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A Brain Surgeon Finds a Sweet Hobby

Interview by Chiemela Ohanele / Photos by Graham Perry, pennmedicine.org



After scrubbing out of the OR, most surgeons don't trade their blue scrubs for a fresh white suit covering every inch from head to toe. But most surgeons aren't M. Sean Grady, MD, who uses that head-to-toe protection in pursuit of a sweet hobby. Outside of his work as chief of Neurosurgery at the Perelman School of Medicine, Grady is an amateur beekeeper who keeps bees and collects their honey in Chester County, Pa.

Chiemela Ohanele, a pre-medical student and biology major at the University of Pennsylvania, spoke with Grady about his beekeeping, his interest in ecology, and how these outside interests relate to his work as a surgeon.

What inspired you to start beekeeping?

I have been interested in beekeeping for many years. I never pursued it until about four years ago, when my daughter said that it is time to start doing instead of just talking. So she got me *Beekeeping for Dummies*, and that's what started it.

I like beekeeping for very practical reasons. As a neurosurgeon, I don't have a huge amount of free time. Beekeeping is not a huge time commitment. It's about an hour a week if you do it as a hobby. Secondly, I think the biology of bees is fascinating—from the workings of a beehive and how bees find nectar, to how they communicate with the rest of the beehive about where to go. Nobel prizes have been won for this. I am also an ecologically-oriented person and beekeeping fits into that. Lastly, I get honey out of it.

Do you ever sell your honey or have you ever thought about creating an online market? Or do you mainly see your beekeeping as a hobby?

I see it primarily as a hobby. In fact, I just harvested honey yesterday from my four beehives and I probably got about seventy pounds of honey. So I could sell it, but generally I just give it away to family and friends.

Tell me about your path to medicine. Were you always interested in becoming a doctor?

I first became interested in medicine in high school and kept that in the back of my mind in college. I majored in biology, and by the time I got to my junior year I realized that I did want to go to medical school.

I wasn't sure what I wanted to do when I went to medical school in terms of specialty. However, my exposure during medical school both in the preclinical and clinical years led me into neurosurgery. Most medical students do not know what specialty to pick at first, but when they get exposed to certain elements during their education, they realize they find a specialty that reflects not only their personalities but also how they think.



What made you decide to specialize in neurosurgery?

During your medical school rotations, you realize that the problems that you encounter with a particular specialty and the people that you will work with may or may not fit your personality.

So for example, you rotate in internal medicine. Within this specialty, the physicians are trying to put together the source of the problem for the particular medical condition that the patient has. In the case of neurosurgery, on the other hand, generally you have already identified the problem, and your goal is to take the patient through the necessary operation.

Also as a first year medical student, I was most fascinated by the brain compared to other organs. When I was rotating on other surgical specialties, I was just in awe of what could be done as a neurosurgeon. There is also so much that is unknown about the brain, which means that there will never be a time in my career where I will not be a student.



What would you say is the hardest and or the most rewarding aspect of being a surgeon?

To me, the hardest and most rewarding aspects come in one package. Sometimes you deal with very serious conditions for which there is no treatment. As a physician, you work with the patient and the family to provide comfort for them. While providing a cure is of course enormously rewarding, always being able to provide care and comfort and can be every bit as rewarding.

Is there a case that frequently returns to your memory?

It is the failures that I remember. Should I have approached the problem differently to improve the outcome or even not operated at all—I'm trying to follow the "do no harm" rule in medicine.

Do you see any intersection between ecology and medicine?

I think ecology pushes me to think about what I can do to help our environment. I carry the same perspective in medicine. What kind of things can I do or what kind of influences can I exert on our medical environment? There may be some similarities there.

Do you think that beekeeping as a hobby can mitigate any of the effects of physician burnout?

Beekeeping is one of those activities that require a lot of focus. For example, when you open up a hive for inspection, you cannot disrupt the bees. Otherwise you might get seriously stung. So, you have to concentrate on what you're doing. I find this process meditative, and can take my mind away from things at work that I may have been dwelling on.



What is one piece of advice that you would give to anyone pursuing medicine and has a passion outside of medicine?

Medicine is an all-consuming passion—it is much more than a job. The problem is that this passion can be overwhelming sometimes. So, it is important to find some other intellectually engaging pursuit to balance that passion, so that your whole identity is not subsumed into this one thing.

You have to pick something that accommodates the type of schedule that you have as a doctor. While some physicians pick a career that gives them a lot a free time to pursue many activities, most surgeons don't have a lot of free time. You have to figure out something that can be done within that framework. You could be an artist, write, or even beekeep. Whatever you choose has to fit in with the kind of specialty you have chosen.

Physician Contract Horror Stories

By Dennis Hursh

As a physicians' attorney who focuses his practice on physician contract review, I have seen some truly horrendous results after physicians have signed agreements they did not understand. Here are just a few of the "war stories" I have experienced.

24/7 call "for a few years"

One physician employment agreement I reviewed had several points that I felt should be clarified. The employer's attorney accommodated most of my requests for clarification in the second draft. However, the provision that the physician would be assigned call "at the discretion of the practice" remained unchanged in the second draft.

I had asked for a specific limitation on call, but in speaking to the attorney, I stated that my client was willing to compromise and agree to an equitable distribution of call coverage. The attorney refused to make this change. He explained to me that his client, as a solo practitioner, had been performing call 24/7 for the past several years. The intention was that my client, therefore, would also perform 24/7 call "for a few years." The attorney was concerned that this allocation of call was (as he put it) *arguably* not equitable.

Needless to say, negotiations continued. Eventually, the owner agreed to share call with the new physician. We were able to convince him that he would never get a physician to work for him with those call requirements. I wonder how long my client would have lasted at that position if she were required to do 24/7 call for months on end?

Any attorney will tell you that an ambiguity is rarely a good thing.

The restrictive covenant goes for miles and miles and miles and miles and miles.

I once represented a physician negotiating an employment agreement with a hospital. This physician was a senior specialist who was very active in the state medical society. As such, he would probably obtain referrals much more quickly than another physician starting in that position.

The hospital we were negotiating with was 63 miles away from his current employer. He had a 65-mile restrictive covenant in his existing agreement. I disclosed this fact early on to the potential employer's general counsel. We spent a good deal of time on the phone discussing that restrictive covenant. We both agreed that it would not be wise for the prior employer to go to court to enforce the covenant under these conditions.



Both the hospital's counsel and I agreed that a court would almost certainly not uphold that restrictive covenant. Moreover, if the physician's present employer took it to court and lost, all of its restrictive covenants with all of its physicians would be in question.

However, a few days after my discussion with the hospital's counsel, I received a call from that attorney. It was a courtesy call to inform me that the hospital would not be hiring my client. When I asked why, the hospital's counsel was very blunt. The hospital was not interested in going to court, even if it had a superb chance of winning. They were going to offer the position to another physician who "did not have a lawsuit attached."

My client had executed the agreement with his prior employer under the assumption that the restrictive covenant was unenforceable. Although he was probably correct, he failed to consider that the market often enforces restrictive covenants that a court never would.

Who pays for tail coverage?

I represented another physician who was still smarting from the effect of a clause that had appeared innocuous to her in the employment agreement with the practice she had just left. She explained to me that her prior employment agreement provided that the practice would pay for malpractice insurance "during the term of this agreement." On her last day of work, the practice manager approached her and informed her that it was her responsibility to purchase tail coverage. Luckily, she and her husband had been saving up money as a down payment for a new house. Unluckily, most of that money was spent purchasing tail coverage.

Sometimes an experienced attorney can spot issues that a legally inexperienced physician would not.

The moral of all these stories? What you don't know can hurt you. I am obviously biased as somebody whose career is dedicated to reviewing physician employment agreements. Still, I think a physician should have an attorney well-versed in physician employment agreements review any employment agreement before signing on the dotted line.

[Dennis Hursh](#) is a physician contract lawyer. He blogs at [Physicians Contracts Blog](#).

"Turns out it was a marble in the ashtray"





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Mortgage

Control Your Computer Using Your Phone

BY KIM KOMANDO, KOMANDO.COM



Have you ever found yourself digging for a file in class or a work meeting, only to realize what you need is on your home computer? That problem can feel insurmountable — especially during a time crunch.

You might be able to get someone else to locate and send it to you, or if you're a computer whiz, you may know some complicated method to retrieve it. But there must be an easier, safer way. [After all, choosing the wrong remote desktop app could spell disaster \(and hard-to-remove ransomware\).](#)

There are many reasons you'd need to access your desktop when you're not in front of it. You could have files stored on the hard drive instead of the cloud, or you could need access to a media file that isn't saved elsewhere. There are ways to safely access and control your computer via your phone — you just need to know what they are and how to use them.

Chrome Remote Desktop

Google Chrome Remote Desktop is one of the options for accessing and controlling your computer remotely. This free service makes it easy to access what you need on your computer from your phone.

You'll only have to add the Remote Desktop extension to your computer to make it accessible from another device, and all remote desktop sessions are fully encrypted.

You can use Google Chrome Remote Desktop if you need to sign in to your personal or work computer from another location, and you can also use it to sign in to someone else's computer. This can be a helpful tool if you're the family computer genius and need to fix an issue plaguing someone else.

You can use the Chrome browser and the Remote Desktop extension to get going. And you can download the Chrome Remote Desktop app for [iOS](#) or [Android](#).

To set up Remote Desktop on your computer:

Before you use Remote Desktop, you'll need to add the extension to your computer to allow access from your other devices.

1. Open **Chrome**.
2. In the address bar, type remotedesktop.google.com/access.
3. Tap the download button that looks like a downward arrow under Set up Remote Access.
4. Follow the on-screen instructions to download and install Chrome Remote Desktop.

To access a computer remotely:

1. Open **Chrome** on the secondary device you're using to access your computer.
2. In the address bar, type remotedesktop.google.com/access.
3. Click **Access** to select which computer you want.
4. Enter the **PIN** required to access another computer.
5. Select the **arrow** to connect.
6. Close your tab or toggle to **Options > Disconnect** to stop your remote session when you're finished.

Microsoft Remote Desktop

Microsoft Remote Desktop works similarly to Chrome Remote Access. If you need to access a different computer from a remote location, Microsoft's Remote Desktop Connection tool allows you to do that.

You can use this service to grab a file, open an app, or do anything else you need to do. This service also allows you to access multiple computers over the same network and works with VPNs.

This service is built into Microsoft Office. You can also access and control a computer from a non-Windows device if you download Microsoft's RDC app. The app is available for [Mac](#), [iOS](#), and [Android](#).

To set up Remote Desktop:

1. Make sure you have **Windows 10 Pro** or the app downloaded.
2. Select **Start > Settings > System > Remote Desktop**.
3. Tap **Enable Remote Desktop**.
4. Note the name of the PC under **How to connect to this PC**.

To use Remote Desktop on your mobile device:

1. Open the **Remote Desktop** app.
2. Add the **name** of the PC that you want to connect to.
3. Select the remote PC name you added, and then wait for the connection to complete.

TeamViewer

TeamViewer is another good option for remotely controlling another computer from your phone, and in most cases, it's free for noncommercial users. This software allows for Internet-based remote access and support, and you can connect to any PC or server to control it from wherever you are.

To install the TeamViewer software:

1. Install the TeamViewer app on your [Android](#) or [iOS](#) device.
2. On the computer you want to connect to, download [TeamViewer QuickSupport](#).
3. Enter the ID from the QuickSupport app into the ID field and connect.

To remotely connect with TeamViewer:

1. Launch TeamViewer from the secondary device and log in.
2. Choose the computer you need to access from the **My Partners** list.
3. Close the window to end the session.

Being without critical files when you need them most can be super inconvenient. But don't panic. Use one of these helpful remote access tools and you'll have the files you need in front of you in no time.

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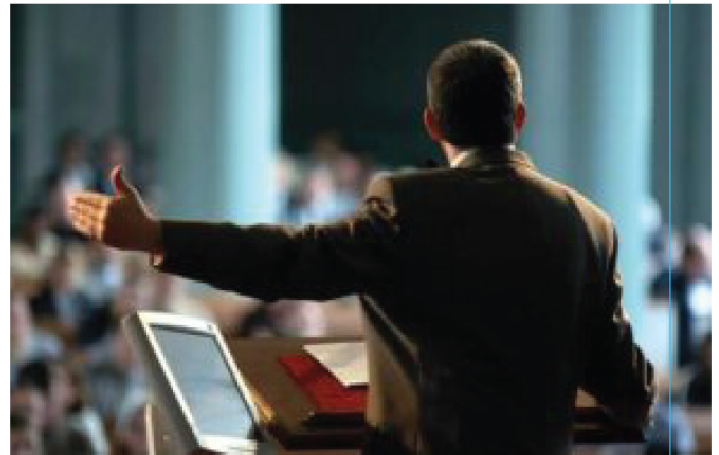
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7 Best Remote Jobs for Doctors

Lookforzebras.com

Remote jobs for doctors don't require leaving medicine or making a career sacrifice.

A notable opportunity is '**Paid Medical Research**' that utilizes physician insights to improve products and services. Continue to learn more about best remote jobs for physicians.

With all the technologies we have at our disposal, remote work is becoming widespread. Employers in a wide variety of sectors are tweaking their processes and cultures to allow for some employees to perform their jobs remotely or at least offer the ability to work from home on occasion. Others are becoming completely virtual. **Physicians aren't out of luck when it comes to this trend. There are many great remote jobs for doctors.**



This article covers 7 of the most effective ways to utilize your medical knowledge and clinical decision making skills while working from home and earning a good full-time salary.

Many of these descriptions can be modified slightly to include remote physician assistant jobs and remote advanced practice nurse jobs.

Remote jobs for doctors don't require leaving medicine or making a career sacrifice

A quick note for the skeptics before we get started:

Telecommute jobs aren't just for burned-out physicians who want to get away from the headaches of clinical medicine. **Remote physician jobs come in many types** – clinical and nonclinical, various industries, and different work responsibilities.

These jobs can truly cater to your skillset and take advantage of the lengthy training you've been through. You may not be able to replicate all the benefits of a traditional clinical job in a remote setting. For example, the salary will likely be somewhat lower than what you can make seeing patients full-time. But there are many additional perks that, for many doctors, greatly make up for this. These include:

- Schedule flexibility
- No commute
- Less workplace drama
- Fewer interruptions by staff and colleagues
- More time spent in the comfort of your own home
-

1. Telemedicine

Telemedicine tops the list when it comes to remote jobs for doctors. The number of opportunities is skyrocketing and the nature of the work is expanding.

There are many ways to practice telemedicine, including as a full-time telemedicine physician, as a side gig, and as part of a medical practice that's primarily brick-and-mortar.

Telemedicine is not just for treating URIs and telling mothers when to bring their babies to the ER. It can often take the place of in-person medical services for a diverse array of healthcare needs.

Primary care physicians can truly practice broad-based primary care remotely through the use of telemedicine. Or, they can practice within a niche such as travel medicine or providing birth control and PrEP.

Many types of specialists can practice specialty care, such as telepsychiatry, teleradiology, tele-dermatology, and remote neurological and ICU monitoring.

Telemedicine jobs might be a good fit if you:

- Are comfortable with learning new technology and EHRs
- Want to continue patient care as your main activity
- Don't mind juggling multiple state medical licenses

Physicians looking for full-time remote work shouldn't limit their search to companies whose main line of business is telemedicine. Telemedicine companies such as Teladoc do hire physicians as permanent employees; however, it's common for them to mainly depend on contracted physicians.

Healthcare organizations that use telemedicine to supplement or expand their other services are good places to look for remote work of this type.

2. Utilization review

Chart review jobs are a popular option for physicians seeking a career change. It is rewarding, flexible work that generally pays well.

As with telemedicine, many chart review jobs come in the form of part-time or periodic contracted work and are best done as a side gig. But there are many full-time opportunities, as well.

Utilization review physicians are responsible for reviewing outpatient services and hospitalizations for medical necessity or appropriate level of care. Your assessment determines whether a service receives prior authorization or payment by an insurance company.

Physicians in this line of work may also be involved in peer-to-peer calls with clinicians, medical policy development, quality initiatives, and serving as a medical resource for the company's clinical team.

Remote utilization review is a good fit for physicians who:

- Enjoy medical decision-making, but don't want to deliver direct clinical care
- See the value provided by healthcare payor processes
- Don't mind somewhat repetitive, tedious work
- Have board certification and an active license

3. Medical writing and communications

It's not very difficult to find a remote medical writing job. One reason is that a large percentage of writing jobs are remote positions since writing can easily be done from home. The other main reason is that so

many different types of companies hire medical writers, including medical communications agencies, pharmaceutical companies, and medical education providers.

Most positions do not require a medical degree, so the main drawback for most doctors is a lower salary compared to what they can make in clinical practice. That said, because of your advanced degree, you may be asked to take on responsibilities outside of just writing, such as publication planning, high-level editing, and client communications. This may be accompanied by somewhat higher pay, and also presents more opportunities to use your breath of medical knowledge.

Medical writers often work under strict deadlines. Nonetheless, there is often significant flexibility in how you spend your days – as long as you consistently meet those deadlines.

I've come across a number of positions that allow for telecommuting but require being in the office periodically for meetings. This can be a great arrangement for physicians who crave human interaction from time to time.

A remote job in medical communications is suitable if:

- You enjoy writing (of course)
- A high salary isn't your main motivator

4. Pharmaceutical medical affairs

Field-based medical affairs teams, which include medical science liaisons (MSLs), are made up of scientists and clinicians of diverse backgrounds, including PhDs, MDs, PharmDs, NPs, and more. MSLs are responsible for providing clinical and scientific information to healthcare professionals and the healthcare provider and payor communities.

Since MSLs spend a large portion of their days establishing and maintaining relationships, a lot of their time is spent at hospitals, academic medical centers, physician practices, and scientific conferences.

But, when not out in the field, MSLs typically work remotely.

Other medical affairs roles for some pharma companies that may be field-based and/or remote include medical advisors, medical directors, and scientific directors.

Consider a remote job as an MSL or similar position if:

- You are outgoing and enjoy fostering relationships
- You don't mind traveling or being on the road
- There is a particular pharmaceutical therapeutic area of interest to you

5. Physician advising

Physician advisors drive performance across healthcare organizations by communicating best practices for evidence-based care and its documentation to providers and other clinical staff.

They are also involved in matters regarding physician practice patterns, utilization of resources, medical necessity, documentation best practices, level of care progression, denial management, and compliance with governmental regulations and commercial insurance contracts.

As physician advisors are typically employed by a hospital or hospital system, most are required to work on-site. Nonetheless, **there are remote positions out there if you search for them, especially for hospitals using third-party vendors for revenue cycle management services.**

Remote physician advisor jobs are a great option if you:

- Want to remain closely involved with actual patient care
- Enjoy teaching other clinicians
- Won't mind that some clinicians don't want you "interfering" with their work
- Are open to either remote or hospital-based work

6. Clinical research services

Contract research organizations (CROs) are independent companies that conduct clinical trials to objectively evaluate investigational drugs. Some also offer medical affairs, drug safety, and other services for pharmaceutical companies.

A few examples include [Parexel](#), [IQVIA](#), and [PRA Health Resources](#).

Physicians working for CROs often do so in the context of a medical director position in which they provide clinical expertise and leadership to support research and business development activities. They need to keep up-to-date within a therapeutic area and use this knowledge to contribute to investigator meeting presentations, review study documentation, oversee safety data reviews, and provide other types of clinical support.

Many jobs of this type have the flexibility to be remote. This is primarily due to the multi-center nature of clinical trials. In many cases, there is little benefit for medical directors to be based at the CRO's office. Look into a remote job with a CRO if you:

- Enjoy research
- Like the science of medicine and interpreting clinical data
- Are comfortable being the medical expert on a team

7. Business consulting

Business consulting encompasses various types of consulting firms, including healthcare consulting, [management consulting](#), and health IT consulting. What most firms have in common is that their consultants spend the majority of their time at client sites. These might be academic or community hospitals, healthcare payors, government facilities, or other organizations.

So, similar to field-based medical affairs jobs, [business consulting jobs](#) are somewhat less "remote" than the other job types listed here. Some consulting firms lack a work-from-home culture altogether. At other firms, consultants might spend four days per week at a client site, and then work the fifth day from home. Others might spend a few solid weeks at a client site, and then have a full week to work remotely.

Regardless of the exact type of consulting practice, physicians in business consulting evaluate a problem that a client organization has and work to recommend (and sometimes implement) a solution.

Business consulting is a good fit for physicians who:

- Are willing and able to travel
- Don't mind putting in long days for client engagements
- Can accept a salary that's lower than clinical work (at least initially)

Conclusion

Physicians can do a huge variety of work remotely that is both relevant to their skills and necessary for patient care and the overall health of our population on a broad level.

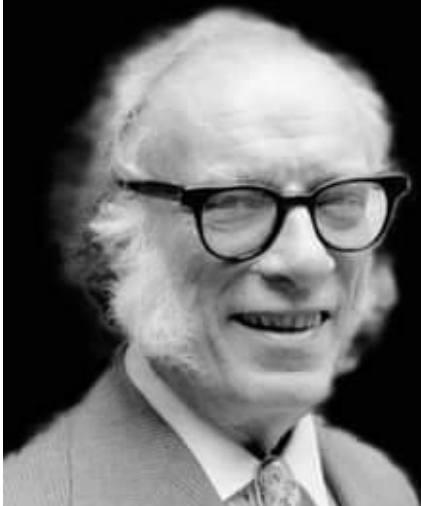
These 7 remote physician jobs are just a sample of paths you can take to get away from the hospital, clinic, or office. There are plenty more types of work-from-home jobs available. To explore some, check out our [job board](#) and sign up for our weekly job opportunities digest – [The Stampede](#).

Finally, get your resume ready for remote job applications with a [resume overhaul](#).

“Those people who think they
know everything are a great
annoyance to those of us who
do.”

— Isaac Asimov

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CREAMY PAPRIKA CHICKEN

DR. SONALI RUDER, thefoodiephysician.com

This Creamy Paprika Chicken is my kind of comfort food! Paprika infuses the creamy sauce with earthy flavor and a lovely red color. Serve it over a bowl of egg noodles for a delicious and hearty family-friendly meal. This dish is easy to make and easy on your wallet too!

I am very familiar with budget-friendly meals. The year after I graduated from college and was living on my own for the first time, I learned how to make fried rice and ended up cooking it almost every night. It was fast, easy, and most importantly- cheap!

My *Creamy Paprika Chicken* is a stick-to-your-ribs comfort food that's packed with flavor and won't be hard on your wallet. This easy chicken and mushroom stew has Hungarian origins.

Sweet paprika infuses the creamy sauce with earthy flavor and gives it a lovely red hue. The dish has simple ingredients like chicken, mushrooms, egg noodles, tomato paste and paprika. You may already have many of these in your pantry.



The sauce gets its creaminess from sour cream. If you like, you can substitute Greek yogurt.

Paprika chicken is classically served over egg noodles but you can serve it with any type of pasta or even rice.

BUDGET-FRIENDLY TIPS FOR THIS RECIPE

I USE CHICKEN FROM A FAMILY PACK

I look for sales at the supermarket and buy family sized portions for items I'll use a lot. When chicken breasts go on sale, I buy family packs and then I split them up into individual portions, label them and freeze them for later. I also avoid cuts like "thin cut" chicken breasts because they're more expensive. Slice them yourself.

I USE LOTS OF MUSHROOMS

Vegetables are relatively inexpensive. I buy fresh vegetables when they're in season (and therefore cheaper) and frozen vegetables at other times of the year. I avoid veggies that are already prepped like pre-sliced mushrooms and chopped onions because they cost more. If you're pressed for time, these items can be very valuable but if you're on a budget, do your own prep work.

I BUY TOMATO PASTE IN A CAN INSTEAD OF A TUBE

The tube is convenient because you can use as much as you like and then close it and store it in the fridge, but the can is a lot cheaper. I use what I need and then freeze the rest of the tomato paste in tablespoon-sized portions.

So go ahead and dive into a bowl of this hearty chicken dish. It's my kind of comfort food. Your family (and your wallet) will thank you!

Ingredients

2 tablespoons olive oil, divided

1 pound boneless, skinless chicken breast, cut into bite-sized pieces

½ teaspoon salt, divided

¼ teaspoon pepper, divided

1 tablespoon flour

1 tablespoon tomato paste

½ cup low sodium chicken stock

1 small onion, finely chopped

2 cloves garlic, finely chopped

8 ounces cremini mushrooms, sliced

1 tablespoon sweet paprika

¼ cup sherry or white wine (optional)



¼ cup sour cream or Greek yogurt

8 ounces enriched egg noodles, cooked and drained

¼ cup chopped parsley

Instructions

1] Heat 1 ½ tablespoons oil in a large sauté pan over medium high heat. Season the chicken pieces with ¼ teaspoon salt and ⅛ teaspoon pepper and sprinkle them with flour. Toss to coat all of the pieces. Add the chicken to the pan in a single layer and cook without moving until golden, 3-4 minutes. Flip the pieces over and cook another 2-3 minutes on the other side (the chicken will finish cooking later in the sauce). Remove chicken from the pan.

2] Whisk the tomato paste and chicken stock together in a bowl. Set aside.

3] Heat the remaining ½ tablespoon oil in the pan and add the onion. Cook 2-3 minutes until it starts to soften and then add the garlic and mushrooms. Cook, stirring occasionally, until vegetables are tender, 4-5 minutes. Add the chicken back to the pan along with the paprika and stir to combine well. Turn the heat up to high and add the sherry or wine (if using). Cook until reduced. Pour in the tomato paste and chicken stock mixture and season the sauce with the remaining ¼ teaspoon salt and ⅛ teaspoon pepper. Simmer a few minutes until the sauce starts to thicken and the chicken is cooked through. Turn the heat off and stir in the sour cream or yogurt.

4] Serve the chicken over egg noodles. Sprinkle with parsley before serving.

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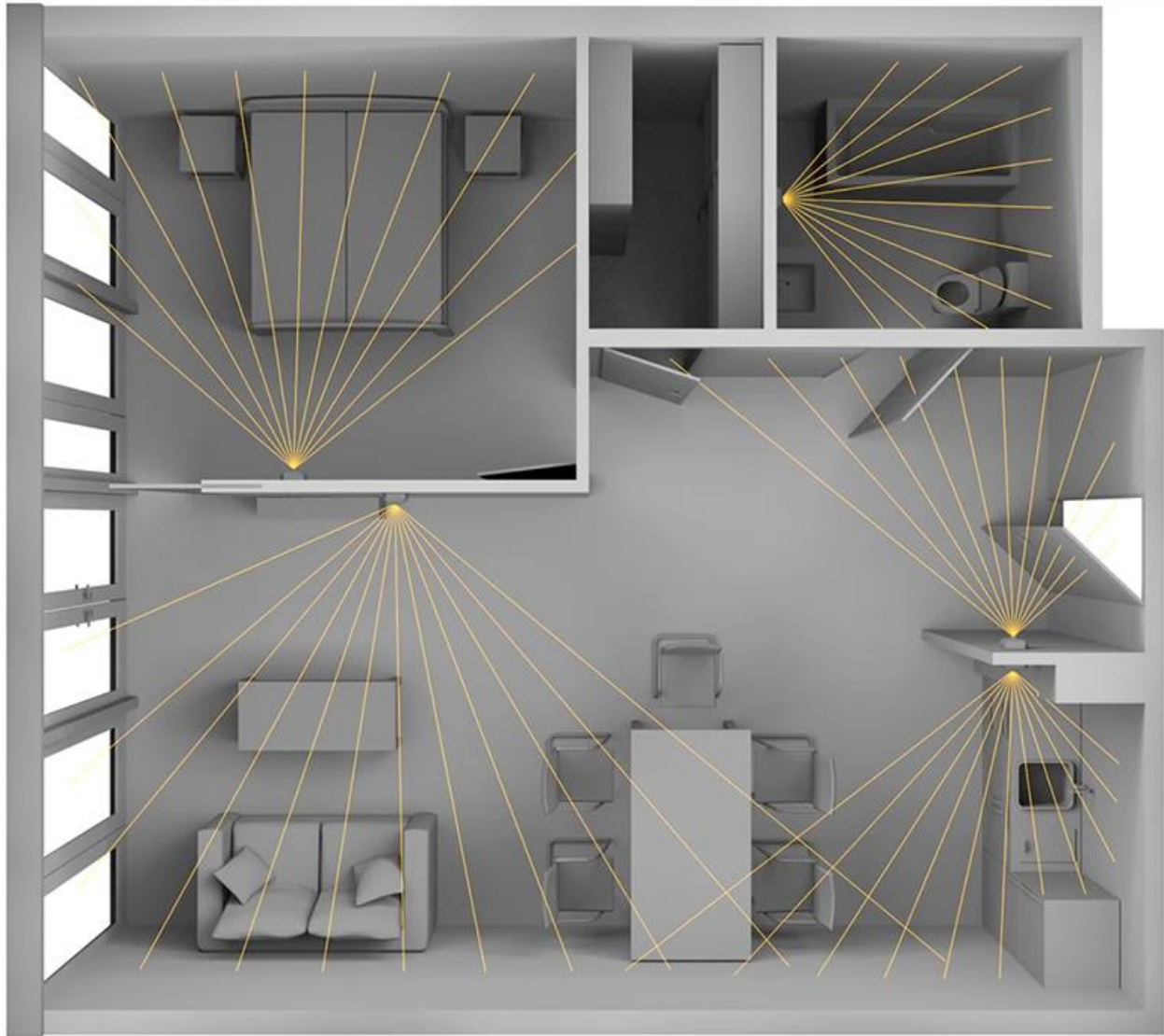
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Motion Sensors to Detect Age-Related Disease

By Conn Hastings



Researchers at the University of Bern in Switzerland have developed a motion tracking system that is intended to assist in detecting age-related disease in elderly people. The system could be installed in someone's home or in assisted-living facilities, and consists of a series of motion sensors that can monitor for signs of unusual movement. The system can inform caregivers if an emergency arises, such as a fall, which can be detected when someone does not return to their bed at night or is stationary for a long period, for example. However, the researchers also envisage it as helping to provide early detection for a variety of health issues, including sleep problems, cardiac arrhythmias, a worsening COVID-19 infection, or cognitive impairment.

As our population ages, we will need to develop new solutions to keep people as healthy as possible for as long as possible. It is not practical to provide round the clock care for every aging person, but technology may be poised to provide the next best thing – a lookout. This is the motivation behind this latest technology, a motion sensing system for use at home or in healthcare facilities.

Most previous attempts to provide monitoring for vulnerable aging patients have involved wearables. While these pieces of equipment can be very effective, they are only effective if they are used properly and

consistently. At the risk of generalizing, older people can sometimes struggle with new technologies, particularly if they have cognitive issues or problems with dexterity. Consequently, the need to wear and perhaps interact with a wearable can pose a problem in terms of compliance and effective use.

To address this, this latest approach is completely non-invasive and does not require input from the monitored person. Instead, a series of motion detectors are installed in someone's living quarters, along with door sensors, a sensor in their bed, and one on their refrigerator. "We used non-contact sensors at home to create an extensive collection of digital measures that capture broad parts of daily life, behavior and physiology, in order to identify health risks of older people at an early stage," said Narayan Schütz, one of the developers of the technology.

In tests so far, the researchers report that the system is surprisingly good at helping in identifying health issues at an early stage. "We were able to show that such a systems approach — in contrast to the common use of a few health metrics — allows to detect age-relevant health problems such as cognitive impairment, fall risk or frailty surprisingly well," said Tobias Nef, another researcher involved in the study.

While the system may sound like something out of *1984*, the researchers are keen to point out the data security and privacy aspects of their technology. The sensors do not record video or sound, and the data are protected to medical data security standards. Moreover, installation in someone's room or house is conceived as completely voluntary.

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The Slippery Slope of Utilization Management

By Sneha Tella, MD

“The patient has a severe infection of the hand and is not improving on the current antibiotics,” I explained to the medical director at the insurance company.

“I understand. However, the patient has no elevated white count or fever, and I cannot get it to meet the criteria, so I will have to deny the necessity for the patient to stay in the hospital,” she explained.

I felt my voice rising and my face turning red as I continued, “Well – where is this patient supposed to go then? As a fellow provider – what do you suggest I do?”

I knew this wouldn’t end well, but I couldn’t help but get outraged again. Eventually, the medical director even agreed the patient needed treatment; however, based on the guidelines, she could not approve the hospital stay. I let out a sigh of frustration and hung up the call.

Prior authorization (one part of the utilization management processes) is a widely known frustration among patients and health care providers. At the start of the pandemic, the Centers for Medicare & Medicaid Services (CMS) provided hospitals with several waivers to help them focus on direct patient care. Understanding that these processes were a hindrance to patient care. In the face of crisis, there was the recognition to remove administrative obstacles and allow hospitals to care for a community in need.

Inherently this puts into question the necessity of such processes. There has been a clear demonstration of the rise of administrative costs contributing to the overall cost of care in the U.S. When we increase regulations, the administrative burden increases. Is this increase justified? Has utilization management processes had the intended impact to justify the means?

The utilization management process largely came into play after the creation of CMS in the 1960s. During this time, health care costs were rising under the fee-for-service model. There was already a need to combat unnecessary testing and services. With the formation of CMS, there would be a massive undertaking by the federal government to provide health insurance to the elderly, poor and disabled. With this large expansion – cost containment was pushed to the forefront. The need was there and now the opportunity aligned with the ability of the federal government to mandate it.

Out of this bore the basis of utilization management (UM). The initial intent was to review the medical necessity of hospital stays, various procedures, and tests. Companies created “guidelines” to determine if medical decisions were made appropriately and if services were utilized correctly. If they were deemed “unnecessary,” the people and places performing them would not be paid.



Before my frustrating conversation with the insurance company's medical director, these UM processes did occur. A utilization review nurse on both the hospital and insurance side reviewed the patient's current information against the criteria. The nurses were unable to justify the patient's medical status based on laboratory values, vital signs, or imaging results. What these guidelines often fail to factor in is scenario-specific information. This patient had a severe infection of his hand, which necessitated us to treat him differently. If he didn't improve, he could lose function in his hands, and his life would suffer greatly. While practicing medicine, there is always an element of judgment required that is hard for software to account for.

Under our current payor model, UM processes are a necessity. We need them for payors to understand the care being given by health care providers. Guidelines are a necessity as well. They aid in reducing unnecessary care and spending. There is good necessary work here. But what I fear is that, in allowing and adhering to these guidelines and processes, we have also opened ourselves to their abuse of them. Under the guise of utilization, payers can cut reimbursement for essential care. UM has become a wall for payors to hide behind without providing any room for clinical reasoning or flexibility.

Earlier this year, the DOJ filed a federal suit to stop the acquisition of UnitedHealth Group (one of the largest private insurers in the nation) of Change Healthcare. Change Healthcare maintains InterQual Criteria, one of the largest guidelines set for inpatient medical care. These guidelines are often cited as the reasoning behind the denial of payment or prior authorization. Now the largest private insurer would own these products and possibly be able to further impact outcomes to their benefit.

Commenting on the lawsuit, Principal Deputy Assistant Attorney General Doha Mekki of the Justice Department's Antitrust Division stated, "The proposed transaction threatens an inflection point in the health care industry by giving United control of a critical data highway through which about half of all Americans' health insurance claims pass each year." He says, "Unless the deal is blocked, United stands to see and potentially use its health insurance rivals' competitively sensitive information for its own business purposes and control these competitors' access to vital health care technology innovations. The department's lawsuit makes clear that we will not hesitate to challenge transactions that harm competition by placing so much control of data and innovation in the hands of a single firm."

I shudder to think what my earlier conversation with the medical director will look like now.

[Sneha Tella](#) is an internal medicine physician.



Top 18 Resorts and Hotels for Fall Foliage in the U.S.

By K.C. Dermody tripstodiscover.com

What better way to escape the rat race during autumn than to spend some time among the beautiful fall colors? There are spectacular destinations across the U.S. where you can enjoy fall festivals, cooler temps, and photo-worthy fall foliage. These resorts and hotels offer the chance for an ideal getaway during this spectacular season.

[The Wentworth - Jackson Village, New Hampshire](#)



Enjoying a New England autumn offers the quintessential fall experience, and it's hard to find anything better than this tiny town in eastern New Hampshire. The Wentworth, built-in 1869, is bordered east of the beautiful Jackson Falls of the Wildcat River and framed by the 18-hole PGA Wentworth Golf Course to the west. A top place to stay in New Hampshire, it features stylish rooms in the main house and outlying cottages equipped with hardwood floors and gas fireplaces, all surrounded by an abundance of recreational activities and wildlife. A short stroll will bring you to the heart of multi-colored fall foliage by visiting any time between mid-to-late-October. Guests can also enjoy an authentic New Hampshire breakfast or dinner with locally sourced ingredients.

[Grand Hotel, Mackinac Island\](#)

The 1887 Grand Hotel on Mackinac Island sits in Lake Huron. This storybook island prohibits motorized vehicles, so you'll get to the hotel by boat and get around by horse-drawn carriage or bicycle. The property boasts the most extended front porch in the world and is an iconic resort offering everything from horseback riding to biking and swimming in its outdoor pool. The fiery reds and golds of autumn in this region are vivid and stretch endlessly. Taking the Agawa Canyon Train, you can venture a hundred miles into Canada to see them. This historic, elegant white resort features a wide variety of rooms, some with a balcony. Dining is an exceptional event, with extraordinary food, service, and ambiance, including the Main Dining Room where formal evening attire is required and a stunning view overlooks the Straits of Mackinac.



[Ashby Inn - Paris, Virginia](#)

The Ashby Inn is located about 20 miles from Skyline Drive, renowned as one of America's most incredible fall foliage routes. This historic property was built in 1829 and welcomed Stonewall Jackson during the Civil War. It retains its refined country look with cozy rooms decorated with 19th-century furniture and four-poster beds with the Settle Room boasts a wood-burning fireplace and a private porch with Adirondack chairs overlooking the Blue Ridge Mountains. The restaurant is a destination in and of itself, serving creative farm-to-table cuisine and a range of wines, beers, and spirits derived locally. It's an ideal place to stay to enjoy hiking under the gorgeous foliage umbrella of Sky Meadows State Park, just a half-mile away.



[The Lodge at Buckberry Creek - Gatlinburg, Tennessee](#)

Tucked within the Great Smoky Mountains near Gatlinburg, The Lodge at Buckberry Creek offers an Adirondack-style endless mountain view and luxurious rooms with balconies overlooking the vibrant reds, yellows, and oranges that explode from the oaks and maples. After a scenic drive, a day of hiking, or visiting Gatlinburg's funky shops, eateries, and numerous attractions, including a world-class aquarium, you can look forward to unwinding with unsurpassed views. When hunger pangs hit, dine at the lodge restaurant with an innovative, daily-changing menu that features only the freshest local and seasonal ingredients. Outdoor dining offers spectacular views of Mt. LeConte and the Great Smoky Mountains.



[Chebeague Island Inn - Chebeague Island, Maine](#)

The Chebeague Island Inn is a restored 1920s Greek Revival Inn that overlooks the ocean on one of the most beautiful islands in Maine's Casco Bay. While you'll feel like you're worlds away, it takes just a 25-minute water taxi ride from Portland to get here. Each charming guest room is unique, featuring furnishings and artwork from Maine artists and artisans. For the best of the best, choose an ocean-view room. After a day of leaf-peeping, enjoy cozying up to the vast stone fireplace or unwinding on the wrap-around porch. Walking to the rocks at Deer Point provides excellent views of the bay and island.



[Amangani – Jackson Hole, Wyoming](#)

One of the [best hotels in the U.S.](#), the Amangani is an ultra-luxury resort with luxury suites that overlook the breathtaking Grand Tetons and Snake River Valley from its cliff-top location. The resort's name means "peaceful home" in the language of the Shoshone, exemplifying the atmosphere you'll find that allows stress to melt away. In autumn, the aspen and cottonwood run gold and red while the air is crisp and cool, and the skies are almost always blue. Suites are spacious, boasting fireplaces and oversized bathrooms with deep soaking tubs, while resort amenities are the best in Jackson Hole and include a world-class spa, heated outdoor pools, hot tubs, and horseback riding. Guests can also enjoy a gourmet restaurant for an unforgettable dining experience.



[Hidden Pond - Kennebunkport, Maine](#)

As its name suggests, Hidden Pond hides on 60 acres of enchanting woodland in Kennebunkport. It offers a luxurious escape in a picturesque New England setting, with autumn bringing out some of its best. Visit in the fall, and you'll find the property nestled among a stunning mix of rouge, russet, and burnt umber. The private cottages feature screened-in porches and indoor/outdoor showers. The romantic bungalows, away from the main lodge, are ideal for couples, affording lots of privacy and a floor-to-ceiling stone gas fireplace. At the same time, the spacious cottages are perfect for families who will appreciate the spacious living and dining areas and a fully-equipped kitchen. After a day of exploring the beautiful surroundings, gather around the massive stone fireplace at the lodge, or take a dip in the heated pool. If you'd like to indulge, head to the spa.



[Lake Placid Lodge - Lake Placid, Adirondacks, New York](#)

The only hotel on the lake itself, the Lake Placid Lodge is balanced on the edge of the village and forest, bringing the opportunity to enjoy the trees around the water that burst with flaming reds, oranges, and soft yellows during the autumn months. Accommodations at this lavish lakefront retreat include rooms with stone fireplaces, featherbeds, and lots of one-of-a-kind pieces created by local artisans, along with views of the lake or the woods. Some offer balconies as well. A stay here includes a long list of activities on the property, including mountain biking with complimentary bicycles available for guest use. Artisans, the onsite restaurant, is a popular draw on its own, serving organic, farm-to-table fare made from locally produced ingredients.



[The Chena Hot Springs Resort - Fairbanks, Alaska](#)

The Chena Hot Springs Resort is located some 60 miles east of Fairbanks, accessible by a road that's been called Alaska's most spectacular drive. From late August through the middle of September, the surrounding mountains are covered in a magnificent blanket of reds from the falling leaves of bearberry plants, while the birch and aspen trees turn shades of yellow, gold, and orange. This is a fantastic time to visit, as the greatest light show on earth, the aurora borealis, fills the skies with stunning luminescent lights from about late August and can be viewed right from the natural hot springs that the resort was built around. The spacious lodge rooms and cabins are cozy and authentic, and the resort also features campsites as well as yurts.



[Stonover Farm - Lenox, Massachusetts](#)

Located in the heart of the Berkshires, this historic property was built in 1890 as a gentleman's farm and opened to guests in 2011. Modernly adorned with world-class luxury, the upscale suites at Stonover Farm are adjacent to a duck pond with 10 surrounding open acres. Select suites offer gas fireplaces or Jacuzzi tubs, with the three-room Suite One also including a sitting room with a comfy armchair and ottoman that offers views of the opposite field and forest. Stockbridge Bowl and the endless beauty of the Berkshires are right out your window. As the bucolic roads around Lenox are perfect for pedaling, you may want to rent a bike to ride through the stunning autumn scenery.



[Applewood Manor - Asheville, North Carolina](#)

As a turn-of-the-century B&B in the historic Montford District, Applewood Manor sits across 1.5 acres filled with maples, pines, and giant oaks. You'll be just a 10-minute drive from the Blue Ridge Parkway, legendary as one of the most spectacular fall drives, though you may want to kick back with a good book in a rocking chair on one of the porches. There are multiple rooms to choose from, with the York Imperial arguably the best. It contains a gas log fireplace, a sleigh bed, and a private balcony with Adirondack furniture for taking in the magnificent foliage display. If you're up for an adventure and more leaf-peeping, consider hiking a portion of the Mountains to Sea Trail along the Blue Ridge Parkway.



[Columbia Gorge Hotel - Hood River, Oregon](#)

The 80-mile Columbia Gorge was the nation's first declared National Scenic Area, cutting into the Cascade Mountains to form a natural border between Washington and Oregon. Beautiful all year round, it's especially magnificent in autumn, when the Oregon ash, firs, big-leaf maples, and cottonwoods begin to display their colors. The Columbia Gorge Hotel – “a grande dame of gorge hotels” – makes an ideal place for experiencing the golden and bronze hues and the famous waterfalls the area is best known. The property overlooks the Gorge, a 208-foot-high waterfall, and beautifully landscaped formal gardens. Guests can also enjoy massage and body treatments in the tranquil spa and rooms with elegant touches like canopy beds. Fall brings more good reasons to visit – rates drop after summer ends. And this is also harvest season, the perfect time for wine enthusiasts to explore local vineyards.



[The Point - Saranac Lake, New York](#)

The Point is an ultra-exclusive property that evokes the spirit of great Adirondack camps as a secluded property set upon a forested peninsula on Upper Saranac Lake. The Adirondack Mountains is the largest natural wilderness region in the Eastern United States. It has an exceptionally tranquil escape in its spectacular array of brilliant orange, fiery red, and golden yellow hues of fall foliage, including oak, maple, birch, and beech trees. Spend the day out among them and return to this lavish retreat where guest rooms blend rustic furniture with luxurious antiques and rich fabrics. Each features a stone fireplace and lake views, while some include private decks or patios and pine-lined cathedral ceilings. The capacious Boathouse overlooks the lake and is a favorite with romance seekers. Enjoy continental breakfast in your room or tableside overlooking the lake.



[Sun Mountain Lodge - Winthrop, Washington](#)

This 3,000-acre resort sits atop a foothill in the North Cascades mountain range, an ideal spot for admiring brilliant autumn colors. By booking one of the Sun Mountain Lodge's Mountain View guest rooms, you'll enjoy uninterrupted views of the Cascades and all their glory, without TVs to spoil the serenity. Rooms also feature balconies and gas fireplaces. Get up close to the breathtaking scenery by taking the four-mile hike to Patterson Mountain, part of an extensive network of trails around the lodge, dazzling in the fall with colonies of aspen simultaneously lit up with yellow leaves. Great fly-fishing on the Methow River for rainbow trout, cutthroat trout, and steelhead is available too.



[Equinox Resort & Spa - Manchester Village, Vermont](#)

Located in Green Mountain State Forest, Equinox Resort & Spa embodies the luxury of a multimillion-dollar resort while staying true to the nature-inspired character of Vermont. The Green Mountains are renowned for being a mecca for serious leaf peepers in the Eastern U.S. While driving the highways or hiking the trails, you can see the spectacular hues of the blazing red and orange maple trees, violet-red pin cherry, and yellow alder. Once a popular hunting hub for British loyalists built in 1769, this property offers the chance to enjoy many activities, including falconry, shooting, archery, golf, and mountain biking lessons. You'll find many high-end amenities, like terry cloth robes, down pillows, luxury linen, and the chance to enjoy fine dining at the resort's multiple restaurants.



[Otesaga Resort Hotel - Cooperstown, New York](#)

This stately, Federal-style resort was built in 1909, making an especially grand first impression with its lengthy walkway and 30-foot pillars. The same studied grace runs throughout the interior of the Otesaga Resort Hotel, from the neoclassical entryway to rooms like No. 245, exceptionally expansive with high ceilings, impeccable views, florals, and chandeliers. Wide verandas face Lake Otsego, known as the Glimmerglass. In the luxurious dining room, huge windows overlook the well-manicured grounds. Of course, in the fall, you'll also enjoy beautiful colors. By renting a canoe from the resort, you can check out the foliage from a magnificent perspective atop the water.



[The White Gull Inn - Fish Creek, Wisconsin](#)

Door County, one of the Midwest's best fall foliage destinations, is a 75-mile-long peninsula that juts out into Lake Michigan amid a wooded shoreline, lighthouses, and gently rolling farmland. If you visit The White Gull Inn in the fall, you'll see bursts of scarlet, gold, russet, and vermilion lining highways and forming canopies over country lanes. About three-quarters of the way up the peninsula, The White Gull, an 1896 clapboard inn, offers a tranquil place to enjoy it all. Choose Henriette's Cottage, and you'll enjoy a welcoming fireplace in the living area, a private screened porch, a separate bedroom with antiques, and a four-poster bed.



[Rabbit Hill Inn - Lower Waterford, Vermont](#)

Another fabulous spot for enjoying the reds and golds of the Green Mountain State is the Rabbit Hill Inn, in Vermont's Northeast Kingdom, one of the first places the leaves begin to turn. This 18th-century structure with a 19th-century addition is an ideal base for exploring the region, while views of the hills of Vermont and the White Mountains of New Hampshire can be enjoyed right from the front porch. The 10 surrounding acres of wooded trails provide another way to take in the gorgeous foliage. By booking the Music room, you'll enjoy the ultimate in classic luxuries, with a four-poster bed topped by a hand-woven canopy and a gas fireplace.



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A Stark Contrast Between American and Canadian Health Care

By David J. Stewart, MD

An excerpt from [*A Short Primer on Why Cancer Still Sucks*](#).

The United States has the world's most expensive health care system. It spends about twice as much each year on every American as the Canadian system spends on Canadians. Per capita, the U.S. spends far more than Canada on drugs each year. The U.S. also has far more health care capacity, with more specialists, nurses, hospital beds, CAT scanners, MRI scanners, PET scanners, and radiotherapy treatment units per capita than Canada. This higher capacity can be useful, but it costs a lot of money.



The higher health care spending in the U.S. is primarily due to a much higher price for every medical procedure. It isn't due to more procedures being performed in the U.S.

Having a single-payer system in Canada makes the Canadian system much less expensive to run. In Canada, hospitals and physicians easily submit a single monthly bill electronically to the provincial government. In the U.S., physicians and hospitals cannot automate sending their bills to each of hundreds of insurers. Instead, it involves a huge amount of time and expensive paperwork. Consequently, health care administrative costs are almost five times higher in the U.S. than Canada. In this case, government bureaucracy is surprisingly more cost-efficient than the private sector.

Billing insurance companies is not the only expensive part of the U.S. system. An insurance company must approve any nonemergency tests, procedures, or treatments before they can be performed. This extra administrative burden is costly.

When we moved to Texas, my wife, who is Canadian, was incredulous at the number of people working in U.S. doctors' offices. The average Canadian physician shares a receptionist and maybe a nurse with a few other physicians. Conversely, a doctor's office in Houston is overflowing with staff, most of them dealing with insurance companies.

The Canadian approach is much simpler: Provincial governments build limited capacity. Canadian patients use this limited capacity to the maximum extent that available resources allow. If there is insufficient capacity, health care providers must apply for permission to build more capacity. That takes time. The net result is that there is never quite enough capacity. This increases wait times, yet it is also very cost-efficient administratively. The bottlenecks effectively control utilization, with no need for daily calls to insurance companies.

Because American health care is so expensive, U.S. companies must pay a lot for employee health care insurance. This drives up labor costs in the U.S., while paradoxically keeping wages low. It is, therefore, more

expensive to produce something in the U.S. than in Canada and elsewhere. This is one major driving force behind U.S. jobs shifting to other countries.

U.S. physicians have a feral fear of liability. An American physician is much more likely to be sued than a Canadian physician. This and other factors drive-up the cost of U.S. malpractice insurance. American physicians also follow more expensive “defensive medicine” processes, ordering tests that might not be necessary medically but that reduce the risk of a successful lawsuit.

Costs of compliance with government regulation are probably also higher in the U.S. When I worked at MD Anderson, I received frequent emails from the Office of Compliance that I was obligated to either do or avoid various specific things. I might be fired and might face criminal prosecution if I ignored them. For example, it was illegal to fill out forms requesting a motorized wheelchair for a patient. Such forms could only be completed by very specific professionals. I would have faced stiff criminal penalties if I completed one since I was not authorized to do so. We were also told that if we tried to arrange free chemotherapy for underinsured patients, the government might charge us with using coercion to try to attract patients.

Such legal threats from government are substantially less commonplace in Canada. A Canadian physician must maintain a high level of professional conduct, in keeping with the standards of provincial medical licensing bodies. However, there are not constant threats from government, and no need for an institution to have an Office of Compliance.

While living in Houston, I was struck that overall, the relationship between the American people and their government appeared to be a somewhat uncomfortable one. This is in keeping with the U.S. imprisonment rate. It’s the highest in the world (639 prisoners per 100,000 population, compared to 104 per 100,000 in Canada). In the U.S., prisons may be highly profitable, privately-owned capitalist ventures in which politicians and others may invest.

I suspect this U.S. discomfort with government plays at least some role in the strong support for the Second Amendment. It has probably also played a role in the 2016 election of Donald Trump as a president who promised to “drain the Washington swamp.” In the “Frozen North,” Canadians may strongly disagree with their government. We may even despise it, but we generally do not fear it. In Canada, governments control health care spending largely through strategic, though potentially misguided budget constraints rather than by heavy-handed threats.

Life expectancy: Despite the huge amount spent on U.S. health care, American men live an average of 4.5 years less than Canadian men. American women live three years less than Canadian women. In fact, the U.S. ranks a lowly 46th in the world in average life expectancy.

Part of this is due to many young Americans being underinsured. A country’s average life expectancy will drop if a lot of young people die prematurely because they don’t have health insurance. When we moved to Texas in 2003, we hired a company to install a swimming pool at our new house. In talking to one of the young workers, my wife was concerned to find that he had unrelenting, disabling stomach pain. He told my wife that because he had no insurance, he could not afford medical care. This would not have been an issue in Canada. A Canadian could always see a doctor. They could go to any walk-in clinic if they had trouble finding a family physician. They might have to wait a few days or weeks for an appointment if they had a family doctor, but lack of insurance would not prevent them from seeing one.

[David J. Stewart](#) is an oncologist and author of [A Short Primer on Why Cancer Still Sucks](#).

How to Build and Protect Your Wealth: Financial Planning Tips for Medical Professionals

Given their healthy incomes, embracing an unconscious savings mindset might seem unnecessary for doctors. But even doctors can face hiccups to their plans.

By Vidal Peoples

A career in medicine almost always guarantees a lifetime of high earnings. With few exceptions, most early career professionals leave school with a mountain of student loan bills looming in the near future. This is especially true for professionals of color, many of whom are first-generation students, and those who come from low-income families. While most medical professionals are intelligent and knowledgeable in their fields, an understanding of finances is not necessarily inherent among doctors. Hammering down debt and gaining financial balance is usually a challenge.



After spending years pinching pennies to get through school and residency, learning how to properly budget can prove difficult. Once working, earnings spike, and many newly minted doctors are champing at the bit to invest, though most lack the knowledge of how to do so effectively. Others spend their money on large purchases, such as a home, without considering the effects on their debt or long-term savings. As a financial advisor, my goal is to set them up to tackle their debt and, at the same time, become great savers. Ultimately, we want these new physicians to become unconscious savers and conscious consumers.

Given their healthy incomes, embracing an unconscious savings mindset might seem unnecessary for doctors. After all, most doctors expect that they will work into old age without any financial roadblocks. But even doctors can face hiccups to their plans. Consequently, the first step to establishing a solid financial plan is to explain some of the common threats to wealth accumulation that anyone, even high earners, may face at some point in their life.

Sickness and Injury: Being a doctor is a physically and mentally demanding job and a debilitating illness or injury can bring their earnings to a halt.

Unexpected/Accidental Death: Accidents happen and preventing them is often out of our control.

Taxes: High earners pay a significant portion of their earnings in local, state and federal taxes. High-earning W-2 employees are not often afforded the many provisions that small businesses get with tax planning.

Lawsuits and Liability: Property and casualty insurance (auto, renters, homeowners and umbrella) is often looked at as a necessary evil and done using online carriers or 1-800 call centers with just enough coverage to comply with the law. The focus is on the cost of the insurance instead of what it will do for you when you need it.

Once individuals realize that they are not immune to these threats, we can begin the work of planning out their financial lives.

There are two other important fundamental concepts to focus on when planning a financial future: wealth accumulation and risk management. Wealth isn't accumulated overnight. It is the result of diligent effort to regularly save and invest over many decades. But wealth is often undermined by unexpected risks. Insurance and other risk management steps are critical to mitigate these risks.

Consider this example. A former OB-GYN believed he had a decades-long career ahead of him until a life-changing injury obtained while on the job altered his plans. A grueling night spent running from room to room delivering babies resulted in a severe back injury that prevented him from practicing medicine. The realization that his chosen career path was no longer viable was dismaying, and concern for his financial future was acute. But because he had followed our advice to purchase disability insurance, he was able to redirect his passion for helping mothers and babies into a rewarding non-profit venture. His story is one of many that demonstrate the importance of not only building savings but also protecting assets in case the unexpected happens.

Many high earners think they can wait to organize their financial lives. But in my experience, the sooner professionals begin planning, the better; it's incumbent to meet them where they are. Building assets is a decades-long commitment, and the medical professionals who learn how to save and protect their earnings at the beginning of their career are more likely to be prepared for unexpected circumstances.

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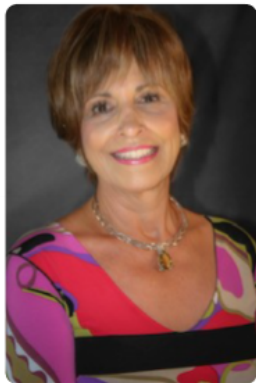
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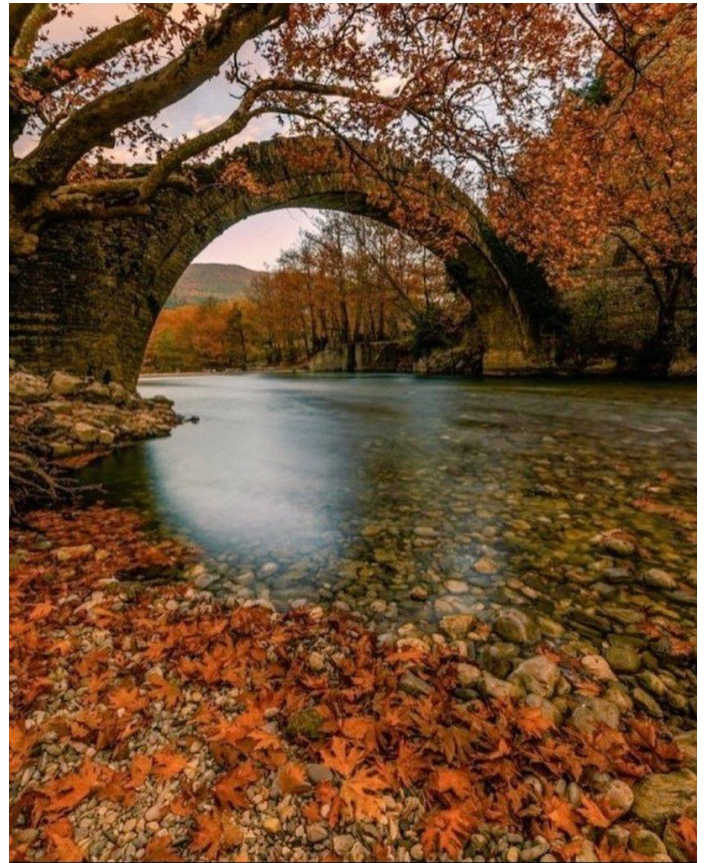
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The Dakota Studios



If You Are Interested in Real Estate Here is a Deep Dive Into Statistics on the Market

By Chris Linsell



Current home sales in 2022 are the second highest tally since 2007, trailing only 2021. Real estate statistics like this one are a critical part of understanding the ever-changing real estate market and the industry at large.

Southern Market Migration

Florida trailed only Texas in population increases from 2020 to 2021, while the rest of the nation had the slowest growth rate in its history, according to the U.S. Census Bureau.

In 2022, migration to Florida is being led by Californians and New Yorkers – each state represented 10% of inbound moves to Florida as of early 2022, or about 20% collectively.

Following New York and California, individuals from Illinois (6.8%), New Jersey (5.9%) and Pennsylvania (5.4%) also make up a large percentage of new Florida residents

Florida's population grew to 22 million from July 1, 2020 to July 1, 2021. Texas grew to 30 million from the same time according to the U.S. Census

Other southern states like Oklahoma, Tennessee, and Alabama have seen a substantial uptick in the number of realtors by around 5% since July of 2021.

The Close Takeaway: Between 2020 and the close of 2021, there's been a mass migration to the southern states, especially Florida and Texas. Unsurprisingly, the number of Realtors in these southern states has also swelled. More people means more business. So, if you're looking for more opportunities as a Realtor, head south!

Real Estate Market Statistics

here are approximately 120 million occupied housing units (by renters and owners) in the United States. In the second quarter of 2022, the median asking rent for vacant units was \$1,314. 92% of homes sold in the U.S. in 2021 were sold using an agent or a broker.

The average listing price for a home in the United States has risen more than 14% YoY to \$416,000 as of June 2022.

The median sales price for a home in the United States in 2022 has increased by 781% since 1980.

U.S. homes spent a median of 14 days on market in June 2022—down 3 from 17 days in June 2021. In Jun 2022, more than 55% of homes in the U.S. sold below list price—and indication that the market is slowing.

Interest rates have literally never been lower than in 2021—at one point reaching as low as 2.65%. Between March 3 and Jun 23, 2022 interest rates jumped from 3.76% to 5.81% – an increase of more than 2% in just three months.

Millennials reign as the largest homebuying generational group, purchasing nearly one out of every five homes that sold in 2022 so far.

Gen Xers made up the largest share of home sellers at 24%

The total number of homes sold in 2021 was up by more than 6% over 2020 to 6.9 million. That's nearly 17% more than 2019.

The Close Takeaway: The real estate market in the United States was absolutely ON FIRE in 2021. Extreme demand, skyrocketing prices, a lack of inventory, and historically low interest rates created unprecedented seller's market conditions. In the first half of 2022 there's evidence that the trend is slowing. As interest rates continue to rise, home buying has slowed. But the market is still rich with buyers eager to buy.

Pre- and Post Pandemic Shifts

The National Association of Realtors increased its membership by nearly 50,000 from July 2021 to July 2022. Pending home sales in June declined 8.6% from May as escalating mortgage rates and housing prices impacted potential buyers.

Buying a home in June was about 80% more expensive than in June 2019

With mortgage rates expected to stabilize near 6% and steady job creation, home sales should start to rise again by early 2023.

61% of home offers faced bidding wars in April 2022, down from 63% a month earlier and 67% in the same period of 2021.

Nationally, single-family rent jumped 14% year over year in April

Metro areas where rent prices are increasing the most:

Miami: 40.8%

Orlando: 25.8%

Phoenix: 17.8%

San Diego: 17.3%

Las Vegas: 17%

Freddie Mac projects that home-price growth will average 12.8% in 2022 but will drop to 4% in 2023. By comparison, home-price growth was 17.8% in 2021.

The Close Takeaway: The pandemic changed the landscape of housing in so many ways, not the least of which is opportunities to cash in. With rents becoming the new battleground, housing prices beginning to level off, and demand still strong in spite of higher interest rates, the future still looks bright for the real estate industry.

Home Selling Statistics

The amount of equity in mortgaged real estate increased by more than \$3.2 trillion in Q4 2021, an annual increase of 29.3%

More than 6.1 million existing homes sold in 2021 – the most since 2006

As of June 2022, existing home sales are down 14.2% YoY, a sign that the market is stabilizing. 762,000 newly constructed homes sold in 2021. That's 7.3% below the 2020 total of 822,000.

The median available days on market for a home in the United States in 2021 was less than 10. The typical FSBO home sold for 18% less than a home listed with a Realtor.

Homes listed for sale on a Thursday typically sold for more (and faster) than homes listed on any other day of the week.

Who is Selling? A Home-Seller Statistical Snapshot

42% of homeowners are considered equity-rich with a 71% appreciation increase from pre-pandemic profit levels.

The average annual gain in equity was \$55,300 per mortgage holder, more than two times the gain from a year earlier.

For homeowners like the Baby Boomers who purchased a home 30 years ago, they have gained \$352,100 in housing wealth.

Home equity gains have enabled Baby Boomers to tap into their equity to supplement retirement income or to use towards the purchase of a smaller home or even a second home.

The typical home seller has owned their home for eight years.

The typical size of a U.S. home sold in 2021 year was 2,356 square feet.

The Close Takeaway: Home prices have appreciated dramatically in the last 24 months. Sellers are realizing more equity than ever before.

Home Buying Statistics

Home sales in 2022 are the 2nd highest tally since 2007, trailing only 2021.

The typical home buyer bought their home using a mortgage

More than 20% of homebuyers in 2021 were single females.

Less than 10% of homebuyers in 2021 were single men.

30% of home purchases in 2021 were made by first-time homebuyers.

The median age of a first-time home buyer in the United States in 2021 was 33.

The median age of a repeat home buyer in the United States in 2021 was 56.

The median household income for a first-time home buyer in the United States in 2021 was \$86,500

Repeat homebuyers in 2021 earned a median household income of \$112,500.

11% of homebuyers in 2021 purchased multi-generational homes due to children above the age of 18 moving back home, for cost-saving measures, or to care for their aging parents.

3% of homebuyers in 2021 were active-duty service members

29% of homes purchased in 2021 had a sale price of more than 100% of the asking price.

41% of buyers report their first step in the home buying process was looking at homes online, while only 19% of buyers contacted a real estate agent as their first step.

The typical buyer in 2021 visited eight homes before making a purchase.

In 2021, the typical first-time homebuyer financed 93% of their home's purchase price, compared to 83% for repeat home buyers.

28% of first-time homebuyers reported using a gift or a loan from family or friends for some or all of their down payment.

60% of Realtors report that in 2021, "lack of inventory" was the most important factor limiting potential clients from making a purchase, overtaking 2020's "finding the right property in the right price range".

Nearly 60% of home buyers under the age of 29 don't expect to be in their home for more than 10 years before selling again.

The Close Takeaway: Wages are strong and unemployment is the lowest it's been in years. Today's home buyer is more savvy and informed about the many options for home ownership. We should expect to see a continued diversification of real estate buyers in 2022 and into 2023.

EDITOR'S NOTE – This is the first article in an occasional series that we will run on topical subjects of interest that our physician readers tell us that they would like to read about. If you wish to see articles in MD Life on specific interests that you have, please share your thoughts with us at publishinggroup@creativedevelopmentworks.com

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