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Contents in This Issue

Cut These 5 Habits if You Want to Last in Medicine
Get Them Before They're Gone: 4 Products to Buy Before Holiday Craze
Practice-Owing Physicians: Beware of This Retirement Tax Trap
Doctors on COVID-19 Wards Deserve Better
Amazon's New Astro "Monitoring" Robot Follows You All Around the Home
When Patients Attack: What to do About Violence Against Healthcare Workers
Baked Apple Cider Donuts
6 Best Places to See Fall Foliage in the Blue Ridge Mountains
A Physician Family's Adoption Journey
Apple Looks to Digital Biomarkers for Features Detecting Depression, Cognitive Decline
Transition Wines for Fall
10 Most Influential Books for Doctors, Voted by Doctors
The Dakota Studios

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Cut These 5 Habits if You Want to Last in Medicine

BY JONATHAN FORD HUGHES, MDLIX



No one—even a physician—is perfect. This is an unfortunate truth, despite the fact that the medical profession expects nothing short of perfection daily. All of that striving and selflessness, however, have a way of wearing a body and a mind down.^{AD}

If you want to last in medicine, you need to be just as compassionate and methodical with yourself as you are with your patients. Anecdotally speaking, these are five habits that we’ve observed cutting the careers of promising physicians short. Nip them in the bud, and you’re setting yourself up for a long, prosperous career.

Poor patient communication

Medical school and residency teach you many things, but communication skills may not be one of them. Bolstering your ability to communicate will improve your patient interactions, keeping you in medicine longer.

A 2021 *Journal of the Association of Medical Colleges* [analysis](#) reviewed 210 studies, looking for patterns in effective physician-patient communication. They found that when speaking with patients, doctors should use clear language, making sure that patients are being spoken with—not to—and that they are active participants in the conversation. Furthermore, doctors should strive to use relationship-oriented language (i.e. we, not you) and emphasize care goals.

A 2021 [research article](#) from *Health Communication* gets even more concrete. The research article consisted of two studies, one in which patient-physician conversations were recorded and evaluated for goal-related content. Those goals might include providing information, reducing distress, increasing patient satisfaction, increasing patient adherence, and encouraging hope.” In study two, patients evaluated their doctor’s use of the goals.

The researchers found that all of the goals had positive relationships with physician and patient outcomes.

“These findings suggest that physicians should generally approach consultations with communication goals in mind, but prioritizing efforts to reduce distress may be particularly beneficial.”

Poor posture

Few things can cut a promising medical career short as quickly as a disabling injury. It could be something unexpected, such as a car crash, but it could also be something with a slower onset.

A building that’s structurally unsound may stand for a while, but eventually, it breaks down. The same is true for the human body. While remarkably adaptable, poor posture has long term health consequences. And unfortunately, medical practice forces many physicians to work with compromised posture. Think of a surgeon working over an operating table, or any physician pecking away at an EHR for hours. All of that poor posture can contribute to pain, which can lead to short- or long-term disability. Executive computer and smartphone use “exposes individuals to cumulative trauma

disorder caused by maintaining the same posture for long periods of time,” according to a 2016 *Journal of Physical Therapy Science* study.

Researchers worked with a study population of 126 college students, ages 19-24 to determine how the forward-head posture associated with smartphone and computer use contributes to indices of neck disability. They concluded that neck disability indices changed with degrees of forward head posture. “Maintaining proper posture may prevent postural pain syndrome, functional disability, and postural deformity,” the researchers wrote.

Poor colleague communication

Effective colleague communication is equally important, according to a 2012 *Physician Executive* [essay](#).

“Effective communication between physicians is especially vital in certain clinical settings: between referring physicians and consultants; between emergency department or hospital-based physicians and primary care providers, between house staff at end-of-shift; and between primary care providers caring for patients who transfer locations.”

To improve physician-physician communication, the essay recommends flattening traditionally hierarchical hospital structures. While no physician can do this alone, they can and should attend structured professional events, as well as other opportunities to meet colleagues. You’ll be more likely to collaborate with organizationally distant colleagues once you can put a face to a name. The essay also encourages sticking to standardized forms of communication, whenever possible.

“Distribution of guidelines with structured referral sheets (e.g., checklists to be completed at the time of referral and standard forms for specialists’ replies) has been shown to improve communication between primary care providers and specialists,” the author wrote.

Leaving your vacation time unused

In 2019, the US Travel Association [estimated](#) that more than half of American workers are not using all of their vacation days. That represented a 9% increase from two years prior. To make matters worse, 236 million of those days were forfeited, representing about \$65.5 billion in lost benefits. That works out to about \$570 per worker in donated time. Leaving those unused days off on the table can cut your career short in countless ways, according to an [MDLinx article](#) from last year. Need some specific reasons to put up your out-of-office message? Here are just a few:

- **Cardiovascular disease:** The Framingham Heart [study](#) found that men who don’t vacation are 30% more likely to have a heart attack. Women are 50% more likely.
- **Decrease depression:** In a [study](#) of Canadian lawyers, even a short vacation was enough to reduce depression and job stress.
- **Decrease stress:** A German [trial](#) found that even a 4-night vacation was sufficient to have “large, positive, and immediate effects on perceived stress, recovery, strain, and well-being.”

Drinking too much

Alcohol abuse among physicians: It’s more common than you might think. And it can definitely be a career-ender. According to a 2015 *American Journal on Addictions* [study](#), among a group of 7,288 physicians, 12.9% of males and 21.4% of females could be clinically classified with abuse of or dependence on alcohol. Interestingly, all specialties were associated with alcohol abuse or dependence, except internal medicine.

The consequences, researchers noted, speak for themselves. Alcohol abuse and dependence were linked to burnout, depression, suicidal ideation, lower quality of life, lower career satisfaction, and recent medical errors. All of these factors—along with alcohol abuse—carry an inordinate amount of stigma for physicians. But physicians are human, too, and with proper support, can recover just like anyone else. Just check out [this doctor’s account](#) for proof.

Final thought

Actually, it’s more like a sixth habit to give up: Beating yourself up. In the age of patient satisfaction reports, everyone’s a critic. But is there any harsher critic of your performance than yourself? Yes, each of the items listed in this post can and do have serious health and career consequences. But nobody is perfect all the time—even physicians. Progress and improvement begin with calling attention to our shortfalls, and continuing with gentle course corrections. We can and should all strive to be better, and that includes being better to ourselves, too.

Get Them Before They're Gone: 4 Products to Buy Before Holiday Craze

These holiday gifts will be in shorter supply than others

Jack Daleo, freightwaves.com

At this point, nearly everyone is familiar with the global supply chain issues that we just can't seem to shake. Earlier this month, Modern Shipper wrote about how those hiccups are causing delays that will reach as far into the future as the holiday season and [why you should do your winter holiday shopping ASAP](#). That hasn't changed, but some products figure to be more scarce on the shelves than others.

For most American-made goods, delivery times still should be pretty quick, given the bevy of nationwide delivery services we have at our disposal like [Amazon Logistics](#) and the recently unveiled [Walmart GoLocal](#). But for products

shipped overseas, it's a crapshoot. Modern Shipper talked to Frank Kenney, director of market strategy at B2B integration company [Cleo](#), to dissect the landscape of holiday gifts and figure out which might be in short supply.



Electronic appliances

Due in large part to [longstanding chip shortages](#), shoppers should expect to find electronic appliances hard to come by. Blenders, mixers, coffee makers and other appliances figure to be in short supply, especially those coming from China, where the semiconductor shortage is most pronounced.

But even at home, electronic appliances are getting more and more scarce. [According to Reuters](#), U.S. factory production of several products, including appliances, fell due to a confluence of factors including shortages and the impact of Hurricane Ida. It's that widespread nature of the supply chain problems that makes it so challenging for manufacturers and retailers to get their products shipped in time.

"The supply chain issues we're currently experiencing are on a global scale. Solving the supply chain challenges we have today is comparable to playing a game of whack-a-mole – as soon as one issue is resolved, another one pops up and causes more delays," said Kenney. "Due to the combination of ports being closed for two months and the spike in e-commerce, businesses around the world are forecasting that they require at least six months of catch-up before reaching a level of predictable service. However, that's as long as there are no other significant disruptions – and the probability of that is extremely low."

Toys

Parents also should start stocking up on everything from action figures to toy cars to trampolines. Since [as early as June](#), companies like Hasbro ([NASDAQ: HAS](#)) and Mattel ([NASDAQ: MAT](#)) have been monitoring shipping delays out of China, and just a few months later, not much has changed.

According to a [KPMG survey](#) of 114 retail executives, more than 80% said they were somewhat or very concerned about a toy inventory shortage. Demand isn't going anywhere – the survey said retailers expect holiday sales to be 7% higher than last year's – but supply is getting squeezed like a stress ball, and that means shortages abound. A COVID spike isn't helping matters.

"As there is an ongoing surge in the delta variant, social distancing measures are now back in place, which can slow shipping and warehousing processes down again," Kenney said.

Sneakers

Want to get those new Nike Air Maxes for Christmas? Just do it – now. Sneakers are yet another item that customers might not be able to find on shelves come holiday season. Unprecedented conditions are shaking up the supply chain for the world's largest supplier of athletic shoes, and they aren't going away anytime soon.

Back in July, it was reported that Nike ([NYSE: NIKE](#)) had [shut down](#) two of its facilities in Vietnam, run by suppliers Chang Shin Vietnam Co. and Pou Chen Corp. According to Nike, factories in Vietnam produced around half of the company's branded footwear in fiscal year 2020, and Panjiva, a business line of S&P Global Market Intelligence, [found](#) that the country accounted for just under half of Nike's U.S. seaborne imports in 2Q 2021. Just this week, BTIG analyst Camilo Lyon [lowered Nike](#) from a "buy" rating to "neutral" amid ongoing closures.

It's hard to imagine the world's biggest sneaker manufacturer facing this level of strain, but that's because the supply chain hasn't faced this level of strain since World War II, according to Kenney.

"This type of strain on the supply chain has never happened before in our lifetime because the world economy has been flourishing. In the last year, in addition to the strain caused by the pandemic, we also experienced hurricanes, wildfires, social unrest and an unprecedented national election in the U.S.," he said. "All these factors added months on top of months necessary to get to the point of predictable service. Even during the Vietnam War and the Korean War, only specific regions were impacted, so the supply chain was shifted accordingly to work around those conflict areas."

Consumer electronics

Perhaps the most talked about shortage, consumer electronics figure to be scarce around the holidays because of the massive global chip shortage. Smartphones, gaming consoles, headphones, laptops – all of these, and many more, will be among the toughest products to nab whether you're buying online or in-store.

The chip shortage is also putting pressure on prices – as the shortfall continues, prices of already expensive consumer electronics are [likely to rise](#). While [deals in the months leading up to the holiday season](#) should shave off some of that cost, Kenney emphasized that you shouldn't wait if you want that new Xbox or Chromebook.

"Any product that has semiconductor chips such as smartphones and laptops will potentially be delayed since many of those chips are manufactured in China," he explained. "The one exception to this is Apple, because it has invested a vast amount of capital to have already manufactured whatever new product it's launching in September and will have already reserved plane space to transport the products to the U.S. market. For other smaller electronics like headphones and Xboxes, my advice is to buy them early and hide them well."

The groom getting his best man ready for the wedding . . . One of the best wedding photos ever! ❤️🐾



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Practice-Owning Physicians: Beware of This Retirement Tax Trap

By Chris J. Roe, CPA, PFS



As a practice-owning physician, one way to save on taxes is to implement a retirement plan. As a financial professional, I have given this advice hundreds of times to business-owning professionals.

However, if you're not aware of it and don't plan for it, there is a tax trap looming that can cost you, as a practice-owning physician, a lot of time, headaches, and money.

Rx Wealth recently consulted on a physician practice's retirement plan and ran into a *major retirement plan issue* many physician business owners overlook. In one specific case, a physician and their spouse each had separate businesses and were greater than 80% owners. Each business provided a 401(k) plan for their separate employees. Because the physician and their spouse had a minor child, their separate business ownership is attributed to the minor child, creating common ownership amongst the two businesses, known as a "controlled group." Therefore, the separate 401(k) plans need to be treated as one plan for tax compliance testing. Moreover, the two plans we reviewed provided different benefit levels for employees, adding the potential for the plans to be disqualified for tax purposes.

Before getting too concerned, know Congress understood situations will exist where each spouse owns a distinctly separate, unrelated business. Congress thus designed rules to avoid your business being considered owned by your spouse and vice versa. If you meet an exception, your retirement plans will not be treated as one plan across the businesses. The exception exists when the following are true:

- Each spouse owns no actual ownership in the other's business;
- Neither spouse is an employee, director, or participates in management;
- The company does not derive earnings from passive sources, such as royalties, rents, dividends, interest, or annuities; and
- No restrictions exist on either spouse's ability to sell shares in their respective business that are favorable to the other spouse or minor child.

For example, If Dr. Smith owns a practice and Attorney Smith owns a law firm, and neither is involved in any way with the other's practice, there is considered no controlled group; each retirement plan will be considered separate. However, if Dr. & Mrs. Smith live in a community property state, the spouses have a community property ownership in one another's business. Thus, they have actual ownership, not attributed ownership.

However, if you and your spouse have a minor child, Congress failed to create an exception similar to a spousal exception for your minor child to be excluded as an owner of either you and your spouse's business through family attribution. **This is the retirement tax trap for the unwary. When you have a minor child, a controlled group may be created unknowingly.**

What is a Controlled Group?

Congress set forth rules to determine if businesses are part of the same group for the purposes of applying retirement plan rules. We tax people affectionately refer to these rules as the "controlled group rules." (1)

A controlled group is created when two or more businesses connected through common ownership have the same five or fewer individuals that own at least 80% of the stock of the corporations. Family attribution applies, so stock owned by a parent, grandparent, child, or spouse is often deemed owned by another related person. For instance, stock you own in your business is also deemed to be owned by your minor child.

Under the controlled group rules, two or more employers related through common ownership are deemed a single employer for retirement plan testing purposes. These rules often require controlled group members to cover their employees with the same 401(k) plan in order to pass annual compliance testing.

Why Evaluate Plans for a Controlled Group?

When evaluating retirement plans for tax compliance, a determination needs to be made if the two businesses are considered part of a controlled group. If a controlled group exists, the plans must be evaluated as one plan to ensure compliance with the tax law.

Should a plan fail its compliance testing, the IRS may disqualify the plan. It is imperative to make an accurate controlled group determination and cover the proper employees with the proper benefits.

These rules exist to prevent physicians and business owners from splitting their business into two companies and enriching themselves with generous retirement plans while providing employees in a second business with either less generous or no retirement plan.

Controlled group rules are generally straightforward. A 401(k) provider, along with your financial advisor and attorney, can assist in determining controlled group status. The issue arises typically inadvertently because of a failure to provide necessary information to the 401(k) provider about the two businesses.

So, what happens if you inadvertently fall into this tax trap? Well, no worries. The IRS is not looking to disqualify plans for mistakes as long as they are remedied. The IRS puts forth several avenues to fix mistakes.

A Path to Fixing Retirement Plan Non-Compliance

The IRS lays out two paths to fix a plan failure.

First, an employer can adopt a corrective amendment up to 9.5 months following the close of the plan year in which the failure occurred in order to expand plan coverage retroactively. However, since new 401(k) plan participants cannot retroactively contribute, the business must make up the employee contributions and any employer contributions the business should have made for all plan participants.

Should the mistake not be discovered within 9.5 months, a second path is available. On this path, the employer must go through the IRS's Voluntary Compliance Program. When a Voluntary Compliance Program correction is necessary, though, employer fines can apply.

Not correcting a failure can result in plan disqualification should an IRS audit uncover the issue.

What This Means for You

It can be costly not to understand the rules regarding controlled groups and retirement plans. While mistakes are fixable, ensure testing is done each year. Further, alert your 401(k) provider if your spouse owns a business. And if you are a little overwhelmed or think you may have an issue with a retirement plan, please reach out to us for a complimentary call.

(1) See Internal Revenue Code Section 1563.

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Doctors on COVID-19 Wards Deserve Better

TALYA MIRON-SHATZ, PHD

An excerpt from [*Your Life Depends on It: What You Can Do to Make Better Choices About Your Health*](#). Copyright © 2021. Available from Basic Books, an imprint of Hachette Book Group, Inc.

Doctors on COVID-19 wards deserve better. [They deserve trigger-based outreach](#) – especially when a patient who dies is also a colleague. They deserve ways to express their well-being needs safely, even anonymously. More than that, they deserve the system to drop the pretense that all doctors need is personal resilience. Doctors deserve to have organizational support strategies, alongside personal accountability of hospital managers to allocate resources for support, and to reduce the impossible burden.

Just like increasing patient satisfaction requires extensive effort, commitment, and resources over time, reducing physician burnout and increasing their satisfaction merit no less.

At a national health conference, a VP of performance improvement for a hospital network said that they'd recently run their first employee satisfaction survey and realized how burned out our physicians are. She told the audience that one physician said, "I've been working for this hospital for the past 20 years. No one has ever thanked me for doing a good job." It's literally the same as patients craving to be seen as human beings. And it's their employers' responsibility to make sure they are thus treated.

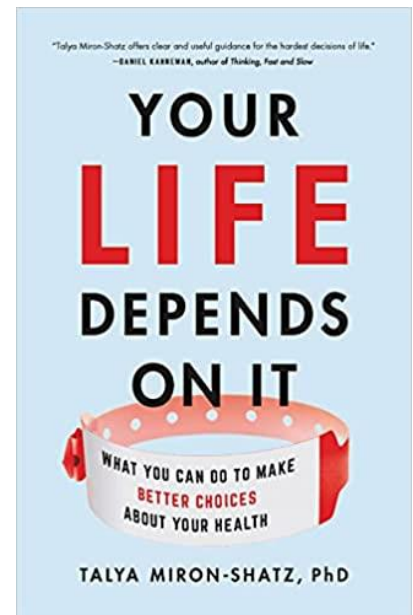
The hospital network now sends doctors' spouses thank you letters on birthdays, realizing how crucial spousal support is to the doctors' well-being. The network became keen on making doctors "rediscover joy in the practice of medicine" – which was of course associated with the expectation that they perform at a higher level.

After the panel, I was waiting to speak with the VP, when a doctor approached her and talked about his isolation and ways for breaking out of it. He included me in the conversation and recounted excitedly how he'd met another doctor from his hospital at their kids' softball practice. They knew each other's name from various forms they'd both signed when dealing with mutual patients. After years of working for the same employer, they'd finally met, outside of the hospital. Clearly, he had felt siloed. His hospital system was working on it, he said. He became quite emotional when telling us about the knitting group for doctors he'd joined. It provided a hobby as well as a refuge from illness and loneliness.

[A review that explored the causes of burnout](#) suggested that burnout could be reduced by improving clarity in work roles, organizational communication, feedback, openness, and developing a shared vision. Plus, "improving workplace social support through enhancing peer to peer or supervisory support." Amen to those. The main cure to burnout was: "decreasing job demands by having more people do the same tasks, giving more time per person to do the same tasks or reducing the number of tasks per person."

[Hospitals are businesses](#), for the most part, profitable ones – operating at a profit margin of 8%. This means that they can afford to re-examine their task assignment and workforce policies. Plus, in one example, the University of Utah Healthcare system has managed to improve patient and employee satisfaction, quality, and safety of care, while reducing costs.

A sense of being connected to one another, acknowledged as human beings, can make a huge difference for both doctors and patients. A formal connection, when a patient is connected to a specific doctor, rather than to a clinic, is already beneficial. A study of over 150,000 patients showed that when a doctor could say you were "their" patient, you were more likely to receive guideline-consistent care, such as routine mammograms, and having balanced blood sugar levels.



Mary Catherine Beach, professor of medicine at the Johns Hopkins University School of Medicine, [interviewed primary care physicians](#) and discovered that while they liked “their” patients in general, they had a few favorites—mainly people whom the doctors took care of (and cared for) over a long period of time. One of the doctors said about such a patient: “He treasures me, just like I treasure him. “This kind of relationship is an emotional win-win for doctor and patient; a triple-win when you consider that the patient’s health may hang in the balance. No! A quadruple win, because doctors who experience less burnout, can also work more, and better withstand the health system burden. We cannot formalize a rule that will make people treasure one another. But we can ensure that they are not anonymous to one another, that they have enough time together, and are treated cordially. That’s a good start.

Patients and doctors depend on the health systems to allocate more time to appointments, to create visions and develop communication practices, and to bring in more professionals to shoulder the workload. Knitting classes are nice. But there isn’t enough yarn in the world to knit a blanket that decreases the job demands of nurses and doctors, which is what they need. When they break down, or a little before that, the health team need their employers to develop effective interventions, advertise them and make them readily available.

There are two people here. One is vulnerable in the patient role. Uncertain of what the doctor would find, and maybe in pain. Another is vulnerable in the doctor role. Frightfully overworked and too often socially isolated. Afraid of making medical errors, and afraid of being sued for them. What strange symmetry – one of us can sue the other, one of us has the power to cut the other up. Both of us want to be acknowledged as people. And the system under whose auspice we meet rarely gives us enough time to do so leisurely, or even to speak for 108 seconds uninterrupted. This does not bode well for doctor-patient relationships, for doctors’ burnout rates, or for our health. Thankfully, we can take action to make this better.

[*Talya Miron-Shatz is a health care economist and author of Your Life Depends on It: What You Can Do to Make Better Choices About Your Health.*](#)

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Amazon's New Astro "Monitoring" Robot Follows You All Around the Home

Josh Hendrickson, [reviewgeek.com](https://www.reviewgeek.com)

When shows like *The Jetsons* imagined the far-off future, they depicted outlandish concepts like robots that followed you around, talked with you, even cleaned your home. Outlandish? Maybe not. Amazon just announced a new home monitoring robot appropriately named the same as the Jetsons' dog—Astro.

Astro is still a far cry from Rosey, the cleaning maid robot. Squint at it, and you might even confuse it for a robot vacuum cleaner from iRobot, but that's likely no accident. Robot vacuums are the most common robot you'll find in homes today, so there's a certain familiarity advantage to his shape and size.

That's generally what Amazon wanted in the design. The company said that of the 100 most popular robots, all but five of them had eyes. That led to an easy decision of giving Astro eyes. So what does this robot do exactly? Well, not clean. Think of Astro as more of a monitoring robot. A little more than Alexa on wheels, but not a complete personal care assistant.

Astro can navigate from room to room in your home and follow basic commands like playing music, podcasts, or other Alexa-powered tasks. But again, Astro isn't supposed to be an Alexa on wheels, so it's about doing more than that. It's a monitoring robot.

To that end, Astro has a periscope camera that can rise up high enough to see the tops of most counters. When you're away from home, you can check to see if the stove is on or interact with your pets. If you have an aging parent, you can have Astro drive to the room they're in and check in with them. You can even hold video calls through Astro.

Astro can also serve as an extension to the Ring home security system and perform automated patrols of your home. It can even save clips to your local Ring storage automatically. Amazon says it spent a lot of time-solving the problem of home navigation, which varies greatly thanks to differing layouts, furniture, and even daily activities like dropping the groceries in the kitchen.

Amazon put work into giving Astro a personality, and that's why it has a screen with eyes. The expressions should help him feel more like a part of the family than an invasive or creepy robot in the home. During its live event, Amazon even demonstrated Astro dancing and beatboxing. It's hardly the first voice assistant that told



jokes, but it is the first one that could follow you into the kitchen while playing a song. The closest analog is Anki's ill-fated Vector, and it's so tiny it can't move from room to room.

Amazon

According to the company, Astro will go for two hours (depending on how much it moves) before needing a recharge. Much like a robot vacuum, it comes with a base station it'll drive to for just that purpose. Thanks to a customizable cubby in its back and a cup holder accessory, Astro can even bring you a drink. Take out the cup holder, and it's a plain cubby with a USB-C port. In theory, you could recharge your phone, though Amazon envisions third-party-powered accessories for the spot instead.

And while Astro can haul a drink to you, what it can't do is open a refrigerator or get the glass out. You'll still need a human for that. Adding arms and "hands" would have significantly increased the price, though. And it's already kind of pricey. Amazon plans to start Astro off as an invite-only purchase. During the invite states Astro will cost \$999.99. And after that, the price will jump to \$1,449.99.

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When Patients Attack: What to do About Violence Against Healthcare Workers

BY JONATHAN FORD HUGHES,

The medical career carries many risks. In addition to high rates of burnout, stress, anxiety, and depression, physicians are often surrounded by patients who may be physically, emotionally, or psychologically on edge. All it takes is one patient

Whether it's a patient berating you verbally or putting their hands on you, office violence can be incredibly dangerous. The effects of a physical assault grieving the loss of a loved one or who has grown frustrated waiting to see their doctor to increase the chances of workplace violence.

include serious physical and psychological harm, as well as reduced productivity and diminished performance of your practice. This affects not only you and your team, but also your patients.

In order to protect yourself and your team from potentially violent patients, it's important to identify when a patient is growing violent. Here are some of the main reasons why violent situations occur in the first place, and what you can do to protect yourself if such a situation occurs.

What causes patient violence?

Healthcare settings are far from stress-free. That stress contributes to the vulnerable situations many physicians sometimes find themselves in. According to a [study](#) by the World Health Organization, roughly 8-38% of healthcare workers are assaulted at some point in their careers.

There are many reasons why patients act violently. Individual dispositions and emotions may make a patient more or less prone to violent outbursts. Drugs, alcohol, and/or psychological disorders may also be contributing factors. There may also be specific situations that trigger a patient into acting hostile toward a physician. [Studies](#) have shown that such things as frustration over long wait times in an overcrowded waiting room, negative attitudes regarding patient treatment and their condition, and disagreements over insurance plans for treatment might trigger a patient into growing violent.

Certain healthcare workers are also shown to be more at risk than others, especially staff members who are younger and not as experienced or prepared for dealing with potentially violent patients.

The degree of violence a patient directs at a physician can range from verbal abuse and unwanted arguments to physical assault, which might result in serious injuries or even death.

It can be difficult to know when exactly a patient will turn violent. Physical assaults can occur anywhere at any time, and, unfortunately, [studies](#) show that most physicians are often poorly trained in communication skills and are unprepared to deal with patient violence.

Effects on physicians and patients

According to one [study](#), 56.6% of cases involving patients assaulting physicians resulted in some form of physical injury to the physician. Many physicians also reported suffering mental strain and psychological harm after an assault has taken place, including:

PTSD from violent assaults (15.4%)

Mental exhaustion (42.4%)

Emotional distress (39.3%)

Physicians feel such psychological and physical aftereffects greatly impede their workplace abilities, resulting in reduced productivity and job performance, increased chances of burnout, and high turnover rates for patients. Poor productivity and workplace performance also negatively influences patients, resulting in poor rates of patient recovery and care. A Danish [study](#) shows that violent attacks against physicians damage the morale of their staff, and can result in feelings of helplessness and anger, which might potentially cause physicians to quit.

What you can do to prepare

One of the things you can do to protect yourself and your staff against patient violence is to develop strategies and protocols in case such a violent situation does occur. Especially important are educational training sessions to help physicians learn more about the warning signs that indicate when a patient is growing violent.

Developing your staff's communication skills can also aid in diffusing a situation before it turns violent. According to Princeton, NJ-based self-defense trainer [Mike Campbell](#), good communication between doctor and patient can help prevent a situation from escalating into violence.

"Sometimes it's best to take the high road, and take a step back to avoid conflict," said Campbell. "Remaining as neutral as possible in word choice, tone, delivery, speech inflection, and volume can be critical to not making things worse. Don't give them a reason, an excuse, or any additional energy to take things further. They might find it easier to justify an attack if you are shouting back at them."

As patient aggression toward physicians is largely attributed to frustration over their medical service, you can also work on eliminating many of the more common factors that might cause a patient to act violently toward you and your staff. Some studies suggest attempting to improve physicians' contact with patients as much as possible, such as employing enough physicians to reduce the long waiting times that patients might experience.

If introducing such changes to your healthcare setting is impossible, however, there are still things you can do in order to prevent physical assaults from taking place. If a situation occurs where a patient is showing a turn towards violence, Campbell stresses the importance of remaining calm and taking charge of the situation.

"If someone is threatening you, tell them that the whole office has cameras in the ceiling and air vents," Campbell suggested. "Assure them that anything they do will be recorded and used against them in court. Mention that security is on their way, doing routine patrols. Tell them a 'panic button' has already been hit, and police are on route. These things don't have to actually exist, but they are possible deterrents."

While communication skills are important, you might also feel more able to deal with potential patient violence by enrolling in self-defense courses, something Campbell highly suggests.

"I have trained some medical professionals in self-defense over the years. Every one of them considered it valuable and necessary," said Campbell. "Dedicated time needs to be spent on it though. It is not as simple as doing a couple of classes and thinking that's all you need. When I am training someone in hand-to-hand self defense, we are not just doing physical movements. I will create role playing situations based on their actual needs, worries, fears, etc. If they can't do the appropriate physical moves under those conditions, then they will not successfully protect themselves. Methods I would recommend would be Systema (not that common), Krav Maga (fairly common), or any self-defense class longer than 10 sessions."

BAKED APPLE CIDER DONUTS

Thefoodiephysician.com

I decided to try my hand at making some apple cider donuts at home and the result was amazing! These donuts are fluffy and moist with a cake-like crumb and are full of apple and cinnamon spice flavor. They're also really easy to make. In fact, the hardest part about making these donuts was being able to resist eating them all before we were done photographing them!

To make my donuts a bit healthier, I bake them in the oven instead of frying them. I also incorporate some whole grains into the dish by using a mixture of white whole wheat flour along with all purpose flour. But ultimately, these donuts are a treat, so go ahead and enjoy them!

HOW TO MAKE BAKED APPLE CIDER DONUTS:

To make these donuts, you simply whisk the dry ingredients together in a bowl and whisk the wet ingredients in another bowl. Then you combine the wet and dry ingredients together. This is super easy because it's all done by hand- no mixer needed. Then you spoon or pipe the batter into donut trays and pop them in the oven. After 10-12 minutes, your kitchen will smell divine and you'll have a dozen delicious donuts ready to be devoured. You can enjoy them straight from the oven but for the perfect finishing touch, I brush them with a little melted butter and roll them in cinnamon sugar, which gives them a delightful crunch.



HOW TO MAKE THE APPLE CIDER REDUCTION:

An apple cider reduction is what gives these donuts their rich apple taste. You make the apple cider reduction by simmering fresh apple cider in a saucepan on the stove for about 20 minutes. As the water evaporates, the apple cider will become thicker and syrupy with a concentrated apple flavor. It's like a flavor bomb! Don't skip this step. If you add the apple cider to the batter without reducing it first, the apple taste will be very faint.

Be sure you're using apple cider and not apple cider vinegar, which is a completely different product.

CHEF'S TIPS FOR BAKED APPLE CIDER DONUTS:

- When reducing the apple cider, keep an eye on the saucepan. Simmer the cider over medium heat and check it often, stirring it occasionally so that it doesn't scorch. The process takes about 20 minutes so you may want to do this step the night before.
- As with most baking recipes, you should use room temperature ingredients like eggs and buttermilk.
- Don't overmix the batter. The batter will have some small lumps in it- that's ok. You want the donuts to have a delicate crumb and if you mix the batter too much, they will be dense and heavy.
- If you don't have a donut pan, you can make donut holes instead. Use a 24-cup mini muffin tin and fill the wells about halfway full with the batter.

WHAT IF I DON'T HAVE BUTTERMILK?

If you don't have buttermilk, you can make your own buttermilk! Simply stir 1 ½ teaspoons of lemon juice into ½ cup of milk (any type). Let the mixture sit for 5-10 minutes until it thickens slightly and small curds form. Then use it as directed in the recipe.

HOW DO I STORE BAKED APPLE CIDER DONUTS?

These donuts are best when served immediately. However, they can be stored in an airtight container at room temperature for up to 2 days or in the refrigerator for up to 5 days. They can also be frozen for up to 3 months. Be sure the donuts are completely cool before storing them in containers. This will help prevent them from getting soggy.

EQUIPMENT



Donut pan * Mixing bowls * Whisk



Piping bag * Pastry Brush

INGREDIENTS

1 ½ cups apple cider
2 cups flour (I use a mixture of all purpose and white whole wheat flour)
¾ teaspoon baking powder
¾ teaspoon baking soda
1 ½ teaspoons cinnamon
½ teaspoon nutmeg
1/8 teaspoon cardamom (optional)
¼ teaspoon kosher salt
½ cup buttermilk, room temperature
¾ light brown sugar or coconut sugar
1 large egg, room temperature
1 teaspoon vanilla extract
tablespoons unsalted butter, melted

Cinnamon sugar topping

¼ cup granulated sugar
1 teaspoon cinnamon
1 tablespoon unsalted butter, melted

Trust me. I'm a dogtor



INSTRUCTIONS

1] Preheat oven to 350 °F. Brush two 6-cavity donut baking pans with melted butter or spray with cooking spray. If making donut holes, use two 24-cup mini muffin pans.

2] Heat the apple cider in a saucepan. Simmer over medium heat until it has reduced to ½ cup, stirring occasionally. This will take about 20 minutes. Remove from heat and let the reduced cider cool. This step can be done ahead of time and the cider can be refrigerated.

3] Whisk the flour, baking powder, baking soda, cinnamon, nutmeg, cardamom and salt together in a large bowl.

4] Whisk the reduced apple cider, buttermilk, sugar, egg, vanilla and melted butter together in a large bowl.

5] Add the dry ingredients to the wet ingredients and stir until just combined (the batter will have some small lumps). Do not overmix.

6] Spoon or pipe the batter into the prepared donut pans, filling the wells about ¾ full. You can make a piping bag by taking a large zipped-top bag and cutting one of the corners off. If making donut holes, spoon or pipe the batter into a mini muffin pan, filling the wells about ½ full.

7] Bake donuts in the oven for 10-12 minutes until puffed up and lightly browned. Bake donut holes for 9-10 minutes. Remove from oven and cool for a few minutes. Transfer donuts to a wire rack.

8] To make the cinnamon sugar topping, mix the sugar and cinnamon together in a shallow bowl. Brush the tops of the donuts with a little melted butter and then dip them in the cinnamon sugar, coating them well.

9] The donuts are best when served immediately. They can be stored in an airtight container at room temperature for up to 2 days or in the refrigerator for up to 5 days. They can also be frozen for up to 3 months.



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6 Best Places to See Fall Foliage in the Blue Ridge Mountains

by **Jenn Baxter**, tripstodiscover.com

Fall is officially here (even if the weather doesn't feel like it quite yet), which means it's time for pumpkins, apples, crisper air and the changing of the leaves. There's no better place to take in the beauty of the changing leaves than in the gorgeous Blue Ridge Mountains of North Carolina. Although the mountain range extends all the way from Georgia to Pennsylvania, many of its most majestic peaks and breathtaking views lie within the borders of the Tarheel State. So, if you're looking for some of the most beautiful places to see fall colors in the Blue Ridge, check out these top spots beginning around early October.

Grandfather Mountain



Grandfather Mountain, located near Linville, NC, is the highest peak in the eastern portion of the Blue Ridge Mountains and is therefore, a popular destination for hikers and climbers. But, it's also one of the best places to see fall colors in NC, thanks to its wide diversity of plants and trees. This variety of trees grow at different elevations in the area, with some parts reaching 2,000 feet and others reaching over 5,000 feet, so you'll see all kinds of colors including bright yellows and oranges, blood reds and rusty reddish-browns, and even deep hues of wine and purple.

Linville Falls



There are two beautiful waterfalls to explore at Linville Falls - the Lower Falls and the Upper Falls. Just about a 20-minute drive from Grandfather Mountain is another beautiful spot for fall colors – Linville Falls. This breathtaking waterfall drops a dramatic 90 feet from the top to Linville Gorge below and is considered one of the most photographed waterfalls in North Carolina. Although you will have to get out of the car to capture the best views, there are two trails to choose from – one that is strenuous and one that is easily accessible by most everyone. There are plenty of overlooks where you can stop along the way including Chimney View and Erwin's View, all of which are great places to take in the fall colors.

Mount Mitchell

After you finish at the Orchard, it's off to Mount Mitchell – the highest peak in the Eastern United States, where you can take in 360-degree views of the surrounding scenery. Although you can hike to the summit of Mount Mitchell via one of several hiking trails, you can also take a scenic drive all the way to the top and walk a short (0.25 mile) paved road to the observation deck where you can see for about 100 miles in every direction.



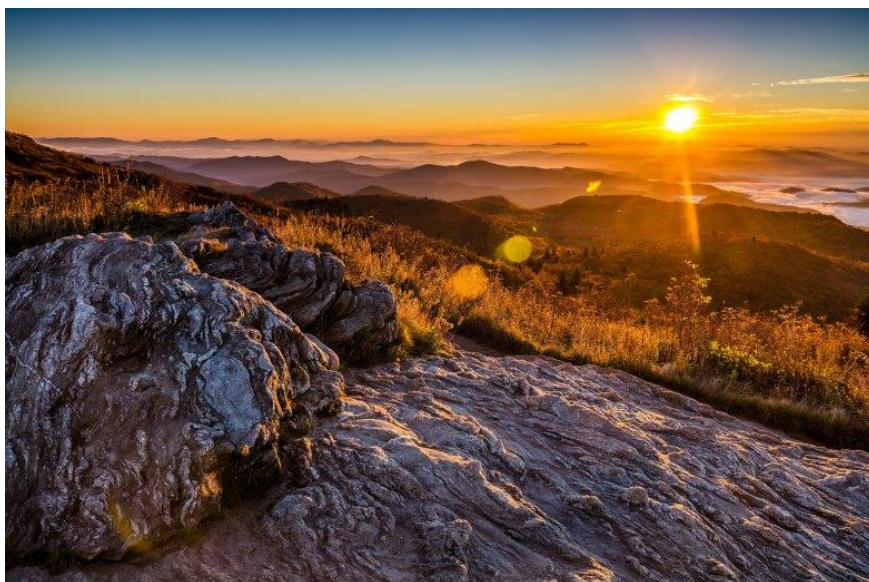
Looking Glass Rock Overlook



Looking Glass Rock sits at an impressive 3,970 feet in elevation. Whether you're looking toward the famous view of Looking Glass Rock from the Blue Ridge Parkway or you decide to venture the trail that takes you to the top, you're bound to have good views of the fall foliage either way. Although only professional climbers should ever attempt to climb the actual rock face, you can take the Looking Glass Rock Trail, a moderately difficult trail, for just over three miles, where you can enjoy amazing views from the top.

Black Balsam Knob

Just because the Black Balsam area is known for having some of the most amazing bald mountains in the Blue Ridge and Southern Appalachians, it doesn't mean you can't still find some gorgeous views of the fall colors here. Although the summits are almost entirely treeless above 6,000 feet, you'll still see beautiful views of the changing leaves in every direction that you look. Plus, since you can hike for nearly three miles without the obstruction of trees, you can easily snap some Instagram-worthy pics while you're there!



The Orchard at Altapass



If you want to take your leaf-peeping tour of the Blue Ridge to the next level, make sure you stop in at the Orchard at Altapass, located just off of the Blue Ridge Parkway between Linville Falls and Mount Mitchell. The Orchard at Altapass is not only a 105-year-old fully operational apple orchard but also serves as an Appalachian Cultural Center that celebrates the people and arts of the Blue Ridge Mountain area. In addition to taking in beautiful views of the surrounding colors, you can also take a hayride, pick your own apples, enjoy live music and sample lots of homemade goodies including sandwiches, snacks, ice cream and fudge.



A Physician Family's Adoption Journey

ANNE JACOBSON, MD

A few years ago, a Chicago-area fertility clinic ran a series of radio ads at the same early hour each morning. For weeks, I woke to a woman's energetic voice cutting through the fog of my semiconsciousness, announcing her gratitude to the center's reproductive specialists. "Without them," she proclaimed brightly, "my baby wouldn't have my blue eyes and my husband's wide smile."



Ten years earlier, I myself had driven 20 miles to the same clinic, several times a week, usually in a predawn stupor and infused with hormonal angst. After having my blood drawn, ovaries ultrasounded and medications adjusted, I'd race back to the busy clinic where I worked as a family physician.

My patients included many pregnant women, new mothers, babies whom I'd delivered and elderly matriarchs, so, during visits, I was often asked whether I was a mother myself. I learned to be honest ("Not yet!") without giving too much away.

But my professional facade broke down when I looked in the mirror; especially at the end of a long day in clinic, or after delivering a teenager's baby at 2:00 in the morning, or when receiving the phone call at the end of yet another failed cycle, assuring me that a few small changes in the regimen would improve our chance of success.

After four years of treatment, I'd collected an embarrassing number of speeding tickets—plus twenty pounds, bruises from daily injections, scores of negative pregnancy tests, and four miscarriages. I had not, however, achieved the center's radio-announced prize: the baby who looked like my husband and me and shared our genetic makeup. Nor would my husband (who is also a physician) and I be counted in the "success" column for assisted reproductive technology.

Since ancient times, infertility has been portrayed as a curse, a sin, or a failing. Modern science has medicalized it, but our collective psyche has been slow to catch up. For many, infertility remains as much an existential crisis as a physiological one.

The drive to pass on our genes through procreation has powerful roots in biology, family, and society. We now know that human beings everywhere share in common all but a tiny fraction of our DNA. But that fraction fascinates us: It has the potential to bind us together or to differentiate us from one another; to unite us or to fracture us. Tens of millions of people worldwide have taken DNA tests hoping to learn more about their family connections, ethnic origins, or heritable risk factors.

Clearly, our genes forcefully influence who we are and how we see ourselves.

As I've learned from personal experience, though, genetics is not the only factor in our identity—nor does it write the most consequential chapter of our story.

When it became clear that our path to a family was taking some unexpected turns, my husband and I sat down with the fertility specialist. He offered us a bewildering array of new options that promised an excellent chance of success: various combinations of donated eggs, sperm, and reproductive organs.

When you're privileged to have such options, you reach a crossroads: the choice whether to take the next step on a particular path, or to change direction altogether.

No answer is right for everyone; there is no moral certitude or foolproof guide. And there are no guarantees, only a comfort level with the risks of any given choice.

After much questioning, learning, and introspection, my husband and I decided to forego further infertility treatments in favor of adoption—specifically, international adoption.

In some ways, adoption resembles a human pregnancy: It has a gestation period (almost always much longer than pregnancy's 40 or so weeks) filled with dreams, preparation, worry, and doubt. Birthing a family through adoption lacks the physical pain of labor and delivery, but it is nonetheless accompanied by waves of exhaustion, panic, and exhilaration.

We didn't meet our children until they were seven months old—two bald and beautiful babies living in an orphanage thousands of miles away. We knew very little about the biological parents' health and genetics, about the babies' gestation and birth or about the quality of their nutrition, housing or social interactions. We faced a reality entirely different from the one we'd envisioned when first planning a family.

And yet, having relinquished control, when we gazed into the faces of our children for the first time, their eyes seemed to ask what had taken us so long—and we two scientifically trained physician-parents fell immediately and completely in love with them.

That was 15 years ago. Our children and we share not one bit more DNA than the 99.9 percent that's shared by all seven billion humans on the planet.

And yet, our family is no less real than one formed by the joining of DNA.

Still, that word—real—slips easily from the lips of curious acquaintances and well-meaning loved ones: “Do they ever ask about their real parents?” or “Are they real siblings?” and “Did you ever want real children of your own?”

The unspoken implication, of course, is that genes, or perhaps gestation and childbirth, are the hallmarks of an authentic family. With all due reverence for those things, I assert that it is a daily commitment to muscular love that defines and unites a family. In the midst of calming my children's sickness or sadness, sharing meals and a home and heartfelt laughter or overflowing with a parent's joy and pride, I wonder at the notion that our life as a family could somehow be unreal.

I have learned what is real for me by creating a space for the curious mixture of joy, imperfection, complexity, and awe that is family — that is life itself. Our family's story began with experiences of loss on two sides of the globe. I do not know my children's birth parents' story, but I honor it and will always be grateful to them.

For myself, I can only say that I have found my greatest joy on the other side of loss. I feel thankful for a great deal in my life — including the science that is the basis for my profession and that holds so much potential for improving the health and well-being of humanity and the planet we inhabit. But I am most grateful for the forces that supersede science and biology, reminding us that love is still the most powerful force in the universe.

I hope that my children will always know this — and that they'll know that their story, and their family, is imperfect and beautiful and evolving and alive.

Because it is, in fact, real.

[Anne Jacobson](#) is a family physician. This piece was originally published in [Pulse — voices from the heart of medicine](#).

Apple Looks to Digital Biomarkers for Features Detecting Depression, Cognitive Decline

The Wall Street Journal reports that the work on the feature could be born out of collaborations with UCLA and Biogen.

By [Laura Lovett](#) courtesy of [mobihealthnews.com](#)



Photo: Janet Yuen/Getty Images

Apple is looking to use digital biomarkers to help detect depression and early-stage cognitive decline, according to a new report out of *The [Wall Street Journal](#)*.

The end goal, according to the *Journal*, is to create a new Apple feature that would tell users if there was a potential mental illness. Data collected regarding a users' mobility, physical activity, sleep pattern could be included in the algorithm.

The report notes that the new effort could be tied to collaborations that the Silicon Valley titan already has established with UCLA researchers and pharma company Biogen.

At the beginning of August [UCLA announced a three-year study collaboration with Apple](#) centered on finding the connection between depression and biomarkers collected by digital tools. In the study, researchers will look at data from the iPhone, Apple Watch and the Beddit sleep monitoring device.

"This collaboration, which harnesses UCLA's deep research expertise and Apple's innovative technology, has the potential to transform behavioral health research and clinical care," Dr. Nelson Freimer, a professor of psychiatry and principal investigator of the study, said during an August announcement.

“Current approaches to treating depression rely almost entirely on the subjective recollections of depression sufferers. This is an important step for obtaining objective and precise measurements that guide both diagnosis and treatment.”

In January, Biogen announced a collaboration with Apple focused on looking at the role of Apple Watch and iPhone in monitoring cognitive performance and screening for mild cognitive impairments. It's no secret that Biogen is interested in cognitive decline. In June the company landed an FDA clearance for its controversial [Alzheimer's drug](#) Aduhelm.

WHY IT MATTERS

Depression is a common condition in the U.S. [According to the CDC](#), 4.7% of adults over the age of 18 living in the US have regular feelings of depression.

In recent years, doctors and technologists have been exploring how digital biomarkers could help monitor patients with mental health conditions. For example, [Beth Israel's](#)

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In recent years, doctors and technologists have been exploring how digital biomarkers could help monitor patients with mental health conditions. For example, [Beth Israel's Division of Digital Psychiatry](#) created a tool that collects both active data, like surveys and cognitive tests, and passive data, including GPS accelerometer logs and call logs from a patient's smartphone. Patients typically go over the data at a doctor's appointment or research visit.

On the startup side, [Mindstong](#) developed tools to measure wellness through smartphone behaviors, such as how a patient taps, scrolls and types. The tool also enables video messaging and video calls with a provider.

THE LARGER TREND

Apple has been involved in the health sector for some time. The Apple Watch has moved beyond step counting and heart rate. In 2018 the company made headlines when it landed a de novo clearance for an [ECG feature on its Apple Watch](#). Since then famously it has collaborated with Stanford on the [Apple Heart study](#) to monitor patients' cardiovascular health. the company added a [VO2 Max](#) measurement to its watches and other health features.

The company has also been incorporating more health features into its iPhones. In June it [announced a new health sharing feature](#), giving patients the ability to share their data with doctors and family, as well as a walking stability feature.

The company is currently working with a number of organizations on research projects. For example, in March the company announced a collaboration with [Harvard's T.H Chan School of Public Health](#) to gain insights into women's health across demographics and lifestyles.

It has also been working with the [University of Michigan](#) and the World Health Organization on a study about hearing health.

Famously it has collaborated with Stanford on the [Apple Heart study](#) to monitor patients' cardiovascular health.



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Transition Wines for Fall

BY JOHN FOY

For many, the arrival of Labor Day signals the end of summer. But for those who want to prolong the pleasure of the season, these wines for summer and fall will carry you through until the leaves turn autumn gold and orange.

Pink Provence

The [2020 Aix Rosé](#) is so pale it could be mistaken for a skin-macerated white wine. And its ethereal body is equally deceptive as it releases pungent citrus and cilantro aromas and flavors. The Maison Saint Aix vineyards for this delicious rosé are near Aix-en-Provence, a historic city in the picturesque Provence region. **90 points.** Retail prices are \$14 to \$23.



When Rosé Goes Dark

The southern Rhône Valley Tavel appellation is dedicated solely to rosé wine. It's not the faintly colored light-body Provence rosé; it's cardinal red to cherry-colored with the pronounced fruit flavors and high alcohol that you should expect from a mix of grapes approved for Chateauf-neuf-du-Pape, the wine appellation across the river from Tavel.

Château d'Aqueria traces its history to 1595 when Louis Joseph d'Aqueria purchased the land from the monks at the Abbey in Villeneuve les Avignon. A century ago, the estate was purchased by attorney Jean Oliver, and today, the 163 acres are in the hands of his two grandsons Vincent and Bruno.

The [2020 Château d'Aqueria Tavel Rosé](#) is a blend of seven grapes with Grenache leading at 45%. Similar to red wines, the grapes are macerated and fermented for 15 days, creating a brilliant raspberry-cherry hue, and striking cherry, strawberry, and thyme aromas and flavors. A stream of acidity keeps the wine balanced, and the 14.5% alcohol reminds you that Tavel is a Rhône, not Provençal, wine. **Tavels are food-pairing wines:** try a glass of Château d'Aqueria with a midday nicoise salad, or dinner's grilled chicken. **88 points.** Retail prices range from \$17 to \$25.



10 Most Influential Books for Doctors, Voted by Doctors

John Murphy, MDLinx

We asked readers to name a book that made the biggest impression on their medical careers. Nearly 200 physicians responded, naming both fiction and non-fiction books—from a hilarious hospital farce and a collection of curious case reports to encyclopedic clinical reference works and the biography of a dedicated global health specialist.

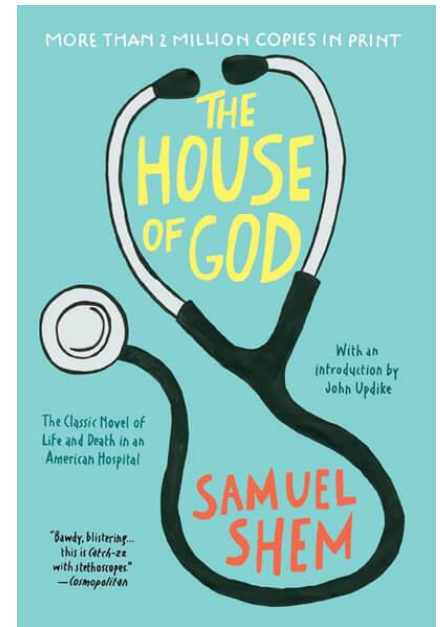
Here are your most popular responses, listed in order of those that received the most votes.

The House of God

by Samuel Shem

This dark but hilarious novel of life and death in an American hospital has been described as "*Catch-22* with stethoscopes."

Why did it make such a big impression? "In hindsight, it gave me a preview of what residency and the practice of medicine would be like," said a gastroenterologist. "There is a lot of cynicism and skepticism in medicine and a lot of dissatisfaction with the job. There are also many older people in medicine who don't believe in work-life balance. Also, there is still rampant discrimination towards females. The book portrays all of this. When I first read it, I was an idealistic medical student who was going to save the world. Little did I know that most of my practice would be charting and fighting with insurance companies." Read *The House of God* by Samuel Shem

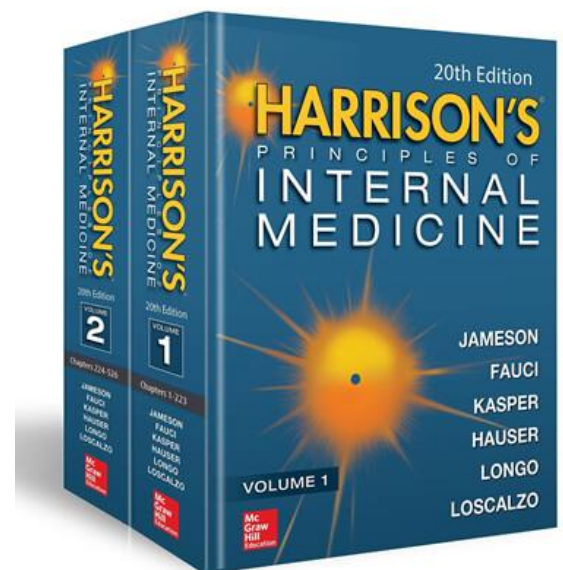


Harrison's Principles of Internal Medicine

Edited by J. Larry Jameson, MD, PhD, Anthony S. Fauci, MD, Dennis L. Kasper, MD, et al

Now in its 20th edition, *Harrison's* has been the go-to reference for decades for internal medicine specialists to gain current understanding of pathophysiology.

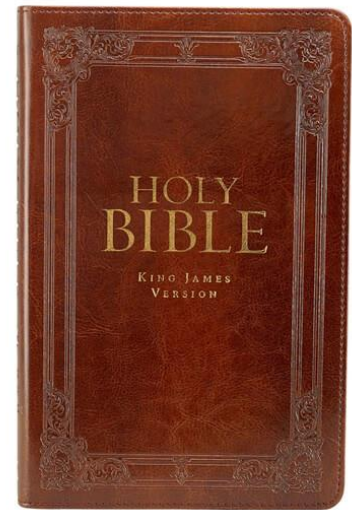
Why did it make such a big impression? "One of my mentors where I trained had trained and started the program with [Dr.] Harrison. I not only learned medicine, but life experiences from him and his experiences," said one internal medicine physician. Said a cardiologist: "I have read the 14th, 15th, and 16th editions, and plan to read the latest edition for recertification. This book was so vast in its scope that it made me fall in love with internal medicine." (But readers should take note: It's no longer a single book, but two large volumes.)



Holy Bible

You might think that religion and medicine don't go together—but for a lot of doctors, they're inseparable.

Why did it make such a big impression? "It helped me learn how to incorporate compassion into the art of medicine," said a nephrologist. Said one psychiatrist: "Old Testament, New Testament. It's made the biggest impression on every aspect of my life—period."

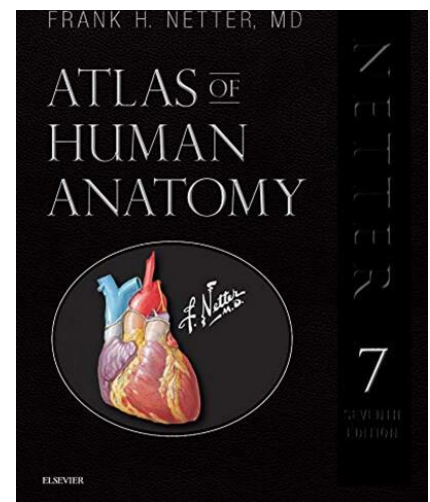


Atlas of Human Anatomy

by Frank H. Netter, MD

Now in its 7th edition, Netter's *Atlas of Human Anatomy* is the only anatomy atlas illustrated by physicians, providing clear-cut views of the human body along with clinical perspectives.

Why did it make such a big impression? "It was my first book in medical school. I would eat, sleep, and breathe it," said an ophthalmologist. A sports medicine physician wrote: "I have found Netter's *Anatomy* to be a fascinating book with specific details and information on everything from bone, muscle, nerve, etc. It is the best and most engaging anatomy book ever created! I would definitely say that this book helped me in my career choice of sports medicine and non-operative orthopedics, and I still use it on a weekly basis."



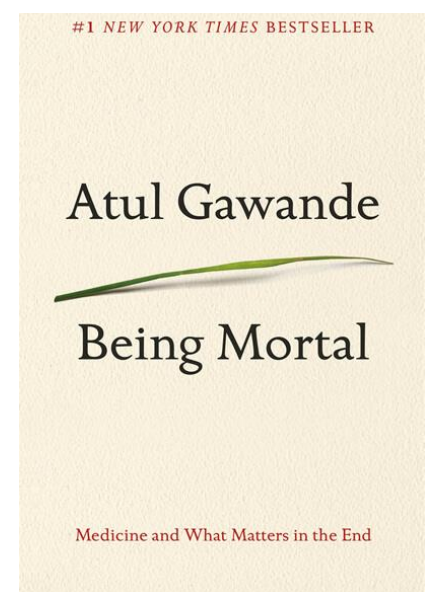
Being Mortal: Medicine and What Matters in the End

by Atul Gawande

Written by a surgeon, *Being Mortal* is an examination of how medicine can improve quality of life—and also provide a rich and dignified death.

Why did it make such a big impression? "As doctors, we have to learn that [medicine] is not always about fixing a problem. *Being Mortal* is about knowing when you can't, and focusing on the person and not the disease," said an oncologist.

"All the training physicians do is meant to keep people alive. This book brings back to reality by teaching us how and when to let go gracefully," said another physician.



us

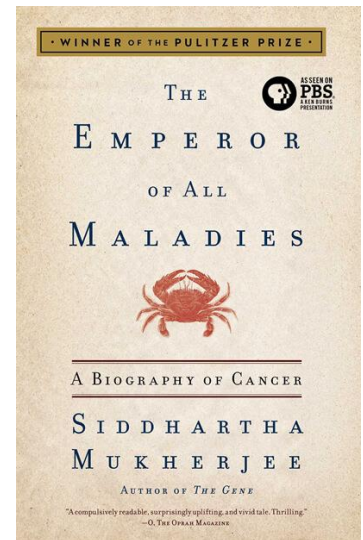
The Emperor of All Maladies: A Biography of Cancer

by Siddhartha Mukherjee

Winner of the Pulitzer Prize for General Non-Fiction, *The Emperor of All Maladies* is the story of cancer—from its first appearance thousands of years ago to the epic battles in the 20th century to cure, control, and conquer it.

Why did it make such a big impression? "It solidified my career in oncology. And it provided perspective on the messiness that goes into modern medicine," one oncologist wrote. Said an internal medicine physician: "Although the subject is depressing, Mukherjee is uplifting, empowering, and hopeful for cancer treatments—and medicine. It's scientific and detailed without the stiffness that often dulls medical/scientific books for lay people. And the history is fascinating."

Read *The Emperor of All Maladies: A Biography of Cancer* by Siddhartha Mukherjee

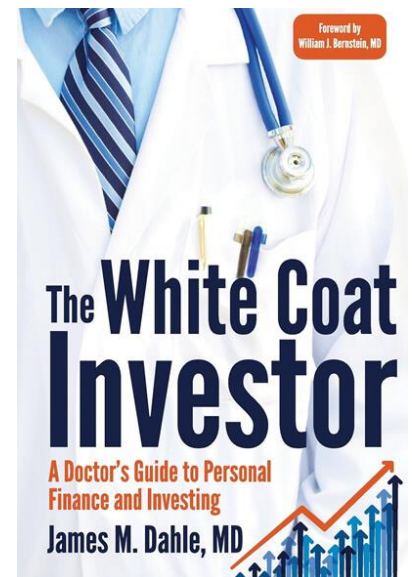


The White Coat Investor: A Doctor's Guide to Personal Finance and Investing

by James M. Dahle, MD

Doctors train for years to cure patients yet receive no training to keep their finances and practices alive and well. This book, written by an emergency medicine doctor, provides nuts-and-bolts advice on investing and personal finances specifically for physicians.

Why did it make such a big impression? "It showed me how to arrange my life and financial house in such a way that primary care vs specialty pay did not affect my decision. I only had to weigh the nature of the work," a family medicine physician said. "The book offers a very good introduction to financial education, which is not offered in medical schools," a cardiologist noted.

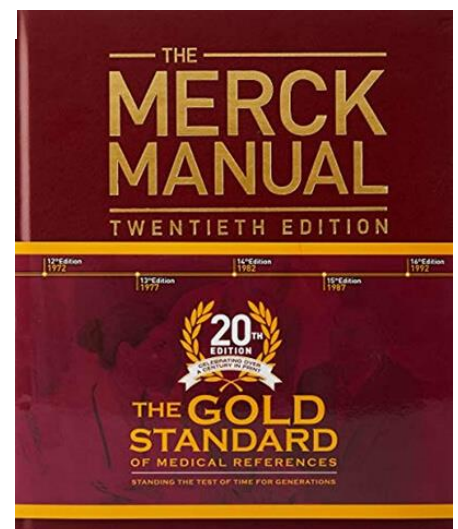


The Merck Manual of Diagnosis and Therapy

Edited by Robert S. Porter, MD

This handy tome was a mainstay on doctors' desks for years. Now back in its 20th edition and weighing in at a hefty 3,530 pages, this encyclopedic desk reference provides a concise but thorough overview of the diagnosis and treatment of just about every medical condition.

Why did it make such a big impression? "[It was] the first book that comprehensively explained disease and treatment," said an emergency medicine physician. "It's kind of the medical bible [for its] content, and it's good for looking up interesting, uncommon diseases."

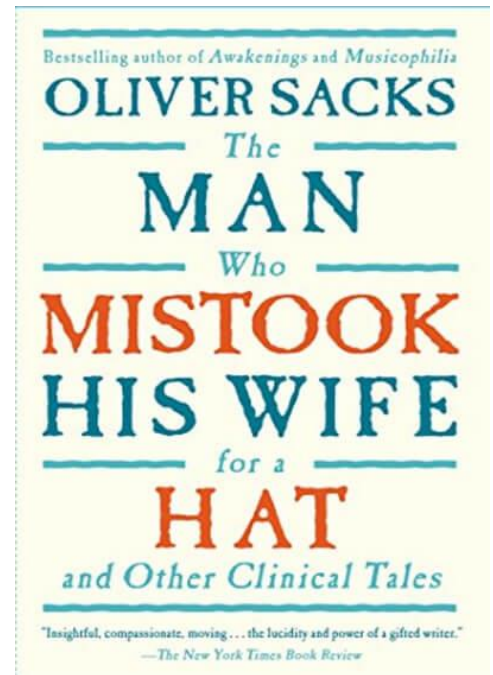


The Man Who Mistook His Wife for a Hat, and Other Clinical Tales

by Oliver Sacks

In this book of 20 compelling case reports, clinical neurologist Oliver Sacks conveys both the medical significance as well as the deeply human consequences involved in severe and unusual conditions of the mind.

Why did it make such a big impression? "I really enjoyed Oliver Sacks' *The Man Who Mistook His Wife for a Hat*. It was my first introduction to strange neurology diagnoses and the stories behind the patients," said a pediatrician. "Really interesting stories that stoked my interest in medicine," a family medicine physician wrote.



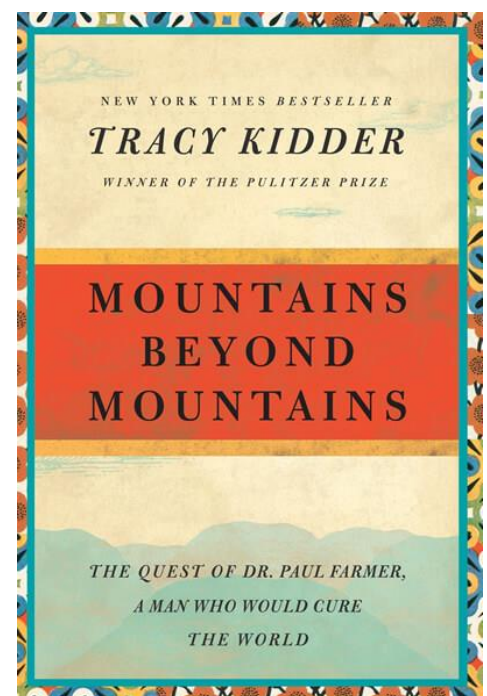
Mountains Beyond Mountains

by Tracy Kidder

Pulitzer Prize-winning author Tracy Kidder tells the true-life story of Dr. Paul Farmer, a Harvard professor and infectious disease specialist who realized his calling was to bring life-saving modern medicine to people around the world who need it most.

Why did it make such a big impression? "The story of Paul Farmer investing the time to treat those most in need and without access, one patient at a time, represents the ideal of medicine to me, and influenced my career such that I spend a portion of each year practicing global health."

Said a gastroenterologist: "*Mountains Beyond Mountains* impressed me greatly, as it taught me about the humanity that can exist along with success."



By no means is this a complete list. There are many other honorable mentions you named, including:

The 5-Minute Clinical Consult edited by Frank J. Domino, MD, Robert A. Baldor, MD, Jeremy Golding MD, and Mark B. Stephens MD

Complications: A Surgeon's Notes on an Imperfect Science by Atul Gawande

Cope's Early Diagnosis of the Acute Abdomen edited by William Silen, MD

Iseron's Getting Into a Residency: A Guide for Medical Students by Kenneth V. Iseron, MD, and Richard Amini, MD

Kill as Few Patients as Possible by Oscar London

Sophie's Choice by William Styron

When Breath Becomes Air by Paul Kalanithi

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