MD Life

SEPTEMBER 2022

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Hippocrates is Crying

SYDNEY LOU BONNICK, MD

My sister didn't want to die from breast cancer. In the six years since her diagnosis of stage 4 breast cancer, she fought valiantly to stay healthy and to continue to live. A superb oncologist put her cancer into complete remission, which lasted for some time before it reappeared in distant lymph nodes but not in any viscera.

One weekend she complained of severe stomach pain and sought help at a nearby hospital. After several failed attempts to insert an NG tube, the decision was made to place the tube under anesthesia. It should have been a straightforward procedure. I don't know why it was not. Later I was told when she was extubated, she quickly developed respiratory distress. She was reintubated, placed on a ventilator and sent to ICU.

I live in a different city from my sister. When I arrived the next day, I took an elevator to the fourth floor only to realize with horror that her room number was in an ICU. When I entered her room, she was not conscious.

A ventilator breathed for her. An NG tube protruded from her nose; the cardiac monitor recorded her heartbeat and blood pressure. The sounds from the machines I knew so well suddenly seemed deafening. She was uncovered in the bed; her abdomen, clearly distended. A young hospitalist stood at the foot of the bed.

I told him I was her sister and an internist. I asked him, "How do you go for an NG tube and end up in the ICU on a ventilator?" I paused, trying to control my anger and fear, and added "… other than medical incompetence?" He never looked at me; he simply stared straight ahead and said, "She has stage 4 breast cancer."

Both shock and dismay at his statement ran through me. I told him there was no evidence that her breast cancer had anything to do with the current situation. He simply repeated, "She has stage 4 breast cancer." I said to him again more emphatically that he didn't know that stage 4 breast cancer had anything to do with what had happened to her. I told him she had never had any visceral metastases. She had cancer only in distant lymph nodes which were why she was classified as stage 4.

Looking at her swollen belly, I asked him if he was pumping air into her abdomen. Had he bothered to check the tube placements? He continued to stare straight ahead and said, "Her belly looked like that last night when she came up to the ICU." I was livid as I realized she had been like that for 12 hours or more. "She walked into this hospital, asking for help! Look at her now!" After a brief pause, he turned on his heel and walked out of the room, saying, "I guess we could get an abdominal CT."

Emergency surgery was quickly performed after the CT scan showed free air in the abdomen. When I heard the surgical findings, I knew my sister would not survive. There was a large tear in the posterior fundus of the stomach. More than 3 liters of undigested food, bile and stomach acid had poured into her abdomen. She was

profoundly acidotic, and her electrolytes were in disarray. The surgical team repaired the tear in the stomach and cleaned out the debris from her abdomen. The acidosis and electrolyte abnormalities were ultimately corrected, but the abdominal incision had to be left open.

Her room bustled with activity for a while after that. The surgical staff checked her abdomen and adjusted her fluids. Antibiotics were started. Her oncologist came because he cared, although there was nothing he could do. The room seemed to shrink in size. In the midst of all the activity, I saw the hospitalist standing in the corner. Our eyes met for a moment, and he gestured toward the computer monitor in the room. He wanted me to see the abdominal CT. I already knew what had been found, but he seemed to need to show me. I listened as he described the findings. I thanked him for that, and I thanked him for ordering the CT, even though it was not gratitude that I really felt. He left the room after that, and I never saw him again.

Forty-eight hours later, the incision was closed. My sister never regained consciousness. She could not come off the ventilator and required pressor agents to support her blood pressure. After four days, she stopped responding to even the most painful stimuli. Three days later, she died.

As time has passed, I have tried to look back at these events as a physician rather than as a grieving sister. I admit that this is difficult and it is painful as I question the actions of members of my own profession that led to my sister's death.

When a patient comes to a hospital seeking help, a patient who is ambulatory, lucid, and conversant, I do not understand how respiratory distress in the immediate aftermath of an invasive procedure under anesthesia could be so readily attributed to a pre-existing medical condition.

Stomach rupture is a recognized, albeit rare, complication of NG tube placement. Respiratory distress does not develop without a reason. Yet it seems that no one made any attempt to determine the cause of the respiratory distress after the NG tube placement. Even her ever-swelling abdomen didn't seem to signal to her physicians that anything else was wrong … other than her history of stage 4 breast cancer.
Centuries ago, Hippocrates' students wrote, "As to diseases, make a habit of two things—to help, or at least, to do no harm."

My sister went to the hospital seeking help. Instead, she suffered incalculable harm.

I am heartbroken at the loss of my sister. No, breast cancer didn't physically kill her, and for that, I am grateful. Its presence in her medical history, however, quite possibly did as it was apparently used as the justification for all that went wrong. Perhaps the young hospitalist will remember her. Perhaps he will consider the harm that was done and how assumptions delayed what might have been life-saving treatment. If so, others may benefit. As a physician, I hope for that. As a grieving sister, that hope brings me no solace, but perhaps, someday, Hippocrates can stop crying.

Sydney Lou Bonnick is an internal medicine physician.

A Conversation with Alyssa Miller

Alyssa Miller is the Co-Founder and Managing Director of Alternative Divorce Solutions (**www.alternativedivorcesolutions.com**), a Cincinnati, Ohio based financial advisory firm that assists couples on their financial matters who are in the process of becoming divorced. We had a conversation with Alyssa about how her firm assists physicians.

How did you come upon the path of advising physicians on the divorce process financial strategies and planning, and how did ADS come into being?

Let me answer that with a bit of background first. The inception of the company really came from the fact that our background is in traditional comprehensive financial planning, and through that over many years we had existing clients, who from time to time came to us because they were getting divorced and asked for our assistance in terms of advice on how to equitably divide their assets. That eventually evolved into not only occasionally existing clients, but also friends of friends and other people in the community who heard about the assistance we provide. This has evolved over many years into what is now the business of Alternative Divorce Solutions.

We have a network of attorneys, and therapists, and other professionals who work with the community who are a lot more evolved in family law cases in predominantly the Dayton and Cincinnati areas. But we serve clients in the region and other areas of the United States as well.

Physicians are a natural group of people we began working with not only due to the nature of their financial situation -This might vary from the student loans they may have incurred all the way to more tenured physicians who may have accumulated substantial assets that need to be divided. Whether from owning their own practice or through W2 income they may have accumulated substantial wealth in their marriage that then needs to be divided equitably.

What service do you specifically offer to clients?

Through ADS we typically work with clients in one of two ways. The first is if there is a relatively amicable situation we will act as a neutral party through mediation of collaborative divorce. We advise the couple as a whole regarding what their options are in terms of asset division, helping them understand the tax ramification of different settlements, different buyout options that may exist, and advising in terms of what may be most favorable to both people, or in terms of the best compromise to get things divided.

If the situation is not amicable, and is moving towards litigation, in those situations we work with only one party as a financial advocate for that person. We collaborate with their legal counsel in terms of advising them on data that may be missing, items that need to be subpoenaed, any sort of red flags we see in their financial history that we need more information about, or that needs to be asked about in depositions, or advising one person in terms of what their best option is in terms of asset division, assisting in those negotiations, and

providing projections on how those different settlement options will affect that person into the future. The whole package.

You touched on it a little bit, but how are you different from others who work in the divorce space like the attorney?

We are not attorneys and we are not offering any sort of legal advice and we are not writing any of the settlements ourselves. We are handling any sort of financial aspects in terms of consultation on taxes, on mainly the tax ramifications of any sort of settlement, looking at creative solutions in terms of options that are more beneficial as opposed to just a generic 50-50 division of every asset, and collaborating with other professionals in the space to get the best possible outcome for our clients in tangent with legal counsel.

What do you feel doctors should be most concerned about or thinking about regarding the steps they take when planning a divorce?

I would say a number of things. First of which is the process is costly, especially if you go the litigated route. If possible we advise anyone to retain as much of their wealth as they can and one of the ways you can do that is to mitigate costs during this process, which typically can be done by working through a more amicable process or working to settle out of court and opposed to getting all the way to your court date and letting the decisions about your financial future be left to a judge or a magistrate.

Specifically for attorneys, we also advise quite frequently about student loans and student loan debt, because that is not something that is divisible in a divorce. It is something that goes with the borrower regardless of how any asset division works out. Therefore, keeping in mind that you will be 100% responsible for all of your student loans and will also have to divide equally all your assets as well.

Lastly, we talk to physicians regularly that are business owners in terms of different creative solutions that can be done to divide their interest in a practice to retain their business and the assets that they have created there, while also being able to structure some sort of buyout or some sort of tradeoff in the asset division that may be more beneficial for the business owner.

Do you have any specific examples of how your services have made a difference or have benefited these physicians?

Because of privacy concerns I can't share exact situations, but in general one of the bigger things that we advise on for high wealth individuals frequently is to take taxes into consideration in the asset division. Mainly due to the fact that there are several assets out there. These might be different sorts of retirement plans, secondary properties outside of the primary residence that are going to have substantial tax consequences whether that be capital gains, or otherwise, if the asset ends up being sold after the point of division. For example, take the primary home. If one party is keeping the primary home and has met the IRS rules for ownership and use, when they sell the home, they are likely not going to pay any tax on the sale of the home. However, any sort of vacation property or secondary property is not going to have that favorable tax treatment. So, say one party keeps the primary home, and the other keeps the vacation property. "They are worth the same amount that's a fair trade," is not actually true. We find many different situations like that, especially when you get into non-qualified deferred compensation, stock options, when you get into ownership of practices, the tax ramifications of ownership need to be considered not only immediately, but also into the future and into retirement as we look at the tax bracket of both persons and what is going to make the most sense from a holistic standpoint.

What are those key areas that you think clients and physicians need to pay attention to in 2022 and looking into 2023?

Currently, with market volatility, it can be somewhat difficult when looking at dividing investment accounts because the valuation is changing day to day. It's not typically any different from what we usually see, but due to the volatility not only in the investment market, but also with interest rates, refinancing of homes has become an issue this year. That many people had refinanced when interest rates were at their bottom 2 and ¾ or 3% loans are very common. To be able to get the mortgage divided or get one person's name off the loan you have to refinance to do that, so people are now refinancing that same home at 5.5, 6, or 6.5percent and although it may be the value of the home is what people look at when considering asset division, that's really not a fair trade anymore when we're looking at substantial differences in payment just purely based on the fact that you have to refinance to keep one person in the home.

The refinancing to remove a spouse from a home is becoming very problematic at this point. People want to have the equity in the home, but a cash out refinance is also going to add a couple basis points onto your interest rates in order to do the cash out, and people are looking at it saying there's no way that we can't keep that house in all brackets of homes from three hundred thousand homes to million dollar homes.

Can you tell us a little bit about your team who work with physicians that need your services.

We are a father-daughter team. We have been working together for many years and really enjoy that dynamic of getting to work with each other every single day, but we also have a great support staff on our team as well. Aside from our internal team, our group also has a wide network of attorneys, therapists, accountants, business evaluators that we work with on a regular basis to fill in the gaps and assist clients in areas that they may need.

It seems that you offer a very complimentary service alongside of an attorney when a physician is going through the divorce process.

Having a specialist in all matters financial as part of your divorce planning is important. Typically, we've seen that the best collaborations happen when you have not only legal, but also financial working together to be able to collaborate on the best possible solution to be sure that nothing gets missed, either from a legal standpoint or a financial standpoint. It can not only be more efficient in terms of getting things done, but we also tend to see less mistakes after the fact, easier implementation of the actual settlement itself, and better outcomes.

What activities are you and your dad Ben Feldmeyer, your partner involved with outside of Alternative Divorce Solutions?

I work with many charities. I'm on the women's board of the Dayton Children's Hospital, my dad does a lot of work with the American Heart Association. Also, the Unverferth House at The Ohio State Heart Hospital, The Alzheimer's Association, Dayton Food Bank and Crayons to Classrooms. Also, I am a current national board member for the Institute for Divorce Financial Analysis® and Ben is a past national board member.

Additionally I am also involved with Feldmeyer Financial Group a sister financial planning and wealth advisory firm. We are both family run companies that work together. My mom and husband Derek are also part of the business as well, so we enjoy working together.

Our family loves boating and traveling.

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Fall Wine and Food Pairing: A Guide to Pairing Fall Cuisine

Wtso.com

America’s favorite season is right around the corner—color-changing leaves, cooler weather, and loads of heavenly produce are just a few of the things we have to look forward to. When fall comes around, you’re no longer limited to bright summer foods. This is an opportunity to delve into the unique differences of autumn produce.

With all this new seasonal produce, you’ll need to update your wine pairings. Luckily for red wine lovers, you’re no longer limited to the strong notes of pinot noir. Now that summer is on its way out, you can start opening your bottles of fuller red wines. The vast flavor spectrum encourages food lovers to play with the tantalizing shifts of spice and herbs found in these new fall wine options. However, if you love summer wines’ lightness, you don’t have to say goodbye quite yet. Autumn produce pairings combine bright summer wines with the heartiness of winter wines, making all wine lovers happy. Continue reading for more important tips and tricks to fall wine and food pairings—autumn has never tasted so good!

General Fall Wine Pairing Tips

Wine First

To make the most out of your fall wine and food pairing, you’ll want to start with the wine. Choosing your wine first and matching your meal to the bottle is an easy way to begin your wine pairing journey. Especially

when it comes to fall flavors, it is easier to grab your bottle and then match the flavor profile of your food to your chosen wine.

Match Food Color

Generally speaking, wine pairing can sometimes be as simple as pairing colors. This means matching lighter colored foods with light-colored wines and darker-hued foods with darker wines. For example, cauliflower and cabbage work best with white wines. You can delve even deeper and go for the lighter-*bodied* white wines as well. This is an interesting tip to play around with.

Think About Cooking Temperature

When fall comes around, new cooking methods make an appearance, which means more opportunity for a wide wine spectrum. When thinking about fall food and wine pairing, consider the cooking temperature and how that correlates with the weight of the wines. When you turn up the heat to roast or grill something, heavier wine will pair better with a light wine. The lower the temperature, the less likely the food can stand up to the creamy flavors of a chardonnay, for example.

Fall Rosé Pairings

1. Grenache Rosé

Rosé wine isn't just for the summer. In fact, there are so many different rosé varieties that it should be in your refrigerator all year long. Grenache rosé is one variation that transfers well from summer to fall. It's one of the fruitiest, but also contains the perfect levels of tannins and acidity to match fall cuisine.

Fall Food Pairing:

- *Perfect for fall barbeques*
- *Turkey sandwiches*
- *Hearty cassoulet dishes*

2. Cabernet Sauvignon Rosé

Cabernet sauvignon rosé boasts a deep ruby red color and has notes similar to red wine; however, this wine has a heightened acidity that pairs wonderfully with fall dishes. These big and bold wines are ideal for drinking with spicy food. So when you have this wine on hand, don't be afraid to turn up the heat.

Fall Food Pairing:

- *Ripe peaches and cream*
- *Spicy curries*
- *Mushroom quiche*

Fall White Wine Pairings

3. Viognier

Chances are, you're probably a bit surprised to not see chardonnay on this list. That's only because we love the unique nature of viognier a bit more. Although a different style of a full white wine, it's similar to chardonnay and has a beautiful honeysuckle quality. Viognier can be sweet and rich or lighter and more acidic.

Fall Food Pairing:

- *Pumpkin pie*
- *Carrot dishes*
- *Butternut squash risotto or soups*

4. Bordeaux Blanc

There are plenty of white wines that make a terrific transition from summer to fall, and Bordeaux blanc is one of them. This wine has two incredible grapes mixed in—Sémillon and Sauvignon Blanc (along with small amounts of Muscadelle and others). This produces a wine that's denser yet still acidic enough to make it fall food-friendly.

Fall Food Pairing:

- *Basil pesto pasta*
- *Garlicky seafood dishes*
- *Veal chop and potatoes with a cream-based sauce*

5. Gewürztraminer

This aromatic sweet white wine is a wonderful transitional wine for the fall and is often referred to as the grown-up version of Moscato. The moment you open the bottle, you'll get the sweet rose aroma of lychee; however, you'll find many other flavor notes in it as well. It pairs best with other strongly aromatic foods and as well as "sweeter" fall produce items.

Fall Food Pairing:

- *Candied caramel apples*
- *Rotisserie chicken and roasted veggies*
- *Various Thai-inspired dishes*

Fall Red Wine Pairings

6. Pinot Noir

Transitioning to fall means there are more pairing options for pinot noir to choose from. It's bright acidity, complexity, and rich fruity character pairs nicely with just about any fall food—it's one of the most food-friendly wines to exist.

Fall Food Pairing:

- *Sweet potato shepherd's pie (or anything with sweet potato)*
- *Fig and goat cheese pizza*
- *A vegetable-filled stew (include plenty of mushrooms)*

7. Zinfandel

Another wonderful choice for sweet potato lovers, deep zinfandel is a great fall wine. Some of these smooth wines have hints of smoke and dark fruits, while others are more earthy and less fruit-forward. Depending on which bottle you grab, you can either lean toward pinot noir-type or cabernet sauvignon-type pairing.

Fall Food Pairing:

- *Sweet potato mash*
- *Beef stew*
- *Rack of lamb*

8. Red Bordeaux

This is the deep, tannin-filled red you've been waiting for. We can't ring in the fall season without both Bordeaux blanc and Bordeaux rouge! For meals filled with hefty meats and heavier palates (think potatoes, carrots, and mushrooms), you'll want to go for a strong red with lots of tannins. This will pair perfectly with rich meats.

Fall Food Pairing:

- *Venison Stew*
- *Filet mignon and mushrooms*
- *Asian style pork chops*

As fall rolls around, head to Wines Til Sold Out for your fall wine needs. Our online wine store offers you the best of the best, and we deliver it right to your doorstep. Fall wine and food pairing have never been so easy!

No Wonder Doctors Feel Like Hamsters Running on an Exercise Wheel to Nowhere

BANU SYMINGTON, MD

Burnout. We define, measure, and talk about it endlessly but do little to fix it. Unchecked, it can lead to medical mistakes, career dissatisfaction, early retirement, provider suicide, and excess costs. With the recent pandemic, the public has become more aware of it, but action to fix it is still lagging.

Feeling underappreciated, feeling one's work is meaningless, feeling powerless to make changes, and feelings of moral injury are but a few recognized contributors to burnout.

The increasing clerical burdens placed on physicians with electronic medical records add an average of two hours to the physician's workday. This longer workday and the accessibility of work from a home computer means that work intrudes into home life.

Typing on the computer throughout the visit degrades the human connection with your patient. In high-volume assembly line medicine, many are forced to practice, and the sense of powerlessness that arises as more physicians are employed and cannot influence their work conditions causes burnout. The frustration of spending more time with administrative tasks such as pre-authorizations for standard therapies or additional coding to capture higher level reimbursements causes burnout. And there's the realization that many of these additional tasks that have been dumped in the lap of doctors are nonmedical functions.

The role of an increasing number and variety of quality measures as contributors to burnout is newly recognized. The rollout of quality measures that are often not dependent on physician performance, coupled with the fact that these quality measures are tied to physician salary and bonus, is intrinsically unfair and contributes to burnout.

These quality measures may be based on CMS measures, QOPI scores, or HCAHPS surveys. But each is often operationalized by tying a physician's salary or bonus to their cumulative scores. Financial incentives can work to modify behavior, but when the incentive (or punishment) is the result of someone else's actions, it can backfire and cause frustration and futility. I will focus on two and point out how they impact job satisfaction and how they can be altered to reduce their impact on burnout.

Death within 14 days of treatment is viewed as a sign of poor clinical judgment by an oncologist and results in a demerit. That is fair if the doctor is oblivious to the patient's decline or generating revenue by treating a hopeless patient. But how about high-risk diseases like acute leukemia or high-risk treatments like CAR-T therapy, where the goal is a cure, the treatment is arduous, and death may result from curative efforts?

Or how about when the patient that is told further treatment is ill-advised but chooses to continue treatment but dies? Applied to these scenarios, the quality measure is unfair. And don't forget, the delivery of bad news has been shown to lower your patient satisfaction score.

So dealing with the scenario of the patient who is not responding to treatment and whose condition is declining, you can receive a QOPI demerit, an HCAHPS demerit — or both! This situation repeats almost daily in oncology practice.

OP-35 measures ER visits or hospitalizations within 30 days of treatment for cancer. Sure, the oncologist should take care of urgent complications of cancer treatment, saving the patient and the system an unnecessary ER visit. The search is crude: patient name, cancer treatment date, ER visit. And there is no filtering of data. The result is that a patient with monthly cancer treatment who has coronary artery disease and periodically presents to the ER with chest pain will always represent a demerit for an oncologist. A patient with symptoms related to chemo who is offered a work-in appointment and refuses it but later goes to the ER will also count as a demerit even though the oncologist has offered a work-in appointment!

Receiving demerits for factors outside of your control will cause burnout.

Since these scenarios reflect unintended consequences of well-intentioned quality measures, commitment to try to reduce burnout requires just-in-time cooperation to enact immediate changes to the quality measures.

While it may not have been intended that these measures be used punitively, CMS and ASCO cannot absolve themselves of blame by pointing at overzealous hospital administrators. After all, the threat to hospitals of financial consequences for noncompliance with these measures is real.

These measures could easily be improved to be more reflective of what I believe they were intended to measure. Death within 14 days of treatment is meant to assess the oncologist's ability to recognize their patient's downward clinical trajectory and discontinue futile or harmful therapy.

Requiring documentation of a goals-of-care discussion followed by goal-concordant care seems a better way to achieve this aim. For OP-35, refine the filters so the search is for diagnoses that are associated with treatment (i.e., fever, treatment-related pain or dehydration) and exclude those patients who were offered a work-in appointment but refused it. Agility in responding to burnout measures is going to be critical moving forward.

In today's health care system, we are asking doctors to see more patients in less time each day. We're asking them to address their smoking, distress, and non-cancer pain at each visit. All of this while also addressing the primary reason for their visit, seeing new patients sooner, jumping through hoops surrounding narcotic prescriptions, adding more refined coding to allow higher billing rates, convincing the patients' insurance company to preauthorize drugs and treatments faster, working late into the night to complete all your clerical tasks while avoiding unnecessary patient ER visits, and making sure that patients are referred to hospice in a timely manner. And be prepared for demerits and financial consequences no matter how hard you try.

No wonder doctors feel like hamsters running on an exercise wheel to nowhere. And this sense of futility is driving burnout. How much patient care will you get out of docs who have moved on to nonclinical jobs, retired early, or committed suicide due to burnout? The time for rumination and hand wringing is over! It is time for medical organizations to cooperate, take prompt action, and avert a health care crisis by protecting one of their most precious health care resources.

Banu Symington is a hematology-oncology physician.

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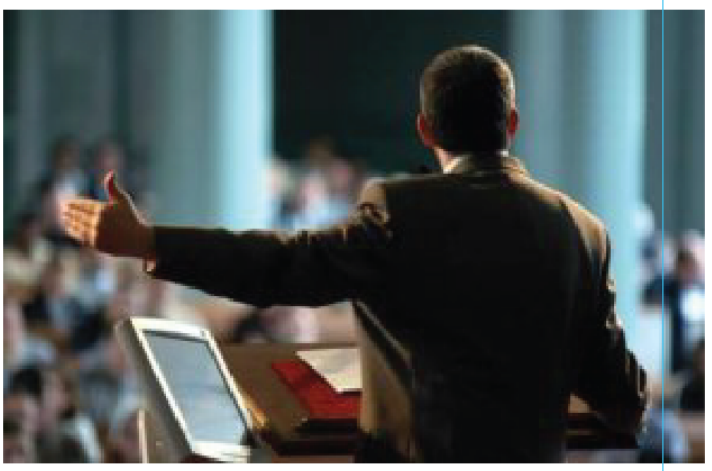

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Go Inside 5 of New York City's Most Exciting Hotel Openings

From Aman Group's lavish new property on Fifth Avenue to a supremely stylish stay in the Financial District

BY SHELBY BLACK

While people flock to New York City for being the city that never sleeps, there's just something about finding refuge from the bustling crowds in a chic and comfortable hotel that's unmatched. Whether you're a visitor seeking a place to stay, or a local looking for a quick bite or drink, these new and upcoming hotels are some of the most anticipated openings hitting the city.

Bedroom at Hôtel Barrière Fouquet's New York.PHOTO: COURTESY OF THE BRANDMAN AGENCY

1. Hôtel Barrière Fouquet's New York

Blending chic sophistication with the cool atmosphere of Tribeca, Hôtel Barrière Fouquet's New York offers an intimate experience among one of the city's most coveted neighborhoods. The property features nearly 100 residential-style rooms and suites all conceptualized by world-renowned designer Martin Brudnizki. Yet another impressive amenity is the Spa Diane Barrière, which includes five treatment rooms, a sauna, steam room, indoor pool, gym, and water fitness circuit—all providing famous French dermo-cosmetics brand Biologique Recherche.

As for dining, an outpost of the historic French brasserie Fouquet, which is led by Michelin-starred chef Pierre Gagnaire, allows for a true Parisian experience. For a more casual feel, Par Ici Café provides a completely

vegetarian menu within a picturesque glassed-in courtyard. To toast the end of the night, Titsou Bar features candle-lit tables surrounded by shades of aubergine, amethyst, and dark green for a moody atmosphere.

2. The Algonquin Hotel

Lobby at The Algonquin Hotel. PHOTO: ERIC LAIGNEL

Known as one of the oldest operating hotels in the city and originally built in 1902 by famed architect Goldwin Starrett, the 181-room Algonquin Hotel has gone through a complete transformation courtesy of New York architecture and design firm Stonehill Taylor. Overseeing both the interior design and architecture, the team gave the hotel a new look inspired by New York City's energy during the roaring 1920's, when playwrights and musicians would flock to the Algonquin as a popular rendezvous spot. In addition to the expansive hotel lobby, which boasts textured furniture, velvet drapery, and theatrical lighting, the property's famous Blue Bar holds powdered blue backlit shelves against black panels as an ode to its name. In honor of the hotel's rich history, quotes by famous patrons can be found hidden amongst the shelves.

Past the lobby and bar, the decorated hallway leads to two separate meeting rooms that can be utilized by guests. You may even come across Hamlet, the 12th resident orange tabby feline at the Algonquin. For lodging, options range from standard rooms to the Barrymore Suite, which was named after actor John Barrymore, who was once a regular fixture at the hotel.

Suite at Aman New York. PHOTO: COURTESY OF AMAN

En suite at Aman New York. PHOTO: COURTESY OF AMAN

3. Aman New York

Holding over 33 properties across 20 countries ranging from Sri Lanka to Morocco, luxury hospitality group Aman has added New York to its already impressive resume. Opening August 2, Aman New York was designed by Denniston's Jean-Michel Gathy, who transformed the historic Crown Building into an urban sanctuary among the streets of Manhattan. Featuring over 80 suites, all of which include a functioning fireplace, the Japanese-inspired interiors invite relaxation to go along with its holistic amenities.

Inside the hotel, the brand has introduced its new wellness flagship concept which covers three stories of the property. The centerpiece is an indoor swimming pool surrounded by fire pits and daybeds while two impressive Spa houses are available. As for dining, Aman New York offers a variety of options including Italian eatery Avra and Japanese fine dining restaurant Nama. For light bites and libations, the Jazz Club or year-round Garden Terrace provides a moment of tranquility before hitting the bustling city streets.

The lounge at Wall Street Hotel. PHOTO: COURTESY OF WALL STREET HOTEL

4. The Wall Street Hotel

One of the most historic neighborhoods in New York City, the Financial District was commonly known as “the center of the free world” due to its numerous seaports and mercantile buildings. Now one of the most popular tourist destinations in the world, the Wall Street Hotel offers visitors an escape through this stylish and chic stay. Designed by Ukrainian-born Liubasha Rose, founder of Rose Ink Workshop, this 180-room property is brimming with whimsical patterns and an array of beautiful artwork. “It’s all about bringing a bit of glamour and richness into the downtown experience,” Rose tells *Galerie.* Blending luxury with a residential feel, furnishings and decor in the hotel’s lounge and bar area include newly-upholstered vintage furniture, custom pieces, as well as artwork in every corner. Additionally, Stonehill Taylor collaborated with Rose along with Charles & Co for an incredible architectural restoration of this historic building. While staying true to the property’s immense character, Taylor incorporated changes such as making the building’s façade more uniform through matching and refurbished stones.

The hotel’s restaurant La Marchande, spearheaded by Michelin-star Chef John Fraser, offers a modern take on the classic French brasserie fare. Plus, for a more intimate experience, an expansive event space as well as ballroom provides the perfect backdrop for any formal event.

Suite at Wall Street Hotel. PHOTO: COURTESY OF WALL STREET HOTEL.

Lobby at The Ritz-Carlton NoMad. PHOTO: COURTESY OF THE RITZ-CARLTON NOMAD.

5. The Ritz-Carlton NoMad

A staple in the hospitality field, the Ritz-Carlton is unveiling its latest addition within Manhattan. Now officially open, The Ritz-Carlton NoMad offers visitors a luxurious stay through its 250 rooms, including 31 suites and 16 penthouse residences, along with the exclusive Ritz-Carlton Club lounge. Conceptualized by an elite design team consisting of Rafael Viñoly Architects, Rockwell Group, Lazaro Rosa-Violan Studio, Martin Brudnizki, and SUSSURUS International, the design of the hotel pays homage to its picturesque location in New York City's Flower District. While the hotel's atmosphere still stays true to the classic elegant feel Ritz-Carlton properties exudes, this location inspires a comfortable and relaxed feel where visitors can feel at home.

For some much needed relaxation, guests can enjoy an expansive spa featuring eight separate treatment rooms equipped with a sauna and steam room. The hotel's all-day restaurant on the ground floor, Zaytinya, designed by Rockwell Group, is led by Michelin-starred chef José Andrés, who blends Turkish, Greek, and Lebanese cuisines into one elevated dining experience. Plus, coming late 2022, a new restaurant concept by chef Andrés will be arriving to The Ritz-Carlton NoMad. The Bazaar by José Andrés, designed by Lazaro Rosa-Violan Studio, will be a high-end avant-garde dining experience where his Spanish roots will be highlighted.

On The Boundaries of Medicine, Medical Education, and Political Passion

Rosalind Kaplan, MD

On July 25, 2022, dozens of medical students at the University of Michigan School of Medicine walked out of the school's White Coat Ceremony when the keynote speaker, Dr. Kristin Collier, an assistant professor of medicine, approached the podium. Dr. Collier is pro-life and has expressed her anti-abortion views in tweets and interviews. She was chosen as keynote speaker by a vote by the university's Gold Humanism Honor Society. A petition with over 300 signatures from current and incoming students requesting that the university find a different speaker had failed before the ceremony.

My first reaction to reading about this act of protest by medical students was a sense of satisfaction and hope. These seemingly well-intentioned students were standing up for reproductive justice, the well-being of marginalized individuals, and people everywhere who are negatively affected by abortion restrictions.

On further reflection, however, my elation quickly dissipated. While Dr. Collier holds anti-abortion views, she is also a faculty member at the medical school and serves as the director of the Program on Health, Spirituality, and Religion. Although she has espoused, in her personal and political life, views that I believe to be antithetical to the health and well-being of many, she does not share this belief. She is acting in good faith when she states her opinions outside of the university. She did not raise the issue of abortion, nor did she speak of other contentious issues in her keynote address at the White Coat Ceremony.

In further research, I have found no evidence that Dr. Collier has brought her anti-abortion beliefs into her academic environment or into the curriculum at the medical school in any way. In fact, it appears that she has modeled humanism, empathy, and holistic care of the patient for her students, as evidenced by the fact that the Gold Humanism Society chose her to speak and by evaluations she has received from students. A letter written by Molly Fessler, a pro-choice fourth-year medical student in the wake of the walk-out, stated:

The students who walked out during Collier's speech were exercising the rights granted to them by the privilege of democracy. I am glad that we welcome passionate activists to the medical profession. But in this case, I truly wish they had stayed to listen to Collier speak. She spoke of the importance of remaining human in the practice of caring for patient, the need to ask big questions about the world around us, and the necessity of practicing gratitude. We need more physicians willing to listen to people whose ideas and voices differ from our own. We will only find common ground if we engage with one another. We will only change

opinions if we open ourselves up to hearing from those with whom we disagree. This is how we can create a healthy democracy, and this too should be part of our calling as physicians.

As a female physician who has spent much of her career advocating and practicing comprehensive health care for women, I am passionate about the need for access to reproductive health care, including abortion and reproductive justice. In the days leading up to the Dobbs decision, I attended rallies, wrote op-eds and letters to legislators, and donated generously to pro-choice organizations. There is nothing I want more than the restoration of reproductive freedom. But I still believe in the right to one's personal opinions, beliefs, religion, and freedom of speech, as long as those rights are exerted in an appropriate setting.

We only hurt ourselves and thwart our learning and growth when we refuse to hear from those who differ. Perhaps some of the passion demonstrated by the group who walked out of Dr. Collier's speech could be used in ways that are more respectful to individuals and the learning process.

Rosalind Kaplan is an internal medicine physician who blogs at her self-titled site, Dr. Rosalind Kaplan.

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7 Things to Never Search for on Google

BY KIM KOMANDO, KOMANDO.COM

You might consider yourself a tech-savvy individual who would never fall for an online scam. You regularly mark suspicious email messages as spam, and you never click anything that doesn't seem legitimate.

But you don't need to do any unusual browsing to stumble across a scam. You may know not to Google something like "free Amazon gift card," but what if you need help with your Prime account? Just search for customer service, right? Wrong. The best way to find help is to go to the source. Read on for ways to get what you need without the risks.

1. Customer service numbers

Getting some of the biggest tech companies on the phone is not always easy. Login to your Prime account, and you'll be hard-pressed to find a phone number to contact. At best, you can have them call you.

Amazon prefers to handle things through an online chat, which you can find by going to **Customer Service** > **Need More Help** > **Contact Us** > **Start Chatting Now**. From this page, you can also click the **We can call you** link to set up a phone call. **Tap or click here for more details on contacting Amazon**.

Apple provides a phone number depending on your region. **Get Apple's customer service phone numbers for the U.S. and Canada here**.

As a rule, you shouldn't Google customer service numbers. Even the top results can lead you to fake phone numbers, where someone will ask you for personal information, including credit card numbers.

You may also find a malicious link that will infect your computer with malware. If you want to contact a company, go to its official page and find the information there.

But we're here to help. **Tap or click here for 10 top Big Tech customer service numbers**.

2. Tech support

When things go wrong with your electronics, it's understandable to lose your cool. You could be in the middle of a project and worry about losing important data. In a panic, you search online for tech support and click on the first official-looking result. Don't do it. This could make your problems much worse.

Scammers can easily create spoofed websites that look like the real thing. You'll be faced with a phony phone number where they try to get payment out of you to handle your tech problems. In reality, they aren't fixing anything. They're just ripping you off.

Always find tech support links and phone numbers through official websites. You will find what you need through their sites, whether it's Microsoft, Samsung or Sony. And we can't stress this enough, none of these companies will ever contact you to tell you there's a problem with your device.

Ignore it if you receive a call or email saying that your computer is infected or your phone has a bug. The same goes for online tech support pop-ups containing a contact number. Those are fake and should be ignored.

3. Financial services and apps

Thanks to the internet, we don't need to leave the house to do our banking or pay for services. But you are always at some risk when sharing personal information online, which can worsen when finances are involved.

Payment apps like Venmo, Zelle and PayPal make sending money to a business or friend easy. You need to be extra careful when using these apps, however. One Cash App user recently got an alert that something was wrong with her account.

She searched for Cash App's customer service number and called the result. The person she spoke to had her download an app, which gave him access to her account. He robbed her blind. **Tap or click here for more cases like this and information on how to avoid them**.

Just as you should for customer service or tech support, use the company's official website or app to get the contact information you need. Some companies, like Cash App, don't even have a customer service number.

Take the same precautions with your banking activity. Check the back of your credit and debit cards for official phone numbers.

4. Government programs

We have seen stimulus programs in action and know that the amount of time varies from person to person to receive a check. Unsurprisingly, scammers are waiting for you to search for something like "Where is my stimulus check?"

Though Google claims to be fighting against scammers, researchers at the **Tech Transparency Project easily found fraudulent ads**. Stimulus check ads direct you to sites that request payment or install malware onto your device. If you need more information on your stimulus check or tax relief, visit **IRS.gov/coronavirus**.

5. Trade professionals

Before the internet, you turned to the phone book when you needed to hire someone to paint your house, install your new washer/dryer or fix your sink. Now you can hop on Google, search for a plumber or electrician and set something up. Not so fast.

A result at the top of your Google search doesn't mean the person/company is reputable. Before you give any information or pick up the phone, check out a review site such as Angi. Not only can you see if a business is legitimate, but you can find help without doing a Google search.

6. Apps

There's an app for everything, but not all apps are safe. You open your device to potentially malicious software when you download a program from a third-party app store. Even if the app doesn't negatively affect your phone or tablet, you could feed it personal information when creating an account.

Stay away from third-party app stores and use the Apple App Store and Google Play Store to search for legitimate apps. While malicious apps sometimes make their way into official app stores, they have more robust vetting processes, so you have a fighting chance.

7. Coupon codes

We all want to save money, especially during this difficult time. Coupon codes are a convenient way to save a little bit here and there, but they carry some risk.

Let's say you Google search for a coupon code and find one that promises a significant deal, such as 50% off your purchase. You click the link and are taken to a page that asks for your personal information in exchange for the coupon. There's your red flag.

If you need coupon codes, check the company site itself for promos. You can also use a service like Honey, which does all the work for you to find and apply coupons. **Tap or click here to find out how to save money with Honey**.

5 Best Cities for Physicians in 7 Different Categories

By Liz Kerrigan

"Best" is a relative term depending upon a physician's life stage.

If a doctor is fresh off a residency with crushing student loan debt from medical school, a city that offers top dollar may be the best bet for digging out sooner than later.

Got a young family? The best city could be one that boasts a state-of-the-art school system.

What about a physician in mid-career with a few decades of experience? Perhaps these professionals are looker for cities with a more laidback pace so they can enjoy a better work/life balance.

Older physicians who are looking at stimulating cities and communities with robust art and culture venues they can embrace after retirement might look for locations that could fulfill their needs once they leave their practices.

Cities With the Highest Salaries

Let's start by exploring the cities offering the most lucrative compensation packages. According to a 2020 Report from Doximity, Orlando, Florida, is the fifth-highest-paying location, with an annual compensation averaging $406,587. Buffalo, New York, ranks number four offering $407,070. Jacksonville, Florida, is number three at $427,090. Atlanta, Georgia, has a slight edge on Jacksonville, with average salaries of $428,244.

And… at the top of the list is Milwaukee, Wisconsin, a beautiful metropolis on the western shore of Lake Michigan, which offers physicians an annual salary of $430,274.

Compensation for Physicians by Specialty

Compensation by specialty is another factor one must consider. Medscape's 2021 physician salary report found that Plastic Surgeons average a whopping $526,000 annually, followed by Orthopedists at $511,000, Cardiologists at $459,000, Urologists at $427,000, and Otolaryngologists in fifth place at $417,000.

The Best Cities for Physicians Who Want Teaching Hospitals

Belonging to a teaching hospital community provides physicians with an opportunity to be part of an environment that is on the cutting edge of treatments and procedures.

#5 Milton S. Hershey Medical Center, Hershey, Pennsylvania

#4 Boston Medical Center Corporation, Boston, Massachusetts

#3 Parkland Health and Hospital System, Dallas, Texas

#2 Memorial Hermann Texas Medical Center, Houston, Texas

#1 JPS Health Network, Fort Worth, Texas

Best Cities for General Practitioners and Family Doctors

A study by ValuePenguin analyzed data for the best cities to practice in using a combination of factors including salaries and average cost of living for these professionals. They developed a top five list leading with North-Port-Bradenton-Sarasota, Florida. The research determined that the cost of living combined with the idyllic quality of life makes this area the number-one choice.

Des Moines-West Des Moines, Iowa, ranks in second place, followed by St. Joseph, Missouri; La Crosse, Wisconsin; and Portsmouth, New Hampshire.

Five Surprising Cities to Practice In

Here are some top five choices you may never have even considered:

#1. Boise, Idaho

#2. Oxford, Mississippi

#3. Provo, Utah

#4. Fayetteville, Arkansas

#5. Sioux City, Iowa

Best Cities to Practice in as You Raise a Young Family

If one of your top priorities is looking for a city to practice in where you can raise a young family, you may one to consider one of these top five locations according to Kiplinger.com:

#5

East Grand Rapids, Michigan

Why here?

Great schools. Tree-lined streets. Family-friendly activities including a zoo and a children's museum.

#4

Thousand Oaks, California

Why here?

Forty public playgrounds. Top-rated schools, and although it's close to Los Angeles, the city has a low crime rate.

#3

Suwanee, Georgia

Why here?

Low living costs. Solid incomes. Great schools. Immense yards.

#2

Richland, Washington

Why here?

Students outperform others on state tests. Think 300 sunny days a year, family fishing pond, splash park – and more.

#1

Omaha, Nebraska

Why here?

Great schools, a zoo, a children's museum, and a children's theatre along with a modest 4.7% unemployment rate.

Cities You Might Want to Explore as You Think of Hanging Up Your White Coat

If you are thinking about long-term plans for your retirement, you may want to consider these cities, ranked by MDLINK.com:

#5. Madison, Wisconsin

#4. Portland, Maine

#3. Boston, Massachusetts

#2. Fredericksburg, Virginia

#1. San Francisco, California

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10 Benefits of a Roth IRA

Why do so many people choose them over traditional IRAs?

Justin Nabity, physiciansthrive.com

The IRA that changed the whole retirement savings perspective. Since the Roth IRA was introduced, it has become a fixture in many retirement planning strategies.

We can sum up the key argument for going Roth in a sentence: Paying taxes on your retirement contributions today is better than paying taxes on your retirement savings tomorrow.

Here is a closer look at ten potential benefits of the trade-off you make when you open and contribute to a Roth IRA – a trade-off many savers are happy to make.

1. You contribute after-tax dollars.

You have already paid federal income tax on the dollars going into the account. But in exchange for paying taxes on your retirement savings contributions today, you could potentially realize great benefits tomorrow.

2. You position the money for tax-deferred growth.

The IRS doesn't tax Roth IRA earnings as they grow and compound. If, say, your account grows 6% a year, that growth will be even greater when you factor in compounding. The earlier in life that you open a Roth IRA, the greater compounding potential you have.

3. You can arrange tax-free retirement income.

You may withdraw Roth IRA earnings tax-free as long as you are age 59½ or older and have owned the IRA for at least 5 years. (That 5-year clock starts on January 1 of the tax year in which you make your initial Roth IRA contribution.)

The IRS calls such tax-free withdrawals qualified distributions. You may make such withdrawals to you, to your estate after you are deceased, and/or to a beneficiary. (Should you die before the Roth IRA meets the 5-year rule, your IRA beneficiary will see the IRA earnings taxed until it is met.)

If you withdraw money from a Roth IRA before you reach age 59½, it is called a nonqualified distribution. When you do this, you can still withdraw an amount equivalent to your total IRA contributions to that point tax-free and penalty-free. If you withdraw more than that amount, though, the rest of the withdrawal may be fully taxable and subject to a 10% IRS penalty as well.

4. Withdrawals don't affect taxation of Social Security benefits.

If your total taxable income exceeds a certain threshold – $25,000 for single filers, $32,000 for joint filers – then the IRS may tax your Social Security benefits. An RMD from a traditional IRA represents taxable income,

and may push retirees over the threshold – but a qualified distribution from a Roth IRA isn't taxable income, and doesn't count toward it.

5. You can direct Roth IRA assets into many different kinds of investments.

Invest them as aggressively or as conservatively as you wish – but remember to practice diversification. The range of investment choices is often broader than that offered in a typical workplace retirement plan.

6. Inheriting a Roth IRA means you don't pay taxes on distributions.

While you will need to take distributions within 5 years of the original owner's passing, you won't pay taxes on the distributions you take from the Inherited Roth IRA.

7. You have 16 months to make a Roth IRA contribution for a given tax year.

For example, you can make IRA contributions up until April 15 of the succeeding year for the tax year that has passed. While April 15 is the annual deadline, many IRA owners who make lump sum contributions for a given tax year make them as soon as that year begins, not in the following year. Making your Roth IRA contributions earlier gives the funds in the account more time to grow and compound with tax deferral.

8. You can contribute up to the limit annually as long as your income qualifies.

How much can you contribute to a Roth IRA annually? The 2015 contribution limit is $5,500, with an additional $1,000 "catch-up" contribution allowed for those 50 and older. (The IRS adjusts the annual contribution limit periodically for inflation.)

9. You can keep making annual Roth IRA contributions all your life.

You can't make annual contributions to a traditional IRA once you reach age 70½.

10. Rollovers are permitted.

Since 2010, any individual, regardless of marital status and income level, can roll eligible IRA assets into a Roth IRA. Previously, rollovers were dependent upon the account holder's income. If you are required to take an RMD from your traditional IRA the year you make the rollover, you must take it before converting it to Roth.

Does a Roth IRA have any drawbacks?

Actually, yes. One, the IRS will generally hit you with a 10% penalty by the IRS if you withdraw Roth IRA funds before age 59½ or you haven't owned the IRA for at least five years. (This is in addition to the regular income tax you will pay on funds withdrawn prior to age 59½, of course.) Two, you can't deduct Roth IRA contributions on your 1040 form as you can do with contributions to a traditional IRA or the typical workplace retirement plan. Three, you might not be able to contribute to a Roth IRA as a consequence of your filing status and income; if you earn a great deal of money, you may be able to make only a partial contribution or none at all.

Where Amazon is Heading in Health After the Amazon Care Failure

Eric Rosenbaum

KEY POINTS

- When Amazon announced plans to acquire One Medical earlier in the summer, it seemed likely that something had to give: either the One Medical brand or Amazon Care.

- Amazon decided to shut down what had been a high-profile health startup inside its own operations, whereas its retail drug acquisition PillPack was folded into Amazon Pharmacy.

- One Medical was the better, more advanced primary care business, and with reports of Amazon now bidding on Signify Health, the internet retail giant seems to be more in a buy than build mood in health care.

Chalk up another failure in health care for Amazon, one of the ultimate market disruptors.

First, its much-hyped effort with JPMorgan and Berkshire Hathaway to reform health care, Haven, ended its short life.

Now, Amazon Care, its effort to tackle telemedicine and primary care for the employer market on a national basis – which Amazon itself trumpeted as gaining more and more clients – is being shut down.
Is that all the proof we needed of what many people have said over the years: health care is just harder to disrupt than most industries?

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Amazon pulls the plug on Amazon Care

Maybe not, though maybe it is a signal of a change in the approach to how Amazon will attempt to gobble up more health industry market share. The shutdown of Amazon Care may come back to a simple choice that companies, especially those with a lot of cash, have to make when it comes to breaking into new markets: build or buy?

For some health-care industry watchers, it's no surprise that Amazon Care is going away as a stand-alone entity. When Amazon made the decision in July to acquire primary care company One Medical, which does what Amazon Care was hoping to ultimately do on a national basis, it was the writing on the wall that something was going to change. And for a cash-rich company looking for opportunities to buy into a stock market that had pushed down the value of recently public health companies – One Medical had traded as high as $58 in 2021 and Amazon announced plans to buy it for $18 a share – Amazon may have been more opportunistic than anything else in plotting the next stage of its future in health.

Buying into a market where it wants more share and where it requires a physical presence isn't new to Amazon, nor is being opportunistic in the timing. As Amazon's acquisition of Whole Foods reaches the five-year mark, it's worth remembering that Amazon's shares went up in value as much on the day it announced the acquisition of Whole Foods as the purchase price for the then-troubled high-end grocer.

"It's not surprising they're shutting it down," said Sari Kaganoff, general manager of consulting at Rock Health, which invests as a VC in health start-ups and has a health advisory and research arm. "Their vision always was to have a primary care integrated solution and now it will have a better solution than what they could build," Kaganoff said.

It was a little surprising, maybe, that Amazon announced the shutdown before the One Medical deal even closed, but One Medical has many more markets, many more offices and many more companies that are clients than Amazon ever did (it had to boast about signing up Whole Foods, which it owns, as a client for

Amazon Care). Maybe also surprising: it didn't wait to rebrand One Medical as part of Amazon Care. PillPack, its acquisition in the pharmacy space, still has a brand but is now folded within Amazon Pharmacy.

By Amazon's own account, Amazon Care was a failure, at least in the terms conveyed in the internal memo provided to the press about the shuttering. There's no doubt it struggled with the problem of building up an in-person care component nationwide, staffing up in a sector where it has limited history, and getting corporate customers to sign on. While telemedicine is a nice have, it's not a full health-care solution, and Amazon would have had to ramp up investment considerably to build a true national hybrid health-care practice with sites and physicians and clinics.

In the end, let's say Amazon Care was a test run for a business, and once Amazon learned enough to know what it wanted in the long-term, it bought the better company at a time when its value was depressed.

"I don't think they failed, because One Medical is great," Kaganoff said.

Amazon learned a lesson that has influenced the fortunes of many health disruptors in recent years: it's hard to make a stand-alone startup work in the sector — even if you're one of the richest companies in the world — consolidation is increasingly the way to go.

"Amazon Care was no different than any other stand-alone health startup in terms of needing to be consolidated," Kaganoff said. "They played around with it a bit," she added, enough to know their ambitions remain validated on the market, but just not the way there.

"One of the ways we've worked towards this vision for the past several years has been with our urgent and primary care service offering, Amazon Care. During that time, we've gathered and listened to extensive feedback from our enterprise customers and their employees, and evolved the service to continuously improve the experience for customers. However, despite these efforts, we've determined that Amazon Care isn't the right long-term solution for our enterprise customers," the internal memo said.

While Amazon's health-care efforts in recent years have been associated with direct battles to unseat recent health disruptors (e.g., Amazon Care vs. Teladoc), Wall Street analysts have said the market should worry more about Amazon making a string of acquisitions that speak to broader aims.

That's what seems to be happening.

Amazon isn't done yet pushing its cash around in buying more in health-care, with recent headlines reporting it is among bidders for Signify Health, which has an overlap with the Iora Health business of One Medical, focused on a more complicated, Medicare-centric market than standard national care practices.

It's clear Amazon still plans to be a formidable player in the health-care space. It can leverage its ability to personalize its offerings, connect to its pharmacy, and ultimately pose a threat to many other retail giants aiming to upend healthcare. Walmart acquired telehealth company MeMD in 2021; CVS, which already offers telemedicine through a deal with American Well, is another rumored bidder for Signify; and Walgreens has VillageMD and is opening up hundreds of offices in markets around the country.

That retail disruption is only going to grow, for a bottom-line reason. When you look at the share of wallet, from consumers to employers, the health-care market is a big part of spending. Amazon is already in almost every chunk of the wallet, maybe not banking (though it does have credit cards).

What's the biggest chunk of the market they are not in?

"It's healthcare, and they already have so many things consumer-health oriented, it just makes sense to go big in health care," Kaganoff said.

When Haven — which disbanded after three years — debuted to much fanfare, people thought the combined might of Berkshire Hathaway, JPMorgan and Amazon could result in a significant driving down of costs throughout the health-care system that Warren Buffett has called a tapeworm on the national economy.

And that's still part of the story. Anything Amazon does is partially about driving down cost and driving up efficiency. "Better care at a lower cost," is what Cano Health CEO Marlow Hernandez told CNBC last week is the paradigm shift for all players in the space.

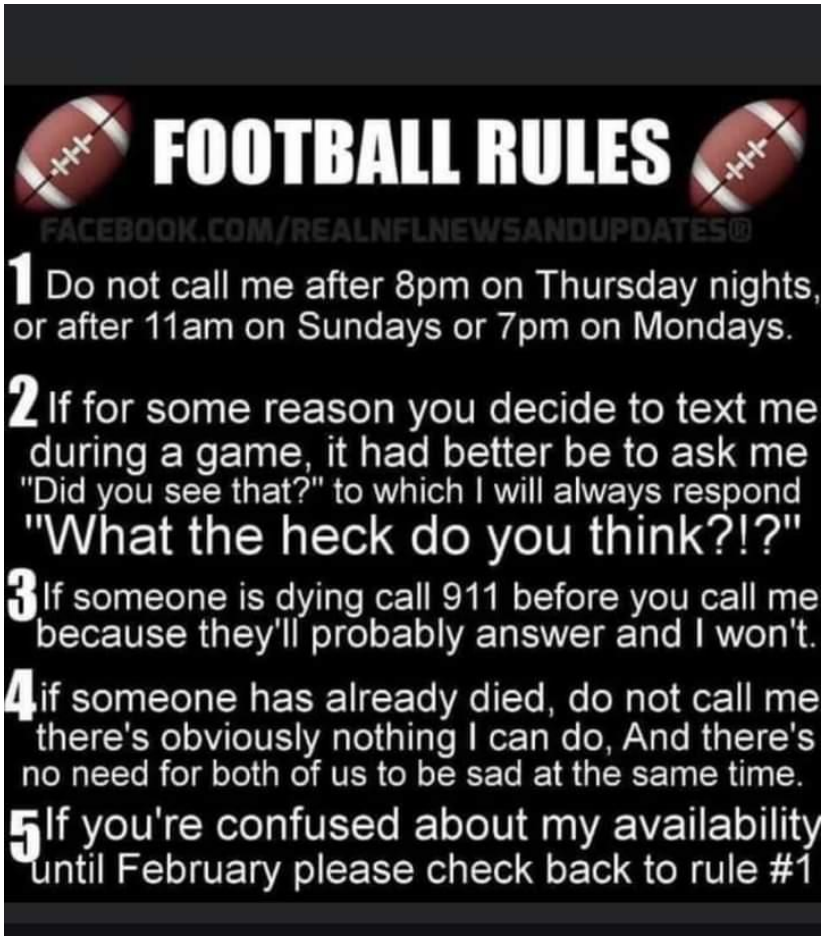
Amazon's consumer internet business may be the ultimate in transactional disruptors, but the transactional system of health care is under threat and people don't want to treat it like just another form of retail. "What patients have been demanding is that integrated platform where they can build relationships and no longer be a number," Hernandez said.

That's referred to as value-based care — and maybe it is a sign of just how messed up the U.S. health-care system is that "value" for patient is a novel idea — and it is leading to a lot of consolidation. Hernandez projects the primary care market will grow from $1.8 trillion to $3.7 trillion by 2030.

And that speaks to the underlying aim for any big company like Amazon and its rivals.

"I think it's just market share," Kaganoff said.

The end of Amazon Care did seem abrupt. But as Amazon moves from primary care, into more complicated care, and potentially even chronic care – and combines pharmacy and over-the-counter medication with all its offerings – everyone from private health start-ups to Teladoc to retail competitors and health-care incumbents should continue to worry. Amazon Care's failure may have come at a cost and may have come as a surprise, even to some within Amazon, but what the company ultimately is buying and building off may still make it the stronger disruptor.



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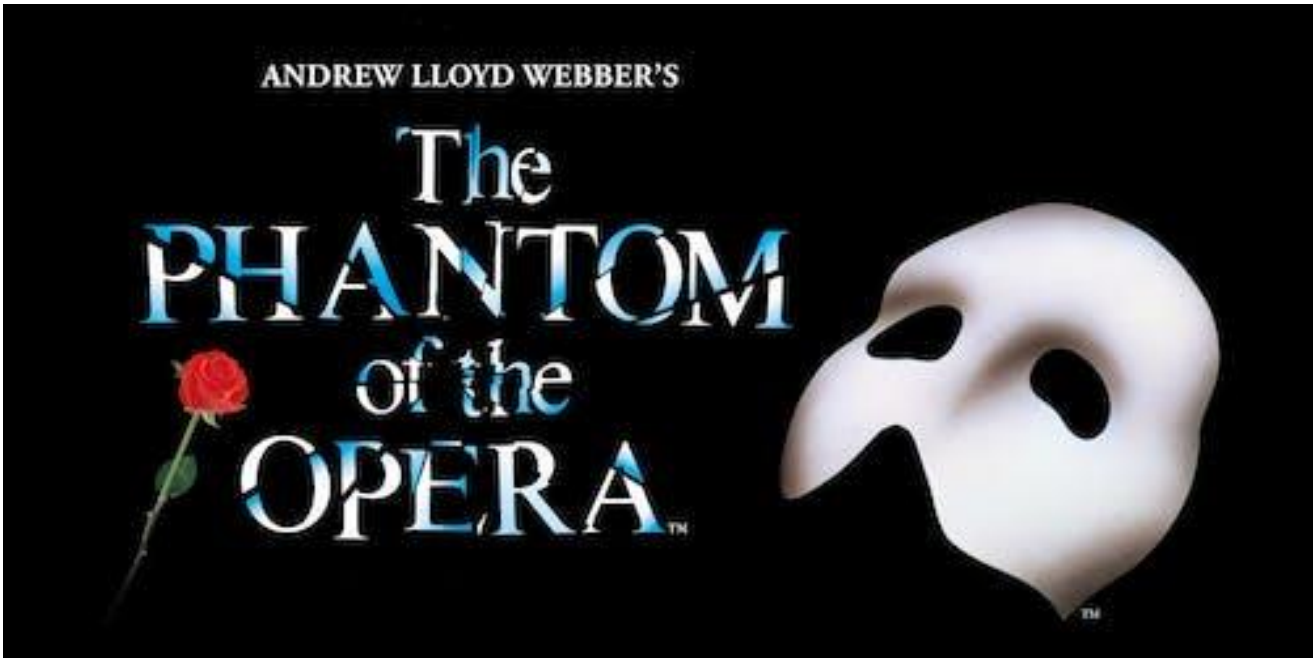

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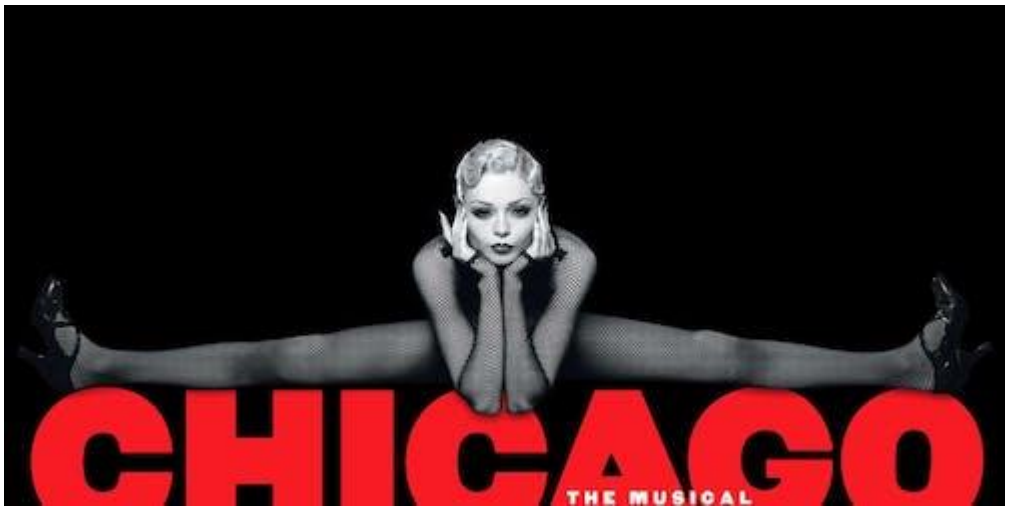

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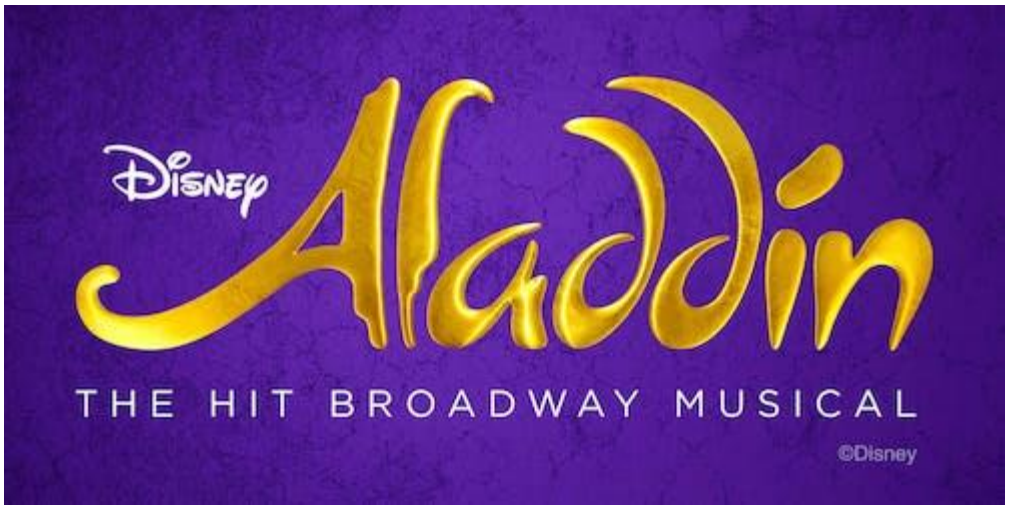

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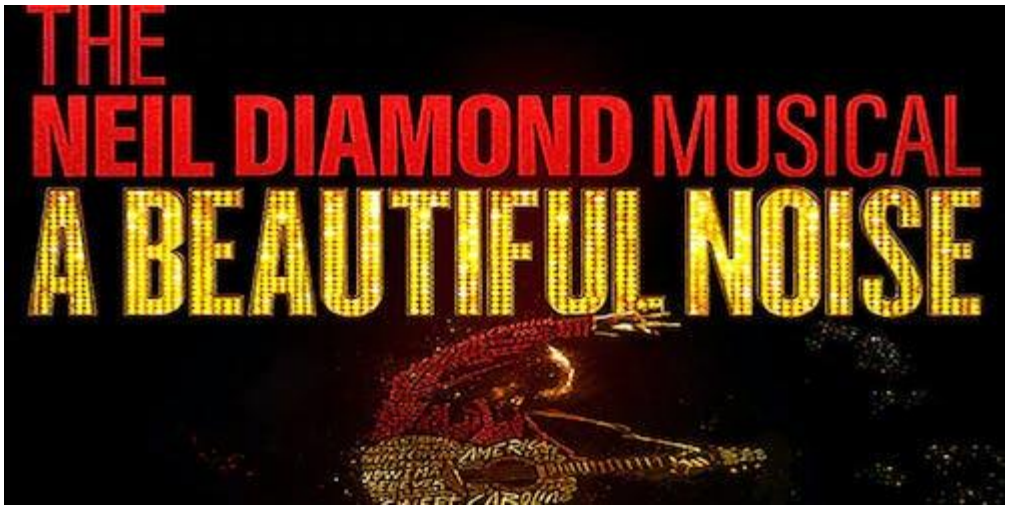

A Beautiful Noise: The Neil Diamond Musical

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Come From Away

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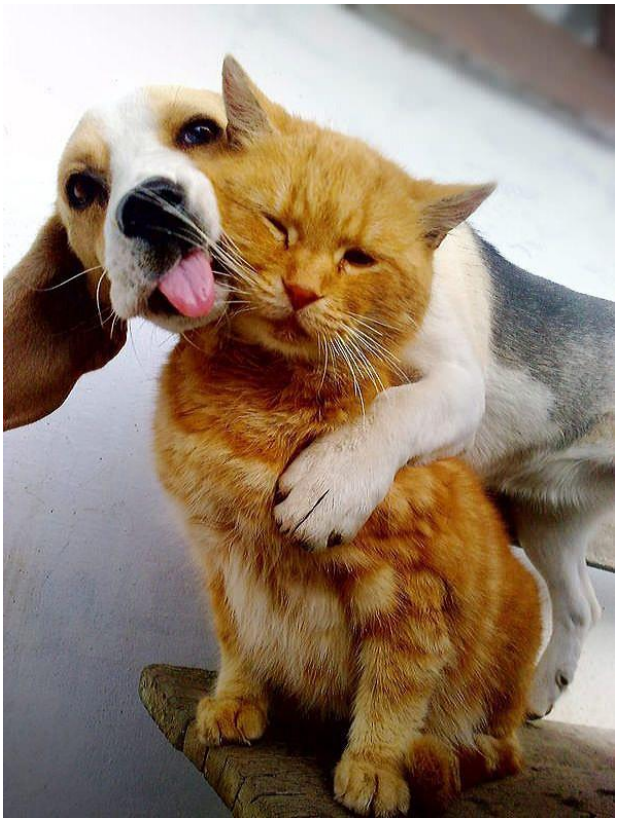
Dear Evan Hansen

Some Like It Hot

The Dakota Studios



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