

MEDICAL PROFESSIONALS

April 2021

TAMPA BAY

DR. SALLY
ALRABAA,
MBBS

Infectious
Disease
Specialist



CONNECTING TODAY'S HEALTHCARE LEADERS

MEDICAL CHARITY • BUSINESS SPOTLIGHT • MEDICAL TECHNOLOGY

YOUR ONE STOP SHOP FOR REAL ESTATE



CROSS TEAM

REAL SERVICE, REAL SOLUTIONS, REAL ESTATE



**SPECIALIZING IN HIGH END LUXURY RESIDENTIAL SALES;
COMMERCIAL MEDICAL BUILDING SALES, LEASE & DEVELOPMENT;
LAND, MULTI-FAMILY AND OTHER INVESTMENT PROPERTIES**



COMMERCIAL

*Real Service. Real Solutions.
Real Estate*

Paul Cross

813-785-7398

PaulCross@CrossTeamCommercial.com



RESIDENTIAL

*For Your Real Estate Dreams...
Don't Get Antsy, Just Call Nancy*

Nancy Cross

813-789-7836

NancyCross@CrossTeamResidential.com

www.CrossTeamFL.com



You Wouldn't Go to the ER for a Face Lift

Why get your communications strategy from a generic agency?

The Symphony Agency is a healthcare communications firm that builds brands people can trust while enhancing the patient experience to generate future growth. Call us today to boost your communications.

Symphony.

[SymphonyAgency.com](https://www.SymphonyAgency.com)

(813) 576-3205



*From the
Creators of
the Healthcare
CEO Podcast*

Your patients are our priority.

Help them feel better - fast!



Breathe Well. Hear Well. Be Well.



Center for Voice & Swallowing



Center for Hearing Health

SAME DAY & NEXT DAY APPOINTMENTS AVAILABLE

Hillsborough/Pasco: (813) 879-8045

Pinellas: (727) 341-0551

Brandon • Carillon • Countryside • Largo • Mid Tampa • North Tampa
Pasadena • Plant City • Riverview • South Tampa • Van Dyke/St. Joseph's North
Wesley Chapel • Westchase

A Division of ENT and Allergy Associates of Florida

FloridaENTandAllergy.com

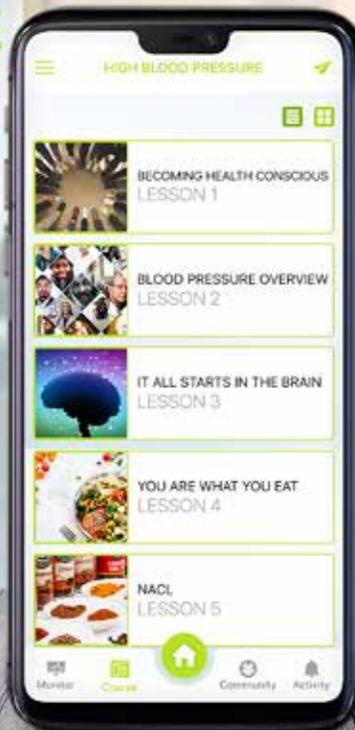
EMPOWER YOUR PATIENTS TO MAKE REAL CHANGE



HEALTH CONSCIOUS
by evolve

Recommend Health Conscious to your patients to help them remove the lifestyle obstacles that impact their hypertension or diabetes.

www.healthco.app



Download on the
App Store

GET IT ON
Google Play

CONTENTS



MEDICAL PROFESSIONALS

PUBLISHER

Ellen Goodridge
www.mptampabay.com
ellen.goodridge@medprosmag.com

PHOTOGRAPHY:

Thompson Brand Images
www.ThompsonBrandImages.com
bobtfoto@gmail.com

Featured

18 **FEATURED PHYSICIAN**
Sally F. Alrabaa, MD.

30 **NOTABLE NURSE**
Hannah Ryan

36 **SPECIALTY SPOTLIGHT**
Dr. Stasha-Gae Roberts

INSIDE THIS ISSUE

- 6** FROM THE PUBLISHER
- 7** SPECIALIST
- 8** INSIGHTS
- 10** RESOURCES
- 12** CHARITY
- 14** BUSINESS SPOTLIGHT
- 16** PATIENTS' CORNER
- 26** INNOVATIONS
- 29** TECHNOLOGY
- 32** MARKETING
- 35** THERAPY

DISCLAIMER: Any articles included in this publication and/or opinions expressed therein do not necessarily reflect the views of The N2 Company d/b/a Medical Professionals but remain solely those of the author(s). The paid advertisements contained within the Medical Professionals magazine are not endorsed or recommended by The N2 Company or the publisher. Therefore, neither The N2 Company nor the publisher may be held liable or responsible for business practices of these companies.

from the PUBLISHER

April, the first full month of spring, brings tangible threads of realized hope and joy as nature begins the renewal process and people seem to be more active, enjoying the warmer weather. I look back at the last year, traveled together, yet apart – all of us irrevocably linked by fear, divisiveness, astonishment, but more importantly by compassion, strength, courage, hope and love. The skies reveal glimpses of sun ahead encased in rainbows – but not of idealistic fantasies of the way things were – it feels more like vitality born from gratitude and experience, laced in grace and awareness that we've made it through the worst. There's work ahead for us all in the days, weeks, months ahead – the work that involves opening our hearts, meeting others "where they are" with empathy, and understanding that life is precious and meant to be lived. But how do you choose to live?

As we move into the season of renewal, I'm reminded of my days as an executive coach with the idea of a growth mindset versus a fixed mindset. When operating with a growth mindset, you're open to the power of discovery and the idea that failure is overcome by the courage to find a different path rather than giving up, seeing opportunities rather than obstacles. A fixed mindset, however, is the opposite of this. Its power guards your thinking such that a failure measures you as a person, people are successful because they have talent, not

because of hard work and even your traits are fixed and unchangeable. What would the consequences be to think that your intelligence or personality is a deep-seated trait, rather than something you can develop and grow? With a fixed mindset, you accept that what you're born with is forever unchangeable. Nature provides a certain aspect of talent, intelligence, or skill; fine-tunes your character and personality but ultimately that's all that you have.

I choose to believe in the power of discovery – the power of constantly learning and adapting to the world around me; choosing to believe that anything is possible if I have the right mindset and perspective for growth. Henry David Thoreau had it right, "I think that I cannot preserve my health and spirits, unless I spend four hours a day at least – and it is commonly more than that – sauntering through the woods and over the hills and fields, absolutely free from all worldly engagements." I turn to nature to remind myself of possibilities and refresh my mind, body and soul.

In this sense, reconnecting with nature is like free medicine with no side effects! Getting exercise outside burns calories faster, helps you absorb vitamin D, the natural light aids in sleep cycle regulations and more oxygen to normalize your blood pressure. There's even a friendly bacteria found in soil called *Mycobacterium vaccae* that has an anti-inflammatory effect on our immune system and works as a natural antidepressant. These are all things that I learned as I worked with our Featured Physician, Dr. Sally Arabaa; Specialist Spotlight, Dr. Stasha-Gae Roberts; and Notable Nurse, BSN, RN this month, in addition to the infectious joy that each of them displayed about their chosen profession. It is my honor to share these stories and the others published in this issue. Each of them, in their own way, taught me to choose faith over fear and gave me a renewed sense of my own purpose. I hope you will find your own pathway to renewal!

Medical Professionals magazine seeks to connect, inform, and celebrate our healthcare heroes. By sharing the professional

and personal stories of our accomplished physicians and healthcare practitioners, we seek to build stronger community relationships. We also look forward to sharing the stories of our exceptional business partners. They are ready to serve your needs and cordially support this magazine. I hope you'll take the time to discover how they might help you! As you continue to interact with our platform, I hope that it is helping you to feel connected, understood, and appreciated.

Please reach out to share your story, nominate another healthcare leader for a story, become an advertising partner to showcase your medical practice or business, subscribe to our complimentary distribution, suggest a topic that you'd like us to dive into, or simply to provide feedback regarding your experience with our platform.

As always, I am grateful to my loved ones for their support, as well as our advertising partners who support this medical community and make this all possible.

Our goal is to build stronger, healthier community relationships to offer support, encouragement, and an environment of positivity.

Until next month,

Ellen

≠ShareHope
≠LoveWhatYouDo
≠MP'TampaBay ✱

**Find Us, Follow Us
on Social Media**



PUBLISHER:
ELLEN GOODRIDGE

ellen.goodridge@
medprosmag.com

www.mptampabay.com



Photographer:
Bob Thompson
Thompson Brand
Images

bobfoto@gmail.com

www.Thompson
BrandImages.com

SPECIALIST

Local Medical Specialists



CARDIOLOGY

Tampa Cardiac Specialists

Dr. Kevin Makati
4211 Van Dyke Road
Suite 205
Lutz, FL 3355
(813)-229-9292

DERMATOLOGY

Dermatology Associates of Tampa Bay

6001 Memorial Highway
Tampa, FL 33618
(813)-884-1626

DIRECT PRIMARY CARE

Elevant Health

Dr. John Sosa
3601 Madaca Ln,
Tampa, FL 33618
(813) 314-7943

ENT & ALLERGY

Florida E.N.T. & Allergy

Brandon
1139 Nikki View Dr.,
Brandon, FL 33511

Carillon
900 Carillon Parkway, Suite
300, St. Petersburg, FL 33716

Countryside
3131 N. McMullen Booth Rd.,
2nd Floor,
Clearwater, FL 33761

Largo
1301 2nd Ave. SW, 5th Floor,
Largo, FL 33770

MidTampa
5105 N. Armenia Ave.,
Tampa, FL 33603

North Tampa
3000 Medical Park Dr., Suite
200, Tampa, FL 33613

Plant City
511 W. Alexander St., Suite 1,
Plant City, FL 33563

Pasadena
6827 1st Ave. S., Suite 100, St.
Petersburg, FL 33707

Riverview
13015 Summerfield Square Dr.,
Riverview, FL 33578

South Tampa
3006 W. Azeele St.,
Tampa, FL 33609

Van Dyke/St. Joseph's North
4211 Van Dyke Rd., Suite 207,
Lutz, FL 33558

Wesley Chapel
26853 Foggy Creek Rd.,
Building 21, Suite 101, Wesley
Chapel, FL 33544
Westchase
7425 Monika Manor Dr.,
Tampa, FL 33625

HYPERBARIC OXYGEN THERAPY

Undersea Oxygen Clinic

701 North Westshore Blvd
Tampa, FL 33609
(813) 533-7093

OB/GYN

Women's Care Florida

4321 N Macdill Ave.,
#205, Tampa, Florida 33607
(813)-961-7440

ONCOLOGY

Tampa Bay Radiation Oncology

5931 Webb Rd
Tampa, FL 33615
(813) 886-9277

ORTHOPAEDICS

Alexander Orthopaedic Associates

2438 Dr M.L.K. Jr St N
St. Petersburg, FL 33704

12416 66th St N, Suite A
Largo, FL 33773

2114 Seven Springs Blvd.
Suite 250
New Port Richey,
FL 34655-3905

(727)-547-4700

Orthopaedic Medical Group of Tampa Bay

4541 S Dale Mabry Hwy
Tampa, FL 33611

2805 54th Ave N
St. Petersburg, FL 33714

Additional locations
in Plant City, Winter
Haven, Riverview and
Brandon Healthplex

(813)-684-BONE(2663)

PAIN MANAGEMENT

Acute Pain & Ketamine Clinic

Dr. Arun Kalava
375 S 12th St
Tampa, FL 33602
(813)-773-2472

PEDIATRICS

Clearwater Pediatrics

2370 Drew St Ste B,
Clearwater, FL 33765
(727) 461-1543

PHYSICAL THERAPY/REHAB

Centaur Rehab

1150 19th St. N.,
St. Petersburg, FL 33713
(727)-201-1861

PRIMARY CARE

Nurse Practitioners of Pinellas

3551 42nd Ave S Ste
B107, St Petersburg 33713
(727) 290-6116

PSYCHOLOGY

Embracing Life Wellness Center

6332 U.S. 301
Riverview, FL 33578
(813)-662-5919

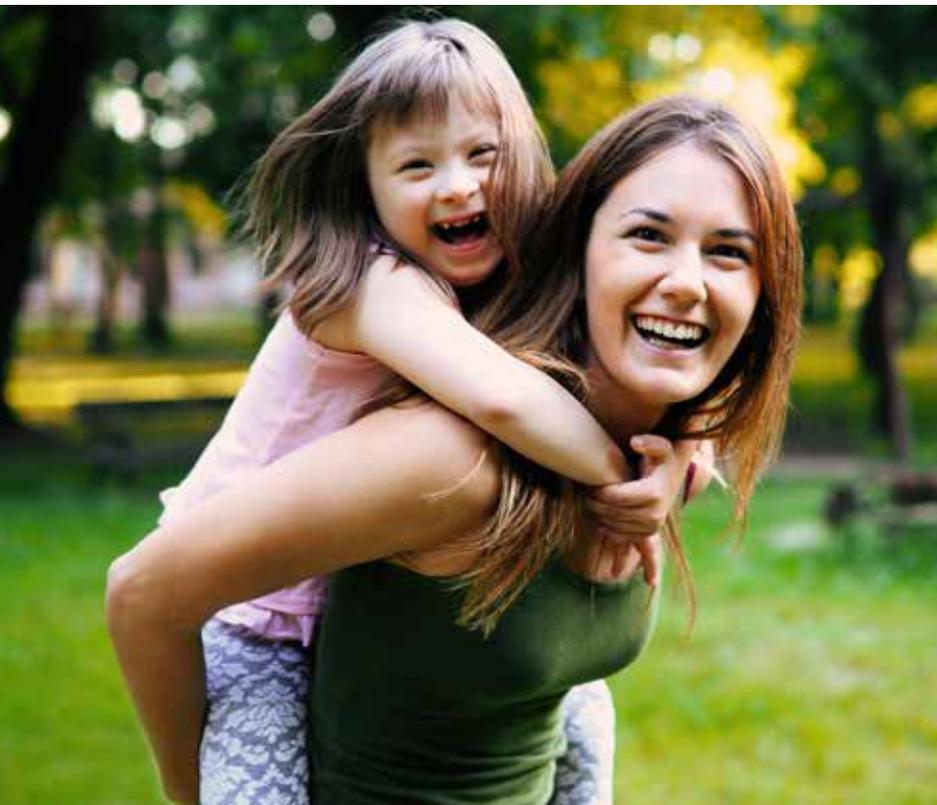
UROLOGY

Urology Specialists of West Florida

2560 Enterprise Rd E,
Clearwater, FL 33759
(727) 796-5354

TO ADD YOUR PRACTICE TO THE LIST, PLEASE REACH OUT TO ELLEN.GOODRIDGE@MEDPROSMAG.COM

Death Rates of People with Intellectual and Developmental Disabilities Rise in the Midst of COVID



By Dr. Craig
Escudé

NOT ONCE, do I recall in any medical school lecture, talk or even an informal discussion, the topic of healthcare for people with intellectual and developmental disabilities (IDD) being addressed.

I'm not talking about a mention of various genetic syndromes and their features. I'm talking about the fatal five conditions that are the top preventable causes of death in people with IDD, how numerous people with

IDD communicate through what's described as "adverse behaviors" to indicate pain or needs that are not being met, and how polypharmacy is often the result of treating these behaviors with psychotropic medications instead of looking for a possible medical or environmental cause of their adverse behavior.

COVID and People with IDD

Overall life expectancy is lower in people with disabilities than in those without disabilities. (1) People with Intellectual and developmental disabilities (IDD) are not only more likely to contract COVID, but more likely to die from it. (2,3) There are numerous factors to be considered when determining why these are true.

In terms of an increase in the likelihood of contracting COVID, many people live in congregate settings and require the support of caregivers who come in and out of their homes making social distancing difficult. Some with intellectual disabilities may face challenges in understanding the need for handwashing, mask-wearing and social distancing or may not understand how to properly participate in these preventative measures. In terms of higher death rates, people with IDD have greater numbers of comorbid health conditions compared to those without disabilities. (4) Many of these include cardiovascular and pulmonary conditions which are known to be associated with a greater risk of death from COVID.

A Deficit in Education

I'd like to add another layer as to the reasons for increases in the number of deaths: lack of education and training in both people who support those with IDD and in those of us charged with providing their healthcare.

Let's start with supporters. Direct support professionals (DSPs) are at the front line and in the best position to recognize declining health in people with disabilities. However, training in health risk recognition is not always at the frontline with them. Because of the uniqueness in the ways people with IDD communicate discomfort and the presence of underlying health issues, which may include the appearance of adverse behaviors often misdiagnosed as psychiatric conditions, it is imperative that those charged with supporting people with IDD learn the basics of recognizing early signs of health destabilization.

Now, with people becoming ever more accustomed to online learning, it's easier than ever to get this training in the form of online courses. The most relevant training is related to "The Fatal Five." These are the five most preventable causes of suffering and death in people with intellectual and developmental disabilities. The five are Constipation/Bowel Obstruction, Aspiration, Seizures, Dehydration and Sepsis.

Educating Clinicians

It's a well-known fact that healthcare providers such as physicians, nurses and dentists have received little to no training in meeting the healthcare needs of people with IDD in their professional schools. With millions of people in the United States with IDD, how can we not train our healthcare providers in the fundamentals of IDD healthcare? There are currently initiatives underway to change this.

In addition to efforts by the American Academy of Developmental Medicine and Dentistry and by a collection of universities that received a federal grant to improve healthcare provider training, earlier this year an online course to train healthcare providers became available making it easy to gain practical,

immediately usable information at a professional healthcare provider level.

Educating Clinicians Saves Lives

There is evidence that early and frequent experiences with people with disabilities can improve medical students' knowledge and attitudes about disability, thereby increasing their comfort level in providing care to people with disabilities. (5) It is imperative that physicians are trained in meeting the healthcare needs of people with IDD. Every person—regardless of the presence or absence of a disability—who presents to a clinician's office or hospital should be able to receive a basic level of compassionate, competent healthcare. Easily accessible, online training is available for physicians. Taking the time to seek out and participate in continuing education related to IDD healthcare will go a long way to achieving this worthy goal. In a time of COVID-19 that holds a disproportionately high death rate for people with IDD, it's crucial. ❖

Lauer, E. and McCallion, P. (2015), Mortality of People with Intellectual and Developmental Disabilities from Select US State Disability Service Systems and Medical Claims Data. *J Appl Res Intellect Disabil*, 28: 394-405. <https://doi.org/10.1111/jar.12191>

Shapiro, Joseph. "COVID-19 Infections And Deaths Are Higher Among Those With Intellectual Disabilities." NPR, NPR, 9 June 2020, npr.org/2020/06/09/872401607/covid-19-infections-and-deaths-are-higher-among-those-with-intellectual-disabili.

Margaret A. Turk, Scott D. Landes, Margaret K. Formica, Katherine D. Goss, Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis, *Disability and Health Journal*, Volume 13, Issue 3, 2020, 100942, ISSN 1936-6574, <https://doi.org/10.1016/j.dhjo.2020.100942>.

Cooper SA, McLean G, Guthrie B, McConnachie A, Mercer S, Sullivan F, Morrison J. Multiple physical and mental health comorbidity in adults with intellectual disabilities: population-based cross-sectional analysis. *BMC Fam Pract*. 2015 Aug 27;16:110. doi: 10.1186/s12875-015-0329-3. PMID: 26310664; PMCID: PMC4551707.

Brown, Graham, Richeson, Wu, and McDermott, 2010; Jackson, 2007; Larson McNeal, Carrothers and Premo, 2002; Long-Bellil et al., 2011; Rose, Kent and Rose, 2011; Thistlethwaite and Ewart, 2003; Tracy and Iacono, 2008)

Dr. Craig Escudé is a board-certified Fellow of the American Academy of Family Physicians and the American Academy of Developmental Medicine, and is the President of Health Risk Screening, Inc. He served as medical director of Hudspeth Regional Center in Mississippi and is the founder of DETECT, the Developmental Evaluation, Training and Educational Consultative Team of Mississippi. He has more than 20 years of clinical experience providing medical care for people with IDD and complex medical conditions and is the author of "Clinical Pearls in IDD Healthcare" and the "Curriculum in IDD Healthcare."

We're your **trusted** resource for your home mortgage.

John Stefanek, Loan Officer

(260) 222-9621 • jstefanek@UHM.com • UHM.com/jstefanek

LO NMLS 105386 • FL LO38834 9614 Lima Road, Suite 101 • Fort Wayne, IN 46818



Unconscious Bias Training and Health Inequities

—*I'll See You In Class*



Maria Hernandez, PhD

If you have hospital privileges at one of Florida's major health systems, you've probably been invited to participate in anti-bias training. This may be an option now but soon you may be required to do this by law. In response to the growing evidence of health inequities - well before the pandemic - California has passed legislation requiring physicians working in emergency departments and obstetrics to participate in training to understand unconscious bias. This could just be the beginning.

I'm one of those instructors providing these workshops and I hope when you're invited to participate that you'll engage with an open mind, and equally important, an open heart.

The focus of these workshops is to create awareness and acceptance that each of us has uncon-



scious bias. These are the assumptions we make about others (negative or positive) that influence how we engage with a person. We all do this within seconds and our brains are wired to think in what Stanford University neuroscientist Robert Sapolsky describes as “us versus them” dichotomies. In meeting a patient for the first time, those assumptions can shape the conversation and recommendations for treatment. They can shape the level of

engagement with a patient that ultimately can lead to sub-optimal health outcomes. Awareness and protocols for culturally competent care are the key to mitigating the impact of cognitive biases and ensure the highest quality of care is provided for all.

In my work with physicians, nurses and other members of the clinical team, I typically assign a “case study” about a patient. As they break into small groups to decide

on a course of treatment for their patient, they are unaware that their case is identical to the rest except for one thing: the picture of the patient. In these role-plays—and as true data suggest—physicians will often give less pain medication to Blacks versus white patients or delay prescribing additional pain medication. Once this is revealed in the workshop, we have some remarkable conversations about how this one decision can be the start of a health inequity.

The surprise outcome creates the opportunity to consider the reality of health inequities today and why these exist. Awareness of the problem is the first important step.

Health inequities are defined by the CDC as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.” Health inequities are nothing new in the US. These have been documented in research reports going back 120 years and the most prominent of these was the report published in 2002 called *Unequal Treatment: What Health Care Providers Need to Know About Racial and Ethnic Disparities in Health Care*.

In the US, Native American and African American women have three times maternal mortality versus whites. Even after controlling for access to health insurance, Black women have a 33% higher mortality rate for breast cancer than whites. Women as a whole are underdiagnosed for heart disease largely because symptoms being reviewed are based on what men experience during a heart attack and because the work-life stressors that impact women are minimized. The pandemic has added to this list even more stark inequities: African Americans and Latinos are dying at twice the rate of whites from COVID-19.

These stark realities have been made clearer with the pandemic have inspired candid dialogue among physicians. The additional context of the national debate on race and class are some of the most heartfelt discussions. While there is no cure for bias—asking physicians to pause as they begin each patient encounter and reviewing whether they might have made assumptions about the person is one step. Slowing down the first five minutes of the encounter to acknowledge the snap judgments and to look at the context of that patient’s lived experience makes it possible to center on the patient’s needs. The bottom line: Empathy is the key ingredient in the alchemy of great quality of care.

When I can tap into the physicians’ strong concerns for the patient, the fundamental desire to heal—the lesson on health equity has taken hold. I look forward to seeing you in class!

Maria Hernandez, PhD (@drmg Hernandez) is President and COO of Impact4Health, LLC, a California-based consulting firm dedicated to providing innovations to advance health equity. You can find more information at www.impact4health.com ✪





M·O·R·R·O·W
INSURANCE
G·R·O·U·P
Outstanding Customer Service
Is **OUR** Policy.

**We know you're
in Healthcare
to make an
impact, give us
the opportunity
to impact your
employee plan
benefits!**

**Group employee
medical plans -
Level-funded, self-
insured and fully-
insured plans
including:
Group dental, life,
vision and disability
plans**

Reach out for a benefits review:
David@MorrowInsurance.net
813-963-1669 x 102
18936 N. Dale Mabry, Lutz FL 33548
www.MorrowInsurance.net



RELAPSING POLYCHONDritis (RP) FOUNDATION

Race for RP: Racing to Accelerate Research for a Rare Autoimmune Disease

By Nancy Linn

What is the overall goal of your organization?

The Relapsing Polychondritis Foundation is a patient-founded and patient-driven nonprofit organization whose mission is to facilitate awareness, education, and research to improve the quality of life for patients with relapsing polychondritis (RP) and advance a cure for this disease.

What is relapsing polychondritis?

RP is a rare, systemic inflammatory disease of unknown etiology that can be fatal. It affects multiple organs, particularly cartilaginous structures such as the ears, nose, airways, and joints, as well as the eyes, skin, heart valves, and brain. It is extremely difficult to diagnose, as there are no available tests. Instead, identification is based on clinical symptoms and signs that fit a pattern consistent with RP. If not found early and treated effectively, it can lead to irreversible damage, long-term complications, and death.

What kinds of programs does your organization run?

The RP Foundation has a program called Race for RP that raises awareness about relapsing polychondritis and autoimmune disease through auto racing. We're often asked, "What does Race for RP mean? Why Race?" and we explain that it represents the very real race that relapsing polychondritis pushes us into. For patients, it's the race to diagnosis, treatment, and for survival; for researchers, it's a race to find guidelines for diagnosis, treatments that work, and a cure.

Our partnerships with race car drivers and teams are more than just a metaphor – they truly “drive” awareness across the world via an internationally prominent platform and bring attention to a little-known disease to help “accelerate” ongoing research. Through racing, we've been able to generate interest in and recognition of this extremely rare disease,

as well as connect organizations and people and raise money for research.

While the races take us all over the world, we regularly find ourselves in the Tampa Bay and greater Florida areas. In 2019, we teamed up with the American Autoimmune Related Diseases Association (AARDA) and the Allegheny Health Network Autoimmunity Institute (AHN) at the Firestone Grand Prix of St. Petersburg, the start of the 2019 NTT IndyCar Series. In both 2020 and 2021, our drivers raced in the Rolex 24 At Daytona, securing a win in last year's TCR class.

What are some of your success stories?

We believe the best way to support patients is to build strong relationships and push research forward so that rare diseases don't have to be incurable diseases. Last year, the RP Foundation announced our biggest project to date – the establishment of the Penn Relapsing Polychondritis Program, a partnership with the University of Pennsylvania RP Program and NIH-sponsored Vasculitis Clinical Research Consortium (VCRC). The program advances the development of a world-class referral center to explore the microbiome's impact on RP, supports a longitudinal study using the VCRC's expansive infrastructure



Our small but mighty St. Pete Grand Prix RP Group



across the US and Canada, and allows patients an opportunity for evaluation by multiple subspecialties in a coordinated and patient-centered way. The Penn RP Program also opens a direct channel of communication with researchers and offers unprecedented access to the research being conducted. Together with our numerous affiliations outside this project, the program expands the ability of the RP Foundation to support eligible RP patients and extends the reach of RP research to include other rare autoimmune diseases. Every bit of progress in RP-related research puts us one step closer to better, more effective treatments and, hopefully, a cure.

We've also been present and presented both studies and patient-perspective posters at prominent conferences, including the American College of Rheumatology Annual Meetings and meetings of the International RP Research Network.

What has been your greatest challenge?

A rare autoimmune disease is a challenge to diagnose and treat but also to support research for, espe-

cially during a pandemic that has seen races, conferences, and other events go virtual or get canceled altogether. Contributions to the RP Foundation go directly to research, and we are proud to have received the Guidestar Platinum Seal of Transparency in how our funding is utilized to advance this important ongoing work.

A great deal of collaboration goes into exploring autoimmune conditions, with many being associated with one another, so the more research we are able to fund means greater innovation and breakthroughs that benefit not just RP patients but researchers and patients across the autoimmune disease spectrum.

How can the medical community support your organization?

Because RP is a rare disease with no established diagnostic test or classification criteria – something we are helping researchers develop – we are eager to have more medical professionals become familiar with and understand the most common signs and symptoms of relapsing polychondritis to speed recognition of the condition. Currently, it may take years to reach an accurate diagnosis, and during that time, patients can see their condition worsen. Symptoms can include:

1. General malaise, low-grade fever, loss of appetite
2. Redness and pain in the eyes
3. Inflammation, redness, swelling and/or pain in the outer cartilaginous portions of the ear
4. Sore throat, anterior neck pain, hoarseness
5. Shortness of breath, wheezing, dry cough
6. Hearing loss, tinnitus, dizziness

7. Pain and redness on the nose
8. Skin lesions
9. Joint pain and swelling
10. Rib pain, sternum pain

RP patients often require treatment from specialties as diverse as rheumatology, gastroenterology, and endocrinology due to comorbidities common to the condition, so a broader understanding of RP will support the patients we work to help while simultaneously benefitting practitioners.

How can others get involved?

We invite everyone to visit our websites at www.polychondritis.org and www.raceforrp.org to learn more about relapsing polychondritis and the work we do, follow us on social media, tune in to some thrilling action on the track with our incredibly talented drivers, and of course, help support our research initiatives if you are able. The smallest actions together can become large movements, and we will continue to drive awareness and accelerate research to bring hope and progress for all RP and autoimmune patients.

INSTAGRAM:

[@rpfoundation_official](#) [@raceforrp](#)

FACEBOOK:

[@relapsingpolychondritis](#) [@raceforrp](#)

TWITTER:

[@RP_Organization](#) [@RaceForRP](#) ✨



ROGER A. SILVERA, LUTCF

COMPASS FINANCIAL PATHWAYS LLC



Where did you grow up? Tell us about your family.

I grew up in the suburbs of NYC, Rockland County, NY, to a wonderful father, who died in 1993 of leukemia (rest in peace, Dad) and my incredible mother, who is 81 today and is a matriarch of our family. She is amazing and I know she has helped mold me into the man I am today.

I have one brother, in Austin, Texas. He is an engineer by trade and loves that field of endeavor.

In fact, I come from a family of engineers. I was the odd one in the family – didn't want to go that route and wanted to focus on business and I love my path, because I consider it a calling or mission, to serve others and guide them to prosper, an engineer of sorts in my own right.

I've lived in the Tampa Bay area for over 20 years and I adore this city, I moved here and enjoy it for all the beauty it offers. It has given me so much joy and I am

grateful every day I get to wake up in a city that is always getting better and offers a wonderful quality of life.

Tell us about the journey that has led you to where you are now.

I went to Coe College in Cedar Rapids, IA, and graduated with a BA in Business Administration.

Upon graduation, I moved down to Tampa during the summer of 1999.

When I got here, I really was trying to figure myself out – early 20s and coming from college, it was a bit difficult to navigate the rigors of the real world.

In 2000, I saw an ad for work in the financial services industry, with New York Life.

I always had an affinity for finance and business and this presented the challenge that I always wanted in my career.

To be frank, I was not a stellar advisor when I first got into the industry – I was awful.

But, I sit here today, a member of the Million Dollar Round Table and I am in awe of the challenges I've had to go through, but I wouldn't change it for anything. It's

prepared me, mentally and emotionally to understand how to run a business and how to work with and most important for people.

What is your business?

I've been a financial services professional for 21 years. I got started in this industry because I love entrepreneurship and making a difference in someone's life or in the life of a business.

Over the years, I've developed a unique philosophy about money and personal finances as well as a love for serving medical professionals in helping them grow, protect and transfer their wealth efficiently and effectively.

What is unique about your business?

I help medical professionals address the largest expense in their lifetime, taxes...In that, my work helps physicians and dentists and other medical professionals to have clarity





over their financial goals and objectives by helping my clients find money they are losing unknowingly and unnecessarily. Said another way, I help clients focus on avoiding losses versus just picking winners.

In my practice, I use a process called a virtual family office – in that, I help my clients to coordinate the work of their “board of advisors” ie: your CPA, estate planning attorney, business advisory consultants and insurance/investment strategies to ensure my clients are getting objective ideas and strategies to help them grow, protect and transfer their wealth efficiently and effectively.

Given your business expertise and the nature of what you do, what advice can you offer to our health-care practitioners?

Have regular reviews of your current goals and objectives and work with professionals that act in a proactive manner. They provide insightful solutions that allow you to gain clarity over your goals and objectives and allow you to participate in your own planning in a proactive fashion. Ask ques-

tions and make sure your board of advisors are collectively on the same page together so that nothing is being left to chance.

What else should we know about you, your family, or your business?

I come from a family of forward-thinkers. My job is to create ideas and be there for my clients in their desire to have a better quality of life. To me, that is the most gratifying aspect of what I do.

I love to teach and share my expertise. I present at seminars and offer one on one consultations. I meet my clients where they want to be met.

Finally, I love soccer and I play competitively still, yes at 43. I love the game and I love competition. I guess that is the Alpha in me – I loove competition so I work on keeping my body and mind in top shape throughout the year to play at a high level.

Roger A. Silvera, LUTCF
Million Dollar Round Table,
Qualifying Member 2021
Financial Services Professional |
New York Life Insurance Company
3000 Bayport Drive, Suite 1100
Tampa, FL 33607



Registered Representative
offering securities through
NYLIFE Securities LLC (member
FINRA/SIPC), A Licensed
Insurance Agency
813 546 1876 direct
rsilvera@ft.newyorklife.com

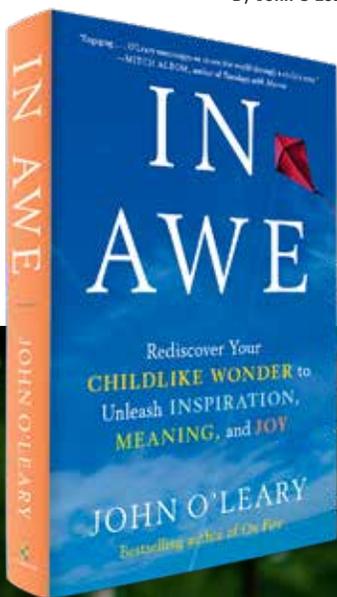
Assistant: Shakira Brown
shakirakbrown@outlook.com
www.newyorklife.com
Linkedin: <https://www.linkedin.com/in/rogersilveraceo/> ✪





What do You see?

By John O'Leary



“Above all, watch with glittering eyes the world around you because the greatest secrets are always hidden in the most unlikely of places. Those who don’t believe in magic will never find it.” –Roald Dahl, *The Minpins*

When I was ten, I heard some words that no child should ever have to hear.

My parents and I left our home a little before 4:00 a.m. We drove six hours, to another city, to visit a new hospital and meet with a new doctor. We were tired, a little apprehensive, and extremely excited. My parents and I were looking for hope.



John with wife Beth and children Jack, Patrick, Henry and Grace O'Leary

After being released from the hospital months earlier, I'd continued to struggle with my inability to do much with my hands. Piano lessons aside, my fingers, or what was left of them, no longer had the ability to grasp things. After much research, my parents discovered two world-class surgeons capable of cutting into the palm of the hand, creating fingers from the webbing, and providing some dexterity for me.

We sat in front of the first doctor, eyes wide with hope and possibility. After he finished examining me, he quickly scanned my chart, looked my parents in the eye, and flippantly said:

“If he was a horse, I'd shoot him.”

My parents stared back at him in shock.

We couldn't get out of that hospital room fast enough. We barely spoke on the drive home. We were hurt, sad, and angry. Far from being the type of people who didn't see a reason for hope, we believed in miracles.

One of the reasons I beat the odds and survived my burns, despite all predictions to the contrary, was that we surrounded ourselves with the kind of people who saw hope and possibility. The doctor who had said he'd shoot me was the opposite.

He'll remain nameless, but I'll never forget him. Or how he made me feel.

Two weeks later, we visited the second world-class surgeon. We waited for almost an hour in the most aptly named of spaces: the waiting room. When we eventually were led back, we waited a bit longer in one of the examining rooms.





John before the fire.



John after the fire, 3rd-degree burns on almost 100% of his body.

While we sought a better outcome than last time, we were also aware that we might get more bad news.

When the door finally opened, a short, white-haired doctor breezed into the room singing, sat down, and opened up my file. His singing stopped as he clapped his hands together. He looked up with excitement and practically sang out the proclamation, "What is this? I get to see John O'Leary today? This little miracle boy I've heard about is coming to visit with me? What luck is this?"

He clapped his hands again, shut the file, stood up, and moved toward the door, singing again, as if to exit, before stopping in his tracks. He looked over at me, acting startled to see me seated on the examining table.

He walked over to me, took my right hand in both of his, looked into my eyes, and asked, "Are you John O'Leary?"

With a grin on my face, I nodded.

"Oh, I've been so looking forward to the honor of meeting you, and serving as your doctor."

This was Dr. Pappalardo. I looked at my parents with a smile. Maybe this was our guy.

After Dr. Pappalardo thoroughly reviewed my chart and my hands, Dad, bracing for more bad news, asked cautiously: "Well, what do you think, Doctor? What do you think of the prospects for John's hands?"

Dr. Pappalardo took both my hands tenderly in his own. He looked into my eyes, and then back at my dad, and said, "They are as beautiful as an Italian sunset!"

A spirit of hope infused that small room, as well as a little boy's heart. We knew this was our surgeon.

Dr. Pappalardo's joy extended beyond that first meeting. Every time he poured hydrogen peroxide on my hands after a surgery, he'd proclaim, "Pop the champagne!" as I watched it bubble and fizz upon making contact with my skin. Afterward, it was time for an "ice cream party," as he'd carefully massage white cream on my hands before rewrapping them in their bandages.

Through four surgeries, this man's enthusiasm seeped into my soul. He allowed me to see the good in life and to celebrate each victory, however minor, as we fought for the best life possible.

One doctor saw a child without hope. He walked into the examining room with harsh "facts" and a projection of despair.

The other doctor saw reason to throw a party. He viewed me as valuable, my hands as beautiful, and my life as ripe with potential.

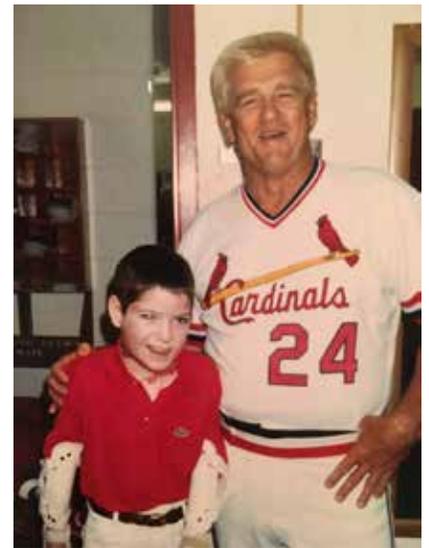
So what do you see when you look at others? Are you someone who is going to shoot the horse, or are you going to throw a champagne party?

The way we choose to view others impacts our interaction directly and dramatically. It influences how we feel about them, speak with them, and connect to them. It determines not only what happens in the moment, but also what transpires next.

There is power in choosing what you see. Consider beginning each of your

conversations (in particular those with individuals you don't know or who may hold opinions you disagree with) by singing out: "You are as beautiful as an Italian sunset!"

Now, I don't encourage you to sing those words aloud, but what is sung in your heart will be reflected in your interactions. It will elevate the way you view others. And it just might inspire those you encounter to change the way they view themselves. *



Encouragement from Whitey Herzog



Hall of Fame Announcer, Jack Buck gifts of encouragement towards recovery, 61 in fact!

This excerpt is from John O'Leary's #1 national bestselling book *IN AWE: Rediscover Your Childlike Wonder to Unleash Inspiration, Meaning, and Joy*. Many are saying this book is exactly the message we need as we endure the fallout from the Covid-19 pandemic. Once expected to die, today John teaches others how to truly live as a two-time national bestselling author, speaker and host of the Live Inspired Podcast. Learn more at www.JohnOLearyInspires.com

DR. SALLY ALRABAA, MBBS

Associate Professor of Medicine, Infectious Disease, *Finding purpose in*
University of South Florida College of Medicine *learning and sharing*



FAST FACTS:

Education: University of Khartoum College of Medicine in Khartoum City, Sudan; Internal Medicine Residency, Saint Vincent's hospital, Staten Island, New York; Fellowship Infectious Disease at the University of South Florida, 2010

Current positions: Infectious Disease Consultant Tampa General Hospital and Florida Department of Health, Teaching Faculty Member at the University of South Florida College of Medicine and Medical Director of Life Link Tissue Bank of Florida, Georgia, and Puerto Rico.

Married (21 years) to Dr. Mohamed Ali, Pulmonary & Critical Care Consultant, St. Petersburg Florida and founder of Pasadena Centre of Asthma and Lung Disease in St. Petersburg, Florida. We have four kids, three girls and a boy: Rayaana (19), Reem (17) Yasmin (16) and Faris (12).

How did you get your start in medicine?

It started as passion and interest in science as a youngster growing up. I have to say my father had the biggest effect on this because science was his passion. He is a scientist, biologist and educator. He instilled the love of science and "the questioning of everything" in myself and my siblings from a young age. We grew up in what looked like a "mad scientist household." There were books everywhere, tools and "science projects" filled the house. He always explained simple day-to-day things in a scientific manner. My mother also played a crucial role in shaping my future choices. She is very organized, highly disciplined and a wonderful role model for perseverance,



stamina and taking care of people in her life. It was a natural choice during my youth to pick a career that is based on science with the goal of taking care of people and their well-being.

How did you choose your specialty?

Living things always fascinated me, whether they are big creatures or tiny microbes. The fascination came from the fact that we share many of the life-sustaining properties but yet so different of how we exist, survive and reproduce. I remember during microbiology classes and microbiology lab, I was so mesmerized when looking into microscopes and seeing these tiny living things which cannot be seen by the naked eye yet being very real and sometimes more powerful than humans. It was as if you're looking at another universe or world, with its system and norms...really fascinating! Then I learned about diseases that they cause and I knew immediately that this is the discipline that will keep me engaged and interested for a long time. The practice and research of infectious diseases is my passion, and that's what I practice right now.

At one point during my training, I considered specializing in oncology. I was drawn in by a personal experience. Right after I graduated from medical school my mother was diagnosed with breast cancer. The experience was surreal for her and all of my family. She was only 49 years old. I was by her side during the treatment process and I felt that I needed to be able to do more to combat this disease. I have to say she was very blessed and

we were all blessed to have wonderful medical care at that time and she survived the treatment and she is alive and well today. The years that followed this however made me rethink my choices because with every patient I encounter with cancer I would relive the emotions I had during my mother's treatments and it was just very hard for me. As time went by I regained my passion for the microbes' world and went into infectious disease as a specialty. I do have to say that every time I meet my oncologist colleagues I bow in respect for what they do.

What makes your practice unique in our community?

I am very fortunate to be part of a big infectious disease research and treatment program with the University of South Florida. As a team, we bring about advanced care for the most advanced and complicated infections encountered in our community. Our group provides inpatient consultation to all other specialties, conducts clinical research for new therapeutics, immunotherapy and vaccines and research in quality of care improvement. We also serve as consultants to the Florida Department of Health, various athletic institutions. We also serve organ and tissue donation organizations to facilitate safe and high-quality organ and tissue transplantation that saves lives and improves quality of life for many Floridians. We take lead during disasters. One example

of this effort is taking care of a large number of very sick patients when the COVID-19 pandemic hit in 2020 to now. Our group, in collaboration with Tampa General Hospital and other physician groups, quickly and efficiently designed protocols for best practices to take care of these patients with favorable outcomes while protecting other patients in addition to extending services to the community. The culmination of this effort most recently resulted in the creation of an advanced intensive care unit for global emerging infectious disease to be situated in Tampa General Hospital (abbreviated as GEDI unit). In this unit, very sick COVID patients are taken care of with the most advanced techniques, technologies and therapeutic modalities. I believe patients' outcome was greatly improved because of this collaborative effort with infectious disease physician leadership. I would not hesitate to get





treatment there myself or bring my family or loved one if they develop any complicated infection because I know they will get the best care not only in Tampa Bay but honestly the world.

What are your goals for your practice and for your patients?

My goal in short is to do everything in my power to make my patients' lives better and easier. This is accomplished by providing quality up-to-date care. I have to stay up-to-date and current in all practices and remain connected to communicate and collaborate with other physicians as well as and advocating for patients' wellbeing on every front.



What should primary care physicians or referring practitioners know about your specialty?

That not all infections are created equal. Not all hosts or patients react similarly to infections. Antibiotics can save lives but can also cause tremendous harm and kill people. Over-prescribing antibiotics is one of the causes of microbial resistance that is creating tremendous harm to patients. We are a friendly group of docs who are passionate about the specialty and willing to share our knowledge and expertise anytime. If in doubt, call an infectious disease colleague and pick their brain!

What is the culture that you infuse into your practice?

Respect, understanding, compassion and equity are the cornerstones of my practice. If one reads the book *Infections and*

Inequalities by Dr. Paul Farmer who battled diseases like AIDS and tuberculosis, one quickly sees how some infections target those who are under-resourced, and under-privileged and those with chronic conditions including things ostracized by society like drug addiction. My practice takes care of these patients with as much care as those more resourceful or affluent patients.

What motivates you?

Learning new things and bringing about positive change to people's lives. I find particular joy in learning about new things whether it is a new place, new culture or costumes or a new scientific research or advanced technology. My utmost satisfaction and motivation are when I can put things I learn into action to improve someone's life. This may be one aspect of treating an infectious disease that I find most gratifying. Many debilitating infections can be treated or even cured to the extent that someone who may have been completely incapacitated or bedridden by it, may return to normal life and function. What a tremendous change and a great motivation to keep learning and giving! Worth all the long days and late nights. Keeps me going.

What concerns if any keep you at night?

One of the biggest concerns in any physician's life is harming a patient. Some nights I will get up in the middle of the night to make a phone call ask about a patient to check on a drug effect or a particular antibiotic side effect. Other things that worry me is the state of health-care in the United States. There are still great inequalities in accessing and navigating health care. One living example is the devastation COVID-19 brought to particular communities more than others. This is worth researching and needs attention and corrective actions.

How do you maintain a balanced life outside of work?

I made my peace with the fact that I chose a career that many times





Alrabaa Family Photo

has to come first. Apart from the well-being of my children and my family, my patients always come first. Other than that, I am big in creating schedules and dedicating time for rest, leisure and time spent with family. I get a lot of joy from traveling to new places meeting new people, new experiences help me recharge and stay sane.

Have you ever been close to quitting or changing careers?

Yes. I think many physicians experience burn out at some point in their career. I did come close to quitting when my first child was born. I had just started my residency training in New York, at a time when there were limits to *duty hours*. Like many young moms in similar situations, I was torn and devastated with guilt of leaving a new baby or a toddler in the care of others when leaving to work. My husband has been my rock through all this. If it wasn't for his strength, support and his faith in me I wouldn't have been able to persist. Both physicians, together we figured out a formula of how to multitask with children. We thought it through, discussed our concerns and fears and once we felt were satisfied with the solutions and the structure, quitting never came up in my mind again. I do have to say both of our parents were

our greatest asset and without them maybe the outcome would've been different – they are so helpful with our children. The most important thing is scheduled breaks and spending time with family and friends to avoid burnout. Otherwise, I wake up every day feeling blessed, proud and honored to have the privilege of taking care of patients.

What methods do you employ to keep improving your knowledge and experience?

I will answer this question with the simple advice I give to my students every day after we see patients. *“After each patient you encounter, check and read up on the most updated information knowledge research and technology available on the disease. Use reliable credible resources. Once you know it, teach it.”* Medicine is a lifelong learning journey.

How has practicing medicine changed over the years?

The great advances in science are unquestionably the biggest change that affected practicing medicine. There is a huge shift from older thought of practicing medicine as learned from the general wisdom of doctors before you, to practicing medicine based on evidence and reliable research. Another thing that affected practice positively in my opinion is the importation of information technology into patient care. It is great for sharing information among physicians. One is able to organize and

access large numbers of records, imaging results, etc. with clicks of buttons. Some people argue however that this technology had taken away time from the face-to-face encounter of patient and physician and hence affected communication and trust. I would say that if it's used wisely and well it may actually facilitate those relationships. One example is the utilization of telemedicine for follow-up on patients. My suggestion is also to talk to patients examining them in a human-to-human interaction without interrupting the visit with computer scrolling, and leave the record checking and documentation for after the visit. This may help address this concern. The downside of that is the additional time one has to then spend in documentation which now involves all these points and checks one has to go through to make documentation “acceptable” to payers. Many physicians find that aspect of change in the practice of medicine a prime reason in





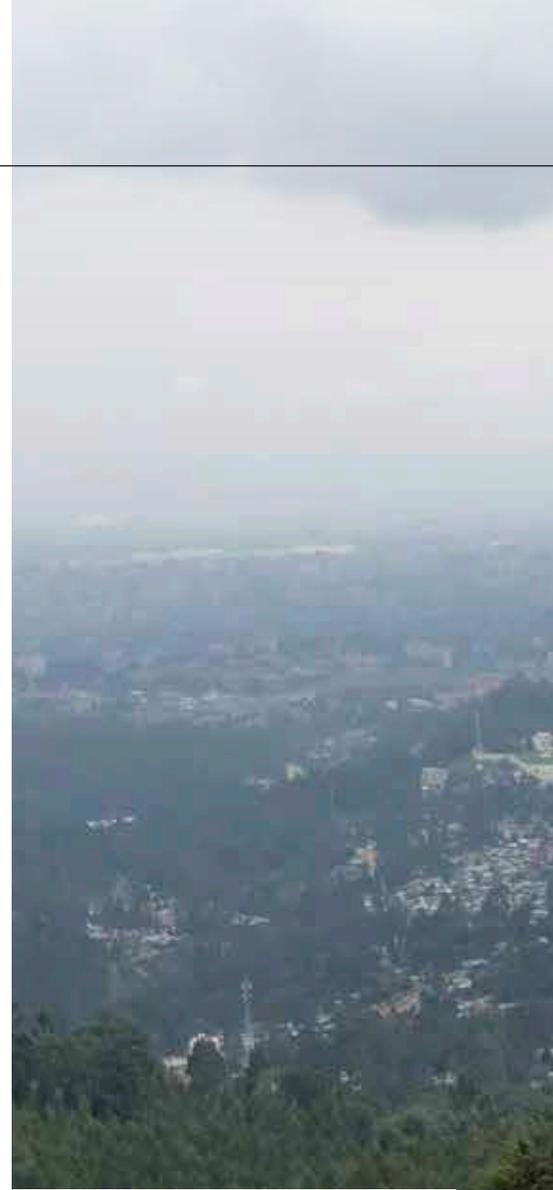
burnout. Certainly if there is one virtue we have to carry and preserve in the practice of medicine is the human-to-human interaction and the building of trust which is essential for a good patient's outcome.

Who has influenced your journey through medicine?

This is a hard question because many physicians and many times nurses who I encountered as a student or a trainee or even now as an attending, have taught me and I am certain somehow influenced my career. For the greatest influence, I do have to say my parents, whose help and support through my journey from medical school training to help with my kids so I can launch my career, were most instrumental. My husband, who was my senior during med school, taught me many things and solidified my interest in clinical medicine, not to mention his support through it all. He is my rock. My first program director, Dr. Susan Grossman, for medicine residency, who 20 years ago gave this young, new grad immigrant an opportunity and her support throughout training, was tremendous. My mentor and greatest influencer is Dr. John Sinnott who was the Chief of Infectious Disease Program at USF when I trained; he practiced not only the science of medicine but also the Art of Medicine. His knowledge expertise humanity and wisdom carried us all during the disaster of the COVID pandemic. He is certainly my hero.

COVID-19, what lessons have you learned?

COVID-19 has created turmoil in our lives and work. It created fear anxiety and many, many nights of no sleep constant planning constant phone calls answering questions and trying to settle uncertainty. It was an eye-opener of how unprepared the United States and the whole world were to face a threat of an invisible tiny yet deadly virus. Our practice adopted early on changes such as masks and social distancing and also embarked on improving things like ventilation and use of negative pressure and UV lights to



View of Addis Ababa from top of mountain Entoto



sanitize spaces. We also learned how much more productive people can be when commuting is eliminated. Any staff who could work from home did so and the surprise was how effective people could still be. That shifted our thoughts on the structure of the traditional workspace and what constitutes work. I think the ability to work from home is one of the good things we've learned that perhaps people would consider using more moving forward.

If you could offer any advice to younger physicians, what would it be?

You are not God. Do not try to be one. You are human. Try your best then ask for help when needed.

Take care of yourself so you can take care of your patients the best you can. Enjoy the journey it's a privilege only a few can attain. Don't forget to see patients as persons first and never lose sight of the mission.

Family: I am the oldest of five siblings I grew up in Sudan in North Africa to hard-working parents. Both my parents were educators and public servants,

so we had many nights of debates and discussions which were usually at end of the day, generally outdoors under starry night skies, mostly because we had enough electricity to work only few lamps and no air conditioners. Those were my best memories of my childhood and teen years. Life was reasonably good during my childhood in the '80s. In the early '90s, the Civil War broke out and a new dictator government took over, life became very hard due to poverty of the population and scarcity of everything. I took refuge in reading and painting.

In medical school I met this young political activist who was making a lot of noise against the government then he was taken as a political prisoner for few months. I thought he was wild and crazy, little did I know that we



My guilty pleasure is binge-watching movies. One of my favorites is *Ozark* but also I watch a lot of foreign series: Spanish, Turkish other European and Arabic movies. I encourage everyone to search those with English translation and watch them. If I do have more time I would definitely take learning new languages as a new hobby. Learning a language really makes you understand the culture and hence its people. It's amazing how many different ways people can live life and still be happy, content and prosperous.

There are many places I would like to visit but on my bucket list one place

I have yet to go is the Far East. Definitely would love to visit Tibet and experience the culture. It's about seeing life from a different perspective – how different cultures spend time and what they value. I think there's something to be said for their simple lifestyle which seems to equate to a longer life span.

The best advice I received: *"Don't panic, when you panic you lose everything."* Growing up that was my father's advice to me. When I fall into despair he would tell me that, then I would collect my thoughts, think things through and come up with a plan. I use it to this day, thanks Dad!

I am most grateful for the people in my life, family, friends and my patients. I am grateful for people like you who give their best to what they do. I am grateful for the activists and freedom fighters everywhere and those who give up their leisure and comfort zones to speak up for the rights of others. Without them, we will live in a savage society. I am also grateful for this land of the free and home of the brave, which gave me a second home.

would become friends and he would be my future husband. After graduation, he decided to leave the country mostly for political reasons and he made it to the United States. A couple of years later I joined him and we started our family in New York. I consider myself a New Yorker. That's where I had my first child that's where I did my residency and that's where I met the world. We traveled between the states during our training and our work. We went on to have four children, three girls and a boy. My oldest is 19 studying neuroscience at the University of Florida. My second one is into sports and my third one is a budding artist. My son is my baby, he's 12, he is like Sid the science kid, very much into science.

We love the outdoors. We like to travel see new places meet new people eat new food. Our Last adventure was a trip to Ethiopia where we climbed a mountain saw the whole city of Addis Ababa from above, then descended depressions of some of the lowest points on earth, 200 feet below sea level with amazing Hot Springs. We saw unbelievable nature and met wonderful unbelievably friendly people.

I like to read world history and Arabic poetry and philosophy books now. I wasn't into that stuff in my younger years but now with everything going on around the world, it fascinates me and explains a lot of what is going on in our current political climate. The last books I read on the subjects were *A People's History of the United States* by Howard Zinn and *The Poetry of Khalil Gibran*.





RESPECT, UNDERSTANDING, COMPASSION AND EQUITY ARE THE CORNERSTONES OF MY PRACTICE.

FUN FACTS:

Pet Peeve: People not sticking to scheduled meetings.

Glass 1/2 full or 1/2 empty: Full – all the time!

Toilet Paper, over or under: Over

Medicine is...a lifelong journey of learning and sharing! ✱



NON-INVASIVE TOOL MEASURES SPLEEN STIFFNESS, AIDS RISK STRATIFICATION AND HELPS MANAGE LIVER DISEASE



By Jon
Gingrich, CEO,
Echosens
North America

echosens

Cirrhosis of the liver is a major problem in the western world, and portal hypertension (PH), a complication of cirrhosis, can lead to an array of pathology, including gastrointestinal varices—dilated submucosal veins. With PH on the rise due to alcoholic liver disease, nonalcoholic steatohepatitis (NASH) and hepatitis C infection, clinicians are seeking innovative point-of-care tools to better risk-stratify patients and help battle the nation’s liver disease epidemic.

According to recent estimates:
15 million people in the United States have alcohol abuse disorder
Nearly 95,000 people die annually due to alcohol
10%-15% of people with alcoholism develop cirrhosis
71 million people have chronic hepatitis C virus infection globally, with a significant number of these patients developing cirrhosis or liver cancer

Despite the development of endoscopic and medical treatments, early mortality

due to variceal bleeding remains high as a result of significant patient illness.

Medical practices can now utilize a comprehensive non-invasive solution for advanced liver disease management that will help them to not only expand clinical capabilities in liver health assessment but also perform spleen stiffness measurement (SSM). Based on the scientific data, SSM is considered a surrogate marker of PH and serves as an important, non-invasive tool for clinicians to assess the risk of a cirrhotic patient and adapt care.

Given the significant increase in potential cases of liver cirrhosis, a non-invasive evaluation tool at the point of care can be a potentially cost-effective modality for spleen and liver stiffness measurements to aid in the diagnosis, monitoring and clinical management of adult patients with liver disease. Clinicians should keep in mind that, in cirrhotic patients, spleen stiffness may correlate better with hepatic venous pressure gradient (HVPG) and presence of high-risk esophageal varices than liver stiffness.

Risk Stratification for Liver Disease

Obesity, Type 2 diabetes, hyperlipidemia and/or metabolic syndrome are key risk

factors for the development of nonalcoholic fatty liver disease (NAFLD) or NASH, which is mostly asymptomatic, often underdiagnosed and under-reported. Recently, NASH became the most common reason for a liver transplant in women and older patients.

Liver cancer, NAFLD, hepatitis C and liver transplants are prevalent in 40-80% of people who have Type 2 diabetes and in 30-90% of people who are obese. Being overweight or obese is responsible for about 85% of fatty liver disease. NAFLD is associated with a 2x increase in all-cause mortality in people with Type 2 diabetes over those diabetics without NAFLD and attributed to a 2x increase in cardiovascular mortality. NASH is associated with a 3x increase in all-cause mortality in this population, attributable to the addition of liver-related mortality.

Focusing on liver health can address the broader needs

of at-risk patients and prevent them from developing NASH and cirrhosis. In fact, this is critically important given the costs and complications associated with NASH. Although the NASH progression rate may be slower than other types of liver disease, the incidence of NASH, and its sequela hyperlipidemia, hypertension, Type 2 diabetes, obesity and metabolic syndrome, is increasing throughout the world.

Growing Need for SSM Evaluation and Liver Exams

The buildup of fat in the liver triggers inflammation, which over time can lead to fibrosis (scarring), cirrhosis and liver cancer. While no approved medications for liver dis-

ease exist, prevention and management based upon lifestyle changes, such as weight loss and exercise, are vitally important for ending the liver disease epidemic in the United States. Lifestyle changes, however, are challenging to sustain over time for many individuals. For this reason, a non-invasive liver examination at the point of care can optimize a drug-free and highly effective way to reverse liver damage.

In advanced cases, clinicians should look for an SSM tool that offers an intuitive user interface, high-speed processing, integrated barcode reader and ultrasound localization probe – time-saving technology for locating the spleen and liver in potentially complex patients.

Prevention and Patient Engagement

NAFLD is reversible if caught in the early stages and accompanied by lifestyle change. The American Diabetes Association recommends maintaining a healthy weight, and regular exercise to reduce the amount of fat in the liver and for better control of blood glucose levels. In many patients, a 5-7% decrease in body weight is associated with a reduction in liver fat and inflammation.

Because NAFLD and NASH are linked with obesity, diabetes and lifestyle, a “whole person” approach to patient

engagement can support behavioral changes that will lead to better outcomes across the co-morbid conditions affecting the individual patient.

NASH patients with indications of advanced liver fibrosis should be referred to specialist care for further assessment. While finding and managing fibrotic NASH is an important component to addressing liver disease, patients with steatosis alone are also at a greater risk of cardiovascular mortality and morbidity than the general population.

A comprehensive assessment of liver health, combined with “whole person” strategies and non-invasive, point-of-care monitoring for fat in the liver and spleen stiffness can help optimize a medication-free and highly effective way to improve liver health and prevent liver damage. ❖



You work hard for your patients, let us be the IT that works for you

MedX SOLUTIONS

Experience IT the way it should be!

Managed IT Services • Cybersecurity
Virtualization • HIPAA Compliance-as-a-Service
VoIP Solutions • Hosted Solutions
Data Backup and Recovery

85%

74%

53%

Trusted by over 200 physicians in the greater Tampa Bay area, and supporting over 1600 users

WE LOOK FORWARD TO HEARING FROM YOU!



13528 Prestige Place | Suite 105 | Tampa, FL 33635
813-544-4570 | contact@medxsolutions.com
www.medxsolutions.com



THE FUTURE OF HEALTHCARE: BLOCKCHAIN?

By Charles Phelps, President MedX Solutions

As news headlines blast the all-new high price of bitcoin towering at \$57,000+, you may wonder what Bitcoin, a mystical cryptocurrency that continues to increase in value has to do with the future of healthcare. Most people have no clue. The truth, it has a lot to do with the future of healthcare, but not in its value as a currency or a storage of wealth, but rather its technological core, blockchain. If you have not heard of blockchain, do not worry, most have not. In 2008, Satoshi Nakamoto detailed blockchain, an electronic peer-to-peer system designed to solve the double-spending problem without the need of a trusted authority or central sever. The first practical use of blockchain? Bitcoin.

So, what exactly is blockchain? A blockchain is a digital and distributed ledger of transactions or decentralized database that keeps continuously updated digital records in real-time across a network of computers. In simpler terms, blockchain is a shared record of transactions. It enables participants in a group to securely share data with each other without a middleman and keep track of what was exchanged and when. Instead of that record being located on a single, hackable computer, it is maintained across multiple computers, which makes

the information extremely difficult to tamper with or delete. That tamper-proof characteristic, along with a process that ensures any information put into the blockchain is valid, enables trust between the group participants.

There are several use cases of blockchain technology already being discussed in healthcare, some have already been implemented, and some are theoretical. In the end, blockchain can improve efficiency, reduce cost of healthcare, improve the quality of care to the patients. The end goal? To unlock barriers to healthcare data-sharing and ultimately enabling an industrywide shift to value-based care.

Healthcare blockchain currently in use:

Solution for Provider Registries

In June 2018, the Synaptic Health Alliance, created by Optum, Humana, Multiplan, Quest Diagnostics and United Healthcare (and since joined by Aetna and Ascension) piloted the use of blockchain to fix errors in provider directories to lower the cost of keeping the information up to date by sharing the data and workload.

“When we talk about healthcare today, we talk about the silos a lot—the

silos of data and the barrier for exchanging information,” Humana’s Lead Enterprise Architect Kyle Culver explained. “The hope is that blockchain allows us to connect those silos and ... enable new capabilities (so that) access to information no longer is where we compete, but we compete much more on the value-added service and the trust and transparency of the companies that are providing those things.” (LIVINGSTON, 2019)

Solution for medical staff credentialing

In 2018, Hashed Health launched a provider credentialing product that leverages blockchain to securely exchange information related to a clinician’s permissions to practice at a certain level or location. Medical staff credentialing can be a costly and time-consuming effort that conducted via phone calls, faxes, and snail-mail. The concept is that a practitioner’s credentialing information would be continually updated within a single database, with both inputs and access provided by those who have entered into a Blockchain Credentialing Process Agreement. In this fashion, it would not be necessary every time there was a need for credentialing information spanning the time period from completion of college through the most recent credentialing relevant events, to seek the information from the multitude of repositories where it resides. Instead, it would be instantly available, with access granted to view the information by the practitioner, directly, or through a direction given

to the entity that maintains the database. The savings in time and cost from this type of approach would be significant as credentialing is a repetitive process where a delay inevitably is costly. (J. Mark Waxman, 2019)

Healthcare blockchain in the future:

Possible Solution for EHRs

Simple coordination of care has created the need for an EHR platform that allows multiple healthcare providers can view, edit, and share reliable patient data. The sensitive nature of health data, the ongoing challenges posed by interoperability, patient record matching, and health information exchange, make a potential solution to the management of patient health records in electronic format invaluable.

Blockchain is a platform that can securely store medical records, is amenable to real-time updating, and can be securely accessed by anyone given access to the chain. In this case, a single chain would represent a single patient’s medical record. Each new piece of health data would be visible to each member of a patient’s care team as the data is entered into the chain. Moreover, a single, national blockchain-based approach would allow patients to become the owners of their data and allow the information to travel with them. (J. Mark Waxman, 2019)

Hurdles to Blockchain adoption in Healthcare:

While these are just some of the possible use cases, in the end, there are sev-

eral challenges to a proper implementation of blockchain in healthcare. In a worldwide decentralized model, the largest threat is a 51% attack, where a single entity or organization can control the majority of the hash rate, potentially causing a network disruption. In such a scenario, the attacker would have enough mining power to intentionally exclude or modify the ordering of transactions. They could also reverse transactions they made while being in control – leading to a double-spending problem.

Finally, there are many challenges arising from patient-centered interoperability, such as data standards, security, and privacy, in addition to technology-related issues, such as scalability and speed, incentives, and governance.

In closing, blockchain can completely revolutionize healthcare. The interoperability promised by HL7 and the transparency and accessibility promised by health information exchanges could all be accomplished via blockchain. ❖

Works Cited
J. Mark Waxman, K. F. (2019, July 15). Blockchain: A tool with a future in healthcare. Retrieved from Medical Economics: <https://www.medicaleconomics.com/view/blockchain-tool-future-healthcare>
LIVINGSTON, S. (2019, February 9). Will blockchain save the healthcare system? Retrieved from Modern Healthcare: <https://www.modernhealthcare.com/article/20190209/TRANSFORMATION02/190209953/will-blockchain-save-the-healthcare-system>



HANNAH RYAN

**BECOMING A NURSE
WAS HER CALLING**



**Why did you go
into nursing?**

I went into the field of nursing because I was very sick 14 years ago and almost died. My family and I still remember the impact nurses had on my care. They were there to care not only for my medical needs, but mental and emotional needs as well. They supported my family and me in every way possible during a very difficult time. Hearing from my parents about the little things the nurses did, that's what made me interested in being a nurse. I remember one of my nurses was a Seminole fan and I'm a Gators fan, so to keep my brain active when I woke up, she would tease me about Gators vs. Seminoles. One nurse made me a Gators blanket. I wanted to be the person with the patient all the time and have those intimate moments with the families and patients and be that extra support system that the nurses were for my family.



What are some of the greatest challenges you've faced?

I had only been a nurse for five months when Covid-19 hit. Dealing with the stress of Covid-19 while still dealing with the stress of being a new nurse has been very difficult. Outside of the scares that Covid-19 brought, it has been incredibly difficult to not be able to provide the simple comfort of a smile to patients.

What value do nurses offer to the medical community?

Nurses are right at the bedside. They spend the most time with patients and play a vital role in recognizing a change in a patient, playing an enormous role in saving lives. Nurses also communicate with everyone in the care team from doctors, respiratory therapists, nutritionists, etc., and speak up for patients when they can't speak for themselves. This is one aspect that I value greatly for my patients, being their voice and making sure they get the best care possible.

What are you most excited about regarding your job?

I am so excited that I get to give back and care for people in the most difficult of times. I understand what it is like to be sick and in the hospital, which gives me a point of view that others may not have. I also understand how valuable nurses are, which gives me the drive to keep putting my best foot forward every day.

Tell us about your favorite hobbies?

My favorite hobbies include anything in nature, traveling, and CrossFit. My favorite nature/traveling experience has to be climbing Mt. Batur at 2:00am in Bali, Indonesia. It changed my life forever.

What can we find you doing when you're not taking care of patients/staff?

I enjoy traveling. I like to experience new adventures and push myself to learn. Due to Covid-19, traveling isn't really an option. So right now, you can find me on the boat or in the CrossFit gym, staying active and pushing myself in different ways.

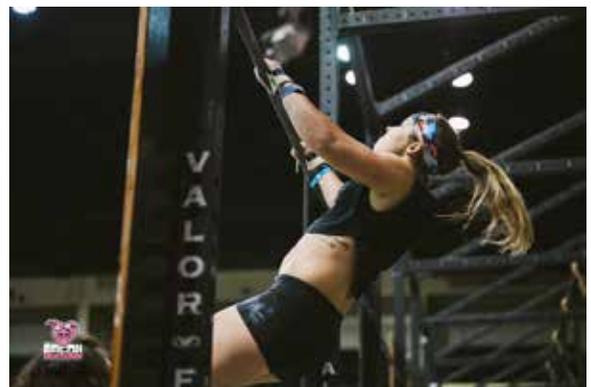
What are you most thankful for?

I am most thankful for my family, my friends, and the amazing experiences I've had in my life.

I am proud to be a nurse, in particular, to go through my training at the very hospital that saved my life! It was really special to see that so many people who took care of me were still around and remember how sick I was and were so surprised to see how well I was doing. Many people never thought I would walk up a flight of stairs again or live without a tracheostomy.

How can we keep up with you?

I'm on Instagram @HannahRy24 and Facebook, Hannah Ryan. ✨



What Hannah Ryan thought was a cold at age 10 actually turned out to be methicillin-resistant *Staphylococcus aureus* (MRSA) pneumonia in both lungs. She was transported to All Children's Hospital, intubated and barely alive. It took the tireless work of a large team, including James Quintessenza, M.D., co-director of the Johns Hopkins All Children's Hospital Heart Institute and chief of cardiovascular surgery, to save her life. Fast forward, Hannah picked a career in nursing and graduated from the Johns Hopkins All Children's Hospital Registered Nurse Residency Program, studying alongside those in the cardiovascular and pediatric intensive care units who once cared for her. Read more about Hannah's story at <https://www.hopkinsallchildrens.org/ACH-News/General-News/Nurse-Once-on-Death-s-Doorstep-Learns-Alongside>.

THE HEALTHCARE MARKETING DEFICIT

Why your marketing efforts are failing despite your best efforts.



By **Daniel Fernandez**,
Chief Experience Officer; Daniel@SymphonyAgency.com, www.SymphonyAgency.com

Healthcare organizations have seen unprecedented growth in recent years. This has had an unexpected and unfortunate effect: There are nowhere near as many people trained in healthcare marketing and communications as needed for everyone to succeed.

To help meet the demand, the New York University School of Professional Healthcare Marketing and Communications Certificate, which aims to bridge the healthcare marketing

gap. This is all very well for large healthcare organizations with substantial training budgets and full-scale marketing departments. But, for small to mid-sized practices, the cost of certifications coupled with the subsequent staffing costs, including employment taxes, PTO, bonuses, etc., add up quickly. And, with no guarantee of success.

You know new patients, direct or physician referrals, are critical to your practice's growth. So, what do you do?

The best patient experience will never be enough.

Have you ever visited a restaurant, and thought to yourself, "Wow, this place is one of the best-kept secrets in Tampa Bay! The service is wonderful and the food is exceptional." There should be a line out the door – but there isn't.

Your healthcare practice isn't that much different. The same way a new restaurant competes against larger, more established brands and

franchises for customer share, you are competing for patient share. No matter how bad you know Dr. So-And-So down the street is, turning a blind eye to their marketing and communications efforts is a common, but an often detrimental mistake. Heck, if they've been lucky enough to find a marketing expert worth a grain of salt, they're probably already targeting your patients through Google Ads.

But, with a national shortage of well-trained healthcare marketers, how can you run your practice and ensure you are launching strategic, effective marketing campaigns? Especially when larger hospital organizations are constantly breathing down your neck with big budgets and an armada well-trained marketing staff?

Be different. Be real. And, communicate it with passion.

In an age where patients have become immune to traditional healthcare marketing strategies, and are constantly inundated with advertising, you'll need to be a unicorn amongst a sea of donkeys.

Chances are, if you did a quick Google search and compared your practice with

three similar practices within a 30-mile radius of your location, it would probably be hard to tell the difference between any of the results. Sure, you may all use different stock photography – or maybe you're ahead of the game with custom images – but the message is all the same. We care about our patients. We do X healthcare services.

At the beginning of 2020, our agency launched a new podcast, The Healthcare CEO Podcast. We've interviewed hundreds of healthcare executives and after two seasons, I can unequivocally say that 95% of healthcare practices are not effectively communicating what makes them different from their competition. And, this will likely be the number one reason your marketing is failing.

Not sure if your message is unique? Think about answering these questions. Why did I go into medicine? What is the visibility for our healthcare practice and what impact are we trying to make in our community? Communicating this is powerful. The answers to these questions are the things patients connect with most and actually remember.

Are these questions difficult to answer? Sure. They have to be authentically true to connect. But, this level of vulnerability transcends marketing budgets and practice size. If your patients and potential patients know who you are, you won't be forgotten.

Stop the spray and pray method. Measure everything.

Chances are, as a small to mid-sized practice, you're not working with a Coca-Cola-sized marketing budget. So, choosing a spray-and-pray method of

advertising is simply not an option. You have to be strategic and invest only in strategies you know are driving success.

As John Wanamaker once said, "Half the money I spend on advertising is wasted; the trouble is I don't know which half." Since we already know there's a deficiency in trained healthcare marketing professionals, this doesn't bode well for just how much waste you're likely experiencing.

So, you have to put checks and balances in place. Sure, there's risk with every marketing campaign when you're trying something new. But a strong measurement framework tracking every dollar spent by channel, allows you to know precisely what's working and what's not.

And no, I'm not talking about just watching Google Analytics or a complicated marketing dashboard for website traffic growth. The last thing you need is a dashboard filled with metrics that make your eyes immediately glaze over from the data paralysis. You need an easy-to-understand dashboard that tracks the metrics that make a difference in your company's growth and ties it back to your marketing efforts.

Think of it as your digital marketing translator. You're running a practice, you need your marketing data to support that. Leave the minutiae of the metrics to the data nerds and demand that your efforts are being tracked with high-level and focused metrics.

Otherwise, you're flying blind. With a shortage in well-trained healthcare marketing professionals, this is a recipe for disaster. You can't rely solely on others to translate your marketing metrics for you. Make them work for you, not against you.

How to find marketing partners that drive practice growth

Now that your messaging is clear and you are committed to measuring your marketing efforts, you need to find marketing professionals to support your efforts. There are two common ways healthcare practices do this: 1) build an in-house team; 2) outsource marketing to an agency. And, there are pros and cons to both but more important are the most common mistakes you want to avoid.

First, if you build an in-house team, it's critical that you hire someone with healthcare marketing and communications experience. Relying on your front desk person, office manager or a recent social media graduate, and expecting real results is never going to work. Don't get me wrong. I appreciate all of these people immensely, but the reality is simple. You're asking them to oversee a critical part of your practice without the necessary tools for success.

The second common mistake with hiring marketing staff is expecting that one or two people will have the skillset to deliver every aspect of marketing that you

need. In the same way it would be difficult for you to master cardio, ortho, and neuro specialties – the same can be said for marketing specialists. There's simply too much to learn and keep up with, because the landscape of healthcare marketing is ever-changing and becoming more highly regulated by the day.

So, you want to avoid these two common mistakes and outsource to an agency? Yes, they have marketing specialists and they likely have specialists for different marketing channels you need. But, there are still a few critical things you want to watch out for.

Find an agency that specializes in healthcare marketing. Don't be fooled by their website saying they are healthcare-focused. Take a look at their leadership team. Have they worked in healthcare organizations? Do they have a HIPAA compliance policy on their website? Can they offer case studies showcasing success for practices similar to yours? If you can answer yes to these questions, you've likely found a good team to consider partnering with.

Securing marketing success in 2021

The last twelve months have brought massive change for healthcare practices across the country, and the speed of rapid change isn't slowing. Don't wait. Take the time to meet with your leadership team this week and talk about where your current marketing and communications strategies are failing. Make them a priority. Having a strong communications and marketing strategy will be a necessity in overcoming the healthcare marketing deficit. ✱

Daniel Fernandez is the Chief Experience Officer at the Symphony Agency and host of the Healthcare CEO podcast. With more than 20 years in healthcare management and marketing, Daniel champions marketing and communications strategies for healthcare practices across the country. He is passionate about creating exceptional patient experiences, drawing on his own experience as a cancer survivor.



UNDERSEA OXYGEN CLINIC HYPERBARIC CENTER

701 N. WEST SHORE BLVD. - 3RD FLOOR

TAMPA, FL 33609

PHONE: 813-533-7093

WWW.HBOTAMPA.COM



175
YEARS

All business owners can benefit from some level of estate planning. Building protection into your business plan is one of the most important decisions you can make to safeguard your partners, your employees and your family. Here, we will discuss the four key components of estate planning to make sure you are well set up for success.

The most fundamental estate planning tool is a will. A properly executed will, gives clear direction to your executor about how to manage or distribute your assets when you pass away.

Then, a somewhat more complex component of an estate plan is a revocable trust—this is a legal entity

created to hold your assets while you're alive. Among the many benefits is that your appointed trustee can take over management of your assets if you're incapacitated. A revocable trust streamlines the transfer of your assets by helping avoid potentially lengthy legal proceedings and costly court fees. A trust may also provide creditor protection for the beneficiaries.

Next are powers of attorney. Naming a healthcare power of attorney means your representative can make crucial medical decisions on your behalf should you be unable to, while a financial power of attorney can pay your bills and manage your finances until you get back on your feet.

Finally, a buy-sell agreement is a powerful estate planning tool. A buy-sell agreement is a way to help ensure a smooth transition of your business and ensure your family's financial goals are met after you're no longer around to take care of them. A buy-sell can also outline the terms of succession among the remaining partners, so that all terms are agreed upon in advance.

Some basic estate planning may be done using self-guided online tools, but typically you should use a licensed and experienced attorney to help you draft and execute your plan. The best way to go about it is to make

sure that your attorney, financial advisor, and insurance agent are working together on managing and planning your estate.

This educational third-party article is provided as a courtesy by Roger A. Silvera, LUTCF, Agent, (CA/AR Ins. Lic. #) New York Life Insurance Company. To learn more about the information or topics discussed, please contact Roger A. Silvera, LUTCF at 813.546.1876

Neither New York Life Insurance Company nor its Agents or affiliates provide tax or legal advice. Consult your legal or tax advisor to find out whether the concepts in this essay apply to your personal circumstances.





HYPERBARIC OXYGEN THERAPY AIDS IN COMPLEX WOUND HEALING

Hyperbaric Oxygen Therapy (HBOT) involves inspiration of pure oxygen at greater pressures than normal. For the past 20 years, administration of HBOT and its potential benefits in the management of diseases have been more clarified. HBOT for the first-line treatment of several conditions and a superb adjunct therapy for many medical conditions. In the early '60s, HBOT was widely used in a variety of medical indications. (1) Numerous studies have revealed how well HBOT works.

It's been shown to be an effective method for treating complex wounds as well as burns and now is being researched to improve the results of wounds and burns caused by elective surgeries. The way HBOT stimulates response is by helping the body create collagen, reducing pain and swelling, in addition to hyperoxygenation and angiogenesis. HBOT increases the ability of a patient's blood to upload, carry, and deliver oxygen to tissue. Wounds

treated with HBOT therapy are improved and have more rapid wound healing.

Wound healing is a primary interest area for patients such that physicians modify surgical techniques, pharmaceutical companies spend millions of dollars on R&D, and some patients use anecdotal home remedies to facilitate a more rapid recovery. A better, more effective solution exists with HBOT!

Complex wounds are challenging to manage. The main problems appear to include having to deal with underlying diseases, diabetes, vascular problems, history of radiation therapy, low oxygen and wound infection. Low oxygen content in cells affects tissue metabolism and reduces PH, which prohibits wound healing. Studies have shown that low oxygen around the edge of a wound is associated with a 39 folds increased risk of early healing failure. (2) Another study concluded that tissue oxygen shortage was directly related to wound failure rate. (3) Lack of oxygen can lead to many chronic wounds. HBOT increases the oxygenation of tissue and supports wound healing. The clinical outcome seems to improve after HBOT treatments, even when traditional wound treatments had been unsuccessful.

At the Undersea Oxygen Clinic Hyperbaric Center, we have established a protocol that has patients oxygenate a few

times before a surgery and then several times after to maximize healing. We have partnered with local area surgeons to facilitate better healing for their patients and we'd love to partner with you!

Dr. Adam Scheiner of the Tampa Eye Clinic is board certified in Ophthalmology and performs facial plastic surgery. *"I have a practice in Laser Eyelid and Facial Plastic surgery and we have used lasers to help improve past sun damage in our patients for many years. The healing after the treatment usually takes 10-14 days. We were introduced to HBOT as an option to help speed healing from our laser treatments and have seen impressive results. The Hyperbaric Oxygen has sped up healing 30-40% after such treatments. The Undersea Oxygen Clinic has been wonderful in working with our patients and I feel very comfortable having my surgery patients work with such a caring and expert group."* -Adam J Scheiner, M.D.



While the lasers are used to burn the skin and improve the overall look of the patients, the pre and post HBOT visits prepare the skin for the work and speeds the healing time significantly (pictures). Another study showed that HBOT offers patients a statistically significant, perioperative therapy that decreased bruising in patients undergoing a face-lift by 35%.(4)

HBOT is effective, ethical and safe. Its use for pre- and post-surgical care has very promising results. ✱

References:

1. Gesell LB, editor. Hyperbaric Oxygen Therapy Indications. The Hyperbaric Oxygen Therapy Committee Report. 12th ed. Undersea and Hyperbaric Medical Society; Durham: 2008 [Google Scholar]
2. Pecoraro RE, Ahroni JH, Boyko EJ, Stensel VL. Chronology and determinants of tissue repair in diabetic lower-extremity ulcers. *Diabetes*. 1991;40:1305-1313. [PubMed] [Google Scholar]
3. Fife CF, Buyukcakilir C, Otto GH. The predictive value of transcutaneous oxygen tension measurement in diabetic lower extremity ulcers treated with hyperbaric oxygen therapy: a retrospective analysis of 1144 patients. *Wound Repair Regen*. 2002;10:198-207. [PubMed] [Google Scholar]
4. Effect of Perioperative Hyperbaric Oxygen on Bruising in Face-Lifts, Stong, B., Jacono, A. *Arch Facial Plastic Surgery* Vol 12(NO. 5), SEP/OCT 2010



To find out more about HBOT and Undersea Oxygen Clinic, please call 813-533-7093 or visit Underseaoxygenclinic.com.



Dr. Stasha-Gae **ROBERTS**

Adult-Gerontology
Nurse Practitioner,
DNP, MSN, RN, APRN,
AGPCNP-BC, MPH





2019 Family
Thanksgiving



Why did you go into nursing?

I became a nurse because I wanted to help people when they usually needed help the most, in time of sickness. I thought the nursing profession was a noble one. I decided to become a nurse practitioner to help people manage chronic disease and to focus on health promotion and prevention. Health promotion and disease prevention are imperative to decreasing the risk of chronic conditions and even some acute illnesses.

What are some of the greatest challenges you've faced?

One of the greatest challenges I have faced in my nursing career is me. I can be my worst critic and that is something I have learned to improve through prayer because at times it can be crippling.

Another challenge was when I was commissioned as an Army Nurse Corp office shortly after graduating with my BSN. The armed forces are a totally different dynamic and being a brand-new nurse and only 21 years old, there were many tears and doubts. However, I would not change this experience for the world,

because it helped to lay the foundation for my career in the nursing profession and challenged me in ways I would not have imagined.

What value do nurses offer to the medical community?

Nurses are resilient and innovative – I think 2020 highlighted both of these qualities. Last year was the Year of the Nurse and what a year that was! But throughout history nurses have always risen to various challenges to meet the health care needs of the communities they serve. Nurses have taken care of soldiers on the battlefield, assisted in providing care during natural disasters, epidemics, pandemics, in addition to fulfilling our daily roles in various clinical settings. Like I said earlier it is a noble profession and one I pray each individual nurse takes seriously because of the great responsibility we have.

What are you most excited about regarding your job?

I love being a nurse practitioner. Helping people to live healthier lives and understand the importance of taking caring care of themselves is rewarding. I started my own practice in January, so that is exciting and challenging. It is a direct primary care practice, so I get to advertise and network and meet new people, which for an introvert, is a little daunting; but, this an exciting time.

After completing my four-year commitment in the Army, I was honorably discharged and relocated to Tampa, FL. While in Tampa I enrolled in the University of South

Florida's Master in Public Health program. However, during this time, I also met my husband, Donavin. While enrolled in school, I continued to work as a nurse and completed my education in Public Health in 2007.

I really wanted to have my own practice, and so went back to school to attain my Masters of Science in Nursing – Adult-Gerontology Primary Care Nurse Practitioner. After completing this degree in 2014, I had the opportunity to work for various health care organizations in the Tampa Bay Area, serving mostly our precious seniors.

In January of 2018 I returned to the University of South Florida, but this time the College of Nursing and embarked on studies to obtain my Doctor of Nursing Practice. I completed this degree in August of 2019. In the spring of 2020, I decided to fulfill my dream of opening my own practice and started formulating a business plan to help me to achieve this goal.

What makes your practice unique in our community?

My practice is a direct primary care practice that is membership-based. With



membership, patients have increased access to me as the clinician in person, via telephone, text or with virtual visits. Members are able to contact me after hours for urgent issues and concerns. This model allows for increased access to quality care and focuses on the relationship between the patient and clinician. The practice is for individuals 18 years and older and also geared to small business employers who would like to provide healthcare benefits to their employees but are prohibited due to the high cost of health insurance.

Do you have a mission statement?

The purpose of starting my practice was to help people live healthier lives. Unfortunately, the health care system is often difficult to navigate for patients and costly. Compassion Primary Care is here to establish relationships and make a positive impact on individuals, families and businesses within the Tampa Bay community.

Where did you grow up?

I was born in Jamaica but my family relocated to Long Island, NY, when I was seven years old. We then relocated to Miami, FL about three years later, where I spent most of my childhood. I met my husband here in Tampa and we have resided in the Tampa Bay Area for the past 15+ years.

Tell us about your favorite hobbies?

Reading, working out, spending time with my husband and nieces and nephews are things I enjoy.

What can we find you doing when you're not taking care of patients/staff?

Besides launching my practice and all that comes with running a small business, which takes up quite a bit of my time, I have started volunteering at my church to tutor adults learning English as a second language. Also, as I previously stated, I enjoy reading, over the last year I have collected several books that I need to sit down and read. I like to be always moving and always doing something for the better of myself, family and friends; my patients and my community.

What's one thing that you're happy you did?

Honestly, one of the happiest things that I have done is become a nurse practitioner. It's about setting goals and reaching them, and about helping people be healthy.

What are you most thankful for?

I am most thankful for life, especially considering the last year that we have faced and living in a country where an immigrant from Jamaica can achieve her dream of owning her own business. I am also thankful for my faith in Jesus Christ

"HEALTH PROMOTION AND DISEASE PREVENTION ARE IMPERATIVE TO DECREASING THE RISK OF CHRONIC CONDITIONS AND EVEN SOME ACUTE ILLNESSES."

because it has kept me grounded throughout my nursing career and has been an anchor during challenging times both professionally and personally.

How can we keep up with you?

LINKEDIN:

[linkedin.com/company/73900689](https://www.linkedin.com/company/73900689)

INSTAGRAM:

[@compassionprimarycare](https://www.instagram.com/compassionprimarycare)

FACEBOOK:

<https://www.facebook.com/CompassionPrimaryCare>

www.compassionprimarycare.com ✪



**COMPASSION
PRIMARY CARE**

Photo & Video

for Websites & Marketing

Head Shots for Doctors & Staff
Doctor-Patient "Action" Photos & Videos
Social Media Videos & TV Commercials



Visit: www.ThompsonBrandImages.com
or call:
813.994.2000

LET US PUT YOUR **PEOPLE** **PUZZLE** TOGETHER



OUR EXPERTISE

- HR policies, processes, and systems
- Strategic people management
- Extra support during temporary lapses of coverage with your HR team or special projects

OUR MISSION

We're always ready to bring the best HR solutions for your most precious asset - your people.

info@myhredge.com

727-729-2250

Visit our website, myHRedge.com to check the pulse of your HR function with a personalized assessment.

ANDOSI

THE DYNAMICS 365 EXPERTS!



Call or Text!
(813) 792-1939

info@andos.com

Modern tools to run today's businesses



**Microsoft
Dynamics 365**

Next generation of intelligent
ERP/CRM business applications



Power BI

Real Time Analytics
on any device



Microsoft Teams

One tool for collaboration
(online meetings, chat,
document sharing)



Office 365

Save documents, spreadsheets,
and presentations online

A Tool For Every Business Need

Business needs to be efficient, operations need to be smooth, and data needs to be integrated. Microsoft modern business platform shares data and tools among all applications. Backoffice/Accounting, Sales/CRM, Office productivity tools such as Word, Excel and Teams all work together, sharing data, in the Microsoft Cloud.

We are passionate about helping business grow
and thrive in our home office in Tampa Bay!

**Microsoft
Partner**



Gold Cloud Customer Relationship Management
Gold ISV
Silver Cloud Platform

www.ANDOSI.com

(813) 792-1939



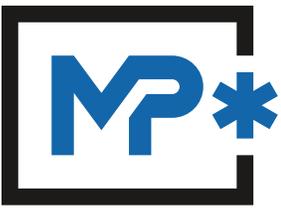
MEDICAL OFFICE SPACE OPPORTUNITIES

LOOKING TO OPEN, MOVE, OR EXPAND?

Ciminelli has a portfolio of both sale and leasing opportunities to meet a wide range of requirements. *If there is something we don't have, we can work with you to find it!*

DO YOU OWN MEDICAL SPACE?

Our Ciminelli Team has a proven track record of success for our clients. Whether it's managing, leasing, or selling your property, *we've got you covered!*



Find us and follow us on social media and our website.



Grand Revenue Cycle Management Inc.

NOTHING BUT THE BEST

We are not just another “billing company”, we are an extension of your office, a partner ensuring your financial well being.

Insurance Verification • Billing • A/R Follow-up • Payment Posting • Patient Statements & Collections

813.263.4080 ★ www.grandrcm.com ★ info@grandrcm.com

Contact us for a free consultation. We are local and do not outsource.