

MD LIFE

JULY 2019

CENTRAL FLORIDA

**The Future
Doctor's Office
of 2024 - 4
Predictions**

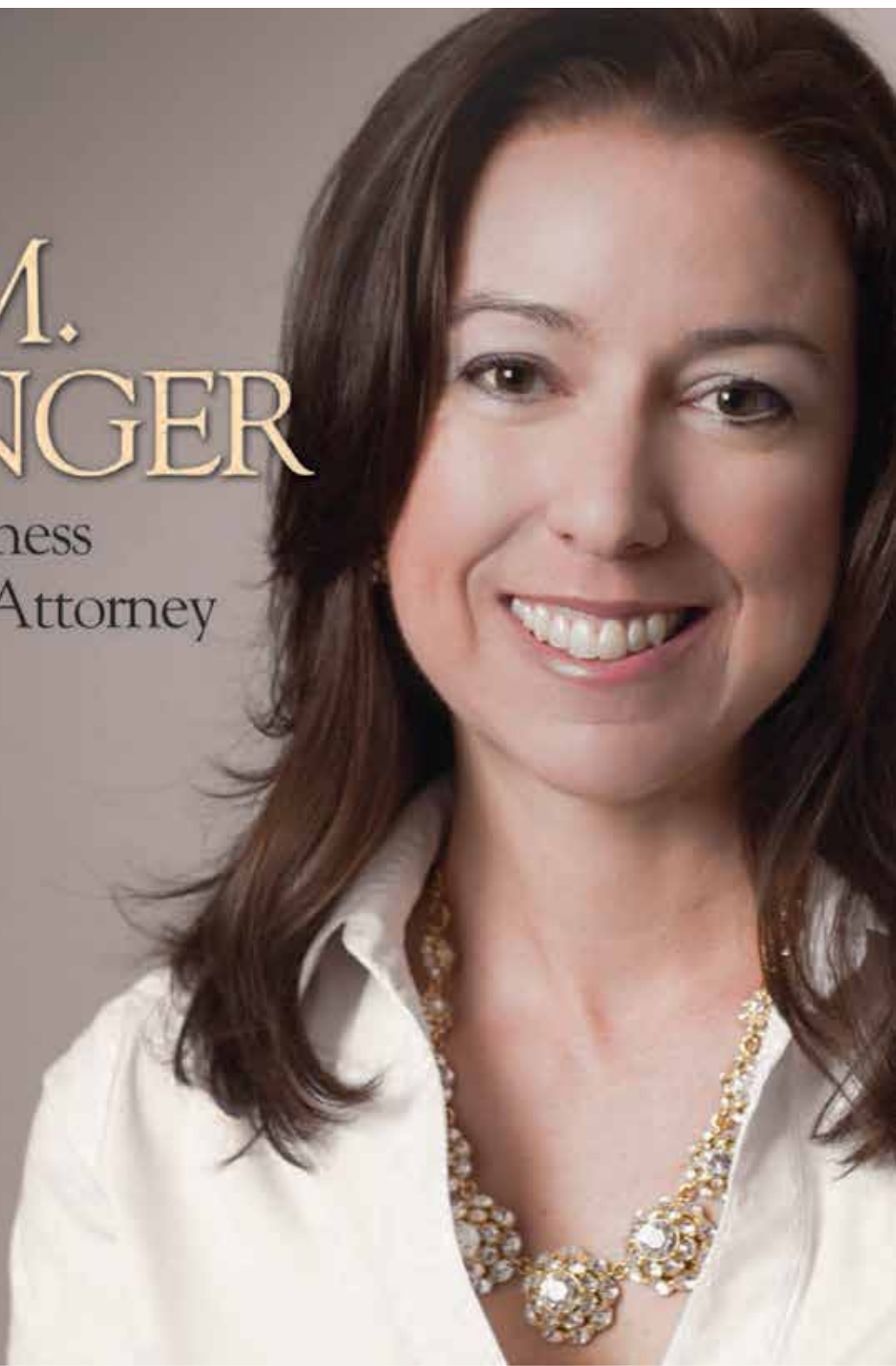
**Books to
Read in
Summer
2019**

**Why Patients
Should Read
Their Medical
Notes**



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SEE HOW

How to Share Medical Information on Your Phone in an Emergency

By Christa Geraghty, Komando.com



Over the last few years, mobile devices have become an integral element to healthcare. Personal health apps, such as fitness tracking and weight loss, lead the pack. Additional health-related apps welcomed by consumers and physicians alike include doctor on demand, prescription management, and patient portals.

Beyond routine medical care, your Android smartphone can be a valuable tool during an emergency. Setting up SOS messages or Panic button and emergency contacts in your Contacts list is a must for all mobile device users.

Although features such as In Case of Emergency (ICE) contacts are crucial to getting the help you need in an emergency, they require you to activate them. If you are unable to make an emergency call yourself, there are a few ways to share emergency and medical data while your screen is locked. Adding this life-saving info is quick and simple.

Placing this information on your lock screen will allow anyone who picks up your phone to view the info without unlocking it. So, while having this info on your lock screen could be a lifesaver for people with allergies or existing health issues, those who are not under the care of a physician, it is unnecessary. You can maintain medical info within your phone, without it displaying on your lock screen. Here are separate instructions for an Android Phone and then an iPhone

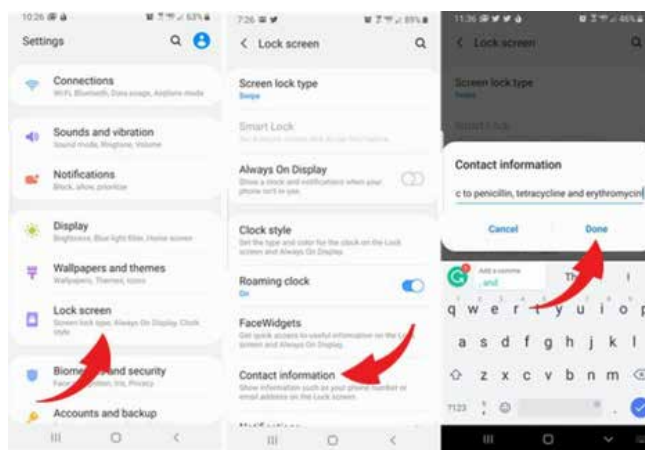
Instructions for an Android Phone

Have a potentially life-saving message displayed on your lock screen

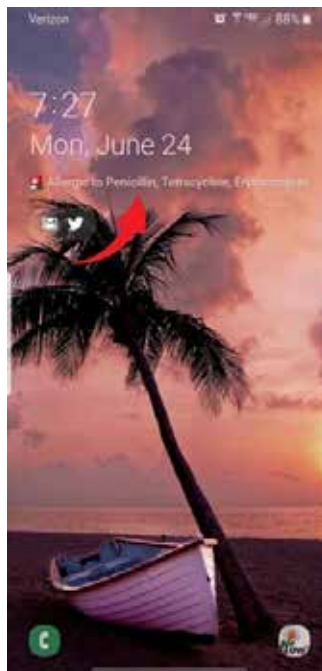
With an Android device, you can enter a message that could indicate vital medical info or an ICE contact on your screen lock. Be warned, the allowable character length of the message may vary. On a Samsung Galaxy s8, the length is 65. Also, the steps to add a message might vary depending on your Android model.

Here are the steps to add the message:

For Samsung devices: open Settings, tap Lock screen, scroll down and click Contact information. Enter your message, tap Done.



The message will now show on your lock screen



The following instructions may help set up the Lock screen message on other Android devices, including Nexus and Pixel.

Open Settings, tap Security and location. Click on Screen lock and tap on the Settings icon. Click Lock screen message and enter your message. Tap Save.

Setup emergency info on the lock screen

As with the screen lock message, the setup instructions for the 'emergency info on your lock screen' feature will vary between devices, models and OS.

Open Settings and tap About phone, click Emergency information. If Emergency information is not an option, go back and tap Users and accounts and click on Emergency information.

Choose the information you want to share:

- Medical info: choose Edit information. If Edit information is not available, click Info.
- Emergency contacts: choose Add contact. If Add contact is not an option, tap Contacts.

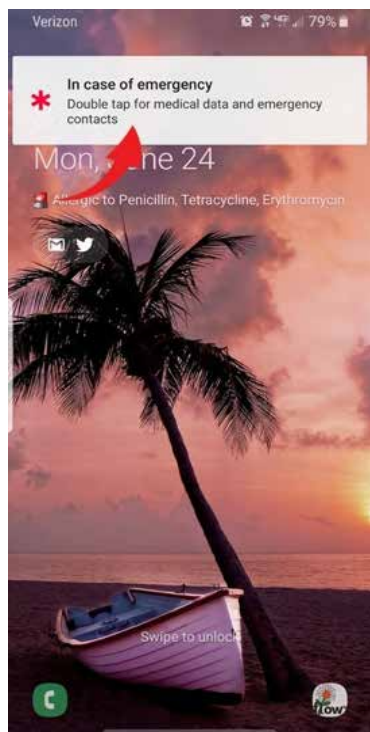
To view your information on the locked screen, swipe up and tap Emergency. Click on Emergency information. When the Emergency info flashes, tap again.

Medical information apps for the lock screen

As an alternative to going through your Android's settings, there are several medical apps such as ICE Medical Contact Card by Techxonia Inc., and MyID by ENDEVER Inc. that you can install that will provide necessary emergency information on your lock screen.

One popular free medical app is Medical ID available for download in the Google Play Store.

In addition to containing necessary information such as ICE contacts, you can include other data like your blood type, allergies and current medications. Once you have entered your information, a widget will show on your locked screen, making access quick for emergency personnel.



In addition to quick tutorials demonstrating how to complete some of the actions during the setup process, Medical ID has a YouTube channel with a library of how-to videos.

Remember, when it comes to preparing for an emergency, discuss any plans with family members or friends. Ensuring everyone is capable of receiving and sending emergency messages and so forth with their mobile devices is a must.

Setting up your medical information on your iPhone

If you've decided you want to have a Medical ID active on your iPhone, the first step to getting it set up is to open the Health app. Next, tap the "Medical ID" tab in the bottom right corner of the app and then the "Create Medical ID" button. You'll be taken to a page where you'll now set up your Medical ID.

You can input as much or as little information as you want, but the basic sections to fill in are your name, birthday, medical conditions, any medical notes (which can be a place to tell a responder something like "Don't call an ambulance" or "please reach out to this particular contact"), your allergies and reactions (so people can know what might give you hives, and what might just kill you), and your medications.

You can also choose to list your blood type, and if you're an organ donor (you can sign up as an organ donor through your phone as well).

Medical ID can list your weight and height if you'd like (your Health app may fill in this information for you if you've input it elsewhere on the app, or in an app that connects to Health). It can also include a picture of you as a means of identification in case something happens to your face, like swelling or injury, that makes identifying you more difficult.



These might not be entirely necessary to fill out unless you have an allergic reaction that could cause such an issue. It's up to you and how you feel about that information being more available from your lock screen -- if you keep the Emergency Access turned on.

Within the Medical ID creation page, you can make that decision about enabling or disabling your Emergency Access. If you keep the "Show When Locked" switch at the top on, your Medical ID will be accessible when your phone is locked by tapping "Emergency" on the lock screen,

then "Medical ID" in the bottom left corner.

If your phone doesn't show the Medical ID after you've set it up, you may need to restart your phone -- at that point, it should work.

If you'd like your Medical ID to only be accessible when your phone is unlocked, just tap the "Show When Locked" switch off and that will be how your ID works.

As we said above, this does somewhat negate the purpose of setting up the Medical ID and can impede the help emergency responders can offer you. But it's an option, and as we said, your fingers and face could be used to help unlock your phone to reach that information if necessary. Just know you're risking information not being available when you maybe want it to be.

This Medical ID creation page also gives you an option to input Emergency Contacts if you wish. If you ever use Emergency SOS, an iPhone feature that finds and calls the local emergency number for whatever area you're in and tells that emergency service your location, your Emergency Contacts will be messaged just after your call is completed.

The message will let that person know you're having an emergency and it will tell them your location just as it does for the emergency services. This location will keep being shared with them for a period of time while your iPhone is in SOS mode, so they can stay on top of the situation that way, too.

Emergency SOS can be reached by holding down the power button on your phone and then swiped on. This is also a place where your Medical ID can be viewed once you have it set up.

For people with certain medical conditions, Emergency Contacts are useful to have, as people familiar with the situation can come and help, or can know which hospital to head to so they can advocate for you and help with paperwork.

That's why this option is available through the Medical ID creation; it's part of your iPhone being a tool to help in a variety of medical and emergency situations, one more useful than most.

It's up to you whether or not you want to use Medical ID on your iPhone. It allows some personal information to be available on even a locked phone, but for people with certain conditions, or in certain situations, it can be absolutely life-saving.

Decide whether or not you use it, or consult with your doctor and loved ones about setting one up using the above steps. At the end of the day, it's better for emergency responders to have information than not, so why not make things a little easier by filling out your Medical ID? Who knows, it might just be the thing that saves your life!

THE KEY TO REMAINING INDEPENDENT

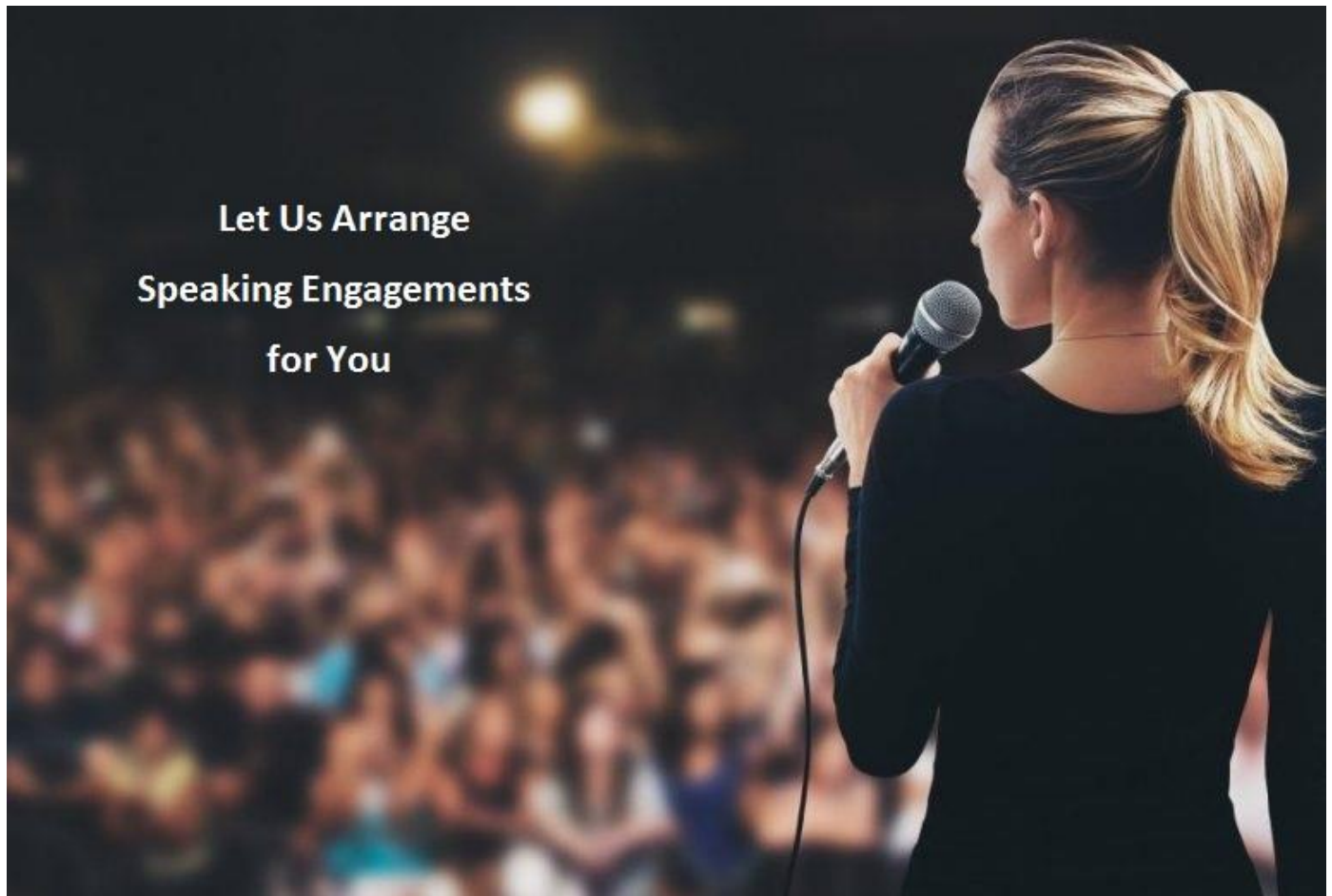


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Del Frisco's Double Eagle Steakhouse

By UNOFFICIALRESTAURANTREVIEW



The Petite Crab Cakes were nice chunks of crab meat and Cajun lobster sauce sitting on top of a delicious basil brioche. This was my favorite starter!

I was recently invited to attend a media event at the new Del Frisco's Double Eagle Steakhouse on International Drive in Orlando, FL. I have always been a fan of DF. I used to go to the Del Frisco's when it was a Del Frisco's on Lee Rd. They have since changed names but its still same owners and they kept the same menu. Yes I am talking about Christner's Prime Steak on Lee Rd. So in essence we have 2 Del Frisco's in town so to speak but with 2 different names of course.

Del Frisco's Double Eagle Steak House on I Drive features a sizable, diverse wine list of more than 1,200 labels, to include a number of notable verticals from both old and new world producers. With two floors that include two bars, four private dining rooms and a picturesque patio, Del Frisco's Orlando boasts over 400 seats. They also have private spaces and facilities available for special events and group parties/functions.

We started off with wine, then the appetizers, then the wonderful steak entrees, and finally desert. The service and food was impeccable.



The Shellfish Plateau features chilled Alaskan king crab legs, iced jumbo shrimp, fresh oysters on the half shell, chilled crab claws & traditional garnishes.



I love a good lamb cooked properly, and the the Lamb Lollipop's with a pomegranate mint glaze were pretty amazing. It was spiced right and cooked grilled to perfection.



The Prime Strip Steak had a wonderful seasoning on it and melted in your mouth. It was charred on the outside and cooked to a perfect medium rare on inside. My favorite of the steaks.

The Prime Rib Eye Steak was amazing! Spiced just right! Just enough marble and fat to make this a wonderful steak.

Some of the evenings desserts included a Lemon Cake with lemon buttercream icing and lemon glaze, Chocolate Souffle Cake with a warm molten center chocolate cake, vanilla ice cream, and raspberry sauce and a Butter Cake with butter pecan ice cream, fresh whipped cream & caramel sauce. All of which were delicious.



I am a big fan of steaks. Quality steaks that is. And I can't wait to go back for a nice steak dinner in Orlando!

Del Frisco's Double Eagle Steakhouse is open for Dinner from Monday through Saturday from 4:00 pm to 11:00 pm and Sunday from 4:00 pm to 10:00 pm.

Lunch is served Monday to Friday from 11:00 am to 4:00 pm.
Del Frisco's is located at 9150 International Drive
Orlando, FL
407-351-5074
delfriscos.com



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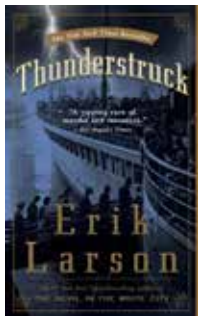
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Books to Read in Summer 2019

BY MENTALFLOSS.COM



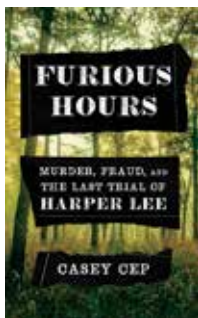
With summer officially upon us, the Mental Floss team—like so many of our readers—has got books on the brain. Nothing completes a lazy summer day in the sun or week spent on the beach quite like a great book. And while the term “beach read” often brings images of fluffy fiction to mind, it doesn’t have to be that way.



THUNDERSTRUCK // ERIK LARSON

In *Thunderstruck*, Erik Larson interweaves the stories of two men who are strangers to each other but whose fates are tied together: Guglielmo Marconi, the self-taught physicist who aims to perfect the radio, and Hawley Harvey Crippen, a nondescript patent medicine salesman who commits a vicious murder in Edwardian London. Larson’s instinct for detail molds these two

contemporaries into contrasting forces, and his mastery of suspense keeps readers hooked for the satisfyingly gruesome climax. The unusual mix of true crime and physics make *Thunderstruck* a riveting tale.

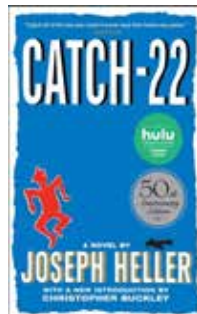


FURIOUS HOURS: MURDER, FRAUD, AND THE LAST TRIAL OF HARPER LEE // CASEY CEP

In *Furious Hours*, Casey Cep brings to light the story of the only nonfiction book that *To Kill a Mockingbird* author Harper Lee attempted to write: the bizarre but true tale of Reverend Willie Maxwell, who was accused of murdering (with the help of voodoo) five people for insurance policy payments he had taken out in their names.

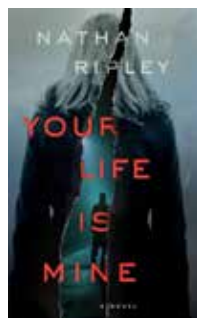
After Maxwell was gunned down at the funeral of one of the people he allegedly had murdered, the reverend’s lawyer—who had previously represented him in cases against insurance companies—flipped to defend his killer. Told in three parts, *Furious*

Hours focuses on the reverend’s and the lawyer’s stories, before turning to Lee’s life, work, and her attempts to write what she hoped would be her *In Cold Blood* (a book that she had helped her childhood friend Truman Capote report). Part true crime thriller, part legal deep dive, and part exploration of the artistic process, *Furious Hours* is a page turner from start to finish.



CATCH-22 // JOSEPH HELLER

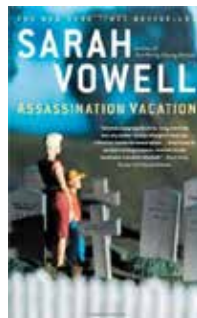
George Clooney recently brought the anti-war allegory of Joseph Heller’s *Catch-22* to the small screen in a six-episode series for Hulu, but the horror and absurdity of war, which Heller experienced firsthand as a teen Air Force bombardier stationed along the Italian Front, is as poignant now as it was when this novel came out in the midst of the Vietnam War.



YOUR LIFE IS MINE // NATHAN RIPLEY

Blanche Potter’s father was an infamous cult leader who went on a shooting rampage in the 1990s, when she was just a little girl, that ended with him taking his own life. Although she’s tried as hard as she can to distance herself from that terrible time, when her mother is killed, she returns to her family home to find out that things are not as they seem—and that chapter of her

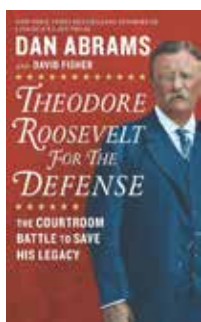
life may not be closed after all. This thriller from bestselling Canadian writer Nathan Ripley (the not-very-secret pseudonym of Nabeh Ruthnum) is a slow burn that’s a perfect summer beach read for those who like to keep it dark—very dark.



ASSASSINATION VACATION // SARAH VOWELL

In *Assassination Vacation*, author and *This American Life* contributor Sarah Vowell explores the fascinating and horrifying history of three presidential assassinations—William McKinley, James Garfield, and Abraham Lincoln—with her trademark irreverent humor. Her journey takes her everywhere from the remote Dry

Tortugas National Park (a military installation-turned-prison where Samuel Mudd, a doctor implicated in Lincoln’s assassination, was held) and Ford’s Theater in Washington, D.C. to the New Jersey town where Garfield spent his summers and McKinley’s Ohio grave, with her friends and family (including her then-3-year-old nephew, Owen) in tow. It’s not a straightforward account of the assassinations, but Vowell’s ability to weave humor and personal stories in with history means you’ll



learn more than you thought possible—and chuckle while you do it.
THEODORE ROOSEVELT FOR THE DEFENSE: THE COURTROOM BATTLE TO SAVE HIS LEGACY // DAN ABRAMS AND DAVID FISHER

Former president Theodore Roosevelt had a sterling reputation as a moral man—and he was eager to defend it when Republican party boss William Barnes accused him of libel in 1915. In *Theodore Roosevelt for the Defense*, authors Dan Abrams and David Fisher weave the history of law into a de-lightful and compelling account of case. You'll feel like you were one of the lucky audience members who was in the Syracuse courtroom for this "Trial of the Century."



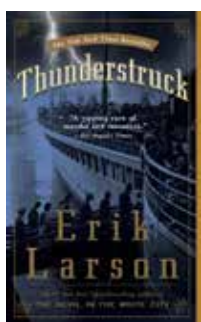
THE WATER CURE // SOPHIE MACKINTOSH

Long-listed for the Man Booker Prize, Sophie Mackintosh's first novel is a haunting, lyrical book about disasters—environmental, societal, familial, emotional—that takes place in an unnamed location in an unspecified era, one in which all men have been rendered literally toxic. Growing up on an isolated, fortified island with their parents, sisters Grace, Lia, and Sky are kept an ocean away from any man who isn't their father. Each day, they're made to undergo strange, often painful rituals designed to cleanse them of the toxins that their parents say lurk at every turn. But when their father disappears and newcomers arrive at their home, the sisters are forced to reevaluate how they see the world.



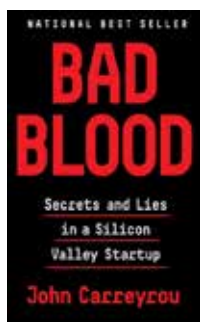
MAYBE YOU SHOULD TALK TO SOMEONE // LORI GOTTLIEB

Ever wonder what's going on in your therapist's head as you're going on and on about your problems? Journalist and psychotherapist Lori Gottlieb explores what it's like on both sides of the patient-therapist relationship in *Maybe You Should Talk to Someone*, a book that details her experiences treating clients as well as the experience of visiting a therapist herself. The book is a warm, honest portrayal of people navigating life's big challenges—heartbreak, illness, the trials of marriage, anger issues, and more—that will make you feel like you just came out of a session with a beloved therapist yourself. In a good way, we promise.



BAD BLOOD: SECRETS AND LIES IN A SILICON VALLEY START-UP// JOHN CARREYROU

The biotech start-up Theranos seemed too good to be true: It promised a state-of-the-art process to expedite and improve blood testing for hundreds of millions of people. But founder Elizabeth Holmes trafficked more in fantasy than fact. This comprehensive account of business malpractice reads like a thriller.



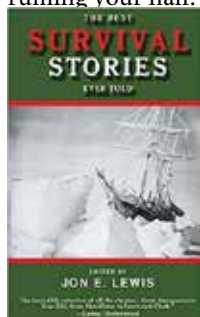
AMERICAN PLACES: A WRITER'S PILGRIMAGE TO SIXTEEN OF THIS COUNTRY'S MOST VISITED AND CHERISHED SITES // WILLIAM ZINSSER

Pearl Harbor, Mount Rushmore, Disneyland: America is full of real places that have been elevated in our national consciousness to imply something bigger. Author William Zinsser, best known for his indispensable guide *On Writing Well*, hits the road to understand why these popular destinations—not to say tourist traps—have become icons. He talks with park rangers, cashiers, artists, archivists, and workers who have the perspective to explain the transformation of a South Dakota mountain into a symbol of American character, or a Massachusetts pond into the locus of our yearning for simplicity. Like the best travel narrators, Zinsser takes us along with him on his journey of discovery with enthusiasm and peerless prose.



THE BEST SURVIVAL STORIES EVER TOLD // EDITED BY JOHN E. LEWIS

Spoiler alert: Not everyone survives in this collection of the greatest, most improbable tales of men and women against nature. Near-disaster in the polar regions is recounted by Ernest Shackleton and Douglas Mawson (total disaster is covered by Robert Falcon Scott). Edmund Hillary and Tenzing Norgay battle to the summit of Everest, while Theodore Roosevelt bushwhacks through the Amazon jungle and barely lives to tell about it. Lesser known, but no less dogged, explorers traverse the Empty Quarter and drift across the stormy South Pacific. Pick up this anthology when you're safely wrapped in a beach towel with a gentle sea breeze ruffling your hair.



ORANGE WORLD // KAREN RUSSELL

Karen Russell is a national treasure. With a flair for high weirdness that manages to avoid caricature or camp, she crafts stories that are both psychologically rich and terribly strange—think bog bodies, tree spirits, and breastfeeding the devil. But the real joy of reading Russell is her commitment to using language in news ways: Her sentences are worth reading again and again to take their full weight. The effect is enhanced if you've ever seen her read in person; she's incredibly sweet and almost elfin, delighted to be sharing with you these dispatches from the uncanny—which are never really about another world after all, but about the full weirdness of this one right here.

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Why This Physician Will No Longer See Nursing Home Patients

MICHAEL KIRSCH, MD



Our practice will no longer see nursing home patients in our office. If a nursing home patient is already established with us, then we will see him; but, we have decided not to accept new patients. Of course, we believe that these individuals — like the rest of us — deserve medical care. This demographic not only deserves care, but has the greatest need for medical services. Our practice will see every person who wants to see us, including the uninsured.

Why, then, would a welcoming practice like ours close our door to new nursing home patients? We couldn't take it anymore.

These patients, who often have serious physical and mental challenges, would typically arrive to our office accompanied by a driver, who naturally has no medical knowledge. The patient often had no awareness of the reason for the visit. The 'medical record' consisted of a nearly indecipherable list of medications of uncertain accuracy. Typically, no reason for the visit was documented, or there might appear a scrawl — "stomach problems" — not quite a road map that a consulting gastroenterologist can follow. I would then, in the middle of my practice day, call the nursing home in search of a nurse (or nurse's aide or secretary or janitor) who might enlighten me on what my focus should be. This task is about as fun and efficient as calling the IRS customer service line with a tax question. Often, the nurse who might actually know the reason for the visit is off that day or works a different shift.

It took several years before our practice declared 'no mas', but our level of exasperation finally exceeded our patience. Our repeated attempts to improve communications were not successful.

Here's what didn't happen:

- The patient's doctor or nurse would call us in advance to discuss the case so that we might gain information that would make an office visit worthwhile.
- We are contacted in advance, and we advise that a diagnostic test or blood tests be performed before the office visit.
- We are contacted in advance and, after discussing the case, request certain prior medical records to be sent before an office consultation. If a patient is having rectal bleeding, for example, I want to review the prior colonoscopy records. Perhaps, a repeat procedure is not necessary.

- A family member accompanies the patient to the office visit. I am not judging folks here, and family members may live out of town, but I was always surprised that these ailing and elderly patients rarely arrive with a family member who could play a critical role of providing (or obtaining) medical knowledge and advocating for their loved one.

This has been a vexing issue. If you were sending an elderly patient, perhaps demented, to a doctor, why wouldn't you give that physician a full briefing so that he or she could do a decent job? Even when we are sufficiently informed, the task is challenging. But, we shouldn't be asked to work blindfolded in the dark.



Late-Summer Escapes: The Top August Vacations

www.flipkey.com

An August vacation is the perfect way to kiss summer good-bye. Spend some time soaking up the heat before cold weather comes to town by visiting one of our recommended August destinations. From beach towns and islands to lively summer-centric cities across the world, we've got the skinny on where to travel in August. For a chic late-summer escape, join the jetsetters on the Cote d'Azur, France's world-famous Mediterranean coastline; here, you'll find pretty pebble beaches and plenty of beautiful people, in addition to great dining and nightlife. For a low-key trip with the family, head out to one of the small towns on Cape Cod, a tried-and-true summer spot on the East Coast of the United States. A memorable summer vacation awaits you.

Cape Cod, MA



Charming small towns and picturesque ocean beaches have made Cape Cod a top summer destination. Warm August weather plays perfect accompaniment to the region's myriad pleasures, whether you're spending a day at the beach, strolling along the boardwalk, or dining on super-fresh seafood al fresco.

Riviera Maya, Mexico



From the buzzy beach town of Playa del Carmen to the tucked-away jungle village of Tulum, the various destinations along Mexico's Caribbean Coast all boast beautiful white-sand beaches, crystalline seas, and verdant jungle scenery. Mix in great food and Mexican hospitality, and you've got a perfect summer escape.

Amsterdam, Netherlands



Though it is always a top destination for art, culture, and nightlife, the Dutch capital comes alive in the summer months, when the parks are filled with sunbathers and the streets are crammed with cyclists. In August, many festivals, markets, and music concerts make the city all the livelier.

Cote d'Azur, France



Covering France's southern Mediterranean coast, the Cote d'Azur—also known as the French Riviera—is a beloved summer escape. Join chic Parisians, European families, and international jetsetters for sunbathing and nightlife—and don't forget to sample the region's wonderful French wine and cuisine.



Honolulu, HI
Honolulu is a hopping town with a beautiful beach and a famously welcoming atmosphere.



Edinburgh, Scotland
The annual Edinburgh Festival, an international arts and music event, is in full swing in August.



Ibiza, Spain
For both sunbathing and nightlife, Europeans flock to this party-centric Spanish island in the summertime.



Grand Canyon, AZ
One of the world's most dramatic natural landscapes looks all the prettier in the rosy late-summer light.



Chicago, IL
Catch a game at Wrigley Field, visit Millennium Park, or attend one of the city's many summer concerts.



Victoria, Seychelles
This tropical African city is a gateway to the island nation of Seychelles's gorgeous ocean beaches.

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- We employ dustless systems with each sanding job
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30 of the Biggest Design Mistakes New Homeowners Make

architecturelab.net



When it comes to designing your new home, you might feel as if you've been marooned out at the sea. You now have the responsibility of making sure everything is according to you and your loved ones' taste. This includes a number of components: the rooms, the paint, the furnishings, the design of the backyard, and the furniture.

If you're going for a complete overhaul, the task might seem herculean in nature.

Fear not, because by the end of this article, you'll know the biggest design mistakes that new homeowners end up making. These include interior design, designing the backyard, and design mistakes that percolate all through the house. These also include some general mistakes which end up damaging the design aspect indirectly. Without further ado, let's begin with the most common design mistakes!

1. Forgetting what a room is supposed to do

This is a big offense by many new homeowners. The task of designing a new home can be endlessly time consuming. And, this is why many of them get confused while making design choices based on the functionality of the room, say, seeing space in the study to keep your workout equipment. These decisions affect the overall feel of the place, and add up in creating an aura of confusion and a sense of messiness.

2. Inadequate light in a room

Lighting is essential to the overall feel of a room. Make sure that the windows are proportioned with proper blinds and window panes. Also, consider making vents and small windows wherever necessary. These are crucial steps to ensuring there is enough light. Artificial light is just as important, with respectable brightness for each room and multiple light sources – without going overboard.

3. Going with a derivative theme or over-theming a room

Themes are immensely personal choices, and you should



never make this choice based on someone else's interests (such as getting an Italian themed room just because your neighbor has one). This should be avoided at all costs. Your room should reflect your own sensibilities.

Further, when putting together accessories and designs for your theme of choice, it is important to keep in mind that a room should not lose out on functionality for aesthetic gains.

4. Ignoring the proportions of a room

This is another common mistake. Your room components – the doors, the windows, the furniture, as well as overall spacing of the room, should always be in sync with each other. Improperly proportioned components stick out like a sore thumb and severely distract from the overall look.

5. Over-accessorizing the room

This point goes hand in hand with over-theming. Adding too many bells and whistles can reduce the functional aspects of the room. Such as, a sculpture which is taking up too much space on the table could be replaced with other items of use. This also detracts from a sense of minimalism, since these accessories might become the only thing anyone sees while they're in the room.

6. Putting family photos all over the place

While extremely important for the family, too much of these can take up space where you could add a matching artwork or a sculpture. One should try to incorporate more design details into their house. Replacing excess family photos with artwork or even nothing, for that matter, can drastically change the look and feel of your house.

7. Too many furnishings from the same store in a room

Since the same store is likely to have a number of similar components, it is wise to shop a little, but from different places. Buying too much from the same store risks your room looking over-themed. Further, it signals a sense of being too rigid in buying from a single place and having little sense of what goes well with what.

Consider taking the help of a designer to make sure this doesn't happen, since there's a strong chance of the design becoming repulsive over a period of time.

8. Going overboard with family heirlooms not matching the room's ambiance

As is with family photos, family heirlooms might mean a lot to you. However, they might not go well with the room, and this become increasingly evident as time passes by. Hence, that ornate armchair or Victorian era clock might be carrying a lot of importance, but make sure it sits well with the overall feel of the room.

A splash of paint or a polish might change things drastically in this respect, so get these ideas approved by your interior designer first.

9. Adding too many functions to a single room

In case you are going with a multi-purpose room, such as a combined study and a bedroom or a living room with a kitchen attached, make sure you do not go overboard with adding functionality. the oft-heard quotation "too many cooks spoil the broth" is very apt in this case. The same room shouldn't be used for too many activities.

Our advice? Take your time. Give each room a character of its own, and make design choices which thoroughly reflect that character. A single room shouldn't have to do the work of two – unless you don't have the liberty of choosing.

10. Exposed wires, pipes and outlets

These are not only detrimental to the design of your house, but can cause trouble otherwise too. These wires and pipes should be covered as properly as possible, in order to minimize wear and tear externally.



11. Too much minimalism in the room

Going minimalist is the style choice of today, but there need to be ample accessories for it to be functional and useful. Minimalism should not come at the cost of lost productivity. If you read before sleep, don't miss out on getting a table lamp. Your room should cater to all of your needs, and the wants can be minimized to as far an extent as you like. A sense of balance in the room is crucial for your own productivity as well as your loved ones'.

12. Misplaced or mismatched window blinds

Window blinds are an important part of the design scheme of your rooms, and the entire house as well. The proportions

have to be exactly right, with some room for error. They should, at the very least, cover the length and width of the window. The design of the blinds also matters – whether minimal or designer, they should go with the room.

13. Storage space, but too much of it

Your rooms should not start looking like warehouses. There should be ample storage spaces for the essentials as well as some leeway space. Giving away entire walls to wardrobes and cubbyhole spaces would make your room give off unwanted "hoarder" vibes, even if you do it unintentionally.



14. Mismanagement of water in the house

This goes with the aspect of leaving pipes exposed. You should never mess with having shoddy water management in the house, which can cause serious short-term or long-term problems. Interior design should be given priority only after you have sorted such risky water problems.

15. Choosing improper HVAC systems

These can cause serious mold issues in the long term, hence it makes more sense to get the HVAC system checked out. Mold can cause your walls to weaken, your plumbing system to start corroding, as well as a host of other problems. Further, a uselessly large HVAC system will occupy space which could have been used elsewhere. Also, the design of the vents is a styling detail which most people get wrong.

16. Poor choice of materials for the house

Your material choice matters as much as the final design of your house. Getting a set of quality materials for the furniture, the kitchen, the rooms, and the bathrooms will create an amazing aura all across your home.

Materials have a strong connection with design, such as houses with rustic themes going for terracotta bricks, stone and ornate furniture. If you're going for a minimalist theme, consider using metal, glass and airy surfaces.

17. Picking the wrong labor company

Labour hire will be one of the most crucial design decisions you will make. Hence, ask around, get quality references, check their previous work, and ask for a general overview of how they proceed with working on projects. Certifications are also a must.

18. Making too many changes to the original design plans

The more changes you make, the more problems it creates for both the interior designer as well as the contractor. Sticking to a plan gives you an assurance that the work being done is of high quality and in a considerably smaller period of time.



Not just this, your wallet will thank you for not changing furnishings, fixtures or materials frequently.

19. Sweeping stuff under the rug

While this is the easier option, it is more prudent to deal with the situation of mess in its current state rather than when it becomes too much to handle. You should not go in for hasty fixes for problems which require time and dedication to solve. They might snowball into greater issues requiring far more effort and set you back even more than the original fix, in terms of time and money.



20. Improper expenditure – saving where you should spend, and splurging where you can skip

Splurging too much on accessories which add little to the overall functionality can take bills up to the point where your wallet simply won't agree. If you feel that you're going to skip out on the basics if you splurge on mere aesthetics, stop: draw the line, and get back to the basics.

21. Becoming your own contractor – unless you're an actual contractor

You might be tempted to take matters into your own hands, but when you'll wind up in trouble, you'll be calling the emergency repair helpline in the middle of the night. Unless you have years of experience building or designing houses, you should call in the experts.

22. Splurging too much money on tech stuff

In the era of the internet, you might be easily tempted to go in for all sorts of technology which you can throw into your house. Not only will this drive your budget exponentially towards the point of infeasibility, but you will also suffer in terms of design. Not all tech goes with each other – get enough to make your life easier, but know where to draw the line.

23. Not leaving enough open space in your backyard

Everybody loves to have enough space to chill around in the backyard. If you put too much stuff in, or clutter up the area, so it doesn't leave any free space behind, you'll end up with a backyard which can't serve its primary purpose. Too many plants also play a detrimental role here.

24. Making your backyard too complex a place

Your backyard should be a place where you can let off steam, and admire the foliage. It should not have a number of weird chairs or birdhouses which are not maintained properly. Go for less, but maintain what you have. Do not go in for too many tables, or a weirdly designed pool. Everything should have its space, but it shouldn't look like a mess. Take your time, relax and give this a thought.

25. Not preparing for contingencies

None of the design work, the changes in design plans, or emergencies should be such that they are unaccounted for before the work starts. Get your house thoroughly checked for any problems, and account for them before you get to design work. You should also try to account for small revisions in the design as you go.

26. Making your kitchen a disorganized disaster

Your kitchen should be the most organized space in your house: that is, if you intend to save time in your schedule. Putting the more frequently used appliances and utensils nearer to your reach will help saving time.

27. Poor pre-construction planning

Planning is one of the most important steps here. Each of the design schemes, the floor plan designs, the interior design plans and exterior design plans should be ready well before the actual work starts. This will help you check the costs before non-refundables start piling up and correct any mistakes before they become a reality you have to live with.

28. Very little circulation in the house

Circulation and lighting go hand in hand. Both of them are absolutely necessary to have in any good home. You can make sure there is enough circulation by adding vents, increasing the sizes of doors or number of windows, if they aren't sufficient. Consider removing excess elements from the house or getting smaller cupboards to make way for the air to circulate.

29. Making sure your home can stand all seasons

This is an important design consideration too, since you have to make sure that the HVAC, the exteriors, the backyard, the plumbing and the interior elements such as furniture are all worthy of bearing all the climate changes in your area. If your area has a warm and tropical climate, avoid using leather – you can go in for plusher furniture in colder areas.

30. Financial mismanagement

This is clearly the most important point. Don't land in a situation where you're having to max out your credit cards and taking loans and IOUs for things which should never have required so much money. Keep asking for estimates all along the interior and exterior design process, and check for cheaper alternatives if you feel too much is being spent.

Happy designing!

Wine for a Summer Cookout

By JILL BARTH



Many years ago I hosted a cookout party for family and friends to celebrate my sister's achievement of earning her Masters degree in Early Childhood Education. I made, truly, the best pulled pork this side of the Mississippi and I thought to myself (as I often do): Rhône reds. Turns out, I had a houseful of white wine drinkers, people that actually asked me specifically for a glass of white wine. I learned two things about cookouts that day: first, at parties go with variety...second, always have an over-sized bottle of white wine.

It sounds simple, but I don't see any reason why a cookout shouldn't be simple. Too much fuss turns a hostess into a stuffy, boring swirl of no-fun. In American we are in the heart of cookout season – grills are fired up from here to September and beyond and everyone needs a little something to drink. Here are some of my suggestions for pairing your grilled cookout foods with wines to suit everyone.

AN OVER-SIZED BOTTLE OF WHITE WINE: FRONTERACHARDONNAY 2016

Frontera is made by Concha y Toro, one of the world's premier wine producers and South America's leading exporter of fine wines and this bottle comes from Chile's Central Valley. I'm featuring the 1.5 liter bottle for obvious reasons; you'll need second glasses for everyone as this goes great with grilled seafood, creamy salads and I'm told it makes a yummy cucumber-lime cocktail called the Al Fresco. \$12

A WINE FROM MEXICO: ADOBE GUADALUPEGABRIEL 2011

As I've mentioned here before, my hubby grew up on the south side of Chicago. Mexican street food and family recipes are a big part of celebratory meals there, and we've continued to require grilled Arrachera (Mexican skirt steak) whenever we have a summer party. If you can get it from a Mexican butcher, that's your best bet. I'm recommending a wine from Valle de Guadalupe, Mexico; the closest winemaking region to San Diego. Adobe Guadalupe is known for the "Angel Collection", traditional and not-so-traditional red blends and has been making wine for over two decades. \$47

A WINE FOR SMOKED MEATS: PALMER VINEYARDS-MERLOT 2014

Both of my sons learned to use a smoker from my brother-in-law and I'm jealous that I don't know how to use one myself. Oh well, guess I just have to be the eater, not the cooker. With your gorgeous smoked meats (where you at, smoked brisket?) I suggest this Merlot from Long Island. Yes, Merlot is a big wine...but I love that this one has a bit of smoke on the palate but plenty of fruit to round out the mouthfeel. \$25

A PERFECT AMERICAN ROSÉ: MURIETTA'S WELLIVER-MORE VALLEY DRY ROSÉ 2016

I love that this wine is a blend of Grenache and Cunoise – a varietal you don't see grown much in the US but is a celebrated Rhône varietal and I never say no to Rhône. I am so impressed with the Murietta's Well portfolio, out of Livermore Valley in California, that I'm excited to hear what everyone eats with this. Because I want to try it all! I would love to have it with grilled chicken loaded with herbs or a salsa verde. \$30

ELEGANCE AL FRESCO: RAIN DANCE CHEHALEM MOUNTAINS ESTATE PINOT NOIR 2015

The grapes for this wine grow in the clean and beautiful Chehalem Mountains in Oregon's Willamette Valley. If you plan to step up the elegance at your cookout, this wine is unforgettable. I'm tasting it with roasted mushrooms or a herbal-seasoned lamb. Rain Dance is the creation of married Oregonians Celia & Ken Austin III who released their first vintage in 2013. This is truly a wine that comes from a love of place for this couple. \$40

NO-COUNTING-CALORIES WITH MACCHIA LODI PRIMITIVO 2014 "DEVIOUS"

There is nothing wrong with a stuffed burger – the bigger the better. This wine is prepared to take on the best in grass-fed beef goodness stuffed with rich mushrooms and bold cheese. I'm thinking buttered brioche bun, too. From Lodi, this has peppercorn spice but is food-friendly and smooth. Macchia likens the palate to Zin, but with "Italian flair". For more on this unique wine, read up at Lodi Winegrape Commission's blog. \$25

A WINE FOR GRILLED VEG: BODEGAS NEKEAS VEGA SINDOA GARNACHA ROSÉ 2015

I'm all about the wonders of Garnacha (Grenache, in France) and I'm a fan of garden fresh produce. This wine fits the menu just-right. From Bodegas Nekeas located in the Valdizarbe Valley in Navarra, Spain this wine has a fresh sense of spice that goes well with organic veggies. Also called Rosado, this wine is food-friendly and excellent chilled for the summer months. Could be enjoyed as an apero, too! Less than \$10

The Doctor's Office of 2024 – 4 Predictions for the Future

By Gaby Loria

In the past decade, significant advancements have been made in medical research and technology that have improved the overall healthcare experience for patients and made it easier for doctors to provide better, more efficient care.

Electronic medical records (EMRs) have replaced paper files in medical practices and hospitals, patients are increasingly accessing their health records online and Google Glass is currently being used by doctors to consult patients while a scribe does the typing work.

The question now is: What's next on the horizon for doctors and patients? We interviewed several medical experts to get their thoughts on the biggest changes likely to occur in primary care over the next decade. Here are their four most noteworthy predictions for doctors' offices in 2024.

Doctors Will Rely on Wearable Tech for Real-Time Insights



Wearable technology is already popular among some consumer groups, particularly fitness enthusiasts. These high-tech fitness trackers measure everything from a person's heart rate to activity level and even sleep patterns. As this technology becomes more efficient and less obtrusive to everyday activity, experts say it will likely become a big part of the medical community, providing doctors with patients' real-time health information.

"Current wearables such as the Cuff and the Athos fitness tracker, among many others in this space, already allow patients to monitor their own health by measuring heart rate, respiratory rate and calories," says Dr. Sandeep Rao, MBA. "The next step is for the patient to be able to plug this data into their medical records, which would allow us to mine data for both individual patients and groups of patients."

One example Rao gives is treating a large group of high blood pressure patients with a certain anti-hypertensive drug. Wearable technology would allow the doctor to track the effect of the medication on each patient's heart rate and blood pressure.

"The physician[s] could then aggregate this data centrally, analyze it and determine the efficacy of the medication on different demographics [women, young patients, Asians etc.], and finally target each population with the best medication," says Rao.

Dr. Natasha Burgert, a pediatrician who frequently blogs about the patient-doctor connection, believes that wearable technology will also elevate the patient-doctor experience to new levels, providing doctors with a much more in-depth understanding of what activities and behaviors a patient engages in and how they affect their health.

She explains that patients aren't always honest about their lifestyle choices, either because they know the healthier choice is the right answer, or they feel it's not a doctor's business to comment on a personal choice.

Regardless of the reason, Burgert says this leaves doctors advising patients with unreasonable or impractical approaches that are essentially unusable. "Wearable technology will give us a better understanding of how our recommendations may or may not be applicable for that patient's lifestyle," she explains.

For example, imagine a patient who doesn't tell their doctor they're working a second job to make ends meet, which leads to late night snacking and sleep problems—when the patient is trying to lose weight. "If information was shared through wearable data, the doctor could get a more accurate sense of natural awake/sleep rhythms and offer possible suggestions of what to eat late at night, rather than a blanket statement of, 'don't eat late at night,'" Burgert explains.

She also points out that wearable devices could be critical in reaching patients who don't take good care of themselves. "The patients who really need to be tapped into are those with chronic illnesses who don't think they're sick, such as people with uncontrolled diabetes," she explains. "This is a really hard population to reach."

Wearable technology could alert the doctor whenever the patient was having issues or complications, as opposed to the patient ignoring the warning signs and waiting until their condition was severe to visit the doctor. This would help the patient recover faster and lower treatment costs, since less drastic measures would be necessary.

Waiting Rooms Will Be Phased Out

Talk to any patient, and they'll agree that less time spent in the waiting room is a good thing. In fact, a Software Ad-

vice survey of 5,000 patients in the U.S. found that 97 percent of respondents felt frustrated by wait times.

Although the waiting room experience has already become more streamlined with advances such as online check-ins, experts say this process will continue to become more efficient in the future, or even disappear altogether.

Geeta Nayyar, chief medical information officer (CMIO) at PatientPoint, believes the waiting room will continue to exist, but that the time patients spend will be used more efficiently. “The visit will start right when you walk in the door,” she says. “For example, the provider might see that you have diabetes that requires a certain type of screening. If you complete the screening in the waiting room and test positive, that information can be sent directly to the doctor to make the visit more efficient.”

Burgert believes waiting room times will be significantly reduced. “We can do a lot more pre-visit education, and much of the form completion and scheduling can happen outside the office,” she says. “We could have the basic patient demographic data pre-loaded, so there won’t be any delays.”

Patients filling out pre-visit forms online coupled with data transmitted from wearable technology could give doctors most, if not all the advanced information they need.

Less time spent collecting background information means the visit can be devoted solely to the patient’s current ailment or issue, greatly speeding up the duration of appointments and reducing—or even eliminating—the need for wait times and waiting rooms.

In addition, Burgert says it’s possible that patients could have a smartphone application allowing them to scan or alert the doctor’s office to their presence when they’re in the parking lot or have entered the building. This could eliminate the need for wait times and waiting rooms altogether. “We could anticipate your arrival, meet you at the door and take you right back to your room,” says Burgert.

Up to 35 Percent of Visits Will Happen Virtually—Or Not at All



Traveling to the doctor’s office for a routine checkup can consume a decent chunk of your day. While these visits are important for ensuring your ongoing health, the future offers a more efficient and less time consuming solution: telemedicine (also called telehealth).

Patients are already starting to connect with doctors via video call, and some are currently able to order new prescriptions through patient portals, saving them a trip to the doctor’s office. Over the next decade, this trend is expected to rise.

“I see no alternative but to resort to this technology for common and non-emergent maladies,” says Dr. Barbara Bergin, a board-certified orthopedic surgeon. “As patients find it harder and harder to find doctors to see them, hindrances to virtual medicine—such as liability issues—will diminish out of necessity.”

Burgert agrees that telemedicine will increase over the next decade, as it allows doctors to easily interact with, and treat patients with, minor ailments. “If I looked at my schedule today, somewhere between 10 to 20 percent of the visits could be conducted through telemedicine,” she estimates.

Over the next decade, telemedicine will also become more advanced. “In the future, we’ll be able to collect new pieces of data to share in these visits,” Burgert says. “For example, patients may be able to use their smartphone to take their own EKGs [electrocardiograms] or, if they have diabetes, send their A1C and blood glucose numbers.”

Depending on the scenario, Burgers says, patients could send their health information directly to their physician for interpretation and guidance, bypassing the telemedicine video conference altogether.

Nayyar agrees that telemedicine will continue to grow in the next several years, mainly for primary or urgent care services, e.g. if a patient has a sudden, pressing question for their doctor during non-office hours. She estimates that as much as 25 to 35 percent of visits could be conducted in this manner in the next decade.

Nayyar also points out that this technology could potentially alleviate the shortage of providers. “We will always have a shortage of providers, and [telemedicine] offers an opportunity to close some of those gaps from a simple logistics perspective,” she says.

Patients Will Increasingly Control Their Medical Charts

According to a survey from Wolters Kluwer Health, 80 percent of patients want greater control over their own health-care, but only 19 percent have access to a personal health record. In the future, patients and doctors could satisfy this demand by charting their visits together, and Burgert says

she already knows a few doctors who are actively working on this. Some modern radiology information systems and PACS systems exemplify a step in the direction of patient control.

Charting the visit together would allow patients to share more of their story. Patients often share a lot of detail during their visit with their doctor, much of which is lost during the note-taking process. It's not that physicians don't want to capture this information; it's simply not practical to record paragraphs of information, so instead it's boiled down to a sentence or two.

"Patients really want their story to be heard, but as they tell that story, it's very difficult for us to translate that story into our electronic records," Burgert explains.

But in the future, Burgert imagines that new technology could include a simple series of questions with drop-down menus and comment boxes that could be uploaded into the patient's EMR.

This survey or intake form could be emailed to the patient a few days prior to their appointment and the results preloaded into the system. The doctor could then read it prior to the visit, ask relevant questions when with the patient and then add to the narrative as he/she saw fit.

"It would allow the time with the doctor to be more efficient, with less frank 'data collection' and more supportive questioning," Burgert says. "This would optimize face time with the patient and optimize the use of a skilled practitioner's time, allowing better assessment and plan discovery for both doctor and patient. It would also allow more time for the patient to engage in self-assessment by committing their story to paper, possibly even facilitating more honesty in the medical record."

Preparing for 2024

It's clear there are many exciting developments on the horizon that will change the way doctors and patients interact in primary care practices. While all changes require some type of adjustment, there are a few steps doctors can take now to get a head start.

Get involved in professional associations. Nayyar explains that professional associations often have the latest and greatest information relevant to your particular specialty. She also recommends talking to colleagues to find out what worked and didn't work for them so you can use this information to invest wisely in different types of technologies for your own practice.

Listen to your patients. Healthcare is continuing to evolve into a consumer-driven space, explains Nayyar. If your patients express a desire to be more involved in their care, spend less time in the waiting room or have the ability to email or text you with questions related to their care, you

should start thinking about how to integrate technologies into your practice that will enable this.

Embrace new technology. As new technology becomes more widespread in healthcare, patients are likely to not only embrace it, but seek out physicians who are using it. Learning and adopting this technology early on will put you ahead of the curve. Burgert explains that much of this emerging technology is how doctors will maintain their relevancy and new patients in the future—and ultimately, avoid becoming "obsolete."

The key for success, Burgert says, is for physicians to push through the learning curve and anxiety associated with many new technologies and be open to the changes that lie ahead. She explains: "Physicians who maintain their willingness to listen and learn, despite the common anxiety of not knowing everything in uncharted territory, will be better positioned in the future."



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Why Does Opioid Dependence Vary So Dramatically by U.S. State?

By Alessandra Malito, Marketwatch.com

Nearly every state is affected by the opioid crisis, some more than others



West Virginia suffered the most opioid-related deaths in 2017, according to a new report.

The opioid crisis is a national health emergency, but some states are hit harder than others. California, Rhode Island, West Virginia, Kentucky and Florida suffer the most from opioid abuse, according to Fair Health, a New York-based nonprofit market research firm that analyzed 26 billion privately-billed medical and dental insurance claims from 2002 until 2017.

“Using that database, the national heat map represents opioid abuse and dependence [insurance] claim lines as a percentage of total medical claim lines by state in 2017,” the researchers said. The darker colors have the higher percentages of claims.

The firm mapped out how each state was affected by opioids, as well as the medical help residents received, the total cost of those procedures, plus the age and socio-economic background of patients. West Virginia had most opioid-related claims last year, according to the report.

How does treatment for chronic pain vary by state?

- “Methadone administration was particularly associated with the Northeast, while another medication, naltrexone injection, was more closely associated with the Midwest.”
- “Outpatient rehabilitative services were linked more to the South and West than to other regions.”
- “The South relied more on testing than on therapeutic procedures, while the West had a strong emphasis on treatment.”
- “Only New York had group counseling as one of its five most common procedures by utilization and cost.”
- “Only five states—Delaware, Nebraska, North Dakota, South Dakota and Wisconsin—included psychotherapy, 45 minutes, as one of their five most common procedures by utilization.

West Virginia had a rate of 43.4 deaths per 100,000 in 2016, up from 1.8 deaths per 100,000 in 1999, according to a separate report from the National Institute on Drug Abuse. In the U.S., opioid-related deaths rose from 1.8 per 100,000 in 1999 to 13.3 per 100,000 in 2016.

Why do some states have a higher opioid use than others?

There was a shift away from pharmaceuticals and prescriptions to illicit drugs like fentanyl and heroin between 2012 and 2014, according to a state government proposal from January responding to the opioid crisis. Officials also said

more should be done to stop medical professionals from prescribing certain opioid-related pain medications and expand law enforcement-driven programs.



Figures differ on the rate of opioid use and misuse in various states, but experts say the causes relate to the rate of prescribed opioids and the public-health infrastructure in place to deal with opioid addiction. Some states had significant increases in death rates involving prescription opioids: West Virginia, Maryland, Maine, and Utah, according to the Centers for Disease Control and Prevention.

That, plus an influx of illegal opioids, has contributed to abuse in some areas. “Effective, synchronized programs to prevent drug overdoses will require coordination of law enforcement, first responders, mental health/substance-abuse providers, public health agencies, and community partners,” said Puja Seth, lead author of the CDC report on opioid abuse published in March.

Residents in poorer areas may be less able to afford alternative treatments for chronic pain and more prone to opioid abuse. Physicians may also have less time to spend treating patients.

Residents in states with lower household incomes may be more prone to opioid abuse. Americans on a low income may not be able to afford alternative care or surgery, which effectively means they would have more need for opioid prescriptions to deal with chronic pain. Another problem: Some people may not be able to take time off work and/or may not be able to pay to travel to clinics for regular care. Physicians may also have less time to spend treating and diagnosing patients. Hospital systems and even health-insurance companies “gobbling up primary-care practices (PCP) has led to drive-by appointments” where PCPs need to average 7- to 8-minute appointments in order to hit productivity targets, says Dave Chase, author of “The Opioid Crisis Wake-up Call.”

Back pain, he says, is a prime example. “Even though there’s no evidence that opioids are the most effective way to address lower back pain, opioids are commonly prescribed,” Chase says.

The absence of high-quality primary-care physicians is a significant factor. “In less populated states like Kentucky and West Virginia, there is a tendency to practice more traditional pain management techniques, which may rely heavily on medications as this approach is quick, cheap and, in the short run, can be effective,” Dr. Akash Bajaj, a pain management specialist in Marina Del Rey, Calif.

“However, as we have seen this problem can quickly spiral out of control due to the need to take more medication to achieve the same effect,” he said. “We focus more on definitive therapy, identifying the problem and treating as specifically as possible, without medication management.”

“There are some doctors who will indulge a patient’s desire for painkillers, which often take the form of opioids, in order to keep their practices afloat. This is not good for the patient or the practice.”—Dr. Akash Bajaj, a pain management specialist in Marina Del Rey, Calif.

There is also heavy competition among physicians for patient, Bajaj says. “There are some doctors who will indulge a patient’s desire for painkillers, which often take the form

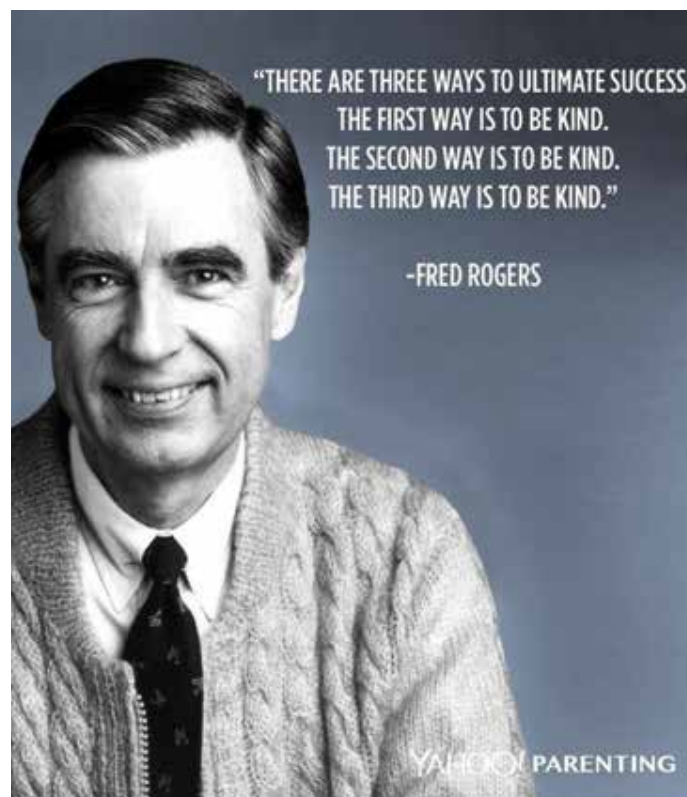
of opioids, in order to keep their practices afloat,” he says. “Of course, this is not good for the patient or the practice and, thankfully, there has been a crackdown on such practices.”

But it’s easier for patients to find opioids when there are more physicians to choose from, he adds. “In more populated states like California and Florida, patients are more willing to doctor shop until they find someone willing to give them what they think they need,” Bajaj says. “This is not only a violation of ethics, but can put the patient’s life in danger.”

The dearth of appropriate treatment centers may also play a major part in the rate of deaths by state. Methadone, buprenorphine, and naltrexone are the three drugs used to combat the effects of opioid addiction, and treatment centers need at least three specific treatments to deal with opioid addicts, according to the journal HealthAffairs.org.

Opioid abuse is getting worse. There was an estimated 71,500 drug overdose deaths in the 12-month period ending in January, up from 67,000 predicted deaths for the previous 12-month period, according to the Centers for Disease Control and Prevention. Even more deaths are being investigated. Nebraska saw the largest jump in overdoses (33%), though it was still among the least affected states according to the Fair Health study.

The crisis is estimated to cost the country more than \$500 billion a year, as of 2015, according to a report from the Council of Economic Advisers. President Trump declared said he would consider bringing lawsuits against “bad actors,” including companies.



Why Patients Should Read Their Medical Notes

Edward Hoffer, MD



For centuries, doctors felt that their notes were their property, and none of the patients' business. This attitude slowly shifted, and the Health Insurance Portability and Availability Act (HIPAA) of 1996 put into law the fact that patients must be allowed to review and get copies of their medical records. Despite this, access to records has remained a daunting task for many. A study done in 2017 of 83 hospitals, all "top-ranked" by US News and World Report, found that the information patients were given by phone often differed from that on the forms they had to sign, and that a majority of hospitals charged well over the federally-suggested cost for an electronic copy. Many refused to supply records in the format patients requested, even though this is mandated by law.

Is it worth the bother? Increasing evidence says that patients should read their own medical records. There are many benefits. A common failing of current electronic medical records (EMRs) is that they are filled with cut-and-paste from prior notes and often propagate misinformation. An old note says a patient had an appendectomy as a child and this is carried forward indefinitely, even if the patient still possess their appendix. Ditto for medicines they stopped taking eons ago, and allergies they never had. If for no other reason, it is worth it for a patient to look through your record for such mistakes and having them corrected.

Beyond correcting errors, there are many benefits to reading their own records by a patient. Some seven years ago, researchers looked at how both doctors and patients reacted to completely "open notes." Patients at three primary care practices, in Massachusetts, Pennsylvania, and Washington State, were given complete access to their doctors' notes via

a secure portal. Included were 105 PCPs and 13,564 of their patients. 11,155 patients opened at least one note, and almost half of these completed a survey on their reactions. Over 80 percent reported that open notes helped them feel more in control of their care and three-quarters of those taking prescription medications said that they were more regular with taking these after reading about their condition. About a third said they shared the notes with others. On the downside, a third had privacy concerns, worrying that others might get into the records and about 5 percent found something in the notes that was worrisome or offensive. At the end of the experiment, 99 percent of the patients wanted open notes to continue. The doctors were initially hesitant, but only rarely did the practice result in longer visits or more time addressing issues outside of visits, and none opted to stop when the experiment ended.

One of the biggest problems in patient-physician interactions is that patients find it hard to process all the information they are given during a visit, and it has been repeatedly shown that much of what a doctor says is quickly forgotten. I have advised people to take notes during visits or to bring a friend or relative with them as a second pair of ears. Having the ability to read and reread notes of the visit is another good way for the patient to be sure they truly know what happened at the visit.

Edward Hoffer is an internal medicine physician and author of *Prescription for Bankruptcy: A doctor's perspective on America's failing health care system and how we can fix it*.

He blogs at [What's wrong with health care in America?](#)



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