

MD Life

January 2025



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Contents in This Issue

How a Mid-Flight Emergency Taught Me to Put Myself First
Life After Death: AI Chatbots Bringing Lost Loved Ones Back
What The Death of Unitedhealth CEO Reveals About Our Broken Health Care System
The MD Financial Planning Checklist for 2025
Under Siege: The Escalating Ransomware Crisis In Healthcare
Plan Your Winter Adventure at One of the 10 Best Ski Resorts
What AI Can Do in Healthcare in the Coming Years: 8 Examples
The Top 10 Wines for Winter 2025
Breaking the Silence on Physician Burnout and Suicide
The Most Expensive Home in St. Bart's Can Be Yours for \$59 Million
Best Luxury Sedans for 2025

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How a Mid-Flight Emergency Taught Me to Put Myself First

Pamela Buchanan, MD

It's crack-of-dawn early, and I'm on a flight. Working swing ER shifts has left me exhausted, barely packed, and running on fumes. But hey, as long as I've got my passport and clean underwear, I'm good to go. There's a mall in every city, right?

I settle in, headphones on, ready to dive into the latest episodes of The Lincoln Lawyer. I'm beyond tired – there aren't even words for this level of exhaustion.

Suddenly, an overhead announcement breaks through my haze: "Is there a doctor or nurse on board?" Oh no. Nooooooooooooo!

I sit for a second, hoping there's another doctor. To my relief, someone else stands up. Then another. Soon, three medical personnel are helping out. I stay put.

This isn't my first rodeo. I've been the hero on three different flights before – heart attack, diabetic complications, you name it. Did you know planes have almost a full crash cart? Wild, right? I can see how eager they are, jumping up to play hero. Not me, though. Not today. I'm a reluctant hero this time around. I've worn that cape for 20 years, and today, I'm practicing what I preach: taking care of myself first.

Let me tell you, this was not easy. Every fiber of my being wanted to jump up and help. I'm Captain Save 'Em, after all. But today, I chose differently. I chose me. You see, as medical professionals, we're conditioned like Pavlov's dogs to save the day. No days off, right? But is that sustainable? Even God took a day off.

I've saved a lot of lives, but at what cost? Lost sleep, mental health swings, weight gain, strained relationships. This job takes until there's nothing left to give. It's no wonder 41 percent of medical professionals have left since the pandemic, or that physicians have a higher suicide rate than the general public.

Don't get me wrong – if I was the only doctor on the plane or if they needed extra help, I'd be there in a heartbeat. But what I know now is that it doesn't always have to be me.

Today, I chose to rest and prepare for a big weekend. I wasn't mentally sharp and questioned if I should really be practicing medicine in that state. It wasn't ideal, but I chose what was best for me. And guess what? All turned out well.

Taking care of myself is an active process. I have to schedule it, plan it, force it for my own good. It goes against everything we're taught as doctors, but it's necessary. There's only one me, after all.

So there I was, on that plane, finally putting my own oxygen mask on first. It's a small step, but a crucial one. Because sometimes, the most heroic thing we can do is take care of ourselves.

*[Pamela Buchanan](#) is a board-certified physician, speaker, and thought leader dedicated to transforming health care and championing mental well-being. With more than 20 years of medical experience, she is a TEDx speaker known for her powerful talk on "[Emotional Flatline](#)," which explores the emotional toll of high-stress professions, particularly in emergency rooms during the pandemic. As the author of *The Oxygen Mask Principle* and *Emotional Flatline*, Dr. Buchanan teaches self-care as a revolutionary act for working mothers, health care professionals, and high achievers.*

Dr. Buchanan is the founder of [Strong Medicine](#) and can be contacted for [coaching, workshops, and speaking engagements](#). She can also be reached on [TikTok](#) and [Instagram](#).



Life After Death: AI Chatbots Bringing Lost Loved Ones Back

By Kim Komando



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For me, the holidays are when I miss my parents, grandparents and loved ones who've passed away the most. But maybe we can still keep our lost family and friends with us in a different way.

You see, there's been an upsurge in people tapping into AI to create virtual versions of their loved ones. I wanted to get a deeper look, and now you can, too.

We are so back

Founded in 2017 (ancient history in tech time), StoryFile offers a couple of options to immortalize loved ones while they're still on Earth.

At the basic level, a laptop and webcam capture their image and likeness in an interview-style fashion — by an actual historian, for an extra fee. StoryFile's AI uses the material to create a digital persona. Today, over [5,000](#) people have created profiles.

Loved ones can ask the persona a question, then the system sifts through corresponding interview clips to find an intuitive response. Just imagine a loved one you'd love to chat with again.

Another company, HereAfter AI, came along in 2019 and added another element: Interactive videos where subjects make eye contact, breathe and blink as they respond to questions. It's super lifelike ... but also surreal.

Legends live on

You might be thinking, "So, who's doing this?" The answer: Folks from all walks of life.

Lynne Nieto, founder of Life Fitness, created a StoryFile before her husband passed away from Lou Gehrig's disease. She did it mainly for their grandchildren. She watched the file for the first time about six months after he died. Lynne says it was a little hard to view, and it felt a bit raw.

I'm not surprised to hear that. I don't know how I'd feel about seeing my mom or dad again, but I'm pretty sure it'd be overwhelming.

StoryFile interviewed actor Ed Asner eight weeks before he died in 2021. They sent Ed's StoryFile to his son, Matt, who couldn't believe his eyes. He says it was like his dad was looking right at him, answering his questions.

Matt played the file at his father's memorial service. Some people were deeply touched, but he says others were very uncomfortable.

AI immortality

Looking to try out this AI tech for yourself? Here's how to get started:

- [HearAfter AI](#) uses a chatbot to ask questions about your loved one and their life. Submit audio recordings of the person recounting any memorable moments, along with photos to make things more personal. A 14-day trial is free, then plans start at \$3.99 a month.
- [StoryFile Life](#) records a video of you or a loved one answering questions. Responses are saved for future generations to interact with. The free trial includes 33 questions. You can add more for \$1 each or purchase a bundle plan, starting at \$49. There's a commercial from William Shatner on the site that's worth watching.
- [Eternos](#) has the tools to capture your voice, share your memories and create a digital version of yourself. Pricing starts at \$25 a month.

It's just the birth of this tech

Amazon is set to release an Alexa update that lets the system mimic any voice, even that of a deceased loved one. At its annual re:MARS event in 2022, Amazon shared a video showing its Alexa voice assistant reading a bedtime story to a young boy using his grandmother's voice instead of the Alexa default.

Would you want a chatbot that sounds like a loved one? What about your family making one of you after you're gone? When you rate this newsletter at the end, leave a comment and let me know!

Speaking of passing ... Don't challenge death to a pillow fight unless you're prepared for the *reaper cushions*.



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We Address Issues Facing Physicians:

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- **Proven Tax Strategy Successes:** Our most recent assessment found \$234k – \$975k in tax savings for our clients.

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What The Death of Unitedhealth CEO Reveals About Our Broken Health Care System

Tomi Mitchell, MD

The [sudden death of UnitedHealth CEO Brian Thompson](#) has pulled back the curtain on something we've all known deep down: America's health care system is failing. Every day, we hear heartbreaking stories of people denied life-saving treatments like cancer care, not because those treatments don't exist, but because someone decided they weren't "cost-effective." This isn't just a health care problem—it's a crisis of humanity.

We talk about "making America great again" all the time, but how can we be great if our people are sick? A country isn't strong unless its people are healthy. Right now, we're not. Productivity is down—not because people are lazy, but because they're battling preventable illnesses. Mental health struggles are through the roof because navigating the system is exhausting, frustrating, and dehumanizing. Meanwhile, other countries seem to have figured it out. They give their people affordable health care, access to good food, and lives with less stress. We can't keep pretending this is OK.

The unhealthy truth

Let's call it what it is: America is sick. The food on our shelves is filled with chemicals and additives that are slowly poisoning us. Chronic illnesses like diabetes, heart disease, and cancer are skyrocketing because we're eating food that isn't good for us. According to the Centers for Disease Control and Prevention (CDC), six in ten adults in the United States have at least one chronic disease, and four in ten have two or more. Even kids aren't safe—they're fed unhealthy school lunches and live in a world where sitting still has become the norm.

Then there's the health care system itself. It's a nightmare. Families lose their homes because they can't pay their medical bills. People skip life-saving treatments because they don't have the money. Preventive care? Mental health support? Those are luxuries in our current system, even though they shouldn't be. And while regular folks are drowning, the people at the top are getting richer. They profit from this broken system while everyone else suffers.

A house divided

Our health care system is a reflection of how divided we've become. There's one America for people who can afford care and another for those who can't. There's one for those making money off this mess and another for those being crushed by it. Abraham Lincoln's words still hold true: "A house divided against itself cannot stand." And right now, this house is falling.



This isn't just about politics. It's about doing the right thing. The way we handle health care in this country isn't just unsustainable—it's cruel. Other nations have shown us a better way, where people live longer and healthier lives because their leaders put people first. Why are we so stuck in this cycle of greed and neglect?

Back to basics: A prescription for change

If we really care about this country and its people, it's time to make some big changes. Here's what we need to do:

1. Healthy food, healthy lives. The food we eat is slowly killing us. Poor dietary habits are directly linked to approximately 678,000 deaths annually in the United States, according to research. Chronic illnesses like diabetes, heart disease, and cancer are rising at alarming rates, with mounting evidence pointing to harmful substances in ultra-processed foods as a primary cause. It's time to stop flooding our shelves with products packed with chemicals, additives, and preservatives. Fresh, healthy, and organic options should be affordable and accessible to everyone, regardless of their income. Schools need to lead the way, offering meals that nourish children's growing bodies and teaching kids about the importance of nutrition. What we feed our families shouldn't contribute to chronic disease—it should promote long, healthy lives.

2. Universal access to health care. Access to health care should never depend on how much money someone has. Mental health care, preventive services, and life-saving treatments must be available to everyone, not just the wealthy. No one should have to decide between keeping a roof over their head and getting the care they need to survive. Health care is a basic human right—not a privilege reserved for a select few.

3. Physical activity in schools. Physical activity is critical to lifelong health, yet many schools have cut back on gym classes and sports programs. We need to make physical education a mandatory part of every school day. The American Academy of Pediatrics recommends that children engage in at least 60 minutes of physical activity daily, but only about one-quarter of teens currently meet this guideline. Encouraging kids to stay active not only improves their physical health but also supports mental well-being and academic performance. Healthy habits formed in childhood can prevent the chronic diseases—like obesity and diabetes—that are now far too common.

4. Education and mutual respect. A healthy society is an educated society. Let's make education accessible to everyone and use it to build empathy and understanding. Teach people how to take care of themselves and how to care for others. When we understand each other better, we're less likely to leave anyone behind.

5. Holding greed accountable. Corporate greed is at the heart of so much of what's broken in America's health care system. It's time to hold powerful companies and lobbyists accountable for putting profits over people's lives. We need real accountability for those who prioritize their bottom line at the expense of the public good. Health care should be about healing—not exploitation.

For the love of country

No amount of rhetoric or superficial fixes will save us if we don't address the root of the problem. America's strength has always come from its people, but right now, those people are suffering. If we want to be great, we have to start by taking care of each other.

That means building a system that values lives over dollars. It means making sure every child has access to healthy food, every person can see a doctor when they're sick, and every community has the resources they need to thrive.

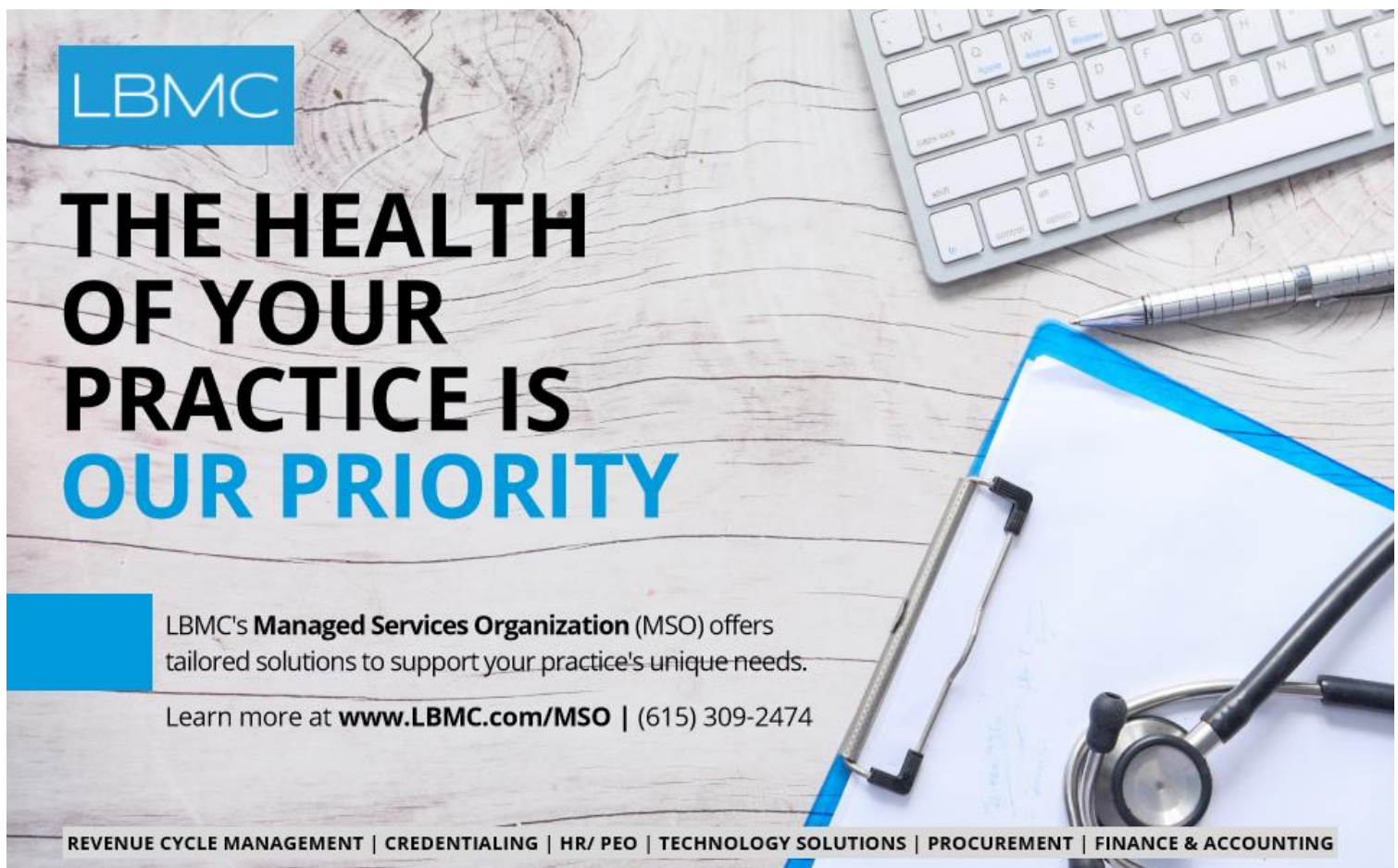
This isn't going to be easy. Change never is. But the stakes are too high to keep pretending everything's fine. If we want to rebuild this house, we need to start by fixing what's broken—together. Only then can we stand strong, united, and truly great.

Let's stop settling for a system that's killing us. Let's demand better. For ourselves, for our kids, and for the future of this country. Because a healthy, united America isn't just a dream—it's a necessity. And it's time we made it a reality.

[Tomi Mitchell](#) is a board-certified family physician and certified health and wellness coach with extensive experience in clinical practice and holistic well-being. She is also an acclaimed international keynote speaker and a passionate advocate for mental health and physician well-being. She leverages over a decade of private practice experience to drive meaningful change.

Dr. Mitchell is the founder of [Holistic Wellness Strategies](#), where she empowers individuals through comprehensive, evidence-based approaches to well-being. Her career is dedicated to transforming lives by addressing personal challenges and enhancing relationships with practical, holistic strategies.

Connect with her on [Facebook](#), [Instagram](#), and [LinkedIn](#), and [book a discovery call](#) to explore how she can support your wellness journey. For those interested in purchasing her book, please click here for the payment link. Check out her [YouTube](#) channel for more insights and valuable content on mental health and well-being.



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The MD Financial Planning Checklist for 2025

With 2024 now behind us, medical doctors realize the importance of starting the new year off strong from a financial planning perspective. January makes for a great time to reflect on our financial priorities and to align our money with our values.

If there were savings or tax smart strategies that were missed in 2024, 2025 may afford additional opportunities to those who are up to speed with the new IRS Contribution Limits and Secure Act 2.0 tax law. The following MD Financial Planning Checklist will help illuminate the most common areas where MDs can augment and conservatively protect their wealth.



1. Maximize Retirement Plans and Tax Saving Vehicles

High-income professionals like MDs often want to save as much as possible for retirement. Academic medical doctors, or those employed by a university hospital, generally maintain a 403(b) as their primary retirement plan. If self-employed or working for a private employer or corporate entity, the 401(k) will be prominent. The annual contribution limit for the 401(k) and 403(b) has increased from \$23,000 in 2024, to \$23,500 in 2025 for those under age 50. For those over age 50, they can contribute an additional “catch up contribution” of \$7,500 (no change from 2024) in 2025. However, there is an important new savings wrinkle that most MDs may not know about.

Starting in 2025, those **ages 60-63 can now make a “Super Catch-up Contribution.”**

This new rule allows individuals to make contributions of up to 150% of the regular catch-up amount (\$7,500) or \$11,250 for 2025, whichever is greater. For those medical doctors who qualify, they may want to submit a contribution change form with their retirement provider or HR department to capture the additional savings in early January.

It would be wise for medical doctors who wish to supercharge their tax deferred retirement savings to “max out” both their 403(b)/401(k) and their 457(b) deferred compensation plans. MDs over age 50 in 2025 can defer up to another \$31,000 into both their 403(b) and 457(b) plans. This can reduce taxable income and may significantly reduce one’s overall tax liability. This is critically important when you approach the higher tax brackets and desire to defer income.

Finally, don’t forget about the only other triple tax-preference savings vehicle – the HSA (Health Savings Account). This is the only **triple tax free** account on the planet where money can go in and you receive a tax deduction, the investment growth is tax deferred, and withdrawals for qualified medical expenses are tax free from federal tax.

Per IRS Publication 969, the following criteria must be met to contribute to an HSA:

- You are covered under a high deductible health plan (HDHP) on the first day of the month
- You have no other health coverage
- You are not enrolled in Medicare
- You can’t be claimed as a dependent on someone else’s 2025 tax return

The HSA itself must also:

- Have an annual deductible of at least \$1,600 single coverage / \$3,200 family coverage
- An Out-of-Pocket Maximum (including the deductible) \$8,050 single coverage/\$16,100 family coverage

For 2025, medical doctors can contribute \$4,150 if you are covered by a plan by yourself, or \$8,300 for family coverage. At age 55, there is an additional contribution of \$1,000 that can be added to those limits.

“A tax-smart way to pay for retirement health care expenses is to NOT deplete your balance in the HSA now. Instead, utilize those dollars in retirement.”

Ensuring that current medical expenses are paid out of pocket, and letting your HSA balance stay invested, can be very tax efficient. It would be prudent to keep a detailed record of receipts so you can reimburse yourself from prior healthcare expenses later at retirement.

2. Redeploy Excess Cash

From a financial planning perspective, we find that many MDs have excess cash sitting on the sidelines. Most financial experts suggest maintaining no more than 6 to 12 months in an emergency fund. In addition, after factoring for inflation and taxes, **it is not uncommon for cash (Savings Accounts, CDs) to have a near zero or negative, real rate of return.**

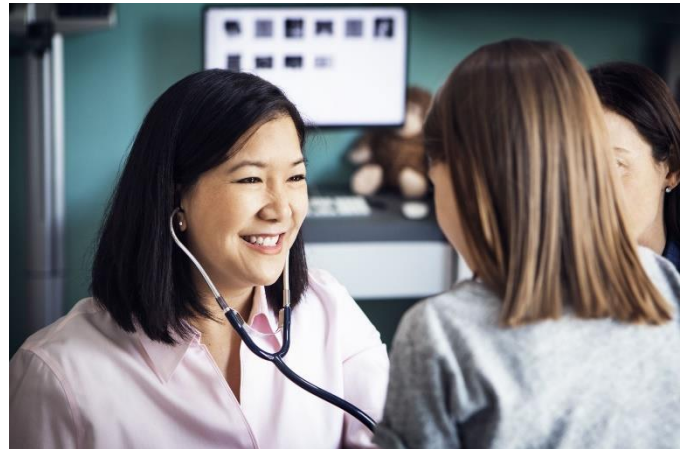
For example, let's assume that an MD is in the 35% federal marginal tax bracket and pays no state income tax as a resident of Florida. If they have money in a one-year CD earning 4.2% APY (and after factoring inflation of 2.7% in December according to the Bureau of Labor Statistics), the after-tax yield is .03%!

The expectation is that the Federal Reserve will continue to lower interest rates, and it is projected to make two more rate cuts by the end of 2025. It may be time to reconsider your holistic allocation to cash, reposition that money into long term assets that have historically beaten inflation and taxes, and to get off the comfortable cash cushion.

3. Check Your Retirement Readiness/Retirement Income Plan

As MDs approach their retirement it is important to have a plan for how they will replace their paycheck. Establishing a financial plan and identifying various sources of retirement income (dividends, interest, rental income, required minimum distributions from 403(b) and 457(b) plans, capital gains) and how to visually replace your paycheck is key to easing anxiety around retirement. **It is integral that you carefully examine and project your retirement expenses**, including, but not limited to:

- Future car purchases
- Healthcare expenses including hidden Medicare surcharges
- Adult children ad hoc expenses (Weddings, Down payments for homes, Business Funding, etc.)
- Annual Gifts
- Charitable Donations



From an investment perspective, most MDs we work with desire to have a more defensively postured investment portfolio at retirement. This is because of sequence of return risk – the risk that a series of bad returns in the first few years of retirement can cause a negative, permanent pay decrease to your retirement paycheck. Retirees in 2022 experienced this as they saw the S & P 500's -18% return and most popular total bond funds (as measured from BND – Vanguard Total Bond Market ETF) being down over 13%.

Investing 101 tells us that we want to withdraw from assets that are positive in value versus down – especially in retirement.

“For the prepared MD, having a portfolio that consists of investments that can zig (i.e., reinsurance bonds, private equity, long/short strategies) when the stock and bond markets zag, can help preserve the sustainability of their nest egg.”

Ensure you are working with a team that incorporates these investments based on academic research and science to potentially mitigate market volatility. Not all uncorrelated investments are created equal.

4. Contingency (Estate) Planning

When we collaborate with physicians, often one spouse takes the lead on ownership of financial and investment planning responsibilities. It is not uncommon for one spouse to delegate the financial management responsibilities to the other due to time constraints. In our experience, we have yet to see a married couple both commit to take on the financial responsibility. A concern most have is if the financially focused spouse passes away, who will continue to maintain the financial house?

One cannot wait until they receive a bad diagnosis. **The need to establish a relationship now with a trusted team of advisors to build trust may take years to develop.**

A foundational estate plan should be established with your trusted team of legal advisors which usually entails a will, living will (advance health care directive), and a durable power of attorney (financial decisions). These documents should be updated with any major life event changes or every 5-7 years. Most banking institutions may not find a durable power of attorney to be valid after 10 years which makes updating this document critically important. The result of failing to update documents could be an additional stress and burden on family members during an already difficult time.

It is important to remember that your estate planning documents should reflect your desired beneficiary designations on any contracts. Remember that a will can never supersede a contract. It would be prudent to audit all your beneficiary designations in 2025 for the following list:

- Group and Private Life Insurance policies
- Bank Accounts with POD ("Payable on Death" to bypass probate) designation
- Brokerage Accounts with TOD ("Transfer on Death" to bypass probate) designation
- 403(b)/457(b)/401(k)/IRA/Roth IRA accounts

In summary, precise and thoughtful financial planning takes a team approach. This checklist should help you preserve your wealth, while getting off to a strong start in 2025. If you are a mid-career or established-career medical doctor, please email us to learn more.

About the authors:

Greg Giardino, CFP®, CPWA®, is a CERTIFIED FINANCIAL PLANNER® professional, and Certified Private Wealth Advisor Consultant. Greg specializes in counseling high-net-worth MDs and academics. He can be reached at ggiardino@wealthenhancement.com.

Laura Mattia Ph.D., MBA, CFP® is a CERTIFIED FINANCIAL PLANNER® professional, an Educator and an Author. She provides Financial Planning and Investment Management for Physicians. She can be reached at lmattia@wealthenhancement.com.

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Mortgage

Under Siege: The Escalating Ransomware Crisis In Healthcare

By Cecil Pineda

It's not your imagination. Ransomware threats to health care organizations are at record levels and continue to rise. Last year, there were 389 reported ransomware attacks on health care organizations in the U.S., up from 258 in 2022. This year, there were 44 ransomware attacks against health care organizations in April alone, the most ever recorded for one month by cybersecurity firm Recorded Future and up from 30 in March. The trend is ominous.

Major health care ransomware incidents this year

Drug distributor Cencora Inc. (formerly AmerisourceBergen) paid a record \$75 million ransom in bitcoin last March after a breach resulted in the theft of sensitive data.

Lehigh Valley Health Network, a health system based in eastern Pennsylvania, agreed in September to pay \$65 million to victims of a 2023 ransomware attack after hackers posted nude photos of cancer patients online.

Leading health care clearinghouse Change Healthcare (a subsidiary of UnitedHealth Group) was hit with a ransomware attack in February that prevented electronic payments to physicians and claims processing. Change Healthcare paid a \$22 million ransom in early March and was not given access to its data, as acknowledged by UnitedHealth Group CEO Andrew Witty in a Congressional hearing.

The cost of these attacks extends far beyond any ransom payments. Change Healthcare says the incident has cost it \$872 million and expects that amount to exceed \$1 billion. In addition, the American Medical Association found that four in five clinicians lost revenue due to the Change Healthcare breach, with 55 percent of practice owners resorting to using personal funds to pay bills and meet payroll.

Ransomware attacks also threaten the lives of patients when provider organizations' systems and files are controlled by hackers demanding payment in return for decryption keys. In the case of the high-profile Change Healthcare breach, the ability of clinicians to approve medical procedures and prescriptions was limited. The attack disrupted 80 percent of U.S. hospitals and 60 percent of pharmacies, leading to delays in billing and processing claims.

Ransomware disrupts everything in a health network, including labs and administrative functions. Work slows to a crawl when organizations shift from electronic to physical paper-and-pen communication. This crippling inefficiency alone can severely compromise patient safety.

Cybersecurity experts for years have recommended that health care organizations refuse ransom demands. Caving in, experts warn, encourages more attacks and rewards criminal actions. And as happened in the Change Healthcare breach, the attackers who stole 4TB of patient and payment information were paid \$22 million in bitcoins, but they did not provide the decryption key, and Change did not get their data back.

Yet the prospect of a ransomware attack costing the lives of patients under the care of a hospital or health system is something decision-makers undoubtedly want to avoid. After all, their primary mission is to care for patients; better to pay and get back to normal, many believe. This urgency to protect lives and sensitive patient information offers powerful leverage to bad actors and is a main reason why health care organizations are the most lucrative targets of ransomware.



When ransomware hackers strike – to pay or not to pay?

The dreaded day finally arrives – clinicians and staffers at your large hospital or health system suddenly are unable to log on to their networks to do their jobs. Instead, they are greeted with a grim warning on their computer screens that they will not be able to access any systems or data until a multimillion-dollar ransom is immediately paid in bitcoin. What do you do?

Your response depends on several factors. First, don't panic. If you're the organization's chief information security officer (CISO), you should immediately consult with internal leaders and external partners to get more information about how an ongoing ransomware incident will impact various departments and processes but also impact legal and compliance aspects. The critical elements to be considered when responding to a ransomware demand are the risks to the organization, exactly which data has been stolen and held, and whether patient safety and data privacy are imperiled.

Working directly with your general counsel (GC), health care CISOs should seek input from external experts such as digital forensics specialists, ransomware experts, cyber insurance carriers and brokers, law enforcement (including the FBI and the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency, or CISA), and your organization's outside counsel.

Experienced outside voices can assess a ransomware hacker's history and help you soberly weigh the risks and benefits of paying the ransom. Health care organization leaders faced with a ransom demand understandably may be angry, but it is imperative that their response isn't influenced by emotion. At this point, whether you pay the ransom is a business decision.

Investing in cybersecurity

Legacy infrastructures and specialized connected devices (which may lack robust security features) make health care organizations inviting targets for ransomware hackers. Given the continuing increase in ransomware incidents, health care organizations should assume they eventually will be attacked.

Indeed, the Change Healthcare ransomware attack earlier this year has galvanized security efforts at provider organizations. A new Bain & Company survey shows that 38 percent of provider organizations have increased spending on cybersecurity software designed to detect and prevent ransomware attacks.

Further, many organizations have developed a variety of effective response and recovery plans and technologies that enable them to continue operations even if ransomware attackers seize their systems and data.

Whatever health care organizations decide, it is critical that they carefully weigh the pros and cons of paying a ransom to hackers that have seized their systems and data before an incident occurs. This is a critical business decision and a legal decision as well that needs to be made before any actual incident. Most CISOs I have surveyed said their stance is not to pay as it just supports the criminal industry. However, these decisions may change depending on the impact of these threats to any organizations and to protect health care information.

Developing long-term strategies for ransomware attacks will make health care organizations better prepared to effectively manage these incidents should they occur. More significantly, a comprehensive cybersecurity strategy will decrease the chances of an organization being successfully targeted by bad actors seeking exorbitant ransom payments.

[Cecil Pineda](#) is a health care executive.

Plan Your Winter Adventure at One of the 10 Best Ski Resorts

By 10Best Editors

We wanted to find the best ski resorts in North America, so we asked a panel of ski experts to nominate their favorites – mountains that offer serious snowfall, varied terrain, lots of lift access and so much more – and asked our readers to vote for the top 10. These are the 10 best ski resorts across North America.



Photo courtesy of Hillary Maybery

No. 10: Sun Valley Resort - Sun Valley, Idaho

If you love bluebird days and nonexistent lift lines, you'll love America's oldest ski resort. Sun Valley Resort was the first in the world to open a chairlift – way back in 1936 – and today, the resort operates 18 lifts servicing 2,154 skiable acres, 121 total runs and a 22-foot super pipe. Over a third of the terrain caters to beginners, yet expert skiers and riders will find plenty of challenging runs on Bald Mountain.

No. 9: Stowe Mountain Resort - Stowe, Vermont

Divided over two mountains, Stowe Mountain Resort offers East Coast residents and visitors 116 named trails spread out over 485 acres of terrain, much of it geared toward intermediate and advanced skiers. Six terrain parks keep freestylers happy, while four interconnected Nordic areas attract cross-country skiers from around the globe.





Photo courtesy of Royce Sihlis

No. 8: Revelstoke Mountain Resort - Revelstoke, British Columbia

With North America's greatest vertical – 5,620 feet – Revelstoke Mountain Resort offers 3,121 skiable acres, in addition to cat skiing and heli skiing, making it one of Canada's best ski spots. Combine that with the area's big powder dumps, and you have a giant playground worthy of any powder hound's bucket list. With 93% of the terrain rated for intermediate and advanced skiers and riders, this is certainly a resort for adrenaline junkies.

No. 7: Copper Mountain Ski Resort - Copper Mountain, Colorado

Copper Mountain offers 140 trails serviced by 23 lifts covering 2,490 acres of skiable terrain. The parks and pipes at Copper Mountain put their focus on progression, allowing newbie freestylers to move from easy features to larger, more difficult ones. March is typically the snowiest month – perfect for some spring skiing.





Photo courtesy of Deer Valley Resort

No. 6: Deer Valley Resort - Park City, Utah

Deer Valley Ski Resort is the place to visit for ski lovers and those seeking winter adventure. Over 2,000 acres of terrain is spread across six mountains, and activities like sleigh rides, dog sledding and fly fishing make it all the more fun! Skiers will find everything they need to take on the day, including lodging, lessons and rentals.

No. 5: Lake Louise Ski Resort - Lake Louise, Alberta

One of the biggest ski resorts in the Canadian Rockies boasts 4,200 acres of skiable terrain, 145 marked runs and back bowls, 11 lifts (including one gondola) and a 3,250-foot vertical drop. The vast and varied terrain is all easily accessible, with runs for all levels from every chair.



No. 4: Brundage Mountain Ski Resort - McCall, Idaho

This independently-owned resort in Central Idaho gets more than 320 inches of snow at its base each year. That means skiers and snowboarders enjoy powdery glades and wide groomed runs along 68 named trails spanning 1,921 lift-accessible acres. An additional 18,000 acres of backcountry terrain is accessible via the resort's guided Snowcat Adventures.



No. 3: Mount Bohemia - Lac La Belle, Michigan

Michigan might not be the first place that comes to mind when you think of skiing, but Mount Bohemia is a hidden gem for extreme mountain sports. Located on the Upper Peninsula, this resort features some of the longest runs, highest verticals and deepest powder in the Midwest, with 273 inches of average annual snowfall.

No. 2: Winter Park Resort - Winter Park, Colorado

The 3,081 acres of terrain at Winter Park is divided into seven distinct territories – glade skiing in Eagle Wind Territory, bowls in Parsenn Bowl, jumps and jibs in Terrain Park Territory, steeps and deeps in Cirque, the bumps of Mary Jane, black diamonds of Winter Park and the powder stashes of Vasquez Ridge. Skiers and riders have 166 named trails to choose from, accessed by 23 lifts.





No. 1: Sunshine Village - Banff, Alberta

Skiers and snowboarders at Sunshine Village in Banff are treated to Canada's only heated chairlift. The resort's three mountains – Goat's Eye, Lookout and Mount Standish – offer more than 3,500 acres of skiable terrain.

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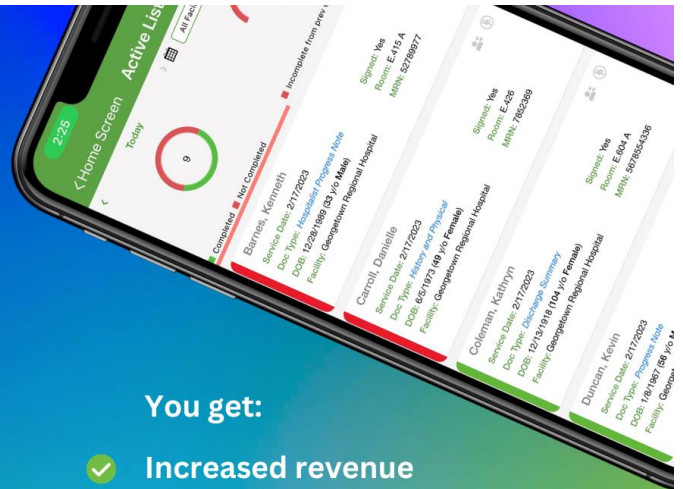
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What AI Can Do in Healthcare in the Coming Years: 8 Examples

Bertalan Meskó, MD, PhD, medicalfuturist.com

We previously looked at what artificial intelligence (AI) can do already in healthcare and we continue this series on the technology's potential in this article. This time, our focus is on what we can expect the technology to do in the near future. We share 8 examples of what AI is likely to do in the healthcare field in order to better anticipate the future.

1. Predicting disease progression

Prior to the worsening of a condition, there are often telltale signals from various health metrics that indicate a downward trend. However, such signals are not easily picked up, which leads to [millions of deaths](#) that could be prevented with earlier detection.

AI models have been developed to analyze electronic health records (EHRs) to accurately predict long-term outcomes for various conditions. Google DeepMind has developed an algorithm that can [accurately predict acute kidney injury](#) in patients up to 48 hours earlier than it is currently diagnosed. Researchers in Belgium have trained an AI model to reliably predict [the probability of disability progression](#) in the next two years among people with multiple sclerosis.



While such models are in the research and testing stages, we can expect them to be implemented in practice in the coming years [as they scale up](#). However, this is subject to clinicians [having the adequate tools](#) to be alerted of disease progression and acting at the right time.

2. Real-time, real surgical assistance

Unequal distribution of specialist surgical workforce disproportionately affects rural and resource-poor areas. Some models even estimate that such regions experience [a shortage of one million](#) specialist surgical, anesthetic, and obstetric providers. AI could bridge that gap by enabling remote collaboration in surgical rooms.

AI-powered systems like [Proximie](#) connect surgeons virtually to any operating room in real-time. This enables collaboration and broadens surgical expertise access while the AI provides performance metrics and improves workflow. Similar solutions are also on the way. For example, in early 2024 [Johnson & Johnson MedTech partnered with Nvidia](#) to develop AI tools aimed at delivering real-time analyses of surgical data.

3. Coping with alarm fatigue

In healthcare, [alarm fatigue](#) refers to a phenomenon where caregivers become desensitized to alarm signs from numerous beeping devices. In fact, [between 72% and 99%](#) of all alarms are false which adds to alarm fatigue. Unfortunately, this means that some alarms that actually necessitate clinical attention are overlooked, leading to medical mistakes.

AI could [tune out the false alarms](#) and make clinical staff aware of the alarms that require their attention. Researchers [have developed an algorithm](#) to reduce notifications received by the caregivers by up to 99.3%. This automated AI reasoning mechanism analyses patient monitoring data and vital signs to decide whether to group notifications rather than send individual ones so as to prevent alarm fatigue.



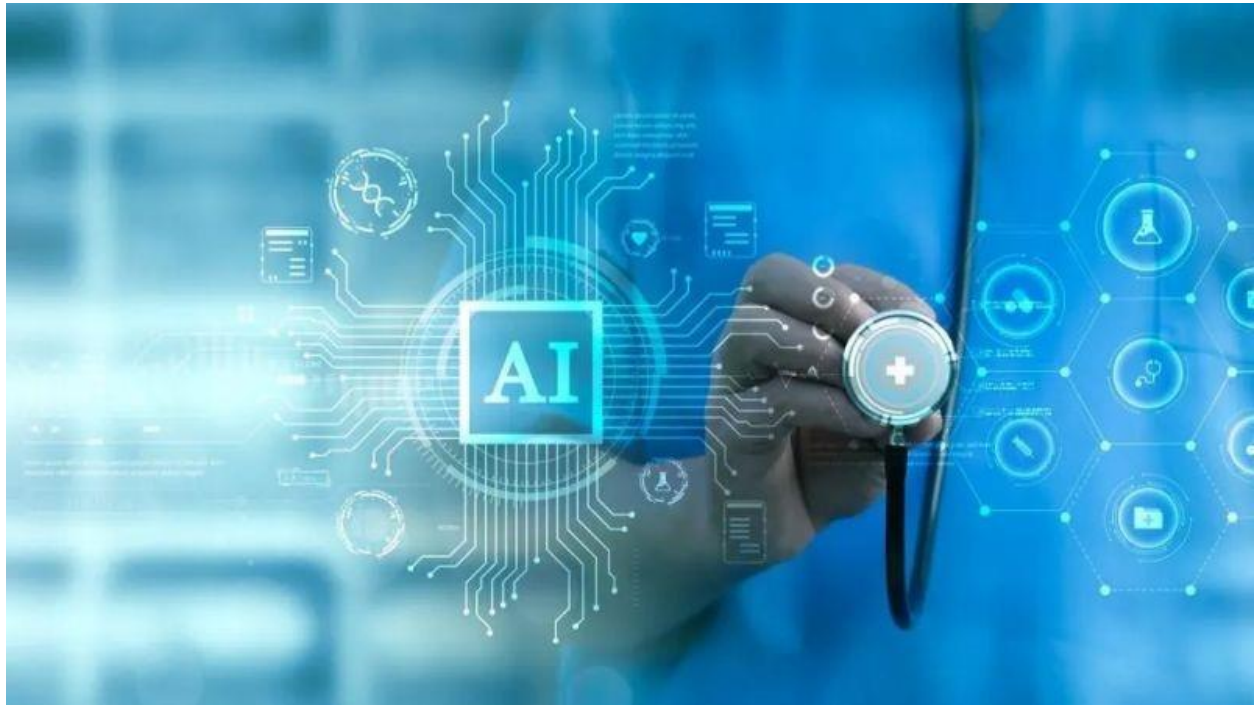
Medtronic has partnered with other institutions [to develop a similar tool](#). Their 'Beyond the Noise' project aims to develop an AI filtration tool to ensure only critical alerts reach medical staff.

4. Remote patient monitoring

Remote care has been on the rise in recent years and such modalities can be [enhanced with wearables](#) for at-home monitoring. We have become accustomed with the likes of [smartwatches](#) and [blood pressure monitors](#); but the next wave of wearables will increasingly be combined with AI.

One example is that of [Biofourmis](#) which provides care-at-home solutions for the continuous monitoring of both acute and chronic patients. Their platform combines clinical-grade wearable devices and AI algorithms for remote monitoring and detection of deterioration. The company has noted a [49% decrease](#) in readmission rates for patients with congestive heart failure and the ability to detect deterioration 21 hours sooner.

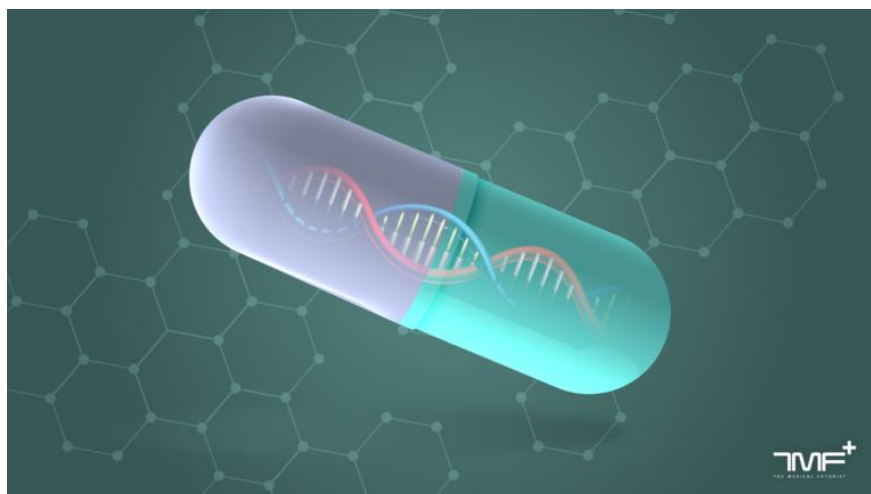
The makers of the fitness tracker [Whoop](#) are also considering the integration of AI. Will Ahmed, the company's founder, [highlights AI's unique ability](#) to notice health trends or crunch biometric numbers for personalized health insights.



5. Genomics and precision medicine

One's genetic makeup can be responsible for [30% of individual health outcomes](#). As such, genetic and genomic analyses can provide [valuable insights](#) into the risk of developing certain conditions and help in mitigating them. Such tests have become more affordable over the years but the ability to draw meaningful interpretations [remains a barrier](#).

This hurdle can be addressed with AI tools like [Google's DeepVariant](#) and [Helix](#). These models can analyse genetic data and improve the identification of disease-causing variants. Subsequently, such findings can help in the development of more personalized treatments. DeepVariant can [reduce the error rate](#) of identifying variant locations by more than 50%. Helix's AI [can mine genomic data](#) for more targeted drug discovery.



6. Automated insurance approvals and billing

The manual handling of health insurance claims has been a reason for significant turndowns. In some cases, insurers [have denied 49% of claims](#). AI systems can make this process [more efficient](#). They can streamline prior authorizations and claim processes, reducing administrative delays. The patient experience is also made smoother as wait times are reduced.

Despite such promises, some companies are facing financial and ethical challenges. Healthcare AI startup Olive, which focused on revenue cycle automation tools, [closed down](#) due to strained resources after a period of fast growth. Other tools like NaviHealth [appear to have targeted](#) beneficiaries of Medicare Advantage to deny them care. This highlights the need for adequate moderation of such tools to ensure ethical and equitable automation.

7. Early detection of rare diseases

By virtue of their uncommon occurrence, rare diseases are challenging to identify and treat. They can sometimes present with specific physical features that can help in their identification. Clinicians can expect to receive the aid of AI to help them detect such conditions.

Researchers in Germany [developed such a tool](#), trained on multitude photographs, to improve the accuracy of detecting rare conditions such as mucopolysaccharidosis, Mabry syndrome and Kabuki syndrome, where those affected have characteristic facial features.

Another similar tool comes from [OM1](#). Its AI analyses patterns from patient data to [form a “digital phenotype”](#) that can be used to detect early warning signals of rare conditions such as generalized pustular psoriasis.

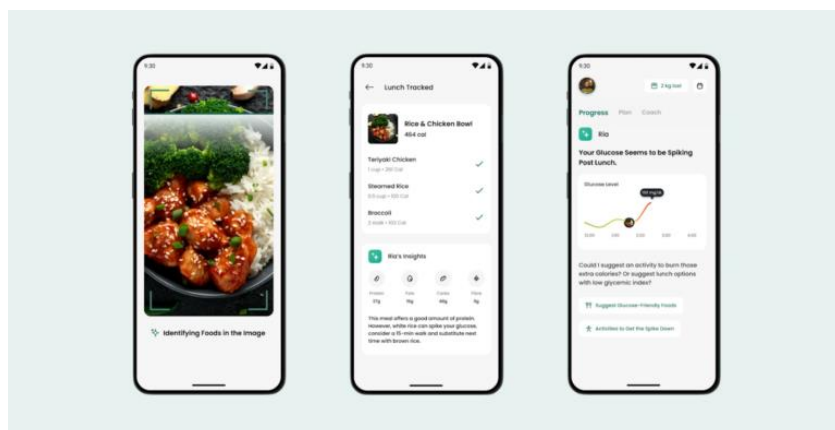
Using

such techniques could fast-track the identification and treatment of those affected from early on based on patient-reported symptoms and clinical data.

8. Patient-specific virtual health coaches

Health coaching [can train people](#) to adopt healthier behaviors and reduce the risk of preventable diseases. This approach has enticed companies to integrate AI for patient-specific virtual health coaching.

One major player is OpenAI which [has partnered with](#) Thrive AI Health to develop an AI-powered health coach. Other apps like [Healthify](#) track diet intake and provide personalized health coaching with the assistance of AI. We can expect such types of virtual health coaches to become more commonplace in the near future.



The Top 10 Wines for Winter 2025

By Christopher Null

Winter is coming — and it's about time. After another scorcher of a summer, I know I'm ready to tuck into some bigger, richer wines. Whether you're looking for something to sip with Thursday night takeout or a companion to pair with your opulent holiday meal, we've got you covered. This top 10 list has a little something for everyone — though all our picks are selected with cooler weather in mind.

Want to buy them? Remember: Check [Total Wine](#) and [Wine.com](#) for the best deals on all of these picks! You can also [search multiple stores at wine-searcher](#) to find the best prices on all these products and more.



1. [2021 Merry Edwards Pinot Noir Richaven Russian River Valley](#) — I refuse to apologize for my unabashed fandom for Merry Edwards; there's arguably no one doing pinot noir better in California today than this quality-driven Sonoma operation. At the top of this year's releases is this bottling from the 10-acre Richaven vineyard in the Russian River Valley — it's the only wine I've awarded with an A+ rating all year. Far lighter and brighter than the typical RRV pinot (and many of Merry Edwards's other wines), this expression is floral and doused in cherry notes, layered with cinnamon, lilac, and violets. As I said in my review: Impossible to put down, and one of my favorite Merry Edwards bottlings ever. **\$80**
2. [2021 Larkmead Vineyards Cabernet Sauvignon Napa Valley](#) — Fall is when we start cracking open the cabernets that have been happily cellaring all summer, when the meals get bigger and the weather chills down. Larkmead's 2021 (a Bordeaux-style blend) is one of our favorite California cabs, an aggressive exploration of blackberries, cedar, and violets, ringed with vanilla and mocha. Never jammy or overly busy, it's a heavy-duty experience that needs plenty of airtime for its exquisite structure to be properly showcased. Lay a few down for next winter while you're at it. **\$125**
3. [2017 1853 Heritage Malbec](#) — 100% malbec from Mendoza, Argentina. This fall-heavy wine pulls no punches, displaying aggressive notes of stewed plums, blackcurrants, milk chocolate, and a touch of sage. At 15% abv it could weigh you down, but there's enough acidity here to keep it from doing so. The lengthy finish makes it perfect for holiday feasts and fireside sips. **\$40**
4. [2019 Beaulieu Vineyard Rutherford Reserve Cabernet Sauvignon](#) — BV brings its A-game (and 10% petit Verdot) to this top-tier expression of cabernet from the 2019 vintage. Watch for notes of clove, cinnamon, and cedar on the finish, balancing out a predictably huge attack which features cassis and tobacco notes, moving eventually into rich, dark chocolate. Surprisingly it's also one of the more affordable blue chip Napa cabernets available at this level of quality. **\$85**
5. [2019 San Felice Campogiovanni Brunello di Montalcino](#) — This gravelly Brunello is rich and thick, taking its plum and cherry-laden core through a journey of Italy that is complete with a drop of balsamic vinegar and a

tasting of chocolate, finished with summery herbs. Seductive and amply acidic, there's a certain gaminess to the wine that is unavoidable – but also wholly seasonally appropriate. **\$75**

6. [2018 Paul Hobbs Cabernet Sauvignon Coombsville](#) – A new release cab from the storied 2018 vintage for Napa cab, after spending 20 years on French oak and six years in the cellar. It's never fruity or jammy, but rather a soulful wine that showcases all of Napa cabernet's greatest qualities. Rich notes of chocolate and vanilla about a nice acidity, light florals, and some baking spice on the back end. Tannin is tempering now, but another 5 years in cellar won't hurt. **\$120**

7. [2021 Compris As One Pinot Noir Chehalam Mountains AVA](#) – Compris was a new brand for us this year – and we're looking forward to continuing to explore what this Oregon winery is doing. Tart cherry and raspberry notes smolder with notes of cola and tea leaf, making for a classic presentation of Willamette Valley fruit. Maybe big for pinot, but still light on its feet. **\$55**



8. [2019 Sapaio Toscana IGT](#) – Hey, more cabernet... this time from Italy. This Supertuscan (70% cabernet sauvignon, 20% petit verdot, and 10% cabernet franc) impresses immediately, slick with its whip-cracking herbaceousness, but balanced with lots of cherry and lush currant notes. Bay leaf, mint, and sage all set the stage for a holiday feast, with a drop of vanilla rounding things out on the back end. It sounds daunting, but there's ample acidity to keep any weightier notes in check. **\$94**

9. [2021 Oleandri Howell Mountain Cabernet Sauvignon](#) – Another top shelf California cabernet for your wintertime sipping experience, this luxurious bottling clearly has plenty of runway ahead of it, layering cocoa, anise, and graphite atop a core of raspberry and cassis. Decant before devouring. Cellar if you can. **\$135**

10. [2009 Cantine Florio Marsala Vergine Reserva](#) – What, you're not sipping on Marsala? This fortified wine can be an acquired taste, and this bottle from Florio is the perfect way to acquire it. Aged 13 years in oak casks, it's a rich wine that mingles oak, raisins, saline, and citrus into a cohesive and seductive whole. Try some after dinner in lieu of Port or spirits. **\$75**

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Breaking the Silence on Physician Burnout and Suicide

As a card-carrying epidemiologist, I have sought to categorize these reports into the three overarching factors we might see in any epidemic, namely: agent, host, and environment. If we were to use this conceptual framework for research, we could gain a better understanding of how much each of its various facets contributes to this epidemic. Then we should become able to devise improved intervention strategies.



Agent factors are the professional mediating causes that have been identified so far. They include (but are not necessarily limited to): standing and walking for rounds until ready to drop; sleep deprivation, which might lead to medical mistakes, unsafe driving, and other hazards; food deprivation and improper diet; schedule irregularities that often cause circadian rhythm disruptions and menstrual cycle disturbances; the elimination of exercise routines; being unable to go to the bathroom when needed; being on-call via electronic paging systems; and even emotional abuse, public humiliation, and misogyny.

Host factors in this epidemic are those intrinsic to physicians and doctors-in-training. These may well include: perfectionism and compulsivity; a sense of inadequacy or failure; ineffective, self-damaging attempted coping mechanisms like alcohol and/or other possible substance abuse or dependence; both supports and demands from family (including significant others, spouses, children, and/or child care); the risks of physical and mental illness (including post-traumatic stress disorder and depression); and high levels of educational loan debt.

Environmental factors may also foment the burnout epidemic. These may involve the work environment itself and other externalities that affect daily life (both those that are controllable by the individual and those that are not). Environmental impacts may include: requirements for electronic health records; corporate buyouts of medical and surgical practices, which result in loss of physician autonomy; the threat of malpractice lawsuits; unmet needs for personal support in maintenance activities such as car care, laundry, grocery shopping, etc.; a sudden or huge reduction in social supports and/or quality time for self, family, and friends; external constraints that dictate individuals' personal values or limit their pursuit of these; and multiple barriers to obtaining access to mental health care and drug abuse treatment (including nowhere to turn safely when that kind of help is needed).

Every medical trainee and physician has his or her own individual story. The host factors loom large, but differently, in each person's life. Institutional issues that influence the burnout epidemic are comprised not only of the environmental factors listed above, but also by the agent factors impacting hosts. It is clear from these lists that multifactorial intervention techniques will be necessary. They are being developed, but mostly still in a limited way. Years or decades of an unhealthy, oppressed lifestyle cannot be undone quickly or easily.

This epidemiologic perspective suggests to me that there is one fundamental underlying problem causing burnout: medical training and practice models often drain hosts' time and emotional reserves to cope with agent and environmental stressors. This may exacerbate the hosts' situations greatly and potentially lead to the drastic outcome of doctor suicide. I have conceptualized a full academic approach to studying physician burnout. However, the promotion of necessary changes in our medical school and work environments might be galvanized into action much faster by case studies of doctor suicides that the press then publicizes—regardless of privacy considerations. We can and must continue to figure out how to do better. Physicians deserve a lifetime of balance and resilience, not burnout! Prevention of suicide and recovery from burnout are possible.

The author is an anonymous physician.

The Most Expensive Home in St. Bart's Can Be Yours for \$59 Million

By Martha Young, luxatic.com

|



Domaine de Vignette / Photo: Aloïs Maillet / Dan Glasser

You wake up to the sound of waves. Not loud ones, just the kind that gently remind you they're there, rolling onto the shore. The hills outside your window are a soft green, folding into the deep blue of the Caribbean sea.

This isn't a dream. It's **Domaine de Vignette**, a [\\$59 million estate](#) that makes you wonder why you'd ever leave.

Tucked on the peaceful northwest corner of St. Bart's, this stunning property is more than a home. It's a lavish retreat, built for living as much as it is for breathing.

St. Bart's doesn't need an introduction. It's all effortless glamour, beach clubs spilling laughter into the night, little shops full of big brands and numerous restaurants where plates are as pretty as the views.

But this place? **Domaine de Vignette?** This property is in a league of its own.



A Slice of St. Bart's History



Inside the private gates of Les Étoiles, this extraordinary estate waits for someone who's ready to embrace its quiet kind of luxury.

Two acres of land stretch out here, and it's all yours to wander. St. Bart's blissful Colombier Beach is just below, but you'll need a boat to reach it or by hiking a trail that clings to the cliffs.

It's all worth it though, because this is the kind of place you don't stumble upon but seek out.



Domaine de Vignette Aerial View

The property's location is private in a way that feels rare, even for St. Bart's. Nearby, there's another iconic home, the Rockefeller estate, that stands like a reminder that this land has always been special.

It's weathered storms and years but still holds its charm, just as your new home will.

Designed for Living, Inside and Out



The renowned French designer Rémi Tessier worked his magic on this estate and made it simply breathtaking after a complete renovation project that ended in 2024.

You can see it in all the details: brushed spruce from France, bespoke doussié wood from Central Africa, and stone pulled straight from the Caribbean's heart. It's not loud. It doesn't have to be. It simply feels like it belongs – every bungalow, every pathway.



There are nine bungalows, by the way. Scattered across the property, connected by superb wooden paths and steps of cool blue stone, and surrounded by lush gardens that seem to feel alive.

Mango trees, vibrant bougainvillea, and bird of paradise flowers make the air smell sweet. It doesn't even look like it was landscaping, it's more like nature was encouraged to just do its thing around the property.

Spaces Made to Stay



Inside the bungalows the rooms feel like they're breathing too. Light filters through wooden shutters, the air moves softly, and everything just feels...right. Tessier used furniture that invites you to sit and stay awhile.

Sofas, chairs, and tables blend into the rooms so naturally you almost don't notice them. High ceilings stretch the spaces, while warm tones and natural textures pull them back into comfort.



The main living area opens wide to a massive deck where you'll find a bar, lounging spaces, and just below, a turquoise infinity pool that feels endless. It flows into the view, into the sea, and into the kind of moment you don't want to leave.

There's also a pool house nearby that even has a swimsuit dryer, the kind of detail you didn't know you needed but you won't stop using.



The primary suite has its own bungalow, perched just above everything. It's quiet and private just like any owners of a property of this scale and beauty would probably want it.

The bathroom is stone, cool underfoot, and outside your private terrace waits for sunsets that pour gold over the water.

The guests? Well, since we've mentioned nine bungalows in total, they get their own bungalows, their own terraces, their own views.

Everyone has their own special space here. And there's even a home for the caretaker, tucked away but still close enough to ensure everything stays perfect.

Close Enough to Everything

When you do want to leave your home, it's all right there. St. Bart's popular Flamands Beach, with its soft sands and the idyllic Cheval Blanc hotel, is just a few minutes away. Gustavia is close too, so you'll have plenty of shops, restaurants, and a harbor full of yachts around.

But when you head back home, the quiet wraps around you again, reminding you why you chose this place as your new home.

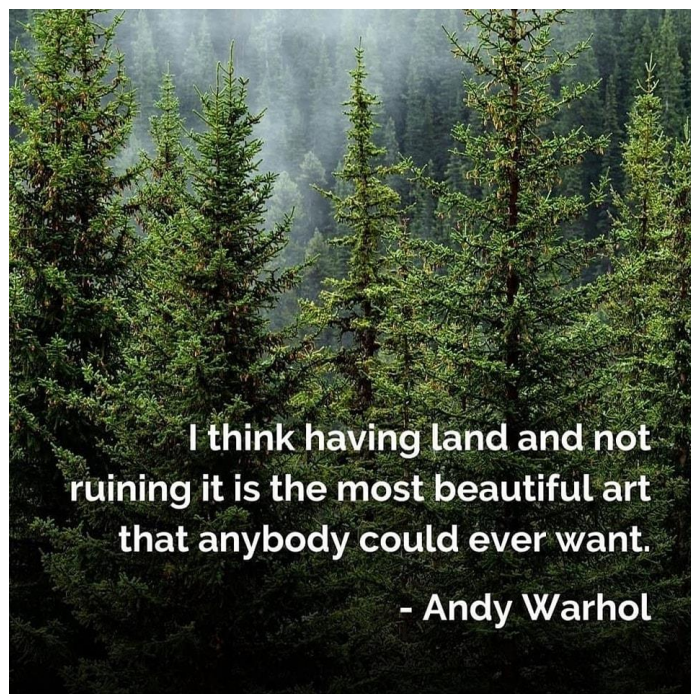
It's More Than a Home



Domaine de Vignette is not just a luxurious property. It's a story, one you step into the moment you arrive.

Everything here looks like it was built to last – not just the walls and the walkways – but the way it makes you feel. It feels like you've found something rare, something that doesn't fade.

Photos: Aloïs Maillet / Dan Glasser



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Best Luxury Sedans for 2025

Courtesy of truecar.com

1] 2025 BMW 2 Series

Positives

- Sports car cornering abilities
- Potent engine choices
- Comfortable and well-built cabin



Considerations

- Small rear seat
- Firmer ride than rivals

Combined Mileage: 26 - 30 mpg

Overview

The 2025 BMW 2 Series may be the brand's entry-level model, but it's every bit a Bimmer with stirring performance, a refined interior, and sturdy build quality. The BMW 2 Series is a 5-seater vehicle that comes in 4 trim levels. The most popular style is the 228i Gran Coupe xDrive, which starts at \$42,775 and comes with a 2.0L I4 Turbo engine and All Wheel Drive.

Overall Assessment

There was a time when BMW was known worldwide for its sporty luxury coupes. More recently, SUVs have dominated the market, and BMW has smartly followed suit. That doesn't mean the company has abandoned two-door body styles, though. The BMW 2 Series keeps the coupe flame lit, along with the larger [4 Series](#) and [8 Series](#).

Not to confuse things, but there are also four-door Gran Coupe models of each. However, for 2025, it seems likely that the 2 Series Gran Coupe will either be redesigned or discontinued in the U.S. Typical BMW shoppers probably won't lose any sleep over the prospect of losing the Gran Coupe since its front-wheel-drive platform is shared with some Mini vehicles.

That leaves the more desirable 2 Series coupe in place, which attracts drivers seeking a higher level of performance at a relatively affordable price. You can choose from two engines and either rear-wheel or all-wheel drive, and for the driver with an even stronger appetite for power and cornering, there's also the raucous [BMW M2](#), which is reviewed separately.

With two-door coupes falling out of favor with the mass market, there are few challengers to the 2025 BMW 2 Series. Its closest rivals include the four-door [Audi A3](#) and [Mercedes-Benz CLA](#). Both have higher performing variants to compete against the six-cylinder BMW M240i in the form of the [Audi S3](#) and [Mercedes CLA AMG 35](#) and [AMG 45](#). Whether you choose that M240i or the supporting M230i, you'll get a more performance-focused sports coupe than the competition.

2] 2025 BMW M5

Positives

- Extreme performance
- Extensive high-tech features
- Luxurious cabin



Considerations

- Expensive for a sedan
- Only 25 miles of EV range

Electric Range: 25 mi

Overview

The BMW M5 is back, and again, sets the bar for high-performance sport sedans. The 2025 M5 is the most powerful version ever. The BMW M5 is a 5-seater vehicle that comes in 1 trim levels. The most popular style is the Sedan, which starts at \$120,675 and comes with a Plug-In Hybrid 4.4L V8 Turbo engine and All Wheel Drive.

Overall Assessment

If a single letter can represent the ultimate in automotive performance, that letter would be M. Launched from the company's motorsports division, BMW M has represented the highest-performing models in its lineup, starting in the late 1970s with the iconic M1. The M5 joined the U.S. lineup in the mid-1980s, and it has been one of the most exciting and entertaining sports sedans on the road ever since.

Last year, BMW introduced a new-generation [5 Series](#) sedan with a new range of gas and electrified powertrains, but the M5 was noticeably absent from the lineup. For 2025, the M5 returns with styling and features from the redesigned 5 Series but with its first-ever electrified powertrain.

The 2025 BMW M5 is now a plug-in hybrid with a potent turbocharged V8 engine and an electric motor driving all four wheels, delivering 717 horsepower. The most powerful drivetrain ever put into a production M5, this latest version hits 60 mph in just 3.4 seconds, and with enough road, it can reach 190 mph. The M5 can also be driven as a pure EV for around 25 miles.

As the top-level 5 Series, the M5 comes fully loaded with the latest high-tech features and luxurious materials throughout the cabin. This performance machine gets the new curved display already in use in the new 5 Series, and sport seats are both stylish and supportive.

BMW continues to raise the bar on rival sport sedans, but that doesn't mean the competition hasn't been keeping up. The [Mercedes-Benz E63 AMG](#), [Audi RS 7](#), and [Porsche Panamera](#) all offer variants that are as quick as the BMW. Still, it remains to be seen if they can deliver the blend of luxury, performance, and comfort that

3] 2025 BMW 5 Series

Positives

- High levels of comfort
- Generous cargo space
- Strong performance



Considerations

- Infotainment could be more intuitive
- Pricey for the class

Combined Mileage: 28 - 31 mpg

Overview

The 2025 BMW 5 Series is the driver's choice among midsize luxury sedans, and with a new plug-in hybrid, it will also appeal to efficiency-minded buyers. The BMW 5 Series is a 5-seater vehicle that comes in 3 trim levels. The most popular style is the 530i RWD, which starts at \$59,375 and comes with a 2.0L I4 Turbo engine and Rear Wheel Drive. This 5 Series is estimated to deliver 28 MPG in the city and 35 MPG on the highway.

Overall Assessment

The BMW 5 Series is the German automaker's midsize sedan offering, slotting between the compact [3 Series](#) and full-size [7 Series](#). The 5 Series was redesigned for the 2024 model year, but the rear-wheel-drive plug-in version was dropped from the lineup. This year, the 550e xDrive plug-in hybrid arrives in showrooms. It represents an intriguing middle ground between the mild hybrid four- and six-cylinder models and the all-electric [BMW i5](#), which is reviewed separately. Not only is the 550e more fuel-efficient, but it also delivers an impressive 483 horsepower. If that's not enough, there is also the high-performance [BMW M5](#) (also reviewed separately) with an incredible 717 hp.

All 5 Series variants adhere to an underlying performance focus that has defined the model since its 1972 debut. This is especially true when comparing it to the more opulent and comfortable [Mercedes-Benz E-Class](#), redesigned last year. Meanwhile, the aging [Audi A6](#) balances performance and comfort equally.

While all these sedans have their merits, the 5 Series stands out for its spacious trunk. Its infotainment system, while comprehensive, may be overwhelming for the less tech-savvy. However, even with these minor drawbacks, the 2025 BMW 5 Series remains a top recommendation in this class. The good news is, you can't go wrong with any of these choices.

4] 2025 BMW i5

Positives

- Priced right for a luxury EV
- Quiet and smooth on the road



- Impressive, classy interior

Considerations

- Range estimates are just OK
- Limited cargo space and no frunk
- Some rivals are more exciting to drive

Electric Range: 256 - 295 mi

Overview

A stately demeanor and hint of high-octane performance define the 2025 BMW i5 all-electric sedan. It's not the flashiest EV around, but the i5 is classy and well-rounded. The BMW i5 is a 5-seater vehicle that comes in 3 trim levels. The most popular style is the xDrive40, which starts at \$71,275 and comes with an Electric engine and All Wheel Drive.

Overall Assessment

One of the newest luxury EVs on the market is the 2025 BMW i5, a fully electric version of the vaunted [BMW 5 Series](#) sedan. Both the battery-powered and gas-powered versions offer a smooth ride, cushy interior, and impressive handling dynamics for the class, but the i5 does it with strong range and efficiency. It debuted for the 2024 model year as BMW's answer to the [Tesla Model S](#), [Porsche Taycan](#), and [Mercedes-Benz EQE Sedan](#).

Now in its second year, the i5 has both single-motor and dual-motor versions for buyers to consider. New for 2025 is the i5 xDrive40, an all-wheel-drive model squeezed between the entry-level i5 eDrive40 and the performance-minded M60 xDrive. All three trim levels use the same 84.3-kWh battery pack. BMW has released official specs for the 2025 i5 xDrive40, while our comments on the other two models are based on 2024 figures.

The i5 retains a classic 5 Series shape, with handsome styling punctuated by an illuminated version of the easily recognizable "kidney" front grille. Compared with the standard 5 Series, the i5 has an elevated stance because the battery and electric components are mounted underneath the vehicle. On the inside, the i5 cabin is dominated by a 14.9-inch center display and a 12.3-inch digital instrument cluster in front of the driver. Rich materials, comfortable seats, and generous space for passengers are hallmark qualities of all i5 variants.

Smooth, crisp power is the standard for this class. The Mercedes EQE sedan, Porsche Taycan, and Tesla Model S are all known for quick power delivery and a buttery ride. While the EQE sedan is a more direct competitor to the i5, the Taycan and Model S rely more on athletic handling and blazing acceleration in their sportiest forms.

5] 2025 Mercedes-Benz E-Class

Positives

- , comfortable interior
- Powerful and smooth six-cylinder engines



- Latest tech features

Considerations

- Only available as a sedan
- Tech could be too difficult for some buyers

Combined Mileage: 23 - 28 mpg

Overview

The 2025 Mercedes-Benz E-Class is a leader in its class offering a level of presence, luxury, and technology that's just one step shy of the S-Class flagship sedan. The Mercedes-Benz E-Class is a 5-seater vehicle that comes in 3 trim levels. The most popular style is the E 350 Sedan 4MATIC, which starts at \$66,000 and comes with a 2.0L I4 Turbo engine and All Wheel Drive. This E-Class is estimated to deliver 24 MPG in the city and 33 MPG on the highway.

Overall Assessment

The Mercedes-Benz E-Class was redesigned last year, so the 2025 model rides into the new year with the same impressive features. The E-Class has a handsome exterior design, hybrid powertrain, and an interior that sets a new benchmark for luxe and tech in this class. Unlike past generations, which included a coupe, convertible, and wagon, this E-Class is offered only as a four-door sedan, likely a nod to slowing coupe sales and buyers' preference for SUVs over traditional station wagons.

The new E-Class is available in three models: the 255-horsepower E 350 4Matic (which means all-wheel drive in Mercedes-Benz speak), the 375-hp E 450 4Matic, and the new-for-2025 high-performance 577 hp AMG E53 Hybrid. The 350 offers a turbocharged four-cylinder engine and a new mild hybrid system. The E 450 has an inline six-cylinder engine like the previous E-Class lineup but with a revised hybrid system. The top AMG E 53 model has a modified version of the turbocharged six-cylinder engine and a more potent plug-in hybrid system. The E 450 can hit 60 mph in a brisk 4.4 seconds. But the AMG E 53 Hybrid can reach that mark in 3.7 seconds. Top models have an air suspension system for a smoother ride and four-wheel steering to aid maneuverability, ultimately shaving about 3 feet off the turning radius. However, the AMG models use a specific steel spring suspension designed for high-performance driving.

This generation of E-Class features a new infotainment system, offering an impressive optional display that extends dramatically across the entire length of the dash. When equipped with this option, front-seat passengers can stream video or take selfies and video when the car is parked. The top trim with the Pinnacle package offers an impressive Burmester 4D sound system and active ambient lighting. There's more room in the cabin (and in the trunk) than in the previous-generation E-Class, so everyone will have space to stretch out.

When it comes to exterior dimensions, Mercedes-Benz has capped the overall size of the E-Class. It's just over a half-inch longer than the previous generation model but is 2 inches wider and sits on a slightly longer wheelbase. This allowed designers to carve out more interior space without increasing the exterior dimensions. The main E-Class rivals are close in size. The [BMW 5 Series](#) is wider and sits on an inch-longer wheelbase. The [Audi A6](#) is about the same length as the Benz but has a shorter wheelbase. The E-Class is arguably the most stylish of the three.

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