foolish or a fraud. The best one can really say is that there will always be a need for caring physicians. What is far from certain, however, is the structure in which you may pursue the noble goals that led you and many others into medicine.

About The Author: Ron Hammerle earned his doctorate for interdisciplinary studies in medical ethics at the University of Chicago, pursued post-doctoral work in leadership at the Peter Drucker Graduate School of Management and has taught in graduate schools of medicine, business, and pharmacy. He played a significant role in several of the developments cited above.

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Our History

Evolution of Musculoskeletal Specialties in the Tampa Area

Rodolfo Eichberg, MD
eichberg@tampabay.rr.com



The idea of writing this article started during a conversation about our early days in Tampa, with my longtime friend and colleague Dr. James Murphy. We soon realized that there was no written history of the evolution of the musculoskeletal specialties in Hillsborough County, which happened during our lifetime. Incorporating Dr. Joaquin J. Diaz, the oldest practicing orthopaedist in town was a must. The resulting article is the product of our memories. As such, it may contain some errors, omit important people and events, and have the flaws inherent in this type of endeavor. In spite of this we believe that it will provide our younger colleagues with an idea of where we started from.

To put things into perspective we should realize that our region has experienced enormous growth in the past 50 years. Salient facts to be kept in mind:

1)The population of the State of Florida in 1970 was 6.791 million inhabitants. By 2016 It had grown to 20.66 million. About three times as many people to serve.

2)The population of Hillsborough County in 1970 was 494,843. By 2016 it was 1,376,238, also about three times as many.

3)Tampa General Hospital had residency programs in several specialties before the USF Medical School opened in 1971, including orthopaedics. Dr J. J. Diaz was one of those residents. He was a trained orthopaedist when he left Castro's Cuba, but had to repeat a residency in the USA to become board certified.

The USF Department of Orthopaedic Surgery was created in 1973. We could not recall the name of its first chairman, who stayed for just a short time and was succeeded by Dr. Merlin Anderson who relied heavily on some community orthopaedists and physiatrists.

The first board certified orthopaedist in Tampa, according to Dr. Murphy, was Dr. Hendricks, whose first name he could not remember. His office was located across the street from the University of Tampa, sometime in the 1950s.

The first physiatrist in the entire region, and one of the first non-VA in the entire state, was my senior partner, Dr. Arthur J. Pasach, who came here from Emory/Georgia Warm Springs in

the days of polio. At his retirement party somebody suggested that he had treated President Roosevelt, which he emphatically denied. He finished his residency in the late 50s or early 60s. The need for physiatrists was so great in those days, that he held a once a week clinic in Sarasota. This was not easy since I-75 did not exist and the only way to get there was Route 41. In those days few people, including physicians, knew what a physiatrist really did.

Rheumatologists did not exist in the area until the mid to late 70s, when Dr. Harold Adelman (recently deceased) and Dr. Harris McIlwain came to town. Until then, rheumatic diseases were treated by primary physicians, orthopaedists, and physiatrists. I remember Dr. Pasach teaching me how to use parenteral gold, something I had never done in residency.

There were only twelve orthopaedists and one physiatrist in Tampa in 1960. Eventually groups of three or more orthopaedists were formed. Many of them participated in the Residency Teaching Program. Some of these pioneers were Drs. U. A. Young, Albert Wilson, Frank Lindeman, Rupert Schroeder, and Lawrence Cohen. Soon thereafter came the Tampa native boys, Drs. Harold Williamson and Davis Boling.

Drs. Boling and Diaz had special interest in hand surgery. The first fellowship trained hand surgeon was Dr. Robert Belsole, who later became a dean at USF.

Dr. Pasach eventually added Dr. Alan VanSant to his practice. He had a special interest in electrodiagnostic studies. I arrived in 1975. My main area of interest was spinal cord injuries. Under the leadership of the University of Miami and Dr. Barth Greene, we were able to create a statewide SCI System of Care, following an NIH funded project called The Model Systems. Tampa General Hospital was a designated site. One year later, I convinced another NYU resident, and later attending, to join our group. He had subspecialty certification in electrodiagnosis.

There were several failed attempts to create a Physical Medicine & Rehabilitation residency program until Dr. Steven Scott finally succeeded. It is now a USF, VA, and Private Practice Program.

The USF Orthopaedic Program underwent revolutionary changes with the arrival of Dr. Phillip Spiegel in 1978. He was able to bring in several fellowship-trained subspecialists. The incoming president of the HCMA, Dr. Thomas Bernasek, was one of them.

(continued)

Our History, continued

The term revolutionary is used in more than one sense, since it eventually caused a “walkout” from USF and the creation of the Florida Orthopedic Institute. My friend and neighbor, Phil, picked a building just across the street, on Fowler Avenue for FOI. I never dared to ask him, but suspect that he wanted to “show them.” Today the program is reunited as a combination of FOI, Tampa General, USF, and other affiliates, under the direction of Dr. Roy Sanders.

The Shriners Hospital for Children opened on the USF Campus in 1985 and is an important component of the musculo-skeletal care of children. Dr. Paul Kornberg is a board certified pediatrician and physiatrist who has been a leader in pediatric rehabilitation in Tampa since 2002.

In conclusion, this anecdotal and somewhat historical recollection shows all of us that “We Have Come a Long Way!”

Thanks again to Drs. James Murphy and Joaquin J. Diaz for their invaluable assistance and well preserved memories.

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Practitioners' Corner

Angioedema: Two Kinds, Different Outcomes

Richard F. Lockey, MD**
rlockey@health.usf.edu

Amber N. Pepper, MD**
apepper1@health.usf.edu



Angioedema is swelling of the deeper cutaneous and mucosal tissues, a very common problem for all physicians and other healthcare professionals, regardless of their specialty.

Angioedema, histamine-mediated

Angioedema associated with a systemic allergic reaction

Acute angioedema can be part of a systemic allergic reaction, mediated by histamine and other chemical mediators. It rarely ever occurs alone and is usually associated with some or all of the following: generalized urticaria (hives), erythema and pruritus; nausea, vomiting, abdominal cramps, diarrhea; itching, redness and tearing of the eyes; sneezing, runny nose, and cough; wheezing; and if serious enough, a feeling of impending doom, respiratory distress and cardiovascular

collapse.[1] When associated with an allergen exposure, such as peanut to which an individual is allergic, the symptoms usually occur within 30 minutes, no more than 2 hours, following exposure. Examples of other allergens which can trigger an allergic reaction and angioedema include foods (egg, wheat, milk, fish, shellfish, tree nuts, peanut, and soy); medications (especially penicillin); insect bites or stings (bee, wasp, yellow jacket, hornet, and ant); subcutaneous allergen immunotherapy; radiocontrast media; and other agents. The treatment for life-threatening angioedema and any other signs and symptoms associated with a systemic allergic reaction, including anaphylaxis, is the immediate administration of the appropriate amount of intramuscular epinephrine, injected into the anterior lateral thigh, and as necessary, antihistamines and systemic glucocorticosteroids.[2, 3] The latter two can be given when signs and symptoms persist and to possibly prevent a biphasic

systemic allergic reaction. Treated appropriately, systemic allergic reactions and associated angioedema resolve quickly with epinephrine and usually do not require hospitalization.

Angioedema, idiopathic in origin

Most chronic or recurrent histamine-mediated angioedema is idiopathic (of unknown cause) and frequently associated with urticaria.[2] Chronic urticaria and/or angioedema occurs as urticaria alone without angioedema in 50% of cases, urticaria with angioedema in 40%, and angioedema alone in 10%.[4, 5] This condition rarely, if ever, is life-threatening or causes airway obstruction. The angioedema is floppy or Jell-O-like allowing air passage into the posterior pharynx and larynx. Testing for inhalant and food allergy is not indicated.[2] The recommended treatment is the prophylactic use of 2nd generation antihistamines, e.g. loratadine, cetirizine, or fexofenadine, at up to 4 times the conventional daily dose and referral to a specialist.[2-4] Systemic glucocorticosteroids should only be used for short periods. This form of angioedema is rarely, if ever, associated with death and usually does not necessitate hospitalization. Subjects with idiopathic angioedema or angioedema of any kind should avoid angiotensin converting enzyme inhibitors (ACE-Is).

Angioedema, bradykinin-mediated

ACE inhibitor-induced angioedema

Bradykinin-mediated angioedema can be serious and life-threatening but only if it involves the tongue or airway. It usually has a less aggressive onset and resolves over four to five days, versus the 24-hour period for histamine-mediated angioedema. The most common etiology for bradykinin-mediated angioedema is ACE-Is. Americans of African background are more susceptible possibly due to an increased frequency of genetic polymorphisms in bradykinin degradation enzymes.[6] It does not respond to epinephrine, glucocorticosteroids, or antihistamines. It is never associated with urticaria.[7, 8] Other medications less commonly associated with drug-induced bradykinin-mediated angioedema include: dipeptidyl pepti-

(continued)

Practitioners' Corner, continued

dase IV (DPP-IV) inhibitors (used to treat diabetes), neprilysin inhibitors (used to treat heart failure), renin inhibitors (used to treat hypertension), and possibly, angiotensin II receptors blockers (ARBs).[6] Treatment involves discontinuing the medication and observation until the problem resolves. If the subject is admitted for observation because of potential airway obstruction, they usually can be discharged within 24 – 48 hours while the residual swelling dissipates.

Hereditary Angioedema and Acquired C1 Inhibitor Deficiency

Uncommon forms of bradykinin-mediated angioedema are secondary to C1 inhibitor deficiency or lack of function. One form is hereditary angioedema (HAE). Subjects and their families are usually aware that they have HAE or that HAE is in their family history. It usually responds to C1 inhibitor replacement. This type of angioedema can also rarely occur as an acquired disease, known as acquired C1 inhibitor deficiency. It is extremely rare and usually associated with a lymphoproliferative disease. It requires hospitalization when the angioedema obstructs the upper airway. Subjects suspected of HAE or acquired C1 inhibitor deficiency should be referred to an allergist/immunologist.[7, 8]

Summary

In summary, angioedema is histamine- or bradykinin-mediated. A complete history and physical examination is indicated, resulting in a high likelihood of the correct diagnosis. Histamine-mediated angioedema comes and goes rapidly and is usually associated with urticaria. Most cases of chronic histamine-mediated angioedema are of unknown cause or idiopathic. It is rarely, if ever, life-threatening in an otherwise healthy individual and almost never requires hospitalization. High doses of non-sedating antihistamines usually prevent its recurrence. Histamine-mediated angioedema also can present as part of an acute systemic allergic reaction, including anaphylaxis, which should be treated immediately with epinephrine, the drug of choice.

Bradykinin-mediated angioedema has a slower onset and resolution and does not respond to antihistamines, glucocorticosteroids, or epinephrine. It is most commonly caused by an ACE-Is, Americans of African background being more susceptible. HAE is just that, mostly hereditary, and responds to C1 inhibitor replacement. Acquired C1 inhibitor deficiency angioedema is rare and usually associated with a lymphoproliferative disease. Bradykinin-mediated angioedema subjects should be admitted to the hospital only if they are having airway obstruction, observed to make sure airway obstruction does not occur, and usually can be discharged within 48 hours. ACE-Is should be discontinued for subjects with a history of any kind of angioedema. HAE subjects should be referred to a specialist for appropriate diagnosis and treatment.

Table 1: Features of Angioedema

Histamine-Mediated	Bradykinin-Mediated
Rapid onset and resolution (hours)	Slower onset and resolution (days)
Usually accompanied by urticaria and pruritus	Not accompanied by urticaria
Response to epinephrine*, antihistamines, and glucocorticosteroids	No response to epinephrine, antihistamines, or glucocorticosteroids
+/- Allergic triggers	+/- ACE-I use
	+/- Family history
	+/- Lymphoma or MGUS history

Legend: +/- = May or may not be present; ACE-I = angiotensin converting enzyme inhibitor; MGUS = monoclonal gammopathy of undetermined significance

**Subjects with suspected systemic allergic reactions, including anaphylaxis, should be treated immediately with intramuscular epinephrine into the anterior lateral thigh. Otherwise healthy subjects without allergic triggers may be treated with regular or high-dose non-sedating antihistamines and systemic glucocorticosteroids for a short period of time, as needed.*

***Division of Allergy and Immunology, Department of Internal Medicine, University of South Florida Morsani College of Medicine and James A. Haley Veterans' Affairs Hospital, Tampa, Florida, USA.*

References provided upon request



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Benefit Provider

A Testimonial – Precision Diagnostics

Michael Cromer, MD
drmcromer@gmail.com



I have been using Precision Diagnostics as my sole source for confirmatory testing of urine drug screens in my practice since the beginning of the year. Shannon, and his colleague Sam, are about the nicest and most reliable vendors that I have. They have gone out of their way to meet with me and my staff to find out what the specific needs of my practice are and to make sure we all understand the process. We have technical and laboratory support at all times and their experienced team of PhDs is able to explain potentially difficult issues in easy to understand terms.

I am overall extremely pleased with Precision Diagnostics and the service that they provide.

For more information about Precision Diagnostics, contact your local representative, Shannon Lynn, Shannon.lynn@precisiondxlab.com, or 813.451.0148



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Foundation News

Our Philanthropic Subsidiary

Fred Bearison, MD

HCMA Foundation President

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The HCMA Foundation is a 501(c)(3) charitable organization which provides medical student scholarships and grants to non-profit organizations in our community for programs designed to promote awareness and support of health and health-related issues in Hillsborough County and surrounding areas.

The Foundation relies on donations made by HCMA members when paying annual membership dues. The suggested annual Foundation contribution is \$100. The big fundraiser is the HCMA Foundation Charity Golf Classic. The 22nd tournament will be held Thursday, April 4, 2019 at the Carrollwood Country Club. Mark your calendar! Sponsorship opportunities are available and golfer registration is open.

The Foundation Board met on April 5th and new officers were elected. I was elected to serve as Foundation President. Dr. Bruce Shephard will serve as Treasurer and Dr. Carlos Dalence will serve as Secretary. Each position is a three-year term.

Also during the meeting, the Board awarded grants to the following organizations: Children's Home Network, Frameworks, Judeo Christian Health Clinic, MoreHealth, The Outreach Clinic,

SJH/Mobile Medical Clinic and Voices for Children. USF Medical Student Ariel Crocker was previously awarded her Foundation Scholarship at the February 13th dinner meeting.

Partners in the Community

The HCMA Foundation has awarded grants to Voices for Children of Tampa Bay (www.vfcgal.org) for several years. On April 19th Ronna Kennedy, Executive Director "planted" a pinwheel garden at the HCMA office to help spread the word about Child Abuse Prevention Month. Visit the HCMA's Facebook page (/HCMADocs) for photos of our garden. Learn more about the Pinwheels for Prevention program: www.IFight4kids.org. Voices for Children has partnered with Guardian ad Litem to support and advocate for the abused, neglected and abandoned children in Hillsborough County. For Information on the 13th Circuit Guardian ad Litem Program, please visit www.galtampa.org.

A special thank you to Dr. Rodolfo and Yvette Eichberg who made a donation to the HCMA Foundation in memory of John Barsa, MD.

If you would like more information about the HCMA Foundation, the Charity Golf Classic, or how to donate, please contact Elke Lubin at the HCMA office: ELubin@hcma.net or 813.253.0471.

Be a Part of Change!

2018 FMA Annual Meeting

August 3-5, 2018

Loews Sapphire Falls Resort, Orlando

Delegations from the Florida County and Specialty Medical Societies meet each summer to participate in the FMA House of Delegates where resolutions are presented, reviewed, and oftentimes adopted. These adopted resolutions may become FMA policy, submitted to the American Medical Association, or become state legislative priorities.

If you are interested in being a part of the process, consider submitting an idea for a resolution or serving as an HCMA delegate to the FMA. The HCMA Delegation will meet in the spring to create and review resolutions for consideration by FMA House of Delegates.

For more information, contact Elke Lubin, HCMA Executive Assistant, at 813.253.0471 or ELubin@hcma.net.

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Photo Gallery

Burnout Prevention CME Seminar March 29, 2018

On March 29th the HCMA hosted a Burnout Prevention CME Seminar. Our speaker was Dike Drummond, MD, a Mayo trained family practice physician and the nation's leading coach, trainer, and consultant on the prevention of burnout in individual physicians. He has delivered the Burnout Prevention Seminar to over 10,000 practicing physicians across America.

Attendees each received a red carnation to celebrate Doctors' Day (March 30th) and a copy of Dr. Drummond's book, "Stop Physician Burnout - What to Do when Working Harder Isn't

Working." During the cocktail hour, attendees were treated to chair massages along with the musical stylings of harpist, Taylor Mills Krebs.

The event was sponsored by: *The Bulletin* Editorial Board, Precision Diagnostics, ProAssurance, Tampa General Hospital, and the USF Morsani College of Medicine. In-Kind sponsors were: Full Circle PR, Hyde Park's Swann Ave. Market, and Debbie Zorian, HCMA Executive Director



USF was well represented!



Cocktail hour included hors d'oeuvres, massages, and a harpist.



Dr. William Davison, Dr. Radhakrishna Rao, Bill Davison, Dr. Francisco Schwartz-Fernandes, and Dr. Thomas Davison.



Ahhhh....massages!



Harpist, Taylor Mills Krebs.



Dr. Bruce Shephard, Debbie Zorian (HCMA Executive Director), Kay Mills (HCMA Event Coordinator), Dr. William Davison, and Dr. Dike Drummond.



Dr. Kriston Kent, Dr. Linda McClintock, Olivia Butler, and Dr. Madelyn Butler.



Dr. Dike Drummond.

Members Making News

The March/April edition of Tampa Bay Magazine included a listing of “Top Doctors – The Best in our Region.” The list was compiled by Castle Connelly Medical Ltd., a health care research firm that uses a medical doctor to survey, research, and screen a variety of sources in our area to select the doctors on their list. The online nomination process is open to all licensed physicians and results in a list of physicians who are highly regarded by their peers. The physicians listed do not and cannot pay to be selected and profiled by Castle Connelly.

Of the numerous physicians listed, many are Active HCMA members! Congratulations for making the list:*

Allergy & Immunology

Mark Glaum, MD, PhD
Alan Halsey, MD
Dennis Ledford, MD
Richard Lockey, MD
Suzan Pae, MD

Cardiac Electrophysiology

Bengt Herweg, MD

Cardiovascular Disease

Saurabh Chokshi, MD
Sami Elchahal, MD
Siva Kumar, MD
Stephen Mester, MD
Debbie Rinde-Hoffman, MD
Rolando Rodriguez, MD
Mark Weston, MD

Colon & Rectal Surgery

Anthony Brannan, MD

Dermatology

Peter Donelan, MD
Luis Menendez, MD

Diagnostic Radiology

John Arrington, MD

Endocrinology

Manuel Sainz De La Pena, MD

Gastroenterology

Patrick Brady, MD
Norman Edgerton, Jr., MD

Hand Surgery

Thomas Greene, MD
Jeffrey Stone, MD

Internal Medicine

Bruce Kahan, MD
Joel Silverfield, MD
Susan Zimmer, MD

Maternal & Fetal Medicine

Jerome Yankowitz, MD

Medical Oncology

Rafael Blanco, MD
Julio Lautersztain, MD
Alan List, MD

Nephrology

Denise Alveranga, MD
Charles Sanders, MD

Neurological Surgery

Harry Van Loveren, MD

Neurology

Edmund Grant, MD
Stephen Sergay, MD
Tuan Vu, MD

Obstetrics & Gynecology

Catherine Lynch, MD
Wallace G. Wilkerson, MD
Stephen Zweibach, MD

Ophthalmology

Bradley Fouraker, MD
David Leach, MD
William Mack, MD
Scott Pautler, MD
Marc Peden, MD
Ivan Suner, MD.

Orthopaedic Surgery

Thomas Bernasek, MD

Fabio Fiore, MD

Mark Frankle, MD
Seth Gasser, MD
Kenneth Gustke, MD
David Leffers, MD
George Letson, MD
Steven Lyons, MD
Maureen Maciel, MD
Jeffrey Neustadt, MD
John Okun, MD
Roy Sanders, MD
Anjan Shah, MD
Arthur Walling, MD

Otolaryngology

Loren Bartels, MD
Rene Boothby, MD
Christopher Danner, MD
Edward Farrior, MD
Kriston Kent, MD
Miguel Rivera, MD

Pain Medicine

Gregory Flynn, MD

Pediatric Cardiology

Jeremy Ringewald, MD

Pediatric Endocrinology

Henry Rodriguez, MD

Pediatric Urology

Mark Kolligian, MD
Ethan Polsky, MD

Pediatrics

Melody Baade, MD
Gerard Hough, MD

Plastic Surgery

Abraham Marcadis, MD
Gerard Mosiello, MD
Ernesto Ruas, MD
Karen Wells, MD

Pulmonary Disease

Theron Ebel, MD
Stephen Kreitzer, MD
Daniel Lorch, Jr., MD
Richard Powell, MD

Radiation Oncology

Harvey Greenberg, MD
Randy Kahn, MD

Reproductive Endocrinology/ Infertility

Catherine Cowart, MD
Sandra Goodman, MD
Samuel Tarantino, Jr., MD
Timothy Yeko, MD

Rheumatology

Michael Burnette, MD

Surgery

Michael Albrink, MD
Sylvia Campbell, MD
John Cox, MD

Urology

Rudolph Acosta, MD
Raviendar Bukkapatnam, MD
Frank Mastandrea, MD
Angelo Paola, MD
Malcolm Root, MD
Douglas Stein, MD

**HCMA Active members as of March 2018 – as they were listed in the March/April 2018 edition of Tampa Bay Magazine.*

In Memoriam



Dr. John Barsa practiced medicine in the Tampa Bay area for nearly 40 years and passed away on March 13, 2018 at the age of 76.

Through his medical practice, he spent his life dedicated to the science of pain management and the comfort and well-being of his patients. He was recognized as one of the best in his field and a pioneer in the treatment of pain.

In his personal life, he was known to be warm, intelligent, witty, and extremely generous. He is survived by his son, daughter-in-law, two young grandsons, and countless extended family members, friends and colleagues.

Our condolences go out to Dr. Barsa's family and friends.

Letter in the Tampa Bay Times



On Thursday, April 19th, the Tampa Bay Times published a letter by HCMA President, Dr. Fred Bearison, citing the HCMA's support of CDC research into gun violence.

Common ground: Find the facts

There are many areas in the current debate about guns and gun ownership where both sides must agree to disagree. But there is one area where common ground ought to exist.

That concerns the need for continuing research on all aspects of this issue. Medical leaders and organizations have long supported the kind of research that is referred to as "evidence-based medicine," not the superficial soundbite reporting from isolated individual studies that often make headlines.

For that reason the Hillsborough County Medical Association strongly supports the recently passed Omnibus spending bill, signed into legislation March 23, 2018 by President Trump, empowering the Centers for Disease Control to pursue research into gun violence. We believe this kind of approach is needed to help enable policymakers and elected officials make the most rational decisions possible in dealing with this very urgent public health issue.



HCMA Leadership meets with Legislators

On April 24th, the HCMA Leadership met with members of the Hillsborough Legislative Delegation and district staff for the First Annual Post Session Legislative Reception. Throughout the great dialog, legislators gave pointers on how organized medicine can improve the language in proposed bills, to assist in better movement through the legislative process.

Many thanks to The Woman's Group for providing the beautiful location for our reception.

Pictured above: MarDee Buchman (Field Rep/Congressman Bilirakis, CD#16), Dr. Ed Homan (HCMA Past President and former HD#60 representative), Drs. Nicole Riddle (HCMA Gov't Affairs Comm. Member), Radhakrishna Rao (HCMA Gov't Affairs Comm. Member), Jayant Rao (HCMA Vice President), Thomas Bernasek (HCMA President Elect), Rep. Wingay Newton (HD#70), Bill Butler (HCMA Alliance President), Dr. Eva Crooke (HCMA Secretary), Rep. James Grant (HD#64), Debbie Zorian (HCMA Executive Director), Dr. Michael Cromer (Chm, HCMA Gov't Affairs Comm.), Coleen Shephard (HCMA Alliance), and Dr. Bruce Shephard (HCMA Past President). *Not photographed: Sen. Darryl Rouson (SD#19), Emmanuel Rouson, and Rep. Jackie Toledo (HD#60).*

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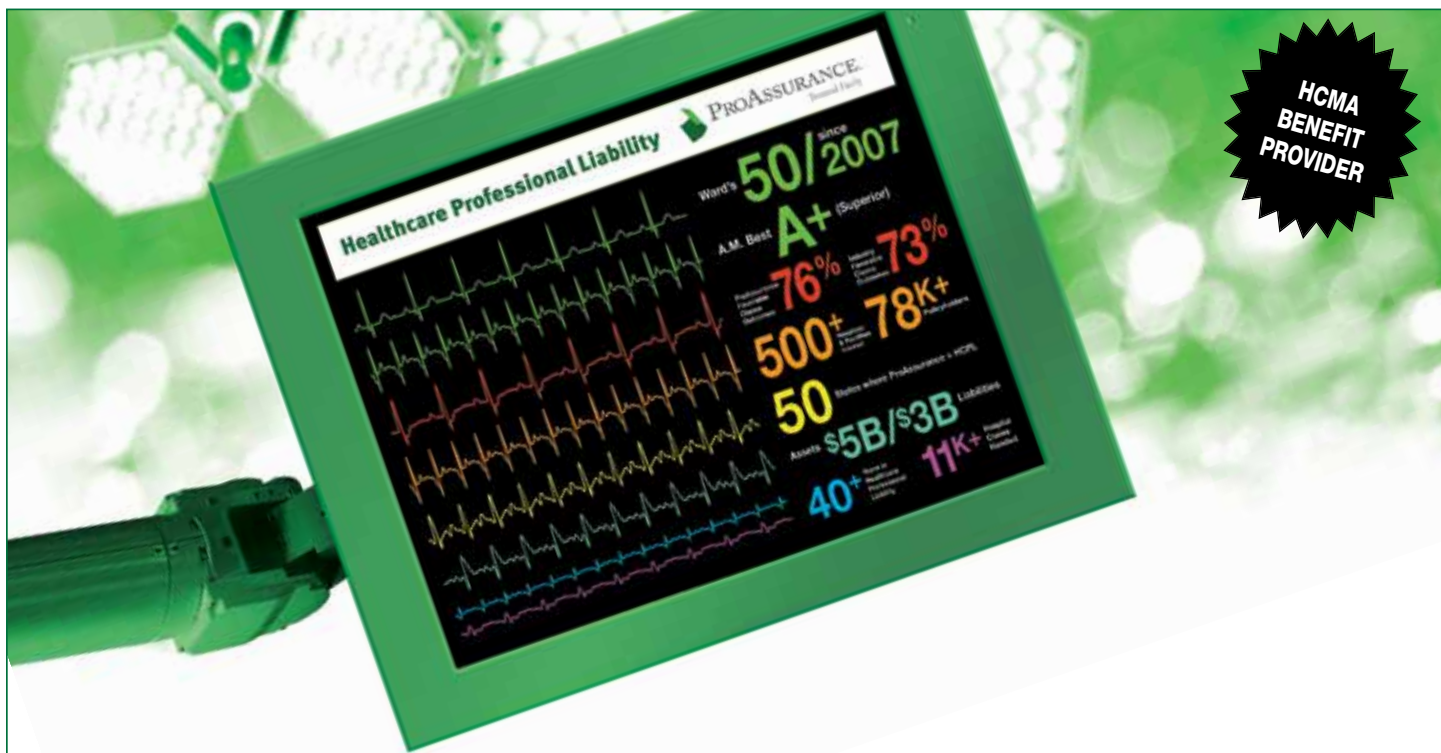
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