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Will Delta Variant Surge Bring About Need Once Again for RPM to Alleviate Hospitalization Overflow?

**By Jorge Rodriguez, Vice President
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As I am writing this article during the third week of July, the CDC is in the news reporting that the [Delta variant now represents 83% of cases](#). This is a dramatic increase from -- up from 50% for the week of July 3.

The news here in Florida shows resurgent COVID cases are increasing rapidly. A *Miami Herald* article said the Florida Department of Health reported [45,449 new cases of COVID-19 during the second week in July](#), nearly double the level of new statewide cases from the first week in July and more than four times the levels of mid-June. Perhaps even more alarming, Florida accounts for [1 in 5 new cases in the United States](#).

More cases mean more hospitalizations. News reports during the third week in July show [Florida ranks fourth highest in per-capita hospitalizations](#) for COVID-19 in the United States, behind Arkansas, Missouri and Nevada.

At this same time, [hospitalizations for COVID-19 in southwestern Missouri have surpassed their winter peak](#). In Southern California, [hospitalizations more than doubled](#) in the past month. And the spike in hospital admissions for COVID-19 has put [Florida hospitals on high alert](#).

Remote Patient Monitoring's Role

The value of [remote patient monitoring](#) (RPM) became very apparent this winter as the surge of COVID-19 hospitalizations created an overflow in hospital rooms and ERs. Providers began to use RPM more widely as a means of expanding care management into the home because some patients can have their oxygen level monitored at home, creating a safe, effective way to free up hospital beds.

WITHmyDOC's RPM@Home kit allows less severe COVID patients to be monitored daily without leaving their home using a tablet and pulse oximeter. Providers can keep an eye on the patient's oxygen level while they are at home and make adjustments when necessary. The kit also allows physicians to set target parameters for each patient's vital signs. The system will trigger a critical alert if the patient's vital signs fall out of their normal range. At that point, with a COVID-19 patient, the physician can decide whether an at-home treatment modification is in order, whether the amount of oxygen the patient receives needs to change, or whether the patient needs to be admitted to the hospital. A unique feature of WITHmyDOC's kit is that if the patient is on oxygen, the physician's monitoring dashboard shows how much oxygen the patient is taking, in addition to changing their prescribed level of oxygen.



The ability to monitor the oxygen level of less severe COVID patients at home through RPM not only frees up spital beds, but also means the patient is happier. It serves as a risk mitigation tool that proactively protects patients, reduces the spread of infection and helps alleviate hospital capacity issues.

Last fall, due to the rush of new COVID-19 patients in hospitals, the Centers for Medicare and Medicaid Services (CMS) launched its [Acute Hospital Care at Home program](#), providing new allowances for hospitals to treat patients in their homes using telehealth and RPM options like RPM@Home. Designed for patients who meet acute inpatient or overnight observation admission criteria, the program considers the patient's home to be part of the hospital. According to CMS, hospitals using RPM have found they can deliver hospital-level care in their patients' homes with lower readmission rates, more physical mobility and a positive patient experience.

With ICU's at or near capacity in most South Florida hospitals right now and conditions projected to worsen over the next few weeks, monitoring patients from home can be another effective solution to minimizing the spread of infectious diseases.



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2021's Top Challenges Facing Physicians

Reprint from Dermatology Times,

In late 2020, our sister publication, Medical Economics®, conducted a Physicians Report asking physician audiences what they thought would be the most challenging issues they will face this year. Here is what the respondents said.

In late 2020, our sister publication, Medical Economics®, conducted a Physicians Report asking physician audiences what they thought would be the most challenging issues they will face this year. Here is what the respondents said.

Administrative burdens and paperwork

If doctors had to chart their feelings about practicing medicine, many would list “paperwork” as their chief complaint.

In countless surveys and studies, and across specialties, physicians consistently cite the time and energy they must devote to filling out forms and other administrative tasks near or at the top of their list of grievances. The mantra repeatedly heard throughout the profession is, “This isn’t why I went into medicine.”

The problem is worsened by electronic health records (EHR), now used by close to 90% of office-based physicians. Once seen as a way to streamline data documentation sharing, EHRs have become enormous time-sucks. A December 2016 study in *Annals of Internal Medicine* found that physicians in outpatient settings spent about 27% of their day on direct clinical face time with patients, but 49% on EHRs and desk work. Many also worked up to 2 hours every evening on EHR-related tasks.

More recently, the proliferation of quality metrics physicians must document, although well-intentioned, has resulted in another layer of time-consuming administrative tasks for them and their staffs.

“Payers and the Centers for Medicare & Medicaid (CMS) with their reporting requirements are trying to do the right thing and reward quality care, but the process and metrics we have today are adding to the burden with little evidence it is helping quality,” David Gans, MHA, senior fellow of industry affairs for the Medical Group Management Association, told Medical Economics®.

The growing number of treatments and medications requiring prior authorizations from payers is yet another source of administrative frustration for physicians and their staff. In a 2020 American Medical Association (AMA) survey, 86% of respondents described the administrative burden of prior authorizations as “high or extremely high.”

Similarly, respondents to the Medical Economics® Physician Report said prior authorizations consumed, on average, more than 16 hours per week of practice time, including 11.6 hours for staff members and 4.6 hours for themselves. Paperwork and administrative requirements are also linked to the alarming increase in physician burnout rates, especially among primary care doctors. When Medical Economics® asked doctors what contributed to their feelings of burnout, 31% cited “paperwork”—more than twice the percentage of the second-leading cause, a poor work-life balance.

“The data show that the things that cause burnout are the things that get in the way of why you went into medicine in the first place, such as being able to provide the kind of care you want to provide to your patients,” Jack Resneck, MD, immediate past chairman of the AMA board of trustees told Medical Economics® in an interview this year.

Fortunately, there are steps physicians can take to reduce their administrative burden, starting with EHRs. Gans suggested that doctors and practices work with their EHR vendor on ways to automate data reporting, such as tailoring



prompts according to patients' specific requirements. For example, in patients with diabetes, the EHR might be programmed to provide reminders of the need for foot and eye exams and report to payers that the patient received the reminder. In addition, some EHRs now offer the option of automatically reporting some quality data to CMS. Employing scribes can also help to reduce paperwork and other administrative burdens. A 2018 study in JAMA Internal Medicine concluded that their use was associated with significant reductions in EHR documentation time and "significant improvements in productivity and job satisfaction."

Ultimately, doctors probably need to accept that paperwork and administrative tasks will be an inescapable part of practicing medicine— particularly with the spread of value-based care models, which usually require detailed tracking and reporting of quality metrics.

"In the long run, value-based reporting is going to be a requirement from all payers," Gans predicts.

Getting paid and seeing enough patients

Generating enough revenue to keep a practice open requires knowing the intricacies of medical coding to ensure reimbursement is maximized, and also recognizing trends that keep patients coming back.

Getting paid is regularly listed as a top challenge facing physicians, according to the 2020 Medical Economics® Physician Report.

The good news for physicians who primarily deliver office and outpatient services is that the Centers for Medicare & Medicaid (CMS) has made significant changes to evaluation and management (E/M) coding and documentation to make the process simpler.

For 2021, there are 3 areas physicians need to focus on to make sure they get paid.

Understand E/M changes

According to coding experts, E/M codes are now much simpler. Physicians will not select an E/M code based on total time spent during the encounter or medical decision making, whichever one pays more.

For medical decision-making (MDM), gone is the complicated points system derived from the number of treatment options, the complexity of data, and morbidity risks. The new MDM table includes easy-to-understand requirements and compensates them for complex cases, regardless of time spent, as long as documentation supports medically necessary services.

In addition, physicians now get credit for many tasks, including reviewing and interpreting test results, speaking with family members if a patient cannot provide their own history, and discussing patient treatments with another health provider or other professional involved in their care.

For time-based billing, physicians can now count the total time on the date of the encounter that may or may not include counseling and care coordination. Doctors may also count, among other tasks, documenting clinical information in the electronic health record (EHR), ordering medications or tests, preparing to see the patient, and referring the patient to and communicating with other health care professionals.

Physicians should contact their payers to verify whether they will adopt the CMS changes. Some payers may continue to require code selection based on history, exam, and MDM. They may also have requirements for individual codes. The most important thing is to ensure that services performed match the documentation.

"Remember that if it's not documented, it didn't happen," says Dreama Sloan-Kelly, MD, CCS, president of Dr Sloan-Kelly Consulting, a medical coding consulting company.

Master telehealth payments

The coronavirus disease 2019 (COVID-19) pandemic closed many primary care offices throughout the country, forcing physicians to quickly adopt telehealth as the only way to see patients and keep revenue up.

To say telehealth was a lifeline for practices during the pandemic is an understatement. According to the Medical Economics® 2020 Technology Survey, more than 93% of physicians used telehealth to see patients during 2020, and 77% of them were using telehealth for the first time.

CMS and private payers made many emergency exceptions to laws making telehealth more accessible for both patients and physicians and added or increased reimbursement for virtual visits to match payment rates for in-office visits.

But the CMS changes were made as part of the federal government's public health emergency declaration that will end whenever the pandemic passes. Although no one knows for sure when that will happen, doctors need to be ready for a sudden telehealth reimbursement shift. Some private payers have already rescinded reimbursement for certain telehealth visits as public confidence for in-office visits has increased.

Experts say physicians must balance keeping telehealth available for patients who are not comfortable coming into the office to capture as much revenue as possible, knowing that at some point in 2021, it's likely that reimbursement for it may dry up.

Before the pandemic, telehealth reimbursement was extremely limited. Even if reimbursement remains for some services, it may not be at the same level as for an in-office visit, so doctors need to understand their telehealth investment return both now and when the public health emergency ends.

Embrace the data

Experts say fee for service (FFS) isn't going to vanish in 2021, but more contracts will focus on value-based care, and the lifeblood of any value-based care contract is data. Payers want data to evaluate the most effective physicians, and the top performers get the best bonuses.

Participating in the most lucrative forms of value-based care requires that physicians have plenty of data on their outcomes and show improvement in the ability to keep patients out of the hospital. An investment in software and equipment may be necessary to fully master all the data points within a practice. Without it, doctors will be at a disadvantage to both participate in and excel at value-based care.

"The key is for us to break the fallacy that FFS is a good way to pay for primary care," says Farzad Mostashari, MD, the former director of the Office of the National Coordinator for Health Information Technology and current CEO of Aledade, a company that assists small practices with transitioning to value-based care models. "We shouldn't be basing primary care payments on that—it should be on the value created, and we need to move towards more person-based rather than transactional."

Physician burnout and autonomy

The perennial issue of physician burnout has only been intensified by the equipment shortages and shutdowns of the coronavirus disease 2019 (COVID-19) pandemic. Despite increased awareness in the health care system, the same problem persists.

The 2020 Medical Economics® Physician Burnout Survey found that burnout is pervasive among physicians, with 91% of doctors saying they have felt burned out from practicing medicine at some point in their career. A further 71% of physicians reported feeling burned out at the time of the survey.

When asked what caused their burnout, 31% of physicians said too much paperwork and government/payer regulations, 15% cited poor work-life balance, and 12% said the COVID-19 pandemic.

Although little can be done on the ground concerning increased stressors from the pandemic, there are ways health care leaders can reduce the underlying issues.

Tips

Howard Baumgarten, LPC, has extensive experience working with physicians who feel burned out. He says there are 3 categories of burnout physicians may experience: physiological, which can take the form of physical symptoms like headaches and high blood pressure; mental/emotional, which can take the form of anxiety and depression; and behavioral, which can take the form of increased alcohol use or smoking, overspending, and not sleeping.

Baumgarten says that once a physician starts feeling burnout symptoms, they should take steps to fight it. He gave some helpful tips for physicians to prevent feeling the heat of the health care system.

The first strategy is to aim for 7 to 8 hours of sleep, starting at the same time every night, and avoiding both drinking alcohol and screen time before bed. The next is to get 30 minutes of aerobic exercise 4 or 5 times a week mixed with some muscle-building exercises. Physicians should also avoid sugary and fried foods and do something that makes them feel good, such as a hobby.

The National Academy of Medicine released a report early in 2020 saying personal stress management strategies are insufficient to tackle the burnout problem facing health care. Although some of the academy's suggestions relate to structural issues, independent practice leaders can adopt them. Also, according to the same burnout survey, 11% of physicians experience burnout due to a lack of autonomy or career control.

Wendy Dean, MD, a psychiatrist, and president and cofounder of Moral Injury of Healthcare, says that following the long period of rigorous training, focusing on independent, critical thinking with strict adherence to algorithms based on reimbursement policies can be grating.

Beyond the big systemic hurdles that must be crossed to get this issue under control, Dean recommends that physicians learn how the incentives are aligned at their health care institution.

"Understand how reimbursement happens, what the incentives are at their entity, and whether they can negotiate to build bridges with the administration, build bridges with other licensees so that everyone can work together to start fixing things at the local level," Dean says.

According to Dean, by talking to fellow physicians, they can see what the patterns are and where the stumbling blocks may be. "As you start to look into that more and more, you can quickly become an expert and can have the tools available to you to change what that problem is," Dean says.

Resources

Susan T. Hingle, MD, professor of medicine at Southern Illinois University School of Medicine, says there are burnout resources available on the websites of most major physician organizations, such as the American College of Physicians for internists. She says many hospital systems also offer support phone lines to help deal with the increased stress from the COVID-19 pandemic.

"I want people to know that those [resources] are available and know that there's no shame in asking for help," Hingle says. "That's how we're all going to get through this: by helping each other and getting through it together. Hiring and retaining clinical staff".

A practice is only as good as the individuals who work there but finding and keeping the right them can seem like an insurmountable task. This task can be compounded with the uncertainty and increased scrutiny introduced by the coronavirus disease 2019 (COVID-19) pandemic.

In a recent entry in weekly studies performed by the Larry A. Green Center and the Primary Care Collaborative on how COVID-19 has affected primary care practices, 35% of physicians say hiring new staff is a significant obstacle to their practice.

With this perennial problem only getting worse, the question remains for physician leaders on how to hire, motivate, and retain clinical staff.

Tips

Target the talent by looking for candidates from areas similar to those in the practice. This familiarity can smooth over some of the wrinkles the new staff member may feel starting at a practice.

Another suggestion is to adjust the payment system to reward hard work or to boost the total compensation package. Packages can take the form of creating bonuses for staff members who meet productivity goals, giving employees a sense of how to earn more without leaving the practice.

The practice leader can also consider offering staff members growth opportunities, such as enabling them to pursue more education through training. Sometimes the cost of training and giving the employee a raise can be a lower cost compared to hiring another employee for new duties.

Personalized benefits, such as flexible hours or more vacation time, can be a useful recruitment tool and a motivator for current staff members. Allowing newly hired physicians to hire their own care teams or set their office hours can increase their motivation.

All these changes should be documented and formalized so that, even if employment packages are individualized, they do not appear to be capricious.

Millennials

An often overlooked source for clinical staff is the newest batch of medical school graduates. Millennials can be a key part of a health care team.

Andrew Hajde, CMPE, assistant director of association content at Medical Group Management Association in Englewood, Colorado, says the health care system is reaching a point where millennial physicians are becoming the only ones left to pick up the slack of retiring boomers and Gen Xers before Generation Z comes of age.

When hiring millennials, it is important to remember that the cohort tends to put a premium on work-life balance and the feeling that their work has a purpose.

Natasha Bhuyan, MD, is a family physician and regional medical director with One Medical in Phoenix, Arizona, and is also a millennial. She says the members of her cohort no longer base their success on the hours they spend in the office or the number of patients seen.

"They measure success based on fulfillment of purpose, developing meaningful relationships with patients, having time to connect with patients and improve their behaviors, and see health results and outcomes change," she says. Millennial physicians are also aware that they need feedback and mentoring and can see the value in picking a senior employee's brain to help them in their work. Bhuyan says this new emphasis on mentorship is closer to coaching than in years past.



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To make my *Ultimate Chicken Quesadillas*, I start by sautéing sliced onion and colorful bell peppers in a skillet with earthy Mexican spices like chili powder and cumin. Then I toss in some diced chicken breast from my rotisserie chicken. It's so easy!

To assemble the quesadillas, I start with whole wheat tortillas and top them with the chicken and vegetables, shredded cheese, and my secret ingredient that makes these quesadillas sooooo good... avocado. There's just something about the creamy avocado that's so irresistible when it combines with the gooey melted cheese.

Plus, because avocados are naturally creamy, you can actually use a lot less cheese than you typically find in quesadilla recipes. By replacing some of the saturated fat found in cheese with the heart healthy unsaturated fat in avocados, this quesadilla is a healthier choice.

The last step is to fold the tortillas in half and toast them in a skillet for a couple of minutes on each side until the tortillas are golden brown and crispy on the outside and the cheese is melted on the inside. Then, cut the quesadillas into triangles and grab your favorite toppings like salsa and sour cream. Serve them to your hungry family and watch them be devoured!

Ingredients

- 2 teaspoons olive oil
- ½ Red Onion, sliced
- 1 red or yellow bell pepper, thinly sliced
- 6 ounces diced Rotisserie Chicken (about 1 ¼ cup)
- ½ teaspoon chili powder
- ¼ teaspoon cumin
- ¼ teaspoon garlic powder
- 1/8 teaspoon salt
- 4 whole wheat tortillas (I used Mission Carb Balance burrito sized tortillas)
- 5 ounces Mexican Blend Cheese (about 1 ¼ cup)
- 1 Hass avocado, sliced

Optional toppings

- salsa, sour cream (or Greek yogurt), cilantro

Instructions

1. Heat a large skillet over medium high heat and add the olive oil. Add the onion and pepper and cook, stirring occasionally, until softened and lightly charred, about 7-8 minutes. Stir in the chicken, chili powder, cumin, garlic, and salt.
2. Lay the tortillas out on a cutting board. Sprinkle some shredded cheese on half of each tortilla. Spoon some of the chicken mixture on top. Place a few slices of avocado on top of the chicken and top with some more shredded cheese. Fold the tortillas in half over the filling and press down to flatten slightly.
3. Spray a large skillet with cooking spray and place two quesadillas in the skillet. Cook a few minutes on each side until the tortillas are toasted and cheese is melted. Remove to a plate and cook the remaining two quesadillas. Cut each quesadilla into three pieces and serve with desired toppings.

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

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The Unfair Blame on Primary Care Physicians

SHEETAL KHEDKAR RAO, MD

When plastic surgeon Dr. Robert Pearl published his Los Angeles Times op-ed, [“How Doctor Culture Sinks U.S. Healthcare,”](#) a polemic essay critical of primary care physicians like me, he set off a firestorm. While he made some valid points, Dr. Pearl also blamed many of the preventative health failures in the U.S. squarely on the shoulders of primary care physicians without acknowledging that our health care system and our American way of life have created and exacerbated many of these exact problems. My physician colleagues and I try to steer our patients toward health, but too often we are left feeling like Sisyphus. Getting blamed for the U.S. health care mess, as Dr. Pearl does in the article, does not help Americans nor does it do primary care doctors justice.

I agree with Dr. Pearl that American health care suffers from systemic, bureaucratic challenges. My list is even longer than his, but similarly, includes the grinding tasks of EMR charting, prior authorizations, and ever-expanding lists of quality metrics. Most primary care physicians spend hours outside of the office charting, answering calls and emails, and engaging family members in discussions to provide the best possible patient care, even though this time is neither compensated for by salary nor FTE hours. Ask any primary care physician working during COVID, and you will learn these emails and calls have only multiplied as questions about COVID symptoms, treatments, and quarantines have become the norm.

Dr. Pearl is also correct that several Americans who died from COVID had chronic, preventable diseases which contributed to their demise. He is correct that preventing disease is undervalued in current fee-for-service health care models. However, Dr. Pearl is sorely mistaken in saying that American physicians are an “equally large part of the problem” because they did not dedicate enough “time and effort to preventing and ... managing these types of chronic diseases.” He is wrong in insinuating that the majority of American physicians don’t value preventative medicine because we don’t prioritize it or see it as “heroic” enough to spend time on. It’s impossible to address chronic care, acute care, and preventive care in the standard 15 to 20-minute visit, including talking to a patient, doing an exam, refilling medication, charting, and completing a checklist of insurance company-mandated requirements. I might find 5 to 10 minutes to counsel them on diet, sleep and exercise routines, but then I might get penalized for this by running behind in clinic, which leads to patient complaints and negative Press Ganey reviews.

Dr. Pearl unfairly blamed “tens of thousands” of hospitalizations on primary care physicians, many of whom were on the front lines from the early days of the pandemic, practicing through challenges such as inadequate PPE and significant pay cuts in exchange for risking and all too often [losing their lives](#). I won’t even bother delving into the shortcomings of our federal pandemic response and the concurrent scourge of disinformation that contributed to significant acute loss of life. I will, however, assert that Dr. Pearl has gravely underestimated the importance of the role our society and government play in chronic illness.

Are internists to blame for the high cost of life-saving medication like insulin that patients often can’t afford? Are family physicians at fault when our government [subsidizes](#) artery-clogging red meat, rendering it more affordable than organic produce? Are inner-city pediatricians responsible when their patients breathe [polluted air that exacerbates their asthma](#)? Are obstetrician-gynecologists to blame for maternal health disparities brought on by poverty? Is it the physicians’ fault that many Americans are chronically stressed, have inadequate childcare, or have to work multiple jobs to support themselves and are therefore unable to find time to exercise, cook healthy meals, or get enough sleep? Dr. Pearl needs to take a hard look at American public health metrics and social determinants of health. More than a

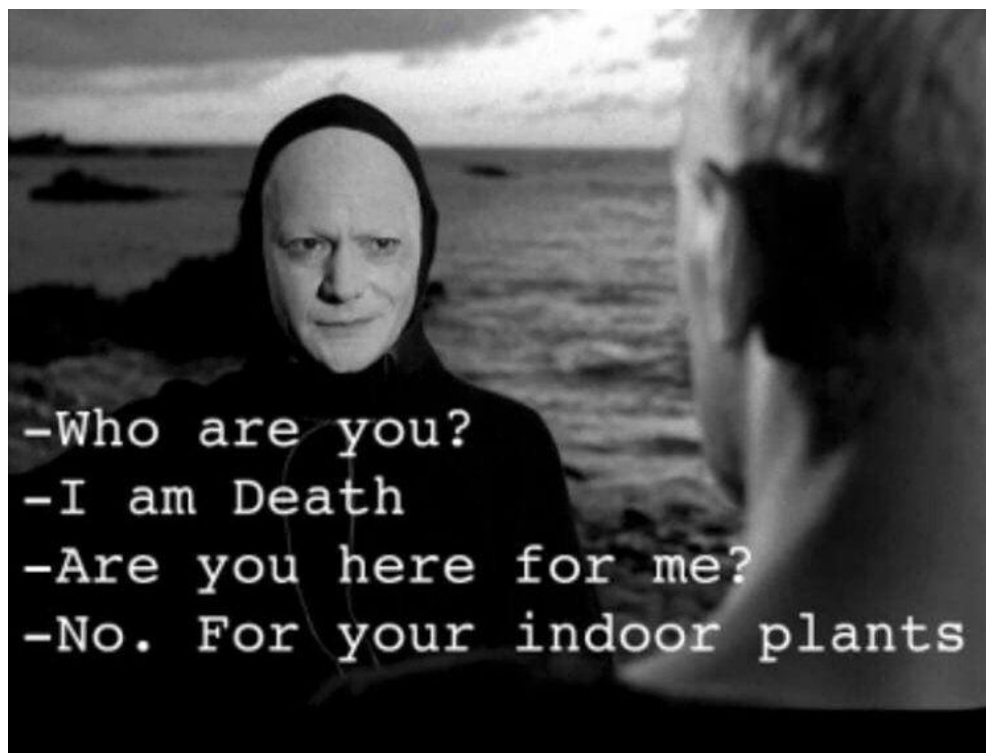


buzzword, these social determinants of health should be available to all Americans since primary care physicians are often left fighting an uphill battle without them.

I also could not help but ask, “Et tu, Brute?” Dr. Pearl could have made his point without kicking his colleagues while they were down, overworked, and burned out. He did not have to contribute to [anti-physician media bias](#). Are all primary care doctors perfect? Of course not — the heartbreaking story Dr. Pearl shares of a friend who passed from ovarian cancer is just one example — and we all know there are others. We have room to grow. But we also face enormous challenges: Health care has become a service industry while many doctors still see themselves as scientists. Scientific facts have become politicized, and expertise of all types has become devalued with the advent of Google. Our jobs are constantly encroached upon by physician extenders with less training as we gradually lose our autonomy to profit-driven executives. Yet primary care physicians still, despite all of the above, love to take care of people. In fact, we in primary care go into hundreds of thousands of dollars of debt to make modest salaries so we can answer a calling to heal and help.

Should physicians have better training in palliative care and how to communicate with patients? Yes. Should academic medical centers admit more primary care residency spots? Yes — yesterday! Should all physicians treat their patients just as they would their own families? Yes. So many of them already do. Let’s be fair and honest about what needs to change and improve. Let’s also call on elected officials to reduce barriers to healthful living. Our health care system is suffering, and so are patients and physicians. COVID has shown us what has been behind the curtain all along. Physicians need to work together to preserve our profession as one we would want our children to pursue. The future of health and health care is at stake. Dr. Pearl made some good points. He did not need to attack and unfairly blame his colleagues to make them.

[Sheetal Khedkar Rao](#) is an internal medicine physician.



Bezos and Branson: A Cautionary Tale for Space Exploration

ADIL SHAHZAD AHMED, MD \



A rocket launch. The tall vessel, akin to a solitary skyscraper, stands alone on the launchpad. The thunderous roar of thrusters travels across miles of empty concrete. The ground shakes. The audible roar in your ear and the palpable vibration underfoot steadily rises, in unison with the overhead countdown. Hundreds of on-lookers stand in excitement, witnessing the launch at a safe distance.

Seated in the capsule, confined by restraints, are the astronauts themselves. Modern-day heroes with movie-star smiles, contagious confidence, and uniforms proudly brandishing the Star-Spangled Banner. Years of training, sacrifice, and rigorous military or scientific backgrounds have prepared them for this moment. But wait. The scene changes. Now enter [affluent tech entrepreneurs](#) — the likes of Sir Richard Branson, Jeff Bezos and others.

These faux voyagers have geared up for launches of their own, competing with one another to enter “space” on a technicality. Neither flight will rise beyond 50 to 60 miles, and neither will last more than 20 minutes. No orbit. No prolonged microgravity. No long-duration exposure to the detrimental effects of space.

Real spaceflight, borne by real astronauts, is far from bragging rights. And far from benign. The deleterious effects of prolonged microgravity on human physiology are immense, affecting countless body functions. The cardiovascular system experiences cranial fluid shifts, leading to [cardiac atrophy](#) and [vascular remodeling](#). These fluid shifts cause chronically elevated intracranial pressure and resultant optic disc edema, a phenomenon known as [Visual Impairment and Intracranial Pressure](#) (VIIP). This has led to altered vision in astronauts, with some changes lasting even upon their return to Earth.

Similarly, the musculoskeletal system is not spared. Progressive [bone loss](#) and sarcopenia (muscle loss) are seen, despite best efforts at daily resistive exercise and anti-resorptive agents. The proximal femurs of healthy young astronauts may lose up to 10% of bone mass over 6 months in space, with recovery upon return to Earth taking upwards of 3 to 4 years. [Cartilage](#) in the intervertebral discs and joint surfaces also experiences changes. Intervertebral disc height is lost, with chondrocytes changing morphology and their normal ratio of secreted collagen proteins.

These alterations to human physiology do not only occur at the macrosystem level. Countless derangements in hematological and immunological systems affect our smallest cells and signaling molecules. A phenomenon known as [neocytolysis](#), the selective destruction of the youngest red blood cell populations, contributes to anemia and the challenge of acclimating on return to Earth.

[Immune system deregulation](#) prompts changes in cell populations and cytokine ratios. While our bodies experience hindered leukocyte migration, extravasation, and phagocytic ability, microbes simultaneously experience increased [pathogenicity and virulence](#) in space.

Multiple viral species, such as herpes, have reactivated in healthy astronauts during spaceflight. Similarly, [countless astronauts](#) suffer chronic upper respiratory symptoms for the duration of flight. Healthy male astronauts have even been found to sustain urinary tract infections, which are normally atypical infections for this demographic on Earth.

In light of these known phenomena, the medical and aerospace communities are tasked with a challenge. As the societal and economic will for longer duration spaceflight — and possibly even semi-permanent settlement — continues to grow, how will we address these impacts on human physiology?

Prior to prematurely ambitious plans for a long-duration mission to Mars, a long-term Moonbase, colonizing asteroids, etc., we must continue researching these conditions and creating countermeasures.

How do we address a major injury in space? If we sustain major trauma, hemorrhage or fractures, do these heal reliably in microgravity? Or are the normal molecular cascades of inflammation, early repair and tissue remodeling too altered? And this does not address the more distant future of humans in space. In the scene of a multi-generational settlement, how does prolonged microgravity affect pregnancy and fetal development? Are the normal developmental axes of cranial-caudal, dorsal-ventral, organogenesis and appropriate limb budding possible? Or fraught with complication?

Initial research on mouse and rat populations suggests distorted [longitudinal growth](#) and [altered mRNA](#) expression at the growth plate. Could this dictate a limit on long-duration spaceflight or extraterrestrial settlement at a site with different gravity from Earth? None of this even touches upon the potentially damaging effects of long-term interstellar radiation once we exit the protective envelope of Earth's magnetosphere.

Now return to the scene of the rocket launch.

The thrusters burn crimson, and the ground rattles. On one side are the highly trained, dedicated astronauts embarking to explore for their country and humanity. On the other are the tech billionaires, prepping for flights to soar slightly higher than hot-air balloons.

Their launches seemed successful, fun, and all they could wish for. But they are not astronauts. They have not sacrificed so much of their lives for dreams of discovery.

Astronauts are the modern-day adventurers upon whose backs our knowledge of the final frontier has been built. This knowledge has wrought more questions than answers and questions addressing the myriad changes to our physiology.

In the not-so-distant future, our extraterrestrial exploits will become less limited by physics and rocket technology. We will be limited by our human biology. It is imperative to study, design, and implement countermeasures for safe and lasting exploration amongst the stars, rather than simply jockeying with rivals to cross the symbolic Kármán line.

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A Physician's Dilemma: Do I Need a Prenuptial?

By Chris J. Roe, CPA, PFS



Ah!! The dreaded prenuptial agreement. Nothing ruins the excitement of wedding planning faster than bringing up this topic. The word, when broached before marriage, reeks of distrust, betrayal, and lack of confidence the marriage will succeed.

In helping doctors with prenuptials, I always advise that they not think of it as a belief the marriage will end, although statistics show marriages have a 50/50 shot these days. Instead, think of it as a document that spells out the personal financial choices you and your fiancée plan to make. Most marriages break down over lack of communication, often about finances. Well, a prenuptial starts the marriage off on the right foot with full disclosure and discussion around finances.

If you cannot negotiate this while you are in love and on cloud nine about the pending marriage, what do you think a divorce settlement negotiation will be like? Think about it: when you are going through the emotional turmoil of a divorce, you are likely to feel betrayed, hurt, like a failure, or [insert unpleasant emotion here]. Fighting about how assets will be split or how much alimony you are on the hook for through a lengthy court battle with five to six-figure legal fees is not exactly an ideal way to settle things. Do you think going to court

and you paying enormous legal fees will help your emotional toll? A prenuptial speeds up the divorce process, saving time, money, and emotional stress, not to mention your wealth.

While we strongly recommend getting a prenuptial agreement in most situations, before running and telling the fiancée you need a prenup, understand what it is and what it is not.

A prenuptial agreement is a legal agreement negotiated between the couple before marriage that determines a couple's finances in the event of divorce or death. Generally, the agreement should address how the couple will split their money and other assets upon a divorce, what is considered separate property and not subject to marital distribution, how assets acquired during the marriage, including a home, should be split, and even debt. An important point to note is each person needs to be represented separately by an attorney to protect their best interest.

In understanding a prenuptial agreement, the following should be considered:

Marriage, like other agreements, is a contract entered into freely by two parties. The terms of the contract, while not formally written by the parties, are provided by the laws of the state in which a couple resides. Through a prenuptial agreement, couples have the opportunity to *negotiate* the marital contract versus relying on the one-size-fits-all laws of their state.

While you do not need to be wealthy to have a prenuptial, if you own assets, are going to inherit assets, or want to protect future assets (like your growing practice), you should consider a prenuptial.

When negotiating a prenuptial agreement, there is broad leeway for the couple. However, the agreement needs to be fair and equitable in the event of a divorce. It is still subject to a judge's review and acceptance as part of a divorce proceeding. Moreover, a prenuptial requires transparency by both parties. Each will need to fully disclose all the assets, debts, and trusts for which they may be current or contingent beneficiaries and any potential inheritance.

As a highly compensated physician, you more than likely will be required to pay alimony to your ex-spouse. A prenuptial agreement can have your spouse waive alimony (in certain states) or set the amount and terms of any future alimony. For example, the alimony may be based on an amount to achieve a certain level of monthly income and no more, or a particular dollar amount each month adjusted over time for inflation. I have also seen a single payment based on a specific amount for each year of marriage.

Moreover, a prenuptial addresses premarital and marital debt. Should one spouse have significant debt, as most doctors do, the other spouse may not want to take it on in the event of divorce.

Furthermore, if you or your spouse have been previously married or have children, you want to make sure previous financial affairs and obligations are not mixed with your new marriage's finances. Additionally, you can specifically address which of your assets goes to your children. However, a prenuptial agreement is not a replacement for a will.

Prenuptials do not and cannot address any future child support issues or custody. This will need to be worked out at the time of the divorce.

Finally, if you are a physician that will or does own your own practice, a prenuptial agreement may someday save you from having to give some value of your practice to an ex-spouse through a buyout.

Consider this: you are a mid-career specialty physician making, say, \$650,000 per year. Early in your marriage and career, you and your spouse both worked, lived frugally, and saved diligently. You held off having children till your early 40s. The kids are now in high school and going to private school.

You and your spouse have amassed an eight-figure net worth. Your spouse currently does not work outside of the home and is taking care of the children. You decide to file for divorce.

After two years of legal battles and a lot of legal fees, you lose a large portion of your net worth to your spouse and are required to pay a substantial amount of your annual earnings in alimony to keep your spouse in the lifestyle accustomed. Additionally, you are going to pay for your children's private school tuition.

While you still have a sizable net worth and are certainly not broke, you have just experienced a large and significant financial blow late in your medical career. More than likely, you will never recover from this sizable hit.

As you consider a prenuptial, just know getting one is not very difficult nor is it terribly expensive, especially compared to the time and cost of a contentious divorce. It is recommended the agreement be negotiated and signed well in advance of the wedding date. Do not wait till the last minute to get this done.

Getting a prenuptial may seem unnecessary at the time of your marriage and a lot more effort than you want to put in at the time, so many people just forgo it and hope things work out. Well, as I always tell my physician clients, hope is not a strategy.

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Delete These Apps!

Scanner, Messaging and Keyboard Downloads are Hiding Malware

BY CHARLIE FRIPP, KOMANDO.COM



Having your phone infected with malware is no laughing matter. Unfortunately, several mobile applications have just been discovered that harbor the dangerous Joker malware.

The name might sound familiar to you. Not because it is the villain in superhero flicks, but because [we have written about the malware's destruction before.](#) It is one of the most prominent attacks that criminals use on victims.

Joker malware is so widespread that cybersecurity firm Zscaler has set up a dedicated team to research the threat. Their work recently paid off, as they managed to identify numerous apps that are spreading the virus. Keep reading for the new list of dangerous apps.

Here's the backstory

Google has been alerted previously about the malware's presence. But as fast as it can remove it, new apps appear with the same ferocity.

The malware is incredibly crafty in the way it works. When an infected app is downloaded, it tricks the Android notification system by asking for permission to read all notifications. Once granted by the user, it hides all notifications of malicious behavior.

Here is a list of 11 apps recently found hiding Joker malware:

1. **Free Affluent Message**
2. **PDF Photo Scanner**
3. **delux Keyboard**
4. **Comply QR Scanner**
5. **PDF Converter Scanner**
6. **Font Style Keyboard**
7. **Translate Free**
8. **Saying Message**
9. **Private Message**
10. **Read Scanner**
11. **Print Scanner**

In essence, the hackers will have access to all your data and can control your device. Since it hides notifications, criminals can:

- Steal personal information
- Access and copy your contact list
- Monitor text messages
- Sign you up for fraudulent services
- Send text messages to premium numbers

Zscaler's ThreatLabz research team noted that the new crop of infected apps has been downloaded 30,000 times and uses a different method for getting past Google's security checks.

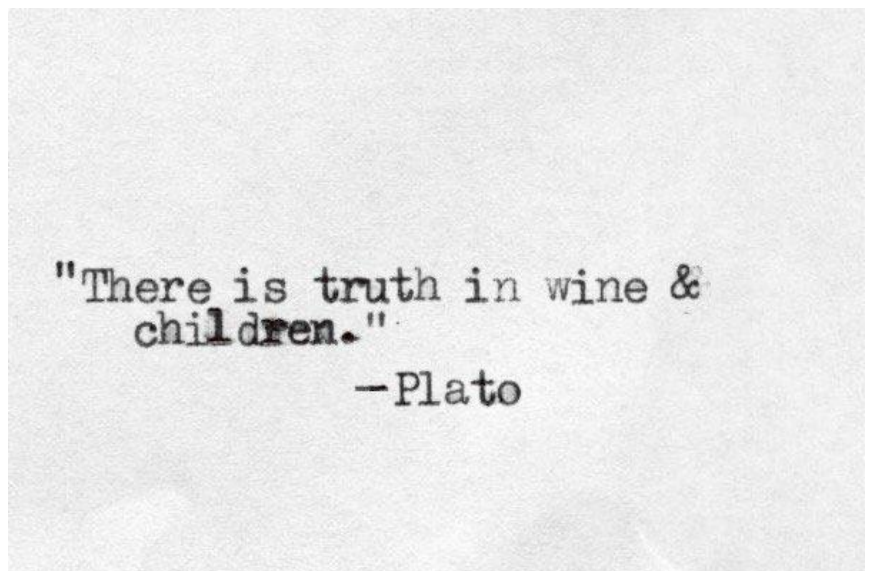
"Joker is well known for changing its tactics to bypass the Google Play Store vetting process. This time we saw Joker using URL shortener services to retrieve the first level of payload," the team [explained in a blog post](#).

What you can do about Joker

If you have downloaded or used any of the 11 apps listed, you must immediately uninstall them from your phone. The apps aren't only found on the Google Play Store but third-party stores as well.

Here is how to find and delete apps on Android:

- Open the **Google Play Store** app.
- At the top right, tap the **profile** icon.
- Tap **Manage apps & devices** and then **Installed**.
- Go through the list of displayed applications.
- Next to the app you want to remove, tap **Uninstall**.





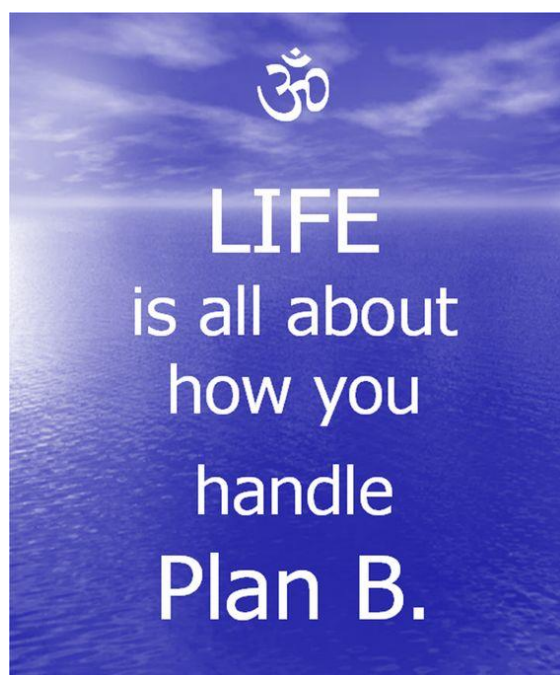
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The Best Luxury Cars for 2022

Luxury cars are always a source of excitement at the beginning of each year. Everyone wants to see what each car manufacturer will have on offer for the coming model year. If you have been thinking about investing in a [2022 luxury car](#), this is the perfect time to pick out the car of your dreams.

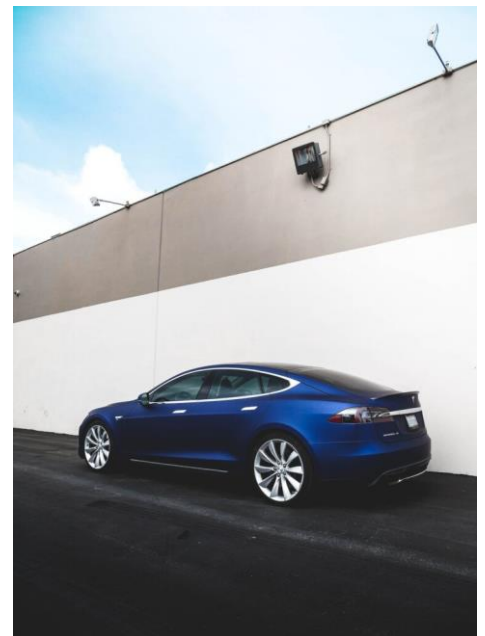


If you are ready for a list of the best luxury cars of 2022, read on!

1. Tesla Model S

One of the most discussed and highly-anticipated releases for 2022 is the Tesla Model S. This car has been one of the most popular cars in the Tesla lineup for years and for good reason. The comfort and clever design features of this high-tech car are superior to any other options that are available in similar electric and hybrid cars.

The flagship of the Tesla brand, this model was overdue for updates, and last year they were promised to show up in 2022. The new Tesla Model S has arrived and it was well worth the wait. This is the best Model S ever and there is so much to love about it that it might be hard to find one if you wait too long to place your order or to go shopping.



You will find a new and much more powerful motor as well as a refreshed interior full of all of the best new options that Tesla has been developing over the past few years. Play games on your car's huge touch screen while it is parked, have it come to you in parking lots, or allow your Tesla to drive itself from place to place.

Teslas hold their value well, especially in the luxury car market and you will enjoy every day of driving this car. The added benefit of moving away from a gas-powered daily driver will make the switch to a Tesla an easy choice to make.

2. Mercedes Benz EQS: A New Luxurious Experience for 2022

This is a new brand of luxury sedan from Mercedes, which is known for its powerful, sporty, and truly luxurious vehicles. This model will be fully electric, which is a new space that Mercedes-Benz is excited to be moving into. Mercedes has always been at the forefront of new tech in the past, but they have not moved into the electric car arena until very recently.



The EQS is ultra-sleek and offers up an interior that is redesigned but still offers all of the best Mercedes features and design notes. The built-in navigation will track charging locations as well as charging stops in your trips. Nothing has been left to chance and the driving experience in this new vehicle promises to be the ultimate in luxurious comfort.

Mercedes vehicles hold value amazingly well for luxury class vehicles. You will find that your new Mercedes will not only be delightful to drive, but it will also hold value for years to come.

3. Ford F-350

While it was not always the case, trucks are becoming more and more luxurious with each passing year. While these vehicles do not fit into the luxury auto classes for many makers, there is arguably nothing more luxurious to drive than a Ford truck these days. While it might not be sleek and sporty like a sedan, there is something truly wonderful about driving a large and capable vehicle that is as comfortable as a Bentley.



Heated and massaging seats, superior navigation, and phone interface design via the 12-inch touchscreen, as well as a sporty appearance, are just some of the features that make the new Ford F-350 a truly luxurious driving experience.

Even if you don't have any plans to haul trailers or loads of supplies with your Ford F-350, the torque, power, and superior interior comfort will make this vehicle one of the best luxury vehicle choices for 2022.

4. Head into 2022 with the Refined Luxury of the Alfa Romeo Giulia

Alfa Romeo has long been one of the first brands to come to mind when you are shopping in the luxury brand category. Alfa Romeo has long been a favorite when performance, as well as luxury interior design, is on the menu. The Giulia has always been one of the most elegant and beautiful models in the Alfa Romeo lineup.



The 2022 Alfa Romeo will offer up an improved and sporty design as well as new technology which makes driving more comfortable. Alfa Romeo has added all the usual bells and whistles to their truly Italian styling in the interior and you will love the premium bolstered seats. There is no more comfortable interior for long drives than what you will find in an Alfa Romeo.

This model actually comes in at a really affordable price for all the comfort that it can offer and you will get really excellent mileage for a sporty performance car as well. This is one of the best choices on this list for a daily driver that offers true luxury comfort.

5. Bentley Continental GT Speed

Bentley's name might as well have been luxury. There is no brand that is more closely associated with luxurious and comfortable driving. Bentleys have always been thought of as touring-type vehicles that put one in mind of a lazy drive with a chauffeur to take you from place to place.



Bentley has stepped it up for 2022, by upgrading many cars in their lineup to include performance upgrades like electronic slip differentials and improved brakes and steering systems to make their 2022 models more responsive and fun to drive than ever.

Combine improved performance with the hand-stitched leather interior, massaging and heated and cooled seats, and a whole host of luxury options to choose from, and you have a truly superior touring vehicle that will remain one of your

favorite cars no matter how many years you drive it. This is a great choice if you love enjoying long road trips in supreme comfort and style.

6. Chevrolet Corvette Z06, Next Year's Blend of Sport in Luxury in One Car

This is a car that not everyone has associated with luxury in the past. Corvettes were originally crafted more toward lovers of speed and performance and less toward comfort and daily driving needs. The new 2022 Corvette Z06 targets comfort as well as performance and you will find that there are a surprising number of luxury features that are on offer with this car.



The 2022 car offers all of the same high-performance options and features that you would expect from a Corvette but they are balanced by a new softer side of Corvette styling. Enjoy a touch screen, phone adaptations to make navigation and music selection far more streamlined and more comfortable seats.

The 2022 Chevrolet is made with long drives in mind as well as speedy sport driving and there is so much to love about this new version of a classic performance car.

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HOW TO SOLVE THE PHYSICIAN SHORTAGE



Ariella Shoham, aidoc.com

The Association of American Medical Colleges (AAMC) published a report in June 2020 that revealed a [physician shortage of between 54,100 and 139,000](#) in both primary and specialty care by 2033. This report underscores the widening chasm between patient and healthcare requirements, and the number of physicians needed to build a bridge across that chasm.

The study, entitled *The Complexities of Physician Supply and Demand: Projections from 2018-2033*, was developed prior to the 2020 pandemic which is likely to impact these figures over the long and the short term. How COVID-19 is set to hit physician numbers or healthcare has yet to be determined, but there are concerns that it will further reduce the number of physicians able to provide the right levels of healthcare in the coming years.

Why is there a physician shortage?

Two of the primary reasons cited in the AAMC report for the physician shortage are: an aging population and aging physicians. The retirement era is hitting both sides of the physician shortage equation and is set to have a serious impact on healthcare if a solution isn't put in place very soon.

And, as mentioned earlier, the pandemic is sending its own ripple of repercussions through the market. In an article published in [Physician Sense](#) in May 2021, research by Merrit Hawkins found that [physician jobs had actually decreased during the pandemic](#) with recruiting dropping by 30%, demand for physicians dropping overall, and that opportunities significantly decreased. This meant that physicians, working long hours and under extraordinarily difficult conditions, faced wage cuts and job uncertainty at a time when their roles were most critical. The same report, however, highlighted that this shift in demand was very likely going to reverse back to the conditions outlined in the AAMC study, pointing out that physicians are 'indispensable caregivers' and that renewed demand would see a return to the physician shortages predicted in 2018.

The market, impacted by the financial repercussions of the pandemic, flipped from a seller's market to a buyer's one in just 60 days in 2020. Today, that flip has happened again with physicians once again in high demand as the healthcare sector recovers from the hit of COVID-19.

However, another challenge impacting on the physician shortage is funding. It's expensive to train as a physician. It's costly to go to medical school. And funding opportunities are limited and complex. This makes it difficult for potential physicians to enter the market and then, once they've completed training, they [often experience severe burnout and depression](#) as a result of the long hours and big bills they have to pay. This loop has to be cut to protect the future of healthcare and, most importantly, physicians themselves.

How to solve physician shortage

There are several initiatives and programs in place that have been designed to address the physician shortage and minimize the risks of the extraordinary 139,000 physician shortfall predicted for 2033.

As the Merritt Hawkins report pointed out – physicians are critical resources. Healthcare is an essential resource and cannot thrive without the experience, leadership and expertise of the physician. This means that there have to be changes in how healthcare and education institutions approach the physician shortage and long-term physician care.



Image Credit: American Trends

The first is to put physician well being at the forefront of training, opportunity and career. The Merritt Hawkins report found that many physicians have opted out of patient care or moved into entirely new careers due to the stresses of their roles, and the uncertainty introduced by COVID-19. To ensure that physicians are given the right care and support, there has to be a focused effort on providing them with the tools and resources they need to do their jobs more efficiently and with less admin and stress. The latter two points were highlighted in the 2021 Medscape National Physician Burnout & Suicide Report which revealed that [admin and bureaucratic tasks were the number one cause of burnout](#) at 58%, with spending too long at work (37%), lack of control and autonomy (28%), and stress from social distancing and COVID-19 issues (16%) contributing to the physician burden.

Addressing the physician shortage

There's plenty of research and insight into the why of the physician shortage, but it's a challenging landscape when it comes to resolving these problems. It's important to address the obstacles that keep people in the role of physician, to improve quality of life for physicians and to minimize burnout.

In a paper published in the Mercatus Special Edition Policy Brief entitled Resolving Roadblocks to Activating Additional Physicians, the authors [identify several areas](#) that could do with a revamp and support the physician today. They recommend that the challenges presented by insurance companies and the licensing process be streamlined and resolved, making it easier for physicians to do their jobs while reducing the strain on the system.

Finally, it's important to focus on providing improved access to funding for medical training and to increase the number of students in classes and training programs. This will not only make it easier for people to enter the field, but it will increase volumes.

Where can technology come in?

Technology can't clone physicians to make up for the dwindling numbers and increased demand, but it can provide support to physicians and patients in times of need. From telemedicine in the field to advanced workflow and administrative solutions in the healthcare practice, technology has the potential to shift unnecessary pressures off the physician while improving patient care.

Telemedicine has long been considered a solid solution to physician shortage problems, particularly in countries that have a severely limited supply. The BMJ Public Health Emergency Collection of papers published one entitled “Telemedicine, the current COVID-19 pandemic and the future: a narrative review and perspectives moving forward in the USA,” pulling together multiple articles and bodies of search around the topic into one solid body of research. It found that [telemedicine has the potential to not only help physicians](#) and overstretched healthcare facilities, but to support healthcare in preparing for future pandemics and shortages.

Then there’s artificial intelligence (AI) that’s evolved from hype and postulation to a trusted resource that can potentially help physicians manage workloads and manual administration. Some solutions are designed to automate workflows, streamline information capture, and manage tedious admin tasks. Others, more advanced, are designed to ease the pressure on physicians as they undertake vast volumes of work at speed on a daily basis. One such solution is Aidoc, a leading [AI platform for the radiology sector](#), that has long been providing physicians with support that they need to manage extraordinary workloads. Aidoc provides seamless workflow integration and an intuitive user experience that provides the radiologist with a third pair of hands, another pair of eyes that never sleep. With the platform in place, radiologists are assured of a tool that can help them in prioritizing acute cases, empowering them to maintain their quality while increasing efficiency and improving their work-life balance.

These technologies and solutions are constantly evolving, constantly adapting to changing [physician needs](#), and have the potential to fundamentally change the pressures they endure. Blending these technologies with improved funding, wellness, access, training and support will not only reduce the risk of the physician shortage, but improve healthcare overall.

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Last-Minute Road Trips Because It's Still Summer

Allison Sutcliffe

Looking to add some last-minute travel to your calendar before the summer sun sets? A road trip is a perfect way to explore a new spot without too much-advanced planning needed. Whether you have only a day to explore or a long weekend, our road trip ideas are here to get you started making memories that will last a lifetime!

Visit a National Park

Take the play outside at one of our nation's great parks. Learn about the natural world, do car camping and hike the day away. Set your sights on an under-the-radar national park near you. We picked one in every state (even D.C.)! Got a 4th grader in your crew? Bring them along, and you'll get free admission with the Every Kid in a Park program!



Feed Your Inner Foodie

Sometimes the promise of a killer pulled pork sandwich is all the inspiration you need to hit the road. Plan your road trip to include one of the country's best BBQ spots, a new pizza joint or one of these themed restaurants that really take dining to another level. A food hall is a great option for families because they offer tons of eating options for every taste. Or satisfy your sweet tooth with a stop at your state's best donut spot or most epic ice cream joint.



Make Your Way to the Museum

A brand-new museum is a perfect excuse to set out on a road trip. The country is full of totally epic kids' museums (that even adults will love) and over-the-top science centers that will get you staring into space. When the weather gets hot, it's a great idea to head to a totally-indoor museum to keep your cool (in more ways than one). Got a museum membership of your own? Check to see if it offers any reciprocal discounts with other museums and save a bunch!





Hit a Theme Park

Ride all the rides at a theme park! The costumed characters. The thrilling rides. You can say you go for the kids, but we're pretty sure you love it just as much as they do. Check out [the eight best amusement parks](#) for families and even [some that won't break the bank](#).

Explore a Wacky Roadside Attraction

Pack up the kids and the snacks and hit the road! There are all sorts of [wacky and unique roadside attractions](#) all over the U.S. Pick one out to make it your destination or drive until you see that giant rooster and hit the brakes. Your kids and your Instagram feed will thank you.



Pitch Your Tent

Camping can be a cheap way to see a new area of the country and a fun way for families to bond without the distraction of devices and deadlines. These totally unique campsites will take the fun to another level with beaches and water parks as the backdrop. Sleeping on the ground not your thing? Rent an RV for some upgraded relaxation. Before you go, check out our tips on how to ease yourself into camping to make the most of your time in nature.

Go Digging for Dinos

From sculptures to skeletons, you can find [places across the country](#) that pint-sized paleontologists will go crazy for. You can excavate in a national park, roam around forests with life-like statues or explore the halls of a museum for a history lesson that will take the kids waaay back. While there are hundreds of sites to choose from, we'll get you started with [14 of our favorites](#).



Find a Home on the Range

Maybe your little cowpokes are aching for a prairie ride this summer, or perhaps they just want to visit a [western-themed amusement park](#). Get inspiration for your next great excursion from one of [these 11 cowboy destinations](#).



Visit the Capitol of the Next State Over

Hit the road for the next state over and visit the capitol building. Many offer free tours, museums and tons of cool info about days gone by. Bonus: the kids will get a history lesson and they won't even realize it!



20 Best Medical Shows on Netflix

By Perna Singh

From all the different types of TV shows available during the years, medical television shows have been with us for eternity, or at least that's what it feels like. Whether they're educational, covering technical aspects of intricate operations, or romanticized into stories about love, treason, career changes, and friendship reconciliations, or even based around murderous crimes, they're all set in a medical environment where stress and tension will automatically lead to nerve-racking entertainment and drama. While not all of them are exceptionally good, there are many that are definitely worth checking out. So, here's the list of really good medical shows on Netflix that are available to stream right now. You may also find some of these tv shows on Hulu or Amazon Prime.

20. Wake Up (2015-2017)

'Wake Up,' originally titled 'Ma zui feng bao,' is a Taiwanese series that is available on Netflix with English subtitles. When a patient dies due to a rare complication arising from anesthesia, Dr. Hsiao Zheng Xun (Jag Huang) is forced to take the blame on the Chief Physician's behalf and is suspended. However, the insurance agent handling the death claim does not buy into the narrative and teams up with Hsiao to unveil the truth. In addition to this, Hsiao is also compelled to face his past traumas. Dragged into a sticky situation at work and having to face his traumas, how will Hsiao cope with all of this?



19. Ask the Doctor (2017-present)

The Australian factual series 'Ask the Doctor' is an informative show that tackles common health-related queries that a large number of people ask, including issues related to sleep deprivation, digestive health, exercise, and obesity. Doctors on the show are fresh faces who share information in a way that is easy to assimilate, even for a layperson. The presenters are Dr. Renee Lim, who is a general practitioner, Dr. Shalin Naik, a medical researcher, and Dr. Sandro Demai, a public health expert. We are flooded with information every day regarding simple things such as how much exercise is too much or what is the treatment for snoring; here is a show that clarifies these doubts. The way the show is presented may also find it easier to engage the school going demographic and not just the adults.



18. Private Practice (2007-2013)

A spin-off of 'Grey's Anatomy,' 'Private Practice,' is a medical drama that follows Dr. Addison Montgomery (Kate Walsh), a neonatal surgeon, as she moves to Los Angeles to join a private practice. She continues to look for love and hopes to start her own family. It is also about her colleagues at the Seaside Wellness Center, as they balance their everyday lives with the heavy responsibility that comes with their job.



17. Operation Ouch! (2012- present)

'Operation Ouch' is a successful series for children, which is run by twin brothers and doctors Chris and Xand van Tulleken. The comedy series focuses on the human body and all that takes place in an Accident and Emergency Ward. It is informative and shares the challenges that doctors face while working with a patient. The series includes some exciting experiments that Drs. Chris and Xand encourage their young viewers to carry out. The doctors show the ongoing incidents at Alder Hey Children's Hospital, Royal Manchester Children's Hospital, and the Liverpool Hospital. They also follow rapid response teams that take care of medical emergencies at the patients' homes or in public spaces.



16. Life (2018)

As is true for other professions, undercurrents of corruption and politics are felt even in the medical field of work. This South Korean series follows a university hospital that struggles to remain true to its ideals as a private corporation takes over its functions. As true in most stories that we hear, the people who are hesitant to give up their principles usually cave and give in to more powerful forces. This story stands out as it is the hospital's team of doctors who come together to challenge and stand against those who try to turn the non-profit hospital into a money-making scheme.



15. Live Up to Your Name (2017)

This South Korean series blends historical time travel with medical drama. Switching back and forth between present-day Seoul and the reign of the Joseon Dynasty 400 years ago, Heo Im (Kim Nam-gil) is an acupuncturist who tries to tie loose ends for himself as he unexpectedly travels through time to find himself in present-day Seoul. Dazed and confused, Heo Im meets Choi Yeon-kyung (Kim Ah-joong), a cardiothoracic surgeon in training at Shinhae Hospital. She, being a firm advocate for modern medicine and Heo Im a practitioner of traditional medicine, bring together two contrasting worlds. The tug of war between traditional and modern medicine is relatable to people all over the world.



14. Hart of Dixie (2011-2015)

'Hart of Dixie' is more of a comedy-drama that surrounds the life of a young New Yorker, Zoe Hart (Rachel Bilson). It was her dream to be a cardiac-thoracic surgeon, but when all doesn't go as planned, she accepts an offer to work as a general physician in Bluebell, Alabama. She goes there to realize that the man who offered her the job is no more but has left his half of medical practice to her name, in his will. Steeped in more drama than the medical angle, it is still an enjoyable watch.



13. Unnatural Selection (2019)

'Unnatural Selection' is a documentary series that takes us to a whole new level of "the future is now." With genetic engineering being more and more accessible, how do we really feel about it? It is this angle that is explored here. The series stirs up debates on biohacking and trait selection; what does it imply when it comes to morals, environment, and the social fabric of society. The realization that one can "edit" the very essence of our being is very unsettling. What most people worry about is that even when we think that we have thought of all the possibilities and challenges which may arise and ways to mitigate them- have we actually thought of "everything?"



12. Hospital Playlist (2020-present)

'Hospital Playlist' is a South Korean series that follows a group of friends who are medical professionals and have been together since their years in medical school. The series has particularly been praised for the way it is written and highlights the intricacies that come naturally to characters as they would in real life. The plot mostly follows how the doctors solve medical cases, and it does not get too caught up in their interpersonal dynamics. Directed by Shin Won-ho and written by Lee Woo-jung, the series became the ninth highest-rated Korean drama in the history of cable television.



11. Medical Police (2020)

'Medical Police' follows two doctors who discover a virus, that threatens an outbreak of a pandemic. They are hired as government agents who must join the global race to find a cure. Uncovering deep secrets and conspiracy was not what Lola Pratt (Erinn Hayes) and Owen Maestro (Rob Huebel) expected to deal with. The series is a spin-off of the comedy 'Children's Hospital' and is directed by David Wain and Bill Benz.



10. Nurses Who Kill (2016)

What is the opposite of a nurse healing a patient from whatever illness that has been laid upon him/her? It's a nurse killing a patient and leaving us wondering the mysterious and perhaps, unimaginable reason behind it. With medical, psychological, and criminal experts around the table, 'Nurses Who Kill' delivers a documentary series revolving around a set of murder cases, in which nurses have used their knowledge and position to end the life of one or more individuals. By analyzing their possible motives, connections, and the methods used for the final acts, we are given an informative piece of work that touches upon interesting and fascinating stories.



9. **Ratched (2020-present)**

At a time when mental illness was looked at from a pathological point of view, the Lucia State Hospital, a leading psychiatric hospital, hires Nurse Mildred Ratched (Sarah Paulson). She comes across as the epitome of dedication, which is only a facade veiling a deeply disturbed mind. Based on Ken Kesey's 1962 novel, 'One Flew Over the Cuckoo's Nest,' the series highlights the way Nurse Ratched manipulates the mental health care system for her own interests. 'Ratched' throws light on the fragility of the human mind and the limitations of empirical science when it comes to gauging how the mind works. For psychology lovers, the series will definitely be memorable as it gives you ample to mull over.



8. **Diagnosis (2019)**

The human body is a mysterious thing, and even the best of doctors cannot always predict what is exactly the problem with it when some rather challenging cases come their way. What should they do when such a situation arises? Should they try to solve the case using various means that they have studied all these years? Or should they ask the general public for their opinion? If such a question is bothering you, the Netflix original series 'Diagnosis' is a show right up your alley. The show follows Dr. Lisa Sanders as she crowdsources the diagnoses for some of the most challenging cases that come her way. Interestingly enough, this series is inspired by a column Dr. Sanders used to write in The New York Times.



7. **Charite At War (2019)**

One of the most interesting medical shows you will come across on Netflix, this German series is set in a Berlin hospital during World War II. Within the course of the show, we get to see how the cruel policies of the Nazi government affect the lives of the doctors, nurses, students, and other medical staff associated with the hospital. A six-part miniseries, 'Charite At War' is the sequel of the German series 'Charite'. There is a constant air of mistrust that surrounds all the people associated with the hospital. While some of them subscribe to the policies of Hitler, some are strictly against the same. We also witness how the resources decline and facilities deteriorate as the war rages on and Berlin is devastated by the Allied powers. An interesting blend of fact and fiction, 'Charite At War' presents to us the problems which normal people have to suffer and the sacrifices they have to make while the powers that be continue fighting each other.



6. **Nurse Jackie (2009 – 2015)**

'Nurse Jackie' is a dark medical drama that also has elements of sharp, intelligent comedy. The show revolves around a strong and blunt emergency department nurse called Jackie Peyton. Edie Falco is outstanding in the role. With intriguing, well-written characters that push us to want to see more, the show revolves around the life-struggles of Jackie as she tries to balance her work with her family and affair, all whilst hiding an addiction to pain killers.



5. Virgin River (2019-present)

Set in the beautiful and serene Virgin River, Melinda “Mel” Monroe (Alexandra Breckenridge) moves from a big city to work as a nurse and midwife in the town that desperately needs more professionals like her. With hopes of getting a fresh start at life and leaving behind painful memories, Mel is a nurse practitioner who answers an advertisement that lands her a job with Vernon “Doc” Mullins (Tim Matheson) in Virgin River. Although at the heart of it, the series is a romantic drama, it does not shy away from showing us the various healthcare-related issues that a remote town grapples with. Mel and Doc have to deal with the situations creatively and with a sharp presence of mind.



4. Lenox Hill (2020-present)

This documentary web series follows four medical professionals at the Lenox Hill Hospital in Manhattan. ‘Lenox Hill’ takes an intimate look at the life of two neurosurgeons, an emergency room physician, and a Chief Resident obstetrician and gynecologist. The series has been very well received as it not only shares information but shows a very human dimension to the profession. To be a person who heals means to be able to empathize with those who come to you for help. Taking every day as it comes, these healthcare professionals take us through what goes on in the mind of the person who you put your trust in. It shows us what it means to experience joy, loss, failure, and miracles daily. Without coming to any conclusions regarding the current state of healthcare, it provides enough information for viewers to develop their own understanding.



3. The Night Shift (2014 – 2017)

In the style of the medical drama ‘Grey’s Anatomy’, here’s a fresh approach to a similar type of setting where characters must surpass the obstacles of life which can lead some to the top and misdirect others to the bottom. With four seasons waiting to be binge-watched, here’s a story filled with drama that will grab one’s attention until all needs of entertainment are satisfied to the last drop. With a set of characters backed up by great performances, we are brought into the chaotic world of San Antonio Memorial Hospital’s night shifts at the emergency room. There’s a rebellious former army-med, a doctor trying to move up on the ranks-ladder, another dependent on his father’s fame, and a lot of other characters to get accustomed to on this medical adventure.



2. Call The Midwife (2012 –)

Starring a group of wonderful and talented women, ‘Call The Midwife’ is a successful period drama based on the memoirs of Jennifer Worth, a British nurse who had worked as a midwife in the East End of London during the late 1950s and early 1960s, the same place and time the show is set in. Approaching a variety of important social issues such as abortion, poverty, miscarriages, homosexuality, and many other themes, it is a beautifully written, performed, and constructed show recounting the lives of a group of midwives working in an underprivileged and poor area, where medical problems often arise and historical events eventually influence their everyday activities and working conditions.



1. Grey's Anatomy (2005 –)

'Grey's Anatomy' has been currently running for more than a decade and can be considered one of the most popular medical shows of all time. I'm sure everybody has heard of it and seen the face of actors such as Ellen Pompeo, Sandra Oh, or Patrick Dempsey, even if just for a minute or two when turning the TV at prime time on. Having won numerous awards over the years and gathered an immense amount of loyal watchers, it is the second-longest medical show. It's an incredibly well-written, thematically ambitious show that will surely find a place in your all-time favorites list.



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