

MD Life

JANUARY 2024



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Health Care's Hidden Problem: Hospital Primary Care Losses

CHRISTOPHER HABIG, MBA

Health care is constantly evolving, and it's no secret that many hospitals are bleeding money when it comes to their primary care practices. On the low end, a hospital loses \$127,000 per year on a primary care physician. Anecdotally, a rural hospital in Indiana expressed that they lose nearly \$500,000 per year! Headlines are filled with stories about rural hospitals (& many others) struggling to keep their doors open without some form of corporate welfare. Most people gloss over the current business model of treating primary care as a major loss leader in order to get more lucrative labs, tests, non-primary care specialty visits, and surgeries.



This business model emphasizes revenue maximization over patient well-being. Add in a conflict of interest regarding referrals to the same hospital system, and a lack of costing and pricing transparency, and the traditional hospital-employed physician model has shown its fair share of cracks.

So how did we get here?

Facts about hospital-employed practices

According to a survey by the Medical Group Management Association (MGMA), hospital-employed practices lose money. On average, for every dollar earned by a primary care practice, there's a 5 to 7 percent loss for hospitals, which then needs to be subsidized by the hospital. When a hospital loses money overall, taxpayers can be on the hook for this loss. The community ultimately bears the pain for the local hospitals' reckless business practices.

So, why do hospitals continue to employ primary care physicians, even when it's not financially sustainable? Hospital apologists will often cite a complex web of factors that involves blaming insurance companies for denying claims or trying to hide behind a false notion of charity care.

Ultimately, hospitals hope that subsidizing primary care can increase referrals to specialists and other services and make up for the losses. This creates a conflict of interest where patient care may take a backseat to the hospital's bottom line and the hospital avoids punishment for referring a patient outside the hospital for treatment.

However, other issues arise from this current model.

Major issues with the hospital-employed physician model

One of the major sticking points is the lack of transparency, especially when it comes to pricing. In a nutshell, patients often have no idea what medical services cost.

Many hospital-employed physicians express feeling pressured to refer patients to the same employer, whether they need more care or not. This lack of transparency can erode trust and make patients question the motivations behind their health care decisions.

Moreover, a lack of price transparency in hospital settings can result in unexpected and exorbitant medical bills for patients. When patients are unaware of the costs associated with their care, they can be blindsided by bills that are far beyond their means. This can lead to financial hardship, medical debt, and even avoidance of necessary health care services due to fear of unaffordable costs.

When it comes to rural hospitals and communities, the difficulties abound. Rural areas often struggle to attract and retain primary care physicians. When hospitals in these areas lose money on primary care, it can jeopardize their ability to provide vital health care services to the community. This creates a health care desert where residents have limited access to care, exacerbating health disparities.

For hospitals caught in a downward financial spiral, there's a beacon of hope – releasing primary care doctors to start their own Direct Primary Care (DPC) and accessible concierge health care clinics.

DPC: the prescription for financial health

Here's where direct primary care enters the scene as the hero of our story. DPC practices provide an innovative solution to this conundrum. They operate on a profitable subscription-based model, where patients pay a monthly fee for comprehensive primary care services.

Why DPC works

Financial sustainability. DPC practices are financially sustainable, eliminating the losses associated with hospital-employed primary care. Physicians can focus solely on providing high-quality care to their patients without the pressure to refer for financial gain.

Transparency and trust. DPC practices are transparent about their financial model, fostering trust between patients and physicians. Patients know exactly what they're paying for (prices are on the website), and there are no hidden agendas.

Rural health care savior. Since DPC practices only need a few hundred patients to be profitable, they are able to operate in areas that a hospital-subsidized practice cannot. DPC practices are a lifeline for rural hospitals. They can partner with these hospitals to provide primary care services, ensuring that rural communities have access to essential health care.

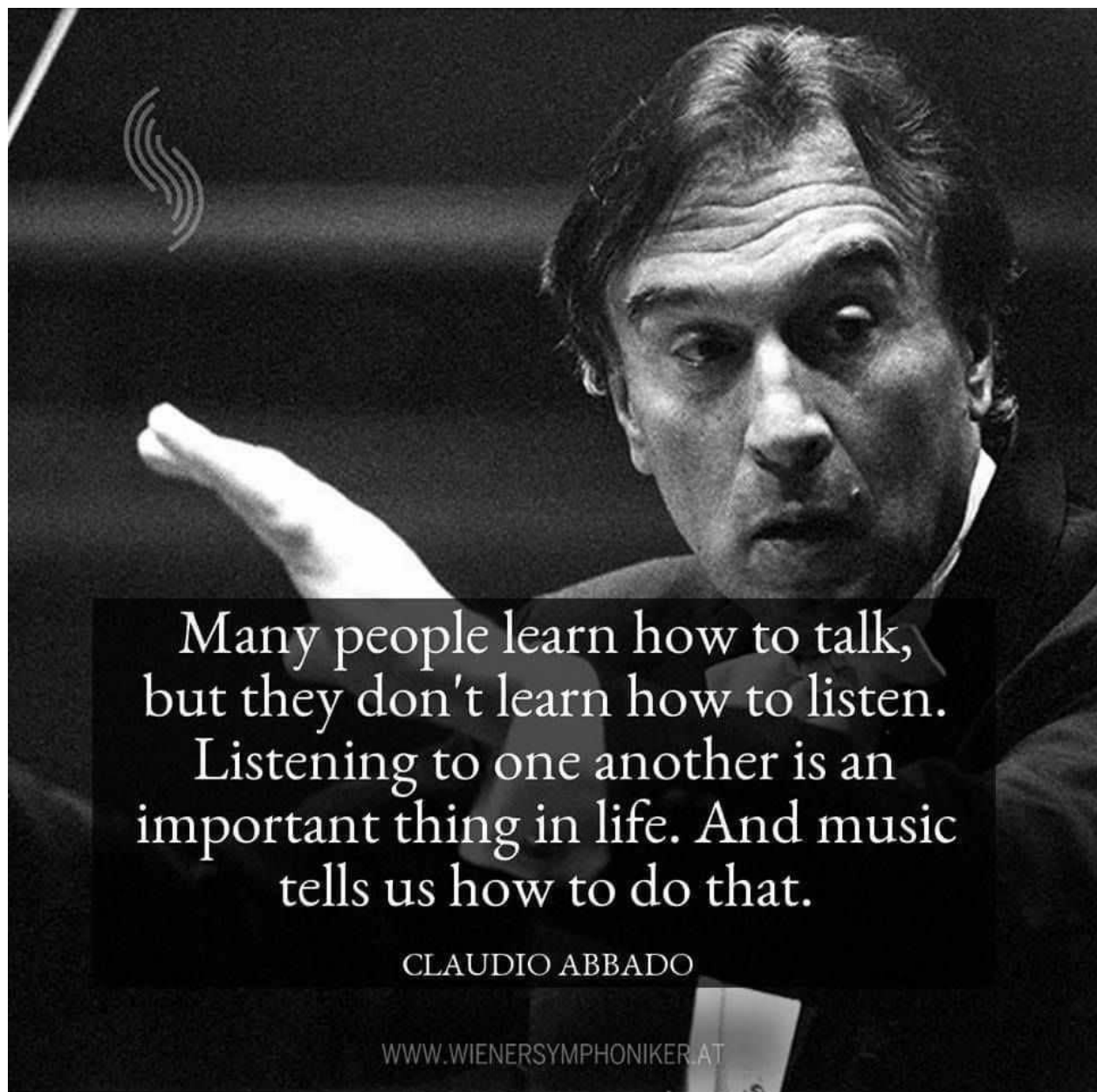
For any hospital looking for this solution, it can be scary because it is so different. Helping physicians partner with a DPC group helps put the hospital at the forefront of curing physician burnout, becoming an attractive destination for new physician & provider recruitment.

The hospital will essentially enhance access to high-quality physician care in smaller towns, becoming a leader in increasing access to health care in rural settings. Plus, with DPC spending more time with patients, it puts a real solution at the forefront of mobilizing primary care doctors to address the (frequently neglected) mental health needs of patients.

In the world of health care, it's essential to reevaluate old models and embrace innovative solutions. Hospitals lose money on primary care, and a lack of price, and referral transparency in hospital settings hurts patients. But it doesn't have to be this way.

Direct primary care offers a financial lifeline for hospitals, restores transparency and trust in patient care, and ensures that rural communities have access to the health care they deserve. It's time to let DPC save American hospitals, one patient at a time while providing patients with clear and transparent pricing to make informed health care decisions.

Christopher Habig is co-founder and CEO, Freedom Healthworks, a company dedicated to scaling the direct primary care (DPC) practice model, putting doctors back in control of patient care. Christopher's journey into health care innovation was sparked by the frustration of seeing family members struggle among the insurance and hospital-dominated industry. He envisioned a system where health care could be accessible, high-quality, and affordable. This vision led to the inception of Freedom Healthworks, which provides the tools, technology, and support for doctors to run successful DPC practices. Christopher dedicates his time to educating both consumers and health care providers about the benefits of the DPC model through his podcast, Healthcare Americana, leading the Indiana Free Market Medical Association, and being a contributing member of the Indiana Physicians Health Alliance. His goal is to create a future for Americans where health care is synonymous with the caring, individualized attention that was its original hallmark. He can be reached on Facebook, X @FreedomDPC, LinkedIn, and Instagram @freedomdoccare.



Many people learn how to talk,
but they don't learn how to listen.
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important thing in life. And music
tells us how to do that.

CLAUDIO ABBADO

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Kickstart 2024 with a Clutter-Free Inbox: Your Simple Guide to Email Zen!

BY KIM KOMANDO, KOMANDO.COM

Right now, I'm sitting here beaming because my inbox is at zero. Really! Did I read and reply to every single message? Well, no. Before I took back control, I had 409 unread messages. But I have a trick to starting each year with a clean slate. You can do it, too!

Clear out your inbox

Drowning in emails? Here's a surprisingly easy fix to begin the New Year right: Archive your inbox. It's like a magic wand for your digital clutter!

What's email archiving, you ask?

Picture this: a digital vault where every email you've ever sent or received is safely stored, complete with attachments. They're out of sight but never out of reach. No more endless scrolling through a jam-packed inbox!

You could try sorting emails into a maze of folders, but let's face it, who has the time for that? Archiving is a smart, hassle-free solution. It's a New Year's gift you owe yourself. A couple of clicks and voilà — your digital world just got a whole lot tidier.

So, are you ready to beat the email bloat? Here's your quick-start guide to mastering your inbox with the power of archiving. Say hello to a streamlined, stress-free 2024!

Follow these steps to archive in Gmail

- First, open your Gmail account on a computer and click the **Inbox folder** on the left.
- Above your emails, there's an empty checkbox. Click the small **arrow** next to it, and choose **All**. This selects only the conversations visible on the screen.
- To select *all* your emails, click **Select all (number) conversations in Inbox**. Then, hit the **Archive** icon (folder with a downward pointing arrow).

Gmail will take some time to process your request. Be patient. You may have to do this step a few times to get everything.

Once you've archived a message, you can hit **All Mail** to the left, right under Inbox and your other email folders to find it. Your best bet is to search by a term you know was in the email or by the sender.



Using Apple Mail? Here's what to do

- Open the **Mail app** on your Mac. Look through your inbox or other folders and find those emails you want to stash away. **Click on an email** to select it, or if you've got a bunch, hold down the **Command** key and click on each one you want to archive.
- Got an **'Archive'** button (looks like a little box) on the toolbar? Just click that, and you're golden. No button? No problem. Click **'Message'** at the top, then choose **'Archive'** from the dropdown. If you're all about shortcuts, just hit **Control + Command + A** and those emails will zip right into your archive.
- Where did they go? Head over to the **'Archive'** folder. It's in the sidebar under 'Mailboxes.' Got more than one email account? Each one has its own Archive folder.

When you need to find those emails again, just click on that **'Archive'** folder anytime. All your archived emails are there, ready when you are.

Got a Yahoo email? Here's what to do

- Hold your mouse over Inbox in the left panel, and click the **dropdown arrow** that appears. From the options, choose **Clean Your Inbox**.
- A pop-up window will appear. Choose **Archive emails**. Be warned, this might take a while.

Want to take a message out of the archive? Open the Archive folder, tap on the email you want and select **Restore to Inbox**.

How to archive emails in Microsoft Outlook

Microsoft Outlook doesn't put archived messages into a separate folder. Instead, they'll go straight to a data file you can access whenever you want.

- Select **File > Cleanup Tools > Archive**, then hit **Archive this folder and all subfolders**. Choose the folder you want to archive. In this case, your inbox.
- Under Archive items older than, enter your **date**. For example, you may want to archive everything before 2012. Then, check the box that says **Include items with "Do not AutoArchive."** Click **OK**, and you're good to go.

You'll see emails disappear from your inbox and subfolders. Now they'll be under the Archives heading.

Worried you missed something?

Remember, archiving is not the same as deleting. It's like putting stuff in a storage box — out of the way but there when you need it. It's a great way to keep your inbox looking neat without losing anything.

Here's my theory about emails I haven't read or replied to: If it's really important, that person will email you again — or text or call.

As a side note, remember that even if you archive emails, they can be subpoenaed for legal cases. I don't give legal advice, so it's best to consult a lawyer if you have any questions about this.

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The Direct Care Model's Win-Win for Patients and Physicians

GRACE TORRES-HODGES, DPM, MBA

As I approach 25 years of practicing medicine in the same community where my parents dedicated 50 years to their medical careers, I've been privileged to develop lasting relationships with individuals who have entrusted me with their health care. The continuity of care and community connection is exactly how many of us envisioned our medical journeys, and for that, I am so thankful!

I recognize the importance of legacy. The profound impact my parents have had is a reminder of the significance of leaving something for the generations to follow. This journey isn't just about the care I provide today; it's about ensuring a foundation of excellence, community commitment, and health care sustainability for those who will continue the legacy of healing in the years to come. I feel incredibly fortunate to be part of this continuum of care and community service, leaving a legacy that extends beyond my own practice.



When asked about what's different about my direct care/direct pay practice, I always start off with, "I didn't change how I practice medicine; I just changed how I interacted with the system."

However, one of the questions that always seems to be brought up anytime that I have the opportunity to address physicians about considering transitioning to a direct care/direct pay private practice is: "What about the patients who can't afford you?"

First off, understand that you can't treat everyone! It's not realistic to think that you can. There are only so many hours in a day. Secondly, your ability to treat low-income or medically indigent patients is not contingent on the business model you use to run your business! Eliminating third-party payor requirements and oversight allows you more freedom and flexibility. You can be more intentional with your time. You can continue treating low-income or medically indigent patients if you so wish – either in an outside community clinic or within your own office. In my experience, it's much more rewarding to treat my financially at-risk patients without a large bureaucracy looking over my shoulder. I am able to use my skill, training, and experience to help a high-risk individual – without interference. It's just the patient and me.

As physicians, our commitment to providing compassionate care to all patients is at the core of our professional ethos. It is part of WHY most of us went into medicine! And more often than not, there always seems to be a skepticism that arises when contemplating a shift that may seem to limit a patient's access to us. The concerns about potentially reneging on our ethics and excluding patients based on financial means are valid. However, I have found that by eliminating third-party payor contracts, I can spend MORE time with my medically indigent patients AND have a more profitable business! It's not an "either/or" situation; it's a "both/and" situation.

Transparent pricing is actually a path to inclusivity.

Transparent pricing not only fosters openness about the cost of health care services but also creates a unique opportunity for physicians to engage in meaningful discussions about alternative payment plans. By laying out clear and understandable costs, patients are empowered with information that allows for informed decision-making. With the opportunity to have built the doctor-patient relationship on communication, this transparency can open doors to discussions about alternative pricing.

This can include anything from tiered pricing and sliding scale fee structures to bundled pricing (for most of us in surgery, this allows us to work up prices for patients that are inclusive – the physician fee, facility, and anesthesia are priced together) and payment plans (which are negotiated predetermined amounts and due dates). In this context, the physician and patient can collaboratively explore options that align with the patient's financial situation, fostering a sense of mutual respect and accountability. I have found this more respectful of the patient's dignity as opposed to allowing the insurance company to make all relevant financial decisions. The latter disempowered my patient and left us in a situation where we both had to "take it or leave it." The patient had the negative incentive of postponing or canceling the treatment or procedure, and I was often left with the choice of not providing the service or treating them at a financial loss to my practice.

A physician should never be faced with the decision to postpone or cancel treatment, and you don't want to send people to collections. I don't mind providing reduced cost or free care to those who need it; however, as a partner in my patient's health care, it should be the patient and the physician to make these decisions, not an insurance company.

Eliminating administrative overhead: Passing on the savings.

Transitioning to a direct care/direct pay model not only streamlines our administrative processes in delivering health care, but it positions us as small business owners, attuned to the principles of sound financial management. Understand that as a private practice owner, you are a small business – you have been one whether you have realized it or not.

By eliminating the cumbersome overhead associated with insurance billing such as prior authorization, referrals, and delays in reimbursement from things such as payment denials and coding corrections, we gain the flexibility to navigate our revenue cycle independently. As small business owners, we recognize the importance of balancing income and expenses, responding dynamically to market pressures, and having control over the financial trajectory of our practices. This autonomy allows us to pass on the resulting cost savings directly to our patients, fostering a health care experience that is not only more affordable but also reflective of our commitment to delivering high-quality, patient-centric care.

As we look ahead, the longevity and sustainability of private practices adopting this model can be instrumental in affording doctors with independence – thus ensuring physician autonomy both clinically and financially as well as contributing to the overall sustainability of health care. It's critical that the business side of our practice aligns seamlessly with our commitment to delivering excellent care, but at the same time, it is important that we are always forward-thinking to lay down a foundation for a health care landscape that remains robust and patient-focused in the years to come.

Emphasizing preventative care creates a long-term investment.

Promoting the direct care/direct pay private practice model represents a multifaceted, long-term investment in the well-being of both patients and physicians. Delivery of care in this model tends to be more proactive than reactive and this fosters more emphasis on prevention. The emphasis on preventive care reflects our

ethical dedication to averting major health issues and lessening the strain on the health care system over time. Consider what thinking this way does if more physicians adopt the practice. This strategic approach aligns with a broader vision for a healthier society by addressing health concerns proactively. Additionally, the incorporation of additional services, such as wellness programs (that promote exercise and nutrition) and alternative therapies, fosters a more holistic health care environment.

Simultaneously, the shift toward a direct care/direct pay model allows us to prioritize patient-centered care by reclaiming time that was once burdened by administrative tasks. This dedication to personalized attention not only aligns with our ethical commitment but also builds a mutually respectful ecosystem, valuing both the individual patient and the physician. In the long run, this holistic and patient-centered approach fosters a sustainable health care environment, contributing to better health outcomes, increased patient satisfaction, and the overall well-being of our health care system.

A win-win benefits all of us.

In contemplating a move towards a direct care/direct pay private practice model, skepticism may abound, rooted in concerns about ethics and inclusivity. However, a closer examination reveals that this model not only aligns with our commitment to patient care but also brings forth a host of benefits for both physicians and patients.

For physicians, the transition allows a return to the core principles of our profession. It restores the doctor-patient relationship by providing the time and attention needed for comprehensive, individualized care. The elimination of administrative hassles not only reduces burnout but also allows us to practice medicine in a manner that aligns with our ethical obligations.

Patients benefit as well by gaining access to a health care experience marked by transparency, affordability, and enhanced services. Tiered pricing and payment plans cater to diverse financial situations, ensuring that quality care remains within reach for a broad spectrum of individuals. The emphasis on preventive care, coupled with additional services, contributes to an overall improvement in health outcomes.

This independent private practice model nurtures a health care ecosystem where both physicians and patients feel empowered. It breaks away from the limitations imposed by the traditional insurance-driven paradigm, offering a more sustainable and patient-centric alternative.

The skepticism surrounding the adoption of a direct care/direct pay private practice model may stem from a fear of departing from established norms but that can be alleviated by education. As physicians, our commitment to ethical, compassionate care remains unwavering. Embracing this model is not a reneging on our ethics but rather, it can become a reaffirmation of our dedication to the well-being of our patients. It is a step towards a health care landscape and a legacy where both physicians and patients thrive — a true win-win scenario for the entire health care ecosystem.

Grace Torres-Hodges is a podiatrist.

20 Best Cities in the U.S. for Physicians to Retire

Physiciansonfire.com



According to a 2022 research published by the Association of American Medical Colleges (AAMC), more than half (46.7%) of practicing physicians were over the age of 55 in 2021.

As many physicians are approaching retirement age, choosing the right place to retire becomes a significant decision. A recent [study](#) from Medscape ranks the best cities in the U.S. for physicians to retire. The magazine identified 20 of the best places for doctors to retire, which include criteria such as access to quality healthcare, low state income taxes, and outdoor recreation.

For each city, we highlight a few other factors we think are important for retirement in addition to Medscape's list, such as affordability, crime rate, weather, and happiness.

Let's dive in.

1. Jacksonville, Florida

Jacksonville tops the list in the Sunshine State and has a population of around 962,000.

- One of the key attractions of Jacksonville is its affordability. The cost of living, especially housing, is lower than the national average, making it an economical choice as well.
- Jacksonville scores high on the happiness index, with residents expressing satisfaction with their community, the availability of outdoor activities, and low stress levels.
- Jacksonville has a somewhat higher crime rate than the national average, but the majority of crimes are property-related.
- The weather in Jacksonville is warm and sunny year-round, providing an ideal climate if you enjoy outdoor activities. However, you should be aware of occasional hurricane risks.
- Florida is one of the few states in the U.S. that does not levy a state income tax.

- Jacksonville is home to Mayo Clinic Florida and other top-notch hospitals, offering access to excellent healthcare facilities. Physician opportunities may be limited in Jacksonville, but there may be potential for roles in teaching or research.
- Jacksonville offers extensive beaches and parks, a thriving arts scene, diverse dining options, and museums.

2. Martinsville, Virginia

Martinsville, Virginia, is a charming small town with affordable living, a strong sense of community, and a population of around 13,000.

- Martinsville is affordable, with costs significantly lower than the national average across all categories.
- The town scores high on the happiness index, with residents reporting job satisfaction, low stress levels, and a close-knit community vibe.
- Martinsville has a very low crime rate for both violent and property crimes, contributing to the town's appeal.
- Martinsville has moderate four seasons allowing residents to do seasonal activities throughout the year.
- Virginia's state income tax rate is progressive, starting at 3% and going up to 5.75%.
- Martinsville is home to local hospitals with access to larger medical centers in nearby cities. While physician opportunities are limited in Martinsville, there is potential for volunteer work or telemedicine.
- Residents in Martinsville can enjoy hiking, fishing, and other outdoor activities. The town also hosts arts festivals and historic sites.

3. Bozeman, Montana

Bozeman is a vibrant college town with a population of around 53,000, known for its stunning mountain scenery and its many outdoor activities.

- The cost of living, especially housing, is higher than the national average.
- Bozeman scores high on the happiness index, with residents reporting a strong sense of community involvement.
- The town boasts a very low crime rate, with both violent and property crimes significantly below average.
- Bozeman experiences four distinct seasons, with cold winters and hot summers.
- Montana's state income tax rate is progressive, starting at 1% and going up to 6.75%.
- Bozeman is home to local hospitals and access to top-tier medical centers in nearby cities. While physician opportunities may be limited, Montana State University may offer teaching or research opportunities.
- Bozeman offers a range of recreational and cultural activities, such as skiing, hiking, fishing, and camping.

4. Evans, Colorado

Evans, Colorado, is a picturesque town with a population of around 22,000, located in the foothills and near Denver.

- The cost of living, especially housing, is slightly higher than the national average.
- Evans scores high on the happiness index, with residents reporting a strong sense of community involvement, excellent physical health, and easy access to nature.

- The town boasts a very low crime rate, with both violent and property crimes significantly below average.
- Evans experiences four seasons, with sunny and dry weather, so residents enjoy outdoor activities throughout the year.
- Colorado has a flat state income tax rate of 4.4%
- Evans is not too far from renowned hospitals and medical centers in other cities in Colorado, but physician opportunities may be limited.
- Evans has cultural and recreational activities like hiking, skiing, and bicycling. Not too far is Denver, which has a thriving arts scene and a wide selection of restaurants.

5. Rehoboth Beach, Delaware

Rehoboth Beach is a small coastal town with a population of around 1,200, known for its beautiful beaches and relaxed atmosphere.

- The cost of living, especially housing near the beach, is higher than the national average.
- Rehoboth Beach scores high on the happiness index, with residents reporting a strong sense of community involvement, job satisfaction, and low stress levels.
- Rehoboth Beach has a low crime rate, with both violent and property crimes significantly below average.
- Rehoboth Beach experiences mild four seasons with moderate temperatures.
- Delaware is one of the few states in the U.S. that does not levy a state income tax on Social Security income.
- Rehoboth Beach is not far from local hospitals and top-tier medical centers in nearby cities, though physician opportunities may be limited.
- Residents can enjoy the town's beaches, vibrant boardwalk, arts scene, fishing, golfing, and dining options.

6. Portland, Maine

Portland, Maine, is the largest city in the state, with a population of around 68,000, and serves as a major transportation and commercial center.

- Portland's affordability index is somewhat higher than the national average.
- Portland has a lower-than-average crime rate.
- According to a study by National Geographic Explorer, Portland is ranked as one of the happiest cities in the U.S.
- Portland has four seasons and a harsh winter.
- The state income tax rate is progressive, starting at 5.80% and going up to 7.15%.
- Portland is home to Maine Medical Center, a renowned healthcare facility. There may be job opportunities with places such as Maine Health, Maine Medical Partners Division of Geriatrics, and Maine Medical Center.
- Portland has a variety of museums and a vibrant arts scene. Sailing and hiking are also popular outdoor activities.

7. Tucson, Arizona

Tucson is a city known for its active retirement population, beautiful desert scenery, and sunny weather, and has a population of around 546,000.

- Costs are less than the national average, making it relatively inexpensive compared to other top cities.
- The crime rate in the city is marginally higher, especially when it comes to property crimes.

- Tucson is known for its year-round warm, sunny, and dry weather.
- Arizona has a flat income tax rate of 2.5%, regardless of total income level.
- The University of Arizona is a major employer in Tucson, with potential opportunities in teaching and research.
- Tucson is known for its cultural heritage and its Native American history. There are historic sites, museums, and outdoor activities with several state and national parks in the area.

8. Burlington, Vermont

Burlington is the most populous city in Vermont, with a population of around 44,000, located 45 miles south of the Canada–U.S. border.

- Burlington has a cost of living that is higher than the national average.
- Burlington has very low rates of both violent and property crimes.
- Burlington has been recognized as one of the happiest cities in America. According to a study by WalletHub, Burlington ranked 10th among more than 180 of the largest U.S. cities.
- All four seasons are experienced in the city, with the winters being especially harsh.
- The University of Vermont Medical Center, which offers top-notch medical services, is Vermont's largest hospital and is located in the city. Though physician job options may be limited, volunteer and consulting can be explored.
- Burlington is home to a thriving arts scene, three colleges and a university, and a range of all-season outdoor activities.

9. Bend, Oregon

Bend, Oregon, is a city located in the central part of the state, 163 miles southeast of Portland, with a population of around 99,000.

- In terms of affordability, Bend is considered one of the more expensive cities in Oregon and one of the most expensive cities in the U.S.
- The crime rate is 25% below the national average.
- Oregon's state income tax rate is progressive, starting at 4.75% and going up to 9.90%.
- Bend's happiness index is relatively low.
- There are four different seasons in the weather, including mild winters.
- The St. Charles Health System and other hospitals are available healthcare facilities. Physician employment options may be scarce, but volunteer and consulting work may be available.
- The city has many recreational options, with a wide range of outdoor activities such as biking, hiking, skiing, and golfing. Bend is also known for its artisan breweries and local art scene.

10. Franklin, Tennessee

Franklin is a historically rich city with a population of around 83,000, about 26 miles from Nashville.

- Franklin's overall cost of living is 1% lower than the national average.
- Franklin's crime rate is generally lower than the national average.
- Tennessee has no income tax on salaries and wages.
- The town has four distinct seasons, with the winters being especially mild.
- Franklin is home to the Williamson Medical Center and other medical clinics. Physician employment options may be scarce, but you can explore volunteer and consulting.
- Nashville is only a 30-minute drive away, which offers a wide range of outdoor activities and dining options.

11. Fredericksburg, Texas

Fredericksburg is a town located 70 miles from San Antonio and around 80 miles west of Austin, with a population of around 12,000.

- Fredericksburg has a Cost of Living index of 104, which means the total cost of housing, food, child care, transportation, health care, taxes, and other necessities is four percent higher than the U.S. average.
- The town has four distinct seasons, with the winters being especially pleasant.
- Texas has no state income tax.
- The Hill Country Memorial Hospital and other surrounding medical facilities are located in the town. There may not be many job opportunities available for physicians, but there may be volunteer and telemedicine options.
- Fredericksburg is known for its thriving wine industry and is home to 15 wineries. The town also offers a range of outdoor activities, including hiking and bird watching.

12. Gig Harbor, Washington

Gig Harbor is a city on the shore of Puget Sound in Pierce County, Washington, and is known for its scenic surroundings and has a population of around 12,000.

- The cost of living in Gig Harbor is 14.0% higher than the national average.
- Gig Harbor is in the 84th percentile for safety, meaning 16% of cities are safer and 84% are more dangerous.
- Gig Harbor has a temperate marine climate with four distinct seasons. The summers are short, warm, dry, and partly cloudy, while the winters are long, cold, wet, and mostly cloudy.
- Washington has no income tax.
- Gig Harbor is home to several medical facilities, such as CHI Franciscan Health System – St. Anthony Hospital, Kaiser Permanente, and MultiCare Gig Harbor Medical Park. There may be job opportunities for physicians in hospitals, clinics, and private practices.
- Gig Harbor has several parks, along with a historic waterfront with shops.

13. Boone, North Carolina

Boone is a town with a population of around 18,000 and sits within the Blue Ridge Mountains, with picturesque views.

- Boone's cost of living is 10% lower than the national average.
- The overall crime rate in Boone is 29.5% below the national average.
- Boone has four distinct seasons and a temperate maritime climate.
- The state income tax rate in North Carolina is a flat rate of 4.99%.
- Watauga Medical Center is a hospital located in Boone that provides a wide range of medical services. There may not be many job opportunities available for physicians, but volunteer and telemedicine options exist.
- The town offers mountain sports cozy mountain cabins, and hosts festivals and art galleries, and Tweetsie Railroad Theme Park.

14. St. Louis, Missouri

St. Louis is a city close to where the Mississippi and Missouri rivers converge, with a population of over 300,000.

- Of the 25 most populated metropolitan regions in America, St. Louis is thought to be the most reasonably priced. The St. Louis region is ranked 41st out of the 100 largest metro regions in the US for overall affordability.

- St. Louis is in the 13th percentile for safety, meaning 87% of cities are safer and 13% of cities are more dangerous. People living in St. Louis generally consider the southwest part of the city the safest.
- St. Louis has four distinct seasons: hot, muggy summers, cool, wet falls, chilly, damp winters; and even wetter springs.
- Missouri has a graduated state income tax rate of 1.5% to 4.95%. In addition, Kansas City and St. Louis levy a local 1% local income tax.
- The Alvin J. Siteman Cancer Center, Barnes-Jewish Hospital, Christian Hospital, and St. Luke's Des Peres Hospital are just a few of the healthcare facilities located in St. Louis that may provide job opportunities for physicians.
- St. Louis is known for its vibrant arts-and-culture scene, restaurants, and bars, and four professional sports teams.

15. Athens, Georgia

Athens is in northeastern Georgia, located roughly 70 miles northeast of downtown Atlanta with a population of around 128,000.

- Living expenses are 12% less than the national average.
- The happiness index for the state of Georgia is 4.97 (out of 10).
- Athens is in the 23rd percentile for safety, meaning 77% of cities are safer and 23% are more dangerous. People who live in Athens generally consider the city's southeast part the safest.
- Athens experiences hot, muggy summers and mild to moderately cold winters.
- Georgia has a graduated state income tax rate ranging from 1.0% to 5.75%.
- Athens is home to several healthcare facilities that provide a wide range of medical services, including Piedmont Athens Regional Medical Center and St. Mary's Health Care System, which may provide job opportunities for physicians.
- Athens offers a blend of outdoor experiences, history, and culture. The city's thriving music industry is also well-known.

16. Grand Haven, Michigan

Grand Haven is located on the eastern shore of Lake Michigan at the mouth of the Grand River with a population of 10,412.

- Grand Haven has a cost of living index of 94.3, which means the total cost of housing, food, child care, transportation, health care, and taxes is 5.7 percent lower than the U.S. average and 3.1 percent lower than the average for Michigan.
- Grand Haven, Michigan, is often considered one of the happiest places in America. 2017 Coastal Living Magazine named Grand Haven the happiest seaside town in America.
- Grand Haven, Michigan, has a relatively low crime rate compared to the national average. People who live in Grand Haven generally consider the southeast part of the city to be the safest.
- Grand Haven experiences a range of temperatures all year round. The city has all four seasons: warm, sunny summers and chilly, snowy winters.
- Michigan's state income tax rate is a flat rate of 4.25%.
- Grand Haven is home to several healthcare facilities that provide a wide range of medical services, including Piedmont Athens Regional Medical Center and St. Mary's Health Care System, though job opportunities for physicians may be limited.
- There's a range of cultural and recreational activities, such as The Kite Festival, Spring Lake Heritage Festival, Sand Sculpture Contest, Grand Haven Art Festival, Fourth of July Fireworks, and the nationally recognized Grand Haven Coast Guard Festival.

17. Paducah, Kentucky

Paducah has a population of around 26,000, midway between Nashville, Tennessee, to the southeast and St. Louis, Missouri, to the northwest.

- Paducah has a cost of living index of 77, which means the total cost of housing, food, child care, transportation, health care, and taxes is 23.0 percent lower than the U.S. average and 6.4 percent higher than the average for Kentucky.
- The city is often considered a charming and enjoyable place to live. In terms of state-level happiness, Kentucky was ranked 45th in the U.S. in 2021.
- Paducah is in the 36th percentile for safety, meaning 64% of cities are safer and 36% are more dangerous. People living in Paducah generally consider the west part of the city the safest.
- Paducah's climate is hot and muggy in the summers and cold, wet, and windy in the winters.
- Kentucky's state income tax rate is 4.5%.
- Paducah is home to several healthcare facilities that provide a range of medical services, including ContinueCARE Hospital at Baptist Health Paducah and Mercy Health – Lourdes Hospital, though job opportunities for physicians may be limited.
- Paducah offers live music at numerous festivals held each year, galleries and museums, and locally-made cuisine at many eateries.
- Paducah has miles of trails along the riverfront, parks, sports, historical sites, and festivals.

18. Dayton, Ohio

Dayton is a city with a population of around 137,000 and sits 50 miles north of Cincinnati and 60 miles west of Columbus.

- Dayton is regarded as being very affordable, with a cost of living lower than the U.S. average. Dayton's overall cost of living index is 79.8, whereas the U.S. average is 100.
- Dayton is in the 24th percentile for safety, meaning 76% of cities are safer and 24% are more dangerous. People living in Dayton generally consider the southern part of the city the safest.
- Dayton experiences four different seasons with a moderate climate.
- Ohio has graduated state income tax rates ranging from 0% to 3.99%. The City of Dayton levies an annual income tax of 2.5%.
- Dayton is home to several healthcare facilities, including Kettering Health, a comprehensive healthcare network that includes Kettering Health Dayton, Kettering Health Main Campus, Kettering Health Miamisburg, and other locations.
- Paducah is known for its lively outdoor recreation, thriving downtown, history, culture, and festivals on the shores of Lake Michigan and the Grand River.
- Dayton has a wide range of parks, museums, live events, and aviation sites.

19. Lancaster, Pennsylvania

Lancaster is one of the oldest inland cities in the U.S. and is 59 miles southwest of Allentown and 61 miles west of Philadelphia, with a population of around 57,000.

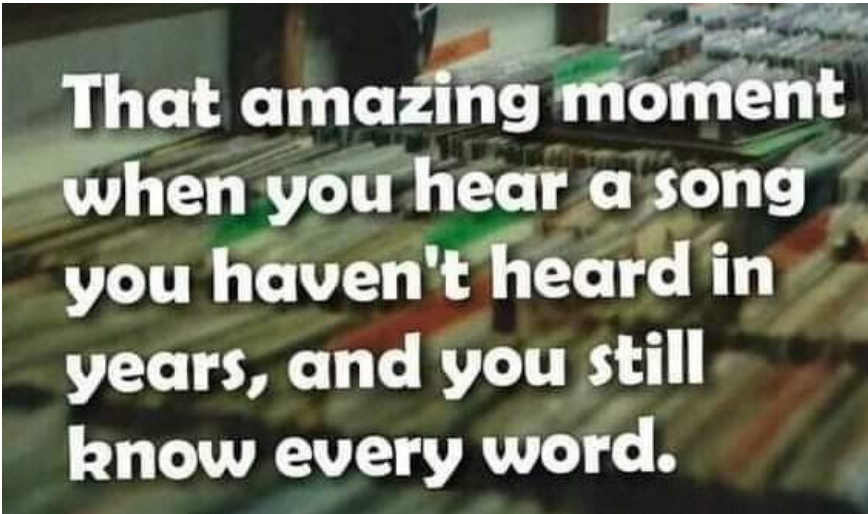
- Lancaster is known for its affordability, especially in terms of housing. In 2018, Lancaster came in first place in U.S. News' retirement ranking, with top ranks in healthcare and housing affordability.
- Lancaster was ranked as the No. 3 best place to retire in the U.S. in 2024 by U.S. News & World Report. This ranking takes into account factors such as the Happiness Index. Lancaster was also named the fourth happiest U.S. city by Senior Living.

- Lancaster is in the 38th percentile for safety, meaning 62% of cities are safer and 38% are more dangerous. People who live in Lancaster generally consider the southeast part of the city to be the safest.
- Lancaster has a temperate climate with four distinct seasons. Precipitation tends to be heaviest during spring and summer months and gets 43 inches of rain and 20 inches of snow per year on average.
- The income tax rate in Pennsylvania is a flat rate of 3.07%.
- Lancaster is home to several healthcare facilities that provide a wide range of medical services. One of them is Penn Medicine Lancaster General Health, a comprehensive healthcare network that includes Lancaster General Hospital, Women & Babies Hospital, Lancaster Rehabilitation Hospital, and Lancaster Behavioral Health Hospital.
- Lancaster has a wide range of cultural and recreational offerings, such as live performances, museums, and leisure and Cultural Activities, such as museums, live events, and parks.

20. Tarpon Springs, Florida

Tarpon Springs sits along the shore of the Gulf of Mexico, just 45 minutes north of St. Petersburg, and has a population of around 26,000.

- Tarpon Springs has a cost of living index of 102.8, which means the total cost of housing, food, child care, transportation, health care, and taxes is 2.8 percent higher than the U.S. average and 0.3 percent higher than the average for Florida.
- Tarpon Springs has a livability score of 68 (out of 100), which takes into account factors like amenities, cost of living, crime, employment, housing, and schools.
- The crime rate in Tarpon Springs is lower than the national average.
- Tarpon Springs has a year-round wet climate. The winters are short, chilly, windy, and partially cloudy, while the summers are long, hot, and oppressive.
- Florida is one of the few states in the U.S. that does not levy a state income tax.
- There may be job opportunities for physicians as Tarpon Springs is home to several healthcare facilities that provide a wide range of medical services. Some include AdventHealth North Pinellas and other hospitals near Tarpon Springs, such as HCA Florida Trinity Hospital, Mease Dunedin Hospital, Mease Countryside Hospital, and Morton Plant North Bay Hospital.
- Tarpon Springs has a wide range of activities for recreation and culture. One of the city's most well-known features is the Sponge Docks on the Anclote River. There are also activities available at the Tarpon Springs Cultural Center, and the city has many parks and beaches.



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Top 6 Medical Trends to Watch for 2024

These 6 trends are the most significant at the moment in terms of shaping how healthcare is delivered.

By Andrea Koncz

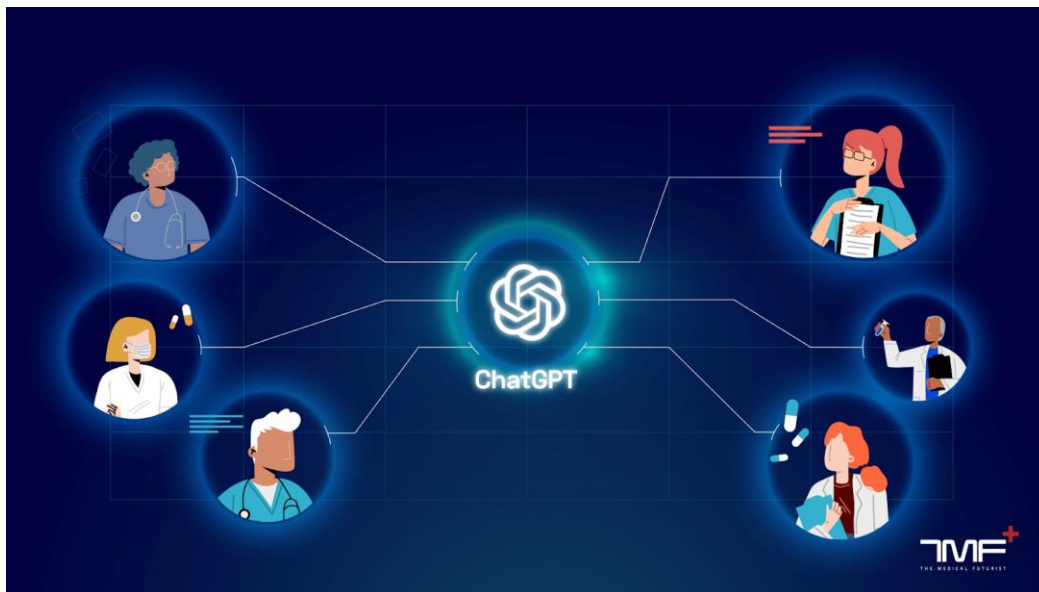
It is time to take a look at the most important medical innovations that are worthy of our attention in the coming months. Big words, but some of these will eventually totally transform healthcare – although this won't happen in 2024.

Following last year's list, we collected 6 medical innovations that are the most significant at the moment in terms of shaping how healthcare is delivered. So, without further ado, let's explore these trends/solutions!

1. The rise of generative AI platforms in healthcare

Not many innovations are so grown up just on their first birthday, but here we are, generative AI will not only transform doctor-patient communication but also how patients relate to health issues. We already discussed the generative AI revolution in multiple articles, and analyzed of this amazing breakthrough technology and how to deal with it.

What will come out of it? We're expecting to soon see chatbots and chronic health management applications based on generative AI algorithms that were designed specifically for patients, for medical purposes. Such tools will likely have GPT-4-like algorithms under the hood and will assist patients in their everyday lives, answer many of their questions, and translate between medical jargon and everyday language. Such apps will also help translate medical notes into easy-to-understand summaries.



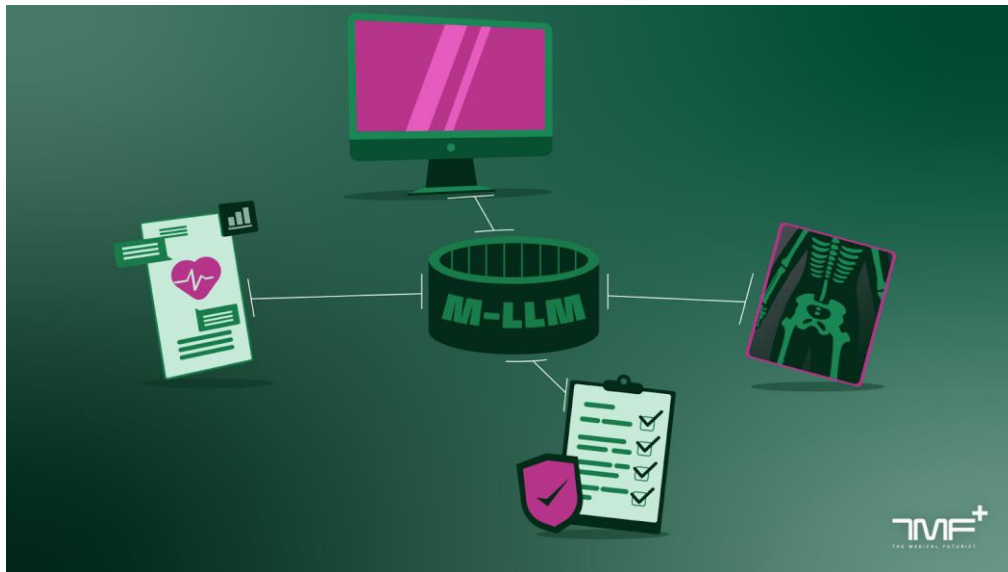
At the moment, the regulatory framework is not quite there and we need more evidence that specific models are safe to use. According to our current knowledge, Google's Med-PaLM 2 is the algorithm that might be closest to healthcare use: it was trained for medical purposes and according to the available reports, it performs impressively. Med-PaLM 2 is now being trialed in major US hospitals, including the Mayo Clinic. In the foreseeable future, we can expect that AI will become the first point of contact with healthcare systems,

as – due to the increasing shortage of healthcare workers – waiting for a human specialist would present a larger risk than interacting with a dedicated algorithm.

2. Multimodal large language models (M-LLMs) for hospitals

This is also a super important advancement to come, which we discussed in detail here. The significance of M-LLMs is that these will work as “central AI hubs” in healthcare systems, serving as *the ultimate interface that brings doctors (and hospitals) into the AI era*.

A multimodal system can process and interpret multiple types of input data, such as text, images, audio, and video, simultaneously. Current medical AIs only process one type of data, for example, text or X-ray images.



However, medicine, by nature, is multimodal as are humans. To diagnose and treat a patient, a healthcare professional listens to the patient, reads their health files, looks at medical images and interprets laboratory results. This is far beyond what any AI is capable of today.

The difference between the two can be likened to the difference between a runner and a pentathlete. A runner excels in one discipline, whereas a pentathlete must excel in multiple disciplines to succeed. Current Large Language Models (LLMs) are the runners, they are unimodal. Humans in medicine are champions of pentathlon teams.

You



These are the vegetables I have at home. Please give me recipe tips

ChatGPT

Here are some specific recipes you can try with the vegetables you have:

1. **Cabbage Stir-Fry with Carrots and Peppers:** A flavorful dish that combines cabbage, carrots, and capsicum stir-fried with spices like cumin and can be served with rice, quinoa, or noodles [1].
2. **Eggplant Casserole with Cabbage and Pepper:** This is a hearty dish that includes eggplant, cabbage, and bell peppers. There are variations available including adding tomato, coconut, and different types of cheese to enhance the flavor [2].
3. **Cabbage Stir Fry:** A simple and quick recipe involving stir-fried cabbage and carrots, flavored with ginger, garlic, and soy sauce. It can also include noodles and is served topped with green onions and red pepper flakes [3].
4. **Cabbage Carrot Pepper Salad:** A fresh and crunchy salad made with shredded cabbage, carrots, and bell pepper, dressed with a simple mix of oil, vinegar, sugar, and salt, and left to chill for the flavors to meld [4].
5. **Stir-Fried Quinoa with Eggplant and Cabbage:** A dish that includes a base of quinoa and broth, with stir-fried eggplant and cabbage, flavored with soy sauce, sesame oil, and cilantro. The eggplant can be roasted in the oven for less oil absorption [5].

These recipes should give you a diverse range of flavors and textures to work with and make the most of the vegetables you have. Enjoy cooking!

👍 🗨️ 🔄

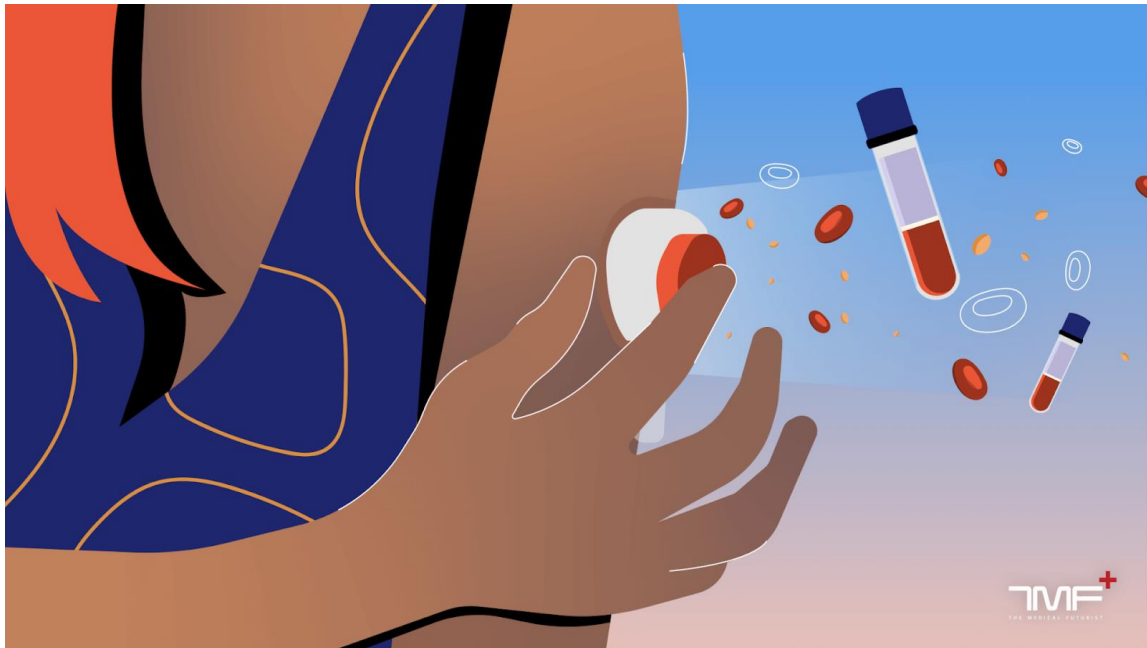


We are just witnessing the birth of multimodality with the “natively multimodal” Gemini announcement from Google. Of course, we could experiment with it for “personal” use cases, and eventually, this will get into healthcare.

3. Blood testing reimagined

Blood tests are definitely among the most important diagnostic tools of medicine and this will not change anytime soon. How it happens, however, is changing in multiple ways. Here we see at least three significant and relevant trends that will transform the landscape.

First, there is the rise of the at-home lab test. This is a little slow and at the moment, we don’t have a huge variety of biomarkers that can be tested in our bathrooms with clinical accuracy, but the demand is obvious: we don’t want to travel to a lab if we don’t need to.



And here comes the second significant invention: DIY blood draw devices. This technology has matured and left the “interesting idea” stage behind. Such tools from Tasso are already used in clinical trials for DNA tests, and Dr Mesko also tested how it works. These little devices allow users to collect small amounts of liquid or dried blood samples, practically painlessly, at home.

And third, we also have to mention the blood drawing robots, another invention we have heard about for years, and now Vitestro’s device has reached the clinical trials stage. With an anticipated sample size of over 10,000 patients, this is the most significant study worldwide to date of autonomous blood collection. They expect to obtain CE marking by the end of 2024.

4. Evidence-based digital therapeutics

Digital therapeutics (DTx) delivers evidence-based, clinically backed solutions to manage and/or improve health conditions via software and/or other digital health technologies. These solutions are typically delivered through smartphone apps, a channel pretty much everyone has access to. Drugs and digital therapeutics have a symbiotic relationship. While DTx brings unique advantages, it works best in conjunction with traditional therapeutics. Together, they can deliver impressive results, such as reducing readmission rates and managing chronic conditions more effectively.



However promising the field, doctors and policymakers won't be convinced without proper evidence. And this – the studies proving these solutions' worth – takes time. We are getting there slowly, and start seeing such results.

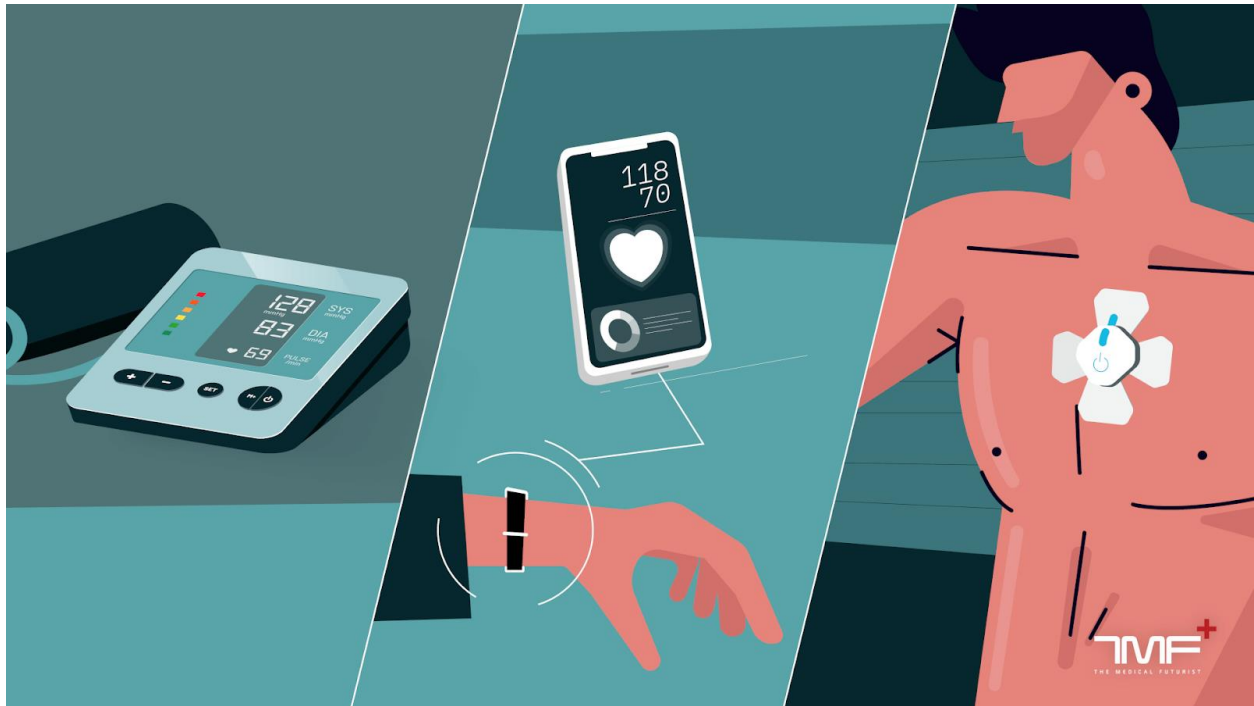
Like reduction in cardiovascular events thanks to digital therapeutics: a study by the Mayo Clinic, in partnership with Healium, showed a 40% reduction in three-month rehospitalizations and emergency department visits for patients after AMI. This study also reported a weight reduction of 4.0 kilograms and a 10.8-millimeter reduction in systolic blood pressure among patients.

This segment is becoming significant in market terms as well: the market for DTx was valued at USD 5.53 billion in 2022 and is expected to grow to USD 28.66 billion by 2030. The increased prevalence of chronic conditions, as the result of our longer lives, fuels this growth as conditions like diabetes or hypertension can be more efficiently managed with a combination of traditional medicine and DTx.

While these apps are available in a large number of medical specialties, channeling them into state-run healthcare systems to harness the benefits on population-wide scales is challenging. Germany has a great framework for that, worth scrutinizing, we analyzed it here.

5. Blood pressure's PPG revolution

Similarly to blood tests, blood pressure checks are archetypical diagnostics tools. From the first experiments in the 16th century, blood pressure (BP) monitoring has evolved tremendously. The latest devices can connect to our phones, allowing patients to record their readings and share them with their doctors. However, if you have once seen a mercury sphygmomanometer, you probably won't be shocked or surprised by a current digital device as measuring blood pressure involved an inflatable cuff back then and now as well.



The real change comes with photoplethysmography (PPG), a non-invasive optical technique that provides measurements based on changes in light intensity as a result of blood flow. With PPG sensors devices can become sleeker and more convenient – as they can enable continuous, real-time BP readings; as opposed to one-off measurements at the doctor’s office.

For example, the Akita smart bracelet is lightweight and designed to continuously monitor blood pressure throughout the day. Its readings have even been shown to be comparable to traditional cuff-based BP monitors.

Other PPG-based devices like the BioBeat smart patch aim to monitor BP without visibly doing so. The sensor is applied through a skin patch on the body for reliable 24-hour monitoring.

6. AI digital twins

AI digital twins, or deepfake avatars, to put it less nicely, are improving with amazing speed. It was only a few months ago when Synthesia created the – impressive – digital Dr Mesko, and we’ve already seen so much development since then. HeyGen’s AI-based translation service not only translates your recorded video to (let’s say) Spanish, but it also syncs the lip movements to the new language.

Such digital avatars may be slightly uncanny for friends and colleagues just yet, and we certainly can’t use them in patient-facing roles as of now, but there are many potential healthcare uses for this technology. For instance, digital avatars could be used to create educational materials. It’s faster and cheaper, and if the target audience also consists of [healthcare] professionals seeking new knowledge, this medium can prove to be very efficient.



Although not as state-of-the-art as the most recent solutions, the World Health Organization introduced its freely accessible AI health worker, called Florence, a year ago.

Medical Malpractice or Miscarriage of Justice?

A Doctor's Ordeal

L. JOSEPH PARKER, MD

In 1999, Sally Clark was convicted of murder. Her son, Christopher, had been born in September of 1996 and by all accounts, had been a healthy baby. Just three months later, an ambulance was called to the home, and the baby was dead.

The mother, Sally, said that she had just put him to bed and found him unresponsive not long after. The police were suspicious; she seemed a little cold and unemotional about the whole thing to them, but they couldn't prove anything. After treatment for depression, Sally tried again and had another baby in November 1997. Just eight weeks later, he was dead, too. On both occasions, Sally had been alone with the babies, and there were some signs of trauma. Possibly due to the resuscitation attempts, but prior injury could not be excluded.



Sally was charged with the murder of her two infant sons. During court proceedings, she became pregnant again and had a third son. At trial, a learned professor of pediatrics, Dr. (Sir) Roy Meadow, opined that the chance of two children from an affluent British family both dying from "cot death," what we call SIDS, was one in 73 million. During deliberations, the jury asked about blood and other tests and, in truth, Staph aureus had been found in the second baby's CSF, but the pathologist, Dr. Alan Williams, didn't want to confuse the jury with these inconvenient facts and testified that no, there were no significant tests.

Sally was convicted and sentenced to life in prison, and it was upheld on appeal. It was her husband, doggedly going through all the records to try to regain his wife's freedom, that came across the truth. Then, the Royal Statistical Society stepped in. It turns out that Sir Meadow's calculation of the odds, very persuasive to a jury, was flawed. The Society proved that you can't just multiply risk factors together and hope to find the truth and that the one in 73 million quoted to the jury was flawed. Going on to calculate that, while double SIDS is very rare, double infant homicide is much more so.

In America, the appeals court would say, "Who cares?" but in England, they overturned the conviction, saying, "... the evidence should never have been before the jury in the way that it was when they considered their verdicts." Sally was released in 2003, and all was well, right? Not quite. Sally had been sent to prison as a child killer and had been treated horribly by other prisoners and even the prison staff. She was an attorney herself and the daughter of a police officer, and the stress of being so publicly destroyed caused her immense stress. She drank herself to death within four years of her release. This is one of the things we do not address in the U.S. The post-traumatic stress of wrongful prosecution. And that brings us back to this country.

The DEA often quotes big numbers to reporters, who dutifully throw them into the news without context. In a DOJ press release after a physician's arrest, it was announced that the doctor had "In the two-year period analyzed... prescribed approximately 1.2 million dosage units of opiates, including oxycodone and hydrocodone, to approximately 1,508 patients (approximately 847 dosage units per patient). That sounded like a lot to the public, each of whom is a potential juror, and even to other doctors in the area. When one

doctor remarked about the “extreme” prescribing practices to a colleague who happened to be a pain specialist, he was slapped down.

You see, the pain specialist had run the numbers the right way. If a doctor prescribed 1.2 million MDE to 1,508 patients, the dosage per patient would have actually been 795.8. This should have cued any reporter with a calculator on their phone to look closer, but sadly, it did not. There would need to be 1,277,276 total MDE to result in 847 MDE per patient for 1,508 patients. But the pain specialist didn’t stop there. This was over a two-year period. Twenty-four months. Divide the 847 MDE per patient by 24 months, and you come out with an average MDE per month per patient of 35.3. Well below the 50 MDE recommended by the state and far below the CDC 90 MDE.

Why does the DEA report numbers this way? Because they trust that the U.S. media will not bother to fact-check what they are told, and the government is not often disappointed. Our patients will fall on a bell curve and the government will sift through the data, aided by unscrupulous data technicians, to identify a few out of thousands that had extreme problems or were particularly difficult to get on the right track. Out of 36,192 patient visits that would have occurred with that many patients over that period of time, the doctor was brought to trial on charges for just five visits. These five problematic patients are then held up to jury alone, without context, as indicative of criminal intent by “willful ignorance” of the risk of overdose and addiction.

That doctor was me, and I was convicted on four of the five charges. I had begged the attorneys to get a statistician, but they refused. I think because they didn’t understand statistics sufficiently themselves. Many doctors don’t. All those numbers are just too much. We don’t want to confuse the jury with facts, after all.

[L. Joseph Parker](#) is a distinguished professional with a diverse and accomplished career spanning the fields of science, military service, and medical practice. He currently serves as the chief science officer and operations officer, Advanced Research Concepts LLC, a pioneering company dedicated to propelling humanity into the realms of space exploration. At Advanced Research Concepts LLC, Dr. Parker leads a team of experts committed to developing innovative solutions for the complex challenges of space travel, including space transportation, energy storage, radiation shielding, artificial gravity, and space-related medical issues. He can be reached on [LinkedIn](#) and [YouTube](#).

THE MAN IN THE ARENA

It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while DARING GREATLY, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.

THEODORE ROOSEVELT

HOW TO NAVIGATE THE TAX STORM

UTILIZE TIME-TESTED STRATEGIES OF THE WEALTHY TO
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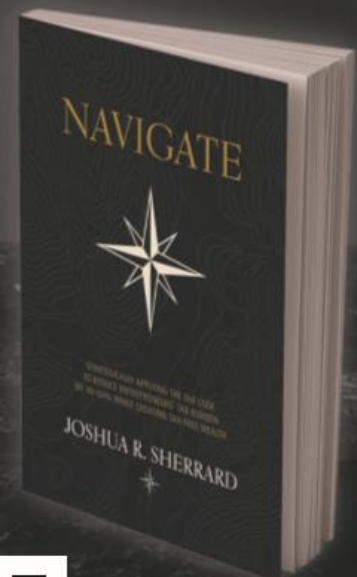
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The following chart reflects Strategic Navigator's clients
after proper planning and structure.

Income	Taxes Paid
\$350,000.00	\$42,500.00
\$800,000.00	\$154,000.00
\$900,000.00	\$71,500.00
\$6,000,000.00	\$1,521,000.00

*"Josh is the most knowledgeable tax strategist
I've worked with in over twelve years of being
an entrepreneur. While that is ultimately why I
connected with him, I continue to be blown away
with his ability to make me feel like I am the only
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-FRANCHISE OWNER-



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AS FEATURED ON



AIR FRYER COCONUT SHRIMP

Thefoodiephysician.com

My Air Fryer Coconut Shrimp is a restaurant quality appetizer that you can make at home! It's so easy to make and healthier than the traditional deep-fried version, thanks to the air fryer. It's the perfect New Year's Eve, holiday or Game Day appetizer and can be made gluten free too!

Whether you're looking for an appetizer to serve at your next party or just a quick weeknight meal, this recipe is for you! Coconut shrimp is one of those dishes that's always sure to be a hit. Anytime I put a platter of them out at a party, they're always the first thing to disappear! They're tender and juicy on the inside with an irresistibly crispy, golden brown, coconut crust. Plus, you can pick them up by their tails so they're not messy at all. Coconut shrimp are the perfect finger food! And both kids and adults love them. Having a hard time getting your kids to eat seafood? Make this dish for them!



WHY AIR FRYER COCONUT SHRIMP ARE HEALTHIER

The coconut shrimp you get in restaurants are typically deep fried. That's how they achieve that crispy exterior. While they're delicious, they're not exactly the healthiest. My Air Fryer Coconut Shrimp are a lot healthier because I use an [air fryer](#). An air fryer is basically a mini convection oven that sits on your countertop. It has a fan that helps circulate heat around your food more efficiently, making it nice and crispy, similar to deep fried food. Because of the way air fryers work, you can simply spray a small amount of olive oil on the shrimp before cooking. This cuts back significantly on calories and fat. You can even skip this step altogether and use no oil at all but I prefer to use a small amount to help achieve a golden brown color.

HOW TO MAKE AIR FRYER COCONUT SHRIMP

- Prepare your shrimp (see section below)
- Set up a breading station with flour, eggs and a mixture of shredded coconut and panko breadcrumbs. I recently got this set of breading trays. I love it- it makes setting up the breading station a cinch!
- Coat the shrimp with the ingredients in the breading station
- Cook the shrimp in the air fryer
- Serve shrimp with desired dipping sauce. My sauce of choice is Thai sweet chili sauce.

HOW TO PREPARE THE SHRIMP

Did you ever notice that restaurant coconut shrimp look different than the shrimp you make at home? It's because they butterfly the shrimp before they cook them. Butterflying is a technique that flattens the shrimp out. As a result, they cook faster and you get a larger surface area to add more of the coconut breading. Yum! Plus, the shrimp look cute when you butterfly them because they can stand up on a plate and it makes them easier to pick up. If you don't butterfly the shrimp, that's fine- they'll still taste great. Just cook them a minute or two longer.

HOW TO BUTTERFLY SHRIMP

- Start with extra large shrimp (21-26 count per pound), preferably peeled and deveined with the tails on. Having the tails on makes the shrimp easier to pick up and provides a handle. You can use fresh or frozen shrimp. If using frozen, make sure they're fully defrosted.
- Place the shrimp on a cutting board. Using a small paring knife, cut along the back of the shrimp to open it up. Don't cut all the way through. Spread the shrimp open and flatten it out.
- To watch me butterfly shrimp, be sure to click on the recipe video!
- Once all the shrimp are butterflied, proceed with breading them. Pat them dry first- this will help the coating stick and helps the shrimp get extra crispy.

CHEF'S TIPS FOR AIR FRYER COCONUT SHRIMP

- Preheat the air fryer first to get it nice and hot before cooking.
- You can spray or brush the air fryer rack with oil as well as the food, if desired. You can skip this step but I like to spray the shrimp to get a nice golden brown color and to prevent sticking.
- Don't overcrowd the basket. You want the shrimp in a single layer so that the air circulates around them. This will help them cook evenly and crisp up nicely. If your air fryer comes with a second rack, you can put a layer of shrimp on that as well and cook twice as many.
- Flip the shrimp halfway through to get even browning on both sides.
- Every air fryer is different in terms of how hot they get and how quickly they heat up so you may have to adjust the temperature and cooking time based on your air fryer. There are recipes online that call for cooking coconut shrimp in an air fryer at 400°F for 15 minutes or more however I find that to be way too hot and too long. The coconut will burn at that temperature and the shrimp will get rubbery. I find 350°F for 7-8 minutes to be perfect for my air fryer. If you're not butterflying the shrimp, you can add another minute or two to the cooking time.

INGREDIENTS

1 pound extra large shrimp (21-26 count, peeled and deveined with tails attached)

¼ cup flour (can use gluten-free flour)

½ teaspoon kosher salt

¼ teaspoon black pepper

EQUIPMENT NEEDED

Air Fryer



2 eggs

$\frac{3}{4}$ cup [shredded coconut \(unsweetened\)](#)

$\frac{1}{2}$ cup panko breadcrumbs (can use gluten-free panko breadcrumbs)

Olive oil spray

[Sweet chili sauce](#) for serving

Breading Trays



INSTRUCTIONS

First, butterfly the shrimp (this step is optional but will give the shrimp a nice appearance). To do this, insert a small knife along the back of the shrimp starting near the head and run it down the center of the shrimp to the tail, cutting about $\frac{3}{4}$ of the way into the shrimp (do not cut all the way through the shrimp). Using your hands, spread the flesh open until the shrimp lies flat. Repeat with the remaining shrimp.

Set up a breading station. Place the flour, salt and pepper in a tray and mix them together. Place the eggs in a second tray and whisk them with a tablespoon of water. Place the coconut flakes and breadcrumbs in a third tray and mix them together.

Working one at a time, pat the shrimp dry and dredge them in the flour. Dust off any excess flour and then dip them into the egg wash. Finally, press the shrimp into the coconut mixture, coating both sides.

Heat an air fryer to 350°F. When hot, place a layer of shrimp in the basket and spray or brush them with olive oil. Don't overcrowd the basket. Cook for 4 minutes then open the basket and flip the shrimp over. Cook another 4 minutes until done (if you did not butterfly the shrimp, you may need to cook them 1-2 minutes longer). Remove the shrimp from the basket and cook the remaining shrimp.

Arrange the shrimp on a serving platter. Serve them with [sweet chili sauce](#) or your favorite dipping sauce.

Anthony Bourdain said: "Eat at a local restaurant tonight. Get the cream sauce. Have a cold pint at 4 o'clock in a mostly empty bar. Go somewhere you've never been. Listen to someone you think may have nothing in common with you. Order the steak rare. Eat an oyster. Have a negroni. Have two. Be open to a world where you may not understand or agree with the person next to you, but have a drink with them anyways. Eat slowly. Tip your server. Check in on your friends. Check in on yourself. Enjoy the ride."



Revolutionizing Health Care: Rethinking Burnout and Resilience

VICKIE LEFF, LCSW

I read all the time about the strategies and measures physicians and other health care professionals take to mitigate, reduce, or immunize themselves against burnout, moral distress, and empathic strain. We have been talking about this for decades, with an increase in “burnout” as a result. It seems time to shift the paradigm to allow for more productive discussions, acceptance, and strategies. Instead of talking about burnout, resilience, and self-care (I can see your eyerolls!), let’s talk about how we realistically manage this challenging and rewarding work.



Distress is a natural response to working in health care, for all the reasons people already know: witnessing suffering, high caseloads, a broken medical system, and making quick connections with patients and families to best meet and understand their needs. At its core, this is not transactional; it is relational work. For many of us in health care, this response can be exacerbated over years of clinical practice. Vacations only have a short half-life.

Yet, we continue to talk about ways we are personally responsible for our well-being (true enough) without acknowledging the acceptable, natural consequences of working with folks who are rightfully stressed and in challenging situations. If we 1) accept the fact that as providers, we will, of course, be emotionally impacted by this work we do, and 2) stop accepting that only the individual is responsible, we can open a window of opportunity to help ourselves, transform systems, and improve institutions; and therefore, our patients.

Changing the paradigm to include universal acceptance of the normal consequences of this human interaction invites, perhaps demands, that institutions and systems take as much, if not more, responsibility for this natural outcome. We can’t (and shouldn’t) immunize ourselves against burnout, as suggested in NEJM Catalyst (Insights Report, 2018): Assuming we can somehow avoid distress, this invalidates the work itself and paints individuals as robotic. We certainly know that approach to medicine is not valued by the public. Nor can we find much meaning in our work if we do not connect. I’m aware of the need to compartmentalize, wall off, in response to overwhelming stress. It can be an effective coping mechanism, but not for the long haul.

Keep going to yoga, painting, singing, walking in the woods, and practicing meditation. They help. If we don’t clearly acknowledge the human nature of working in health care, we will only continue to blame ourselves for what will naturally impact us all.

Let’s change the paradigm and add to the list of strategies:

1. Pushing back against an institution that doesn’t offer the social support necessary to do the work (i.e., provider debriefings, time off, not valorizing overtime). Shouldn’t this be their moral responsibility?

2. Pushing back against using “hero” language to describe the lengths to which providers go to help their patients – this only serves to undervalue the stressful nature of health care work. It also puts providers in a position to not be able to take time for themselves. (Last I heard, heroes don’t take time off).
3. Resist institutional resilience narratives. While bouncing back from difficulty requires resilience, it also requires realistic acknowledgment that the difficulty exists. A “resilient personality” does not obviate or erase the impact of the work we do, it does not immunize you from burnout, or ensure you will not experience moral distress.
4. Resilience should be replaced with the word sustainability to better describe the career-long efforts of any health care provider, including physicians, to remain in the work, find meaning, solace, and reward while accepting the nature of the work: It’s really hard, and it will always be hard (pandemic or no pandemic).

Efforts to support health care providers in doing this work for the long haul require honest acknowledgment from us, as individuals, our institutions, and systems that some things (i.e., distress) are endemic to the work, to the profession. We should work to find ways to sustain ourselves and each other, not pretend we are immune to the best and most challenging aspects of health care work.

[Vickie Leff](#) is a palliative social worker.

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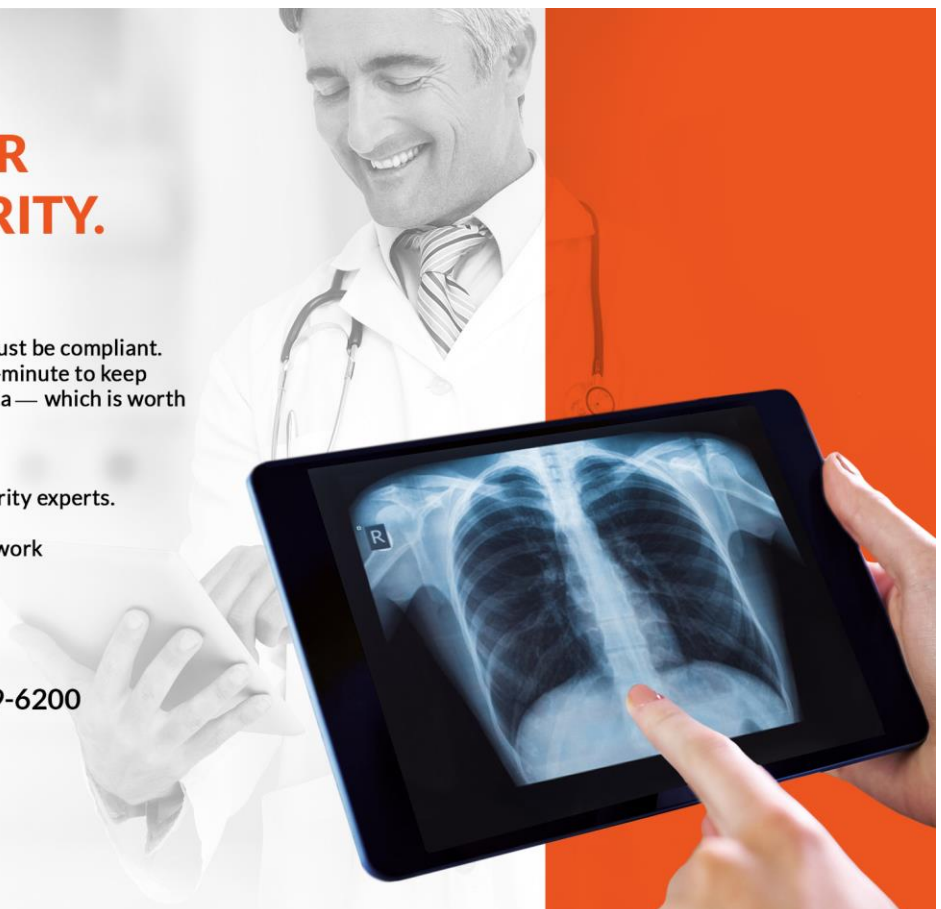
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Designers Share Which Trends They Think Are "In" and "Out" for 2024

By Ashley Chalmers, thespruce.com



As we look toward 2024 together, we're wondering what will be instor for the interior design world. While it's impossible to predict the future, keeping a keen eye on trends is all part of the job for interior designers and home decor experts. That's why we turned to a few of our favorites to find out what's in—and probably out—in the coming year.

In: A Rise of Whimsy

According to Gideon Mendelson, the founder and creative director at Mendelson Group, we can all expect a little more whimsy in 2024. Expect bolder patterns and more personal spaces.

"Instead of the typical monochrome bedroom, I hope to see more statement wallpaper, playful patterns, color drenching, and just overall funky design choices," Mendelson says.



In: Blending Eras



Dan Mazzarini, the principal and creative director of BHDM Design, is noticing a shift toward the traditional that we'll see more and more of next year. Expect it to appear in a few ways—including antique statement pieces in modern homes.

Jennifer Verruto, the founder and CEO of Blythe Interiors, agrees, noting this should be done boldly and unapologetically. "That Victorian-style table lamp *does* have a place in your ultra-modern home, and in fact, that type of style mixing is exactly what we're going to see more of in 2024," she says.

In: Playful Wood Patterns

Hardwood floors have certainly not gone out of style, but Philip Consalvo, the principal designer of PJCArchitecture, says 2024 will see a resurgence of these floors laid in playful patterns like herringbone and chevron.

"People are looking for something modern but not too minimalistic for their home, so adding a pattern softens the overall look a bit," he says.

Curious about which patterns, in particular? Verruto says checkers are high on her list.



“A classic black and white checkered floor is incredibly versatile and lends itself to both ultra-traditional and elegant spaces but also works well in funky, eclectic homes,” Verruto says. “It’s not surprising that we’ve seen checkers make their way onto rugs, furniture, and home decor, and in a variety of colors.”

In: Warm Neutrals and Jewel Tone Accents

We can all agree that warm neutrals are back in a big way, but Susan Hayward, founder of Susan Hayward Interiors, says 2024 will be all about how they’re incorporated into our spaces.

“The beautiful sage green and deep terracottas have been a refreshing change from gray,” Hayward says. “Navy is still popular but we’re seeing more indigo undertones which lends itself to some beautiful pairings.”

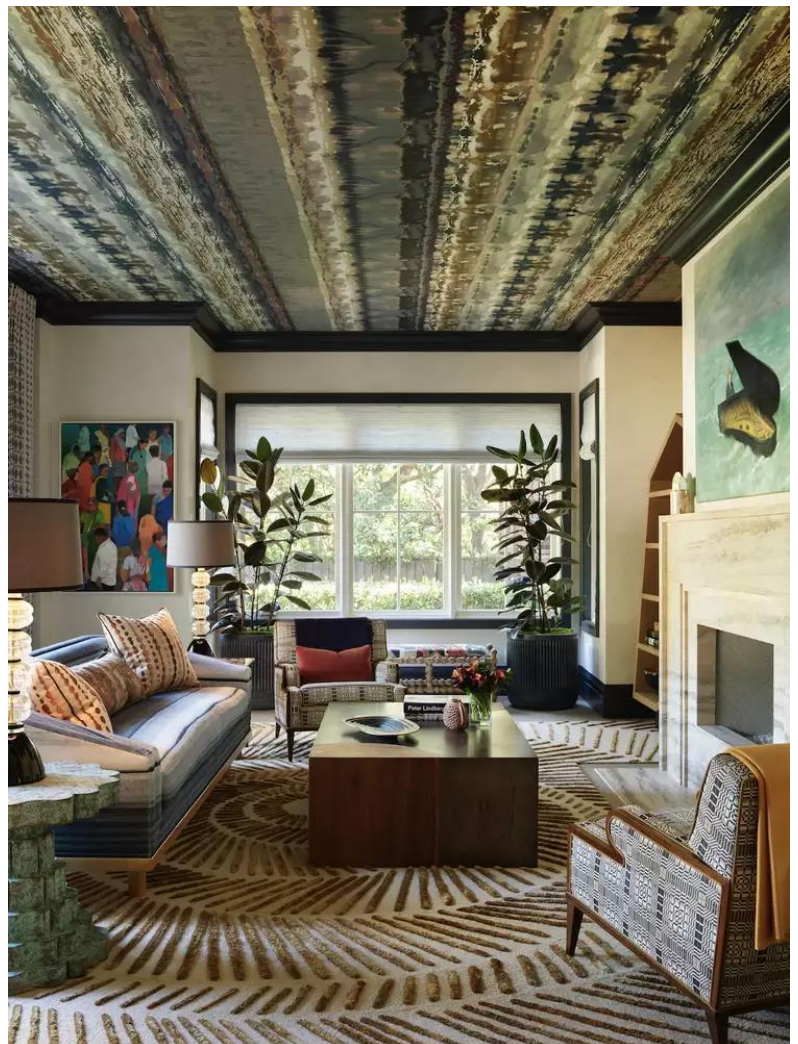
Alongside these, as well as the warmer grays and whites we’ve been seeing lately, Hayward expects more jewel-tone accents—especially paired with natural woods.



In: Bold Ceilings

Interior designer Jay Jeffers is expecting even more bold wallpapers or paneling in 2024—but on our ceilings.

“Ceilings can often be overlooked, but just as we choose paint colors or textures for the walls, we can’t forget the space above our heads, which plays a crucial role in the design,” Jeffers says.



In: Cozy Opulence



While 2023 may have introduced us to quiet luxury, Jeffers says 2024 will take it up a notch with cozy opulence. Expect a trend that acts as a tribute to opulence and rich materials yet prioritizes warmth and comfort—think luxury homes that feel timeless and lived-in, with warm colors and cozy textures.

One great way to make this trend work is with something as simple as tassel fringe—another popular trend Peter Spalding, the co-founder and CCO of Daniel House Club, predicts for 2024.

“My favorite design trend this year was tassel fringe,” Spalding says. “I like rooms that are sumptuous and a little frothy and I get excited when I think about the direction we're headed.”

Out: Bye Bye, Boucle

We're a little sad to see this one go, but according to Mazzarini, boucle will be seeing itself out in 2024.

“While I love boucle, it's had its day—bring on the next monolithic texture,” he says.



Out: Curves



Although Hayward loves all the furniture curves we've seen this year, she fears it went a little too far. "I'd like to see the soft edges continue but have some variety in the different shapes and edges," she says.

Mendelson agrees, noting this will go beyond furniture: round pillows are out next year, too. "While the fun home accent may have been a unique, modern touch, they are not very practical or comfortable for the bedroom," he says.

Out: Minimalism



According to Verruto, another trend on the decline is minimalism in its purest form.

"We can still expect modern designs to feel simple and sleek but that showcase more personality, color, and warmth," she says.

Out: All-Out Maximalism



While minimalism might be waning, Spalding warns against an overzealous grasp of maximalism, too. “Extreme maximalism with no concern for whether things match at all will be a thing of the past,” he says.

Out: Barbie



If you went all in on Barbiecore this year, Philip Consalvo, Principal of PJCArchitecture, has bad news about the bold pink trend we saw everywhere starting in late spring. “It’s overdone!” he says.

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Road to Ruin: A Doctor's Prescription for Poverty & Misery

Wealthymdoc.org

This post is a tribute to the late, great Charlie Munger. Charlie was Warren Buffett's right-hand man and friend for over sixty years. He passed away in 2023, just one month shy of his 100th birthday.

He often spoke about the value of acquiring and using "worldly wisdom." Our thinking suffers from a lack of understanding of basic mental concepts.

He also preached the importance of thinking in a systematic, rational way. The German mathematician Carl Jacobi created one of Charlie's favorite thinking tools. Jacobi was famous for advising, "Man muss immer umkehren." **"Invert, always invert."**

Charlie gave an example to illustrate how this works. "What is the way to best help India's economy?" Instead, he would ask, "What action would likely destroy India's economy?"



"How do I take the smartest path?" becomes "What path would be foolish?"

You ask, "What's the best way to end up rich and happy?" I ask, "What's the best way to end up in poverty and misery?" From that, true wisdom and guidance will appear. If you avoid the worst paths, you will come way ahead.

Welcome to a unique journey through the land of financial mishaps! This tongue-in-cheek guide will explore how to sabotage your financial health expertly. Let's turn sound financial advice on its head and see what happens. When you do everything wrong, you sabotage your financial health.

1. Envy: The Green-Eyed Monster in Finance

Envy makes you chase others' financial shadows, leading to irrational decisions. Forget your own goals; always try to outdo your neighbor! Set up notifications on your phone for all social media accounts. This guarantees you can compare your miserable life with all the cool stuff others are doing. Comparing yourself to others gives you the drive to improve. Envy can serve as fuel.

2. Greed: More is Never Enough

Why settle for balanced investments when you can risk it all for immediate gains? Long-term planning is overrated when greed rules your wallet. Never be satisfied with what you have. Why should you be grateful

for the pittance you have? There are big-time ballers out there with hundreds of millions of dollars. Don't go home and relax with your family until you reach centamillionaire status. Greed is good.

3. Marry Any Fun Hottie

If you meet someone who is both fun and hot, marry them. What else could you want in a partner? They will look good, others will be jealous, and you will love coming home from work every day. You only live once.

4. Spend Your Earnings: The Fast Track to Empty Pockets

Live well beyond your means. Budgets are for the cautious, and you're a financial daredevil! Money is meant to be spent. So many people make themselves miserable in the present, trying to save for a future that may never exist. Don't delay your gratification, especially since you could get cancer or die young. Believe that buying things brings lasting happiness. Ignore those saying that true financial joy comes from security. Shiny new gadgets cause joy.

5. Ignoring Catastrophic Risks: Playing with Fire

Why worry about emergencies? Ignore insurance and emergency funds. After all, what could go wrong? Even if something goes wrong, you cannot know what that will be or when. How could you predict the future? You can't. Why turn over your hard-earned cash to insurance companies? Insurance is a dumb rip-off.

6. Saving Sporadically: A Recipe for Insecurity

Save when you remember or see extra money in your account. Consistency in savings is for the cautious. It is okay to set some money aside if there is a lot left over. But if not, don't sweat it. You can save in the future. Or you will get an inheritance, rebate, lottery, etc. So why suffer and scrimp now? **Enjoy Raises and Bonuses.** Spend any extra income immediately. Saving or investing bonuses is too sensible.

7. Lack of Planning: Navigating Without a Map

Financial plans are for the unimaginative. Wing it and let fate decide your financial future. Nobody can predict the future. Yet fools keep trying to plan everything out. Don't waste your time. Go to work today and do what you want. The future will work out somehow.

8. Overuse of Leverage: Drowning in Debt

Debt is your friend. Max out those credit cards and loans! More debt equals more fun, right? Debt is what created our entire modern society. You can't buy a house, business, or car without debt. In business school, I learned about advanced techniques for boosting investment returns. They all involve "leverage" – the secret word for debt. More is better.

9. The Mansion Trap: Living in a Money Pit

Buy the biggest house you can't afford. The financial strain is worth the envy of others. Your bank will ensure they don't give you more mortgages than you can handle. They are experts, so you can rely on them when they say you can afford a bigger house.

10. Not Negotiating: Leaving Money on the Table

Never negotiate salaries or prices. Accept whatever is offered; assertiveness is overrated. We are educated professionals, not greasy salespeople. Arguing and hassle over every dollar on a price or contract is unbecoming. You will make plenty of money no matter what.

11. Speculation Over Investment: The Gamble

Forget informed investing. Speculate and hope for a financial miracle! Miracles do happen. Think if you bought

Apple shares or Bitcoin years ago. How rich would you be? Pick something you think might go up and buy. Go big or go home.

12. Tax Negligence: The Unseen Erosion

Taxes are complicated. Ignore them and hope the taxman doesn't notice. You can't control them, so don't worry about them.

13. Working Without Purpose: The Road to Burnout

Work for the paycheck. Finding purpose in your career is a waste of time. Work sucks, and that's why they pay us to do it. Get over it.

14. Substance Misuse: Financial and Personal Ruin

Let substance abuse control your life and finances. Drink booze daily. It is the only way to cope in today's stressful world. Try other drugs on weekends. Alternative experiences might open up your mind. If not, you will at least feel good for a few hours. Health and wellness are secondary to immediate pleasures.

15. Neglecting Self-Improvement and CME

Stop learning once you finish school. Personal growth and continuing education are unnecessary expenses. You know enough. The best knowledge is old knowledge.

16. Disregarding Honesty and Virtue

Ethics in finance? Ignore that. Cutting corners gets you ahead faster. Let's face it: ethics is all subjective. Don't follow old, antiquated rules from the Bible, Ben Franklin, or your grandma. That's no way to get ahead. Liars and cheaters are everywhere. You can't beat them, so join them.

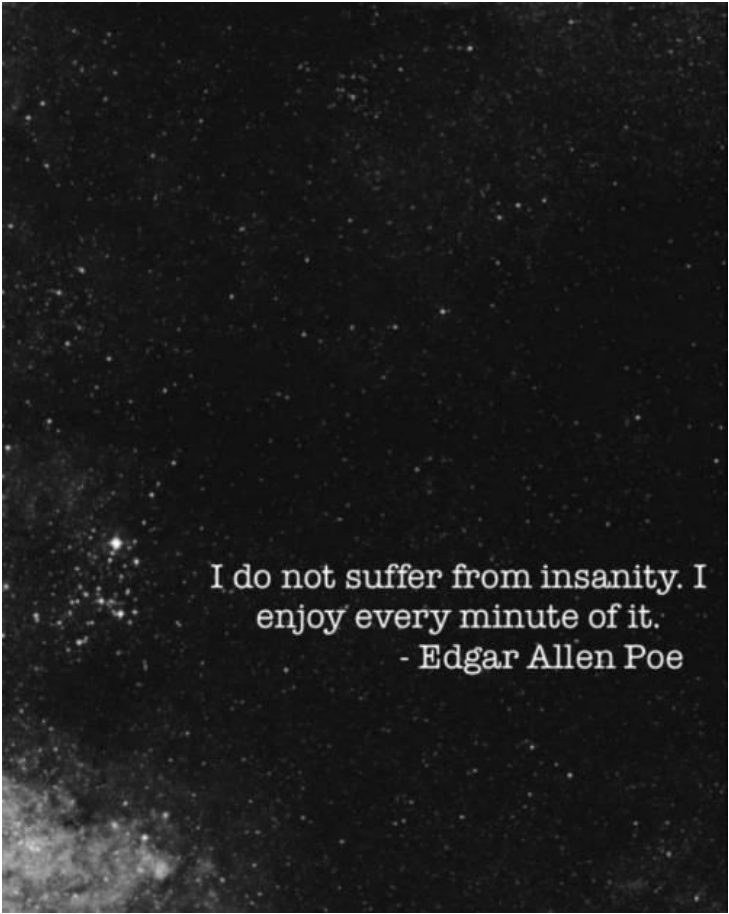
17. Avoiding Real Estate: Missing a Key Asset Class

Stay away from real estate. Overlook its potential in diversifying your portfolio. Properties are expensive and sometimes crash in value. Who wants to deal with all the hassles and calls at 2 A.M.?

18. Neglecting Estate Planning: The Forgotten Future

Estate planning is for the future-minded. Live in the now and forget about legacy. Don't worry about the future. Only the present exists. Who cares what happens after you're dead anyway? That's not your problem.

By now, you should have a masterclass in financial ruin. If this journey through fiscal folly made you cringe, it's time to consider the opposite approach. Start making wise financial decisions and watch your wealth grow. The path to financial success is paved with prudence, planning, and common sense. Happy (responsible) spending!



I do not suffer from insanity. I
enjoy every minute of it.
- Edgar Allen Poe

The Absolute Best Places to Ski in North America

By Noelle Alejandra Salmi, matadornetwork.com



Ski resorts from Vermont to California to British Columbia are slated to open for the season at the end of November, which means it's time to start making those winter skiing and snowboarding travel plans. While there are plenty of trendy ski destinations that get a temporary buzz, they don't always last to the next season, and even some of the mainstays aren't all they're cracked up to be. To guarantee the most epic ski vacation this year, travel to the ski areas in the United States and Canada that actually live up to the hype.

First, a note on season passes

Your choice of mountain might be dictated by whether or not you've already purchased an Epic Pass or IKON Pass, both of which grant access to several of the mountains on this list. Last season we wrote about planning ski trips around your ski pass. If you don't want to go all in on a season pass, the Mountain Collective Pass doesn't give you unlimited access to its mountains but does offer steep discounts.

If you don't have any pass, be sure to buy your lift tickets online in advance. While lift prices can change by day of the week and week of the month, it's always cheaper to buy online than heading to the ticket window on the morning you plan to ski.

1. Aspen Snowmass — Aspen, Colorado

Ski passes: Ikon, Mountain Collective

Aspen conjures images of ritzy snow bunnies, significantly overpriced cocktails, and pretension so strong you could smell it from Glenwood Springs. Full disclosure, all of those things are present in Aspen. But it's what happens between the lines, underneath the façade of trophy homes and Gucci purses, that makes a visit to this mountain town memorable. First, there's the terrain itself. The first chair at Aspen Mountain



after an overnight snowfall is the stuff powder dreams are made of: wide-open fields of steep, rolling terrain accessed by high-speed lifts within walking distance of downtown.

If you're there for a while, few ski destinations offer the diversity in terrain of Aspen. Beyond Aspen Mountain, Snowmass alone is enough to keep freeride enthusiasts busy for a week or more. Buttermilk has Colorado's top family-friendly terrain and the X-Games terrain park that brings in top pros each January. Aspen Highlands is steep and offers access to Highlands Bowl, often ranked among the bucket-list ski hikes of North America. No matter which mountain you're on, those million-dollar views of the surrounding 14,000-foot peaks are enough to stop you in your tracks.

2. Whistler Blackcomb — Whistler, British Columbia

Ski pass: Epic

The largest ski resort in North America, with over 8,000 skiable acres, Whistler Blackcomb keeps adding superlatives to the list. It built the world's highest gondola off the ground in time for the 2010 Winter Olympics, making it really easy to hop between the resort's two mountains: Whistler and Blackcomb. Yet with so much to ski on each mountain alone, you could spend days on just one of them and not ski it all.



Whistler Mountain has plenty of wide-open

bowls that are great for beginners and intermediates. Then again, many have called its Saudan Couloir chute one of the scariest runs in the world. They clearly haven't climbed up Spanky's Ladder on Blackcomb Mountain to access off-piste runs on Ruby and Sapphire Bowls. While those gemstone-named zones usually have great snow, signage is limited, and cliffs are aplenty — so go there with someone who knows the area. Whatever level skier you are, you can fuel up on some of the best on-mountain lunch options we've tried in North America.

Off the mountain, Whistler Village is so packed with great restaurants and bars that Vancouverites will come up for a weekend of partying alone. You've also got miles of cross-country and snowshoe trails, spas, yoga studios, and dozens of other activities — from sleigh riding to zip lining.

3. Jackson Hole Mountain Resort — Teton Village, Wyoming

Ski passes: Ikon, Mountain Collective

Officially, Jackson Hole is named as such because the town of Jackson is surrounded by towering peaks on all four sides and resembles a hole in between them. Unofficially, its name refers to the fact that once you get here, it's nearly impossible to convince yourself to go back home. Beyond some family-friendly runs at the base, Jackson Hole Mountain Resort is a playground for big mountain enthusiasts who typically have to ski up a backcountry peak to find terrain this good. Seeing packs of pro skiers and film crews crammed onto the chair, avalanche pack on their backs, enroute to the resort's renowned backcountry access gates is just another Tuesday in Jackson.



Its most famous run, Corbet's Couloir, is a bucket-list drop for many dedicated skiers and boarders. Riding the tram past it up to Corbet's Cabin is also a must-do experience. The addition of the Teton Quad Chair in 2015 made even steeper, powder-filled terrain easily accessible, and because of the resort's sheer size and the fact that you're skiing in the least-populated state in the union, there's no stress over having to share it.

4. Sun Valley Resort — Sun Valley, Idaho

Ski pass: Epic

Sun Valley Resort opened in December 1936 with the world's first chairlift: the same single-rider style that Stowe adopted shortly thereafter. The hotel itself was a glamorous affair that attracted Hollywood types like Marilyn Monroe and Cary Grant. Warren Miller, the father of the ski film, was a ski bum in Sun Valley — which may explain why he always included an element of the itinerant ski-bum life in his films.



But you don't go to Sun Valley for the history. You go for some of the dryest, powderiest snow on the continent. The home of corduroy (skiing, that is, not pants) doesn't have as many of the steep runs that you'll find, say, in neighboring Wyoming — but Sun Valley's Bald Mountain does have big long cruisers and consistent pitch the whole way down. If you like doing big GS turns, this is the place. And after a day of big, sweeping turns, you can head back to that still-glittery lodge for a cocktail — Sun Valley is still a posh place, after all — or have a beer with the locals in the town of Ketchum.

5. Big Sky — Big Sky, Montana

Ski passes: Ikon, Mountain Collective

Montana is the last stand for the true Wild West ski bum, a place where half-toasted locals ride horseback down the middle of the street when the après action winds down. Big Sky is living proof that the 2001 movie *Out Cold*, arguably the greatest cinematic masterpiece of all time, took place in the wrong state. If Hangman's Peak were a real place, surely it would be here. As far as destination ski resorts go, none are quite as raw and unfiltered, nodding to the days when wearing a cowboy hat up the lift didn't automatically label you as a novice.



There's terrain for everyone, and unlike Colorado's Summit County, there's no worry of bumping elbows should your heelside turn go a little too wide. Like Jackson Hole to the south, carrying avalanche gear on your back is commonplace at Big Sky — just another die-hard en route to Big Couloir. It's a freeskiier's paradise, and because it's Montana, that isn't going to change anytime soon.

6. Kicking Horse Mountain Resort — Golden, British Columbia

Ski passes: Ikon, Mountain Collective

The entire Eastern BC region seems to be the talk of the ski world these days, with eight ski resorts available along the Powder Highway. While they all offer runs for beginners and intermediates, this region is best known for really long runs; fluffy, untracked powder; and very steep



lines. Of all of the resorts, Kicking Horse seems to be the buzziest of all.

Don't be fooled by the fact that Kicking Horse has but one gondola and three lifts. It has plenty of skiable acres and that gondola goes far: The mountain offers an astounding 4,133 feet of vertical. Trek on over to Super Bowl and you'll have a dizzying collection of double blacks to choose from. If you're worried about whether the Horse is too much for you, just know that you can stay closer in by Bowl Over or Crystal Bowl and take a blue or black run down (although even these blues don't skimp on incline). You can have lunch, or dinner, at Eagles Eye atop the mountain or head down to the crunchy mountain town of Golden for après beers at the Whitetooth Brewing Company.

7. Squaw Alpine — Squaw Valley, California

Ski passes: Ikon, Mountain Collective

Folks are sometimes surprised that California has produced so many Winter Olympians. In fact, Squaw Valley was the site of the 1960 Winter Olympics and was the home mountain of at least two gold medalists: alpine racer Julia Mancuso and freestyler Johnny Moseley, who can still be found on the mountain on great snow days. If you're lucky, Squaw will reward you with a classic NorCal ski day: a night of snowfall followed by a bluebird morning. When the Headwall lift opens up, it's a race to get to the untracked stuff first.



Buck the crowds and head over to Granite Chief, where you'll find excellent tree runs through the ponderosa pines. Or head to the KT-22 chair, Tahoe's most famous lift; it accesses a ridge, off of which are plenty of steep, mogul-dotted options. Since KT-22 starts at the base, it's kind of a thing to see how quickly you can lap its experts-only pistes.

The après scene is typical chill Californian, with big outdoor fireplaces and pitchers of beer. Go ahead and fill up on nachos because, despite the growing number of restaurants in Squaw, the food is just so-so. For lunch, Wildflour makes tasty sandwiches and the best chocolate chip cookies anywhere. If you want a great dinner, though, drive to Truckee.

8. Mammoth Mountain — Mammoth Lakes, California

Ski passes: Ikon, Mountain Collective

There was a time — the 1990s, in fact — when Mammoth Mountain was the hub of the snowboard social scene, home to a legendary and constantly evolving terrain park luring pros and providing endless fodder for the legions of youth flocking to a fast-



growing sport. Even today, the massive resort south of Yosemite National Park is a beacon for boarders from across the country, with stickers of the famous Mammoth crown lining the backs of cars on nearly every freeway in Southern California, depicting drivers' burning desire to ditch the asphalt block for the high country steeps of the Sierra.

All the hype around Mammoth tends to paint an image of a haven for big-city teenage jibbers with pants drooping and headphones blasting, a place where worth is measured solely by how many spins one completes off the mega-booters in the park. This couldn't be further from the truth. In fact, Mammoth deserves every bit of recognition it gets. The mountain is huge and diverse, steep shoots dropping into wide-open bowls that lead into fast cruisers to the base. The views of the Minarets from "The Summit" are as unforgettable as dropping into Paranoid Flats on a pow day. Mammoth is a skier's universe all its own, and it's no wonder a coworking space was opened in the base lodge — people just don't want to leave.

9. Telluride — Telluride, Colorado

Ski pass: Epic

Both Oprah Winfrey and Tom Cruise have homes in Telluride if that tells you anything about its star power. One could almost say it's the new Aspen in that sense, though it's far tougher to get to. This means that, big names with private jet access aside, the people here are here for one reason: The mountain is damn epic. Revelation Bowl is the best lift-accessed terrain in the San Juan Mountains, and if you dare to push it further, a hike up towards Palmyra Peak will make you feel as though you've walked into a Warren Miller film.



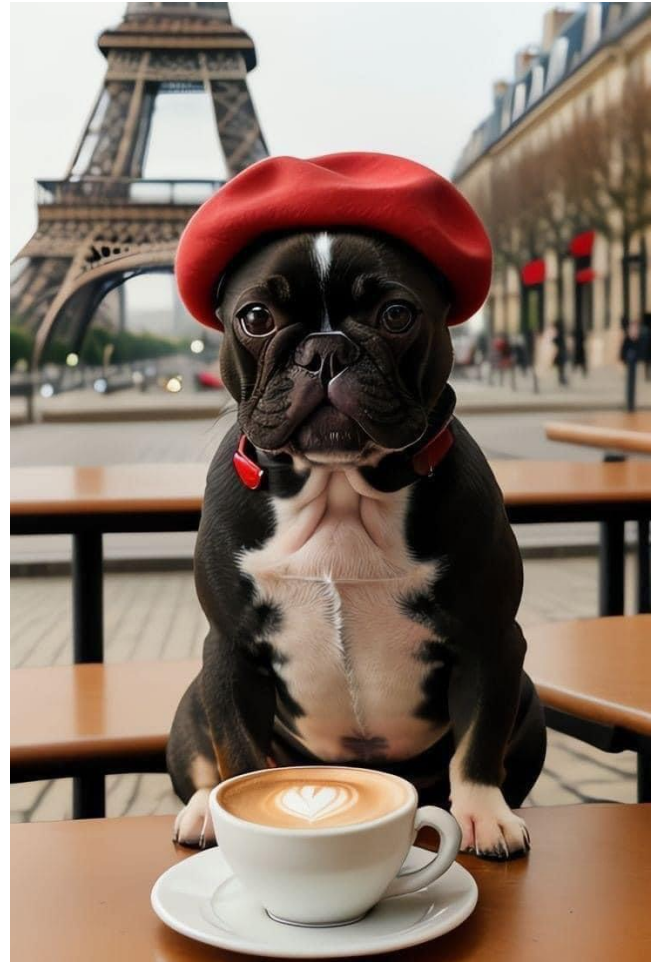
Thanks to the Prospect Express and Apex lifts, casual skiers and riders enjoy access to nearly the entire mountain here, something that often eludes those not keen on bumps, rollers, and steep drops at big-time resorts. The town also does après action right, with two distinct villages to choose from. And be sure to give Tom or Oprah a high five if you see them.

10. Stowe Mountain Resort — Stowe, Vermont

Ski pass: Epic

The oldest ski town in North America is still its most iconic. Back in the day, Stowe's single-chair ski lifts left you feeling so lonely and cold that they gave you horse blankets to cover yourself with. That early lift accessed the Front Four runs, which were cut to follow the terrain of the mountain — winding and really narrow in some spots. They were known as the hardest runs on the east coast. Eventually, Stowe replaced the single-person lift and added two cable cars, as well, so you can get up the hill in much cozier conditions, even in the bitterest of Vermont winters. You've also got plenty of other chairlifts to access a host of intermediate blues, and even a t-bar and people-mover near the beginner greens — making Stowe a very family-friendly ski place today. In fact, the Trapp Family Lodge, as in the Von Trapps from *The Sound of Music*, is just down the road from the mountain, and you'll find other lodging and dining options around, as well.

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