

MD Life

FEBRUARY 2022



**“MY DOCTOR... MY HOME...
MY PEACE OF MIND.”**



WITHmyDOC Remote Patient Monitoring provides connection, integration and collaboration with **YOUR** trusted physician anytime ... anywhere.

Telehealth *PLUS*

- Remote monitoring of patient's vitals
- Access to patient's medical history
- Seamless virtual experience

AS CLOSE AS IT GETS TO A REAL OFFICE VISIT



WITHmyDOC.com

To find out more please click below:

https://withmydoc.com/?utm_source=MD%20Life&utm_medium=Magazine&utm_campaign=My%20Home%2C%20My%20Doc

Contents in This Issue

"Doctor, You Have Been Duped"
Grilled Spiced Chicken With Mango Avocado Salsa
NFT In Healthcare: How Patients Could Monetize Their Health Data
The Missing Framework Required to Build Wealth as a Physician
Wow Your Guests with These Incredible Super Bowl Party Ideas
Why I'm Furious Over Observation Status
Medical Fiction: Gary and The Beast
A Simple Way to Fix One of Alexa's Most Annoying Behaviors
New Climate Report Sparks Demand for Change in Healthcare
Pulling Back the Curtain on the Estate Planning Process
2022 is the Year of the Electric Car
The Dakota Studios



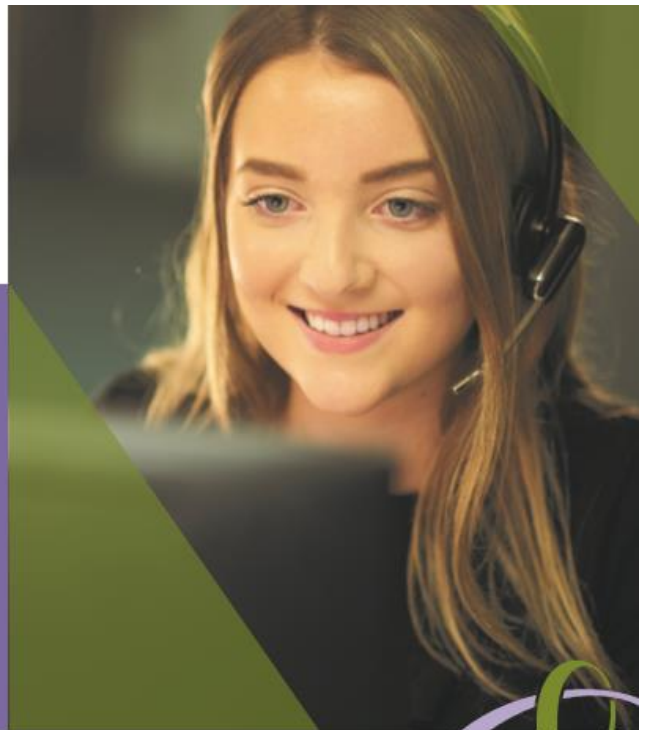
A Personal Answering Service has been providing answering services to the Medical Community since 1985.

Professional Agents providing 24 hour Services to meet your specific requirements. Offering appointment scheduling and reminder service.

We at A Personal Answering Service understand how vitally important patient confidentiality is, therefore we require all of our staff to be trained on HIPAA Compliancy.

Call or email us for more information on our professional and affordable Services.

800-477-9103 or 410-284-9100
or hello@thanksforcalling.com



www.ThanksforCalling.com
Your total answering service solution 24/7.



“Doctor, You Have Been Duped”

Anonymous Physician

Doctor, you’ve been duped,” she said as she took slow, careful breaths of oxygen from the heated high-flow nasal cannula.

These were definitely not the words I was expecting to hear. Responding to the perplexed look on my face, she added, “I mean I can tell that you are well-intentioned and a good person. But Bill Gates and the Minnesota Department of Health have altered the databases. Bill Gates wants half the world’s population to die. That’s why he is pushing this and other vaccines.”



She did not have a psychiatric history and exhibited no signs of encephalopathy. I searched my mind for what it does best, found a diagnosis for this condition and it landed on “shared psychotic delusion”.

In this case, the shared delusion is that of millions of people.

And no amount of yoga, meditation, and wellness exercises are going to help fix the brunt from this for physicians.

I started on my journey of understanding physician burnout in 2016, largely thanks to the Bounce Back conference in 2016. Supported by many well-intentioned organizations, I found words for what I was witnessing around me at that conference.

I learned about everything that was right and everything that was wrong with me (and all physicians) that was causing us to get burnout. It had a price tag, almost half a million dollars for every unexpected physician loss. We needed to be more resilient. We needed to invest in self-care. We needed to find more time for ourselves in already full days. We needed to spend more time with our families. We needed to learn to be less critical of ourselves. We did forgiveness exercises in which we apologized to ourselves and thanked ourselves. We learned about gratitude. We needed to become more “resilient” I left the conference full of enthusiasm, and I was on a mission:

I had a laundry list of weaknesses I needed to build bulletproof armor. I had to become Super Woman.

Next few years, the same conference and “physician burnout” phenomenon in literature started to take a different tone. The brilliant thought leaders who had walked down this path started to realize that something was wrong with this picture. This picture painted of a burnout physician, the delicate, inept human being who didn’t feel right due to self-neglect had asked for this affliction.

Come to think of it, we are pretty darn resilient people. I mean we went through an average of 7 years of just medical education that demanded discipline, financial hardship, ridiculously difficult exams, the constant sacrifice of missing holidays and weekends, never-ending days, the constant threat of

malpractice. I mean, we write more legal documents daily, more than an average lawyer does, and in less time in the form of medical documentation.

We also write in a special constantly evolving language that allows the chart to act as an invoice for coders. We answer dozens of messages, attend countless meetings, meet never-ending practice criteria and keep up with practice guidelines, constant medical education, and have to re-earn our board credentials every few years. We also take care of 15 to 20 very sick patients when not doing everything else. Then we also have families.

So, we are resilient. What is this burnout then? It is “moral injury,” said ZDoggMD – that hit home. Suddenly everyone was angry on the internet. We did feel injured. ZDoggMD had hit the nail on the head.

It was not that I needed to be more resilient. The responsibility was off me; I had been injured. When there is an injury, there is a culprit. Who was the culprit responsible for this injury?

The next Bounce conference and other thought leaders elaborated that the broken health care system – the corporate encroachment, the profitable nature of health care in the United States, the insurance companies, the ever-increasing administration, and the EHR – had caused all this injury.

Physicians worldwide practiced medicine but didn't have this kind of burnout. Something about the health care system in the United States was doing this. So it wasn't the fault of American doctors. They are not broken. The system is.

I breathed a sigh of relief. I was OK. I was a pretty resilient human being and need not spend time scolding myself for internal inadequacies that could be fixed by yoga, meditation, gratitude diaries, for which I never seemed to have time (my fault again).

Then came COVID-19 – a nightmarish beginning straight from a Hollywood movie, followed by a mantle of hero-dom and then never-ending conspiracies and misinformation. The vaccine ended nothing. It has added another angle to this burnout.

People are suffering from a largely preventable disease in front of our eyes, at least in the hospital. Physicians are suddenly facing pay cuts of enormous proportions. At the same time, other health care workers have created an immense market and demand for their services that ironically has to come out of the physician's work. Some health care systems are reporting record profits in 2022. Add economic uncertainty and future to this profound mess.

Sometimes, this profession seems to have no joy left anymore. I did not know [Dr. Matthew Lieser](#) or his exact circumstances, but I found the news of his death in such a tragic way absolutely devastating. It somehow felt personal. He was a beloved physician, father, and community member.

I don't know what took away his resolve to be alive. But this is a reminder that very high rates of physician suicide are a reality. This moral injury is only getting worse. I did want to share the obituary with all the hospitalist colleagues in the system.

He was a regular ordinary “hospitalist,” just like me. He was one of us. May his soul rest in peace.

GRILLED SPICED CHICKEN WITH MANGO AVOCADO SALSA

thefoodiephysician.com

Smoky grilled chicken topped with a colorful fresh salsa, my Grilled Spiced Chicken with Mango Avocado Salsa is the perfect light dish!

When I come home at the end of the day, the last thing I want is a meal that's going to make me feel heavy and stuffed. I prefer easy recipes with clean, simple ingredients that I can just throw on the grill. I love incorporating lots of fresh vegetables, fruit and lean protein in my meals to keep me full and satisfied without weighing me down.

For my *Grilled Spiced Chicken with Mango Avocado Salsa* I make a simple spice rub for the chicken. I love homemade spice rubs—they're a great way to add flavor to a protein without adding extra calories or fat. Plus, a lot of spice mixes and seasoning blends at the grocery store may contain hidden sodium. Spice rubs are also super fast unlike marinades, which usually require some time for soaking. The combination of chili powder, cumin and smoked paprika gives the chicken great flavor as well as color.

To top my chicken, I made a simple *Mango Avocado Salsa*. I tossed sweet mango with buttery avocado, crunchy red onion, fresh cilantro, lime juice and jalapeños for some heat. It's the perfect combination of colors, flavors and texture. It's hard to resist eating it out of the bowl so you may want to double the recipe! It's also great with tortilla chips.



This recipe can be put together in just about 20 minutes. While the chicken is on the grill, throw the salsa together and you're good to go! It's a delicious and nutritious summer meal that you can feel good about serving to your family.

INGREDIENTS

Mango Avocado Salsa:

- 1 ripe Haas avocado, peeled and diced
- 1 ripe mango, peeled and diced
- ¼ cup finely chopped red onion
- 1 tablespoon finely chopped jalapeno pepper

2 tablespoons cilantro, chopped
1 tablespoon lime juice
Kosher salt and black pepper

Grilled Spiced Chicken:

1 ½ teaspoons chili powder
½ teaspoon cumin
½ teaspoon smoked paprika
¼ teaspoon kosher salt
4 chicken breast fillets for brushing the grill

INSTRUCTIONS

1. To make the salsa, mix the avocado, mango, onion, jalapeno, cilantro, and lime juice together in a medium bowl. Season to taste with a pinch of salt and pepper.
2. Heat a grill or [grill pan](#) over medium high heat. Brush with oil.
3. Mix the chili powder, cumin, smoked paprika, and salt together in a small bowl. Sprinkle the spice rub evenly over the chicken breasts, patting it in so that it adheres. Grill the chicken, about 4-5 minutes on each side, until cooked through. Remove from grill and serve with salsa.



ATTENTION PHYSICIANS

Do you need a referral for services or products?

LET US HELP AT NO COST TO YOU!

We can refer a vetted business or professional

Health Law or Business Attorney * Financial Planner or Wealth Advisor *
Accountant or CPA * Medical Billing * Physician Answering Service *
Computer IT and Security Services * Doctor Loans * Healthcare Staffing *
Private Banker * Facility Sanitizing and Cleaning * Malpractice or Disability
Insurance * Rehab or Physical Therapy * Home Health Agencies * Practice
Financing * Medical Equipment * Payroll Services * Healthcare Marketing *
Telemedicine Platforms * Real Estate Professional AND More

**Physicians Resource Network
Referral Service**

Please call:
888-670-2228

Email:

physiciansresourcenetwork@creativedevelopmentworks.com



Your IT RX: Ensure Your Network is Available, Safe and Secure

NetQuest understands the complexities of healthcare IT. Software must be integrated for speed and reliability, doctors and administrators need network access at all times and HIPAA regulations and other government mandates regarding Electronic Medical Records (EMR) are forcing you to automate.

In an increasingly regulated industry, how do you contain costs while maintaining the highest patient care standards? One way is by leveraging technology to improve efficiency and productivity.



A stable, properly functioning computer network ensures your EMR/EHR/HIS/PMS software functions properly, increases efficiency, lowers costs, shortens the billing cycle, and frees up your staff to concentrate on patient care.

HERE'S HOW NETQUEST WILL HELP:

- Improved patient experience
- Maximize security of your data
- Proactive prevention of threats
- An expert understanding of your business needs

A HEALTHCARE CLIENT SAYS...

"We interviewed other companies and decided to go with NetQuest. Their service and their value helped to sway our decision plus they seemed more advanced than the other companies we interviewed. Netquest listened to the Center's needs. This was a big project but NetQuest was with us every step of the way, advising us on every aspect of the project. NetQuest always provides a rapid response to any situation. Whatever the problem or concern."

Orthopaedic and Sports Medicine Center



1014 Cromwell Bridge Road Baltimore, MD 21286
410-823-6767
info@nquest.com
www.nquest.com

NFT In Healthcare: How Patients Could Monetize Their Health Data

medialfuturist.com



When it comes to non-fungible tokens (NFTs), or the emerging form of digital certificate that certifies an asset as being one-of-a-kind, the world seems to be split into two camps: pro- and anti-NFT camps. Those belonging to the former camp tout it as a novel approach to finance and own digital media; while those against NFTs point to - among many other things- their devastating effects on the climate.

But beyond \$69.3 million-worth NFT art and relying on technology that consumes as much energy as a whole country, NFTs represent a unique potential in the digital health age: that of patients, rather than companies, owning their own digital healthcare data. With such a level of ownership, patients could leverage its advantage to monetize their data rather than have companies profit off them, as has been traditionally the case.

Given the novelty of NFTs, their untapped potential in healthcare might not be known, let alone what NFTs are and how they work. This article will walk you through the basics of NFTs, how they can further empower patients in the digital health age, as well as raise concerns pertinent to the technology.

What is an NFT?

Crowning it as the Word of the Year for 2021, dictionary publisher Collins defines a non-fungible token as “*a unique digital certificate, registered in a blockchain, that is used to record ownership of an asset such as an artwork or a collectible.*” Creating or “mining” NFT transactions leverage blockchain technology, akin to what cryptocurrencies like Bitcoin are based on.

In short, the technology relies on a decentralized network of computers employing advanced cryptography to verify the validity of a transaction. We previously explored the relevance of blockchain

in healthcare and pharma, where we highlighted its ability to secure sensitive medical data and curb counterfeit drugs.

Similar to how NFTs have disrupted the art world, they could positively disrupt the digital health landscape by giving patients unprecedented control over their medical information.

As we dive into the digital health era, personal health sensors and apps equip patients with personalized data so that they can become more proactive in managing their health. But what is still mostly the norm is that these sensitive data are governed by the companies providing these services; and they often profit out of it, oblivious to patients. For example, the pregnancy-tracking app Ovia was found to sell aggregated data of its users to employers. Similarly, 23andMe intends to develop drugs based on the genetic database it amassed from customers who used its genetic testing kits, the latter might not even have been made explicitly aware of such potential use of their data.

It is simply not fair that private companies and institutions make money out of patient data in such a way. If the real paradigm change of digital health - that of empowering patients - takes place (and it does), the same should apply to monetizing their health data, and NFTs could change the tides in this regard.

NFT's potentials in healthcare

Say you've decided to order a direct-to-consumer DNA testing kit in order to have a nutrition plan tailored to your genetic makeup by a private company. You also know that the latter might sell your genetic data to third parties for research purposes. But you settle for the service anyway because it's the most accurate way to get a personalized diet at a relatively affordable price.

However, by selling your genetic data and that of others, the company could be making millions that they will never share with you. Moreover, as such sensitive data get passed along the transaction chain, the risk for mishandling of the information increases.

Now, if your genetic data were minted as NFTs, the information will come with an inherent feature to be tracked. You would be able to see where it ends up, and hold those who used it without your permission accountable since you are the sole owner of the data, as certified by the NFT authentication. Moreover, the NFT owner can enable a feature to earn money whenever a transaction occurs with the data.

In the aforementioned examples of Ovia and 23andMe, patients whose data are being used by the companies aren't earning a cent. But with an NFT approach, companies offering digital health services could encourage patients to participate in studies by contributing their data and earning from it. Other third parties interested in utilizing the data for research or developing new products could reach out directly to patients on a digital marketplace. The main difference here compared to the traditional approach, is that patients really do have the choice to share their data in a more informed manner.

With the underlying blockchain technology and an NFT certification, the use of patient data could thus be made more transparent and could equip patients with control over their health records.

NFT in medicine: the future or fad?

While much about NFT in healthcare is still speculative at this point, there are some startups that are exploring this potential. One such company is Aimedis, which has a medical NFT marketplace where patients can participate in transactions involving their health data. The health monitoring app Go!, developed by Enjin and Health Hero, can collect individual activity and wellness data from popular apps like Apple Health, Google Fit, and Fitbit. In doing so, it creates Well-being NFTs, or W-NFTs,

imbued with the scarcity of the users' health data assets. These can even be traded on the open market.

However, there are several potential roadblocks to adopting the technology *en masse* in the near future, especially in healthcare. As it stands, blockchain technology runs quite inefficiently, with large amounts of energy required for minor transactions. This is further tied to significant greenhouse gas emissions, which add to climate change. As such, NFTs might not be outright commercially viable in the near future. But alternatives for NFT minting are in the works that could use a fraction of the computing power currently involved in their transactions.

Then there is the issue of whether companies offering digital health services will actually want to adopt the technology. They might not be particularly enticed by the idea of sharing their profits with patients, from whom they've traditionally been profiting off and not the other way round.

All in all, even though NFTs are still in their infancy, the technology might evolve in the future to become more compelling for patients to favor the agency it provides over their data. There are significant hurdles to be overcome before NFT in healthcare becomes commonplace, but its potentials are unmistakable.

Written by Dr. Bertalan Meskó & Dr. Pranavsingh Dhunnoo

GET MEDICAL BILLING HELP FOR YOUR PRACTICE!

We've got the numbers & we'll improve yours!

- Greater than 99% clearance rate
- More than 87% first-pass collections
- 28 years of experience

FREE EVALUATION OF YOUR CURRENT BILLING PRACTICE

Mention this card. Offer expires 30 days from mailing date.

50% OFF YOUR 1ST THREE MONTHS' INVOICES

Mention this card. Offer expires 30 days from mailing date.

— FIND OUT WHERE YOU COULD BE LOSING MONEY! —

800-871-5838
www.medusahcs.com



The Missing Framework Required to Build Wealth as a Physician

By Chris J. Roe, CPA, PFS

How are you managing your wealth? Many times we see physicians managing their wealth in a reactionary way. In other words, they address financial concerns only when they pop up and cause pain. But is this the best way to be financially successful?

At Rx Wealth, a physician-focused wealth management firm, we believe it is best to take a systematic approach to address financial concerns and have developed a specific framework in which we partner with physician clients and their families to manage their wealth.



As a physician, you are making a significant investment of your energy, time, and money into your finances and the well-being of you and your family. It is your financial advisor's obligation and duty to be prudent with your wealth and manage it wisely. In partnering with you and your family, we follow what we call the "Physician Wealth Management Framework."

By carefully using thought-out processes and procedures, assigned accountabilities, specific schedules, and set boundaries, this framework creates the appropriate financial infrastructure to help you reach the success and wealth you are entitled to.

In developing a working partnership with your advisor, it is important to set clear expectations and guidelines to promote success. Our Physician Wealth Management Framework, explained below, is designed to do just that.

- Initial and On-Going: Wealth Assessment, Implementation, and Monitoring
 - o Developing an "Rx Wealth Vitals" profile to know where you and your family currently stand
 - o Identifying annually your key finance areas to focus on and opportunities to take advantage of
 - o Maintaining a list of annual specific actions, based on each phase of our framework, we need to take to keep your and your family's finances on track
 - o Assembling and coordinating with a team of other professionals to benefit your and your family's well-being and finances
- Phase One: Protecting You and Your Family Reduces Anxiety
 - o Protecting your lifetime earnings
 - o Protecting your family in the event of premature death
 - o Protecting your assets
 - o Protecting your health
 - o Building an adequate fund for emergencies
 - o Implementing the legal documents, such as a Will or Power of Attorney
 - o Developing the proper business structure and legal documents to limit liability, while protecting your business and you

- **Phase Two: Planning and Saving for Your Future**

- o Learning and memorializing what is important to you and your family
- o Building a realistic monthly/annual spending and saving plan based on your priorities
- o Implementing a systematic, long-term savings plan
- o Defining what investment vehicles to use, based on your priorities, to begin building your nest egg

- **Phase Three: Growing in order to maintain future lifestyle**

- o On-going Investment planning and monitoring
- o Focusing on taking advantage of fundamental tax savings strategies
- o Investing for market-like performance through a diversified portfolio
- o Enhancing your career and practice
- o Identifying areas of increased earnings potential
- o Improving your financial knowledge
- o Growing toward financial independence

- **Phase Four: Enhancing Your Plan and Wealth**

- o Implementing 529 plans & education savings on a tax-advantaged basis
- o Monitoring your investment expenses and fees
- o Using more sophisticated tax structures to reduce taxes and benefit your family
- o Planning for tax-efficient philanthropy
- o Investing for your next generation
- o Taking measured risk with investing in exchange for potential return enhancements

- **Phase Five: Legacy**

- o Teaching your children about money and family values
- o Your estate plan and related estate documents
- o Your personal and charitable legacy

Much like becoming a physician, successfully building wealth and achieving your financial goals takes focus, determination, a defined path, and consistency. Without these key characteristics, a physician is just using hope as a strategy, and hope is rarely the best option for achieving success and wealth. If you are not using a defined framework to manage your wealth, please call us for a complimentary consult.

Rx Wealth Advisors is a financial advisory firm focused on helping medical doctors maximize their earnings, keeping more money in their pocket, and cultivating wealth so they can live the life they've earned and deserve. Rx Wealth can be reached at 412-227-9007, via email at croe@rxwealthadvisors.com, or on the web at rxwealthadvisors.com. The opinions voiced in this material are for general information only and are not intended to provide specific advice or recommendations for any individual.



Wow Your Guests with These Incredible Super Bowl Party Ideas

By Kim Renta

It's the biggest football game of the year and arguably the biggest party day of the year, too. If you've volunteered to host this year's Super Bowl party for your friends and family, you're going to need to have more than a big-screen TV and a competitive football pool if you want to really wow your guests.

We're here to help with fun games, decorating tips, recipes, and more that will make your party guests cheer as much for you as they'll do for their favorite team. Whether your guests are watching for the game, the commercials, or the halftime show, these Super Bowl party ideas will wow just about anyone.



How do you throw a fun Super Bowl party?

The key to throwing a truly memorable Super Bowl party is to think outside of the box. Go beyond the expected football pools and sliders, and deliver a few unexpected surprises that will set your party apart from the others.

Broaden your beer offerings

Instead of picking up a case of typical Budweiser or Corona, why not offer local brews from the cities of the two competing teams? Before the big game, do a bit of research and pick up a couple of 12 packs of some microbrews with a bit of local flavor.

Stage a team spirit competition

Provide face painting supplies along with spray-on hair dye, colorful streamers, temporary tattoos, and more. Then, challenge partygoers to create the craziest, most team-spirited costume they can. Organize a catwalk for showing off the results, and vote for the best team spirit costume.

Create a football-themed food backdrop

Your neighborhood party supply store is well stocked with ready-made Super Bowl decor, but we like the idea of creating a DIY backdrop that is not only football appropriate, but also lends an air of sophistication to your event. Get the step-by-step directions for one of our favorite looks [here](#).

Make take-home swag bags

Goodie bags are not just for kids! Make some swag bags for your guests to take home, and fill them with bags of chips, homemade football-shaped cookies, a bottle of Gatorade, and your favorite hangover cure... just in case.

What are the 5 most popular Super Bowl foods?

1. Chips and Dip

Whether it's potato chips and homemade French onion dip or tortilla chips, salsa, and guacamole, your Super Bowl party snack table is not complete unless it includes bowls of salty chips and dips. Keep an eye on bowls, and replenish chips and dips frequently throughout the night.



2. Chicken Wings

A Super Bowl without wings? Perish the thought! Of course, you can always opt for takeout wings (be sure to order *way* in advance, since Super Bowl Sunday is the biggest day of the year for eating chicken wings, with an estimated 1.42 billion chicken wings being consumed during Super Bowl LV). If ordering out is not your thing, you can make your own. There is no shortage of recipes for all types of wings, from dry rubs, to honey/barbecue, boneless to Cajun, but for the Super Bowl, we recommend going classic with this recipe for Authentic Buffalo Chicken Wings.

3. Pizza

Some people love making their own pizza, but for most of us, ordering a few pies for the big game is good enough. Pizzerias are another takeout/delivery business with an incredibly busy Super Bowl, so be sure to give yourself plenty of time between when you place your order and when you expect your pizzas to be eaten. When ordering, do a variety of topping options – cheese, pepperoni, veggie lover, and more – so there's an option for every pizza fanatic on your guest list.

4. Nachos Supreme

Nachos and football go together like hot dogs and baseball, but for the biggest football event of the year, you really need to up your game. This nachos supreme recipe fits the bill. With seasoned ground beef, salty tortilla chips, black beans, and oodles of cheese, this one is sure to be a crowd-pleaser. Looking for a healthier option? Swap out the ground beef for ground turkey, or go entirely meat-free by upping the number of beans in your recipe.

5. Cheese and Crackers

Both filling and able to sit out on your table from kickoff to the post-game wrap-up, a platter of cheese and crackers is a must-have for any Super Bowl party. In keeping with your “big game” theme, Pinterest is filled with ideas for creating football-friendly cheese-and-cracker platters that are as fun to look at as they are to eat.

With a combination of homemade and store-bought snacks, and your flair for great decorating and fun games, you are sure to have a Super Bowl party your guests will talk about all year long.

We currently have several experienced Healthcare Professionals interested in new Permanent positions



What We Do

High-tech recruitment with a personal touch with 20 years' focus on healthcare.

We Get Results

- Identifying a client's individual needs
- Extensive nationwide database of qualified candidates
- No charges until a placement is made
- Assistance in arranging interviews

You Benefit

One-Stop Resource for Filling Your Permanent Healthcare Positions

- Registered Nurses –OR/ICU/ER/Medical Surgical /Telemetry/Labor Delivery/Home
- Physician Assistants
- Nurse Practitioner –(All Specialties)
- Radiologic Technologists(all specialties)
- Nursing Management
- Quality/Risk Management
- Nursing Home Administrators
- LPN'S
- Medical Technologists
- Medical Assistants and all support staff

A TESTIMONIAL ABOUT OUR WORK

"I have worked with Rob with Ironman staffing for more than 7 years and have nothing other than good memory of hard work and dedication to help me locate my desire candidate to fit my practice, and have all his follow-ups. Return my calls promptly, makes candidates are scheduled for phone interviews or face to face, I admire my relation with this agency and will recommend them without any reservations."

-Dr. Wilson E. Tabe MD, Goldsboro, NC

Pricing

We are currently offering a one-time fee of 10% of the annual salary for placements made with a full 90 days guarantee. There is no charge for you until the placement is made.

ISMS

IRONMAN STAFFING MEDICAL SERVICES, INC.

🌐 www.ironmanstaffing.com
✉ rob@ironmanstaffing.com

☎ 305-677-9859, 650-759-3021
📠 Fax: 866-498-4845

Why I'm Furious Over Observation Status

THUY D. BUI, MD

A 37-year-old man was diagnosed with Lyme carditis after presenting to the emergency department (ED) with fever, weakness, history of tick bite, and prolonged PR interval of 394 ms (a type of heart block) and positive Lyme testing. In the ED, second-degree AV block was noted intermittently on the monitor but not documented. Both infectious disease and cardiology were consulted, and the recommendation was to continue IV ceftriaxone for 28 days.

On day two of admission, I received an email from a care manager, part of utilization management, stating that the admission was deemed OBS. If I disagreed, I needed a peer-to-peer discussion with the health plan medical director.



This is a routine occurrence when I'm attending on the inpatient ward. I called promptly to request peer-to-peer discussion after reviewing CDC and UpToDate treatment recommendations for Lyme carditis. Since the patient was symptomatic and had at least a first-degree AV block with PR interval ≥ 300 ms, he should be admitted for treatment.

The medical director told me that the patient did not receive atropine or pacemaker, so he did not meet their inpatient criteria. He was discharged three days after admission after a PICC line was placed for home Ceftriaxone. Six days after discharge, I received an irate call from the patient who got a letter stating that I had denied his hospitalization and that he would be responsible for copays related to outpatient treatment.

A 56-year-old man with a history of nonischemic cardiomyopathy, hypertension and recent stroke was admitted for shortness of breath and right chest pain. There was an EKG change suggestive of ischemia, and he was initially placed on a heparin drip which was discontinued when troponins were negative.

The chest X-ray showed a large pleural effusion on the right but no signs of heart failure. About 1300 cc of pleural fluid was drained, and analysis was consistent with an exudative effusion. The utilization management review nurse emailed on the same day of admission, and you guessed it, informed me that the admission was not meeting inpatient status. Two days after admission, I called for a peer-to-peer review and the admission was denied. The right pleural effusion quickly reaccumulated and a repeat paracentesis with pigtail placement was performed by the pulmonary consultant. Six days into the hospitalization, his admission was approved for inpatient status because he had a pigtail for drainage and a small pneumothorax.

These are just two of many similar cases I have encountered as a hospitalist. Most of what has been written about observation status have been for Medicare patients for which CMS might be revamping this policy.

For patients with private insurance, their share of the cost will depend on the specifics of their plan. Both of these patients spent more than two nights in the hospitals, sharing a room with patients with inpatient status even though they are technically an outpatient.

Some patients understandably became anxious and worried when informed about their “OBS” status, on top of whatever issues that brought them into care in the first place.

Most likely, their share of costs for outpatient services, such as observation status, will be more than their share of costs for inpatient hospitalization. Insurance medical directors often cite InterQual or Milliman guidelines as reasons for not meeting inpatient criteria.

In my experience, less than 10 percent of peer-to-peer calls resulted in the health plans’ reversal of OBS status decisions. These reversals are not “wins” by any means, but these encounters left me with disgust for a system that consumes my time away from direct patient care.

At any one time, I might have 1/3 or more of my inpatient census deemed OBS status. My years of training and 25+ years of experience inform my assessment of patients as sick vs. not sick and needing to be in the hospital vs. could be managed as an outpatient. These are totally disregarded by our for-profit health care systems (even by the so-claimed “non-profit” hospitals and insurers).

For me, as a primary care physician and a 10-week a year academic hospitalist, these incidents just add to the frustration about our broken health care systems. Every admission criterion or rule that is recited by health insurance companies and hospitals is to control cost, which makes perfect sense for corporate medicine. I’m angry that my name is often used on letters to patients denying medication coverage, diagnostic testing or inpatient stay.

I’m even more furious about the cowardness of medical directors to hide behind their decisions and to use the attending of record as their shield from patient outrage. Many of my colleagues have given up. It’s too hard to fight, so just accept what is filtering down the chain of command and let the patients deal with the financial consequences later, hopefully when they can’t even recall the names of the doctors taking care of them in the hospital.

The first patient was furious, while the second patient was too sick to understand or care about the complexities of the situation that had engulfed him.

For each of the cases that I disagree with OBS status, I would have spent 15 minutes emailing, 30 minutes total phone time (between calling to give information followed by a discussion with a health plan’s physician), and an equivalence of two hours of anguish and frustration – oh sure, I made up this latter number.

This is part of the administrative burden placed on physicians. You ask me why many health care providers experience burnout, why nurses are leaving the profession, and why Americans have poor health overall. I refuse to let myself become numb to these repeated micro-traumas because I want the world to hear my cry, or perhaps I still naively believe that we could change the system.

Silence is complacency. To paraphrase Martin Luther King, Jr. (if he was alive to comment on observation status): “A health care system that continues year after year to spend more money on cost control and administrative procedures than on programs of social uplift is approaching spiritual death.”

[Thuy D. Bui](#) is an internal medicine physician.

Medical Fiction: Gary and The Beast

by Julia Ernst -, Physicians Weekly

This is one of a [collection of stories](#) that are like “Final Destination” meets “The Monkey’s Paw” (W. W. Jacobs, 1902). As such, they are tragedies more than either mysteries or horror, and would appeal most to readers who enjoy the inexorable pull of a story arc that leads to doom. In each story, a protagonist makes a wish that comes true with fatal results for someone, often the person making the wish. Nothing supernatural, but just how things work out. (Or is it?) The technical details surrounding the fatal (or near-fatal) event are drawn from real cases in the US OSHA incident report database or similar sources and are therefore entirely realistic, even if seemingly outlandish. The plots draw lightly from cultural beliefs around actions such as pointing at someone with a stick or knife, wishing in front of a mirror, or stepping on a crack.



Gary worked in the laundry of a large hospital, serving a monster that terrified him. His primary job was tending a continuous batch tunnel washer that cleaned 4,000 pounds of soiled linen per hour and was affectionately known as “The Beast.” The room in which The Beast lived was a cavernous concrete structure as big as a hangar, and a steady supply of 150-pound bags of dirty laundry would scoot along ceiling rails, swaying like big grey bats. Every two and a half minutes, a bag would drop its load into the open jaws of a steel hopper at one end of The Beast. Big churning pre-wash drums, washing receptacles, and rinsing drums made up most of the length of The Beast, but somewhere towards the other end was “Grinder.” Grinder was a centrifuge that had the raw torque and gusto to spin a big batch of wet, freshly washed laundry at up to 800 times the force of gravity. When Grinder spun up, you could feel the vibration throughout the concrete floor of the facility.

Gary wasn’t dim, but he had a soft spot for unlikely facts, conspiracy theories, and opinionated hogwash that he saw on TV, gleaned from Facebook, or heard from friends. Gary had fallen for a number of hoaxes and balderdash over the years, and his workmates sometimes deliberately fueled his weakness for these stories. They did so in part out of a sense of camaraderie, but more because it was great fun to see Gary get all spun up and agitated. They had led him to believe that The Beast was haunted because of using recycled steel from the scrapped car of a serial killer. For months, they made Gary as nervous as a long-tailed cat in a room full of rocking chairs, and would delight in walking up quietly behind him on night shift and grabbing his shoulder. They had convinced Gary that death was stalking him, and it took more than a year after the prank was revealed for him to shake the constant feeling that The Beast was watching him balefully.

They had also once convinced Gary that his clothes had hidden microchips that monitored his activities. As a result, many of his pants and shirts were coming apart at the seams where he had picked at them searching for electronics. He had taken to leaving his clothes in a steel box in the garage, in the belief that this might curtail any spying. He had eventually realized it was a joke, but never quite shook the concern. His older sisters had tried to talk him straight and at least get him to ask them before he went scampering after yet another conspiracy theory. “Seriously, Gary, getting all spun up like this is going to harm your health!” Jenny said. Clara had agreed. “You’re going to have a heart attack or pop a blood vessel in your brain at this rate. Just take this stuff with a pinch of salt, and don’t get so sucked in!” Jenny was a surgeon and Clara was a nurse manager, so he did take their

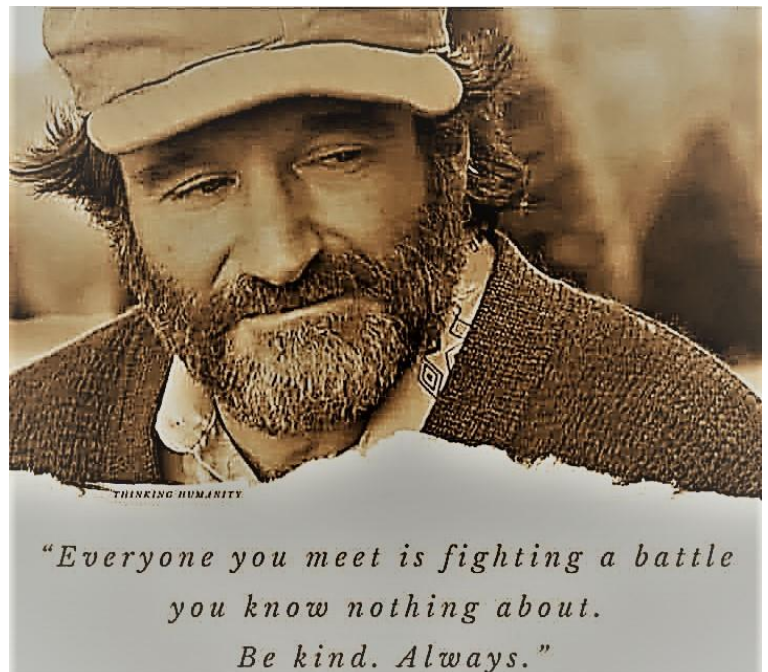
advice seriously, but he didn't think they really understood how the real world worked. The world was full of secrets and evils and people plotting to mess stuff up.

The latest prank at Gary's expense was a story about someone discovering a diamond in one of The Beast's filter traps. Conspiratorially whispered conversations were held, just loud enough for Gary to catch a few details, but not enough for him to form a complete picture. As soon as he asked, they would deny it, or suddenly change the topic, or break up and scatter in different directions. It made Gary frantic. What he could glean from the various snippets was that a sizable cache of stolen loot had been dropped into a laundry chute when criminals were evading the police, but that the bag had been routed to The Beast before the criminals had time to recover it. To bolster the effect, someone had put a small citrine semi-precious stone in one of the filter traps where Gary would find it on his night shift. It worked like a charm: Thinking it was a rare yellow diamond, Gary was hooked. He firmly believed that somewhere in the guts of The Beast, the bulk of the gems were still to be found, and he had a shrewd idea where that might be.

Gary became frantic over the thought that he was being excluded, that others might get to the loot before him and not give him a share. They were clearly keeping him out of the loop, so he decided to go it alone. He poured over blogs and posts on the Internet about stolen jewels, how to find them, how to fence them, and how to tell if a jewel was just glass. Gary ordered an ultraviolet lamp after reading about diamonds and some other jewels being fluorescent under X-rays.

A week later, on his next night shift, when nobody else was around, Gary set about finding those hidden jewels. With a headlamp, his mail-order ultraviolet light that he figured would make jewels glow brightly in the dark, and a canvas bag to hold the loot, he sneaked to the maintenance panel of The Beast. He knew he could temporarily pause The Beast without tripping alarms or causing a big noticeable traffic jam of bags. Gary opened a service hatch and paused in front of the opening that went into the depths of The Beast, fear welling up inside him. It wasn't all that long ago that he had been convinced that The Beast was hungrily waiting to kill him, and the desire to find the jewels and his raw fear arm-wrestled in his guts. Fear of missing out eventually beat out his fear of The Beast. Swallowing hard, Gary crawled inside the dark depths of The Beast. It took longer to access his ultimate target than he had anticipated, but he eventually eased himself into Grinder's big stainless-steel vessel, switched off his headlamp, and turned on his UV light.

Whether Grinder reacted to the weight, the UV light, or some combination of factors, it was never determined, but it was a fact that it did. Grinder treated its human contents like it did every other kind; big motors spun the rotor and the cage swiftly gathered speed. Sensing a slightly lighter load than the usual 250-300 pounds of wet laundry, but above its lower safety margin of 100 pounds, Grinder was perfectly happy with Gary's 198 pounds, getting him up to 800 gravities in short order. The exact cause of death was also not determined beyond what the medical examiner outlined on part 32(b) of the death certificate as "comprehensive polytrauma." When there is total internal organ destruction and the contents of the neurocranium and spine are largely missing, who's to say what marked the last time that Gary would get spun up by anything, ever again? In the end, all that they found of Gary were his skin and bones, still mostly contained within his overalls.



Custom Disability and Life Insurance Solutions for Physicians at Discounted Rates!



S. Scott Nelson-Archer,
CLU®, ChFC®



Amber D. Stitt,
ACP, ChFC®

M.D. Disability Quotes provides exclusive physician disability insurance contracts with "Own Occupation/Own Specialty" contractual definitions.

We are independent brokers offering an unbiased approach since 1993, assisting over 12,000 physicians along with our affiliates throughout the United States

*Complimentary consultations for
new policies or review of existing policies*

Book an Appointment Now



Office: 713-966-3932 • Fax: 713-966-3931
Info@MDDisabilityQuotes.com

**or visit us at www.MDDisabilityQuotes.com
for additional information and educational videos**

Please Click Link to Book a Complimentary Consultation
<https://www.mddisabilityquotes.com/schedule-a-meeting>

A Simple Way to Fix One of Alexa's Most Annoying Behaviors

by komando staff, komando.com



Virtual assistants like Alexa are helpful gadgets to have around the house. They can help you with the weather, the traffic on the road, or daily reminders. [Tap or click here for three great Alexa tricks](#). But while they do have volume controls, their responses can be rather loud.

And if you have multiple devices that answer in unison across your home, you run the risk of waking up family members when they are sleeping. That is never a good thing, but luckily there is a way to prevent grumpy outbursts of tiredness.

Amazon's Alexa is packed with technology to make your life easier. And some settings and tweaks will benefit the entire house.

Here's the backstory

TikTok user Alana Tsui recently explained that she figured out how to make Alexa whisper. So, instead of the assistant blaring a response to any request, the device will use her inside voice.

Here's how you can set answers to be whispered:

- Open the **Amazon Alexa app**.
- Tap the **More** icon in the bottom right.
- Select **Settings**.
- Under the **Alexa Preferences** section, tap **Voice Responses**.
- Slide the toggle next to **Whisper Mode** to the right to enable it.

Now when you whisper to Alexa, responses will be whispered back. That's it. You're ready to have Alexa answer you without causing a disturbance.

“Don’t want to wake up a sleeping partner or family member when you ask her for the weather in the morning or turn off the alarm? Whisper Mode allows you to whisper to Alexa, and she’ll whisper her response back to you,” [Amazon notes in the Skill description](#).

More Alexa tricks

Whisper Mode is for quieter responses, but you can also change Alexa’s voice and wake word. Other than the default name, you can also call her “Ziggy,” “Amazon,” “Echo,” or “Computer.”

It is a relatively simple process when you are ready to change the wake word. All you need to do is say, “**Alexa, change the wake word.**” From there, Alexa will guide you through the rest of the process.

Here’s how to change Alexa’s voice in the app:

- Open the **Amazon Alexa** app.
- Tap the **Devices** tab at the bottom.
- Select the **Echo & Alexa** button in the top left.
- **Choose the device** you want to change Alexa’s voice on.
- Tap the **Settings** cog wheel button in the upper right.
- Scroll down to the option for **Alexa’s Voice** and select it.
- Choose **Original** (the feminine voice) or **New** (the masculine voice).

If you fancy a celebrity in your home, you can do that too. By saying, “Alexa, introduce me to Melissa,” you’ll be introduced to Melissa McCarthy. Or if you say, “Alexa, introduce me to Shaquille,” you’ll get to know about the former professional basketball player.

You can purchase the celebrity voices for \$4.99 each if you like what you hear.

Keeping things brief

Even if you have set Alexa to whisper, sometimes answers can be a bit long-winded. Getting straight to the point will make the message clearer and shave a few minutes off your interactions.

That is where Alexa’s Brief Mode comes in handy. You can select the option for more concise answers or just a short tone of acknowledgment through a couple of taps. Here’s how to set it up:

- Open the Alexa app.
- Tap **More** and select **Settings**.
- Under Alexa Preferences, tap **Voice Responses**.
- Slide the toggle next to **Brief Mode** to the right to enable it.





MAINTENANCE CONTRACT MANAGEMENT

We can save you money by consolidating contracts under one cost effective agreement while applying the appropriate service strategy for each device modality.

Average Savings of 10%.

Eliminate monthly billing from multiple vendors and standardize Maintenance practices and reporting from a single source.

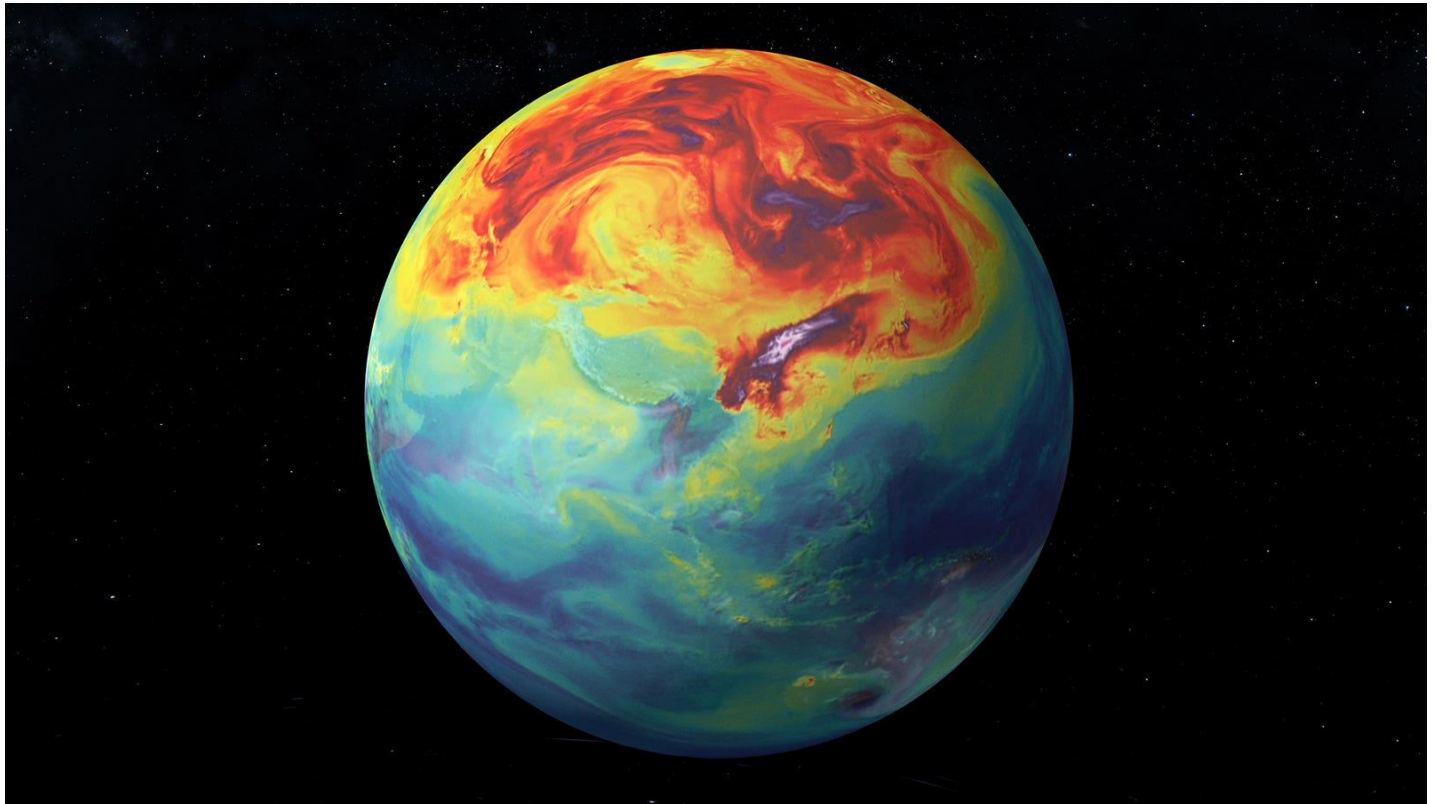
**Call Us Today
To Learn
More**

**Quick Response Time
with expertise across
multiple device
modalities**

New Climate Report Sparks Demand for Change in Healthcare

Leaders call for decarbonization, disaster preparedness as climate change worsens

by Amanda D'Ambrosio, Enterprise & Investigative Writer, MedPage Today



Following the United Nations' warning of an intensifying climate emergency in the coming decades, health experts have demanded government and industry action that will prepare medical systems for natural disasters, as well as slashing greenhouse gas emissions.

The [U.N. report](#), issued by the Intergovernmental Panel on Climate Change (IPCC), found that temperatures on Earth have risen so much that there is no way to prevent extreme weather from getting worse in the next 30 years.

Several groups and medical societies have called on the federal government to implement policies that will reduce greenhouse gas emissions. Sixty healthcare organizations -- including the American Lung Association, the American Heart Association, and the American Psychological Association -- wrote a [letter to Congress](#) today, demanding that current legislative efforts on infrastructure include a package that would cut greenhouse gas emissions in half by 2030.

Humans have already heated the planet by approximately 1.1°C (about 2°F) since the 19th century, with the burning of fossil fuels largely driving rising temperatures, according to the U.N. report. While a total halt to carbon emissions might cause temperatures to level off by 2050, the panel stated that it's likely that total global warming will rise to 1.5°C in the coming years, resulting in more extreme weather.

Medical providers and public health experts have called for local action and federal policies that focus on shifting to zero emissions and protecting populations from natural disasters to come.

"This spells out, in certain terms, that it will be impossible for us to do our jobs if we don't act on climate change," said Aaron Bernstein, MD, MPH, interim director of the Center for Climate, Health, and the Global Environment at Harvard T.H. Chan School of Public Health in Boston.

Bernstein added that healthcare delivery will be fully compromised by extreme weather such as heat waves, wildfires, and hurricanes. Those events also will impact health system infrastructure, the medical supply chain, and patients' access to care.

He said that the medical community can take ownership of climate issues by looking at practices within its own industry. The U.S. healthcare system's greenhouse gas emissions have [increased across the last decade](#), contributing to 8.5% of total emissions nationwide. It is crucial that large hospital systems set clear targets to meet zero emissions moving forward, Bernstein said.

Antonia Herzog, PhD, of Health Care Without Harm, an organization that promotes sustainable healthcare delivery, said that health systems can take action in several ways, such as purchasing more sustainable medical supplies or reducing emissions by cutting use of unnecessary anesthetic gases.

But Herzog added that natural disaster preparedness is key to preserve healthcare infrastructure and care for patients in the future. Ensuring systems have backup renewable energy sources, creating facilities built for flooding or high winds, and having emergency plans for extreme weather will be crucial to provide adequate care in times of need, she explained.

"Emergency rooms, when Portland [Oregon] hit 110°F, were [completely overwhelmed](#)," Herzog said. "The system needs to be prepared for these extreme weather events."

While action from the healthcare sector and local governments can help decarbonize and protect patients from future disasters, Herzog said that "there is just no question" that national legislation will have the most impact on emission reductions. "Ultimately, it's federal policy that will drive the transition and transformation of our economy," she said.

Mona Sarfaty, MD, founder and director of the Medical Society Consortium on Climate and Health, said that "to protect human health, we need to put in place the policies that can help protect our patients from extreme heat and poor air quality, and make sure that everything is being done that can be." This includes infrastructure solutions to promote cooling and decarbonization in high-risk areas, but also work from individual providers to communicate risk and solutions to vulnerable populations, she added.

In the August 9 letter, the organizations called for policy initiatives to reduce air pollution, including 100% renewable energy by 2035, long-term clean energy tax incentives, zero-emission vehicles and ports, and a commitment to environmental justice by ensuring 40% of investments aid communities that have been disproportionately affected by pollution.

Bernstein said that although the news about climate is not positive, leaders must focus on action. As a pediatrician, he compared the dire consequences of climate change to some forms of childhood blood cancer that many years ago were seen as uniformly fatal, but are now almost entirely curable.

"It is critical that we not dally on the bad news," Bernstein said. "We have to focus on the cure here, which is in our grasp."

[Amanda D'Ambrosio](#) is a reporter on MedPage Today's enterprise & investigative team. She covers obstetrics-gynecology and other clinical news, and writes features about the U.S. healthcare system.

Pulling Back the Curtain on the Estate Planning Process

What You Need to Know (and Ask) When Working with an Estate Planning Attorney

By Jay H. Krall, Attorney at Law

“Pay no attention to that man behind the curtain” is probably the most frequently quoted phrase from the 1939 classic film, *The Wizard of Oz*. Following Toto’s lead, we’re going to pull back the curtain on the process used by most attorneys in preparing estate plans and pose some questions you should ask when engaging the services of an estate planning attorney.



Foremost, Is the Attorney a Good “Fit” for You and Your Family?

Estate planning is a very personal process. The first thing you should look for in an estate planning attorney is someone you are comfortable with. If you are *not* comfortable discussing your family situation (including issues which may be difficult to discuss), financial matters, goals for your future, how your property and money will be passed on, and medical wishes with the attorney, this will impede the attorney’s ability to create a proper estate plan.

Will the attorney be a good fit for your family—that is, the persons who will likely have to interact with the attorney to settle your estate?

If your initial meeting is with a paralegal or legal assistant, ask to meet with the attorney during, or immediately after, that meeting. Ask questions that will result in a comfort level with the attorney during that meeting. Be wary of generic, multi-page questionnaires. Some firms use multi-page questionnaires to reduce the amount of time the attorney or staff must spend in face-to-face discussions with you. If you are asked to fill out a multi-page questionnaire, be sure that the attorney discusses with you—and understands—your answers to the questionnaire, since, in many cases, your answers will become a blueprint for your estate plan.

Next, you need to look for an attorney who is a good listener. The attorney must understand what you are saying (or not saying) to make sure that the right solution is provided to meet your goals and needs.

Lastly, you should look for a problem solver—not a document producer. The attorney’s role should be to provide you with counsel and solutions to the issues that have motivated you to begin the planning process. Some of those issues may impact your estate planning (“I don’t think my daughter’s marriage is going to last,” or “my grandson has a serious drug problem”), but an experienced estate planning attorney will be able to assess whether or not your estate plan should be designed to take those issues into account. Estate planning is not a one-size-fits-all solution. You are unique and deserve a plan that captures *your* goals and needs and *your family’s* needs, as well.

With Whom Will I Meet, How Long Will This Take, and What Will It Cost?

Creating a comprehensive estate plan can require a considerable investment of your time and can cost more than you anticipated. To get the most effective estate plan for your money, you should ask as many questions as needed to fully understand the process by which your plan will be created.

Gone are the days when secretaries used to cut-and-paste client names into documents prepared for the firm's previous clients. With few exceptions, today's estate planning attorneys rely on sophisticated software programs to produce documents. The good news is that with the proper input of information, programs utilized by most estate planning attorneys will spit out relatively high-quality planning documents. However, whether or not the documents will accomplish *your* specific goals depends on 1) the experience of the attorney; 2) how much effort the attorney has put into understanding your goals and needs; and 3) your understanding of what your estate plan is designed to do.

In your initial interview with the attorney, confirm that you will be provided drafts of your estate planning documents (paper or digital?) and that there will be an opportunity to review the provisions of the documents that you do not fully understand. Ask whether such a review will be conducted in a face-to-face, follow-up meeting, by phone or real-time video? Ask how long the process will take—that is, when will you be able to sign the documents. And, finally, ask for a *fixed fee quote*—not an estimate—of the cost of your estate plan. In my experience, cost estimates provided by firms nearly always fall considerably short of the final cost of the plans.

Can (and Should) Family Members Be Included in the Estate Planning Process?

While I routinely advise clients *not* to include their heirs in the estate planning process, many clients wish to educate their family members regarding the plan they have created. In many cases, these family members will have been appointed to serve in critical roles under the terms of the plan, such as Successor Trustees and Agents under a Power of Attorney. At our clients' request, we frequently invite family members to attend the final document signing meeting during which they have the opportunity to ask questions about their role in the plan. Their participation gives them a "heads up" regarding their future responsibilities and, importantly, can be accomplished *without* revealing the amount or nature of the assets they might receive in the future.

Obviously, there will be other questions *specific to your planning needs* that you should ask when selecting and working with an estate planning attorney. Hopefully my suggestions in this article will help you achieve a plan that is most effective for you and your family.

This is the first of six articles by Attorney Krall addressing important estate planning issues from how to choose and work effectively with an estate planning attorney to how to address challenging planning issues such as planning for blended families, heirs with special needs and protecting an inheritance from claims of creditors and ex-spouses.

Jay H. Krall has been a licensed attorney for more than 3 decades, concentrating exclusively in the area of Estate Planning and Elder Law. Based in Raleigh NC, he has helped thousands of families and individuals throughout central and eastern NC plan their affairs and prepare for life's inevitable transitions. He can be reached at 919-414-8229 and jhkrall@earthlink.net. Website: www.ElderLawEstatePlanning.org.

2022 is the Year of the Electric Car

Here are the New Models You Should Know About

If you're about to buy an EV, you might be too early -- these are the new ones you might want to wait for.
Brian Cooley, CNET

2022 may go down as the year the floodgates opened for electrified vehicles, with a huge number of them coming to showrooms to get almost every manufacturer into a seriously electric posture. Now car buyers can enjoy some real choice and express with their wallets what they want in tomorrow's cars. Here are the most exciting new vehicles with a plug that are coming in the year ahead.

Pickups

The hottest thing in electric cars is electric trucks.



F-150 Ford Lightning

It goes without saying that the Ford F-150 Lightning has heat around it, with great performance specs, a reasonable 230-300 miles of range and a killer opening price as low as 40 grand before tax breaks. That's added up to massive pre-order business that is mostly from people who aren't previous F-150 owners, absolute music to any carmaker's ears. Unfortunately, dealer gouging on the price is making a mockery of the F-150s' low manufacturer-suggested retail price.



Electric Chevrolet Silverado RST

By the time you wait for that hype and gouging to settle you might be able to consider the electric Chevy Silverado that arrives mid to late 2023 but that was announced at CES in early 2022. With 400 miles of range from GM's new Ultium electric platform -- completely different from the Chevy Bolt's batteries that are giving GM an expensive black eye -- but it seems the first electric Silverados will be top trim and cost six figures.



Lordstown beta truck - Sean Szymkowski/Roadshow

Still looking wobbly is Lordstown due to the resignation of its CEO and CFO in 2021 after allegations of seriously overstating the company's orders and then running tight on cash. It's delayed its pickup into late 2022 citing supply chain issues. We'll see.



Tesla Cybertruck

Tesla's Cybertruck was coming in 2022 but has been delayed to early 2023, a date that you should take with a grain of salt and an eye to the trucks above. I'm not holding my breath; Every day without this ugly beast on the road is a gift.

SUVs and Crossovers

As you might imagine, almost all of the new plug-in cars that are on the way are crossovers or utilities. Get a cup of coffee, this is going to take a minute.

Toyota

The name of Toyota BZ4X troubles me: Is anyone supposed to remember it? Are we expected to pronounce it "buzzforks" for presumed catchiness? And I hope it can be had in a single color and not just with those contrasting fenders.



Toyota bZ4X

Those details aside, this is a car to be reckoned with in mid 2022 as the first mainstream battery electric from the company that has done more than any other to electrify vehicles with the Prius. The BZ4X should have about 250 miles of battery range in its FWD version, but an AWD model will also be available.



Subaru Solterra

Subaru will have its nearly identical version of the BZ4X in the form of the 2023 Subaru Solterra. This is another chapter in the model sharing arrangement that also gave us the Toyota 86/Subaru BRZ twins. The teased Lexus compact crossover should also ride on BZ4X guts, but in a way that most people won't know about.

Nissan Ariya Nissan

The Nissan Ariya is about the size of the current Rogue but prettier than anything you probably associate with Nissan - and more expensive too: Infiniti-priced at 47 grand and up, the Ariya should have 300 miles of range,



Nissan Ariya

dropping to 265 miles on the dual-motor AWD version that boasts a stout 389 hp and 442 lb-ft of torque. Look for the Ariya to also feature more advanced partial autonomy than Nissan has offered before.



BMW iX 50

The 300-mile BMW iX 50 is essentially an electric X5 but an all-new vehicle that's pure electric and is one of the most anticipated launches of the year. The styling is sort of love it or hate it -- especially the grille -- but BMW survived its infamous Bangle Butt era, so it can weather this too. And who would hate the iDrive 8 interface on a widescreen dash connected via 5G?



Hyundai Ioniq 5

The Hyundai Ioniq 5 is one of the hottest cars of 2022, with a radically new look in a compact crossover that doesn't say "utility" at all. With up to 300 miles of range and pricing starting at \$40-55k

before tax breaks, we think it's the most compelling alternative to a Tesla Model Y so far. Related to the Ioniq 5 is the Kia EV6 is also a real sharp looker that will be a sibling of the Hyundai but not in as tight a way as the Toyota-Subaru pair.

Kia Sportage Kia

If you love the premium look of the big Kia Telluride but it's too much truck for you, the new 2023 Kia Sportage is going to be of interest. It has new styling that takes the brand upscale, an interior that seems to punch well above its class, and should have a plug-in hybrid version by late 2022.



Kia Sportage



PHEV Mitsubishi Outlander

You won't even know when you've pulled up alongside a PHEV Mitsubishi Outlander, so similar it looks to the conventional version. But its electric range is a stout 54 miles in European testing. Even if that comes down to 40 to 45 miles in the US, rating it will still be enough for a lot of Outlander owners to drive electric all day much of the time.

The well-regarded 250-mile electric VW ID 4 isn't new this year but its production is moving from Germany to Chattanooga, Tennessee in 2022 and that may bring about some sourcing and efficiency tweaks that can bring its base price down from the current \$40k to the mid 30s, a major psychological advantage in a noisy market.



Volvo C40 Recharge

The hunched-over Volvo C40 Recharge is a slew of firsts for its maker: It's the first mainstream Volvo that *only* comes in electric, the first available only with a vegan interior, and the first that's only available online. It gets about 225 miles of range. Don't confuse it with the XC40 which has more conventional styling and is only optionally electric.

The Cadillac Lyriq will have you asking if it's really a Cadillac, the production version hews so closely to the concept show car. I love the cabin layout and how elegantly Cadillac adopted the full-width screen concept that's becoming de rigueur in nice cars. A Lyriq will start at \$60k though the much pricier launch edition has sold out already. It will feature 300 miles of range and the latest version of GM's excellent SuperCruise semi-autonomy.





Mercedes-Benz EQB

At Mercedes the letters "EQ" apparently stand for "electric car" so EQB denotes an all-electric compact crossover, bigger than the subcompact EQA that isn't yet confirmed for the US. It has great styling and proportions if you like a taller, more square-shouldered utility. The full width dash screen is actually old hat at Mercedes at this point, though I never learned to like the goofy pinwheel dash vents. Both versions of the EQB will feature dual-motor AWD, but in two performance levels.



Audi Q4 E-Tron

Audi's Q4 E-Tron should combine entry-level luxury, the option of a coupe roofline, available augmented reality in the head-up display and a \$45k base price. But the huge number of "options" you'll likely consider important make that opening price just a tease.



Jeep Grand Cherokee 4xe

The Jeep Grand Cherokee 4xe will be the plug-in hybrid version of the fifth-gen Grand Cherokee, able to do 25 miles on battery alone under the right conditions, including off-road crawling with that precise electric torque. We love the styling and how this new Grand Cherokee can be had in high trim you normally associate with a Wagoneer.

2022 Range Rover Land Rover

Speaking of high trim, the current Range Rover PHEV starts at \$100k and delivers 19 miles of electric range before the gas engine has to kick in -- not impressive. The new PHEV version arriving in 2022 more than triples that to 62 miles of all-electric range.





Polestar 3

The Polestar 3 is yet another crossover with a coupe roofline, and while the company says it will "define the look for SUVs in the electric age" I think it mostly confirms that they all look similar. Aiming for a high-ish 370 miles per charge, expect modern luxury inside and some of the most advanced semi-autonomy tech for a \$70 grand base price.



Genesis GV60

The Genesis GV60 strikes us as beautiful in a quirky way, and we don't expect everyone to like it. Thin, horizontally split headlights and taillights are the brand's new look thing, though they remind me too much of some Buick from the '90s. The cabin has a less imaginative implementation of the current widescreen dash habit, but don't miss the glowing, rotating shift ball.



Alfa Romeo Tonale - Andrew Hoyle/Roadshow

The oft-delayed Alfa Romeo Tonale is a compact crossover, like a RAV4 with an Italian accent, that can't arrive soon enough to help Alfa broaden its scrawny line and sort out who it's aimed at. The Tonale is expected to offer a PHEV variant, not a full battery electric, and a version of it could cross the hallway to become a Dodge model as well.

Fisker Ocean

If you want to have the only one at the valet stand, look for a Fisker Ocean, the latest revival of the Fisker name, aimed at sustainability with a vegan interior, plastic that's recycled to make the cabin instead of littering the ocean and a solar panel on the



roof. It also boasts the only rotating infotainment screen we've seen. You'll get an expected 250 to 350 miles of range.



2023 Honda HR-V conceptual sketch

The next Honda HR-V doesn't arrive here until in 2023 as part of a move to make the model more stylish, but I would like to see it arrive with at least a PHEV powertrain option. I put the HR-V in this 2022 list because a full-battery version has been debuted in China for this year.\



Rivian R1S

Rivian's R1S SUV technically arrived at the end of 2021 but in the form of just two copies so we'll call it a 2022 debut. When you do get one, it will have 316 miles of stated range and set you back at least \$72 grand. Thanks to expected low volume for a while, everywhere a Rivian shows up is an event.

Sedans

This is a smaller category than the vast range of utilities we just covered, but with a few compelling entrants that might be part of an inevitable swing back toward sedans one day.



BMW i4

Everyone watches what BMW does in this space because the brand was built on great performing sedans. The BMW i4 will shoulder that legacy as an all-electric version of the next-gen 4 Series. It also gets iDrive 8 interface across a radically wide screen like the iX crossover and around 300 miles on a charge.



Mercedes-Benz EQE

The Mercedes EQE will be just a tad bigger than the current conventional E Class but is also a clean sheet car to go with its pure EV underpinnings. A slippery teardrop of a thing with a long arching four-door roofline, the optional Hyperscreen inside sets a new high water mark for visual displays. Wow.



Mercedes-Benz EQE Hyperscreen interior



2022 Genesis G80

The Genesis G80 was already one of our favorite sleeper luxury sedans and the EV version has been unveiled in China. Expect electric range in the 200s and Hyundai's smart charging tech that ensures wide compatibility with several voltage levels of fast charging stations. I like that approach since charging locations and rate are more important than battery range in the big picture.

Exotics

Ferrari 296 GTB PHEV

The 296 GTB plug-in hybrid puts a V6 amidships of a production car by Ferrari for the first time since 1974. But this time around the centrally located V6 is in a PHEV setup that totals 820 horsepower and with the unique snap of electric torque. And to my eye the 296 GTB is the prettiest thing the company makes this side of the stunning Roma.





2022 Maserati GranTurismo

Ferrari cousin Maserati may launch its first full EV in a variant of the new generation Gran Turismo.

No specs yet, but we do know what it may sound like.

We offer a complimentary walk-through of your practice and also offer complimentary recorded webinars for OSHA & HIPAA compliance.



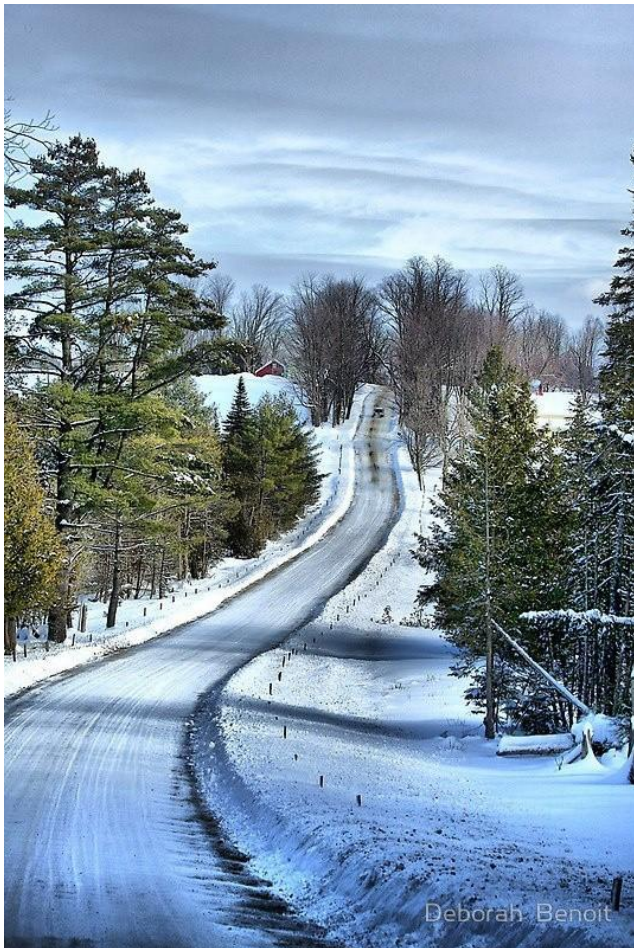
We Will Help Keep You in Compliance with OSHA, HIPAA and Infection Control

- Your patients will be safe and know that your practice is using the best practices to keep them safe.
- Our stellar track record assures you that we can help keep you in compliance. We are hands on and will help you from the beginning to the end or through inspection.
- Our firm is the recognized expert in OSHA, HIPAA, and Infection Control compliance in the medical field and we provide you with a customized experience with on-site training, online training, webinars and other online courses to compliment what you need for your employees.
- CE credits for our training and webinars.



www.totalmedicalcompliance.com • service@totalmedicalcompliance.com • 888-862-6742

The Dakota Studios



Dakota Studios is presented by Artist Partners, an agency representing fine art artists and photographers throughout the United States. artistpartners@rjwmarkets.com

24/7 HIPAA COMPLIANT MEDICAL ANSWERING SERVICE

WE ARE THE PREFERRED SERVICE FOR DOCTORS!



**20% OFF
YOUR RATES FOR
90 DAYS**

Why Choose P.A.G.E.?

P.A.G.E. provides Medical Answering Services and Call Center Solutions 24 hours a day, 7 days a week, 365 days a year. Our services to Healthcare and Medical agencies are superior to those of the traditional telephone answering service by offering services beyond just answering a call. As an industry leader, we utilize technology and human capabilities to serve your patients. Physicians Answering Group Exchange provides call answering services to increase efficiency and allows you to focus on your patients.

- Locally owned and operated
- HIPAA Compliant
- 24/7/365 Service
- Reasonable and fair rates
- No holiday fees

- Free voice mail, text messaging and message storage
- Professional, medically-trained operators (bilingual)
- Secure and HIPAA/HITECH compliant text messaging
- Secure Web Portal and Messaging Application

Improve your medical telephone answering today.



 **833-609-5455**

 **info@pageanswers.com**

 **www.pageanswers.com**