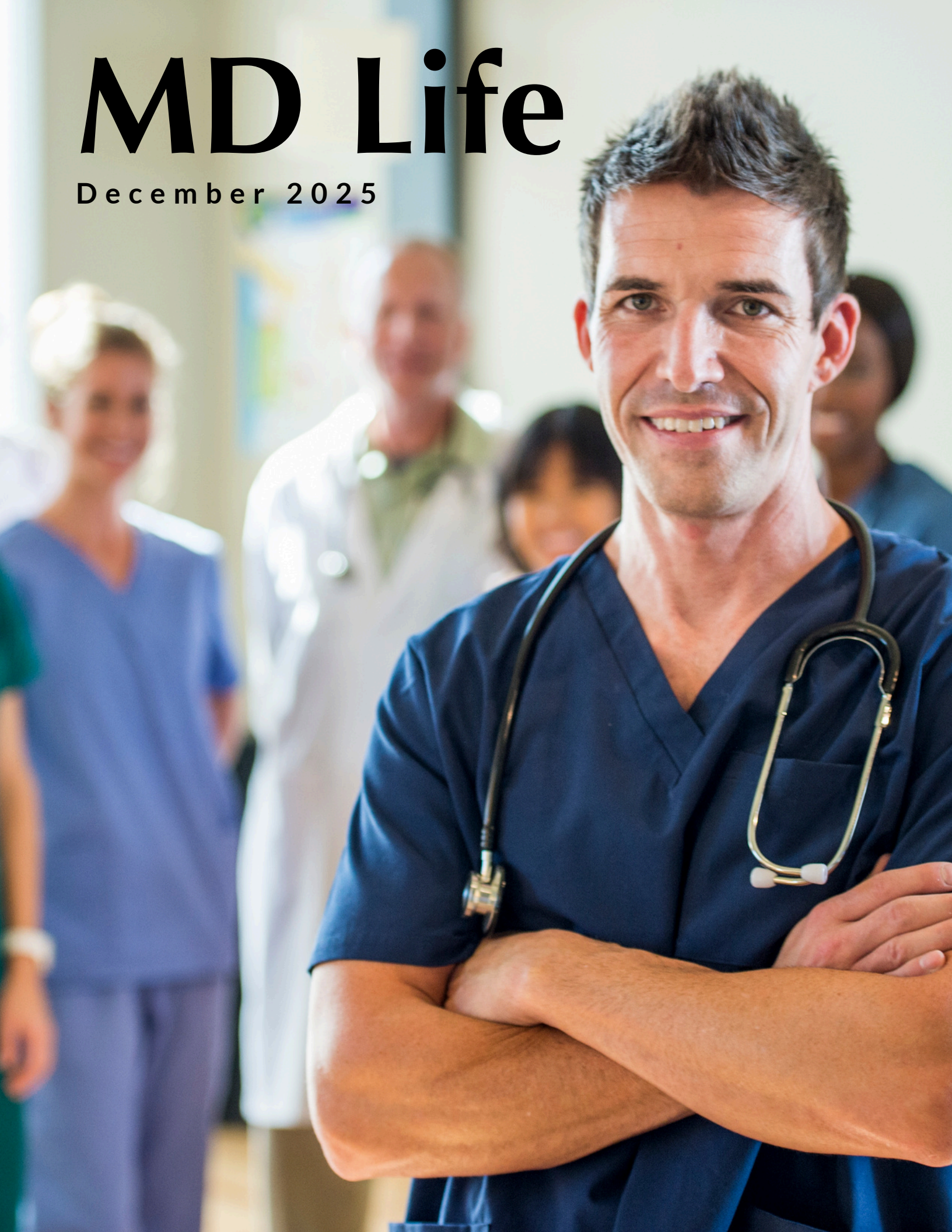


MD Life

December 2025



Extensive Team Resources Boutique Firm Attention



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Wealth is in the details

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The H-1B Crutch in Rural Health Care

In the vast, undulating expanse of rural America (those counties where the horizon stretches like a taut bowstring, evoking the stoic endurance of Steinbeck's *Joads*) one might expect the pulse of health care to beat with the resilient rhythm of native ingenuity. Yet, as a recent study in the *Journal of the American Medical Association* reveals, physicians sponsored under the H-1B visa program are twice as prevalent in these bucolic



outposts as in their urban counterparts, and nearly fourfold in high-poverty enclaves. This statistic, proffered with the earnest concern of reformers wary of escalating visa fees, is meant to alarm us into preserving the status quo. But pause, dear reader, and consider the deeper malady: far from a salve, the H-1B program's reliance on imported talent represents an insidious dependency that hollows out the very marrow of rural medicine, suppressing wages, fostering instability, and perpetuating a cycle of neglect that no foreign influx can truly mend.

Let us first dispense with the illusion of benevolence. The H-1B visa, conceived in the Immigration Act of 1990 as a gateway for "specialty occupations," has morphed into a mechanism whereby employers (hospitals and clinics in this case) sidestep the rigors of a truly competitive labor market. In rural areas, where the siren call of metropolitan salaries and amenities lures American-trained physicians away, the temptation to import is acute. Yet this expedient comes at a cost not merely fiscal, but structural. As the National Bureau of Economic Research has illuminated in its scrutiny of the program's broader effects, the influx of H-1B workers in fields like computer science has demonstrably depressed wages for domestic counterparts, a phenomenon that echoes across sectors. Why should medicine be exempt from this economic verity? In the heartland's understaffed wards, H-1B physicians, often bound by the visa's tether to their sponsoring employer, accept compensation that undercuts what a free market might demand to entice homegrown talent. This wage suppression acts as a disincentive, a subtle sabotage, dissuading American medical graduates from venturing beyond the interstate's glow into the shadowed vales of rural practice.

One need only recall the principles of Adam Smith, that Scotsman whose invisible hand guides markets toward equilibrium, to grasp the distortion. In an undistorted arena, shortages in rural health care would summon forth higher salaries, relocation incentives, or innovative models like telemedicine hubs, signals that spur investment in domestic education and retention. Instead, the H-1B crutch props up a faltering system, allowing policymakers to ignore the root afflictions: the cartel-like grip of the American Medical

Association on medical school accreditations, which artificially caps the supply of physicians; the labyrinthine malpractice laws that inflate insurance premiums and deter rural practitioners; and the burdensome regulations that transform healing into bureaucracy. By flooding the market with visa holders, we mute these signals, ensuring that the dearth persists, unaddressed and festering.

Moreover, the program's inherent transience breeds instability, a volatility ill-suited to the continuity rural patients deserve. H-1B visas are capped at six years, with extensions contingent upon green card pursuits that can drag on like a protracted inning in extra time. Physicians, ensnared in this limbo, may decamp at the first whiff of permanence elsewhere, leaving behind disrupted care chains and beleaguered communities. Critics of the program, including those who decry its exploitation in technology, point to how it renders workers vulnerable, tied to employers who wield outsized power, potentially leading to substandard conditions or ethical compromises. In health care, where trust is the bedrock, such vulnerabilities translate to harm: hurried diagnoses, cultural misalignments, or a reluctance to advocate for systemic change lest it jeopardize one's status. Rural America, already scarred by the opioid epidemic's ravages and the quiet exodus of youth, cannot afford this carousel of caregivers.

Consider, too, the broader societal toll. The H-1B's defenders, waving banners of diversity and global talent, overlook how it siphons opportunity from Americans, particularly those from the very regions it purports to aid. Rural high schools, with their threadbare STEM programs, produce graduates who might, with proper encouragement, pursue medicine and return home. Yet when hospitals opt for the imported quick fix, they forgo investments in scholarships, loan forgiveness, or apprenticeships that could cultivate a self-sustaining cadre of local healers. This is not xenophobia but prudence; it is the conservative impulse to husband one's own resources, to build communities from within rather than outsourcing their salvation. As Edmund Burke might admonish, societies are partnerships not just among the living, but between generations; a covenant broken when we mortgage rural health to fleeting foreign aid.

The recent clamor over President Trump's executive order hiking H-1B petition fees to \$100,000 (a measure decried by medical associations as a death knell for rural access) ironically underscores the program's fragility. If such communities teeter on the brink without this subsidy (for what else is a visa program that underprices labor?), then the harm is already embedded. Rising costs may indeed deter hires, but in so doing, they force a reckoning: a pivot toward policies that elevate American workers, expand residency slots, and deregulate to make rural practice viable. Imagine, if you will, a baseball analogy dear to this columnist's heart: The H-1B is like calling in a pinch hitter from abroad for every clutch moment, rather than drilling the farm team to produce stars. The game suffers, the fans grow disenchanted, and the league's integrity wanes.

In sum, the prevalence of H-1B physicians in rural America is no triumph but a symptom of decay; a dependency that erodes self-reliance, depresses incentives, and delays genuine reform. To heal the heartland's health care woes, we must wean ourselves from this imported elixir and rediscover the virtues of domestic vigor. Only then might the rural horizon brighten, not with the fleeting light of visas, but with the enduring glow of American resolve.

The author is an anonymous physician.

iCloud/Google Drive Are NOT Backups

By Kim Komando

From silent SSD failures to cloud syncing disasters, digital terrors are plaguing your most important files.

Last week, my big and much, much, *MUCH* older sister (Hi, Christine, just teasing, you know I love ya!) called me in a panic. She had 738 important files stored on a little USB thumb drive. Lesson plans, documents, photos, everything. The drive died.



I could hear that sick feeling in her voice. The one you get when tech decides to betray you at the worst possible moment. I pulled out every recovery trick I know. Nothing worked. Not a single byte.

So she took the drive to a local data recovery shop. They said the words nobody wants to hear: “It will be about \$1,000, and we can’t guarantee we’ll get anything back.”

A thousand dollars for a maybe. Yikes.

🔥 The harsh truth

Thumb drives die. External drives die. Hard drives die. Your laptop will die.

Everything you care about, every document and photo that matters, lives on hardware that is eventually going to fail. That’s not pessimistic. That’s reality.

Here’s the part that still surprises people.

iCloud and Google Drive are not backups. They sync. If you delete something or the file gets corrupted, it’s gone everywhere. You’re not getting it back.

🧰 Insider tips the pros use

1. Follow the three-copy rule. One copy on your device, one on an external drive and one off-site or cloud-based. If you only have two copies total, you’re one disaster away from heartbreak.

2. Check your drive’s health. Use [CrystalDiskInfo \(Windows\)](#) or [DriveDx \(Mac\)](#) to see early warning signs like reallocated sectors or failing SMART indicators. FYI, CrystalDiskInfo is free while DriveDx doesn’t cost anything for the first scan. Afterward, it starts at \$20 (one-time payment).

3. Do a yearly backup fire drill. Restore one random file. If you can’t restore it, your backup system doesn’t work.

The easiest fix is to get an automatic cloud backup that runs without you thinking about it. [Carbonite](#), a sponsor of my show, checks all the boxes. It quietly backs up your devices and entire computer in the background and lets you restore files with one click.

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"My name is **Lindsay Tapp** and I'm the Director of Marketing with Helios Home Health. I have been in the industry for 16 years and absolutely love what I do! Helios in Greek means the God of Sun. My hope is that we can bring light and be a ray of sunshine to those who are in need of compassionate care. This isn't just my job but my calling to make a difference and positive impact in the lives of others".

My direct cellphone number is **561-255-6705** or email me at lindsay@helioshomehealth.com

Lindsay Tapp, Director of Marketing
Helios Home Health
www.helioshomehealth.com

Advanced Charitable Giving Strategies: How Physicians Can Give in a Smart Way



As the holiday season approaches, physicians may want to donate to the causes that they hold near and dear to their heart. It is usually a time to reflect on family and to give to those in need – especially, to those who may not be as fortunate as us. While mid-career and late career physicians may donate to charity, they may not be aware of all the tax efficient ways of doing so. Additionally, they may want to solidify their philanthropic vision while their income is still high and dedicate a

portion of their wealth to charitable endeavors. The following will help demystify some of these tax smart ways to donate.

Selecting Your Charitable Organization

Firstly, you will want to identify causes that are important to you. There are specific disease focused charities like the American Cancer Society or Alzheimer's Association, along with other causes that you may like to contribute to. We typically advise our clients to learn about their target charities' objectives and the impact their organization is making. You can review many 501(c)(3) public charities through third-party resources like Charity Navigator, GuideStar, or Charity Watch.

To ensure the charity of your choice is using your donations efficiently, you should look at **Form 990** of the charity. This is an annual information return filed by tax-exempt organizations that can often be found on the charity's website (in their financials or reports section), or you can request it directly from the IRS. A good rule of thumb is to see if 70-80% of the revenues are spent on the organization's mission.

Check with [CharityNavigator.org](https://www.charitynavigator.org) or [CharityWatch.org](https://www.charitywatch.org) before you donate to ensure excellence in management and operations of your desired charity.

Donate and Deduct (For Taxes!)

When you donate to a qualified charitable organization, it may entitle you to a deduction against income tax provided you itemize on your tax return (as opposed to taking the standard deduction) in the year in which you donated. The one exception is that starting in 2026, those who take the standard deduction can deduct up to \$1,000 (\$2,000 for those married filing jointly) for cash donated to charity. The most common way to donate is either through donating by check/cash, or by contributing investment securities.

The deductibility limits are usually based on your adjusted gross income, or "AGI." This line can be found on line 11 of your 1040 which essentially takes your total income and subtracts any adjustments to income (i.e., HSA deductions, IRA deductions, SEP IRA and SIMPLE deductions, etc.).

The following chart shows the most common charitable deductibility limits for those who itemize in 2025:

Donation	Deductibility Limit
Cash (check, wire transfer etc.)	60% of AGI (50% in 2026)
Capital Gain Asset (securities held > 1 year with a long-term capital gain)	30% of AGI @ FMV (*50% of AGI at cost)

Here is a simplified example of how math works for determining how much one can deduct for a large charitable cash donation:

Scenario

- **AGI:** \$100,000
- **Donation:** \$80,000 cash to a 501(c)(3) public charity
- **Cash contribution limit:** 60% of AGI

Calculation

1. **Maximum deductible this year:**
 $60\% \times \$100,000 = \text{\$60,000}$
2. **Donation made:** \$80,000
Deductible now: \$60,000
Carryover: $\$80,000 - \$60,000 = \text{\$20,000}$

This taxpayer can claim \$60k in charitable itemized deductions this year and carry the remaining \$20k in charitable deductions up to the following 5 years. There are other ways in which those who do not itemize can realize a tax benefit who donate to charity which we will discuss in more depth.

Qualified Charitable Distributions (“QCDs”)

One advanced strategy that can allow those who take the standard deduction to still realize a tax benefit for charitable contributions is making a qualified charitable distribution. This strategy allows you to send charitable donations directly from your IRA to a qualified charity and have it count towards your required minimum distribution.

The benefit of doing this is that the amount of your QCD will reduce your RMD and your AGI dollar for dollar, resulting in less taxable income for the year. Additionally, it may help to lower hidden taxes that

are keyed off AGI – like additional Medicare surcharges (aka “IRMAA”), the net investment income tax, or additional social security benefit taxation.

Here are some of the requirements for making a QCD:

- Individual must be over age 70 ½
- Direct Transfer from a Traditional or Inherited IRA to a qualified charity (**401ks and 403bs are ineligible!**)
- Up to \$108,000 annually per individual (married filing jointly can make a total of \$216,000)
- Cannot donate to a Donor Advised Fund

It is critically important that you report your QCD on your tax return correctly and bring it to the attention of your tax preparer. The reason being is that your distribution for the QCD will be coded as a normal distribution from your investment company (there is currently no requirement to report QCDs on 1099 forms in 2025). As a result, the words QCD will need to be indicated on your tax return next to the taxable amount on line 4b.

The IRS also has a “first dollars out rule” which essentially states that anyone who has a required minimum distribution due each year, any funds withdrawn are designated to satisfying the RMD first. Therefore, if you take your entire RMD out in January, and you want to make a QCD in February, you missed your opportunity to use your QCD to directly reduce your RMD.

Donor Advised Funds (“DAFs”)

Medical doctors can also give in a tax-smart way by opening a Donor Advised Fund, or “DAF.” A DAF is a giving account that allows you to support public charities. A donor establishes the account and gives up legal control of the donated assets for charity. Hence the name, “Donor Advised” – the donor advises the charitable organizations on how contributions (“grants”) should be made. Below is an overview of how a Donor Advised Fund works:



Source: Wealth Enhancement

Once cash or securities are contributed, you are generally eligible to receive an immediate tax deduction (through itemized deductions based on the deductibility limits). Grants can be made to your support charities immediately or gradually over time. The money inside the DAF can be invested in ETFs or mutual funds to grow the amount given to charity on a tax-free basis.

Contributing highly appreciated assets to a DAF can be a tax-savvy way to avoid capital gains tax while receiving a tax deduction. Our team can help identify specific lots with the largest long-term gains for maximum tax efficiency. Make sure to run a tax pro-forma to see what the potential tax savings could be, and how it might affect your overall long term financial plan before you make the charitable gift.

There are several large discount investment firms that offer DAFs including Charles Schwab, Fidelity, and Vanguard. Our firm has done a thorough analysis of their respective administrative fees and account minimums.

Charitable Remainder Trusts

Do you have highly appreciated assets? Perhaps a stock like AAPL that has grown dramatically? Or maybe you merged your practice with a larger entity and received stock from that entity, and it has a low-cost basis. It is dangerous to be overallocated to one stock and in fact we created a video on that topic several months ago:

<https://www.youtube.com/watch?v=Jv7wPDPn7WQ&t=1s>

Many feel trapped in that situation since they hate the idea of paying large amounts in taxes, especially if you live in a high-income tax state like NJ or NY.

If you are charitably inclined though there is a way to liquidate that position and reinvest it in a diversified portfolio without generating a tax liability. You can both benefit a charity and receive an income stream from a portfolio that is larger than it would be post tax if you retained ownership of the position and sold it. How do you accomplish several goals at once? You can use a Charitable Remainder Trust.

A **Charitable Remainder Trust (CRT)** is a powerful estate planning and tax strategy tool often used by individuals who want to:

- **Reduce taxes** (capital gains, income, and estate taxes)
- **Create a stream of income for themselves or others**
- **Support charitable causes**

Here's how and why you might use one:

1. Avoid Immediate Capital Gains Tax

If you own highly appreciated assets (like stock or real estate), selling them outright triggers capital gains tax (the tax may be 23.8% federal and 6% or more state). By transferring them into a CRT, the trust can sell the assets without paying capital gains tax immediately, preserving more value.

2. Generate Income

You (or other beneficiaries) receive an income stream for life or a set term (up to 20 years). This is useful if you want to convert a non-income-producing asset (like real estate or stock) into a steady cash flow.

3. Charitable Deduction

You get an immediate income tax deduction for the present value of the remainder that will eventually go to charity.

4. Estate Planning Benefits

Assets in the CRT are removed from your taxable estate, reducing potential estate taxes.

How It Works

- **Step 1: Create the Trust**

You establish a CRT and transfer appreciated assets into it.

- **Step 2: Trust Sells Assets**

The CRT sells the assets without incurring immediate capital gains tax because it's a tax-exempt entity.

- **Step 3: Income Payments**

The trust pays you (or other named beneficiaries) a fixed percentage of the trust's value annually:

- **Charitable Remainder Annuity Trust (CRAT):** Fixed dollar amount each year.
- **Charitable Remainder Unitrust (CRUT):** Fixed percentage of the trust's value, recalculated annually.

- **Step 4: Charity Receives Remainder**

After the term ends or upon your death, the remaining assets go to the designated charity.

Example

Suppose you have \$1,000,000 in highly appreciated stock:

- Sell outright → Pay \$200,000+ in capital gains tax.
 - Transfer to CRT → No immediate tax, you get income for life, plus a charitable deduction.
-

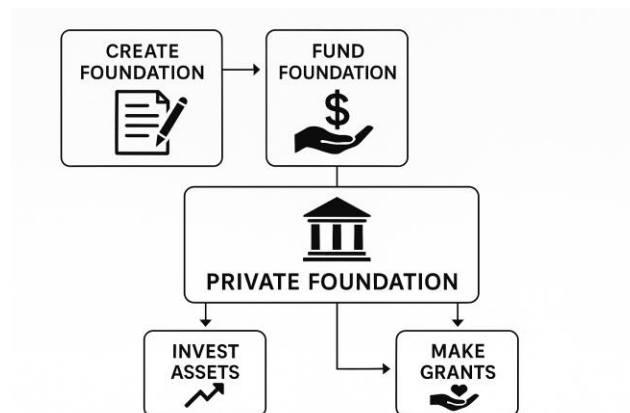
Private Foundation

A private foundation is a non-profit organization, typically funded by a single source like an individual, family, or corporation, that provides grants to other public charities, or operates its own programs. Unlike a public charity that relies on broad public support, a private foundation has its own set of rules and regulations, which include specific limits on its activities and operations.

Key characteristics of a private foundation

- **Funding:** Usually receives support from a single source, such as a family, individual, or corporation, rather than from the public.

- **Purpose:** Can grant money to other qualified organizations or conduct their own charitable activities, depending on their specific type.
- **Types:**
 - Private Operating Foundation: Spends a significant portion of its income on its own direct charitable activities.
 - Private Non-operating Foundation: Primarily makes grants to other organizations or individuals.
- **Management:**
 - Often has a governing board that may include family members, notes [Charles Schwab](#).
 - Requires more oversight and has stricter rules than public charities.
- **Benefits:**
 - Offers tax benefits to the donor, such as estate tax savings.
 - Provides greater control over the charitable mission and legacy.
 - It can last for a long time, potentially in perpetuity.
- **Purpose:** Create a charitable entity under your control.
- **Tax Benefits:**
 - Deduction for contributions (subject to limits).
 - Can employ family, set mission, and make grants.
- **Control:** Full control over investments and grants.
- **Complexity:** High cost, strict IRS rules, annual filings, 5% payout requirement.
- **Best For:** Ultra-high-net-worth individuals who want long-term legacy and control.



Here is a comparison of each of the approaches we discussed:

	Charitable Remainder Trust	Donor- Advised Fund	Private Foundation
Purpose	Provide income to you for life or a term, then remainder to charity	Simplify charitable giving with flexibility	Create charitable entity under your control
Tax Benefits	Immediate deduction (based on remainder value). Avoid capital gains tax on appreciated assets Removes assets from estate	Immediate deduction for full contribution No capital gains tax on donated appreciated assets	Full control over investments and grants
Complexity	Choose payout rate and term Charity gets remainder after term ends	Recommend grants to charities over time Cannot take assets back, irrevocable	High cost, strict IRS rules, annual filings, 5% payout requirement
Best For	Requires legal setup and ongoing administration	Individuals who want flexibility in timing and choice of charities without administrative	Ultra-high-net-worth individuals who want long-term legacy and control

If you would like more information on these topics, please do not hesitate to contact us. We are happy to speak with you and schedule a get-acquainted meeting with no obligation.

If you would like to take a deeper dive and learn more, do not miss our upcoming online seminar on **Advanced Charitable Giving Strategies: How Physicians Can Give in a Smart Way on December 10th (Wednesday) at 12 Noon.** [Scan the QR Code below to register now!](#)



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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. Greg’s accolades include being named InvestmentNews’ Rising Stars | Best Wealth Managers and Advisors under 40 in the USA for 2025 and on NJBIZ’s 2025 40 under 40 list.

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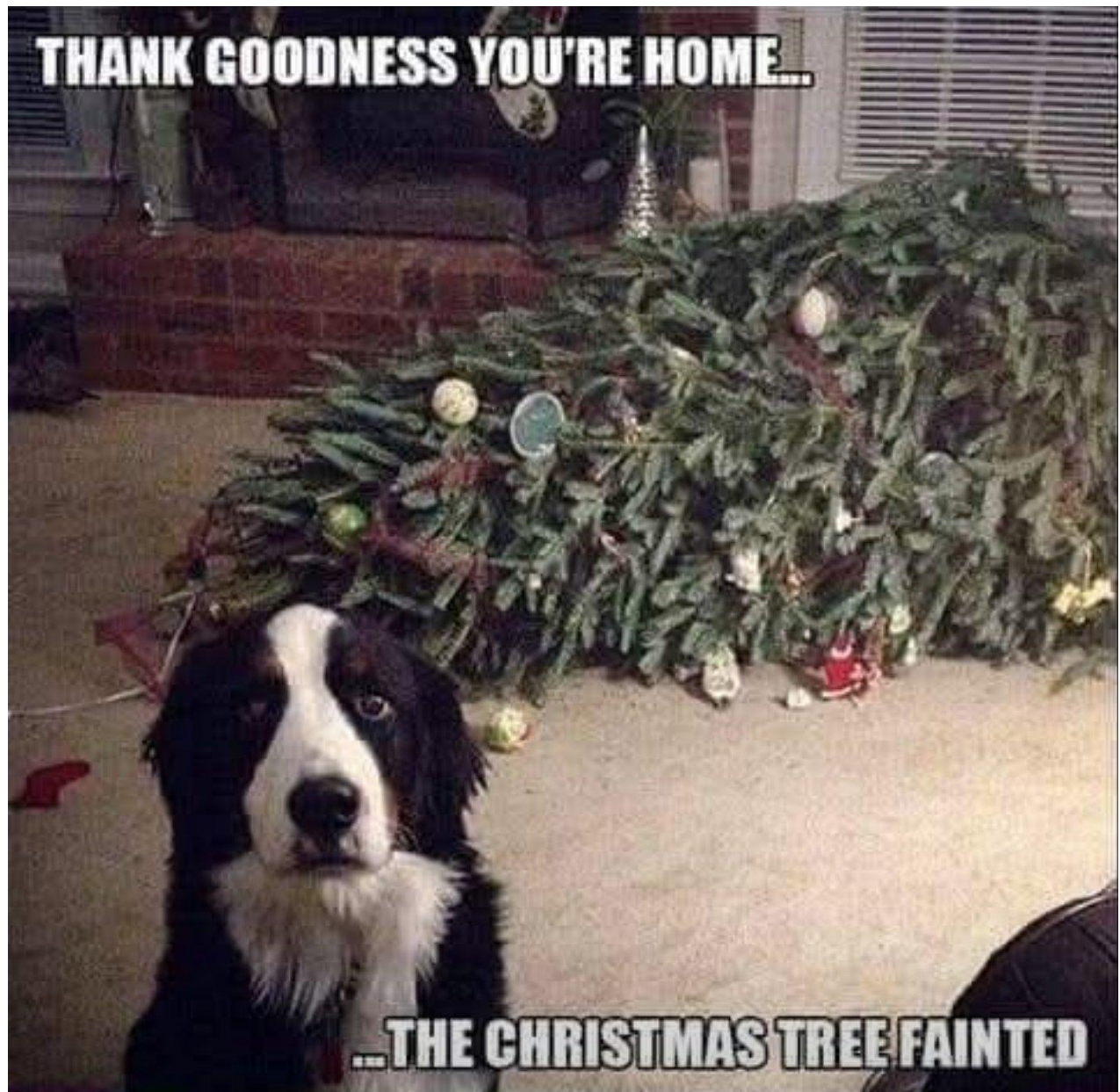
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Brain Food for December 2025

By Shane Parrish

Tiny Thoughts

It's never about the outcome. It's always about the day.

**

The best are always learning.

Read like crazy.

Think alone.

Keep a journal.

Write stuff down the moment you see it.

Review regularly.

Memorize the big ideas to fluency.

Attack your best ideas.

And never get high on your own supply.

You don't have to be gifted. You do have to be deliberate.

When you consistently read biographies, something interesting happens.

Life keeps throwing the same situations at you that you've read about in books. Only now you've seen what worked and what didn't.

Reading gives you pattern recognition for problems you haven't faced yet.

Having someone who solved the same problem you're facing whispering the answer in your ear is basically a cheat code.

Insights

W. Somerset Maugham on criticism:

"People ask you for criticism, but they only want praise."

**

Mary Kay Ash on making others feel important:

"Whenever I meet someone, I try to imagine him or her wearing an invisible sign that says: MAKE ME FEEL IMPORTANT! I respond to this sign immediately, and it works wonders."

Harley Finkelstein [on being you](#):



"I can't be everything to everyone. I kind of made peace with it years ago—that at this particular phase of my life, this is what I need and this is what I want. It's also the reason why I'm very particular about who I spend my time with because I do believe that there are genuinely energy vampires and energy catalysts in humans."

Writer and playwright Nora Ephron on agency:

"Above all, be the heroine of your life, not the victim."

Novelist Charles Kingsley on happiness:

"We act as though comfort and luxury were the chief requirements of life, when all that we need to make us happy is something to be enthusiastic about."

Citadel founder Ken Griffin on opportunities:

"Often it's the person who goes the extra mile who comes to the right conclusion. That's grit, it's perseverance, it's determination. It's making the effort. One of the things we emphasize is what do you need to do, what extra steps do you need to take to get to the right conclusion faster than those you compete with. And if you do hustle, you will find those opportunities."

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Mortgage

Is Direct Primary Care Sustainable in a Downturn?

Dana Y. Lujan, MBA

Primary care innovation has always been framed around access, autonomy, burnout, and patient experience. Direct primary care (DPC) in particular is often positioned as a solution for physicians exhausted by fee-for-service complexity and for patients who want a more personal relationship with their doctor.

This article focuses on how the broader economic landscape has shifted in ways that directly affect DPC, especially in light of the rapidly evolving national discussion around HSA eligibility and DPC affordability. Before examining how employers and institutions structure sustainable models for lower-income populations, it's important to establish that economic context.

This is not a question of clinical philosophy. It is a question of affordability, elasticity, and long-term sustainability in a middle-class environment that has fundamentally changed.

The middle class is under pressure, and retail DPC feels it first

Retail DPC assumes that households can reliably pay about \$70 to \$150 per month per adult for primary care access. A decade ago, that assumption was more secure. But in 2025, inflation, wage stagnation, and employment instability have reshaped household economics in ways that directly affect membership-based care.

Recent [CPI data shows cumulative inflation](#) of approximately 18.2 percent over the past four years, according to the U.S. Bureau of Labor Statistics. Consumers are canceling subscriptions across industries as discretionary income tightens, and behavioral economics research consistently shows that preventive health care is categorized as a discretionary expense unless triggered by an acute need.

This creates a core problem for retail DPC: DPC is a subscription model operating in an era of subscription fatigue.

Households facing rising rent or mortgage costs, higher insurance premiums, more expensive groceries, and the growing cost of childcare and transportation are making financial decisions month to month. Even a modest membership becomes elastic when priorities shift. The value of the care may remain constant, but the household tolerance for recurring discretionary costs does not.



Retail DPC's biggest challenge is not marketing or patient education. It is affordability within modern economic conditions.

Elasticity and churn: the fragile core of consumer-paid DPC

Retail DPC clinics depend on predictable, recurring membership revenue. But households under strain introduce volatility:

- Higher churn
- Pauses in membership
- Skipped payments
- Seasonal cancellations
- Unpredictable cash flow

Although national churn statistics are not consistently reported, many DPC practices serving middle-income communities report turnover related to job changes, insurance premium increases, or household budget tightening.

This does not mean retail DPC cannot work. It means it cannot scale predictably and cannot sustain every market segment. Retail DPC will continue to thrive in higher-income communities where households have the discretionary bandwidth to maintain a monthly health care subscription.

But for middle-income markets under prolonged financial pressure, the economic reality is different.

Employer-sponsored DPC is an entirely different economic model

It is often claimed that hospital systems cannot operate DPC because it conflicts with fee-for-service incentives. But this is not accurate. Systems cannot scale retail DPC, but they can and do scale employer-sponsored DPC because the economics are entirely different.

[CHI Health](#) is a clear example, offering employer-integrated primary care services that reflect the DPC model in structure and access. These clinics succeed because the employer pays for the membership, shifting affordability from the household to the organization.

Employer-sponsored DPC succeeds because:

- The employer pays, not the consumer.
- Churn stabilizes because turnover, not household budget strain, becomes the driver.
- Reporting and analytics are possible because systems already have infrastructure.
- Revenue becomes predictable, supporting staffing and quality programs.
- The model aligns with population health strategies already in use across systems.

Employer-integrated DPC is not limited to health systems. National organizations such as [Everside Health](#) and [Marathon Health](#) operate DPC-inspired primary care models for employers across the

country. These examples demonstrate that DPC, when aligned with the right economic engine, can succeed at scale.

Employer DPC is not retail DPC at scale. It is a structurally different model.

Why physicians often confuse the two

Many conversations about DPC treat it as a monolithic model. In reality, retail DPC and employer-sponsored DPC have fundamentally different economic assumptions.

Retail DPC is sensitive to:

- Household income
- Inflation
- Discretionary spending patterns
- Membership elasticity

Employer DPC is sensitive to:

- Benefit design
- Workforce turnover
- Contract structure
- Reporting expectations

Retail success requires households to choose to spend. Employer success requires HR leaders to choose to invest. One is funded by personal discretionary income. The other is funded by organizational strategy.

This distinction matters more than many discussions acknowledge.

The path forward: matching the model to the market

DPC is not broken. But the assumption that one version of it works everywhere is flawed. Here is a more accurate framework.

Retail DPC works when:

- Household income is stable
- Out-of-pocket tolerance is high
- Inflation is low
- The market has a strong small-business base
- Panels can stay narrow
- The population is young to middle-aged

- Discretionary income is predictable

Employer-sponsored DPC works when:

- The employer subsidizes or covers memberships
- Population health reporting is required
- The workforce is large enough to stabilize revenue
- The employer prioritizes predictable access and reduced absenteeism

The point is not to predict the failure of retail DPC. The point is to recognize that retail DPC is highly dependent on the economic profile of the community it serves. Employer-sponsored models provide stability because their revenue is not tied to household volatility.

Conclusion: DPC's future depends on economics, not ideology

Primary care innovation will continue to evolve. DPC offers real strengths: continuity, easier access, and deeper physician-patient relationships.

But sustainability will come from understanding:

- Household affordability
- Income elasticity
- Employer demand
- Cost structure
- Segmentation across markets
- Population health incentives

Retail DPC will maintain a role, particularly in higher-income communities. But employer-sponsored models offer stability that retail DPC cannot always achieve in today's economic environment. Understanding these distinctions is essential if DPC is to evolve into a durable part of primary care rather than remain an ideological position.

[Dana Y. Lujan](#) is a health care strategist and operator with more than twenty years of experience across payers, providers, and health systems. She is the founder of [Wellthlinks](#), a consulting firm that helps employers and providers redesign care models through concierge and direct primary care, and author of [The CEO Physician: Strategic Blueprint for Independent Medicine](#). Dana has led multi-state network development, payer contracting, financial modeling, and compliance initiatives that strengthen provider sustainability and employer value. She previously served as president of the Nevada chapter of HFMA and is pursuing a JD to expand her expertise in health care law and compliance. She has been featured in [Authority Magazine](#) and publishes on [KevinMD](#), [MedCity News](#), and [Medium](#), where she writes on health care innovation, direct primary care, concierge medicine, employer contracting, and compliance. She has forthcoming [BenefitsPRO](#). Additional professional updates can be found on [LinkedIn](#) and [Instagram](#).

BARBECUE CHICKEN STUFFED SWEET POTATOES

Thefoodiephysician.com

My Barbecue Chicken Stuffed Sweet Potatoes are the perfect weeknight dinner - they're nutritious, delicious and the whole family will love them!

I start by roasting the sweet potatoes in the oven until tender. Then I cut them open and mash the flesh with a fork to soften it. Packed with nutrients, flavor and color, sweet potatoes are the perfect edible bowl!

For my barbecue chicken, I take a shortcut and use rotisserie chicken from the grocery store, which I shred and toss with my quick and easy barbecue sauce. The tangy BBQ chicken works perfectly with the sweet potatoes. And to top it all off, I sprinkle on some crushed Southern Style Barbecuervest Snaps. The Snaps add smoky flavor, a bit of heat and just the right amount of crunch. Yum!

INGREDIENTS

4 medium sweet potatoes washed
½ cup southern Style Barbeque Harvest Snaps
4 cups shredded, cooked chicken (can use rotisserie chicken)
2 scallions sliced

Barbecue Sauce:

1/3 cup ketchup
2 tablespoons cider vinegar
1 tablespoon molasses
1 teaspoon smoked paprika
½ teaspoon Worcestershire sauce
½ teaspoon kosher salt
½ teaspoon black pepper
¼ teaspoon onion powder
¼ teaspoon garlic powder
¼ teaspoon cumin
1/8 teaspoon cayenne pepper



INSTRUCTIONS

Preheat oven to 400°F.

Pierce sweet potatoes all over with a knife. Place them on a lined baking sheet and bake in the oven until soft, about 45 minutes. Remove from oven and let cool slightly.

Place the Southern Style Barbecue Harvest Snaps in small plastic bag and crush them with a mallet or rolling pin.

While the sweet potatoes are baking, make the barbecue sauce. Combine all of the sauce ingredients in a small saucepan and simmer over medium heat for 5 minutes. Set aside a small amount of sauce to drizzle on top. Add the chicken to the remaining sauce and toss to coat.

Cut a slit lengthwise down the sweet potatoes and spread them open. Mash the flesh with a fork to soften it and spoon the barbecue chicken on top. Sprinkle the crushed Southern Style Barbecue Harvest Snaps on top and garnish with sliced scallions. Drizzle extra barbecue sauce on top.



Dr. Sonali Ruder DO is a board-certified Emergency Medicine physician, trained chef, mom, and cookbook author. She is a graduate of Brown University, Northwestern University- Chicago College of Osteopathic Medicine, and the Institute of Culinary Education. Dr. Ruder is a contributing writer, recipe developer, spokesperson, and health and wellness expert for several national magazines, cookbooks, websites, and companies. She is a frequent guest on both national television like The Dr. Oz Show as well as the local South Florida news where she does regular healthy cooking segments. She is the founder of The Foodie Physician website and the author of several cookbooks including the [Natural Pregnancy Cookbook](#) and [Natural Baby Food](#). Her goal is to give people the confidence and the tools to take control of their health, starting in the kitchen!

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Doctors Serving in Ukraine

Doctors serving on Ukraine's war front are not only healers but also symbols of resilience, risking their lives to provide care in the midst of destruction. Their work highlights the intersection of medicine, humanitarian duty, and extraordinary courage.

The war in Ukraine has created one of the most severe humanitarian crises in recent history. Amid the devastation, doctors and medical volunteers have emerged as frontline heroes. They operate in hospitals near the front lines, mobile clinics, and even underground facilities, treating soldiers and civilians alike. Their mission is not only to save lives but also to preserve hope in communities shattered by violence.



International Solidarity: Doctors Crossing Borders

One of the most striking aspects of Ukraine's medical response has been the influx of international volunteers. In October 2024, three surgeons from Ohio—Shubham Gupta, Laura Bukavina, and Kirtishri Mishra—traveled to Ukraine to perform lifesaving surgeries on victims of landmine blasts and gunshot wounds. Their journey involved crossing from Poland into war-torn regions, where they encountered destroyed infrastructure and constant reminders of ongoing conflict.

Similarly, battlefield surgeon Dr. Rocco Armonda, a veteran of U.S. military operations, joined Ukrainian colleagues at Mechnikov Hospital in Dnipro. Over 14,000 patients passed through its wards in just 14 months, underscoring the immense demand for trauma care. These international doctors exemplify global solidarity, showing that the medical profession transcends borders and politics.

Local Doctors: The Backbone of Ukraine's Medical Response

While international volunteers provide critical support, Ukrainian doctors remain the backbone of the healthcare system. Many have chosen to stay despite the risks, working in hospitals that are frequently targeted by shelling. In Dnipropetrovsk region, for example, Doctors Without Borders (MSF) teams collaborated with local hospitals to treat patients injured in Russian strikes. Victims arrived with fractures, amputations, and head trauma; tragically, not all survived.

Local doctors also staff underground hospitals, built to withstand bombardments. These facilities allow continuity of care even when surface-level hospitals are destroyed. Their resilience ensures that communities retain access to medical services despite relentless attacks.

Challenges Faced by Medical Staff

Doctors in Ukraine confront challenges that go far beyond typical medical practice:

- **Constant danger:** Hospitals and ambulances are not spared from attacks. Medical staff often work under bombardment, risking their own lives to save others.
- **Resource shortages:** Supplies of medicines, surgical equipment, and blood are limited. Destroyed infrastructure makes logistics difficult, forcing doctors to improvise with what little they have.
- **Psychological toll:** Treating mass casualties, including children, leaves deep emotional scars. Many doctors report exhaustion, trauma, and burnout.

Displacement of patients: Millions of Ukrainians have fled their homes, creating overwhelming demand for medical services in safer regions and refugee camps.

Humanitarian Organizations: Expanding the Reach of Care

Several humanitarian organizations have stepped in to support Ukraine's medical needs:

- **Doctors Without Borders (MSF):** Provides emergency trauma care near front lines, supports hospitals, and runs mobile clinics.
- **International Medical Corps:** Operates nine centers across Ukraine, offering primary health services, mental health support, and protection for vulnerable groups such as women and children.
- **Local NGOs and volunteer networks:** Coordinate donations of medicines, surgical tools, and protective gear, ensuring that frontline doctors have at least minimal resources to continue their work.

These organizations amplify the efforts of Ukrainian doctors, ensuring that care reaches even the most isolated communities.

Stories of Resilience and Sacrifice

The war has produced countless stories of medical heroism:

- **At Mechnikov Hospital,** doctors have treated thousands of patients, often working 24-hour shifts without rest.
- **In Dnipropetrovsk,** MSF teams received seven patients in one night after Russian strikes, including victims with severe head and torso trauma.
- **International volunteers like Gupta, Bukavina, and Mishra** performed surgeries in makeshift operating rooms, often under the threat of renewed attacks.

These stories illustrate not only the scale of suffering but also the unwavering commitment of medical professionals to their patients.

Beyond Physical Wounds: Mental Health Care

The war's impact extends beyond physical injuries. Mental health and psychosocial support (MHPSS) programs have become essential. Doctors and psychologists treat soldiers with post-traumatic stress disorder (PTSD), civilians coping with displacement, and children traumatized by violence.

International Medical Corps has prioritized these services, recognizing that the unseen wounds of war can be just as debilitating as physical ones. Ukrainian doctors, too, are increasingly trained to provide psychological first aid, ensuring that patients receive holistic care.

The Broader Impact on Healthcare Systems

Despite the devastation, Ukraine continues to strengthen its healthcare infrastructure. The World Health Organization and local authorities have worked to maintain primary health care systems, allowing displaced families to register with new doctors and access medications. This resilience demonstrates a commitment not only to emergency care but also to long-term health coverage.

Doctors serving on the war front thus play a dual role: they provide immediate trauma care while also sustaining the broader healthcare system under extraordinary strain.

Doctors serving in Ukraine's war front embody the intersection of humanitarian duty, professional skill, and personal sacrifice. Their work saves lives daily, sustains communities under siege, and symbolizes resilience in the face of destruction.

While the war continues to test the limits of medical capacity, the courage of these professionals ensures that hope and healing remain possible. Their stories remind the world that even amid the darkest conditions, the human spirit—expressed through compassion and care—can endure.

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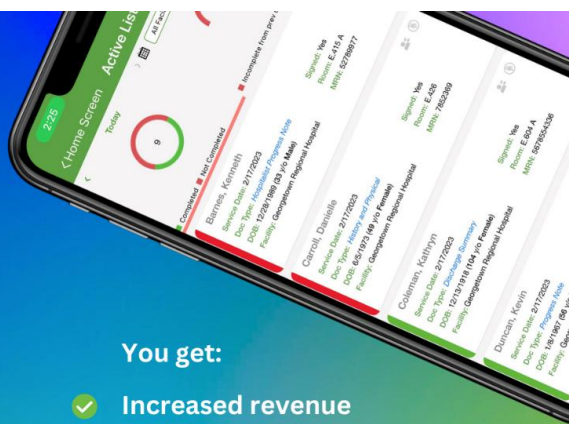
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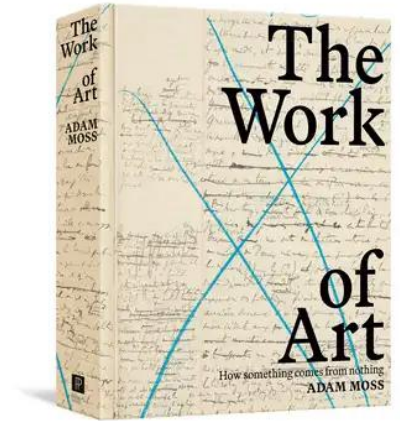
The Work of Art: How Something Comes from Nothing

Adam Ross

The most wanted art book: A deep dive into the creative process of great artists

This is a journey into the minds of creators like Tony Kushner, Sofia Coppola, and Stephen Sondheim, guided by New York magazine's former editor. The book features interviews with some of today's most celebrated artists—from playwrights to painters—and shares their sketches, notes, and reflections in a volume that shimmers with creative energy, captivating the imagination and offering hours of wonder, insight, and delight.

Hardcover, 2024

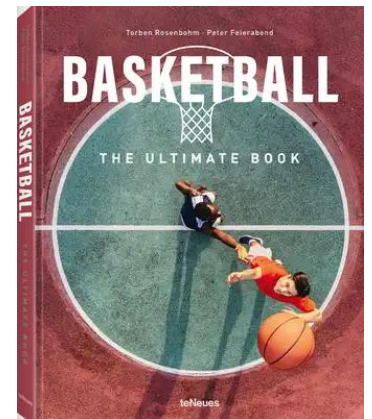


Basketball - The Ultimate Book

Peter Feierabend

This new coffee table book is a vibrant celebration of basketball's global reach and style. With striking photography of players like Michael Jordan, LeBron James, and Dirk Nowitzki, it traces the game's evolution from its early days to today's international stage. Rich with images of iconic arenas and cultural moments, it captures basketball as both sport and lifestyle.

Hardcover, 2025

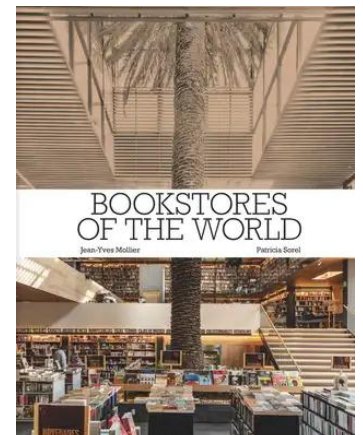


Bookstores of the World: The Ultimate Around-The-World Tour for Bibliophiles and Bookshop Lovers (Deluxe Oversize Edition)

Jean-Yves Mollier

This stunning photographic tour takes readers from Paris to Seoul, exploring more than 200 bookstores that define the soul of reading culture. With essays on design, architecture, and the evolving art of bookselling, it's the ultimate indulgence for travelers who plan their trips around shelves and spines.

Hardcover, 2025

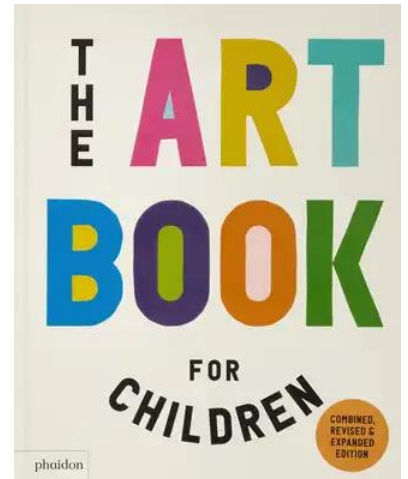


The Art Book for Children

Ferren Gipson

The newest edition of Phaidon's beloved classic introduces young readers to 30 of the world's greatest artists through vivid images and clear, playful insights. A family-friendly volume that sparks creativity and makes art feel at home in every room.

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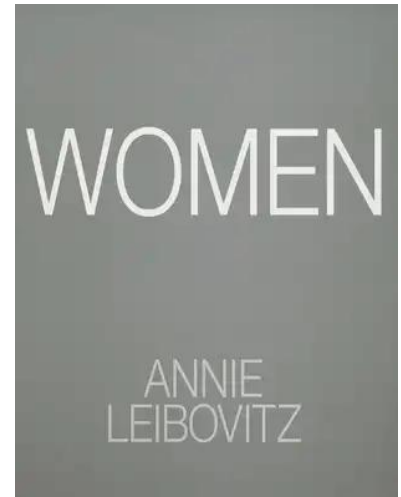
Annie Leibovitz: Women 2025 Edition

Annie Leibovitz

See the world's most powerful women through a legendary lens

Updated for 2025 with over 100 new portraits and essays by Gloria Steinem and Chimamanda Ngozi Adichie, this expanded edition of Leibovitz's landmark work celebrates women who shape our world. Bold, intimate, and timeless—a collector's piece for every serious photography shelf.

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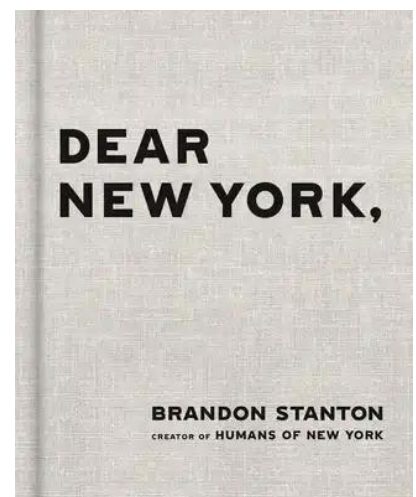


Dear New York

Brandon Stanton

A love letter to the city that never stops inspiring

From the creator of *Humans of New York* comes a photographic ode to the city's infinite heart. Through portraits and vignettes both funny and tender, Stanton captures the pulse of New York and the everyday poetry of its people.

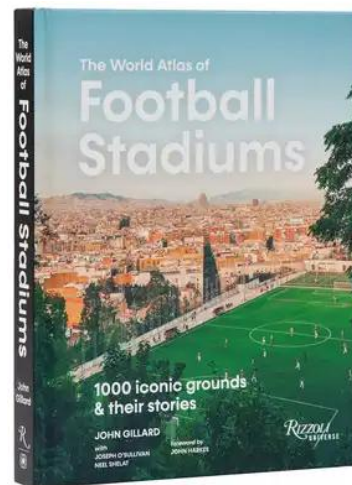


The World Atlas of Football Stadiums: 1000 Iconic Grounds & Their Stories

John Gillard

From Wembley to Maracanã, this richly illustrated atlas charts 1,000 stadiums across the globe. With stunning aerial photography and historical context, it's a must-have for fans who find beauty in architecture, spectacle, and the roar of a crowd.

Hardcover, 2025



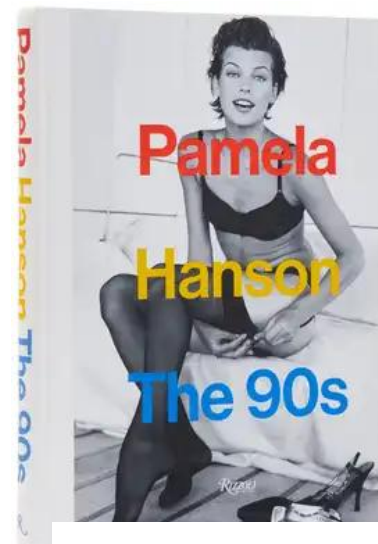
Pamela Hanson: The '90s

Pamela Hanson

The decade that never stopped looking cool

Celebrated fashion photographer Pamela Hanson revisits her archive in this 360-page retrospective of 1990s editorial and behind-the-scenes imagery—from Christy Turlington to Milla Jovovich—and captures the era's spontaneity, style and cinematic energy.

Hardcover, 2025



A Screaming Blast: Exceptional Entertaining

Rebecca Gardner

For the host who wants every detail to delight

Designer Rebecca Gardner brings her singular flair to this lavish entertaining book, featuring photographs from twenty imaginative gatherings and a foreword by Sofia Coppola. Filled with bold visuals and playful ideas, it's a striking gift for anyone who loves hosting as much as storytelling.

Hardcover, 2025



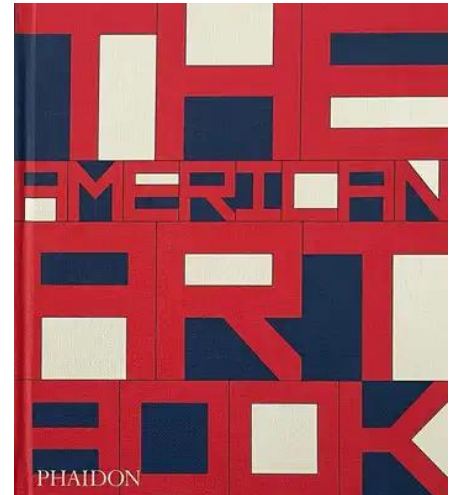
The American Art Book

Phaidon Editors

A museum of American art for your coffee table

This newly updated edition of Phaidon's groundbreaking survey showcases 500 of the most influential American artists across three centuries, from colonial portraitists to Pop Art icons and contemporary visionaries. Each artist is represented by a key work and expert commentary, revealing the nation's evolving identity through its art. Featuring names like Basquiat, Frankenthaler, Warhol, and Weems, *The American Art Book* transforms art history into an essential visual narrative of American creativity.

Hardcover, 2025



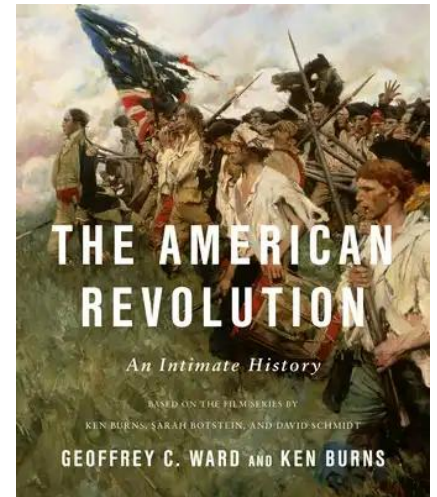
The American Revolution: An Intimate History

Geoffrey C. Ward

A visual epic of America's founding story

From the award-winning team behind *The Civil War* and *The Roosevelts* comes a richly illustrated companion to the upcoming PBS series. Geoffrey C. Ward reframes the Revolution through vivid storytelling and rare imagery, tracing the fight for independence as both global conflict and deeply human struggle. With contributions from leading historians and voices from women, African Americans, Native Americans, and Loyalists, this sweeping volume offers a fresh, inclusive view of the nation's birth,

Hardcover, 2025



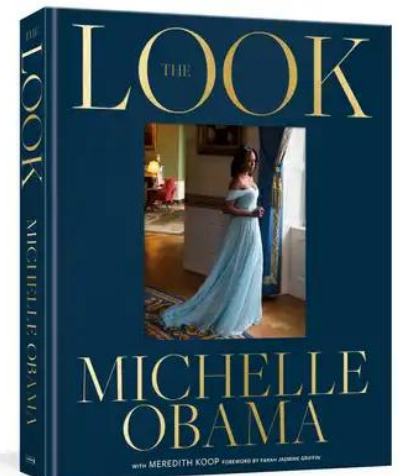
The Look

Michelle Obama

A style icon's most personal reflection yet

In this stylish, full-colour volume, Michelle Obama reflects on her journey through public life via fashion and personal style. A meaningful pick for style-savvy readers, design enthusiasts and anyone inspired by the intersection of identity and image.

Hardcover, 2025



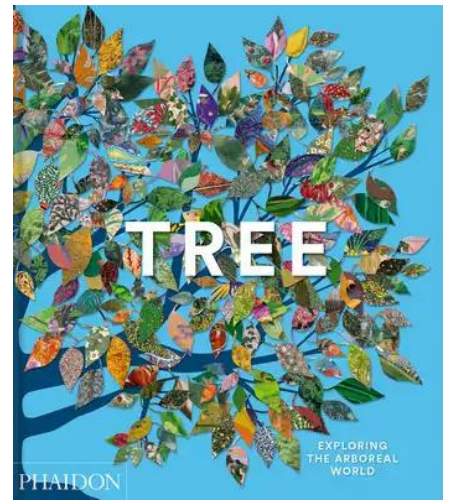
Tree: Exploring the Arboreal World

Phaidon Editors

A love affair with trees: 300+ exquisite images of trees through history

This stunning book celebrates the majesty of trees with over 300 diverse and artistic images, from Roman stone mosaics and ancient frescos to contemporary photography and painting. It's a visual ode to the beauty and diversity of trees featuring work from distinguished names like Ansel Adams, Paul Cézanne, Andy Goldsworthy, Grandma Moses, Frida Kahlo and more. 'Totally immersive and with hours of interest, this book's a keeper,' remarked The Royal Horticultural Society.

Hardcover, 2024



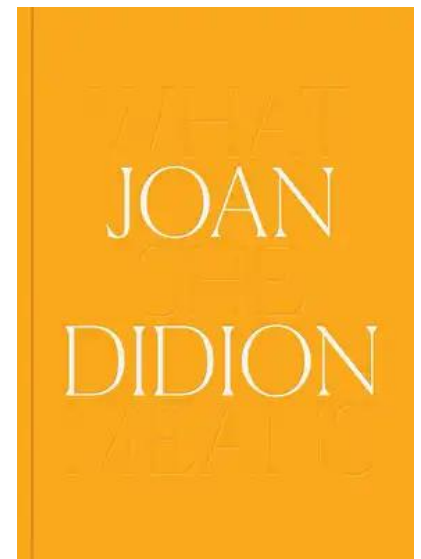
Joan Didion: What She Means

Joan Didion

Bring the cult of Joan Didion to their coffee table in this portrait of literary icon through the eyes of 50 artists

Curated by the writer and theater critic Hilton Als, this illustrated hardcover presents a “cross dialogue between Didion's ephemera and the artworks to create a syncopated cacophony of voices that attempt to get at the complex web of culture and politics that the author sought to distill throughout her work,” observed the Brooklyn Rail. Also included are three previously uncollected texts by Didion: "In Praise of Unhung Wreaths and Love" (1969); a much-excerpted 1975 commencement address at UC Riverside; and "The Year of Hoping for Stage Magic" (2007).

Hardcover, 2022

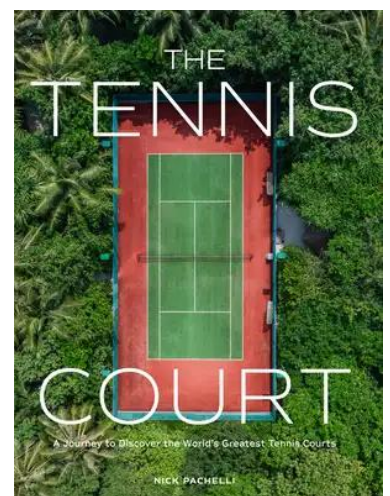


The Tennis Court: A Journey to Discover the World's Greatest Tennis Courts

Nick Pachelli

For the tennis player who dreams of playing on the world's most stunning courts.

This beautifully photographed book features 200 of the world's most unique and picturesque courts, from legendary grounds like Wimbledon and Nadal's temple in Mallorca, Spain to hidden gems in the wilds of Scotland, Kenya and beyond. It's a visual feast for those who love traveling and tennis that “takes us on court in every corner of the world with a sharp eye for what makes our game and the people who champion it so special," according to tennis icon Billie Jean King. Hardcover, 2024

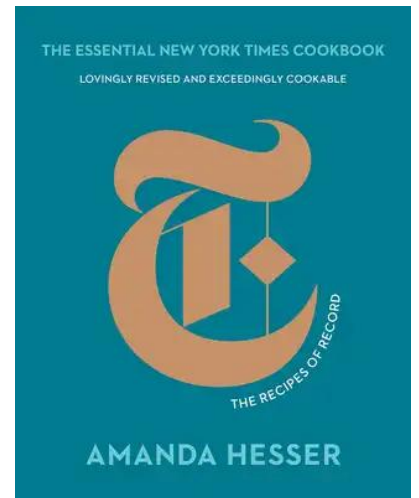


The Essential New York Times Cookbook: The Recipes of Record

Amanda Hesser

No kitchen is complete without this James Beard Award-winning collection

In this updated edition, the bestselling food editor behind the acclaimed Essential New York Times Cookbook adds new favorites like Samin Nosrat's Herbed Rice with Tahdig and J. Kenji López-Alt's Cheesy Hasselback Potato Gratin. Alongside over a thousand tested recipes, she offers personal notes, timeless gems, and culinary wisdom that captures the evolution of American cooking over decades. Seasoned chefs and kitchen novices alike will adore this kitchen must-have. Hardcover, 2021



The Essential Peanuts by Charles M. Schulz: The Greatest Comic Strip of All Time

Mark Evanier

A classic that still charms every generation

Created for the 75th anniversary of *Peanuts*, this slipcased edition gathers more than 700 of Charles Schulz's most beloved strips, along with removable prints and ephemera. With context and commentary from comics historian Mark Evanier, it's a beautifully made tribute to one of the most influential comic strips of all time and a perfect gift for any devoted fan. Hardcover, 2025

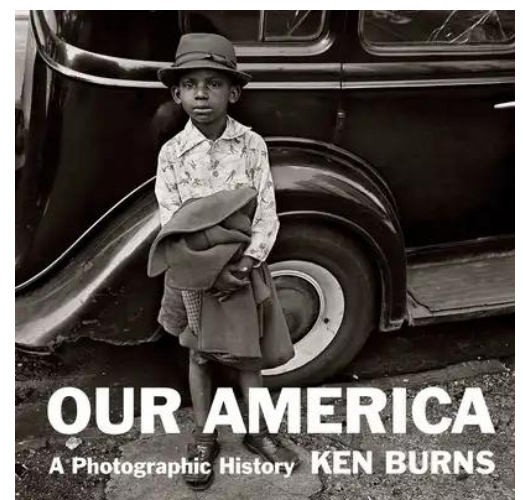


Our America: A Photographic History

Kenneth Burns

A critically-acclaimed photographic ode to America from a beloved filmmaker

The celebrated documentary maker Ken Burns has assembled a unique collection by both celebrated and obscure photographers that explore the country's mythology. "Sometimes they are famous people - like Jackie Kennedy, pictured here at her husband's burial at Arlington, her widow's veil not quite hiding her weary eyes. Sometimes their details are lost to us -- like Gordon, the escaped slave who later joined and fought with the Union Army before disappearing into history. They all struggled. But they all persisted. They were all Americans. And this book gives them their moment, remembering them forever," raved the New York Daily News. Hardcover 2022



Why I Became a Pediatrician: A Doctor's Story

Jamie S. Hutton, MD



One of the first questions you're asked when applying to medical school is: Why do you want to be a doctor? For most, the answer is some version of "I want to help people." But for me, that was never the real question. It was always "Why do you want to be a pediatrician?"

I've known since I was very young that I wanted to work with children. I've always loved them: their honesty, their laughter, and their wonder. There's something magical about the way a child can walk into a room, giggle, and suddenly make the entire day lighter. That's what I wanted to protect. I wanted to help keep those smiles, those laughs, that light: healthy, strong, and growing.

I didn't come from a family of doctors. I grew up in a small town, without a roadmap for how to get here. I didn't know how much time, energy, and sacrifice it would take to become a physician, but I was determined. I believed (still believe) that every child deserves the best pediatrician. So I worked harder than most can imagine. I studied relentlessly. I skipped parties and weekends off. I pushed for straight A's because I had to, because I needed scholarships, because I needed to prove I belonged, and because I had to make this dream real.

When I got into medical school, I doubled down. Every moment was focused on becoming the kind of doctor children deserved. And when I finally started practicing, I knew I was where I was meant to be. Every child I saw reaffirmed my purpose. Their resilience, their curiosity, their joy, it reminded me why I chose this path.

But the last several years have tested me in ways I never expected.

Through the pandemic and into this strange cultural moment, I've felt the ground shift beneath me. I'm no longer seen by some as a healer, but as a villain. I've been accused of injecting toxins, of causing harm, of being part of some vast conspiracy. It's devastating. It's surreal. It hurts more than I can say.

Because the truth is: I didn't sacrifice decades of my life, take on crushing debt, and give my time, energy, and heart to hurt children. I became a pediatrician to help them, to heal them. That's what real medicine is. That's what science is. It's not brainwashing. It's not manipulation. It's learning. It's evidence. It's growth.

We don't know everything. I never pretend to. In fact, one of the things I love most about pediatrics is that I continue to learn (every day) from research, from my colleagues, and most importantly, from the kids and families I care for.

But what I do know is that I have never (nor will I ever) intentionally harm a child. That accusation goes against everything I stand for. Everything I've worked for.

And now, in this climate, I find myself questioning something I never thought I would: Do I still want to be a pediatrician? It breaks my heart to even ask.

But I still love children. I still want to help them grow, laugh, and thrive. I still believe in working with families to keep their children safe, happy, and healthy.

All I ask is that you see me (and doctors like me) for who we truly are: people who have devoted their lives to caring, learning, and healing. Not villains. Not enemies. Just human beings who still believe that children are worth fighting for.

[Jamie S. Hutton](#) is a pediatrician.

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The Last Customer

The hardware store closes at 6 p.m.

It's [5:58](#) p.m. when the kid walks in. Tom's been sweeping the same aisle for ten minutes, ready to lock up.

Seventy years old, feet aching, one more hour until he can sit down at home. The kid can't be more than sixteen. Soaking wet from the rain. Shaking.

"We're closing," Tom says, not unkindly.



"Please. I just need... I need a lock. For a door." Something in the kid's voice. Terror. Desperation. Tom stops sweeping. "What kind of lock?" "I don't know. Just... one that works. That keeps people out."

The kid's got a black eye. Fresh. The kind that's still swelling. Tom doesn't ask. Just walks to aisle seven. Shows him the locks. The kid reaches for the cheapest one. \$8.99.

"That one's garbage," Tom says. "Won't stop anyone determined." He hands him a deadbolt. Heavy duty. \$34.99. The kid's face crumbles. "I only have twelve dollars." They stand there. Rain drumming on the roof. Store empty except for them. Tom takes the deadbolt to the register. Rings it up. "Twelve dollars." "But," "Sale price. Today only."

The kid knows. Knows there's no sale. Knows this old man is lying. Tries not to cry and fails. Tom bags it. Adds a screwdriver. Free.

"You know how to install it?" The kid shakes his head. "You got twenty minutes?" They drive in Tom's truck. Don't talk. The kid directs him to a rundown duplex on the east side. Upstairs apartment. Door frame cracked. Old lock broken, hanging loose. Tom installs the deadbolt. Takes him fifteen minutes. Tests it. Solid. Hands the kid both keys. "Someone tries to get in, you call 911. You hear me?" The kid nods.

Tom's halfway to his truck when he hears it, "Why?" He turns around. The kid's standing in the doorway, backlit, holding those keys like they're made of gold. "Why did you help me?"

Tom thinks about his own son. Twenty years ago. Different city. Same desperate eyes. Didn't make it.

"Because you asked," Tom says simply. He drives home. Doesn't tell his wife. Doesn't think about it much.

Three weeks pass. A woman comes into the store. Forty, maybe. Tired eyes but smiling. "Are you Tom?" "Yes, ma'am." "My son told me about you. The lock you sold him." She's crying now. "His father... my ex-husband... he's not a good man. That lock kept us safe until I could get the restraining order. Until we could breathe."

She hands Tom an envelope. "It's not much. But it's the thirty dollars we owed you, plus a little more." Tom tries to refuse. She won't let him. "You didn't just sell him a lock," she says. "You saw him. You saw us. When we were invisible."

After she leaves, Tom opens the envelope. Sixty dollars. And a note from the kid: "Installed three more locks for neighbors who needed them. Taught myself how. Going to trade school next year. Maybe I'll work in a hardware store someday. Be someone like you. -Marcus"

Tom's manager notices him crying by the register. "You okay?" "Yeah," Tom says. "Just... yeah."

That night, Tom stays two minutes past closing. Then five. Then ten. Just in case someone walks in at [5:58](#) p.m. Soaking wet. Desperate. Needing more than just a lock. Because he learned something, The last customer of the day might be the most important one you ever serve."

The 10 Trends Shaping the Future of Pharma

Dr. Bertalan Mesko, PhD

The drug sends a message to a caregiver after the patient swallowed it. The doctor prescribes virtual reality treatments for migraines. Do you think it is science fiction? You are mistaken.

Key Takeaways

In this article, we collected the trends changing the pharmaceutical industry.

It's time to embrace what is crystal clear: digital health is changing healthcare, the practice of medicine and how pharma innovations reach patients.

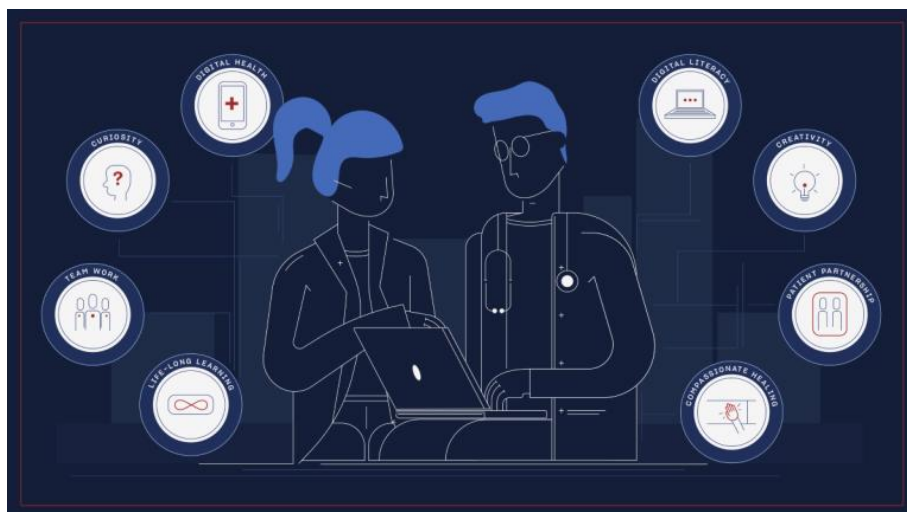
The pharma industry has taken a big swung into digital transformation. All participants invest in digital health topics. But as with all trending issues, and there is a lot of fuss that is hard to see through. As the medical community increasingly acknowledges the importance of digital health, [the cultural shift](#) we so often talk about is still a way to go. To change that, the first step is always getting to know what's coming.

In this article, we collected the trends changing the pharmaceutical industry.

1. Have patients in the advisory board of pharmaceutical giants

As patients take their health and through that their own future into their hands with the help of digital health, they also should be treated as equal partners in the hospitals, pharmacies – and even pharma companies. Drug producers should have an advisory board including patients who have experience with the given company's products.

It would be easier to develop new products if the exact needs of the customers are well-known. Only with their help would it become possible to create a healthcare system that is futuristic even decades after the first plans were drawn. This is called [patient design](#).



2. Digital health strategy “around the pill”

Rather than focusing on traditional drug manufacturing and marketing, pharma companies will put more emphasis on new approaches relying on technology to appeal more to providers and payers. “Around the pill” is more than the production and the sale of drugs: it is about ***developing a drug and attaching a digital health technology to it.***

These are often patient-support programs, that are often non-clinical solutions, that can boost patient outcomes and benefit the entire health system. These initiatives create win-win situations, patients receiving more than just a pill, while pharma companies can build on the data and the feedback they receive – and the likely loyalty of patients who appreciate the extra care. If done well.

Good solutions however are not easy to make. There are only a handful of good examples, one of these is that of [mySugr](#). The startup’s approach for diabetes management is a gamified approach, wherein they reimagined diabetes as a Tamagotchi-like monster that can be tamed. By completing challenges, earning points and receiving personalized insights, the app [incentivises patients](#) to keep their glucose level at a desirable one. The idea was so good pharma giant Roche acquired mySugr in 2017 and kept the team to continue growth. The company went on to pair the app with its existing Accu-Chek Guide glucose meter to create the [mySugr Bundle](#).

3. Digital pills

Digital pills, medications with embedded electronic circuits can be good solutions for specific patients with specific conditions. These refer to ingestible medications with embedded electronic circuits rather than smartphone logging apps.

For example, such pills could help with medication adherence in people taking medicines regularly. The first pill approved by the FDA was [Ablify Mycite](#) (by since-dissolved pharma startup [Proteus](#)), a drug that was aimed at helping psychiatric conditions like bipolar disorder and schizophrenia. As a patient swallows the pill, the acidic environment in the stomach activates the pill’s sensor, which thereafter begins to send Bluetooth signals to an external patch. It will then notify the smartphone app that the pill was taken. Such pills are game-changers for patients with severe conditions like schizophrenia and severe depression, as for them, missing a medication can have serious consequences.

As we wrote in our related article, [The Present And Future Of Digital Pills](#), another company, [electRx](#) gives patients more control over when monitoring starts. Their FDA-approved solution [involves a removable lanyard](#) rather than a patch, which patients can remove after taking their medicine.

The present and the possible future of digital pills



4. *In silico* trials

In silico experiments are conducted by means of a computer simulation. Besides its time and cost-effectiveness, in silico trials completely circumvent animal testing and side effects on human and animal participants.

In silico trials can completely [replicate human clinical research](#), according to a recent study. Research indicates that these trials are clearly efficient. However, it was not until COVID-19 that these became more widely used. The pandemic [broke down the reluctance](#) of medical professionals against such use of technology, as the need for quick and effective trials was imminent.

5. Virtual reality against painkillers

Virtual reality (VR) is becoming a reality in hospitals as we speak. As a doctor, you could assist in the OR without ever lifting a scalpel. If you are a medical student, you could study the human body more closely and prepare better for real-life surgeries. As a patient with mental health problems, you could [fight your possible fear of heights, schizophrenia or paranoia](#) more successfully.

However, one of the most successful applications of medical VR is in the field of stress release and pain reduction for patients suffering from chronic pain. Perhaps pharma companies should consider stepping into the field instead of creating new types of painkillers. Brennan Spiegel and his team at the Cedars-Sinai Medical Center are [experimenting with the technology](#). They even found a significant drop in pain scores in the case of VR therapies. [Spiegel believes](#) the future will be VR pharmacies with specialists prescribing the appropriate VR treatment to patients.

6. Precision medicine through pharmacogenomics

As the [National Institutes of Health \(NIH\)](#) formulated it, precision medicine is “an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person.” There are various trends in precision medicine connected to pharma. On the one hand, [researchers experiment](#) with cancer drugs that directly attack cancerous cells without damaging other tissues; for example [in treating cervical cancer](#). On the other hand, medical experts try to incorporate genetics into the process of creating targeted therapies and personalized treatments. Pharmacogenomics is one way to go about this.

[Pharmacogenomics](#) is defined as the study of variability in drug response due to the genetic code. It argues that despite general sentiments, medications do not have the same effect on people. There are already some, who expressly [recommend genetic testing before any prescription of e.g.](#) Warfarin, a type of anti-blood-clotting drug takes place.

7. 3D printing drugs

Researchers worldwide are working on possible solutions: from a group that printed a [miniature kidney](#), through technological solutions like BioAssemblyBot [we wrote about earlier](#), to entirely [new methods](#) that can lead to patient-specific heart tissue printing. The list is long and set in a clinical setting.

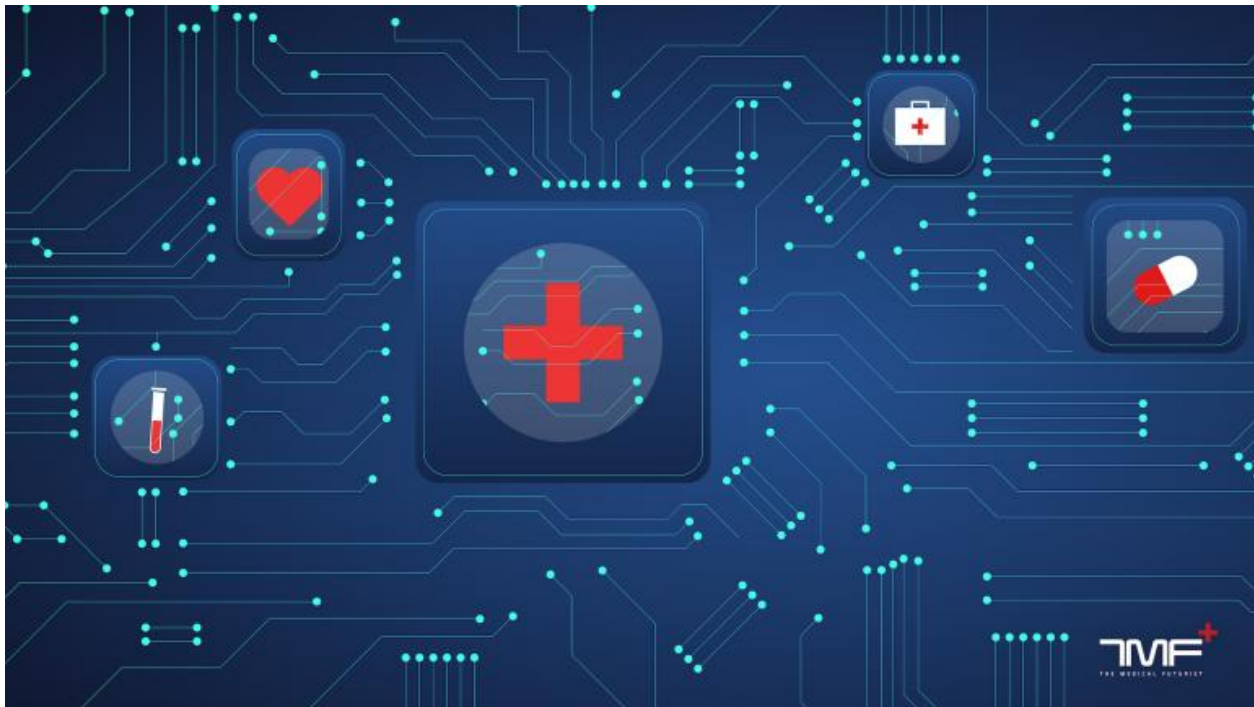
UK-based [FabRx](#) believes they will be able to commercialize printed tablets within the next 5-10 years, and [3D printing](#) will probably become available in every major hospital in the next decade. Whether we

will also print out drugs at home or at least at the pharmacy on the corner of the street? The latter is more imaginable, but maybe in 20 years, 3D printers as home-based pharmacies will also not be considered as elements of science fiction.

8. Medical decision making with artificial intelligence (AI)

AI has been [revolutionizing healthcare](#) – through mining medical records, designing treatment plans, speeding up medical imaging, or even drug creation for that matter. Artificial intelligence-based [strategies for drug development](#) are on the rise and so is their adoption. A.I. makes finding new drugs cheaper and more effective.

According to [estimates](#), on average it takes about 12 years and \$2.9 billion for an experimental drug to advance from concept to market. AI can downsize these numbers significantly.



9. Need for new FDA and drug regulations

I believe that there is a consensus in the medical community that [regulations concerning drug production](#), moreover digital health devices or health apps are obsolete. Regulatory agencies are unprepared for the waves of digital innovation.

We could notice it with the appearance of the [#wearenotwaiting](#) Twitter movement for patients suffering from diabetes. They started to use the so-called artificial pancreas without FDA or any other approval because the patients had the impression it works and they needed it. With the rapid innovation of digital health solutions, regulators need a more rapid response in order to get ahead of possibly dangerous DIY solutions.

[Generative AI has recently joined](#) this unprecedented regulatory discussion.

Another example of regulations going after innovation is the case of direct-to-consumer genetic testing companies. They appeared approximately ten years ago on the market. However, in 2014 the FDA

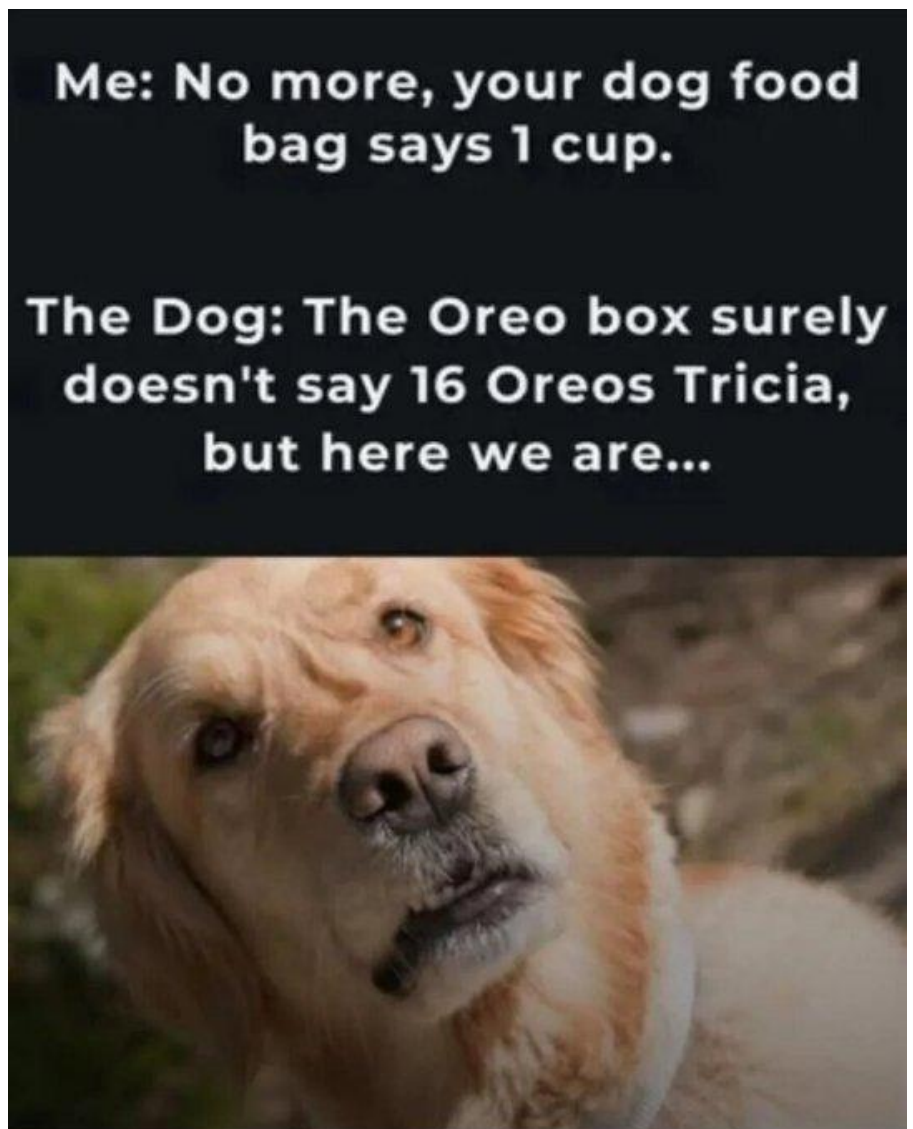
restricted 23andme's operations saying that the health information services were not clear or complete enough for customers. So, the genetic testing company scaled back its activity mostly to provide data about ancestry. They have [linked together long-lost family members](#) and have built family trees. In 2017, however, [the FDA re-approved 23andme's services](#), which aim to tell people to which diseases they are susceptible.

10. Augmented reality to make drug descriptions more fun

AR has [many exciting applications in healthcare](#): nurses can find veins easier with an [AR vein scanner](#), [AccuVein](#) or describe their eye condition better to their doctor through [EyeDecide](#). There are already great signs that AR will enter the field of pharma soon.

Look at drug descriptions, for example. Have you ever been curious about how a drug works in your body? Even if you got interested in discovering how the distant world of pills and medicaments work, I bet you lost all your enthusiasm after you read the boring and undecipherable drug description. Now, augmented reality is here to change it. With the help of AR, [patients can see how the drug works in 3D in front of their eyes instead of just reading long descriptions on the bottle](#).

It's time to embrace what is crystal clear. Digital health is changing care, the practice of medicine and how pharma innovations reach patients.



How to Spend a Winter Weekend in Stowe, Vermont

Nicole Rosania

Hey again everyone! Today's post is going to be all about a winter weekend in Stowe! I've been to Stowe a few times now, both in the fall and winter, and am so excited to share this guide. While I couldn't recommend a [New England fall leaf peeping trip](#) to Stowe more, I highly encourage you all to plan a winter getaway here. Not only does Stowe have Mount Mansfield, aka Stowe Mountain Ski Resort, there's also ice skating, cross country skiing, and snow shoeing in the area, making it the perfect winter weekend destination. Let's get into the details of how to spend a winter weekend in Stowe, Vermont!

HOW TO GET TO STOWE

Stowe is located in northern Vermont, about 5.5 hours from NYC, 3.5 from Boston, and only about 2 hours from Montreal! No matter where you're coming from, you'll want to drive to Stowe. If you're flying, I recommend flying into Boston Logan Airport, the largest airport in the region, and driving the 3-3.5 hours north to Stowe. You could also fly into a smaller, regional airport like Manchester, NH or Burlington, VT if you're able to find a flight! If you live locally, definitely just hop in your car and drive. Having a car in Stowe is crucial to visit the different sites I'm going to cover below.



WHERE TO STAY FOR A WINTER WEEKEND IN STOWE

STOWE MOUNTAIN RESORT

Now for the fun part... where to stay for a winter weekend in Stowe, Vermont! There are tons of options in the area, ranging from quaint [New England](#) B&Bs to cheap chain inns to luxury mountain resorts. Because of this, Stowe is a wonderful destination for both families and couples alike. If you're skiing in Stowe, which I recommend doing since Stowe is one of the [best ski resorts in New England](#), you should consider staying right in Stowe Village. Stowe Village sits at the base of [Stowe Ski Resort](#) and is a central location to all of the shops, restaurants, and activities in this area. The Lodge at Spruce Peak is one of the nicest hotels here. It's also a ski-in, ski-out lodge! If you're looking for something a little more adventurous, listen up!

TRAPP FAMILY LODGE

Everyone NEEDS to visit the Von Trapp Family Lodge at some point in their lifetime. The Trapp Family Lodge is located right in Stowe, Vermont, about a 15 minute drive from the base of the ski mountain, and is very unique. First, it's owned by the Von Trapp Family. I mean THE Von Trapp Family- you know, the *Sound of Music* peeps? The Von Trapp family were an Austrian family with 10 children (yup, not 7), who escaped Europe during World War II and performed their way around the world. The family sung in their home, Salzburg, Austria (where the movie takes place), along with Vienna, before escaping to Italy and then the US. In the early 1940s, the family bought a farm in Stowe, Vermont and settled here. Over the years, they began to host visitors on the farm who vacationed in the area and eventually opened a lodge. This lodge, the Trapp Family Lodge, is still in use today!

Another reason why I highly recommend staying here is because it feels like Europe. The lodge's slogan is quite literally "A little bit of Austria, a lot of Vermont". The lodge is built in an alpine-Austrian style, plus there's an authentic bierhall on site. There are several accommodation options here, including rooms, suites, villas and guest homes for rent. This resort also has tons of year-round activities for its guests to enjoy throughout its 2,500 acres, which I'll talk about next!

Cost: A standard two-person room here is going to cost between \$200-\$250 a night. It's not the cheapest option in Stowe, but it's worth it for a night or two! I split the cost with a friend, so it was really only \$100 a night. I'd do it again!

WHAT TO DO IN STOWE, VERMONT DURING THE WINTER

This post is going to focus on winter activities only, although Stowe is a wonderful destination to visit year-round. For example, there's several hikes and bike routes in the area for you to enjoy. Now onto the bucket list of activities to do during a winter weekend in Stowe, Vermont:

GO SKIING

Stowe offers both cross-country and downhill skiing. Most people prefer to downhill ski in Stowe because of the Stowe Ski Resort. Stowe Ski Resort is definitely one of the best ski resorts in New England! With over 115 trails and 12 lifts, Stowe is a fairly large mountain with varying terrain. It's a great mountain for both families and small children, along with more advanced skiers. I love the set up of Stowe too- it's basically shaped in a bowl/horseshoe shape, with the parking lot located right in



the center. Across the parking lot from the mountain is where Stowe Village is located, forming one giant circle of fun! An interesting characteristic about Stowe is that the gondola here doesn't bring guests up to the summit of the mountain like most do, it actually travels horizontally. The gondola at Stowe, called the Over Easy, connects the base of the ski mountain to Stowe Village, so guests can easily access the lifts from the resorts, lodges, and shops. After several hours of skiing, I really enjoyed taking the gondola to the village for lunch! I highly recommend doing this if you visit.

Cost: A lift ticket at Stowe is going to cost over \$100, since it is one of the bigger ski mountains in New England. We paid \$110 for a Friday when we visited.



SHOP IN THE DOWNTOWN

Downtown Stowe is going to pass by in a blink of an eye. It's tiny. A few local shops, restaurants, a church, post office, and that's about it. But, it's worth seeing! There's a nice covered bridge located downtown that I recommend checking out. If you're hungry for lunch, head to Cafe on Main! I love their soup.





GO SNOWSHOEING AT THE TRAPP FAMILY LODGE

Circling back to why this lodge is the best place in Vermont, they offer so many winter activities! A must-do is to snowshoe here! As mentioned above, the Trapp Family Lodge sits on 2,500 acres of beauty. Meaning, there are tons of snowshoe trails here! You can rent snowshoes right in the outdoor activity center, which is adjacent to the hotel, for about \$25 for the day. There are maps and marked trails all around the property if you're interested in a self-guided walk.

WANT A TOUR?

The Trapp Family Lodge offers private tours for guests for \$65 per tour! My friend Mairin and I were pleasantly surprised to discover it's \$65 per tour group, not per person, so we both paid ~\$30 for 2 hours of fun!

We chose to snowshoe to the highland cows as part of a tour, and then snowshoed up to the Trapp Family Chapel on our own. This chapel sits on a hill right behind the lodge and was built by Werner Von Trapp himself. He swore that if he survived the war, he would build a chapel to commemorate his family on the property. It took him about 4 years to complete by hand, and is so charming! The loop is short, it's only about 0.5 miles from the lodge, so definitely check it out!





VISIT THE HIGHLAND COWS AT THE TRAPP FAMILY LODGE

This was the highlight for me during my winter weekend in Stowe! The Trapp Family owns a herd of Scottish Highland cows that reside on the property. There's only one bull and a few dozen females. Every year, they birth a new calf or two right next to the lodge! The cows are located in the Orchard Pasture, about 0.5 miles from the



Outdoors Center. This breed is the hairiest domestic breed of cow, and survive the cold temperatures of Stowe quite comfortably. The cattle are used for beef.

Aside from the two routes mentioned above, there's also a maple sugar snow walk and a "meet the sheep" tour. You can book any of these by calling or at the front desk when you check in.

ICE SKATE IN STOWE VILLAGE

The last activity that I highly recommend checking out if you're enjoying a winter weekend in Stowe is to ice skate in Stowe Village! If you drive to Stowe and pack your own skates (which you should), you can actually ice skate for free. The ice rink is open daily from 12-6 pm during the week and 12-9 pm on the weekends. If you'd like to rent, helmets costs \$12 and skates are \$17 per person. This ice rink is fun because it sits at the base of the Spruce Camp Base Lodge, right in the middle of all the action!

BONUS: NEARBY ATTRACTIONS

BEN & JERRY'S FACTORY

While this post focuses on Stowe specifically, there are a few nearby attractions I want to call out! The first is the Ben & Jerry's Factory in Waterbury, VT! Not only is this place an ice cream shop with take-out options available, there's also a gift shop, and a full tour you can take! In the fall, there's a flavor graveyard of all the retired flavors over the years- how cute! For group reservations, call in advance.



COLD HOLLOW CIDER MILL

During a New England fall leaf peeping trip, be sure to add a visit to Cold Hollow Cider Mill to your list! Also located in Waterbury, VT, Cold Hollow offers apple cider donuts, apple cider slushies, has a demonstration room that shows how the cider is made, and a nice gift shop! Definitely swing by here on your way into town. This place is open daily from 8-6 pm, but definitely has the most going on during the autumn months.

WHERE TO EAT & DRINK IN STOWE

Cafe on Main: Cute cafe located right downtown offering a variety of sandwiches, salads, and yummy soups. Take-out only with limited outdoor seating during the warmer months.

Spruce Lodge: The main lodge at Stowe Ski Resort. I recommend grabbing lunch here while skiing. If you're not skiing, I would avoid it because it can get crowded!

Picasso: Fun and affordable Italian-American restaurant located on your way into town. Great sandwiches, salads, and pizzas for lunch and dinner.

Stowe Bee Bakery & Cafe: Located right downtown, this spot is super quaint and is a great place to grab a cozy brunch or sweet treat! We grabbed hot cocoa here after a day of skiing.

Von Trapp Bierhall: Check out the Von Trapp Brewery and Bierhall, located on the property, for authentic Austrian lager and meals. I recommend trying their pretzel and schnitzel!

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