MD Life

JULY 2021

NORTHERN VIRGINIA
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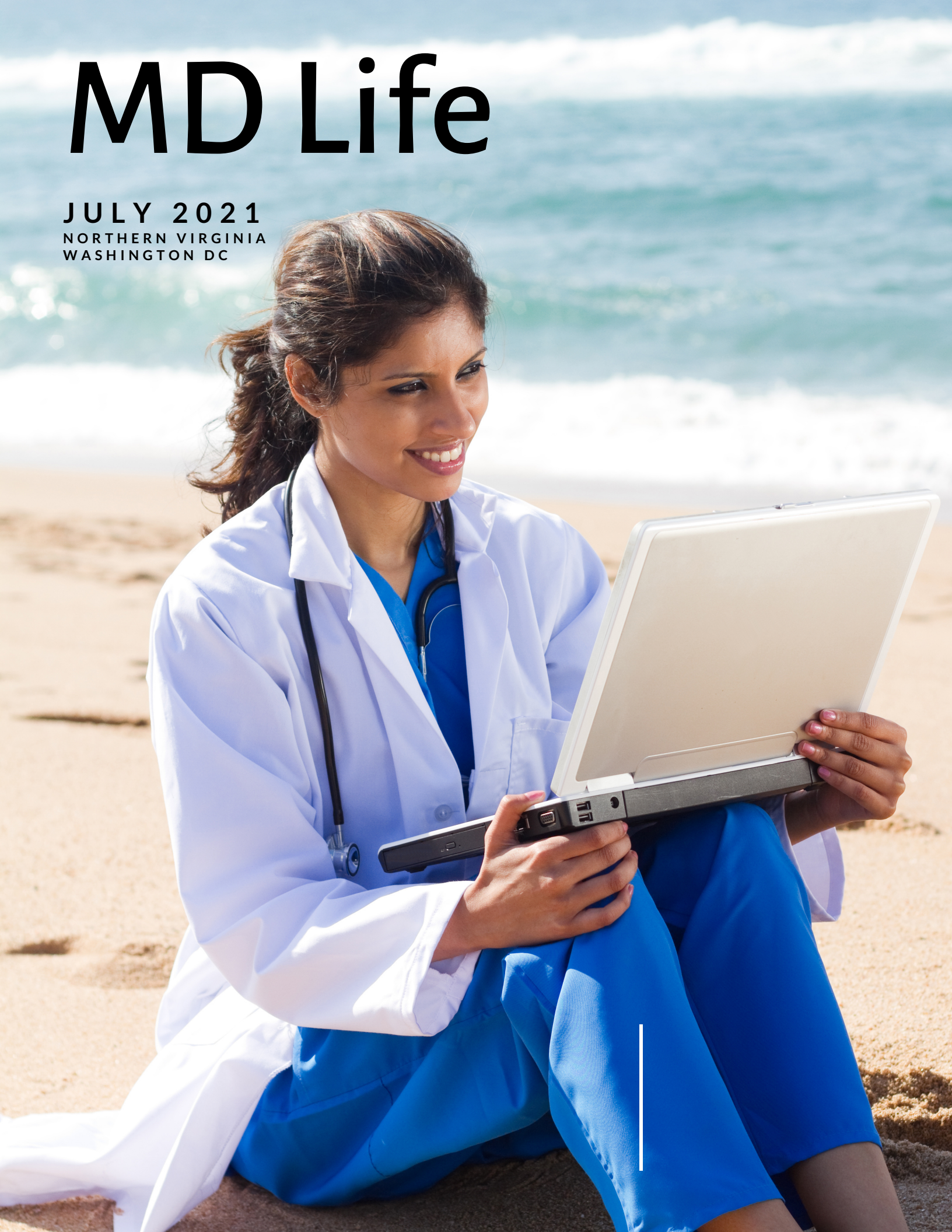

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	$1,000,000	95%
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1 In some states, the Doctor Loan product requires a pre-existing depository relationship and is not available for properties located in Alaska, Arizona, Hawaii and Oregon, contact your loan officer for details. This product is available to licensed Residents, Interns, Fellows in MD, DO and DPM programs and licensed Physicians and Dentists (MD, DO, DPM, DDS, DMD) who have completed their training within the last fifteen years. Doctors with equal to or over fifteen years post training need to be members of SunTrust Private Wealth Management or belong to a practice that is part of Private Wealth Management to be eligible for this product. Fifteen year restriction does not apply when refinancing an existing SunTrust Doctor Loan. Other program restrictions may apply, please consult your loan officer.

2 Gifts are allowed from approved sources. Ask your loan officer for details.

3 Borrowers should note that 100% mortgage financing will result in no property equity until such time as the loan principal is paid down through regular mortgage payments and/or the property value appreciates. Additionally, if property values decline you could owe more than your property's value. Additional LTV restrictions may apply.

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Contents in This Issue

EXPERT on CALL
Powered by WITHmyDOC

Addressing Patient Adoption for Digital Health

By Jorge Rodriguez
Vice President, WITHmyDOC

Patient adoption can be a challenge with digital health. It has been a concern for years in healthcare with new medications and therapies. When patient portals were introduced, their uptake was slow, and the technology caused issues for many patients. Now with telemedicine, it's déjà vu all over again. So, with digital health impacting healthcare even more, how do providers address adoption?

Adoption of digital health solutions really ramped up as a result of COVID-19. The pandemic and the resulting healthcare delivery issues saw digital health become a necessity. Rock Health and the Stanford Center for Digital Health recently released its Digital Health Consumer Adoption Report, a study of 7,900 consumers conducted September and October last year.

According to the report, digital health tracking tools saw the biggest growth in 2020, rising to 54 percent from 42 percent the prior year. Adoption rates grew significantly—10+ percentage point increases—across live video telemedicine, wearable ownership, and digital health metric tracking. The most likely users of telemedicine in 2020 remained consistent with past years: higher-income earners, middle-aged adults (aged 35-54), highly educated, and importantly, those with chronic conditions. As the report states, the 2020 data suggest that the pandemic acted more to reinforce and accelerate underlying trends rather than to draw in new consumer subgroups as telemedicine users. That being said, it is good to see the recent increase in federal relief funding geared towards facilities that provide care to patients impacted by socioeconomic health determinants.

Programs like the American Rescue Plan, the Emergency Broadband Benefit Program, and the Optimize Virtual Care Program are now available to bring the latest technology to all patients, regardless of their ability to pay for the service.

Remote Patient Monitoring and Patient Adoption

Availability of the latest technology and adoption remain independent variables to successfully incorporating a remote patient monitoring program that can impact a patient's life. The key to success with remote patient monitoring (RPM) is patient adoption through consistent patient engagement leading to long-term adherence. At WITHmyDOC, we understand how important it is to for patients to become comfortable with the new technology and the ease of use early on.

Our RPM@Home™ System delivers better outcomes through **greater adoption rates** and **long-term adherence.** Our PEPsquad (Patient Engagement Professionals), provide training to ensure confidence,

knowledge, and ease of use. They work with patients in their home to introduce RPM and follow-up to assure understanding not only on how to use the equipment itself, but on the importance of consistent transmission of their physiological data to the care team for monitoring. Additionally, our MedSquad, RN patient specialists are available if a full-service clinical monitoring program is preferred and provides a valuable benefit by easing the burden on your physicians and medical staff.

This is not meant to replace traditional office visits. Its purpose is to provide more data to physicians to help guide their decision-making, increasing proactive intervention to reduce costly ER visits that are a financial burden on our health system.

Consistent transmission is also important to meet the 16 days of vitals electronic transmission required by CMS for a provider to be able to bill for services. Using artificial intelligence and predictive analytics, this end-to-end, web-based intelligence system is designed for success.

At WITHmyDOC, our patient adoption philosophy is focused on maximizing the adoption of RPM by patients and removing any barrier to utilization.

Amazon's Dive Into Healthcare

By *Dr. Bertalan Meskó & Dr. Pranavsingh Dhunnoo. Medicalfuturist.com*

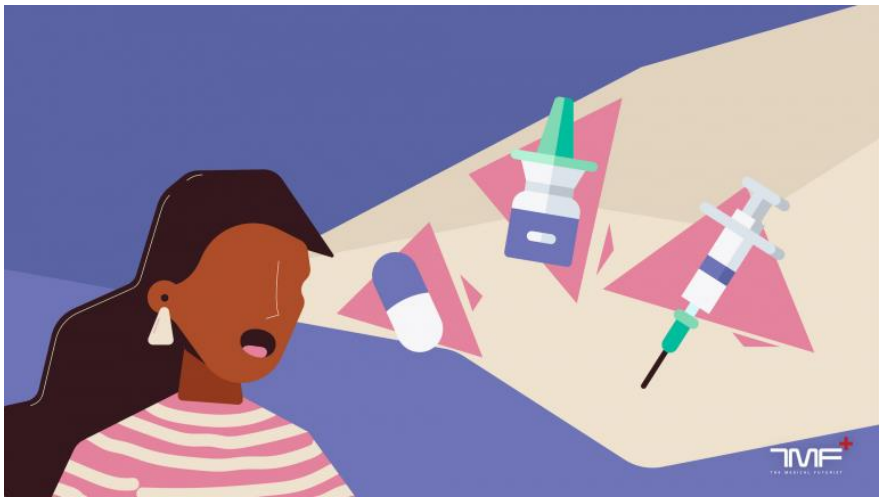
What do the publishing, film and healthcare industries have in common? They are all fields that tech giant Amazon ventures into. But even though healthcare is the latest the company got involved in – at least publicly Amazon is making leaps in the field.

As Sandeep Unni, senior director at technology analyst Gartner, recently told ZDNet:
"*If anyone can break into spaces as entrenched in healthcare, it's probably someone like Amazon*."

So let's explore Amazon's recent healthcare bets and contemplate what might come next for them given those recent developments.

Aiming to disrupt the pharmaceutical industry

When in 2017 Amazon received drug distribution licenses in over 10 U. S. states, the news sent traditional players in the pharmaceutical market into a frenzy. The company had already sold over-the-counter medications in the U.S. before. Now it could sell prescription drugs online, further disrupting the distribution chain. Through private label drug manufacturer Perrigo, Amazon also produces its own line of OTC drugs.



Amazon's pharmaceutical plans further expanded when it acquired startup PillPack for nearly $1 billion in 2018. PillPack is itself an "online pharmacy" that delivers medicine directly to its clients. This was a clear indication of its commitment to break into the remote healthcare industry; a commitment that was put on display recently.

Last November, Jeff Bezos' company expanded its remote pharmaceutical service further when it launched Amazon Pharmacy in the U.S. The service allows clients to order a "mix of generic and brand-name drugs"; and even lets them connect to a pharmacist online for any relevant queries. Launching it in 45 states and accepting most insurance plans, *The Verge* called it Amazon's "*biggest push into the healthcare industry yet.*"

Amazon's bet on remote care

However, remote pharmaceutical services aren't the only remote component of health that Amazon is looking into. In fact, the tech giant might be more interested in this remote and digital component of the industry as a whole.

This March, Amazon Care, the company's telehealth branch, expanded into 21 more states in the U.S. Previously, the service was only available to Amazon's own customers; but the company announced that Amazon Care will also expand to other companies across the U.S. in the summer.

Amazon could very well tie in its telehealth services with its Amazon Halo fitness band, which debuted in

early access last August. It can measure sleep and activity levels, as well as monitor the user's voice tone to analyze their emotional state during the day. And more features are being pushed onto the device.

This June, Amazon announced the "Movement Health" feature that uses a smartphone camera and A. I.-based software to create custom workouts to improve the user's stability, mobility, and posture based on their fitness level.

This consumer-facing approach isn't new for Amazon. It also equipped its iconic Alexa-powered devices, like the Echo and Dot, with health-related extensions. For example, users can ask the digital assistant for advice regarding breastfeeding and first aid. Moreover, Alexa also helps in diagnosis and improves medication management and adherence.

Recent turbulences

Despite being a newcomer to the market, Amazon has made steady strides in a clear attempt to become a leader. But the company's path hasn't been such a smooth one. In fact, at the beginning of the year, one of its major partnerships fell through.

Amazon, together with Warren Buffett's Berkshire Hathaway and J.P. Morgan Chase, set up the health care company Haven three years ago. This venture aimed to provide healthcare services and insurance at a lower cost to these companies' employees. It also included the potential to expand to other firms as well. However, the companies parted ways in January, with Amazon forging ahead with its Amazon Care program and J.P. Morgan Chase setting up its own healthcare business unit with similar aims as Haven.

Another glaring failed approach to healthcare Amazon took was the 'wellness chamber' they introduced in May for stressed staff. The tiny booth lets Amazon employees follow guided well-being activities in an extremely confined space. News site *Motherboard* described it as a "*coffin-sized booth in the middle of an Amazon warehouse*." We can expect more such failures from Amazon. But we can also expect it to keep treading towards its healthcare vision.

The future of Amazon's healthcare vision

With the steps that the company has taken so far, we can expect Amazon to further push where it has the supply chain and the experience to support the process; whether it's for telehealth or drug delivery. They might even combine the latter with their drone delivery plans to accentuate Amazon Pharmacy's radical approach to drug delivery.

If patients express interest in their telehealth approach, providers will listen. Perks they offer to Amazon Prime subscribers might make their offer more enticing. For Amazon Pharmacy, Prime members will be getting free, two-day delivery on orders as well as discounts when paying without insurance. A similar model for Amazon Care isn't unlikely, which can turn the company into an important telehealth provider.

Now that Amazon has been rolling out its Amazon-branded fitness tracker, anything that can be sent to patients remotely might fall into their area of interest. We'll see more wearables coming from the company and maybe even at-home lab tests. In fact, in March, Amazon received emergency FDA approval for its at-home COVID-19 testing kit; and it became publicly available to U.S. customers in June.

Amazon is betting heavily on healthcare with moves that aim to make it a leader. However, it's not dismissing the need for competition altogether. "*What we don't want to see is a handful of big entities, big companies, big healthcare systems dominating a sector*;*"* Amazon Vice President Dr. Babak Parviz said. "*So a healthy sector will have large companies, many mid-sized companies, and many, many startup companies*."

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Exploring Appalachia: Mountain Drives, Breathtaking Hikes, and Asheville Strolls

A destination itself that you can spend days exploring, Asheville is also an ideal home base for immersing yourself in the beauty of the surrounding natural environment and picturesque small-town communities of the Blue Ridge Mountains. Part of what draws visitors and residents alike is the seemingly infinite number of places to visit within about an hour's drive or less.

On this five-day itinerary, you'll get a taste of Asheville's downtown before setting sights beyond the city limits. The journey takes you up the scenic Blue Ridge Parkway toward the charming town of Black Mountain. Throughout the trip, you'll enjoy Asheville's most fantastic southern hospitality, incredible cuisine, the option to take a tour, and of course, one (or more) of the area's many local craft brews.

DAY 1
Hello, Asheville

Today, you arrive either by plane or car. Driving into downtown Asheville, your stay begins at Hotel Indigo Asheville Downtown. This 13-story hotel, located within walking distance of all the vibrancy downtown has to offer, features rooms and suites with hardwood floors, and some with mountain views and/or balconies. What's more, starting rates here are among the most reasonable in town. If you prefer a more immersive stay, try one of Asheville's many historic Bed & Breakfasts.

For a taste of Appalachia (and maybe a little something to bring home), grab a pulled pork and collard greens sandwich or other lunch option at award-winning chef John Fleer's The Rhu, a café, bakery, and grocery. History buffs can spend the afternoon

learning about Asheville through architecture and stories on one of History@Hand's walking tours. Or for those who love comedy, consider LaZoom Comedy Tours.

You're eating downtown tonight, at the rooftop restaurant Hemingway's Cuba. Arrive before sunset to savor the view and one of their famous Cuban daiquiris as you make the most difficult decision of the day—what to eat. In case Hemingway's gets you in the mood for more alfresco libations, this is just one of many rooftop bars in downtown Asheville such as the especially charming Antidote at Chemist Spirits, which features old-style cocktails. For multiple libations and three different views of the city, book an experience with Asheville Rooftop Bar Tours.

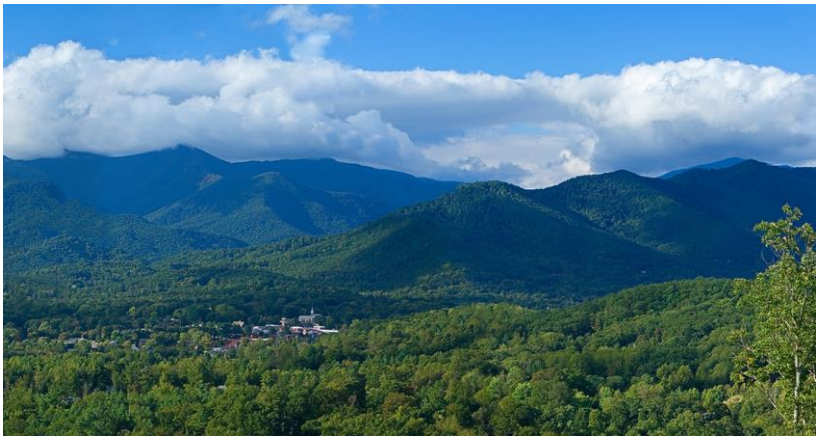
DAY 2
Choose your own outdoor adventure

It's time to immerse yourself in the Appalachian landscape. For a fun experience in nature that's more active and engaging, try zip-lining from Navitat Canopy Adventures or the Adventure Center of Asheville. Or get into the Asheville ethos on a guided mushroom-foraging expedition with No Taste Like Home. To check out the French Broad River instead, consider a relaxing float with Zen Tubing or kayaking on the river with a naturalist from Hike Bike Kayak Asheville.

For something a little more easygoing, take the scenic route through Pisgah National Forest toward the famous natural waterslide Sliding Rock with its adjacent Looking Glass Falls. There is no hike required to access the slide or see the falls, and this can be a pretty popular site, especially on weekends so we recommend visiting on a weekday.

After some time outside, you'll probably want to grab a beer. Head to one of Asheville's great microbreweries, like Forestry Camp, set in a building that once housed young forestry workers in the New Deal-era Civilian Conservation Corps. Alternatively, visit the Highland Brewing Company, regarded as the founding brewer of the local beer scene.

DAY 3
Goodbye, city life

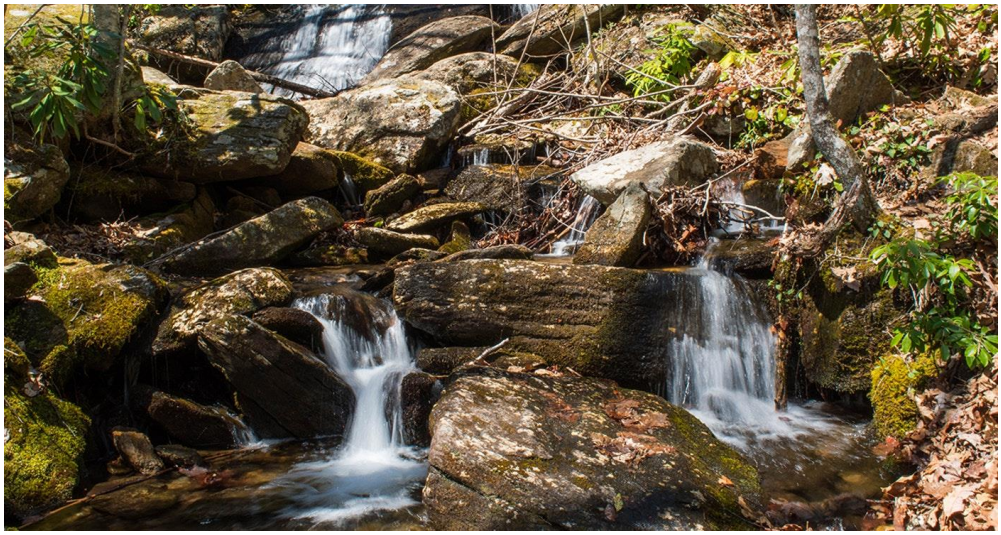


After checking out of Hotel Indigo, hop in the car and head toward the Blue Ridge Parkway, bound for Black Mountain, just 20 minutes away and often referred to as "the front porch of Western North Carolina." Check into a vacation rental from Greybeard Rentals, one of the seven log cabins at High Rock Rentals, or Arbor House before heading downtown. There, you'll get a full dose of small-town life. The mountain town's quaint streets are lined with cute shops and restaurants, so you'll want to take your time weaving in and out of each one. Highlights include Chifferobe, Dancing Dragonfly, CW Moose, and Europa.

After all that shopping, refresh yourself with a glass of hard cider from Black Mountain Ciderworks + Meadery. Last but not least, stop in for some southern-style "casual fine dining" at the old Red Rocker Inn with homey dishes like

buttermilk fried chicken breast and grilled Carolina mountain trout. The Victorian-style house has been a part of the Black Mountain landscape since 1896.

DAY 4
Happy trails, y'all



Head toward Montreat for the Graybeard Trail, one of the more challenging and exciting hikes in the region. This trail is 9.5 miles roundtrip, so be sure you've packed plenty of snacks and water. As you make your way, you'll be rewarded with several sights, including small waterfalls and spectacular vistas. The trail is particularly stunning in the fall, when the mountainsides are sparkling with color. For a deeper connection to nature, consider hiring a guide like the folks at Blue Ridge Hiking Company to hike with a certified naturalist.

For something more low-key (and delicious), head out on the W.N.C. Cheese Trail. The trail includes a total of 17 Appalachian cheesemakers and farms, and you can visit up to six. Consider starting at Round Mountain Creamery in Black Mountain, and making your way back with stops at Blue Ridge Mountain Creamery, Looking Glass Creamery, and Hickory Nut Gap Farm.

If you prefer a beautiful drive instead, take the Blue Ridge Parkway toward Mount Mitchell the highest peak east of the Mississippi River. Here, you'll enjoy some of the most stunning views in the Blue Ridge Mountains, making for prime selfie backdrops.

For dinner, savor local seafood and ingredients at Que Sera including dishes like white cornmeal fried oysters and steak frites.

DAY 5
Just one more hike

Before heading out of town, get in one last taste of the Blue Ridge Mountains. Drive up the Blue Ridge Parkway and make your way to the Rattlesnake Lodge Trail, an easy 1.4-mile jaunt to the ruins of a lodge that burned in 1926. Once back at the trailhead, it's an easy drive back to the interstate to drive to the next destination or to the airport.

Surgeons: Check Your Ego

DIANA LONDOÑO, MD

How is your ego serving you?

Medicine is a hierarchical entity. More so in surgery. There is a linear line of command from the chief to the junior to the intern to the med student to the aspiring med student.

"S%@t rolls downhill," we said as interns while we powered through the 29th-hour on-call or the seven pending discharge summaries we had to finish, while a nurse was yelling or paging us 12 times to get the order for Tylenol. Hierarchy is inescapable.

I was thinking back to the time I was interviewing as a medical student for my urology residency. I came out of the elevator, and as I stepped out nervously, I met Dolores. Dolores was the front desk receptionist. She had been at her job for more than a decade by that time. I was just one of the hundreds of students that passed by each year during interview season.

She could probably smell the fear, just like dogs are trained to smell for drugs. Or maybe she had a bit of compassion for me because at that time, women urologists made up about 7 percent (now 10 percent) of urologists, and Latin women urologists stayed steadily at around 0.5 percent of all urologists. So, maybe she was rooting for me so we could bond about the latest Shakira song or the best place to buy burritos nearby. Maybe she hoped I could be someone to joke with during a long day where she was already on the 415th call in which she was trying to appease an unhappy patient or someone yelling at her while checking in.

She was the first stop off the elevator — the gatekeeper.
I assembled a nervous conversation while waiting for the interviewers to be ready. And when I left, she told me: "I hope you get in," as she had probably done thousands of times before. As fate would have it, I did get in. I was the fourth woman urologist to come through the program.

Now Dolores and I instantly became pals. We had exchanged a quiet pact of sisterhood. It was unspoken. She guarded my schedule like a fierce lion protecting her cub. She made sure I could eat and that I was not overbooked as a resident. If things were crazy, she found a way to work miracles and get that patient into my schedule somehow. She was my protector, my cheerleader, my gatekeeper.

Almost 15 years after first meeting her, multiple jobs, cross-country moves, she is still someone I have fond memories of. I still comment on the Facebook posts she makes, or we laugh and reminisce when a previous nurse we worked with will post something funny. The point of that story is that if we lead with humanity and not ego with all encounters, the fruits you will bear are amazing.

Likely, most people stop by, frustrated they could not find parking, annoyed and complaining they must wait because they are so important as a medical student. Or perhaps are frankly rude to her because she is not the attending and not the top of the food chain in the hierarchy of medicine.

But the reality is that everyone deserves equal attention, regard, and respect, whether it is the receptionist, the cleaning lady, or the department's chief.

If religion is your compass, you will think that "God is always watching." Whether you speak with compassion and respect to the scrub tech or your chief resident, but if you are not religious, or you have never thought about it, think about it. If you are a surgeon, and even if you can try to remember your traumatic experiences in the operating room during your time as a medical student, you may recall that although the primary surgeon seems to be the one that the world revolves on — it is not.

Surgeons have a narcissistic tendency. I get it. I am a surgeon. It can be your fuel or your kryptonite.

There are a million moving pieces to make the surgeon succeed.

The processing department has to bring up the correct tray of instruments. Back-up equipment has to be ready to go if anything fails or breaks. EVS has to have the room cleaned on time. The transport has to pick up the patient on time. The X-ray tech has to be in your room to start the case … the laser also has to be there. The schedulers have to put you on time. Your scrub tech has to be engaged and not passive.

I mean, the list goes on — and I have not even described the anesthesiologist's role or the surgeon, who on the surface appear to be the most important players.

But if all the moving pieces are not right, the surgeon will not succeed. There will be delays. Wrong instruments will be given or available when critically needed. What would happen if, instead of only seeing those who are "important" as only our fellow physicians, we treat everyone with respect, kindness, and compassion? Not only when the lights are on us, but when no one is looking. When perhaps only God is watching, as they say.

How could that transform your success? Would it empower the X-ray tech to be in your room on time? Would he be actively engaged and not on the phone the entire case? Would the cleaning crew be motivated to do a quick turnover because they love seeing you — because you always greet them and ask about their grandkids and about how their husband is battling COVID? Or will they clean it as slow as molasses because you are an egotistical or unpleasant surgeon?

You decide. Who do you want to be? How do you want to show up?
Show up with compassion and curiosity.
Leave your ego behind and show up with humanity in all your interactions because it will transform you.

Diana Londoño is a urologist and can be reached at her self-titled site, Dr. Diana Londono, on Twitter @DianaLondonoMD, and on her blog. She is one of the 10 percent of U.S. urologists who are women, and 0.5 percent who are Latina and female.

COVID-19 Can be an Opportunity to Eliminate Low-Value Health Care

KAREN BORN, PHD AND KEN MILNE, MD

The COVID-19 pandemic has stretched health care systems across Canada beyond capacity. Surges of COVID-19 have strained available beds, exhausted health care workers and resources. Some regional and provincial health systems delayed all non-essential procedures, tests, and surgeries to cope with these surges.

Canadians' health-seeking behaviors have changed over the past year with steep drops in emergency and hospital care utilization. We know that some of these delays in care may have resulted in harm. But we also know that some of these delayed health care procedures and visits did not result in any harm. What can we learn from the pandemic about unnecessary tests and treatments?

Research shows us that over 30 percent of all health care offered before the pandemic lacked clinical value to patients. As health care systems rebuild and reopen to the full range of pre-pandemic services, this low-value care must be minimized to ensure capacity, services, and care for those who need it most.

Post-pandemic health care systems are under significant pressure to do more with less. Addressing the backlog of delayed care can be done equitably by using resources wisely.

Thankfully, there's a large body of research to guide us. As part of a national process convened by the Canadian Agency for Drugs and Technology in Health this spring which brought together an expert panel of patients, clinicians, and decision-makers, we reviewed over 400 clinician-led recommendations developed by national clinician societies to highlight opportunities to ensure high-value care after the pandemic.

Here's one example. One of us works as an emergency physician in a rural community in southwestern Ontario, and the problem of low-value health care is a daily concern. The pandemic has heightened some of the already existing challenges rural areas face as patients often need to drive to larger centers to access specialized care and to access laboratory and imaging resources.

The evidence shows us that often these long drives, waits for tests, and precious imaging resources are unnecessary. The expert panel emphasized recommendations about avoiding sending patients from rural areas to urban centers to access care or services that could be delivered virtually and limiting blood and imaging tests, unless they are required to answer a specific clinical question or guide treatment.

We also know that unnecessary pre-operative tests can sometimes harm patients by delaying surgeries further, but they also increase wait times for those who truly need these imaging tests and procedures.

A common case seen in rural emergency departments is farmers or laborers with chronic knee pain who request an MRI. Rather than add their names to a long waitlist and do a lengthy drive to the city for the test, an X-ray can be done locally; an MRI is unlikely to change any decision-making or treatment plan. Rather than sending patients for unnecessary tests, a thorough physical exam and history, and a conversation with patients, can help inform the diagnosis of osteoarthritis and a treatment plan.

The pandemic has made all of us more aware of Canada's health care system – including its strengths and flaws. But we are seeing a turning point in the conversation in which patients, family members, and the public are asking, "Do I really need this test or treatment?" Whether it be from concerns of COVID-19 or understanding how stretched our resources are, we have never been more aware of how we interact with the health care system.

This is a pivotal moment as we think about the road to recovery. Avoiding the reintroduction of low-value care will be integral as providers and health care systems catch up to provide services and care to those who need it most.

It starts with a conversation between health care providers and patients, one at a time. And here's how to get it started. Ask: 1) Do I really need this test, treatment, or procedure? 2) What are the downsides? 3) Are there simpler, safer options? 4) What happens if I do nothing?

Karen Born is a health policy professor. Ken Milne is an emergency medicine physician.

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If you're looking for a quick and easy dish for summer grilling, then I have just the recipe for you! My ***Coconut Curry Shrimp Kebabs*** are perfect for the 4th of July or your next backyard barbecue. I love this dish because it's elegant enough to serve to company but it's deceptively easy to make. And, the shrimp cook so fast- just a couple of minutes on each side and you're done! It's a great dish for summer entertaining because who really wants to be slaving over a hot grill all day? Make these kebabs and you can spend your time relaxing with your guests, cocktail in hand!

I marinated the shrimp in a yogurt-based marinade before throwing them on the grill. Yogurt is a key ingredient in marinades for many traditional Indian meat dishes like tandoori chicken. The yogurt not only infuses the food with flavor, it also helps keep it moist and acts as a tenderizer.

For the base of my marinade, I used siggi's Coconut 2% Skyr mixed with a blend of Indian herbs and spices. The subtle coconut flavor in the creamy Icelandic yogurt is perfect to balance out the warm spices. One of the reasons that I love to use siggi's skyr in my recipes is that their products are made with simple ingredients and not a lot of sugar. Because it has so little sugar, it works well in savory dishes like this as well as sweet dishes. Plus, it's high in protein- every cup of siggi's yogurt contains more protein than sugar, even the flavored varieties.

I often like to make my own spice mixes but for my shrimp kebabs, I used a store bought curry powder to save time. Curry powder is not a spice in and of itself but rather a spice blend. There are many different varieties of curry powder but they commonly include ingredients like turmeric (which gives it the characteristic yellow color), cumin, coriander, and fenugreek. I also added in some fresh ginger, garlic, cilantro and lemon juice for an extra pop flavor.

The shrimp only need to be marinated for 10-20 minutes, which is just enough time to fire up the grill and make a quick dipping sauce. For my ***Mango Dipping Sauce***, I mixed the siggi's Coconut 2% Skyr (you could also use siggi's Mango 4% Skyr) with store bought mango chutney.

Just two ingredients- it doesn't get much easier than that! The creamy, sweet sauce is the perfect compliment to the aromatic spices in the shrimp.

When you're ready to grill, simply thread the shrimp onto some skewers and toss them on the grill. Since I had the grill on, I also threw on some zucchini kebabs, which I tossed with a little olive oil, salt and pepper. After a quick turn on the grill, the shrimp kebabs were ready to be served! In addition to the dipping sauce, I like to serve the kebabs with lemon wedges so that everyone can squeeze some fresh lemon juice on just before devouring them.

Servings: 4 -8 (makes 8 kebabs)

Ingredients

Shrimp:

- 1 container 5.3 oz siggi's coconut 2% skyr
- 2 teaspoons curry powder
- 2 teaspoons grated or minced ginger
- 2 teaspoons grated or minced garlic
- 1 tablespoon olive oil
- 1 tablespoon lemon juice
- ¼ cup cilantro chopped
- ½ teaspoon kosher salt
- 1 pound large shrimp 21/25, peeled and deveined with tails left on

Mango Dipping Sauce:

- 1 container 5.3 oz siggi's coconut 2% skyr (or mango 4% Skyr)
- ¼ cup store bought mango chutney
- Optional: Lemon wedges for serving

Instructions

1. To make the marinade, whisk the skyr, curry powder, ginger, garlic, olive oil, lemon juice, cilantro, and salt together in a bowl or shallow dish. Add the shrimp and toss to combine. Marinate 10-20 minutes.
2. Meanwhile, make the sauce by stirring the skyr and mango chutney together in a small bowl.
3. When ready to grill, heat a grill pan over medium high heat. Thread the shrimp onto metal or wooden skewers (about 3 shrimp per skewer). Grill the kebabs 2-3 minutes on each side until shrimp are cooked through. Serve with mango dipping sauce and lemon wedges on the side.

Dr. Sonali Ruder is a board-certified Emergency Medicine physician, trained chef, mom, recipe developer, and cookbook author.

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Paying Off Your Medical School Debts

Today, many medical professionals rely on loans to pay for their education and training. As a result, they begin their careers with a high level of debt. How quickly that debt can be paid off largely depends on the size of a professional's salary or how quickly a new medical or dental practice can get off the ground and begin generating income.

If you are concerned about paying off your student loans, a good starting point is to list all of your outstanding debts, with their monthly payments, interest rates and times remaining until that final payment. The information on your total monthly loan payments should be included in your household budget in the fixed expenses category. In general, you should try to keep your total debt payments in the range of 15 to 20 percent of your net household income.

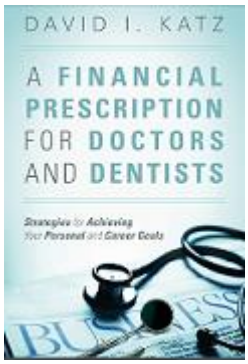
That means limiting your discretionary expenses – such as a new vehicle, boat or country club membership – while paying down your educational debt. Regardless of your income level, you should remember the maxim: 'It's not how much you make but how much you keep," that will determine your long-term financial success in life.

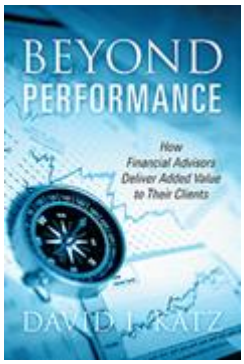
The rule of thumb for paying off student loans – or any other type of debt – is to pay as much as you can on the obligation that has the highest interest rate. That strategy reduces the total interest costs you will pay on your debt, and can lower your debt payments dramatically as you pay off one loan after another.

Because credit cards typically carry much higher interest rates than student loans, it makes logical sense to set realistic goals for repaying your overall debt. Consider how much you can afford to pay each month on your credit cards – or a high-rate automobile loan – while paying at least the minimum amount each month on your student loans. If you can pay an extra $50 or $100 a month on each credit card – or write a check for the entire balance to avoid any interest charge – you can make rapid progress toward paying off your debt. Also, you should always make your payments on time to avoid hefty late charges.

Having a clear goal and a solid financial plan are the keys to paying off your medical school loans while still enjoying a comfortable lifestyle.

Adapted from David Katz' book, "A Financial Prescription for Doctors and Dentists: Strategies for Achieving Your Personal and Career Goals"





David is an Accredited Investment Fiduciary® (AIF) and an Accredited Asset Management Specialist (AAMS®) who advises professionals, retirees, families and other clients on personal financial strategies along with his partner Eitan Esan. They focus on financial planning and asset management. David has more than 27 years of investment and wealth management experience, and is the author of two books "A Financial Prescription for Doctors and Dentists: Strategies for Achieving Your Personal and Career Goals" (2015) and "Beyond Performance: How Financial Advisors Deliver Added Value to Their Clients" (2018) Eitan received a Bachelor of Arts in economics from Yeshiva University, a Master of Public Administration from CUNY John Jay and a Master of Business Administration from Arizona State University, where he graduated cum laude.

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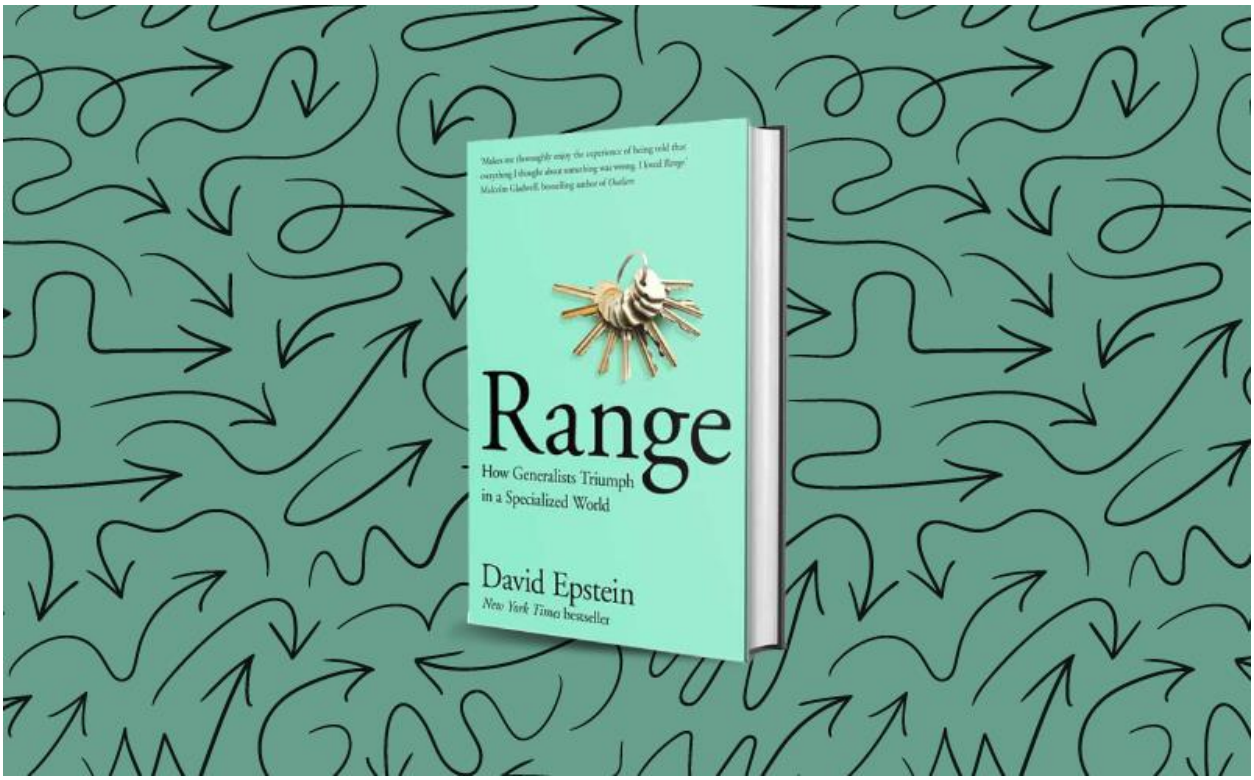
Lessons from Range by David Epstein

Robert M. Centor. MD



I received an email from Ryan Holiday – author of The Obstacle is the Way, a wonderful book that introduced me to Stoic philosophy as a guiding principle. In that email, he recommended Range: Why Generalists Triumph in a Specialized World by David Epstein. As a generalist, the title intrigued me. So as I am prone to do, I bought the Audible version, and over a 10 day period, listened to the book.

Like many books in this genre, one can criticize the trees of his argument, but I think he gets the forest right. This website has a collection of reviews, many of which are somewhat critical. Nonetheless, I found that his stories helped me understand much of my personal success and happiness with my career.

The book has several major points. He makes a reasoned argument that for complex careers (be it sports, arts, business or medicine) one benefits from starting with breadth. Unless one is working towards expertise in a "kind problem" (examples, chess and golf), then a variety of experiences allows one to discover where they want to specialize. Often early specialization fails because as we grow, we too often find that the early specialization ignores the most important success attribute – finding ones passion.

As I think of my career, I "flirted" with many majors in college prior to settling on psychology. Then for the first 2.5 years of medical school I again dated several specialties. After a week on the internal medicine rotation, I knew that I had found my home, my passion and my career.

Yet once I chose internal medicine, I once again considered a variety of subspecialties. I even did a year of basic science nephrology fellowship, and had the courage to quit, as I missed patient care and teaching too much. The research did not give me the same satisfaction.

Epstein devotes significant time in the book to the value of leaving certain situations. I left a fellowship and joined a new division of general internal medicine. Originally, I had considered finishing a clinical fellowship, but GIM grabbed me as a great choice. I actually like most subspecialties in internal medicine. The complexity of managing multiple problems satisfies my love of puzzle solving and mystery novels.

Epstein worries that overspecialization makes it more difficult to solve many complex problems. He argues that breadth of background allows us to make intellectual connections that overspecialization makes less likely.

Now I must admit that the idea of this book and the many examples likely appeals to me because of confirmation bias. One look at my CV shows that I do have some recurring themes, but also a great variety of articles. Many articles started with thinking about a problem in a different way thanks to varied experiences.

He is a storyteller. I suspect he has found stories that fit his general hypothesis, but since I like his hypothesis, it does not bother me.

Regardless, this book will stimulate your thoughts about expertise, the advantages of generalization and the advantages of specialization. As a clinician-educator, reading books like this eventually help me and give me insights into the education process. Perhaps that is the most important message of the book. We should not restrict our learning to our specialty. We should learn from other fields. This book makes my top list of non-medical books.

For those interested:

Made to Stick – Chip and Dan Heath

First, Break All the Rules -Marcus Buckingham

7 Habits of Highly Effective People – Stephen Covey

The Elements of Style – Stunk & White

Drive – Daniel Pink

The Obstacle is the Way – Ryan Holiday

The Tipping Point – Malcolm Gladwell

Sources of Power – Gary Klein

Originals – Adam Grant

Thinking, Fast and Slow – Daniel Kahneman

Range – David Epstein

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Physician Entrepreneurship: Access to Reclaiming Our Freedom as Physician Moms

By Maiysha Clairborne MD

As physician moms, the time of the 40 year physician career is coming to an end. In the old days, we were taught to get through medical school, complete residency, get a good solid job and work your way to retirement at 60 years old.

Then you could take your retirement and live "happily ever after". Being a doctor used to be their whole identity.

Today, however, times have drastically shifted. Working as a physician for 30 years in the current condition of our medical system is unsustainable. Furthermore, we as younger physicians (and especially physician moms and women in medicine) are waking up to that there is more to life than "being a good doctor". That is why more and more physician moms and women in medicine are thinking about jumping ship to do their own thing. Our industry has devalued us as medical professionals and frankly as human beings.

The problem, however, is that we have not been trained in anything other than being clinicians. The idea of having multiple sources of income, and furthermore being an entrepreneur is foreign.

However, with the proper vision, mindset, and skillset, being an entrepreneur can be the access to freedom from the chains that this medical system has placed upon us. Perhaps one of the reasons Dr. Mommies hesitate to move in this direction is because there are a lot of misconceptions about what entrepreneurship looks like. Here are a few myths I've come across about physician entrepreneurship.

1. "I have to have an MBA or be a business expert to be an entrepreneur" – This is entirely untrue. Sure, it's appropriate to get the some further training if you are going to step out into the entrepreneur world, but certainly it doesn't require that you have an MBA. There are plenty of coaching programs, and business training courses that will give you a good foundation that you need to step out into the entrepreneur world.

2. "I have to have a bunch of disposable income to start be an entrepreneur" – Also not true. Many entrepreneurs (myself included) start their businesses with very little capital. What you need depends on what you are trying to do. As well, if you are new to entrepreneurship, it's a great idea to start small and go from there

3. "I have to have knowledge of some other industry outside of medicine to start another business" – Well, besides learning what you need in the world of business and entrepreneurship, you have all that you need. You've gone through rigorous training to attain a knowledge base that most people do not have. Utilizing the knowledge you have creates the shortest path to being able to create a cutting edge product, invention, or business without having to learn a whole other trade. Furthermore, hiring other team members that can support the areas where your expertise is not as strong takes the burden off of you having to "know it all."

4. "I have to quit medicine to be an entrepreneur" – Nonsense. This is the whole origin of the term "side gig". Most physician entrepreneurs start their ventures while continuing to practice clinical medicine. In fact, most physician entrepreneurs continue to practice even after their "side gig" becomes big enough to be a "main gig". So, whether you are looking to simply add a second stream of income or transition your career completely, you can continue to keep your clinical hat if you so choose while you grow and cultivate your own business.

5. “There isn’t time in a physician’s schedule to start a new venture” – The validity of this statement is directly correlated to the commitment level of the doctor making this claim. If you are truly committed you will make it happen. The key is having appropriate structures and systems in place to workably dedicate time to doing this, and a mentor, coach and community to keep you accountable.

Physician entrepreneurship is becoming more and more desirable in our current state of medicine, and women in medicine and physician moms are becoming the most savvy in this arena. Knowing that it’s possible, and that it may not be a hard as you think could be all that you need to take that leap into new territory. Furthermore, knowing that there are people and programs that can educate and support you without having to go get a whole other degree makes it more doable as well.

Maiysha Clairborne MD is an integrative medicine physician and physician wellness coach who blogs at https://stressfreemommd.com/, and is the author of The Wellness Blueprint and Eat Your Disease Awa
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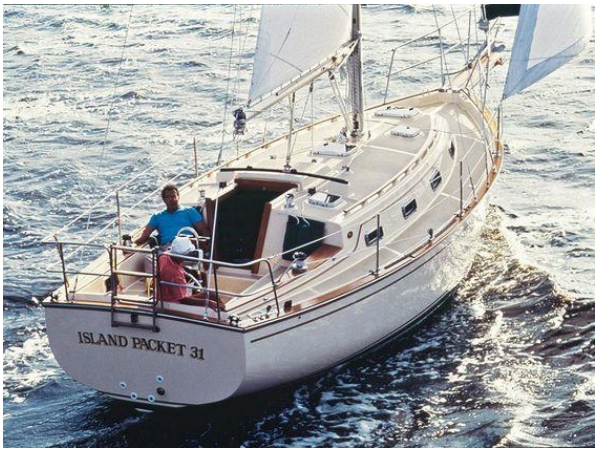
Summer Sailing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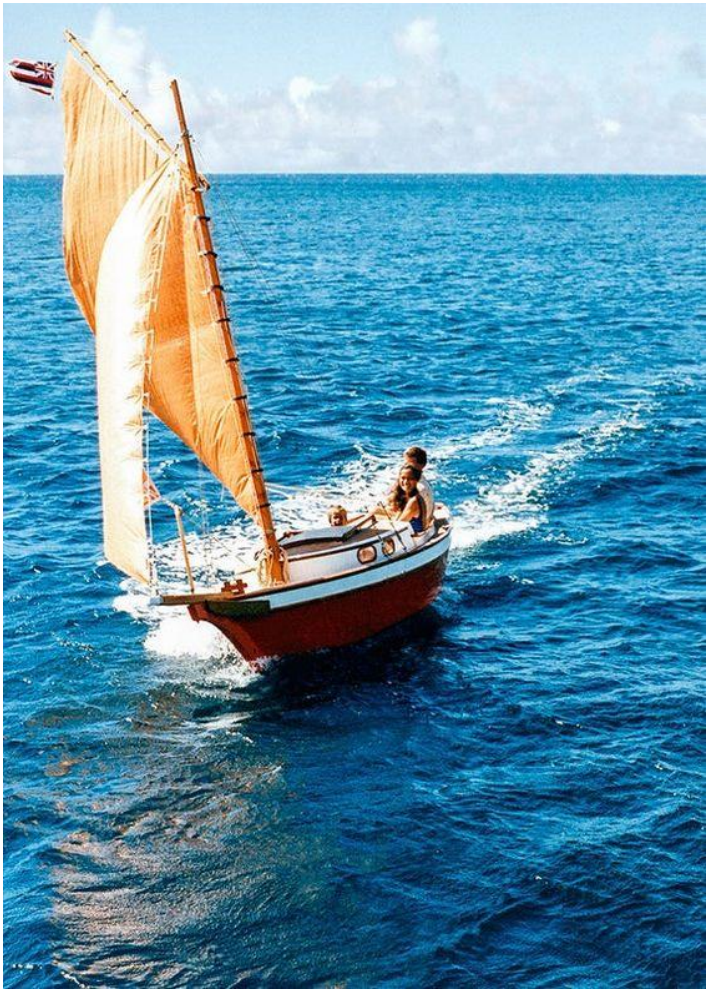

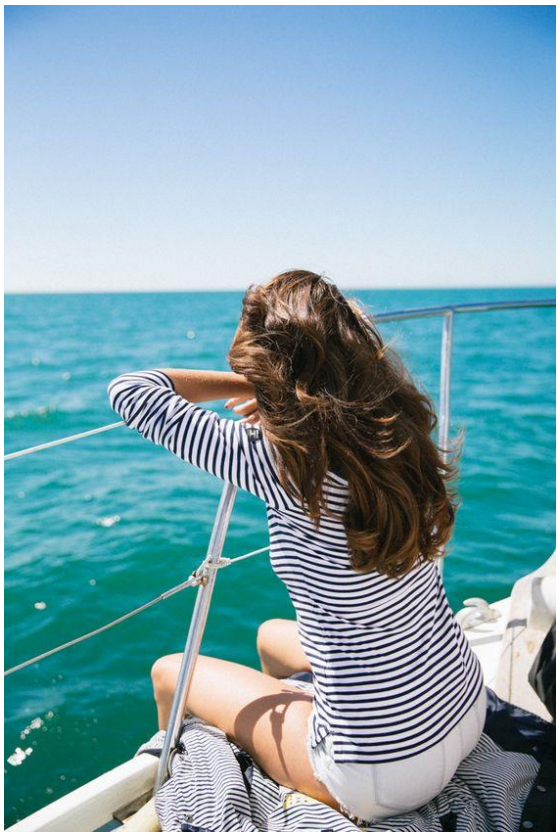

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MARK TWAIN

2021 Summer Real Estate Market Preview

By Craig Wales

Spring 2021 has been a roller coaster. Homebuyers may have strained their necks trying to keep up with all of the factors that have affected the market. They've seen home prices are steadily going up, driven by bidding wars that have an eye-popping number of sales come in higher than asking.

Sellers looking to take advantage have had a queasy spring as well, as they've watched mortgage rates head up, then drop back down. This has softened the demand on the buyers' side a bit, with mortgage applications dipping at the end of April.
With this crazy selling season coming to a close, should we expect the roller coaster to keep giving us whiplash throughout this summer? Or are things going to settle down?

Let's dig into the trends, but first: Buckle up.

There still won't be many homes for sale
The inventory of homes for sale is the lowest since 1982 and this lack of homes to buy is making the ones on the market more and more expensive. Listing prices are rising at double-digit rates in 64% of metro areas. Many homebuyers are putting in initial bids on homes for above asking, AND STILL getting outbid.

The unfortunate truth is that the inventory of homes for sale is low and there's little on the horizon to look forward to, or that provides much hope for a change in conditions this summer. New construction is one way to add to the inventory, but that's just starting to heat up and will take many months before it has a significant effect on inventory.

Prices are still going up
When supply is low, prices go up. That's what we saw this spring, with home prices soaring 18% from March last year to March this year. And that's what we expect to keep seeing throughout the summer.

The current state of low mortgage rates has made house hunters ready to pounce on almost any home that comes on the market, and that's driving up prices. Redfin's Lead Economist Taylor Marr says "…house hunters are still out in full force. They're jumping on low mortgage rates…and bidding up prices of the homes that do hit the market."

Demand expected to remain high
The average amount of time it takes for a home to go from listing to contract is approximately 18 days, compared to 29 days a year ago. That tells you just how high demand is for new homes, and as we just noted, explains the skyrocketing prices that homes are getting right now.

Lawrence Yun, the chief economist at the National Association of Realtors (NAR), predicts, "With mortgage rates still very close to record lows and a solid job recovery underway, demand will likely remain high."

Right now, we are looking at a few factors that may eventually cool demand, helping home prices drop and bringing a calming effect to what has been such a competitive market.

Potential buyers are deciding to stay put – Possibly turned off by rising home prices and stories of vicious bidding wars, many homebuyers have decided to sit this one out. Some homeowners are choosing to refinance, and many are choosing to renovate their home with a cash-out refi.

New construction is heating up – We'll delve into this more below, but builders are answering the call to build more homes. Building permits rose in 42% of metro areas in March. Those homes will ease the supply problem when they come on the market. *Mortgage rates start getting higher* – More on that below.

Rates hovering

Over the winter, average mortgage rates were at their lowest point since Freddie Mac began keeping track 50 years ago. That is no longer the case as rates have peaked above 3% for a while this spring. But the truth is, even if you didn't secure a loan or refinance a few months ago, you haven't missed the boat on low rates.

When rates began to move up at the beginning of spring, we thought this was an indication of a slow, steady crawl higher. But then rates dipped back below 3% in the middle of April. The average current rate as of April 29, 2021 is 2.98%, which is still lower than the rates we saw during *all of* 2019.

(We actually wrote an article calling 2019 the "Year of the Refinance" because at the time the rates were considered exceptional. We obviously jumped the gun on that by at least a year.)

The NAR's Lawrence Yun expects mortgage rates to hover at or below 3.5% for the rest of this year. That makes now a good time to lock in a low rate before they start heading north, as expected. Mortgage rates are more likely to go up than down as we start to see positive economic indicators like promising trends with employment growth as more and more people receive the COVID-19 vaccine.

The bubble isn't going to pop

This spring, interest in what creates a housing bubbles spiked, with online searches for "When is the market going to crash?" trending. Driven by frustrated home buyers who saw prices soar out of reach while mortgage rates were historically low, it felt like a reprise of 2008.

Since then, economists have weighed in on the issue, assuring us that while the symptoms may feel similar, the underlying factors affecting the market this time around are much different.

Whereas the last housing crisis was driven by unchecked speculation and irresponsible lending practices, that's not the case this summer. As we've mentioned earlier, the factors that are driving the housing market now are based on the tried-and-true economic principle of supply and demand.

Low housing inventory = reduced supply.
Low mortgage rates = higher demand.
Low supply + high demand = higher prices.

In addition, it's important to remember that lending standards were tightened in the period following the Great Recession, strengthening the foundation of the market. So, while it seems like there may be reasons to be worried, many agree that there's little risk of a bubble popping this summer as we're not really in a bubble at all.

Construction faces challenges

As we mentioned above, new home starts are increasing, to satisfy the soaring demand for homes on the market. The National Association of Realtors recently found that there are about 500,000 fewer homes for sale compared to the national average for the last five years. Builders are eager to take advantage of these favorable conditions.

However, they're running into a surprising issue: a shocking lack of building materials, especially lumber.

We've looked at the reasons for the high prices of lumber in the past, and the situation has only gotten worse since then. In fact, it's been calculated that rising lumber costs are adding $36,000 to the cost of a new home.

There is reason for optimism, though. Chuck Fowke, chairman of the National Association of Home Builders, recently told HousingWire that the continued rollout of the COVID-19 vaccine should help bring down lumber prices as more plants and sawmills will get back to full capacity.

News from D.C.
As part of his presidential platform during the campaign, President Biden pledged to create a first-time homebuyer credit. Now that he is in office, he seems prepared to follow through on his promise. At the end of April, United States Rep. Earl Blumenauer and Rep. Jimmy Panetta introduced the "First-Time Homebuyer Act." The bill would provide a tax credit for first-time homebuyers of up to 10% of the purchase price, or $15,000.

This is in addition to a different piece of legislation, introduced by Rep. Maxine Waters, that would give first-time, first-generation homebuyers a grant for down payment assistance up to $25,000.

The $15,000 plan has the support of the White House, but it is not clear at this time if and when it could be voted on by Congress, and when it may go into effect if passed.

A low-cost option for lowering rates
Fannie Mae and Freddie Mac are offering new low-cost refinance options to help more people take advantage of the low rates we're seeing now. Fannie Mae's RefiNow option will be available June 5, while Freddie Mac's Refi Possible will be available in August.

Borrowers will save at least $50 a month in their mortgage payments while at the same time refinancing into a rate that is at least 0.5% lower than their current rate. The FHFA is also requiring that lenders help borrowers afford the necessary home appraisal, with a maximum $500 credit for an appraisal if the borrower isn't eligible for a waiver.

The great reshuffling
Where people are buying homes is also changing. We've been watching this over the last few months, as the pandemic has changed everyone's relationship with their location. Offices and commutes are no longer top of mind when it comes to where people are choosing to live, as some form of remote work seems likely to continue for the next few years, at least.

Because of that, people are moving out of big cities and into secondary cities where their house budget gets them more square footage and a bigger yard.

The effect of this is that there will likely be more competition in cities that aren't known for hot real estate markets. And with so many in the market, that won't make big cities less competitive. Rather, the competition will be more evenly spread out across the country.

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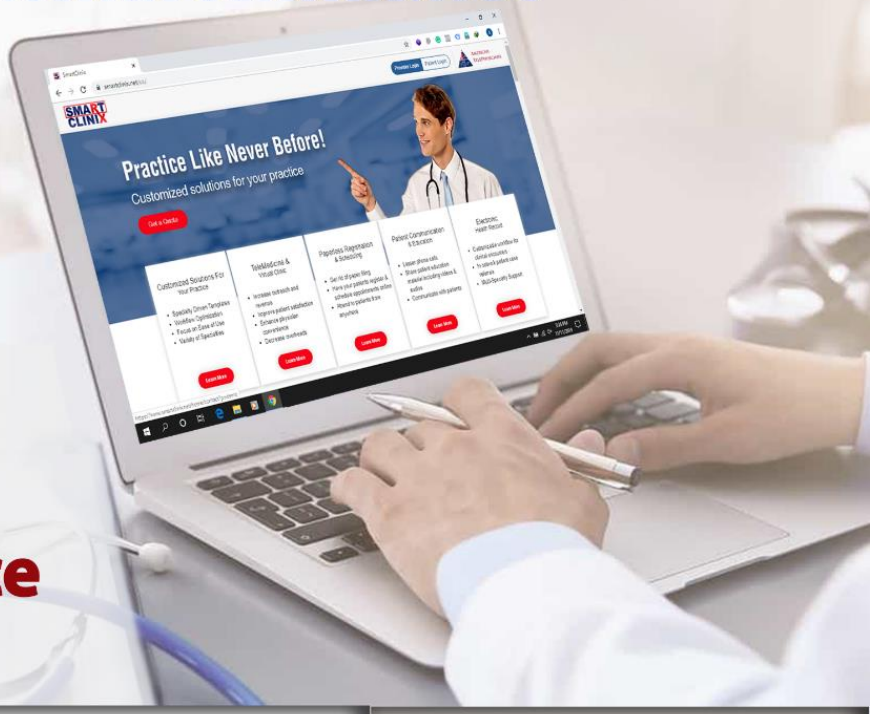

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