The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION

Fall 2023

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Upcoming Events

HCMA Executive Council Meetings
6:30pm
November 28, 2023
February 20, 2024

Women in Medicine Reception
Palma Ceia Country Club
October 25, 2023, 6:00pm

Holiday Social for HCMA members
At the home of Dr. & Mrs. Michael Cromer
December 5, 2023, 6:30pm

HCMA Membership Dinner
Westshore Grand
February 13, 2024, 6:15pm

FMA Annual Meeting
Hyatt Grand Cypress
August 1-4, 2024

Call the HCMA for more information about these events: 813.253.0471

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

Elke Lubin
Managing Editor, *The Bulletin*
813.253.0471
ELubin@hcma.net

VOLUME 69, NUMBER 2
Fall 2023

Executive Director
Debbie Zorian

Editor
David Lubin, MD

Managing Editor
Elke Lubin

Fall 2023
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About the Cover

HCMA member, Dr. Andy Malbin, shot this issue's cover photo from inside a cage off Guadalupe Island, Mexico. The great white preserve is regulated by the Mexican National Park Service. It was shot with a Nikon D500 camera in Aquatica housing in natural light with a Tokina 10-17mm fisheye lens, at f9, 1/125 sec. The photo was cropped to make objects appear closer than they were in real life. Read Dr. Malbin's article about diving with sharks, in this issue.

Departments

Photo Gallery

Features

The Bulletin is the official publication of the Hillsborough County Medical Association, Inc., 3001 W. Azeele St, Tampa, Florida 33609,(813) 253-0471.

2023 FMA Annual Meeting
July 28-30, 2023

Not only was the HCMA well represented by twenty-four members (delegates and FMA board members) but three HCMA members sat on Reference Committee III. Dr. Michael Cromer served as chairman alongside Drs. Bruce Shephard and Stacie Wenk. Of the four resolutions submitted by the HCMA delegation, three passed through the FMA House of Delegates.

Many thanks to our delegates who spent the weekend in Orlando, supporting organized medicine, debating important issues, and creating policy. Visit our Facebook page (HCMADocs) for all of the photographs!

2023 HCMA representatives: Drs. Stacie Wenk, Michael Cromer, Nam Tran, Scott Anderson Rosemarie Garcia -Getting, Eva Crooke (Delegation Chair), Victor Feldbaum (future member), Lili Buzsaki, Michael Murphy, Michael Zimmer, Joel Silverfield, Ajoy Kumar, Brandon Faza, Diane Gowski, Neil Manimala, Rebecca Johnson, Radhakrishna Rao, Bruce Shephard, and Madelyn Butler. Not pictured: Drs. Kimberly Biss, Damian Caraballo, Carlos Lamoutte, Chris Pittman, and Ms. Debbie Zorian (HCMA Executive Director).

HCMA Delegates and their guests enjoyed fellowship during the HCMA Delegates' Dinner at Oceanaire and at the FMA Installation Dinner celebrating "South Beach Chic!"













Photos by Debbie Zorian

President's Message

America's health system nemesis – A two-headed monster

Michael Cromer, MD
drmcromer@gmail.com

In Greek mythology, two-headed monsters often represented forces of evil and ill omens. In one myth, two-headed monsters were sent to destroy the Warriors of Light. America's health system, composed of dedicated and caring healthcare workers, while maybe not thought of as Warriors of Light, is certainly revered by much of the world. If other countries look at America's health system in such a way, why is it that according to an AP-NORC Center for Public Affairs poll, just 12% of the American public believes the healthcare system operates "extremely" or "very" well? Why is it that the U.S. spends significantly more on healthcare than other developed countries yet has poorer health outcomes? This raises concerns about the effectiveness of the current system. I am going on record as saying that two of the biggest factors in creating the huge expense of our health system lie in the two-headed monster of Insurance Companies and Big Pharma.

In the U.S., the healthcare industry is driven by profit, and the health insurance companies lead the way. Instead of their goal being to improve healthcare outcomes for the least cost, their goal is to make as much profit as they can at the expense of the very patients they claim to serve. In 2022, United Healthcare posted a net income of $20.7 billion, up 16.4% from 2021. Cigna increased its net income to $6.7 billion and Aetna had a great year of its own at $1.7 billion. The combined revenue of the top five American health insurance companies rises above the GDP of more than 160 countries. When is enough enough?

You would think there would be some legislative barriers to keep insurance companies in check. Under the Affordable Care Act's medical loss ratio (MLR) mandate, insurers must allocate 80-85% of their revenue to medical services. While this may sound reasonable, the insurance companies have found a loophole allowing health insurer parent companies to shift profitability to other subsidiaries such as pharmacy benefits management and other healthcare services to boost earnings.

Vertical integration is how these companies have become so large and how they are able to shift their revenues around. Just look at CVS Health. CVS controls the retail pharmacy brand, Aetna, Minute Clinics, Oak Street Health (primary care clinics), and Caremark (PBM). UnitedHealth Group owns UnitedHealthcare, Optum, Optum Rx (PBM), MedExpress, and primary care clinics. To avoid the MLR caps, UnitedHealth Group transferred $108 billion to Optum in 2022.

Health insurance companies also employ prior authorizations, requiring physicians to obtain insurer approval before providing specific treatments. It is an industry-induced tactic that creates a headache-inducing system that causes psychological and financial losses to physician practices. Per the American Medical Association, prior authorizations require 2 workdays per week per office as burnout-inducing, uncompensated administrative work. It is a game that insurance companies came up with that borders on denial of care.

Some companies have gotten caught playing this game. A ProPublica report found that Cigna was using computer algorithms, and over a 2-month period denied 300,000 claims after spending an average of 1.2 seconds reviewing each claim. They got caught and now have to pay a $77 million settlement. UnitedHealthcare lost an arbitration totaling $91.2 million with Envision for underpaying them in a single year. A jury awarded Team Health $62 million in a lawsuit with UnitedHealthcare in 2021 for underpayments. While $91 and $62 million sounds like a lot of money, it is merely pocket change for an insurance giant. They have held on to this money for years, gaining interest the whole time. The loss of revenue along with continued time and expenses can be financially devastating for providers and patients. The HCMA is diligently working on making reforms in the prior authorization area and trying to get legislation passed that would prevent insurance companies from denying payment for procedures once prior authorization has been granted.

The other entity in America's healthcare two-headed nemesis is Big Pharma. In the U.S., we spend on average $12,914 per person per year on health care, whereas that figure in other comparable countries is $6,125. That comes to $6,800 more per person – and if you multiply that by 334

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million Americans, we are spending in excess of $2.3 trillion a year on health care – and getting poorer results. Over the last 10 years, life expectancy in the U.S. has fallen compared to populations in other advanced countries.

One of the big reasons why costs have soared in the U.S. is due to the high cost of medications, especially new drugs. In 1991, 80% of pharmaceutical research was taking place in university medical centers, and it was conducted, analyzed, and published by independent academic researchers. But by 2004, only 26% of the pharmaceutical industry's research was taking place in universities. The other 74% was done by for-profit research companies. The overall control of the research had moved from academic centers to the pharmaceutical industry.

A 2005 article in the New England Journal of Medicine noted that 80% of clinical trial agreements allowed drug companies to own the data produced by the research. In many of these agreements the sponsor (meaning the drug company) "may include its own statistical analysis in manuscripts (i.e., journal articles)." And then the agreements allow the sponsor to "write up the results for publication and the investigators may review the manuscript and suggest revisions." The final word of the document lies in the hands of the drug companies' ghostwriters, not in the hand of the researchers who participated in the study.

In litigation involving Pfizer, internal Pfizer documents stated that "Pfizer-sponsored studies belong to Pfizer, not to any individual," and that the "Purpose of data (from these studies) is to support, directly or indirectly, marketing of our product." Not to ensure that the drugs will make people healthier or improve their quality of life – or to ensure that they will do no harm – but to support the company's marketing.

The pharmaceutical companies then submit their own written research articles to medical journals and pay the journals for reprints of their articles. The pharmaceutical representatives then hand these reprints to doctors so doctors will prescribe their drugs. In 2005, *The Lancet*, one of the world's most well-known journals, made 41% of its income from selling reprints. So, you see how the journals get caught up in printing whatever the pharmaceutical companies present them.

There are other issues that arise that influence the excess costs of pharmaceuticals. One is that the U.S. is the only wealthy developed country that has no formal mechanism of price negotiation. A second is that because most consumers are insured, they pay only a small part of the price, so there is less lowering of cost that is market driven. A third factor is that, as a country, we are driven by novelty factors. There is an obsession with what is newer, bigger, and faster. But, at least in the biomedical area, too many innovations we are being sold today are not being properly evaluated in terms of their true value to the public. There is not a lot of money being spent on promoting healthy diets and lifestyles.

When new drugs get approved, only about one out of four is materially better than previously available and far less expensive therapies. The problem is doctors in the U.S. really don't know which product out of every four is worth prescribing. One thing to look for as we evaluate any drug is the NNT – which stands for the "number needed to treat." The NNT tells you how many patients have to be treated, and for how long, for one patient to benefit from a drug. Let's look at the NNT for Trulicity, a diabetic drug that reduces the risk of heart disease, as an example. It turns out that you have to treat 327 people for approximately three years in order to prevent one non-fatal heart event. Treating those 327 people over that time period would cost the public $2.7 million. Wouldn't knowing these numbers make a difference to a doctor deciding whether to prescribe a drug?

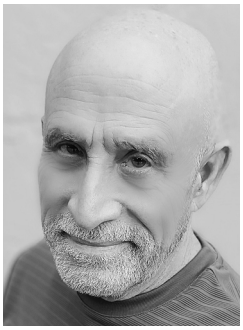
And this! In 2008, the average annual price of a new drug in the U.S. was $2,115; by 2021, this annual average price of a new drug had risen to $180,000. In 2022, the average annual price was up to $257,000. Big Pharma is comprised of for-profit companies whose job is to maximize the profits of their investors. They are not going to change. So, it is our job – not only as doctors, but the American people as a whole – to insist on change to ensure that the pharmaceutical industry serves, rather than harms, public health.

Why is it that this change doesn't occur? In our political system, it is completely fine for our political leaders to accept large contributions from insurance companies and drug companies. The amount of money that medical associations contribute to politicians is minuscule compared to these two giants. That is why we all need to contribute to our political action committees so that collectively, we will have a stronger voice. This is the type of thing we are doing here at the Hillsborough County Medical Association. We are combining our time and our talents in establishing relationships with our state and federal legislators so they will be aware of what can make our healthcare system better. We are educating them to beware of the two-headed monster.

Editor's Page

And then it happened

David Lubin, MD
dajalu@aol.com



We had managed to escape it, but it was determined to catch up with us and it was successful, if you look at it from *its* side.

The first case of COVID-19 in the United States was in Washington state and confirmed by the CDC on January 21, 2020. The umpteenth case was on June 5, 2023, and was *me*. I let Elke know with a one-word expletive phone call.

Both of us had avoided contracting it for years. We were both vaccinated early on and got our 4th boosters on May 7, 2023. Elke went to Colorado over Mother's Day weekend for her daughter's graduation from Colorado State University, where she received her Master's in conservational biology. When she got home, she had a cold for about a week and we decided to test, just to be careful. Sure enough--positive. No major symptoms, just the sniffles, and a significant cough. We isolated in the house and wore masks, although we had certainly been exposed to each other for the week. I tested negative a couple of times and she recovered uneventfully. Covid closed…not quite.

We had scheduled a cruise on Viking, flying into London and then cruising around the United Kingdom, ending in Bergen, Norway. It was scheduled for May of 2020. Wanna guess what happened? We were able to recoup our expenses and decided to reschedule the trip for April of 2022. We also had bought, and still buy travel insurance through Allianz. Prior to our scheduled leaving for Bergen this time, and then cruising to London with an extended stay, the CDC still had warnings about traveling to the UK. My travel agent said that numerous excursions might be unavailable, and it might be iffy to make the trip, so we canceled. Luckily, we got back our expenses and didn't need to use the Allianz insurance, because it's mandated in Florida that we could reuse the unused policy in the future and not lose our insurance expenses. And use it we did!

So, we scheduled for a third time, this time in warmer weather, which would be nice, flying to Bergen on June 7, 2023, staying an extra day, and planning a trip to a fjord, including trains and trams up mountains. We were going to visit the Giant's Causeway in Northern Ireland, have a Guinness at the brewery in Dublin, see the Beatle's Museum in Liverpool, and then conclude our trip with our first visit to London, including an extended stay. A friend of mine had just returned from the same trip, so we were really looking forward to it. Even had the name of a bartender on the ship to look up for specials. We were living, or going to live, the dream.

We celebrated Samantha's graduation with a get-together at a local brewery, Saturday, June 3rd, with about 30-35 of her friends and our families. The next day I was feeling fluish, just a bit achy. And then, as Diana Ross and the Supremes so aptly put it in *The Happening*, "Oooh, and then it happened."

I woke up Monday, still feeling fluish with a scratchy throat, but no fever, headache, or cough. But, deciding to walk the talk, as I had written about Responsibility and Accountability in the last *Bulletin*, I tested myself, thinking that traveling with COVID, or feeling sick, was the last thing I wanted to do, but especially traveling with COVID. I certainly didn't want to get overseas and then have a full-blown case. And at about noon on June 5th, the dream bubble burst. Although feeling slightly better on Tuesday, I still opted to go through with the cancellation. It just wasn't worth chancing it.

After calling Elke, I called my travel agent for advice. He suggested calling Viking directly to let them know and since I had bought my own airline tickets, to contact Delta. I also checked with Allianz and was informed I could file for reimbursements online, something I anticipated would be a dreadful and exasperating experience. My contact at Viking was very understanding and did not even request a "doctor's note." But I was not eligible for any refund of the $20,000 or so for the cruise alone, since I had canceled so late, so she suggested going through Allianz. Let me just say…BUY INSURANCE if you have an expensive trip and save all the emails and receipts you get from travel vendors, including excursions, hotels, and airlines.

Getting our refund from Delta was easy. My neighbor works for Delta and when she looked at our itinerary, she

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noticed that the flight back to Tampa, our non-stop Virgin Airways flight, was already 5 hours later than it was first scheduled to be. If an airline changes a flight by more than 2 hours, they must refund money, not give e-credit, no questions asked. A couple of days later, my $3,800 was credited to my Capital One account.

I uploaded documents to Allianz, including the Viking itinerary, a paid receipt for the excursions of $892 (Elke bought these), and the hotel in London for nearly $1,200; we were never charged for the Bergen hotel, and our fjord excursion was reimbursed with an email. I did need a doctor's note, which was understandable and was not a problem. Allianz also wanted documentation from the travel suppliers that I did not receive a refund, nor was I penalized. This was a bit frustrating, but eventually, we worked it out. Allianz reimbursed me nearly $23,000 and it was the best $2,300 that I had ever spent for the policy.

When I was going to pay Elke back for the excursions, she told me that Viking had already reimbursed her $892. I contacted Allianz and sent them a check thanking them for covering the trip and making it relatively easy to file. They appreciated *me* refunding *them* and wished us well.

It felt good walking the talk again.

But as far as the cruise around the UK goes. Three strikes and we're out! Time to plan something else.

They say that Louis Pasteur disproved spontaneous generation … but these tiny little black ants say otherwise.

Letters to the Editor can be submitted to:

David Lubin, MD

Dajalu@aol.com

TIDBITS

Maybe the egg doesn't come before the chicken. We used to think so because the chickens' ancestors, dinosaurs, were laying them long before the chicken evolved. But now *The Times* (U.K.) reports that researchers now believe that millions of years before the dinosaurs were around, the chicken's reptilian ancestors were giving birth to live young rather than laying eggs. It was always thought that egg-laying (oviparous) species could evolve into live-birthing (viviparous) species such as mammals, but not vice versa. But by studying fossils of different living species, they found that egg-lying crocodiles and birds had distant ancestors that gave birth to live young.

Executive Director's Desk

Warning: Contents may cause happiness

Debbie Zorian
DZorian@hcma.net

At the beginning of this year, Amazon rolled out an eye-catching new slogan displayed on its Prime delivery vans. The slogan, which is depicted in the title of my article, catches my attention every time I see it and it makes me smile. I'm sure this is exactly the intent of the multinational e-commerce company whose last reported net revenue was almost $514 billion.

Receiving an Amazon package whether at home or at work can stir excitement for the person receiving it. We all know that the brain chemical dopamine is what brings many of us pleasure when shopping. And online shopping, now preferred to in-store shopping, is not only psychologically powerful but it gives us a form of immediate gratification. It is also associated with another more delayed type of gratification which is the anticipation of the order's arrival. And then there's the opening of the package or packages, which brings me back to the quirky and accurate slogan now displayed on Prime delivery vans.

While opening an Amazon package can certainly bring a person immediate happiness, it's more like a fleeting moment of joy and one that might not be felt for people who are wired to be unhappy souls. Unquestionably, true happiness is not a temporary feeling that comes and goes, but rather something that guides our thoughts and our reactions to everything that happens in our lives.

We experience many things in our lifetime, on a variety of levels, that bring about happiness. The miraculous birth of a baby, receiving a promotion at work, a child's graduation ceremony or wedding, enjoying a beautiful sunset, or a simple family dinner. All these experiences bring about joy and fulfillment. But what about those who can't seem to experience this kind of happiness regardless of the blessings they may have? I've always wondered why some people seem happier than others even under the most undesirable circumstances.

Researchers claim that happiness is 50% dependent on genetics, 10% on personal circumstances, and 40% on our state of mind and attitude. The "art of happiness," seeing the glass half full instead of half empty, comes easily for some while almost impossible for others. The habitually unhappy person would no doubt be consumed with misery if faced with the same adversity as a naturally happy person.

Thomas Jefferson once declared that without health there can be no happiness. Science now shows the opposite is true as well. Happiness is an important component to maintaining good mental and physical health. In addition, a consistently tranquil mind is linked to lower stress and anxiety which aids in healthier lifestyle choices and coping skills. A consistently troubled mind increases stress and anxiety which takes a harmful toll on the mind and body and contributes to unhealthy lifestyle choices.

Happiness is a state of mind that infuses positive energy. It enables us to look at situations with optimism, it generates enthusiasm, and spills over into many aspects of our lives. It isn't based on a certain set of circumstances; it is based on a certain set of attitudes. Simply proven, happy people enjoy amazing benefits both psychologically and physically.

According to Dr. Louis Tay, Associate Professor in the Department of Psychological Sciences at Purdue University, happiness is not a self-indulgent emotion. Rather, it serves as an essential function in our lives. In reviewing all the positive benefits of happiness, his key takeaways include:

- It can improve your relationships: People like being around happy people.
- It can enhance your productivity: You produce more when put in a positive mood.
- It can promote healthy behaviors: Happier people are more likely to eat healthier diets and engage in physical activities and exercise.
- It can lead to better immune functioning: Happier people are more resistant to colds and even experience faster-wound healing.
- It helps combat stress: Lowering your risk for heart disease, obesity, high blood pressure, anxiety, and depression.
- And it predicts greater longevity. Happier people live longer.

Happier people also tend to smile and laugh freely. I read more than once that a single gesture of smiling can trick the body into helping a person elevate their mood because

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the physical act of smiling activates neural messaging in our brain. A smile can trigger the release of mood-boosting neurotransmitters which act like a natural anti-depressant. And laughter, long recognized as the best medicine for what ails us, brings about positive feelings that remain with us even after the laughter subsides. It relieves physical tension, helps us relax and shift perspective, lightens anger's heavy load, and draws us closer to others. More than just a respite from sadness, laughter helps give us the strength to find new sources of meaning and hope.

Happiness is the highest form of health ~ Dalai Lama

Smiling, laughing, and an optimistic attitude all coincide with positive influences on our well-being. Happiness helps lengthen our life and rejuvenates our mind and body.

Editor's note: But back to that Amazon package at the front door. I can never remember what I ordered. You?

TIDBITS

For those of you who are new parents, getting your infant a pet could reduce the chances of them developing a food allergy. *CNN.com* reports that a study analyzing 65,000 children from Japan found that kids exposed to cats or indoor dogs during fetal development or early infancy had a 13-16% lower risk of developing food allergies. Exposure to cats resulted in fewer egg, wheat, and soybean allergies, while dogs resulted in fewer egg, milk, and nut allergies. The study did not establish why this happened, but it is thought that the exposure strengthens the infant's microbiome—the bacteria in the gut, which are known to affect immunity.

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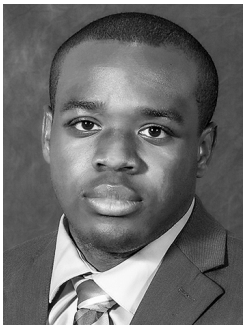
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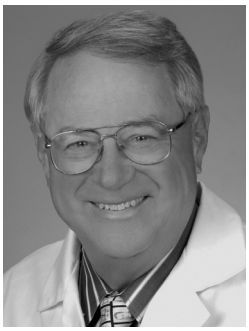
Richard F. Lockey, MD

If a vaccine for a virus can be made, why not a pollen to which individuals are allergic? The first person who attempted to answer such a question was Charles Harrison Blackley in the year 1880. He used himself as a test subject in an attempt to demonstrate the development of immune tolerance to grass pollen by repeated applications of it to his skin. These experiments laid the groundwork for future investigations by other physician-scientists such as Leonard Noon who, in the early 1900s, established the first guidelines for allergen immunotherapy, and John Freeman, who conducted the first "unblinded" and "successful" trial of grass pollen allergen immunotherapy. The evolution of this form of treatment did not change from the early days of Freeman and Noon until the latter part of the 20th century when evidence-based medicine became the standard of care. Multiple double-blind control studies with ragweed and grass pollen extracts, dust mites, and Hymenoptera insect venoms confirmed Freeman's observations. These studies resulted in a 42-page 1998 scientific publication by the World Health Organization, edited by Jean Bousquet, MD and Richard F. Lockey, MD, entitled "WHO Position Paper – Allergen Immunotherapy: Therapeutic Vaccines for Allergic Diseases". It outlined the science of allergen immunotherapy and its efficacy.

Subcutaneous immunotherapy became the first proven form of such therapy to treat allergic rhinoconjunctivitis, allergic asthma, atopic eczema, and Hymenoptera insect hypersensitivity. It is a treatment procedure by which larger and larger quantities of "optimal" doses of an allergen extract, known now as an allergen vaccine, are gradually administered subcutaneously to an allergic individual to produce immune tolerance to the allergen or allergens to which they are allergic. Subcutaneous immunotherapy is the primary form of allergy immunotherapy used in the United States because most patients are allergic to multiple allergens, such as tree, grass and weed pollen, dust mites, dog and cat dander, and fungi. Such therapy permits simultaneous treatment with optimal doses of multiple vaccines resulting in immune tolerance to these allergens. Likewise, it is the only effective type of allergen immunotherapy to treat insect or Hymenoptera hypersensitivity.

Demonstrated immunologic changes include a transition from a TH2 to a TH1 immunologic response and an associated increase in TReg cells, which produce IL-10 and TGF-ß. These mediators induce a B cell response resulting in an increased production of "blocking" IgG and IgA. These blocking antibodies prevent the binding of an allergen, to which the subject is allergic, to specific IgE located on mast cells, eosinophils, and other cells. Thus, they "block" an allergen absorbed through the nasal or lung mucosa, preventing their attachment to these cells and the subsequent triggering of an allergic response. Likewise, there is also an associated reduction of basophils, eosinophils, and mast cells, the inflammatory cells associated with IgE immediate or type 1 hypersensitivity. Through the culmination of these changes, patients develop immune tolerance, and thus exhibit a markedly diminished localized and systemic response to allergens to which they are allergic.

Several other forms of allergen immunotherapy are also efficacious. These include sublingual oral immunotherapy, in which optimal doses are administered once daily under the tongue either by tablet or liquid. This form of therapy is used to treat individuals allergic to one or two allergens. To obtain "optimal" doses of multiple allergens by this form of immunotherapy would be too expensive and impractical because of the frequency of dosing necessary to achieve immune tolerance. Another modality is oral immunotherapy, which received its first FDA approval in 2020 for the treatment of peanut-induced systemic allergic reactions and anaphylaxis. This type of therapy involves incrementally administering higher doses of peanut protein to peanut-allergic individuals which results in partial or complete immune tolerance.

The major benefit of allergen immunotherapy is that it

(continued)

successfully provides long-term relief of symptoms without or with less need for pharmacologic treatment. For example, Hymenoptera immunotherapy is greater than 95% effective to treat systemic allergic reactions induced by bee, wasp, yellow jacket, hornet, or fire ant stings. When reactions do occur, they are mild and not life-threatening.

However, treatment of individuals who are allergic to a given allergen is not without some risk; in particular, with subcutaneous immunotherapy, which can induce systemic allergic reactions including anaphylaxis; deaths have occurred. Sublingual immunotherapy is much safer. Subcutaneous allergen immunotherapy is initially given weekly or bi-weekly until an optimal dose of vaccine is reached, and thereafter, every three to four weeks. Sublingual immunotherapy is administered daily. Because of the risk of subcutaneous immunotherapy inducing a systemic allergic reaction or anaphylaxis, patients are required to wait a half-hour in the presence of a physician after each injection, whereas with sublingual immunotherapy, because of its safety profile, after several initial doses, can be administered at home. An epinephrine syringe is required for self-administration because of rare, unusual systemic allergic reactions. Oral immunotherapy used to treat peanut allergy also can be used to treat other types of food allergy. Initial doses are provided in a physician's office, and thereafter at home, with gradual incremental increases in the amount of allergen tolerated. Patients undergoing this form of therapy are required to know how to self- administer epinephrine in case a systemic allergic reaction occurs.

What has allergen immunotherapy taught us? First, when the senior author, Richard F. Lockey, MD, began his medical training, the word "vaccine" referred only to infectious disease vaccines. Now, allergen vaccines, as well as vaccines for many other diseases, are commonly used to modify the immune response.

Our hats off to those great physicians who preceded us, a few of whom are mentioned. The widespread use of immunotherapy to modify the immune response is now standard-of-care based on evidence-based medicine for a variety of different diseases. Today, immunotherapy is not only used to treat allergic diseases, but also cancer, connective tissue diseases, and a variety of other medical problems.

Benefit Provider

AER Consulting
What are credentialing and contracting?

Phaedra L. Shudra
pshudra@eye-advise.com

Over the years I have found confusion around these two words.

You spent years studying, clinicals, losing sleep, working yourself to the bone and now you are ready to start practicing. Wait, you cannot see a patient until you are credentialled and contracted with their insurance and this could take 30 to 180 days. Are you kidding me?

I wish we weren't!

To get reimbursed for providing care to patients you must have your credentials verified and THEN begin the contracting phase. Fortunately, your government payors like Medicare and Medicaid do not require a contract, You only need to pass the credentialing phase to file with Medicare and Medicaid and this can be done in the first 30 days of the process.

What is Credentialing?

Medical credentialing is an important process for practices and practitioners in order to file claims for reimbursement with ALL carriers and must be completed before you will be offered or added to a contract. During this phase, they will verify your identifying documents, liability insurance, education, bank information, and overall professional profile. The amount of time may vary according to the field of practice and the number of applications for credentialing. Incomplete or wrong information can delay the process up to an additional 30 to 180 days. Keeping your CAQH profile updated and attested is an essential part of this process as the insurance carriers cross-check your application against this information.

At AER we are diligent about getting this information correct before starting the credentialing process and will manage your CAQH profile throughout to mitigate delays in processing on the provider's end.

What is Contracting?

Once your information has been verified and you pass the credentialing phase you then enter the contracting phase IF the carrier is allowing new contracts for your specialty in your area. You will then be offered a reimbursement rate based on a percentage of Medicare prevailing or a predetermined fee schedule. Specialty, coverage in your area of practice for said specialty, and size of your group will determine the initial rate offered. If you join a group, you will be added to the contracts the group currently holds.

Once the reimbursement rate is agreed upon and contracts are signed with a start date you can begin scheduling that particular carrier's patients.

This is a broad overview of the credentialing and contracting process as there are many nuances depending on the carrier and county you are trying to practice in.

Discussing these options with a credentialing and contracting specialist will ensure a smooth transition in working with insurance carriers.

The last several years have resulted in longer credentialing and contracting processes due to the number of contracts being offered, staff coverage and internal processes at the carrier level. Making it more important than ever to be diligent in these initial stages of setting up or joining a practice to ensure proper reimbursement.

AER Consulting serves as an HCMA Benefit Provider, offering members a complimentary phone consultation and a discounted service rate. Call AER to assist you in navigating this process accurately and expeditiously. AER Consulting, Inc., 813-375-2486, www.aerconsultinginc.com.

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Medicine and Politics

The controversy of abortion

Barry Verkauf, MD
bverkauf@verizon.net

I began my residency in OB/GYN in Baltimore, Maryland in the mid-1960s. We were frequently called to the emergency room to see young, very sick, female patients with either sepsis or excessive bleeding due to an illegally performed abortion. In 1968, Maryland was an early state to pass a law that abortions could be legally performed if they were done in a hospital, or other appropriate medical setting, by qualified personnel, for the indication of rape, incest, or medical risk to the patient. Once that law passed, we saw fewer sick patients from illegal abortions who presented to the emergency room. More commonly, we began to see women arrive on the steps of the hospital with their suitcases packed ready to be admitted for what they felt was an appropriate elective abortion due to their health. All these women were evaluated both medically and psychiatrically and were given sexual and contraceptive counseling before agreeing to perform their abortions. While these were performed in Maryland and a few other states early on, in 1973 the U.S. Supreme Court decided in Roe v. Wade that under the United States Constitution, it was women's reproductive right to choose whether she carried a pregnancy. This made pregnancy termination by abortion legal as a constitutional right in the United States, and things stayed this way for almost 50 years.

Abortions may be "spontaneous" (miscarriage) or "induced" (therapeutic, elective). Spontaneous abortions or miscarriages occur in about 1 out of 4 pregnancies, usually due to chromosomal abnormality. These patients must be observed closely for spontaneous resolution, or the abortion completed surgically by suction curettage or medication. After Roe v. Wade passed, induced abortions were done on many women who did not wish to be pregnant, finding it untimely to be so or after determining it was a result of rape or incest or experiencing a medical risk. These induced abortions were initially accomplished using suction curettage up to about 12-14 weeks in pregnancy or with transabdominal introduction of saline into the amniotic sac at 16-24 weeks of pregnancy--the upper limits at which abortions could occur because of the possibility thereafter of fetal viability. More recently, in the year 2000, the FDA approved mifepristone and misoprostol to take orally to induce abortion or complete a spontaneous one. They could be used up to the 12th week of pregnancy to successfully complete an abortion or a miscarriage--done very easily, and with rare complications--less than 1%. After the passage of Roe v. Wade in 1973, it was left up to the states to decide whether they wished to legally allow induced abortions; most did, and obtaining one required only reasonable effort. Public health data has shown that the availability of legal abortion reduces the percentage of maternal deaths in pregnancy.

Things have recently changed. In June 2022, in the case of Dobbs v. Jackson Women's Health Organization, the Supreme Court overturned the constitutional right of abortion that Roe v. Wade had given, leaving the question of whether and how to regulate abortion to each state. Abortion access varies a good bit state by state. For example, in New York, induced abortions are allowed up to 24 weeks of pregnancy--the age at which the fetus might be able to survive on its own. Anyone can qualify for an abortion regardless of whether they are native New Yorkers, come from another state, are immigrants, or travel from outside the United States to have it performed. In Florida, by contrast, induced abortion is not so widely available. In 2022, legislation was passed and signed by the governor indicating induced abortion was available through the 15th week of pregnancy. On April 13, 2023, the legislature passed a bill which Governor DeSantis signed banning induced abortions in Florida after 6 weeks of pregnancy with current exceptions in place: rape, incest, human trafficking, or risk to health of the mother or a fatal fetal anomaly. In girls under 18 years of age, parental approval is required. This is pending state supreme court action and approval. As of January 2023, abortion is banned with extremely limited exceptions in 14 states and to a lesser degree in several others. It is estimated that approximately 22 million women in the United States are impacted by this. In states where elective abortion is no longer allowed, physicians sometimes must wait and watch their patients before being able to indicate that they are experiencing risks to their health, or their life, to intervene. Physicians in those states are faced with two bad options: leaving their patients to potentially suffer harm or themelves risking prosecution, since in some states health care providers who provide

(continued on page 22)

Travel Diary

Visiting the Great White Sharks

Andrew S. Malbin, MD, FACEP
drfiscus@msn.com

Carcharodon carcharias - one of the largest members of the shark family and a name that strikes fear into most beachgoers and swimmers – particularly since the movie Jaws came out in 1975. However, for me, an experienced scuba diver since the early 1970s, diving with great whites has been on my bucket list for many years. I have been on two great white trips with the Historical Diving Society on the liveaboard dive boat Nautilus Belle Amie, a 147' ship with 5 submersible shark cages. Until 2022, this boat traveled weekly each fall to Guadalupe Island off the Pacific Coast of Baja California so that guests could experience being in the water with great white sharks. Unfortunately, these trips are on hold currently until the Mexican government can decide if there is any adverse environmental impact from in-water shark encounters.

Dr. Malbin and friend.

Guadalupe Island is a small island 200 miles southwest of Ensenada, Mexico, that has a population of approximately 200 people. It is home to colonies of fur seals and elephant seals which are an important food source for the great whites, so there is a large resident population of great whites with males and females predominating at different times of the year.

Getting to Guadalupe Island is not an easy task. For my trip, our group of about 25 divers boarded a bus in San Diego and crossed the border into Mexico and then boarded another bus for another journey of about 2.5 hours until we reached Ensenada, Mexico. After paperwork and mandatory Covid testing (for my second trip) we boarded our boat and settled in our cabins for the 18-hour overnight trip to Guadalupe Island. Seas were rough with waves about 10 – 14 feet for the crossing. Thankfully, we arrived safely and anchored along with several other liveaboard dive boats on the protected leeward side of the island.

We were briefed about the boat and diving with the sharks. Everyone was assigned a schedule as to which cage we were to be in and when. Of a total of five cages, there were three submersible cages that would be lowered to approximately 25' for one hour at a time. Breathing was through regulators with hoses hooked to surface-supplied air with emergency tanks and regulators in each cage. There were three divers per cage plus a divemaster for safety. The water temperature was brisk at about 68 – 70 degrees so everyone wore at least a 5-millimeter wetsuit or drysuit (which uses air for insulation rather than water). For three days everyone got three guaranteed dives – port – center – starboard.

The sharks were attracted by the crew throwing out hunks of tuna attached to ropes from extended pulpits on both sides of the boat. The first time I went into the water I was amazed at the size, grace, and just beauty of the great whites. On just about every dive anywhere from 1-4 sharks showed up. There were smaller sharks, but most whites were up to 13 or 14 footers, with females being generally larger than males. After a while, you could recognize individual sharks by their markings and behavior. Many had scars, presumably from (mating?) encounters with their fellow sharks. The boat had a photo album identifying over 200 individual sharks.

Contrary to common belief, these were not mindless "perfect eating machines" (to paraphrase Richard Dreyfuss's character from Jaws), but rather curious creatures who certainly had intelligence. They seemed to swim by the cages as interested in looking at us as we were interested in looking at them. Anyone who has watched Shark Week has seen sharks chowing down on seals and sea lions, yet several times we saw adolescent seals swimming out from the island and playing, with the sharks showing no interest (at least not then) in eating the seals. From both above and under the water we watched in awe as the sharks came up to grab the hunks of tuna thrown by the "wranglers." The acceleration with which they swam to go after the tuna only reinforced the need to respect these magnificent creatures.

(continued)

Travel Diary (continued)

With most of us being photographers and videographers, after three days of diving, we gathered in the lounge and watched video shot by the crew and our own pictures as well.

After three in-water days, we loaded up and began the 18-hour overnight trip back to Ensenada followed by the long bus ride to the border and then the homeward journey.

An awesome trip to be sure.

Dr. Malbin graduated from Boston University School of Medicine in 1978 and moved to Tampa where he practiced Emergency Medicine from 1980 until the end of 1999. He has traveled the world shooting underwater sea life, has multiple magazine photos and features to his credit, and is the co-author of two children's books of underwater photography. What is a Fish and Unusual Underwater Creatures are available on Amazon. His photography can be found on his website: www.oceandoctorshots.com. He has one daughter and five grandchildren.

Medicine & Politics (continued from page 19)

illegal abortions electively may serve time in prison or fines up to $100,000. Florida is one of these states. Similarly, some patients are unfortunate enough to be diagnosed with cancer while pregnant, sometimes requiring chemotherapy or radiation which can potentially harm the fetus. In some states, they are forced to delay cancer treatment until later in pregnancy when the risks to the fetus are lower or until they have given birth. Such delays can put the pregnant patient's life at risk.

Pregnancy loss at any time, spontaneous or induced, regardless of cause or reason, is sad and disheartening. After Roe v. Wade, many women could obtain the type of reproductive care they desired. Abortion should be in the hands of personnel appropriately trained and legally able to provide for either spontaneous or induced ones. It can certainly help make pregnancy less risky to women. Currently, a Texas court is going before the Supreme Court trying to outlaw the ability to use the previously FDA-approved mifepristone. Until that court case is settled, these drugs remain available through physicians or by prescription, but less so independently in many pharmacies and not by mail. There are differing legitimate opinions on the ethical propriety of induced abortions. Speaking colloquially, however, most people in this country see the Dobbs vs. Jackson decision in 2022 and the recent attempts to de-legitimize mifepristone and misoprostol as abortions in themselves.

Physician Wellness Program

Rejuvenating Physician Wellness: The Power of Coaching in Preventing Burnout and Cultivating Success

Dian A. Ginsberg, EdD, MA, CPCC, CHWC
dginsberg@thecareerconsultants.com

Introduction:

As a physician you play a critical role in the healthcare system, dedicating your life to caring for others. However, the demanding nature of your profession, coupled with the complex and high-pressure healthcare environment, puts you at risk of burnout. Recognizing the importance of physician well-being, wellness and executive coaching have emerged as valuable tools for preventing and remedying burnout. This article explores the benefits of coaching for physicians, highlights its distinctions from therapy, and underscores the role of coaching in mitigating burnout.

Understanding Wellness and Executive Coaching:

Wellness coaching focuses on the holistic well-being of individuals, helping you enhance your physical, mental, emotional, and spiritual health. Executive coaching, on the other hand, specifically targets professionals in leadership roles, such as physicians, to optimize your performance, leadership skills, and overall well-being. Both forms of coaching provide physicians with a dedicated space to explore personal and professional challenges, set goals, and develop strategies to achieve them.

Differentiating Coaching from Therapy:

While coaching shares some similarities with therapy, it is important to distinguish between the two. Therapy typically focuses on healing past wounds, diagnosing and treating mental health conditions, and offering a clinical approach. In contrast, coaching is future-oriented, goal-focused, and aims to enhance performance and well-being. Coaching supports physicians in identifying your strengths, aligning your values, and unlocking your potential, without delving into deeper psychological issues.

The Benefits of Wellness and Executive Coaching for Physicians:

1. Enhanced Self-Awareness: Coaching provides you with a supportive and non-judgmental environment to explore your thoughts, emotions, and values. By fostering self-awareness, physicians gain a deeper understanding of your strengths, weaknesses, and areas for growth. This awareness empowers you to make intentional choices that align with your values and aspirations, leading to increased job satisfaction and fulfillment.

2. Improved Work-Life Balance: As a physician you may be struggling to balance your personal and professional life, contributing to burnout. Coaching helps you develop strategies to set boundaries, prioritize self-care, and manage your time effectively. By cultivating work-life balance, you can nurture your relationships, engage in hobbies, and engage in activities that recharge and replenish your energy.

3. Strengthened Leadership Skills: Coaching also enables you to refine your leadership abilities, enhance your communication skills, and develop strategies to inspire and motivate your teams. Effective leadership is crucial in fostering a positive work environment, cultivating collaboration, and reducing stress levels among healthcare professionals.

4. Stress Management and Resilience: Coaching equips you with practical tools and techniques to manage stress and build resilience. By learning coping mechanisms, stress reduction strategies, and mindfulness techniques, you can better navigate the challenges inherent in your profession. This, in turn, helps prevent burnout and enhances your ability to provide optimal care to patients.

5. Career Development and Transitions: Coaching can be particularly beneficial during periods of career transitions, such as moving from residency to practice or considering a change in specialization. Coaches assist physicians in clarifying your career goals, exploring new opportunities, and making informed decisions. By providing guidance and support, coaching empowers you to navigate transitions successfully and find fulfillment in your professional journey.

Preventing and Remedying Burnout:

Coaching plays a vital role in the prevention and remediation of burnout among physicians. By addressing underlying causes, coaching helps you identify and manage stress triggers, establish healthy boundaries, and build resilience. It supports you in setting realistic goals, managing workloads, and fostering self-care practices. Furthermore, coaching cultivates a proactive mindset, enabling you to detect early signs of burnout and take necessary action to prevent its escalation.

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sdouglas@rgcocpa.com

David Bohnsack, CPA
Shareholder
Tax Team
dbohnsack@rgcocpa.com

Rene J. Zarate, CPA•ABV
Director
Valuation & Advisory
rzarate@rgcocpa.com

Jill McSpadden, CPA
Supervisor
Tax Team
jmcspadden@rgcocpa.com

Jonathan Meighan, MHA, CVA
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Valuation & Advisory
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Physician Wellness Program (continued from page 23)

Conclusion:

Wellness and executive coaching offer a valuable support system for physicians, promoting your personal and professional well-being. By enhancing self-awareness, improving work-life balance, strengthening leadership skills, managing stress, and facilitating career development, coaching helps prevent burnout and enables you to thrive in your demanding role. As the healthcare landscape continues to evolve, investing in coaching becomes increasingly vital, ensuring your continued success, satisfaction, and ability to provide the highest quality care to your patients.

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Visit https://hcma.net/hcma-physician-wellness-program-2

HCMA In Brief

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Visitors to the HCMA website can not only find the office address and phone number for members - we have included the opportunity to list your website too! To add your website to your online HCMA profile, simply log into your HCMA profile (www.HCMA.net) or call the HCMA office, 813.253.0471.

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If you are serving as a keynote speaker, conducting research, have written an article pertinent to medicine, or if you are serving our communities by volunteering for your favorite charity, we would love to showcase your endeavors! Submit a photo along with a brief description of your activities and watch for it in a future edition of Enews, The Bulletin, or on the HCMA website's upcoming Member Spotlight feature.

ATTENTION PRACTICE MANAGERS AND ADMINISTRATORS HOW CAN WE HELP YOU?

As the practice manager or administrator, you are saddled with a lot of responsibilities. The HCMA Benefit Provider Program has been developed to assist members with tangible benefits that can help the practice's bottom line and ease some of the burdens from you. Benefits include discounted office and surgical supplies, HR services, marketing specialists, CPAs, healthcare law professionals, and professional liability resources, to name a few.

But we want to help more! At your convenience, please review our list of Benefit Providers and the values they provide, by visiting https://hcma.net/Benefit-Provider-Program. If there is a benefit or service you feel is missing, one that would make your job easier, let us know. We will do our best to find a provider, vet prospective partners, and then our Board of Trustees will meet, interview, and select a provider worthy of our endorsement.

MISSED THE MONTHLY ENEWS?

HCMA's monthly electronic publication, Enews, is sent the first week of each month. Included are pertinent information, new members, a spotlight on savings, upcoming events, and more… Enews is also posted on the HCMA website for those who suffer from an overloaded email inbox: www.HCMA.net/Latest-News.

UPDATE YOUR HCMA PROFILE

In order to make use of our innovative new database and all of its features, all HCMA members need to create a password for their profile.

By setting up your profile, it will ensure that you have full access to our website in which you can update your office information, your home mailing address, RSVP to our events, pay dues, and receive all future correspondence from the HCMA.

Please follow these few simple steps to set up your profile:

- Log in to your HCMA account at www.hcma.net
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> There are so many things to worry about and keep you up at night, we don't want worries about finances to be one of them.
>
> Jeff Anderson

WHAT KEEPS YOU UP AT NIGHT?

It is not uncommon for high-performing individuals, such as physicians, to have trouble sleeping on occasion. It's not always clear what triggers insomnia, but it's often associated with stress and anxiety. "Financial obligations" has been reported as one of the top five reasons people worry.

Thoughts that may be keeping you up at night may include splitting assets, retirement savings, protection from malpractice claims, or whether or not you are making the right decisions with your portfolio.

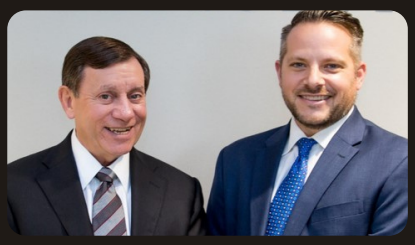
The HCMA Foundation's LifeBridge Physician Wellness Program (PWP) not only offers convenient options for members to seek counseling and coaching, but it also offers an opportunity for members to ask candid questions about their personal or professional financial situation.

Mike Jensen and Jeff Anderson, the PWP providers for financial coaching, welcome the opportunity to answer your questions and concerns without any obligation on your part. They have supported HCMA members for several years and have many long-term relationships with physicians and their families throughout the country.

The fully funded PWP offers complimentary and completely confidential support. Visit the PWP page on the HCMA website: https://hcma.net/Physician-Wellness-Program-Meet-The-Providers for more information and contact details for all providers or scan the QR code.

Self-care is not selfish.

> Assisting physicians in our communities is rewarding to us. We hope to ease some of the stress and take any financial uncertainties off their already overflowing plates.
>
> Mike Jensen



Mike & Jeff

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PHYSICIAN FAMILY ALLIANCE

ABOUT THE ALLIANCE

The HCMA Physician Family Alliance is a group of physicians, spouses, partners, and family members, whose aim is to promote good health and health education, to engage in charitable community endeavors, and to foster friendly relations among physicians' families and the communities in which they live.

BENEFITS

Mentor Family Program: This program pairs newly relocated families or new attendings with experienced physician families, providing guidance and support.

Engaging Events: Family Physician Day, Pictures with Santa, Spring Egg Hunt, Adults-Only Happy Hour, & more!

Relocation Support: We offer connections to rental property owners and relocation guides specific to your hospital.

Local Recommendations: Vendors, services, childcare, restaurants - all the best Tampa has to offer!

Holiday Hosting: Physician families who don't have immediate family nearby or whose spouses are on call won't spend holidays alone.

Volunteer Opportunities: Join us in collaborating with local hospitals and organizations, giving back to our community.

HOW TO JOIN

To join the Hillsborough County Medical Association Physician Family Alliance, download the PDF application available on our website, complete the form, and then mail with your check, payable to:

HCMA Alliance
3001 W. Azeele St.
Tampa, FL 33609

hcma.net/HCMA-Alliance

MEMBERSHIP

ACTIVE PHYSICIAN FAMILY

- Spouse, partner or family member of practicing physician — **$75**

PHYSICIAN IN TRAINING

- Spouse, partner or family member of intern, resident, or fellow — **$25**

MEDICAL STUDENT

- Spouse, partner or family member of medical student — **$0**

LAUREN SWOBODA
Membership & Outreach Chair

lswoboda1023@gmail.com

POST SESSION LEGISLATIVE RECEPTION

We are maintaining relationships with our legislators & their district staff...

05.24.2023

get involved... contact the HCMA!

Hillsborough County Medical Association, Inc. Established 1895

Photos by Dr. David Lubin

HCMA hosted its annual Residents Reception at Brio Italian Grille. We celebrated residents, interns, and fellows from USF and HCA Brandon, and were excited to meet our new members from the AdventHealth GME program. Thank you to Physicians Wealth Planning for sponsoring this wonderful night! Visit HCMA's Facebook page (HCMADocs) for all of the photos.

Annual Residents' Reception

Personal News

In Memoriam

HCMA Past President (1997) and father of HCMA member, Dr. Robert Yelverton, Jr., Dr. Robert Ware Yelverton, Sr., passed away on Sunday, July 9, 2023. Dr. Yelverton was born in Hattiesburg, Mississippi, on February 21, 1941. He earned his BS and MD degrees from the University of Mississippi, where he also completed his residency in obstetrics and gynecology in 1972. After serving for two years as a Major at MacDill AFB, Dr. Yelverton joined Drs. Robert Qualey, Byrne Marston, and Bob McCammon in their private practice. Over the years, this practice evolved into Women's Care Florida, LLC, for which he was the Charter President and CEO. Dr. Yelverton retired from clinical practice in 2001 but remained involved with Women's Care Florida as Chief Medical Officer until he fully retired in 2011. Dr. Yelverton is survived by his wife, Carolyn Gallaspy Yelverton; and his children, grandchildren, and many extended family members. Dr. Yelverton is also survived by many close friends near and far who were dear to his heart and with whom he made many enduring memories. Gifts can be made in the name of Dr. Yelverton to the Judeo Christian Health Clinic.

End of an Era

John Sinnott, MD, stepped down July 1st from his role as chair of the Department of Internal Medicine in the USF Health Morsani College of Medicine. Dr. Sinnott will continue service as the James Cullison Professor of Medicine. Dr. Sinnott leaves behind a legacy as a renowned physician and dynamic teacher and mentor. During his 10-year run as chair of USF Health's largest department, he has ushered in a culture that has helped the department achieve unprecedented growth and achievement.

Another day at the HCMA

HCMA staff planned a "Crazy Outfit Day," to display their superior style skills. With over 80 years of experience, the HCMA Administrative staff is one of the top benefits of membership. Elke, Jean, Asta, Anni, and Debbie will gladly serve as style consultants for any member.

The Card Shop

Service Ads - Business Cards size…The perfect advertising opportunity for companies such as your favorite electrician, plumber, A/C repairman, automotive repair shop, lawn maintenance business, restuarant, or office cleaning crew. Contact Elke Lubin, Managing Editor, at 813/253-0471, to learn how to place a business card ad.

Classified Ads $10 per line. Call 813.253.0471

For Rent

Rent space at the Bruce B. Downs location for a single physician, M-F. Space is also available at the Platt St location, Tuesday PM and Wednesday all day. Call Dona (813/971-9743 x 109) or email her at dlshearer1@aol.com, or visit allergytampa.com.

Classified ad opportunities in *The Bulletin* and the monthly *Enews*.

Call or email Elke for more information;
813.253.0471 or ELubin@hcma.net

The Bulletin of the HCMA
3001 W. Azeele St.
Tampa, Florida 33609

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