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The Uncertain Future of General Physicians: Is It Time to Pivot?

Varun Verma, MD

As a board-certified internal medicine physician and hospitalist with over 12 years of experience, I find myself grappling with an unsettling thought: I cannot, in good conscience, encourage medical students with clinical ambitions to pursue any general medicine field.

This may seem like a harsh assessment, but in my opinion, the writing is on the wall for general physicians. While those of us already established in practice are likely to have a decade or more before our roles become obsolete, the future for those entering the field now appears increasingly uncertain.



An unsustainable job

After investing a decade to get their degree and complete residency, often taking on hundreds of thousands of dollars in student debt, physicians who enter general medicine fields will face a challenging job market that does not adequately compensate them for their sacrifice. Some may wonder: What was the point of becoming a general physician in the first place? Could we have still helped serve patients by instead becoming a nurse practitioner, physician assistant, CRNA, or some other health care professional instead?

Our desire to provide excellent patient care is constantly undermined by a system that prioritizes profits over patients. We grapple with endless administrative tasks, staffing shortages, and the ethical burden of caring for increasingly complex patients within a system plagued by bureaucracy. While financial gain was likely not the primary motivator for most of us entering medicine, it is disheartening to see reimbursement rates from Medicare constantly cut. There seems to be a fundamental disconnect between the value we provide and the compensation we receive. This unsustainable model forces physicians to compromise their own well-being for their work.

For physicians working for health care systems, some jobs have become so insufferable that they are searching for any form of escape. Do not believe me? Thousands of social media posts highlight desperate attempts to pivot to alternative careers such as health care consulting, pharma, informatics, utilization management, writing, medical education, expert witness work, or startup advising.

Societal perception of value

Society is becoming increasingly skeptical of the value general physicians provide. Despite risking our lives during a global pandemic, we are sometimes accused of being shills for Big Pharma—even though any payment or transfer of value from pharmaceutical manufacturers to U.S. physicians is publicly reported. Patients frequently bypass generalists, demanding immediate specialist referrals (frustrating our specialist colleagues themselves). Many patients also place more trust in health care influencers, naturopaths, and chiropractors, eagerly purchasing dubious treatments or supplements rather than following evidence-based medical advice.

Employment trends

The U.S. Bureau of Labor Statistics projects a 45 percent growth in NP employment from 2022 to 2032 (vs. 4 percent for physicians). In an effort to cut costs, health care institutions have clearly been shifting toward a workforce that relies heavily on non-physician practitioners (NPPs). Legislators clearly support this

substitution, with more than 25 states allowing nurse practitioners independent practice authority. It is not just NPs and PAs—other health care professionals continue to push for expanded scope of practice; we can observe the lobbying and efforts of those with doctorate-level degrees proclaiming their ability to manage chronic disease or help with our national health care crisis.

It is not just outpatient medicine. At some academic centers where I have worked, NPs and PAs actually make up a large part of the hospitalist department. I have also seen open ICUs previously staffed by internal medicine hospitalists entirely staffed by NPPs during the evening. This trend of NPPs replacing physicians is only going to accelerate since health care systems and employers will do whatever they can get away with. Non-physician practitioners are actually ubiquitous across all specialties—they are often the first to evaluate patients when I call a consultant, while their supervising physicians are busy in the endoscopy or fluoroscopy suite or in operating rooms.

The threat of AI

Sure, today's AI models have their quirks, but things are changing fast. AI will disrupt certain medical specialties in ways we can barely imagine. Let us take hospital medicine, for example (and do not worry, I will leave the radiologists and pathologists alone for now). While I am stuck in a 30-minute family meeting or multidisciplinary rounds, I might receive two to five secure messages or pages related to chest pain, vital signs, or some other clinical development. If the patient is sick enough and I do not respond, a rapid response is usually called by the nurse. If it is not, then I am already behind the eight ball in helping my patient by ordering new labs, diagnostic testing, or medication.

I predict that in the very near future, the rudimentary sepsis alerts or reminders in today's electronic medical records will soon evolve into cascades of automated orders. I can envision algorithms mobilizing phlebotomy teams to draw blood, hospital pharmacists to dispense medications, and nurses to administer treatments and closely monitor patients—all without my intervention as a hospitalist. Specialists such as those in infectious disease, cardiology, and critical care will magically step in as needed because they will be consulted based on protocols. The role of the general physician as the coordinator of care may become obsolete, potentially replaced by non-physician practitioners, if needed at all.

Conclusion

My advice to medical students is simple: To ensure career longevity, please focus on making yourself irreplaceable.

If you are drawn to a subspecialty or a procedure-based or surgical field that you can see yourself dedicating your life to, I highly encourage you to pursue that path.

However, if your true passion lies in general medicine and you want to be a clinician, I urge you to start planning your own practice now. Embrace innovation, entrepreneurship, and a patient-centered approach.

Learn from physician practice owners, observe how they regain autonomy by becoming their own bosses, and understand how the tax code benefits business owners over W-2 employees. Whether it is private practices that accept insurance, direct primary care models that opt out of traditional insurance, or concierge practices that blend membership fees with insurance, there are countless avenues for you to explore.

[Varun Verma](#) is an internal medicine physician.

How-To: Turn Off Built-In AI On Your Computer and Phone

By Kim Komando

Ever feel like your apps are trying a little too hard to be helpful? Maybe they're suggesting cringy replies, summarizing things you actually wanted to read, or just getting way too pushy.

Let's dive into how to turn off those AI features that just aren't working for you.

Start in the settings

Look for the settings cog (that little gear icon) or tap your profile picture to open your options. Once inside, check sections labeled AI, smart features, suggestions, privacy or automation.

Keep an eye out for toggles and checkboxes that let you switch features on or off. You want to find AI add-ons like summaries, smart replies, recommendations and predictive text that tries to finish your sentences for you.

✅ **Be a Privacy Komando:** While you're in settings, take a peek at the privacy section for anything related to data collection or personalization. Your data is what powers AI, so if you're not using AI, turn it off.

No-more-AI cheat sheet

Here are the most common steps. Because there are so many makes, models and operating systems out there, your steps might be a little different.

On a Windows PC: Go to **Settings > Personalization > Taskbar**. From here, you can turn **off** Copilot.

On a Mac running macOS 15 or later: Click the **Apple menu > System Settings > Apple Intelligence & Siri >** toggle Apple Intelligence **off**.

Note: Apple Intelligence isn't available on all Macs yet.

On an iPhone: Apple Intelligence is on by default with compatible models. To change that, open **Settings > Apple Intelligence & Siri >** toggle Apple Intelligence **off**. Note: Apple Intelligence isn't available on all Macs yet.

On an Android: Choose between Gemini (Google's AI) and the old Google Assistant. Go to **Settings > Apps > Assistant > Digital assistants from Google**.

In Gmail: Click the **gear icon > See all settings > General**. Scroll down to **Smart Compose** and turn writing suggestions **off**. Farther down, you can turn off **Smart Reply**, too.



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Violence In Health Care: Why Doctors and Nurses Are Leaving

Harry Severance, MD

I was recently asked what I thought were some of the biggest evolving obstacles to physicians and health care in 2024 and beyond.

Health care has become America's most dangerous profession due to workplace violence, with health care workers now being five times more likely to be assaulted "on the job" than in any other type of workplace in this country.

This is one of the most critical obstacles that must be immediately addressed.

But as dangerous as this explosion in health care workplace violence is, in reality, it is just one of multiple deep critical disruptors within, and one red flag warning of rampant and escalating consumer dissatisfaction toward our whole health care system.

This surging level of dissatisfaction, distrust, and increasing hostility, now at an all-time high and reaching a tipping point, is further highlighted by the huge public outpouring of sympathy and support for the alleged shooter of a health care insurance company executive, with multiple copycat threats being reported.

To further grasp the anguish of consumers, consider that we now have the most expensive but worst-performing health care system in all the industrialized world. Also, the most common cause of personal bankruptcy filings in the U.S. is overwhelming medical debt. In addition, consumer trust in doctors and the health care system as a whole has now reached an all-time low.

One result is increasing violence directed toward the health care system.

It is, in some ways, understandable that health care consumers, increasingly frustrated by a seemingly impenetrable, increasingly unaffordable, and perceptibly denial-inclined, inaccessible system will strike out at the few accessible targets. In clinical situations, this will be doctors, nurses, and other hands-on health care workers.

But targeting hands-on health care workers is particularly unfortunate and misdirected, as physicians—who have been reduced to employee status—now join other hands-on health care worker-employees in having no input into or "seat" at management tables on the issues that so outrage health care consumers.

Trapped between these steadily worsening, system-abusive, assault-prone workplaces and increasingly discontented, more frequently hostile patient-consumers—and with no voice or meaningful way to effect change—one result of this escalating workplace violence and disruption is accelerating departures of doctors (nurses and other workers) out of hands-on health care into safer, less abusive professions. This in turn further aggravates the already critical shortage of hands-on health care workers, thus further worsening patient access to timely and needed health care.

This accelerating worker exodus also paradoxically further contributes to consumer perception of an inaccessible and denial-based system.

To further add to the shortage and access problems, we are now seeing fewer and fewer bright young minds seeking hands-on health care careers due to these increasingly abusive and violent conditions.



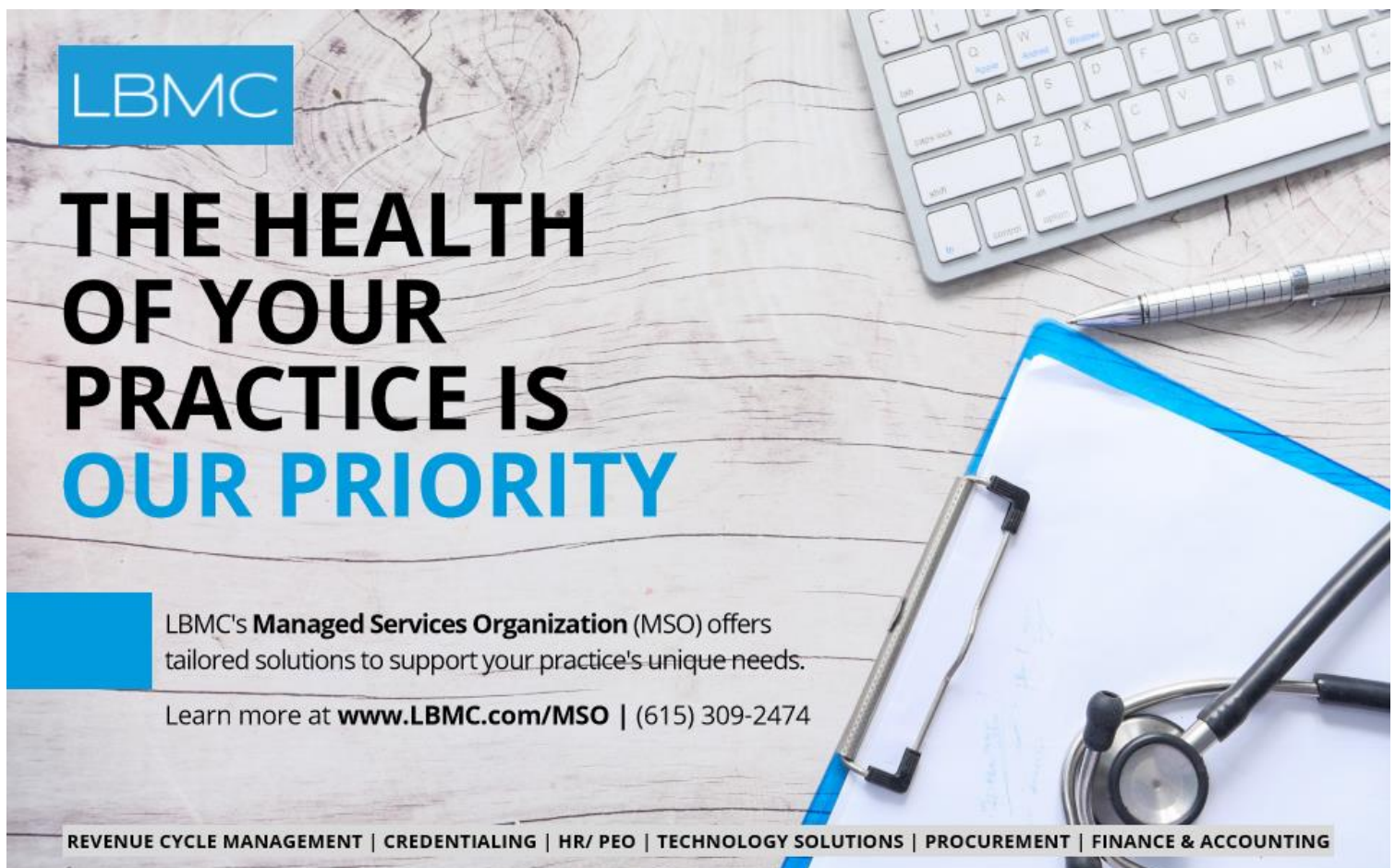
It is also important to note that in our current society, “violence as a means to address perceived wrongs” is becoming a more and more utilized pathway to express dissatisfaction and seek change, now even advocated among some within our political leaderships. This trend has ominous implications for the safety of doctors and other health care workers, for patients, and for the timely and safe delivery of patient care.

Thus, with this level of consumer distrust, hostility, and aggression toward the whole health care system, and with workers increasingly leaving the system, the only real way to stop the increasing violence is to repair the system and return it to one that is more responsive to patient needs and more affordable.

There is, even at this tipping point juncture, still some time left and pathways available to reverse this dangerous violence trend, these crippling worker exits, and to address other critical issues that so outrage health care consumers, disrupt physician (and other worker) clinical efforts, degrade workplace conditions, and further impede health care delivery.

Failure to do so will lead rapidly to a totally broken system and one increasingly without physicians and other hands-on workers.

Harry Severance is an emergency physician.



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Advanced Roth IRA Strategies for Physicians

The potential for tax-free growth and tax-free withdrawals in retirement from Roth IRAs has undoubtedly been a wildly popular retirement planning discussion in recent years. As a result of being in a high-income occupation and having greater prospective wealth exposed to income taxes, physicians have been looking for ways to diversify the taxability of their retirement income.

The purpose of this whitepaper is to explore some of the advanced ways physicians can get their money into a Roth IRA. The following are some of the strategies that our team may utilize to help physicians lower their lifetime tax burden and extend the life of their retirement nest egg.



Roth IRA Basics

In order to directly contribute to a Roth IRA, certain income eligibility requirements must be met. In 2025, the following chart from Charles Schwab contains the Roth IRA income and contribution limits:

Roth IRA Contribution Limits (Tax Year 2025)

Single Filers (MAGI)	Married Filing Jointly (MAGI)	Married Filing Separately (MAGI)	Maximum Contribution for individuals under age 50	Maximum Contribution for individuals age 50 and older
under \$150,00	under \$236,000	\$0	\$7,000	\$8,000
\$151,500	\$237,000	\$1,000	\$6,300	\$7,200
\$153,000	\$238,000	\$2,000	\$5,600	\$6,400
\$154,500	\$239,000	\$3,000	\$4,900	\$5,600
\$156,000	\$240,000	\$4,000	\$4,200	\$4,800
\$157,500	\$241,000	\$5,000	\$3,500	\$4,000
\$159,000	\$242,000	\$6,000	\$2,800	\$3,200
\$160,500	\$243,000	\$7,000	\$2,100	\$2,400
\$162,000	\$244,000	\$8,000	\$1,400	\$1,600
\$163,500	\$245,000	\$9,000	\$700	\$800
\$165,000 & over	\$246,000 & over	\$10,000 & over	\$0	\$0

You will notice in the chart that Roth IRA income limitations are based off of “MAGI” or Modified Adjusted Gross Income. Your adjusted gross income can be found on line 11 of your Form 1040 tax return. In order to determine the M amount in “MAGI” and calculate your Modified Adjust Gross Income, you will need to take your adjusted gross income and add back certain items, including, but not limited to:

- Excluded savings bond interest
- Any traditional IRA deduction
- Student loan interest deduction
- Any excluded employer-provided adoption benefits
- Foreign Housing Exclusion (for qualifying taxpayers living abroad), Foreign Earned Income Exclusion, and Foreign Housing Deduction

Once you have added the above items to your AGI, make sure to subtract any income resulting from a conversion of an IRA to a Roth IRA or a rollover from a qualified retirement plan to a Roth IRA. Since a MAGI of \$246,000 or more excludes direct contributions to a Roth IRA, physicians may have to implement more advanced strategies.

The “Backdoor” Roth IRA

If a physician doesn’t meet the eligibility criteria to contribute to a Roth IRA, they may want to explore making an indirect contribution to a Roth IRA.

The IRS allows taxpayers with earned income to make deductible (if eligible) and non-deductible IRA contributions. For those who desire to execute the “Backdoor” Roth IRA, they will first make a non-deductible (after-tax) contribution to a traditional IRA. Then, they can “convert” (transfer) their traditional IRA to a Roth IRA. Hence, the backdoor name. When this strategy is performed correctly, it can result in zero to minimal taxation in the year of execution.

When implementing this strategy, it is critically important to not have any Traditional IRAs with pre-tax contributions present.

The IRS aggregates all of your IRAs when determining the taxable implications of the Backdoor Roth IRA strategy and the presence of pre-tax IRAs can cause an unwanted tax bill!

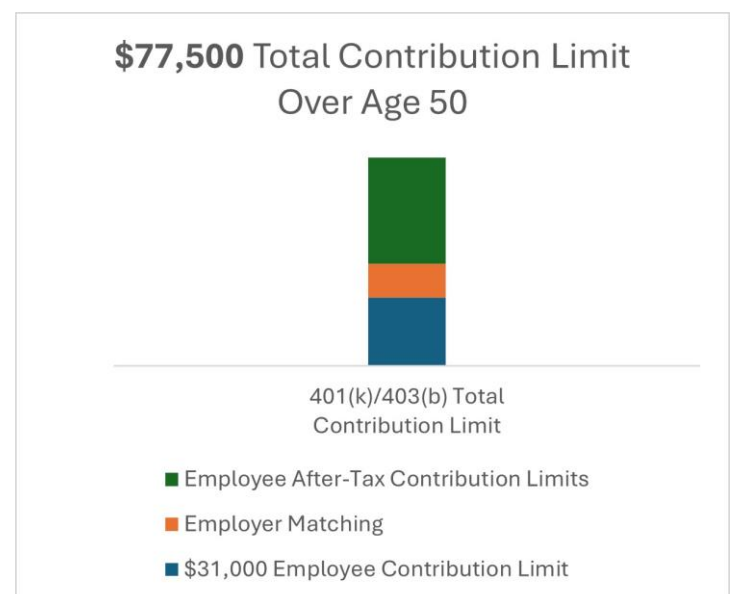
Make sure you explore strategies on how to remove any pre-tax contributions from IRAs with your advisory team and if this strategy is viable given your financial plan. Furthermore, if you executed a Backdoor Roth IRA last year, it is normal to receive a 1099-R form that shows a taxable distribution, even if you had no pre-tax IRAs and converted only after-tax dollars (which presumably should not be a taxable event). Your investment custodian has no idea what portion of your converted IRA is after-tax versus pre-tax, and the onus is on you to fill out form 8606 correctly and communicate it to your tax preparer.

Mega Backdoor Roth IRA Conversion

For many academic and self-employed physicians, they may have access to a 401(k) or 403(b) plan. Some retirement plans may allow you to contribute after-tax contributions on top of the normal annual retirement contribution limits (\$31,000 in 2025 for those age 50 or older). In order to execute a Mega Backdoor Roth IRA, your 401(k) or 403(b) must allow the following:

- After-tax contributions
- Roth component
- In-service distributions
- Roth In-Plan Conversion feature

As you can see in the chart on the right and if your plan allows the features above, you can potentially contribute \$46,500 in after-tax contributions on top of your pre-tax or Roth employee annual retirement contribution limit (assuming you are over age 50 and have no matching). While the back door Roth will allow one to save \$8,000, the Mega Backdoor can allow an in-service distribution of your after-tax contributions and **potentially transfer up to \$46,500** into a Roth IRA.



The key here is to contribute your after-tax contributions and immediately convert or transfer those funds to a Roth IRA. As a result, there will be minimal or no taxation on the after-tax earnings portion that is converted. Otherwise, this portion will be taxed at ordinary income rates since it is not considered basis (which are your after-tax contributions). If executed correctly, this strategy can eliminate a taxable event just like a normal backdoor Roth IRA conversion. Mistakes can be costly and it would be prudent to run the numbers by your Fee-Only advisor and tax professional before implementation.

Roth IRA Conversion

A tax savvy approach to consider is to convert money in a traditional IRA to a Roth IRA. The full transfer amount is taxed at your ordinary income tax rate, unless the IRA has after-tax contributions in it. So, the best time to employ this strategy is during years when you have a relatively lower marginal tax rate. This is typically the period between retirement and prior to collecting social security. Although not as ideal, it may still be worthwhile to consider this strategy in the years after you start collecting social security and prior to the start of required minimum distributions ("RMDs"). It is best to consult with your financial planner or tax advisor to best optimize your tax liabilities over your lifetime. ***Mistakes can be magnified, and we have seen MDs assume they are paying tax at their current marginal tax bracket, when in reality due to hidden taxes, they are paying a much higher marginal tax rate on the conversion.*** Roth conversions help even out tax liabilities between your early retirement and advanced retirement years and reduce your tax impact when you start collecting your minimum required distributions.

Conversions can also be made from your 401(K) accounts to a Roth 401(K) or Roth IRA after paying taxes on the conversion. In most cases you will need to wait until you leave the employer to move the funds to a Roth IRA outside the employer benefits plan.

The 5 Year Rule

All converted funds in a Roth IRA are subject to two separate Five-year rules. Although after-tax funds can be withdrawn any-time after age 59.5 from the Roth IRA account, earnings in the account are subject to a 10% penalty if withdrawn 5 years prior to the conversion. Consult your tax adviser to fully understand the limitations prior to making the conversion.

About the authors:

Greg Giardino, CFP®, CPWA®, is a Fee-Only Fiduciary Certified Financial Planner, 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 Fee-Only Fiduciary Certified Financial Planner, an Educator and an Author. She is a contributing author, to An Emergency Physician's Path: What to Expect After an Emergency Medicine Residency <https://www.amazon.com/Emergency-Physicians-Path-Medicine-Residency/dp/303147872X> and provides Financial Planning and Investment Management for Physicians. She can be reached at lmattia@wealthenhancement.com.

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30 Minute Spicy Ancho Turkey Chili

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Spicy Ancho Turkey Chili delivering big flavors with turkey, black beans, ancho chili powder, tomatoes, and farro. So much yum and cozy in one meal!

INGREDIENTS

- 1 cup **farro** (another grain like brown rice or quinoa would work)
- 2 cups **chicken broth**
- 3 cups **water**, divided
- 1 tablespoon **olive oil**
- 1/2 **red onion**, minced
- 2–3 cloves **garlic**, minced
- 2–3 **jalapenos**, minced (remove ribs and seeds if you don't want it to be spicy)
- 1 lb. **ground turkey**
- one 14-ounce can **black beans**, rinsed and drained
- 2 teaspoons **ancho chili powder**
- 2 teaspoons **chili powder**
- 1 teaspoon **cumin**
- 1 teaspoon **salt**
- 1 cup **salsa** (works best with a "fresh" salsa brand like Salsa Lisa)
- two 14-ounce cans **crushed fire roasted tomatoes**
- toppings (**sour cream**, **cheese**, **green onions**, **tortilla chips**)



INSTRUCTIONS

1. Bring the chicken broth and 1 cup of water to a boil in a small saucepan. Add the farro (or rice or whatever grain you're using), cover the pot, and reduce to a simmer for about 30 minutes or until all liquid is evaporated.

2. While the farro is cooking, heat the olive oil over medium high heat. Add the onions, garlic, and jalapeños and saute for 1-2 minutes, stirring frequently to avoid burning the garlic. Add the turkey and cook until all the meat is browned and broken apart into “crumbles”. Add the black beans, ancho chili powder, chili powder, cumin, salt, and salsa and simmer for a few minutes. Add the tomatoes and however much of the remaining 2 cups water that you feel like you need to get the right consistency. Simmer for a few minutes while the farro finishes cooking in a separate pot.
3. Add the cooked farro to the pot of chili and stir to combine. Top with sour cream, cheese, green /onions, and tortilla chips.

When your dog gets it,...Priceless,...



Ending Physicians' Addiction to Unhappiness

Jeffrey A. Peters, MBA

A large number of physicians are addicted to unhappiness. Practicing medicine is no longer fun, and they are frustrated working in an environment where they do not feel valued and appreciated. Forty percent of all physicians are looking to change their employment venue over the next two years, according to a recent survey by the AMA.

Physicians' unhappiness is understandable.

Reimbursement by Medicare and other payors is declining, while the costs of operating a practice are increasing. Physician practices are not profitable, with hospital-owned practices losing more than \$200,000 a year.

The response to these losses by administrators is to put more pressure on physicians to see more patients while the support staff for practices is being reduced.

Physicians feel they are now production workers with little control over their professional lives.

As I have written, practices perform better financially and provide better patient care when physicians feel valued and respected.

Health systems' sustainable competitive advantage is to create an environment where physicians feel valued and appreciated. This positive culture will drive the recruitment and retention of physicians—the most critical resource of any health system.

Hospitals whose physicians view their organization as having a positive culture share common characteristics.

Competitive compensation

Physicians need competitive compensation to feel valued. Physician compensation needs to be above the median and ideally closer to the seventieth percentile. Physicians measure respect in terms of dollars.

Flexible schedule

Physicians place a high value on organizations that allow them to balance personal and professional commitments. Young parents want to start office hours after they drop their children at school. They also value an organization that ends office hours early so they can attend their children's soccer games.

A physician caring for an elderly parent also values an organization that adjusts the physician's schedule to take their mother to a doctor's appointment.

Practice operations

Giving physicians a voice in how the practice operates is key to physician satisfaction.

Physicians want to interview prospective practice managers and have input into the hiring decision. Physicians also want to help decide the practice's office hours and how many patients are seen in a day.



Physician governance

Physicians want to work in organizations governed by physicians. Physicians want key decisions to be made by physician leaders who understand physicians' needs. Physicians also want leadership to reflect the group's makeup in terms of age and primary care/specialist composition. Younger physicians are resentful of organizations where physician leadership is exclusively composed of older physicians.

Opportunities for clinical and administrative leadership

Physicians want the opportunity to advance clinically and administratively. For example, a primary care physician might want the opportunity to lead an initiative to improve diabetic care and reduce unnecessary visits to the emergency room and inpatient admissions.

Physicians also want to be coached on how they can improve their leadership skills and be given management growth opportunities.

Health systems with a culture where physicians feel valued and appreciated have a sustainable competitive advantage. This competitive advantage will drive market and financial success.

[Jeffry A. Peters](#) is a health care executive.

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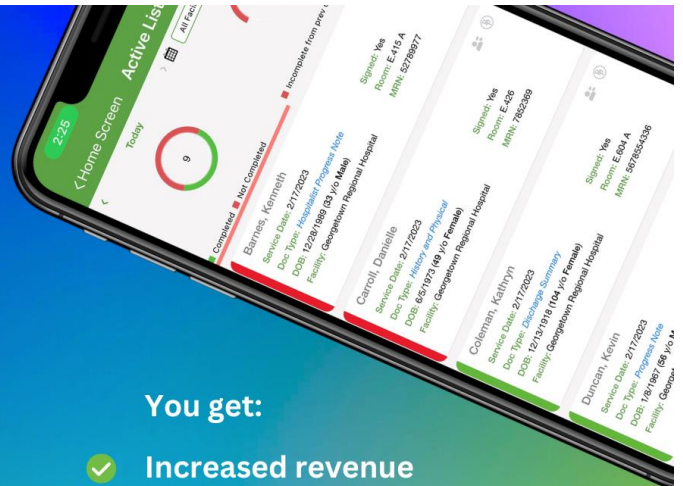
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Holocaust Survivor's Hidden Past: A Doctor's Discovery

GENE UZAWA DORIO, MD

As a medical doctor, I have peered into the lives of many patients who have unique experiences.

When I started practice 40 years ago, some of my patients had parents who lived during the Civil War; a few fought in the Spanish-American War, and more recently, at the Millennium, several of my centenarians could say they lived in three centuries!



One of my first patients in Santa Clarita was a gentleman who was taken to Auschwitz during WWII as a teenager ... and escaped! In his retired life, he lived in an assisted living facility, a building with senior apartments and a common cafeteria for eating and socializing.

I would visit him at his residence sometimes, with his daughter and granddaughter present. On his apartment wall were multiple awards given for community service in the Los Angeles area. As with many older adults, he was reluctant to reveal much of his background, some of it out of modesty, but also because his background held dark secrets.

According to his daughter, he owned a successful business and donated to those in need, ensuring everyone was given a chance. For years, he contributed to social organizations, enhancing educational opportunities for youngsters.

When I asked about family history, he became mum, not revealing the dark side of his background. Later, his daughter told me the fear instilled in him during his Auschwitz imprisonment still lingered. He explained to her that on the day of his arrest, he had already neatly packed a suitcase with his meager belongings. She revealed the rest of his life after his escape; he would wear long-sleeved shirts to cover the tattooed prison number on his left arm to hide the reminder of his imprisonment. His fear through the years affected him immensely, so much so that many past details would not be shared with her. How did he escape? She said he was part of a work camp and decided his fate was doomed to the gas chamber, so he knew he had to take a chance and flee.

This fear impacted his daughter as well, and to emancipate her emotions, she and her daughter visited Auschwitz. To their shock and surprise, at one of the exhibits on display was that suitcase he had neatly packed!

Even as his doctor, he never opened up to me about this past life. But I was able to ask about his philanthropy, and when I questioned what his motivation was, he looked at his granddaughter.

Sometimes in life, we have to take a chance, as my patient did, to flee. Fear can keep us from moving forward, but motivation for those we love can nudge us enough to enhance their dreams. Learning about people who may carry historic experiences could help us in the future.

Peering into the lives of my patients has provided insight benefiting their care and making me a better doctor.

Gene Uzawa Dorio is an internal medicine physician who blogs at [SCV Physician Report](#)

What Happens If Medical Malpractice Attorneys Take Over

Howard Smith, MD

Senator Dick Durbin proudly describes his career in the following quote: “Before I was elected to Congress, I worked in a courtroom. For years, I defended doctors and hospitals, and for years, I sued them on behalf of people who were victims of medical malpractice.”

Thirty percent, 131 members, of the House of Representatives and 51 percent, 51 members, of the Senate are lawyers. Senator Durbin is one of 182 lawyers in Congress. It is roughly estimated that 15 percent of all lawyers in the country are malpractice attorneys. Hence, including Dick Durbin, roughly 27 former malpractice attorneys are in Congress.



Senator Durbin’s own words betray something very troubling about him. For years, he defended doctors and hospitals who were sued by patients for medical malpractice. Seventy percent of these claims were likely frivolous. One could only assume that an exceptional lawyer should win 70 percent of all claims they represent. If he was paid billable hours by a malpractice carrier for defending a doctor or hospital, whether he prevailed or not, and if he was successful in that role, he would prosper, and malpractice carriers would seek him out. He would never have changed.

But he did change. For whatever reason, he flip-flopped. He sued doctors and hospitals. His clients were patients who were alleged victims of medical malpractice. Seventy percent of their claims were likely frivolous. He intended to thrive from 30 percent to 40 percent of an award through a contingency fee every time he prevailed, whether the claim was meritorious or not, by suing the same malpractice carriers that paid him in the past. He was a typical ambulance chaser. If he was successful as an ambulance chaser, he would prosper, and clients would seek him out. He would never have changed.

But he did change. For whatever reason, he became a senator.

His words make him a fitting symbol for a lawyer in Congress. Like him, 27 of 182 lawyers in Congress were likely malpractice attorneys before they were elected.

Is it any wonder that a malpractice crisis waxed and waned for 65 years without a legislative solution? How much in political contributions do these members of Congress get from the medical liability litigation industry?

By connecting the dots, a disturbing picture emerges. Today, our country is in disarray because the president is a lawyer and 33 percent of all members of Congress are lawyers, 15 percent of whom are former malpractice attorneys. When practicing law, they represented or defended against lawsuits of which 70 percent had no merit. What could possibly go wrong?

Think in terms of the Moneyball test: “If he is supposed to be such a good hitter, why doesn’t he hit so good?” Paraphrasing it: If government is supposed to govern so well, why doesn’t it govern so well?

Governance fails when government fails. This is only possible when decision-makers, regardless of the capacity in which they serve, are unethical or incompetent or both. Today, a day does not pass without reminding us of this. A day also does not pass without another frivolous medical malpractice lawsuit being filed; more precisely, another 163 frivolous lawsuits. See the connection? Today, attorneys act with impunity because they know they will never be held accountable.

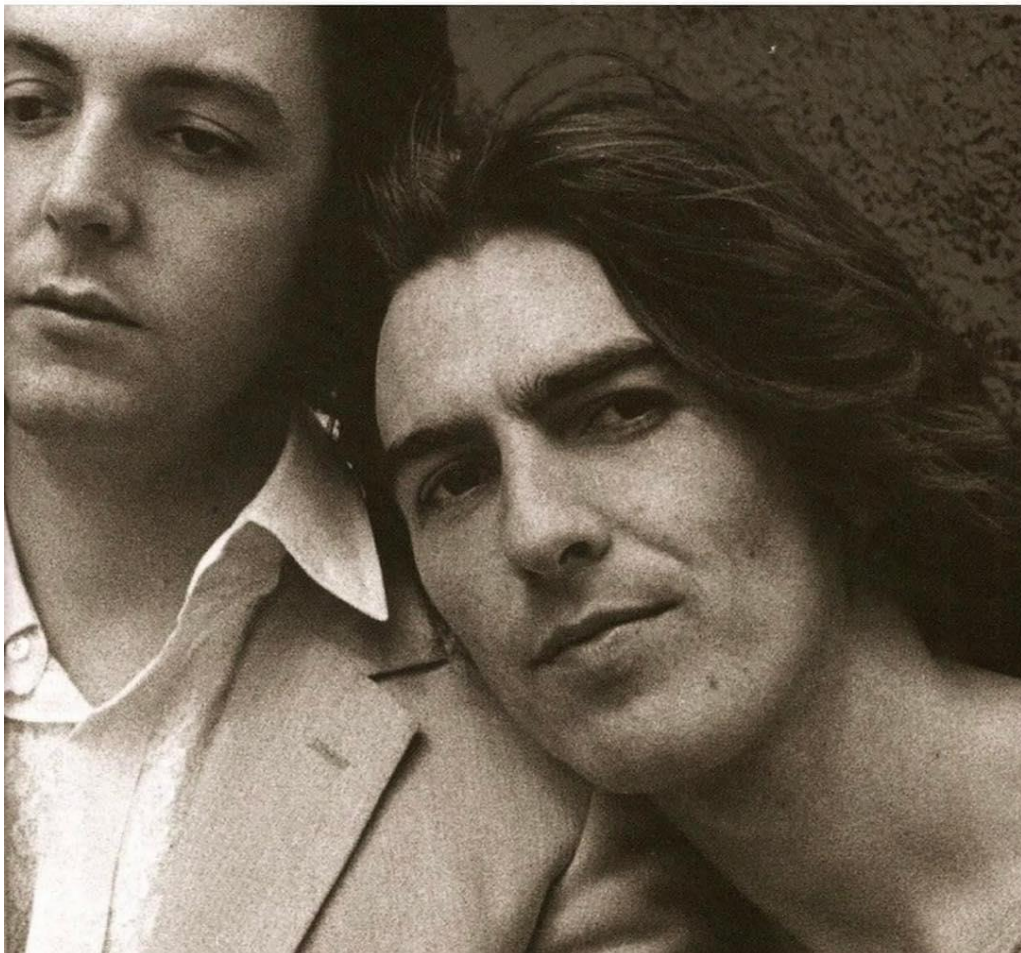
We should not be shocked by the attitude that lawyers know best. First, they change their rules to suit them; next, they change our rules to suit them. One could almost hear them say, "It's not so bad; just a few more rules. Put your mask on and shut up! Do what we say or we will cancel you, put you in jail, or kill you. This is how it works. This is how mass hysteria always works."

Summary: The high percentage of lawyers in Congress, particularly those with backgrounds in medical malpractice litigation, contributes to a flawed legal and political system where governance is compromised by self-serving interests, leading to unchecked litigation and legislative stagnation.

[Howard Smith](#) is an obstetrics-gynecology physician.

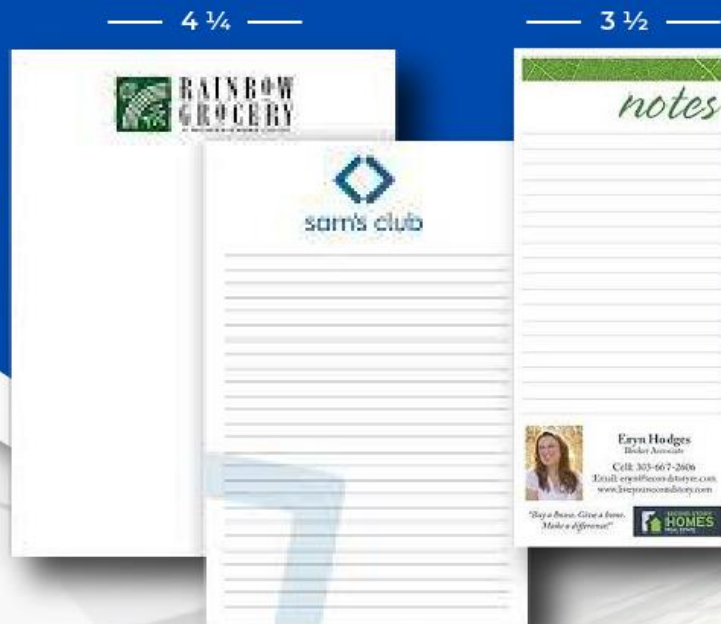
The last time I saw George Harrison, he was very sick, and I held his hand for four hours. As I was doing it, I was thinking, I've never held his hand before, ever. This is not what two Liverpool fellas do ... He just stroked my hand with his thumb, and I thought, Ah, this is OK; this is life. It's tough, but it's lovely.

Paul McCartney



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GRILLED

SALMON BURGERS WITH DILL YOGURT SAUCE

The Essential Bottles for Your Home Wine Bar

BY ROGER MORRIS



Getty

Thanks to wine preservation systems and storage units, you can now always enjoy a fresh glass at home. With a little planning, a well-stocked home wine bar can function for all occasions, from your post-work aperitif to after-dinner dessert wines.

There are six categories to consider when stocking a home bar, according to sommeliers and wine buyers. We polled wine pros across the country to compile their tips on everything you need to create the ultimate at-home wine bar.

Dry aperitif and a dry rosé

“For an inexpensive aperitif, I would recommend a dry German *sekt*,” says Joshua Lit, wine director at New York City’s [Gotham Bar & Grill](#). He recommends a sparkling Riesling from the Mosel region. “Riesling is such a dynamic grape, and wines of this style are a great and affordable way to start your evening off right.” Other possibilities include a dry fino Sherry, stored in the fridge and served either alone or in cocktails.

Lit also suggests stocking your shelves with at least one crisp, crowd-pleasing rosé.

“What I look for in a dry rosé is ripe fruit and acidity,” he says. “Some of my favorite producers of rosés come from Sonoma Coast. When Pinot Noir is picked early enough to have good acidity, it makes for a delicious rosé.”

Recommendations

Hansen-Lauer 2016 Brut Sekt Riesling (Mosel); 90 points, \$25. Swirls of honey, tangerine, brioche and mineral perfume this lavishly floral sparkling wine. The palate is crispy and peachy but intently stony, too. An easy-drinking but elegant and satisfying sip with delicate effervescence. —*Anna Lee C. Iijima*

Auteur Wines 2018 Rosé of Pinot Noir (Sonoma Coast); 95 points, \$25. This is impressive wine at every level—a crisp, complex exploration of minerality and cool-climate aromatics. Grapefruit, Meyer lemon and stone provide a backdrop of elegant flavor within structured elegance and appealingly well-integrated acidity. This is a delicious wine. —*Virginie Boone*



Sparkling wines for everyday sipping or a celebration

“For the value end of the spectrum, I’d go for Cava [from Spain] or Crémant from the Jura, Loire or Burgundy regions of France,” says Arvid Rosengren, sommelier at Legacy Records restaurant in New York City. “The reason for recommending these is that they, by law, have to be made in a serious way, the same method as in Champagne.”

For a high-end wine, Rosengren chooses Champagne. “There’s a plethora of great grower Champagne out there that are delicious and have a great story to tell.”

Recommendations

Vicente Gandia NV El Miracle Organic Brut (Cava); \$15, 88 points. Bready apple and pear aromas are clean and good, albeit standard for brut Cava. A centered palate is more easygoing and friendly than tight, while nectarine and orange flavors are just bright enough on a balanced finish. Made from organic grapes for what that’s worth. —*Michael Schachner*

Bertrand-Delespierre NV Enfant de la Montagne Premier Cru Brut (Champagne); \$56, 90 points. A ripe blend of the three Champagne grapes, this is rich, showing baked apple, spice and a shot of acidity that perfectly backs up the white fruit and mineral texture. Drink now. –*Roger Voss*



Versatile everyday white and everyday red

Thomas Pastuszak, wine director at NoMad restaurant in New York City, says he “would look to dry Riesling from the Finger Lakes region of New York for a go-to dry white wine to stock a home bar with. If you’re looking for Sauvignon Blanc/Sancerre, a Pinot Grigio or a Chablis/unoaked Chardonnay, dry Riesling will stylistically totally satisfy what you’re looking for. It is mineral-driven, thirst-quenching and pairs with a wide range of food.”

For flexible everyday reds, blends from the Côtes du Rhone and Côtes du Ventoux are hard to beat. Also try the Rioja crianzas.

Recommendations

Boundary Breaks 2017 Dry No. 239 Riesling (Finger Lakes); \$19, 91 points. A bright, effusive nose of pulverized limestone, freshly zested lime and white flowers offers a powerful start to this wine. The dry medium-bodied palate brings a complex mix of earthy, spicy and fruit elements, with flavors of crunchy yellow apple, lime, fresh ginger and tangy wet stone pushing through. A textured and tangy white-plum-skin note lingers on the finish. ***Editors’ Choice.*** –*Alexander Peartree*

Alain Jaume et Fils 2016 Haut de Brun (Côtes du Rhône); \$15, 90 points. Hints of sage and dried wild mint elevate this rich, densely concentrated red. The succulent black-plum palate is boldly fruity and primary but finessed by savory edges and taut, gripping tannins. It’s an easy-drinking value wine that offers enough elegance for entertaining. ***Best Buy.*** –*A.I.*

Fruity, but not sweet, whites and reds

"If your local wine store's Italian white selection is the ubiquitous wall of Pinot Grigio, ask them to branch out and stock a Vermentino from Liguria," says Jenni Guizio, associate director of wine for Union Square Hospitality Group in New York City. "These wines are so bright and salty, lightly fruity and herbaceous that they can be equal parts thirst-quencher and serious food companion."

Having trouble locating Ligurian Vermentino? California also produces some interesting Vermentinos.

For your red, choose something fresh and fruity. "Beaujolais is my go-to house red," says Guizio. "I will usually look for a cru Beaujolais, such as Morgon or Fleurie, but Beaujolais-Villages will do just fine.

"With fresh red fruit flavors, high acidity, relatively low alcohol and low-to-medium tannins, the wines are quite versatile. Best with a slight chill."

Recommendations

Seghesio 2018 Vermentino (Russian River Valley); \$24, 90 points. This wine is waxy in apple and lemon flavors, with an underlying floral accent. The texture takes on a slight creaminess that melds with its foundation of lively acidity. –V.B.

Domaines Dominique Piron 2017 Beaujolais-Villages; \$17, 90 points. This richly structured wine offers red-berry flavors and acidity. The dry core balances the generous fruits. This balanced wine is ready to drink. *Editors' Choice.* –R.V.



A versatile white and a red for fancy dinners

"For a white, my thoughts would be a Savennières, which I always grab when going to dinner at a BYOB," Linda Collier says, referring to the sought-after, crisp Chenin Blanc from the Loire Valley. Collier has owned Collier's of Centreville, a boutique wine shop in Delaware, for almost 40 years.

For a red, Collier loves a big, yet lean, Amarone from near Verona. “It is so perfect in so many ways,” she says. “Nice by itself and wonderful with so many foods.”

Recommendations

Loïc Mahe 2015 Les Fougeraies (Savennières); \$50, 93 points. A south-facing parcel on shale soil has produced this rich wine packed with tropical-fruit flavors as well as crisper apple and citrus acidity. Aged in wood, the wine has some spice, but it really celebrates great fruit and wonderful acidity. Drink from 2020. – R.V.

Massimago 2014 Conte Gastone (Amarone della Valpolicella); \$45, 91 points. Made from organically farmed grapes, this has aromas of underbrush, dark-skinned berry and cooking spice. The savory, full-bodied palate delivers ripe black plum, ground pepper and tobacco leaf alongside polished tannins. –Kerin O’Keefe

Sweet wine – natural and fortified

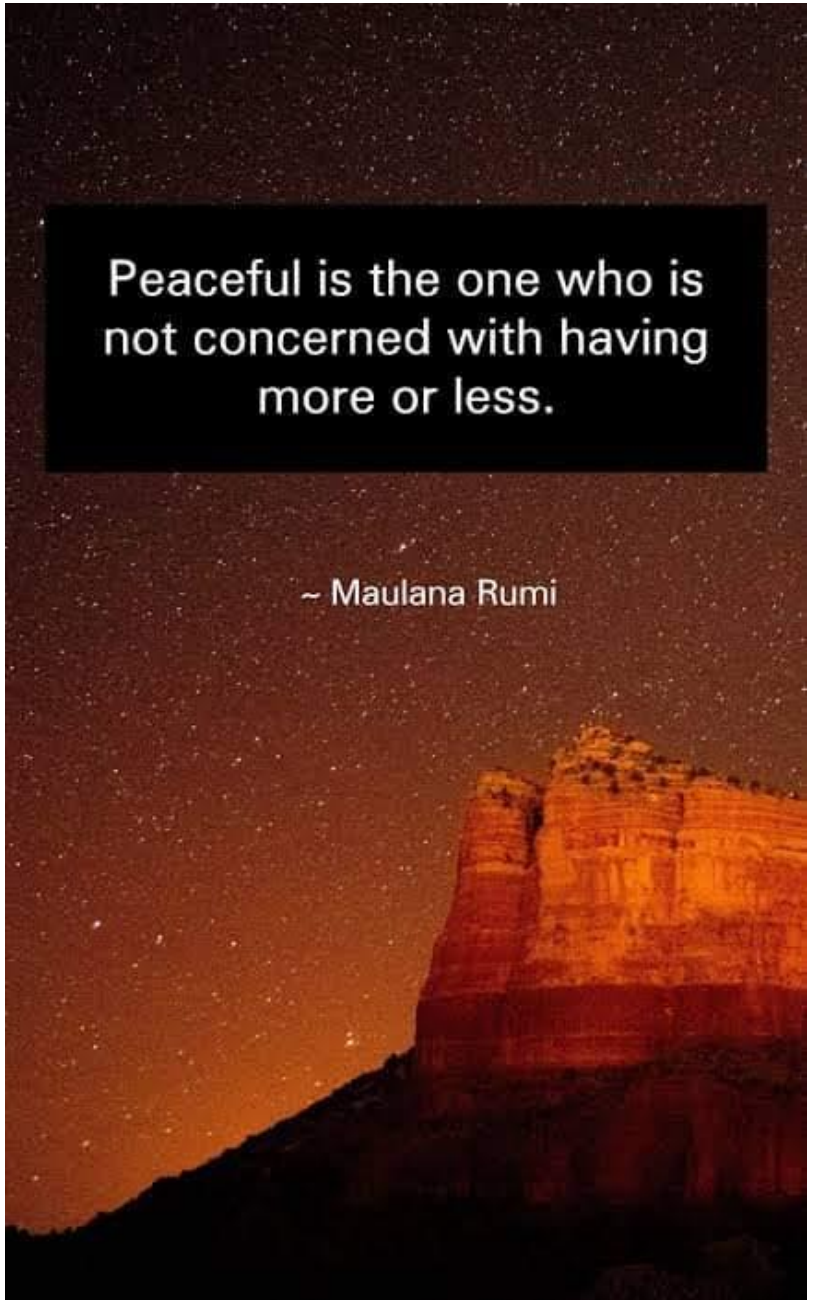
Bordeaux’s Sauternes region, including neighboring Barsac, produces a reliable, naturally sweet wine. It has honeyed flavors, yet lots of acidity that make it good alongside spicy Asian cuisines, cheeses and foie gras.

“For fortified sweet wines, I would choose a Muscat from France: Beaumes de Venise or one of the many variations coming from Roussillon,” says Evan Goldstein, Master Sommelier and president/chief education officer of Full Circle Wine Solutions, a public relations firm. “They are great with post-meal cheeses of all sorts and my go-to with strawberries or peaches and cream.” Goldstein is especially fond of the perfumed noses on these wines, which he calls “simply charming.”

Recommendations

Château Clos Haut-Peyraguey 2016 Sauternes; \$21, 94 points. Dominated by Sémillon, this rich, luscious wine has layers of ripe fruit and intense concentration. Wood aging has sustained the richness of the wine and not overshadowed the ripe honey, candied peel and hints of almonds. The wine will age for many years. Drink from 2025. –R.V.

Paul Jaboulet Aîné 2014 Le Chant des Griolles (Muscat de Beaumes de Venise); \$21, 92 points. Lavish yet impeccably light on its feet, this Muscat vin doux naturel offers intensely ripe, concentrated tangerine and honeysuckle notes offset by whiffs of fresh, green herb. It’s a silky, sweet wine anchored by a lingering thread of minerality and integrated alcohol. Enjoy now

A vertical rectangular image featuring a quote by Maulana Rumi. The background is a photograph of a rugged, rocky cliff face illuminated by the warm, orange and red light of a sunset or sunrise. The sky above the cliff is a deep, dark blue with some lighter, wispy clouds. The quote is centered in a black rectangular box with white text.

Peaceful is the one who is
not concerned with having
more or less.

~ Maulana Rumi

A New Diagnosis or a Re-Diagnosis?

By Hans Duvefelt, MD

Walter Williams is a thin man with a mild demeanor. I met him in his home for a Medicare Wellness Visit. He was considering becoming a patient for primary care with us. He had a dramatic history of a couple of strokes with right sided paralysis lasting up to 24 hours without any remaining weakness. He also told me he had had several TIAs, transient ischemic attacks, between his strokes.

He lives in an area with minimal cell phone service and he has no internet in his home. He told me he'd had lots of CT scans that didn't show anything. He didn't think he'd had an MRI, but he was now scheduled for one because he had hearing loss in only one ear, which always makes you worry about an acoustic neuroma.

I asked him and his son to describe the spells to me. They always involved the right side of his body. The strokes involved the right side of his face as well as his right arm and leg and had lasted a day or more. The shorter spells usually involved only weakness of the right side of his face.

His neurological exam was normal except for numbness in his left 4th and 5th finger, which suggested that the ulnar release at the elbow he had several years ago had failed. He also had mild weakness in all the fingers of his left hand suggesting carpal tunnel syndrome.

"I'd like to get into the Maine Health InfoNet and look at all your hospitalizations, emergency room visits and x-rays you've had done. Then I'll need to think about all this and come back to make a recommendation on what we should do next. Would that be all right with you", I asked.

He agreed, and back home I pored over his big online dossier.

He had undergone two CT angiograms of the blood vessels in his neck and brain which were both normal. And two brain CTs were also normal. When his brain MRI then came in, it showed no acoustic neuroma and also no sign of a prior stroke.

It made no sense to me that someone could have several strokes with full recovery and TIAs with negative angiograms and brain MRI imaging. This had to be purely neurological and not vascular.

In my mind, this left only two options that could explain his symptoms, complicated migraine or some sort of seizures. I googled my question whether you could see paralysis during a seizure. The answer I found listed in my search was [Todd paresis](#), something I had not heard of, but certainly matched his symptoms, multiple episodes of one-sided full or partial weakness lasting up to a few days and resolving completely on its own.

In follow-up I zeroed in on whether he'd experienced any kind of headache with his neurological episodes. He had, but not severe and only some of the time. As far as seizures went, most TIA and stroke-like episodes had occurred when he was alone, but his son had once or twice seen his father act a little spacey before the right sided facial weakness developed. He had certainly never had anything like a grand mal seizure. In my reading I saw that the seizure that precedes the paresis can sometimes be very subtle.

I explained my differential diagnosis to the two of them.



"The first time, when I was in the hospital in Boston, they put me on a seizure medicine, but I'm not sure why", Walter said. "I took it for a few years but when my wife died and I moved up here, I stopped all my medications".

"Why was that", I asked.

"I went through a severe depression", he answered.

"Did they do an EEG, where they put stickies and wires on your head, while you were in Massachusetts General", I asked.

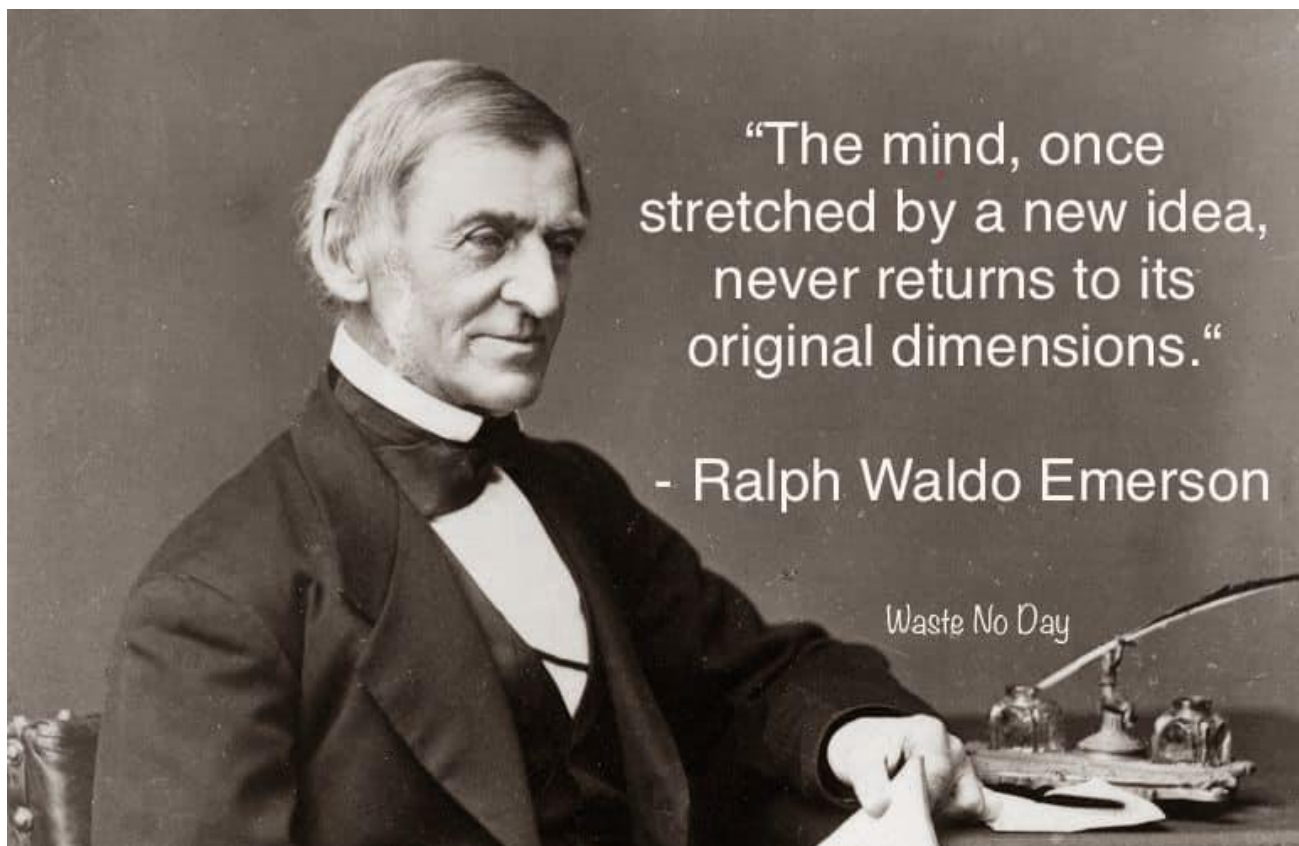
"No, I never had that done", he answered.

I told him I'd like to order such a test and he agreed. It may be normal, and if so, I would probably still offer him a trial of seizure medications while we wait for a neurology consultation, which can take many months to get here in Maine.

I will also try to get the records from MGH to see if they made the diagnosis of Todd paresis on just the clinical history the way I am now considering, years later. A diagnosis made, lost and rediscovered?

(Why does this country have such fragmented medical records?)

This case was one of the first times I used my practice's subscription to [RubiconMD](#), a text based curbside consultation service with every imaginable specialty and subspecialty. Within less than an hour, I had my diagnosis confirmed and a solid treatment suggestion, the anti-seizure medicine Keppra (levetiracetam).



"The mind, once stretched by a new idea, never returns to its original dimensions."

- Ralph Waldo Emerson

Waste No Day

Why I Decided to Learn to Play Golf as My New Hobby

Twobeinghealthy.com

Chronic illness can seemingly define you in the sense that it takes away a lot of the hobbies and activities that help create your sense of self. As someone who lied about her age to seem older for the sole purpose of joining a gym early, having to abruptly stop all activities when I got ill was extremely devastating. I was used to being incredibly active and loved the feeling I'd get from pushing myself while in a particularly hard workout. Now I'm overly cautious during every workout that I DON'T push myself too hard by accident so I don't end up crashing for the following 3 days as a result.

Hobby

A couple of years ago an ex-boyfriend made a completely innocent comment one night on the phone about my lack of active hobbies. I was devastated and in his eyes, completely over reacted to this throw away comment. But it held so much weight to me because I knew how much I loved to be active in the past and I hated potentially being viewed as lazy. Obviously when he heard how upset I was he explained that's not how he meant it at all and he completely understood given my situation, but it made realize how much I missed having that type of activity in my life. I used to take spin class every chance I got and while I am in no place to adopt that as a hobby again, I wanted to find something way less grueling while still being somewhat physical.



Why golf?

I sort of out of the blue picked golf to be an interest. It fit all my requirements of being something that got me out of the house, something I could do alone, and something I could do even if I wasn't feeling particularly great that day. My dad had a set of clubs that he never used and I asked one of my friends who played to give me some basic pointers so I could practice on my own. In the first few months I would try to go a couple times per week, leaving the driving range way more frustrated than when I entered.

As someone who considers myself mildly coordinated, I have never looked so ungraceful in my life. I bounced up when I swung and my arms were pointing in all the wrong directions. Lets just say golf is much harder than it looks on TV. The line of men swinging perfectly around me made me want to hide in a hole to practice until I got good enough to be around the "real" golfers.



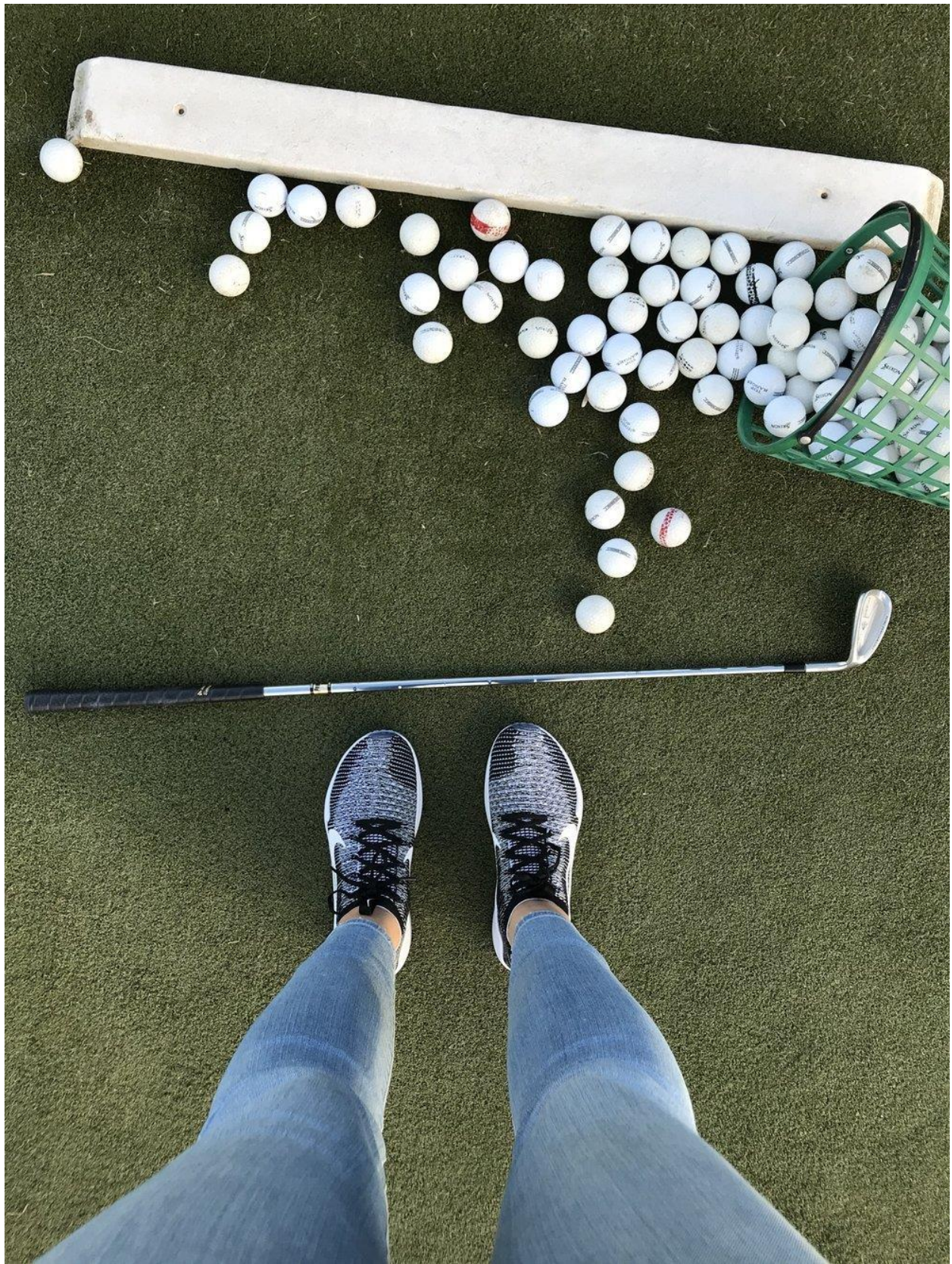
(first time I went I was in flip flops, please no shaming, I had very little idea of what I was doing)

I got over my weird fear of having eyes on me and in a few weeks time, started to love my time on the driving range. While it's not a typical workout of sorts, for someone who is slowly trying to be upright more and work

their muscles, it's the perfect leisurely activity. I would leave with sore shoulders and thighs and felt proud of my developing hobby and simultaneous mini workout.



What I realize from adding golf to my schedule is how important it is to have things in your life that are your own, even if it looks different from what your life used to be or from what you imagined it would look like now. Granted, I'm not leaving the gym pouring sweat and absolutely exhausted any more, but I leave feeling accomplished, de-stressed and proud of myself for getting out there.



Going to the driving range has proved to be equally beneficial to my head as it is for my body; I always seem to stay very present while hitting balls, which is not always the way my brain works. It's been a nice reminder of how important it is to identify as more than just your medical condition.

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10 Luxury US Hotels to Book for An Unforgettable Spring Getaway

By Quinter Auma

Spring is a magical and refreshing season to visit some of the most outstanding tourist destinations. Kids are out of school, so it's a popular time for family vacations. The weather gets warmer, making it a great season to hit the beach and explore the gorgeous mountains and the beautiful city streets. There are plenty of spectacular blooms and greenery, offering numerous photo ops for epic Instagram pictures. When planning a spring vacation, accommodation is the most important thing to consider. Whether going on a romantic trip, a family vacation, or traveling solo, there are plenty of options for accommodation to choose from. Here are the 10 luxury US hotels to book for an unforgettable spring getaway.

Shore Hotel, Santa Monica, California



Located only a few steps away from the world-famous Santa Monica Pier, [Shore Hotel](#) is one of the best luxury hotels to book for an unforgettable spring getaway. Its rooms are stylish, each coming with a private balcony or patio, which offers unobstructed ocean views. The hotel is incredibly modern, and the staff is friendly and helpful, guaranteeing outstanding services. The hotel is only a walking distance from downtown, which means vacationers have access to plenty of scenic things to do in Santa Monica, including several shopping and dining opportunities. A beautiful spring vacation is guaranteed at Shore Hotel.

Accommodation: Shore Hotel

Address: 1515 Ocean Avenue, Santa Monica, CA 90401

Amenities: Outdoor pool, beachfront, fitness center, restaurant, bar/lounge, room service, tea/coffee, maker, coffee machine, valet parking, and business center.

Lago Mar Beach Resort & Club, Fort Lauderdale, Florida

Lago Mar Beach Resort & Club is only about six kilometers away from downtown Fort Lauderdale. Its rooms and suites are lavish and equipped with fantastic amenities, including a private beach, free internet, a 32-inch flat-screen, and 24-hour room service. The hotel boasts four restaurants, beach volleyball courts, a beach playground, tennis courts, and two beautiful outdoor pools. Lago Mar Beach Resort & Club is one of the top-

rated hotels in Florida and has been recognized by the U.S. News & World Report, Conde Nast Traveler, Veranda, and Travel + Leisure.

Accommodation: Lago Mar Beach Resort & Club
Address : 1700 South Ocean Lane, Fort Lauderdale, FL 33316

Amenities : Private beach, outdoor pool, spa & wellness center, fitness center, restaurant, bar/lounge, room service, basketball court, tennis, and free Wi-Fi.



Hyatt Regency Grand Cypress, Orlando, Florida

Ranked in the 9th position for Top Resorts in the city by Conde Nast Traveler's 2021 Reader's Choice Awards, Hyatt Regency Grand Cypress has everything tourists would need for a perfect spring vacation. With free shuttle rides to the world-famous Walt Disney and Universal Orlando Resorts, this is the ideal resort to spend an unforgettable family trip. Some of its fantastic amenities include three-onsite restaurants, a lagoon-style pool, and a private cabana (available on reservations).

Accommodation: Hyatt Regency Grand Cypress

Address: 1 Grand Cypress Boulevard, Orlando, FL 32836

Amenities: Private beach, water sports facilities (on site), outdoor pool, water slide, spa & wellness center, fitness center, restaurant, bar/lounge, room service, and bicycle rental.



Havana Cabana, Key West, Florida

An incredible Cuban culture experience is guaranteed at Havana Cabana, right in the heart of the fabulous Key West. The hotel offers dog-friendly accommodations and has amenities that fit every member of a family, including dogs. The rooms and suites are elegant and cozy - and come with boutique amenities. The rooms feature free internet, flat-screen TV, deluxe bedding, and spectacular ocean views. One can enjoy some of the tastiest flavors of Cuba, including the mojitos from the comfort of the hotel's poolside.

Accommodation: Havana Cabana

Address : 3420 North Roosevelt Boulevard, Key West, FL 33040



Amenities : Outdoor pool, fitness center, restaurant, bar/lounge, free Wi-Fi, tea/coffee maker, coffee machine, free parking, shuttle service (free), and Wi-Fi available in all areas.

Kaanapali Beach Hotel, Lahaina, Maui, Hawaii

Situated at Kaanapali Beach, Maui, Ka'anapali Beach Hotel is one of the best luxury US hotels to book for an unforgettable spring getaway. This hotel is a perfect spot to experience Hawaiian culture at its most impressive, thanks to the cultural activities and the nightly entertainment. Tourists can have plenty of fun in this hotel, including playing on the beach, going snorkeling, paddleboarding, and exploring the gorgeous tropical gardens. The rooms are incredibly stunning and vacationers have plenty of dining options to choose from.



Accommodation: Ka'anapali Beach Hotel

Address : 2525 Kaanapali Parkway, Lahaina, Maui, HI 96761

Amenities : Snorkeling, outdoor pool, beachfront, restaurant, bar/lounge, free Wi-Fi, tea/coffee maker, coffee machine, coffee shop, and valet parking.

Hotel Emblem San Francisco, San Francisco, California

There are so many things tourists can only see in San Francisco, and staying at Hotel Emblem San Francisco puts travelers in the middle of the city, allowing them to explore these striking attractions. Located in Union Square, this charming luxury features 96 fabulous rooms, each with Smart TVs, Wireless Internet access, and private bathrooms with shower/tub combo. The food scene is fantastic; a continental breakfast awaits every day between 6:30 am and 1:00 pm. Tourists may also use the hotel's meeting to host events and special occasions.



Accommodation: Hotel Emblem San Francisco

Address: 562 Sutter Street, San Francisco, CA 94102

Amenities: Restaurant, bar/lounge, room service, free Wi-Fi, coffee shop, valet parking, Wi-Fi available in all areas, cable or satellite TV, meeting/banquet facilities, and pets allowed on request (charges may apply).

Howard Johnson By Wyndham Anaheim Hotel & Water Playground, Anaheim, California

A family vacation spent at Howard Johnson by Wyndham Anaheim Hotel & Water Playground, thanks for its incredible location, only minutes away from Disneyland Park, Disney California Adventure, Anaheim Garden Walk, and plenty of shopping opportunities downtown. From the hotel, travelers can also easily access Universal Studios Hollywood, SeaWorld San Diego, and LEGOLAND California. Plan a spring getaway and have

endless fun family adventures full of unforgettable memories at Howard Johnson by Wyndham Anaheim Hotel & Water Playground.

Accommodation: Howard Johnson by Wyndham Anaheim Hotel & Water Playground
Address : 1380 South Harbor Boulevard, Anaheim, CA 92802
Amenities : Outdoor pool, restaurant, free Wi-Fi, tea/coffee maker, coffee machine, business center, Wi-Fi available in all areas, flat-screen TV, TV, and cable or satellite TV.



Hilton Fort Lauderdale Beach Resort, Fort Lauderdale, Florida

A wonderful stay is guaranteed at Hilton Fort Lauderdale Beach Resort, offering plenty of beachside fun and relaxation to vacationers of all interests. The hotel has incredible access to nearby vibrant restaurants and shopping, thanks to its position, only three miles from Las Olas Boulevard. Enjoy a full-service spa, spend some refreshing moments at the outdoor pool, or relax at the private cabanas. The culinary scene at this luxury hotel is outstanding, and tourists have a variety of dining options. Hilton Fort Lauderdale Beach Resort is one of the top-rated Fort Lauderdale Resorts for an unforgettable vacation and is definitely worth staying in.



Accommodation: Hilton Fort Lauderdale Beach Resort
Address: 505 North Fort Lauderdale Beach Boulevard, Fort Lauderdale, FL 33304
Amenities: Private beach, water sports facilities (on site), snorkeling, outdoor pool, spa and wellness center, fitness center, restaurant, bar/lounge, room service, and bicycle rental.

The Ryder Hotel, Charleston, South Carolina

The Ryder Hotel is located right in the middle of Charleston and offers a great spot to relax and unwind while exploring the beauty of Charleston. Recognized by Conde Nast Traveler's "Hot List 2022: The Best New Hotels & Industry Openings in the World," and "Top 5 Hotels in Charleston" on the Conde Nast Traveler Reader's Choice Awards. The hotel offers a perfect atmosphere for a romantic trip and has a specific package that includes overnight accommodations, a welcome bottle of bubbly, daily breakfast for two at Little Palm, and Late check-out. Vacationers can only reserve this deal if it's available at the time of booking.



Accommodation: The Ryder Hotel

Address: 237 Meeting Street, Charleston, SC 29401

Amenities: Outdoor pool, fitness center, restaurant, bar/lounge, free Wi-Fi, coffee shop, valet parking, Wi-Fi available in all areas, flat-screen TV, and cable or satellite TV.

Dunes Village Resort, Myrtle Beach, South Carolina

Visiting Myrtle Beach is one of the awesome things to do in South Carolina, and staying at Dunes Village Resort guarantees fun, memorable experiences in the city. It is only a 10-minute drive from Myrtle Beach Boardwalk, putting tourists a short distance away from plenty of top-notch restaurants and fun activities. The hotel's amenities are fantastic and include climate-controlled lavish



rooms, free Wi-Fi, in-room phone chargers, and well-equipped kitchens. The on-site dining experience is amazing, and Dunes Village Resort will satisfy all kinds of cravings.

Accommodation: Dunes Village Resort

Address : 5200 North Ocean Boulevard, Myrtle Beach, SC 29577

Amenities : Beachfront, outdoor pool, indoor pool, water slide, fitness center, restaurant, bar/lounge, tennis, free Wi-Fi, and tea/coffee maker.

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