

The Bulletin

OF THE HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
Spring 2022



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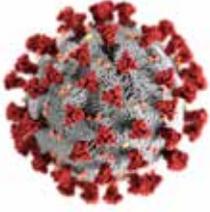
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- Continual COVID-19 pertinent information & updates
- Legal resource center & hotline
- Pertinent webinars on topics such as, Telemedicine, Virtual Practices, Managing HR, Maximizing Government Support Dollars, Getting Back to a New Workplace Normal, etc.

- Marketing your practice during COVID-19
- HCMA Foundation Physician Wellness Program Counseling & Coaching
- Virtual Town Hall Meetings featuring expert panelists

For links to all of the HCMA's COVID-19 News & Resources correspondence, email your request to: Elubin@hcma.net

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Got Something To Say?

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

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

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Spring 2022

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The “Blue Wonder” photo was taken by HCMA member, Dr. William Carson, beneath the Gandy extension of the Selmon Expressway, looking west near Westshore Blvd. The wet roads provided the blue reflection, and the long exposure time provided the red taillights of the cars passing by.

Exposure information: Nikon D800 camera, Nikon F/2.8 24-70 mm lens, 2.7 sec. exposure at F/18, ISO 100. Manual mode - shutter release and tripod.



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President's Message

40 Years Under the Mask

Joel Silverfield, MD

joel.silverfield@baycare.org



This is my last editorial, so it will incorporate a hodgepodge of incomplete and generally unfiltered thoughts.

During the Vietnam War, there was a national push to quickly educate doctors in order to make up for a national physician shortage. My college, Emory University, instituted a program to let some college juniors into medical school early, thus cutting off a year of undergraduate time. A

group interview was conducted with multiple college students and several medical school admission staff. The first question asked was: "What quality do you think is most important in a physician?" Our group of participants most typically answered either "compassion" or "intelligence." The fellow sitting next to me answered: "Honesty." When my turn came, I replied, "A good sense of humor." Of the group of applicants, we were the two that were accepted. To this day, I still believe there is no more important quality in a doctor than being honest, but the best defense against burnout is having a good sense of humor. Being a happy medical warrior is always better than being a sad victim.

I'm entering my 41st year of practice in Tampa and my, how things have changed. I was very fortunate to begin my practice in the early 1980s and I am still sometimes surprised that people will pay for my advice. My journey began after three years of record cold in Rochester, Minnesota, and the birth of our first son. My wife Nancy, a teacher in Byron, Minnesota, and I packed up and moved to Tampa. At that time Tampa was considered one of the future megatrend cities and the Buccaneers had just come to town. When I began practice, there were only a handful of rheumatologists in the city and Rheumatology was a new medical subspecialty. I came to Tampa to join another young rheumatologist who had recently begun his practice. Since there were no extra patients available and I had a young family to support, I sought patients any way possible. I hung around emergency rooms to take patients who didn't have a physician and was willing to get paid any way I could: Medicare, cash, barter, Medicaid, or "Nocaid." If the patient didn't have insurance, perhaps they had a friend or family member who did. One of the first patients I obtained through the emergency room managed the freak show at the County Fair. This lovely lady was a former stripper named Honey Lee and she introduced me to many of her friends. In

my waiting room, at any given time, one could find the Bearded Lady, the Fat Man, the Alligator Boy, the Lobster Boy, the Man of 1000 Faces, and a Sword Swallower. The Alligator Boy had ichthyosis with beautiful scales all over and declined treatment in order not to ruin his livelihood. He was happily married to the Bearded Lady for 60 years. Some of these folks made the news with the Lobster Boy being the much-publicized target of a murder-for-hire scheme. Three of my patients were on the Jerry Springer show involved in a "love triangle," ending with the Fat Man chasing Pete the Dwarf off the stage after learning of his affair with his wife. All scripted, of course, but supposedly resulting in one of the highest rated Jerry Springer shows of all time. I then became the official doctor to the Ringling Brothers Barnum and Bailey Circus. which eventually ended when one of the tigers bit off the back of his trainer's skull. My good friend, the late, great Ward Hall, was a sideshow barker and managed the Freak Show on the Midway. Mr. Hall was featured on a BBC special entitled "The Last of the Showmen." He always opened with "I'm Ward Hall, in person and not the motion picture." He and his mate, Chris Christ, were also featured on the American Pickers TV Show. Mr. Hall has authored several books and is featured in museum exhibits in Gibsonton and Sarasota. The Carney folks stuck together, looked out for each other, and during a time when there was no government assistance, made a decent living in an all-cash business. They capitalized on the assets that nature had bestowed.

A Few Things I Learned from My Patients

When one of my patients reached the age of 106, he retired. When I remarked to him that he was probably glad to quit working after 100 years (he started working at age 6 in the cotton fields of Georgia), he replied: "No sir, work won't never hurt you, but worry will."

(Truer words were never spoken.)

Another elderly patient when asked how he was doing replied: "I have no major problems, so my minor problems seem major".

(Stay busy.)

When asked if a new medication was helping him, another older gentleman stated: "I don't know if it's helping me or if I just think it is, does it matter?"

(It doesn't.)

One patient paraphrased Barbara Bush and stated: "When you look back over your life after turning 70, you don't think

President's Message (continued)

about how much money you have, where you traveled, or what objects you own. You only think about your children."

(The Bushes had lost a child early in their marriage.)

When I asked a patient why he played the lottery every day, he replied: "Well doc, you might wake up lucky one day and not know it."

(Most of us are lucky every day and don't know it.)

Another patient liked to quote Auntie Mame: "Life is a banquet and most poor suckers are starving to death."

(Most of us don't appreciate the beauty all around us.)

A retired CEO told me that the first thing he noticed after retirement was that people didn't return his phone calls in a timely manner and he had nothing to talk about at a dinner party.

(And this is why I will never retire.)

A retired TECO Lineman (I was the company doctor for TECO for 25 years) described his days to me as follows:

"I wake up around 7, go fishing, catch my lunch, drink a beer, take a nap, wake up and go fishing and catch my supper, drink a beer, take a nap, repeat. His explanation: "Doc, I live like a rich man ought to live but he don't know enough to know it."

(Figure out what makes you happy and do it as long as no one else is harmed.)

Noblesse Oblige

This translates roughly: To whom much is given, much is expected. I think doctors clearly fall into this group. We all stand on the shoulders of those physicians who went before us, often self-sacrificing and generally of very good character. Because we benefit from those who went before us, we need to pay it forward to those doctors who follow us. Be The Best Doctor You Can Be. If you connect with your patients on a personal basis, you will never burn out. Your patients become your friends and these relationships will last throughout your practice life.

I Hate Medical Direct to Consumer Advertising

The United States and New Zealand are the only countries that allow pharmaceutical companies to advertise direct to consumers. Andy Rooney once stated: "I love to see doctors advertise, it tells me who not to see." I thought this would have hit bottom with the "low T" debacle a few years ago. This is just a scheme by the pharmaceutical companies to go over doctor's heads to convince their patients to demand ridiculously expensive treatments of marginal value for often obscure diseases. This type of advertising is not good for the patients, it is not good for the doctor-patient relationship, and adds enormously to the cost of medical care. No wonder the vast majority of other countries do not allow this.

Ode to "Foreign" Doctors

Welcome. We need you. Thank you for coming. I can only imagine how hard it must be to leave your family and friends and familiar surroundings. With our low production of physicians, the United States would be in great trouble with our aging and demanding patient population without immigrant physicians. When he was thinking about writing a book on immigrants in America, Daniel Boorstin, then director of the Library of Congress, realized that the history of immigrants in America was basically nothing other than just American history, one and the same. On occasion, when I'm asked by patients about the merits of whether to see another physician with an unusual name, I tell them it's like Fred Astaire and Ginger Rogers. Fred Astaire was a great dancer, but Ginger Rogers did everything Fred did, backwards and wearing high heels. To practice medicine in a culture far different from the one you were raised in, takes extra skills and extra dedication. Tampa's early doctors were Sicilian (Maniscalco, Pupello, Guggino, Spoto, Agliano, Pizzo, Castellano), Italian, Spanish, Cuban, and Jewish. My only concern would be the drain of talent from the countries of origin who also need skilled doctors.

Tampa has changed a great deal in my 40 years of practice, and although we may miss some of the simpler times, there has never been a better time to practice medicine than right now. We should all remain proud of the quality of medicine we practice in Tampa and in Hillsborough County.



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HCMA In Brief

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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.

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

- Log in to your HCMA account at www.hcma.net
- Click the orange sign-in icon located in the upper right-hand corner
- Enter your email address - IF YOU HAVE NOT CREATED A PASSWORD YET, click the “forgot password” link and follow the instructions.

If you have any questions, please contact Anni Blackwell at the HCMA: 813.253.0471 or ABlackwell@hcma.net.

MARKET YOUR PRACTICE

Preparations are being made for the Summer 2022 edition of the HCMA's Annual Membership Directory. HCMA members can enhance their listing and/or place an add at a discounted rate. Visit HCMA.net, click on “members” and then “membership directory” to see the current edition. For advertising information in the 2022 issue, visit <https://reserveyourad.com/HCMA/> or call Elke Lubin at the HCMA: 813.253.0471.

MISSED A WEBINAR OR VIRTUAL SOCIAL?

Visit the HCMA's YouTube channel to catch up on recent virtual events including the Women in Medicine social, the retired members' Lunch Bunch, and COVID-19 Town Halls. Visit [YouTube.com](https://www.youtube.com), search “Hillsborough County Medical Association,” and click that subscribe button!

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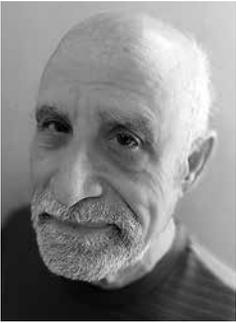
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Editor's Page

Listen carefully, the menu has changed

David Lubin, MD

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It's January 3, 2022, a new year initiated with a chilly cold front that came through last night. Doesn't feel balmy anymore. I've taken up squirrel watching this morning, not as a hobby, like our birdwatching, but more like Davy Crockett and his frontiersmen when they were looking out for Santa Anna's army at the Alamo.

You know how the couple in the GEICO commercial has trouble with "aunts"? Well, I've got trouble with squirrels. And even though Geico made cute commercials about squirrels...you remember, the one that causes the car to swerve off the road and then gives high fives to his buddy, or the one where the woman calls her son while he's being attacked by thugs on a rooftop and tells him that now it's personal between the squirrels and her husband. GEICO made squirrels seem cute. They're not. But I digress.

I'm done writing about COVID. I think I gave you enough of my two cents' worth over the past two years. I give up, and declare COVID and its accompanying Greek alphabet companions, the winners--for now. We know how to beat them; we have the tools; we must just train everyone how to use them.

I wanted to write something about customer service and how all physicians, providers, and staffs are involved with not only treating patients, but providing acceptable "customer service" to their patients. This has been a personal issue to me. When I was in practice, a "live" person always answered my phones, and if need be, asked the caller to please hold, and was instructed to wait for an answer. No recorded calls for quality control and no menu changes. I have called many doctors' offices and have been immediately instructed to "hold please" without even being given a chance to respond. And often what I wanted to order was now off the menu.

When I was in practice, patients didn't have to enter health information, on their phones or computers, before scheduled appointments, although it does seem to save some time. By the end of the day, I, or my staff, would call the patients to answer any outstanding questions, and all prescriptions, for the day, were called or faxed in. My point is that tasks were done in a

very timely fashion.

Now though, it's the general rule that most doctors don't personally call patients back, and it's usually the next day before staff does. Some answer questions by email, rather than direct contact. I get it, everyone is busy, toss in COVID...and voila...disruptions in "customer service."

Which gets me back to the subject at hand.

We were sitting with family around the pool, a couple days before Thanksgiving, and saw a squirrel run along the top of the pool enclosure screen, up the corner of the house, and through a hole in the soffit screen, 20 feet up.

I had not had any previous squirrel problems, except the occasional one trying to be a bird and feast at the bird feeder. As "cute" as they appear to be, they are also smart and cagey and can cause damage if they take "control" of the house.

I called a guy who had done work for me, and he said he would come out. After putting me off, I asked if he really wanted to fix it and he told me no. I appreciated his honesty and looked elsewhere. I called several neighbors, and a roofer who had done work for me, for referrals. No luck there. I called a former patient who was a contractor; he said he would get someone in touch with me. About a week later, someone came out, late in the afternoon, and sprayed some foam in the hole sealing it temporarily. This was on a Thursday, and he said he would check with his boss about covering the 30 feet of soffit screen with aluminum.

About a week earlier I also called a close friend who gave me names of four handymen, one who doesn't do high work anymore, another said he'd come by, and I could not contact the other two. The Monday after the Thursday that it was sealed, I still had not heard from the guy's boss about covering the entire screen. I called another handyman from the newspaper, twice, who said he would come out, and never did. And out of the blue, one of my friend's referrals shows up at the door, unannounced, at 4 o'clock, on the Monday before Christmas, now nearly a month since this all started. He noticed a few more holes in the screening, so the foam was useless. He came back after Christmas and put up a 30-foot aluminum barrier over the soffit screen. He also saw a squirrel exit through the chimney chute on the outside of the chimney.

(continued)

Editor's Page (continued)

So, he gave me a tutorial on how to think like a squirrel and about their behavior. I inserted chicken wire and have been taking it out and reinserting it after giving him/her/it a chance to leave the chimney, while his companion keeps returning to the pool enclosure. That's why I was sitting outside observing for an hour today. No exiting squirrel.

When we still heard the trapped squirrel, it was time to call the pros. I looked online and decided on World Class Wildlife Rodent Removal & Remediation. Susan answered the phone, no menu to choose from, and set up an appointment with Dalton two days later. He showed up, on time, and did an evaluation; he even saw the critter in the attic. He explained how to use the trap I had to try to catch him/her/it, while they were doing their "exclusion" to make the rest of the soffit screens impenetrable. Within a few days, Matt, Ryan, and Derek had completed the "exclusion." I had not heard noises for 4-5 days before and suspected something might have happened to him/her/it, since I had not trapped it either. Sure enough, before leaving, Ryan checked the attic, and found the critter, most of it hidden under the insulation, none of it moving. He bagged and removed it, sanitized the attic, and the squirrel saga was now over.

So, I'm just proposing to you, in a bizarre, indirect way, to think about how you provide customer service to your patients: don't be like some handymen. And if you have squirrels in the attic, call WCWRRR. Great customer service--the old-fashioned way.

Things that make you go, "Hmmm."

What's the heaviest "drinker" in the animal kingdom? Not us, despite COVID, by a long shot. It's the hamster. They can guzzle the equivalent of 1.5 liters of 190-proof Everclear and not even get "drunk." Nor do they wobble and fall, never averaging above 0.5 on the zero-to-four "wobble" scale. They prefer hard spirits to water, probably because they hoard rye-grass seeds and fruit in their burrows and eat the stockpile as it ferments and becomes more alcoholic over the winter. —*The Week*.

A hockey fan of the Seattle Kraken, Nadia Popovici, was sitting in her seat behind the visiting Vancouver Canucks bench when she spotted a suspicious lesion on the Canuck's equipment manager's neck. She put a message on her cell-phone, and he was able to see it. The lesion was indeed a malignant melanoma. She has received accolades from the entire NHL as well as a \$10,000 check to help further her medical education as she chooses one of the medical schools to attend that she was accepted to. —*The Week*.

Letters to the Editor can be submitted to:

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Dajalu@aol.com



True, it is a communicable disease ... but I doubt that you picked it up on social media.

Executive Director's Desk

Definition of Mild

Debbie Zorian

DZorian@hcma.net



Keep in mind as you read this article it was written on January 20th, the deadline for the Bulletin's Spring issue which will be published in March. A lot can happen between now and then.

I truly felt optimistic as 2022 was approaching. Two years of the COVID pandemic and all the suffering it has brought would finally ease up as we try to return to our new normal. Alas,

a new variant surfaced which has created more challenges and continued strain on our nation and on our exhausted healthcare system.

I am fully vaccinated and boosted and fully aware of the importance of masks, social distancing, washing hands frequently, etc. Still, I (along with a multitude of others just as cautious) caught COVID. Even as breakthrough infections rapidly increased due to the incredibly contagious Omicron variant, I thought I would remain safe. A sense of false security, as it turned out.

The HCMA office is closed between Christmas Day and New Year's Day each year. I was very much looking forward to a much-needed break and my only 'vacation' in 2021. The day after Christmas an illness hit me like a ton of bricks in what seemed like 15 minutes. I immediately grew concerned as I spent our annual Christmas Eve gathering with family, including my 91-year-old mother. I sent a text to my physician and was tested that afternoon. I was so relieved to test negative but after one week experiencing worsening symptoms and feeling dreadful, I knew another test was necessary. My partner and I both tested positive.

I'm pleased to report that David's symptoms were mild with his biggest complaint being severe exhaustion. He slept for almost four days and then felt fine. I, on the other hand, continued to experience ALL the symptoms listed for Omicron with the word "mild" not included. The first ten days of 2022 were a blur, as if they didn't exist. Unfortunately, I'm still experiencing a few residual effects from COVID and praying they will not last for an extended period. I'm very fortunate to have, for numerous years, an extraordinary physician whose voice alone

puts me at ease. He has assured me that COVID 'long haulers' are seldom individuals who have been fully vaccinated. And of course, there is always a silver lining: I didn't catch COVID prior to being fully vaccinated and boosted, it happened during holiday break allowing less time out of the office, and most important, my mom did not catch this dreadful illness.

Some experts believe that describing the Omicron variant as mild could be ignoring dangerous realities of a pandemic that may continue for months to come. Although long hospital stays and deaths are lower for those with Omicron, the record number of people becoming ill, and the record number of people being hospitalized indicates it is anything but mild. There is also nothing mild about hospitals near the breaking point while an excessive amount of healthcare workers are out ill with COVID. Recent reports have shown hospital systems being pushed to their limit, with close to 20% of staff shortages per hospital. The staffing shortages in medical practices are also abundant and contribute to additional stress and burnout by physicians trying to keep their heads above water.

I remember reading that at the beginning of the new year, Florida ranked fourth among states where COVID was spreading fastest on a per-person basis. Five days ago, our state surpassed the 5M mark in COVID cases and breakthrough infections now account for an estimated 41% of reported cases. It had previously taken months for our state to add 1M cases, but Florida's total grew from 4M to 5M in less than three weeks as Omicron surged. And this does not include those who used at-home COVID tests and didn't report their positive results to the Department of Health. As we all know, Florida's health safety guidelines are different than the ones laid out by the CDC. Although I feel strongly about freedom and rights of all individuals, my definition of freedom does not include the right to possibly infect others with a life-threatening illness by refusing to get vaccinated or by not wearing masks. And I'll stop there so I won't be fired on Tuesday.

In a nutshell, the pandemic continues to challenge our nation's health and our hospitals' ability to transform care. It continues to directly affect, both psychologically and physically, physicians and healthcare personnel who care for patients with compassion, commitment, and courage. By the time you have

(continued)

Executive Director's Desk (continued)

read this article, I anticipate that Omicron cases will have peaked, drastically fallen, and 2022 will show encouraging signs of much needed relief.

The leaders of your Association and its hard-working staff will continue, under whatever circumstances come before us, to serve members with the utmost dedication. The last two years, although difficult, allowed us to learn and grow. Additional proactive efforts were accomplished with the creation of needed resources, membership grew to over 2500, partnerships within the community were strengthened, and future challenges will be faced from a position of endurance.

In addition, when in-person meetings and events came to a halt, the administrative staff quickly took advantage of the technologies available to “get with the times” so to speak. Modernizing our office, our website, communication avenues, and holding virtual meetings and webinars for members assisted in the tasks and needed adjustments brought about due to the pandemic. The conference room at the HCMA office is equipped to hold in-person/virtual hybrid meetings and events, making it much more convenient for attendees. You can also visit the HCMA's YouTube channel to watch recent virtual events you were not able to attend.

HCMA's enhanced website is user friendly and allows members control of their profile where paying for dues, registering for an event, etc., are effortless. Non-members can easily join the HCMA by scanning a QR code which has now been added to all recruitment materials. Please scan the QR code below to visit our new website, or share with a non-member colleague.



In closing, for those who are not yet aware of the HCMA's revised Affiliate membership category, your colleagues outside of Hillsborough County can join the HCMA as Affiliate members without being a member of their own society. Unfortunately, there are county medical societies that are having a difficult time showing relevance to their members. A few smaller counties do not have a society at all. Not only can HCMA be of service to those physicians, building an alliance with them can best demonstrate our future intentions of leading a medical society district comprised of several counties. Throughout our state, it is believed medical districts will eventually be created in order to help unify and better serve the profession of medicine.

Please take the time to reach out to your colleagues in surrounding counties and inform them of the valuable opportunity to join your HCMA.

DURING THE PANDEMIC, YOUR HCMA HAS BEEN ACTIVE. A PARTIAL RECAP OF 2020-2021

- COVID resources included PPE supplies, a provider relief program, legal hotline & the continuation of the HCMA Physician Wellness Program
- 78 dedicated COVID Enews
- 8 COVID Town Halls featuring expert panelists
- 4 public service announcement videos
- 48 monthly & CME Enews
- 8 Executive Council Zoom Meetings
- 16 Board of Trustees Zoom Meetings & Phone Conferences
- 17 Committee Zoom Meetings
- 28 Virtual Presentations & Webinars
- 15 Virtual Social Events
- Sale of the HCMA building & relocation of administrative headquarters
- Modernized offices & technology
- Upgraded membership database & website
- Membership campaign efforts targeted physicians in four surrounding counties & 3 membership recruitment videos were created
- Increase in membership by 442 - current total 2546
- New partnerships were created & existing partnerships strengthened

During what was deemed safer periods, in-person events included:

- USF/BRH Resident Reception
- Benefit Provider Reception
- HCMA President Installation Reception
- HCMA Foundation 2021 Golf Tournament
- 2021 FMA Annual Meeting
- 2021 Annual Legislative Luncheon

**Plans are underway to resume HCMA
membership dinners in 2022.**

2022 Legislative Session

HCMA leaders visit Tallahassee

Eva Crooke, MD

eva.austin@gmail.com



Dr. Michael Cromer and I represented the HCMA Government Affairs Committee on a trip to Tallahassee on January 18th. The trip was planned for the beginning of the legislative session to review proposed bills with Hillsborough County legislators. We met with a total of eleven of the thirteen legislative offices that represent our county. Meeting directly with our representatives, senators, and their staff

provides an avenue for discussion on policy important to the practice of medicine, reimbursements and insurance, and our patient's best interests.

We encourage any of our HCMA members to get involved with the legislative process and join us next year on our annual trip to the state capitol. Bills we reviewed:

SUPPORT:

SB 312 and HB 17 regarding telehealth

SB 7014 and HB 7021 regarding COVID liability protections

SB 1114 and HB 817 regarding emergency medical care for minors

SB 1052 and HB 917 regarding insurance coverage for breast cancer tests

SB 564 and HB 633 regarding insurance coverage for drugs, procedures, treatments

SB 440 and HB 805 regarding overpayment of claims

SB 466 and HB 131 regarding military medics and corpsmen of FL program

OPPOSE:

SB 540 and HB 319 regarding prescriptive authority for psychologists

SB 986 and HB 437 regarding collaborative practice of CRNAs

SB 1686 (no HB companion) regarding autonomous practice by CNMs (Certified Nurse midwife)

SB 348 and HB 193 regarding alternative therapies to treat mental health disorders



Pictured are Drs. Crooke and Cromer with Rep. Susan Valdes, Rep. Andrew Learned, Rep. Fentrice Driskell, and Sen. Jim Boyd. Center, Dr. Cromer poses with Speaker of the House, Rep. Chris Sprowls.

Practitioners' Corner

The shift to cap insulin costs

Michael A. Cromer, MD

HCMA Past-President

Board of Directors, Florida Academy of Family Physicians

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As a family physician in Tampa for over 32 years I have had many discussions with my patients about the extraordinary cost of some of their medications. One of the most common discussions is concerning the overwhelming cost of insulin. This is not surprising considering that approximately 1,944,000 people in Florida, or 11.8% of the adult population have

diabetes. Surveys show that 1 in 4 insulin users have said cost impacted their insulin use in one way or another. For many this means having to choose between paying for their insulin or paying for their housing. Insulin is often too expensive for the uninsured and when patients on Medicare reach their prescription “donut hole,” their monthly out-of-pocket cost can easily reach \$400.

Almost 100 years ago, the co-inventors of insulin sold the patent to the University of Toronto for a mere \$1. They wanted everyone who needed their medication to be able to afford it. Today, their drug, which many of the 30 million Americans with diabetes rely on, has become the poster child for pharmaceutical price gouging. The cost of the four most popular types of insulin has tripled over the past decade, and the out-of-pocket prescription costs patients now face have doubled.

Members of Congress have been pressuring drug companies and pharmacy benefit managers to bring insulin costs under control – and there have been some promising moves. In May of 2019, Colorado took the unusual step of capping the price of insulin in the state. Their new law states that people with diabetes won't have to shell out more than \$100 per month regardless of how much insulin they use. Since Colorado passed their law, 19 other states plus the District of Columbia have passed insulin co-payment cap laws ranging from \$25 to \$100 for a 30-day supply. Before that, Cigna and its pharmacy benefit arm Express Scripts, announced a program that will cap the 30-day cost of insulin at \$25. As for Cigna's plan, patients can only participate if their employers opt into the change in plan. Also, Cigna is just one of many insurance companies out there, covering less than 1 percent of the 23 million living with diabetes in America. New federal laws haven't been passed.

America has long taken a free market approach to pharmaceuticals. Drug companies haggle over drug prices with a variety of private insurers across the country. Meanwhile Medicare, the government health program for those over age 65 (also the nation's largest buyer of drugs) is barred from negotiating drug prices. This gives pharma more leverage and leads to the kind of price surges we've seen with EpiPens, inhalers, and insulin.

Insulin manufacturers say the increases are just part of the price tag that comes with innovation – creating more effective insulin formulations. Some endocrinologists say that these improvements have just provided incremental benefits to patients, not 20 times better that would mirror the price increase over the last three decades. One real solution to the problem would be to bring a generic version of insulin to the market. There are currently no true generic options available (though there are several rebranded and biosimilar insulins). This is in part because companies have made those incremental improvements to insulin products, which has allowed them to keep their formulations under patent. A century after insulin was discovered, it's about time we had a generic version.

Insulin's drug pricing problem is much bigger than anything one state – or drug company- alone can fix. But more changes in the market, and state and federal legislation, are on the horizon. In Florida, Sen. Janet Cruz sponsored SB 678 to introduce a cap on the total cost that an insured person pays for insulin at an amount not to exceed \$100 a month for a 30-day supply regardless of the amount or type of insulin. Analysis in several states have shown that any potential premium increase would be minimal (\$0.07 to \$0.39 PMPM) to be able to cover this co-payment cap on insulin. The legislative session will have ended by the time this article is published – I hope our legislators came through for our patients!!

–Benefit Provider – The Bank of Tampa–

The Basics of Equipment Financing

Scott Gault, Hillsborough County Market President
sgault@bankoftampa.com



All businesses have equipment needs and medical practices are no different. Whether you are looking to upgrade equipment or you are outfitting a new practice, practice owners may consider acquiring equipment through equipment financing.

What is equipment financing?

Equipment financing is a type of loan or lease that is specifically designed to purchase or borrow machinery or equipment required to run a business. What makes equipment financing different from other financing options is that it's used for the purchase of machinery and equipment essential to running your business.

How does it work?

It is generally a good idea to have an understanding of what hard asset you are looking to purchase and where you are looking to purchase it from. In most cases, the financial institution would be covering either all or a percentage of the asset. You will receive a pre-approval for a line of credit to be used for the purchase or upgrading of equipment, and you will make monthly payments to pay off the principal plus interest over a fixed term.

The most common ways to finance equipment is either through a loan or a lease. With an equipment loan, the asset that is being purchased serves as collateral. These loans are useful when a borrower needs equipment long-term, but either doesn't have or doesn't want to use their working capital to make the purchase outright. An equipment lease may be a good option for a borrower who frequently trades out equipment. Instead of borrowing money to purchase the equipment, the borrower would pay a fee to lease the equipment.

Equipment financing with The Bank of Tampa

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- Call the HCMA for more information: 813.253.0471

Reflections

I remember Tampa, circa 1972

William Davison, MD
davrach4964@gmail.com



It was a bright, sunny, warm day in mid-June 1972. My wife and I were finishing the long drive from Pennsylvania so I could start my Internal Medicine residency at USF.

Tampa General had several residency programs operating prior to 1972, but now they were under the direction of the new medical school at USF. I had looked at programs in Miami, Orlando, and

Jacksonville prior to Tampa but chose USF as the best fit for me. My wife was not terribly impressed by what she saw coming in on I-4, to put it mildly. I begged her to have patience, that it would grow on her - more about that in another article.

Tampa General had recently added medical school faculty from many notable universities. Roy Behnke and company from Indiana had taken over Internal Medicine. Roger Sherman was the Chief of Surgery. It was an incredible honor to sit at the same table for breakfast or lunch with these high-ranking luminaries as I was just a lowly intern. We would look out the window of the cafeteria to see a rusty old phosphate loading platform on Seddon Island - now Harbor Island. Back then, there was nothing but vacant land and weeds there. I'm sure all of us wondered about the future of this wasteland. Now we know what time and millions of dollars can do.

The medicine program at USF was very civilized at that time. Call was every fourth night and there was no real "scut" work required. Life was good. The VA hospital opened that year and, believe it or not, used to admit patients to the hospital for long work ups just to keep the beds full. They had a canteen at the VA which sold cigarettes for 25 cents a pack. The same place where so many people were treated for lung cancer and COPD. Things have changed a lot since then.

The medical scene in Tampa was somewhat different than today. St. Joseph's and TGH were the only big hospitals in the county. Pinellas county had Bayfront and St. Anthony's while Clearwater had Morton Plant. All Children's was the only children's hospital on the west coast. Lakeland General was the only decent sized hospital between Tampa and Orlando. University Community had recently opened on Fletcher Avenue.

There were several smaller hospitals like Good Samaritan and Tampa Osteopathic in the Gandy Boulevard and Westshore area. These two hospitals were primarily osteopathic hospitals before DOs and MDs eventually came together. Good Sam became Advent Carrollwood and TOH became a long-term ventilator facility.

There were two smaller Spanish hospitals as well: Centro Español and Centro Austuriano. These were owned by the first HMOs and were for Spanish and, sometimes, Italian speaking citizens. Members of these groups paid for their care in monthly or weekly dues and, literally, were the first HMOs in Tampa. Hillsborough County Hospital was located just off Hillsborough Avenue in east Tampa and eventually closed and moved its beds to TGH. It had functioned as the charity hospital for county patients but transferred all the sick people to TGH.

Finally, Memorial Hospital was built as a very private hospital for the well-heeled crowd in south Tampa. Residents and fellows from TGH provided house physicians services to Memorial patients as "moonlighters."

There were great restaurants in Tampa...Bern's, Columbia, and Malio's that still have big followings to this day. In those days, however, you did not have to wait weeks for a reservation at Bern's. The "Pier" in St. Petersburg had several restaurants worth the trip. Perhaps, the most beautiful of all was Siples Garden Seat overlooking the intercoastal in Clearwater. With its huge Live Oaks and meandering gardens, it was a sight to behold - there is nothing like it now. Before or after a truly fine repast, you could take a walk in a beautiful natural setting.

To put things in perspective, a two bed, two bath condo on St. Pete Beach could be purchased for \$30,000. A four-bedroom home in north Tampa was under \$50,000 and a ranch style home in Culbreath Isles could be had for \$96,000. Davis Island homes were extremely reasonable at \$40,000 to \$60,000. A new Chevrolet Caprice was priced at \$4,000. A Cadillac Coupe DeVille was well under \$8,000. In 1972, no one lived in downtown Tampa, no one had cell phones and only important people carried small beepers (paging devices). The Cadillac dealer was located where the convention center is today. There was only one late night drugstore in the whole town called "Shea and Prange." Tampa General's ER consisted of six cubicles and one small room

(continued on page 22)



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Reflections (continued from page 20)

for OB/Gyn. Radiology residents did carotid artery sticks to do angiograms for head trauma or strokes. Interns staffed the Emergency Room working sixteen-hour shifts and you could always call a resident if you needed one (wink-wink).

People were talking about “quality of life” issues back then. All these people were moving into town and would spoil our place in paradise. Funny how that worry is still prevalent.

Fast forward to 2022...the place is hopping, traffic is a nightmare, and medical care has certainly changed. I am just glad to have had the opportunity to witness it all. Now, if I could just get reservations at Bern's!

It is really hard to appreciate where we are today unless you know how far we have come.

New Members

Active Members

Sajat Agarwal, MD
Internal Medicine
Florida Mobile Physicians
7313 International Place
Lakewood Ranch, 34230
941.907.1190

Craig Kalter, MD
Maternal Fetal Medicine
Florida Perinatal Associates
13601 Bruce B. Downs Blvd., #250
Tampa, 33613
813.971.6909

Nicholas Koehler, MD
Pain Medicine
Koehler Pain Relief
215 N. Howard Ave., #101
Tampa, 33606
813.328.8701

Teddy Brown, MD
Otolaryngology
Tampa Bay Surgical Group
13910 Fivay Rd.
Hudson, 34667
727.861.0678

Chetan Khamare, MD
Cardiovascular Disease
Premier Heart and Vascular Center
6646 Gunn Highway
Tampa, 33625
813.778.7691

Edward Lubin, MD
Pain Medicine
Tampa Pain Relief Center/Surgery
Partners
2333 W. Hillsborough Ave., #100
Tampa, 33603
813.872.4492

In-Training Members:

Atencio, Raquel (P) – USF
Blanco, Paola (PD) – USF
Bilodeau-Gandre, Jenna (IM) - USF
Bowers, Kyle (GS) – USF
Bulter, Adam (TRS) - USF
Bundley, Georgetta (FP) – USF
Burstiner, Logan (IR) – USF
Challagundla, Sankeerth (N) - USF
Choi, Jae Hwan (GS) – USF
Cruz-Chamorro, Ruben (RO) – Moffitt
Daneman, Lauren (P) – USF
Dattadeen, Jaraad (ID) – USF
Diaz-Cabrera, Natalie (AI) – USF
Dutmers, Jennifer (DR) – USF
Eiges, Alexia (NPM) – USF
Ellenberger, Alex (GS) – USF
Garza, Hector (IM) – BRH
Gemayel, Kristina (PS) – USF

Gordon, Camille (R) – USF
Hardman, Danielle (OBGYN) – USF
Harris, Samuel (IM) – USF
Imanirad, Donya (AI) – USF
Inkel, Maurice (GS) – USF
Ishmael, Leah (AI) – USF
Kurian, Tony (HO) – USF
Mathew, Sonia (IM) – USF
Meyer, Dustin (R) – USF
Michelson, Kyle (U) – USF
Mosley, William (PM) – USF
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Nour El Dine, Mohammad Hassan (NS)
– USF
Pacheco, Enrique (PUD) – USF
Pakasticali, Nagehan (PTH) – USF
Priddy, Wesley (EM) – USF

Rettig, Nicole (EM) – USF
Sabunwala, Suhel (ID) – USF
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Siddique, Nikhut (IM) – USF
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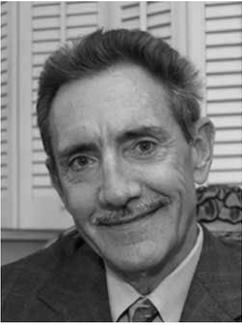
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Travel Diary

Travel to Europe Midst a COVID-19 Spike

Bruce Shephard, MD

shephardmd@verizon.net



With more than a little trepidation my wife, Coleen and I boarded our Boeing 737 to Frankfurt in late November of last year for a Rhine River cruise just as COVID-19 was spiking again.

The trip had been booked over a year before along with a couple of other cruises which were cancelled.

But not this one. We were vaccinated,

boostered, and were ready to take our chances to visit Germany's iconic Christmas markets in cities along the Rhine River. The main challenge of this overseas trip, quite honestly, was getting there and back. There were multiple forms to complete for Switzerland, France and Germany. Our tour company, AHI Travel, an outfit that works with university alumni associations, required a separate test 24 hours before boarding and all passengers and crew had to be vaccinated. Plus, we were tested every 2-3 days as we skipped from country to country. We soon learned to keep all our documents on our phones for quick access at restaurants, markets and any inside venues.

Our trip began in Interlaken, Switzerland, with a pre-cruise visit to this lovely resort town bordered by two glacier-filled lakes from whence its name derives. Dining at a local inn, we were relieved to find that vaccination was required to be seated. Upon joining our ship, the Amadeus Silver III, we needed to be tested for COVID-19 once again just prior to boarding. During the cruise masking was required and enforced at all times except during meals. We soon learned there would be no cafeteria style dining with only direct-to-table service and with everyone sitting with their same group during meals. All and all we felt quite comfortable with these precautions and the passengers seemed to feel the same.

In late November, Germany was going through a particularly rough patch with the pandemic and Chancellor Merkel was considering a nationwide shut down. Fortunately, we arrived just in time to see all but one of our scheduled Christmas markets before they were closed. European Christmas markets originated in Germany during the Middle Ages as a celebration of Christmas during the four weeks of Advent. Today, these

markets regale both tourists and locals with treats and unique little gifts for family and friends. We noticed that individual markets within a city were carefully separated for pandemic reasons, each market cordoned off and usually requiring documentation of vaccination in order to enter. The markets featured handmade Christmas ornaments, elaborate nativity scenes, carved wooden toys along with plenty of traditional cuisine such as sauerbraten and bratwurst as well as sweets from gingerbread to marzipan. And to wash down the treats, there was always a nearby stall providing hot mulled wine. The ever-present Christmas music, colorful decorations, and usually a ferris wheel with adjoining ice-skating rink really gave these markets a festive atmosphere. And, though crowded, most visitors were observant about wearing masks, if not social distancing.

Before our trip we had watched some YouTube videos of Europe's Christmas markets. But the videos really didn't do justice to the actual experience when you take into account the smells, sounds, and tastes as well as the friendly ambience of the locals. One of our favorite markets was in Colmar, France, located in the Alsace region, where the Rhine River forms the border between France and Germany. With its long history as a community of winemakers, market gardeners, and boatmen, Colmar has become known as France's "Little Venice." The weather, which remained in the 30s-40s with brief snow flurries at times, was quite tolerable since we'd prepared with warm clothing and, of course, took advantage of the occasional glass of hot wine mulled with its various spices.

In Cologne, the main Christmas market can be found next to the enormous, skyline-defining Cologne Cathedral. This renowned Gothic church, begun in 1248, was medieval Europe's tallest structure and today is Germany's most visited landmark. We enjoyed some cheese-covered mushrooms between samples of nougat candy and stollen, a fruit-filled bread and German favorite. In Dusseldorf, just 30 miles north from Cologne we found the Christmas markets to be smaller and somewhat specialized like the Engelchen or Angel market with its golden pavilion and every imaginable angelic item for sale.

As neighboring cities in the Rhineland, Cologne and Dusseldorf see themselves as fierce competitors whether it be over

(continued)

Travel Diary (continued)

their brands of beer or of soccer. Both cities were nearly obliterated during WWII yet their build back took different approaches with Cologne aiming for a style replicating older eras like the 1950s, whereas Dusseldorf led with a much more contemporary look evidenced by colorful ultramodern-looking structures.

For us, the Christmas markets more than lived up to its

reputation with their extraordinary festive representations of the season while surrounded by numerous sights of historic interest. Ordinarily this kind of trip might have been viewed in the category of a nice easy retirement vacation. Throw in COVID-19 and I think it might begin to meet the definition of adventure travel.

The Shephards' Holiday Wonderland



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Meet Benjamin Lord, PhD



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Personal News

In Memoriam



A hardworking, accomplished, and influential Hispanic leader who had a remarkable impact on her community, Ana Maria Crespo passed away on January 22, 2022.

Born in Havana, Cuba, on November 5, 1933, Ana came to the U.S. with her husband and two small children as a Cuban exile. They made their way to Tampa, FL in 1961. She was married to Luis Crespo, MD, and had three beloved sons: HCMA member, Luis Enrique Crespo, MD, Jorge Luis, and Enrique Luis.

Ana dedicated her time to dozens of organizations including Club 15, the Cuban Civic Club, the American Cancer Society's Sword and Hope Guild, the National Education Association, Hillsborough County Medical Association Alliance, Pan American University Women, LifeLink, Southern Medical Association, Tampa Women's Club.

Ana's generous nature, tenacity, and selflessness will be missed by all those who knew and loved her.

The full obituary can be found: www.dignitymemorial.com/obituaries, search Ana Maria Crespo. Fond memories and expressions of sympathy may be shared at www.gonzalezfuneral.com for the Crespo family.

In Memoriam



Vijay W. Diwakar, MD, an HCMA member since 1984, passed away Wednesday, January 19, 2022, at the age of 72 in Tampa, Florida.

Born and raised in Mumbai, India, Vijay studied medicine graduating from Topiwala National Medical College, Maharashtra University of Health Sciences in 1974. Shortly after, he and wife, Aparna, moved to the United States settling in Tampa, Florida, where he practiced family medicine for over 40 years.

He is survived by his loving and devoted wife, Aparna Diwakar; three children: daughters, Runa (Craig) Watkins of Baltimore, MD and Reena (Max) Booker of Atlanta, GA and son, Sachin (Madeline) Diwakar of Tampa, FL; six grandchildren, and two brothers. He will be missed dearly by his family, friends and colleagues and will be most remembered for his witty sense of humor, compassion to help others and love for his family.

Visit www.legacy.com, search for Vijay Diwakar, to sign the guest book.

Tampa Bay Magazine's "Women of Accomplishment" Recognizes Debbie Zorian

Women of Accomplishment DEBBIE ZORIAN

For over 35 years, Debbie Zorian has served the Hillsborough County Medical Association (HCMA) and its physician members. In 1986, Debbie began her employment as executive assistant. She took on many roles, worked diligently alongside two directors and gained an abundance of knowledge that allowed her to be promoted to executive director in 1998.

Always focusing on new initiatives and goals, Debbie was instrumental in stabilizing HCMA's financial affairs, streamlining positions and improving strategies, creating programs that offer tangible resources to members and establishing community resources, while accentuating the creation of valuable partnerships throughout the bay area. Her involvement in the legislative arena supports members as they work to transform the delivery of health care at



the grassroots level.

When physician wellness was brought to the forefront, Debbie worked relentlessly to create a fully funded Physician Wellness Program through the association's foundation. Also through the foundation, successful fundraisers are held, making it possible to contribute to a multitude of health care-related charities. Debbie's achievements and leadership have ensured the mission of the association, and it is her goal for HCMA to lead a medical association district.

Debbie is an art enthusiast, a lover of music and dance, and a season ticket holder and donor at the Straz Center. Her three children, four grandchildren and lovable Yorkipoo bring her the greatest of joys.



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Benefit Providers

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



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