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Contents in This Issue

RPM Offers New Hope for Patient Compliance and Engagement
9 Numbers That Show How Big Walmart's Role in Healthcare is
Strawberry Oatmeal Blender Pancakes
A Breakup with Primary Care
Online Privacy Fixes: 3 Quick Changes You Need to Make Today
6 Steps Toward Your Retirement Goals
Book Review - My Own Medicine: A Doctor's Life as a Patient
Little-Known Facts About the Masters
40 Years of Ward Attending
My Insurance Company is Making Me Sick
Home Tour - Bay Harbor Island Miami Beach
How Important is it to Career Advancement for Women Physicians to Lecture CME Courses?

EXPERT on CALL
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RPM Offers New Hope for Patient Compliance and Engagement

By Samantha Peluso, RN, BSN
Patient & Provider Specialist
WITHmyDOC

It's one of the great frustrations of the medical profession: although patients look to their physicians for expert guidance, they don't always follow what's prescribed. Whether it's inability to adhere to a schedule or lack of confidence that a difference will be made, patient compliance is often elusive. Until a patient feels truly connected to and in charge of their own health, particularly those with chronic health conditions, there will not be true engagement.

When healthcare providers are able to review patients' biometric data as frequently as needed between office visits, it makes it easier to detect, diagnose and treat issues. Incorporating RPM in chronic disease management can significantly improve patients' quality of life by preventing complications and allowing them to maintain independence.

However, data is only useful when it's submitted consistently. After working with chronic disease patients in their homes to introduce RPM, it is evident to me that many have become accustomed to their own versions of health routines or lack thereof. They slip into bad habits, forgetting to keep track of their measurements or just not believing in the payoff of doing it consistently. Many patients are surprised when they learn just how often they need to be checking their vitals. Some have caregivers at home who are overwhelmed by the daily actions needed. Educating the caregiver as well as the patient is just as important.

Empowering Patients to Manage Their Health

I worked with a lung cancer patient several times over a period of months, integrating RPM tools into the home routine so the patient could monitor oxygen levels and blood pressure and send those vitals to the doctor. No amount of pleading or reasoning from me could overcome the weight of the cancer diagnosis and uncertainty of prognosis, which left this patient feeling hopeless and unwilling to adhere to a daily schedule of monitoring.

I received a call from this patient one day saying they were ready to take control of their life. The latest scans had shown tumors were shrinking and there was no new growth. Hope had been restored, and that's what it took to finally convince this patient to grab the reins. Now vitals were being checked 4-5 times per week without prompting. SpO2 was being monitored so the doctor would be alerted if an increase was needed, and weight was being tracked so early detection of fluid buildup would be possible. RPM was now a tool welcomed by the patient to work in partnership with the care team and become engaged with treatment.

Early detection and adjusting treatment

Often patients don't realize how important it is to record their vitals and send consistent data to their doctor every day. That "light bulb" moment of understanding comes when a patient using RPM sees the connection between monitoring at home and better communication with the doctor.

Another patient was checking blood pressure 3-4 times a week. During an at-home visit, the patient's blood pressure was low. They continued regular monitoring after that visit and were able to track that it was going up. The doctor received the data and called the patient in for a visit to adjust the medication, bringing blood pressure back down to a normal range. The process worked as it is supposed to, and the patient was able to avoid a possible emergency room visit or more.

Patient compliance may always be a struggle, but RPM is creating more opportunities for patients to see the benefits of communication in action. As they feel more empowered to manage their health, engagement will follow.

9 Numbers That Show How Big Walmart's Role in Healthcare is

By Jackie Drees

Walmart has continued to grow its presence in healthcare over the past few years, with expansions of its primary care clinics and the launch of its new insurance arm.

Here are nine numbers that show how big Walmart is in healthcare and how it plans to grow:

Walmart has opened **20** standalone healthcare centers and plans to open at least **15** more in 2021. The health centers offer primary care, urgent care, labs, counseling and other services.

Walmart's board approved a plan in 2018 to scale to **4,000** clinics by 2029. However, that plan is in flux as the retail giant may be rolling back its clinic strategy, according to a February *Insider* report.

Walmart in January confirmed plans to offer COVID-19 vaccines in **11** states and Puerto Rico.

In 2020, Walmart established **600** COVID-19 testing sites.

Walmart said it believes expanding its standalone clinics will help bring affordable, quality healthcare to more Americans because **90 percent** of Americans live within 10 miles of a Walmart store.

The Walmart Health model lowers the cost of delivering healthcare services by about **40 percent** for patients, according to Walmart's former health and wellness president Sean Slovenski.

In October, Walmart partnered with Medicare Advantage insurer Clover Health on its first health insurance plans, which will be available to **500,000** people in eight Georgia counties.

Walmart's insurance arm, Walmart Insurance Services, partnered with **eight** payers during the Medicare open enrollment period in 2020 to sell its Medicare products. Humana, UnitedHealthcare and Anthem Blue Cross Blue Shield were among the insurers offering the products.

STRAWBERRY OATMEAL BLENDER PANCAKES

Thefoodiephysician.com

Pancakes don't have to be a no-no if you're trying to eat healthy. These pancakes are packed with simple, nutrient-rich ingredients to fuel your day and are bursting with flavor. Plus, they're so easy to make! All of the ingredients come together in a blender- no bowls, whisks, etc. You can even pour the batter directly into the pan from the blender so there's minimal clean up involved!

Pancakes are always popular in my house. However, store-bought pancake mixes and frozen pancakes may not be the healthiest option as many of them are made with refined flour, preservatives and a good amount of added sugar. These *Strawberry Oatmeal Blender Pancakes*, on the other hand, are made with fresh, wholesome ingredients- rolled oats, Greek yogurt, banana, strawberries, milk, egg, vanilla, baking powder, baking soda, and a pinch of salt- that's it!

These *Strawberry Oatmeal Blender Pancakes* are also gluten-free if you use certified gluten-free oats. Instead of using refined white flour in the batter, I use rolled oats, which are nutritious whole grains. Oats have a multitude of health benefits including: helping to lower cholesterol, stabilizing blood sugar levels, keeping things moving smoothly in your intestinal tract, and keeping you feeling full. For this recipe, you grind the oats up in the blender to make oat flour and then add in the rest of the ingredients.

Instead of adding sugar to the batter, I use a banana and chopped strawberries. The fruits add natural sweetness as well as a host of vitamins, minerals, antioxidants and fiber. Because there is no added sugar, these pancakes are not too sweet. If you prefer them a little sweeter, you can always top them with an extra drizzle of maple syrup.

Ingredients

- 2 cups old fashioned oats (can use certified gluten-free oats)
- 1 cup milk, any type
- ½ cup 2% Greek yogurt or Plain for a lactose-free option
- 1 large egg
- 1 large, ripe banana
- 1 teaspoon vanilla extract
- 2 teaspoons baking powder
- 1 teaspoon baking soda
- 1/8 teaspoon kosher salt
- 1½ cups chopped strawberries
- Olive oil or coconut oil spray
- Optional toppings: 2% Greek yogurt, chopped strawberries, maple syrup

Instructions

1. Pulse the oats in a blender until finely ground.
2. Add the milk, yogurt, egg, banana, vanilla extract, baking powder, baking soda, and salt to the blender. Blend until smooth.
3. Heat a nonstick pan or griddle over medium heat and coat lightly with olive oil or coconut oil spray. Working in batches, pour the batter into the skillet, about ¼ cup batter per pancake. Sprinkle chopped strawberries on the pancakes. Cook the pancakes until bubbles appear around the edges and the bottoms are nicely browned, 2-3 minutes. Flip and cook another 1-2 minutes until done. Repeat with the remaining batter.
4. Serve pancakes immediately or keep warm in a 200°F oven. Serve with a dollop of Greek yogurt, chopped strawberries and a drizzle of maple syrup.

Dr. Sonali Ruder DO is a board-certified Emergency Medicine physician, trained chef, mom, and cookbook author

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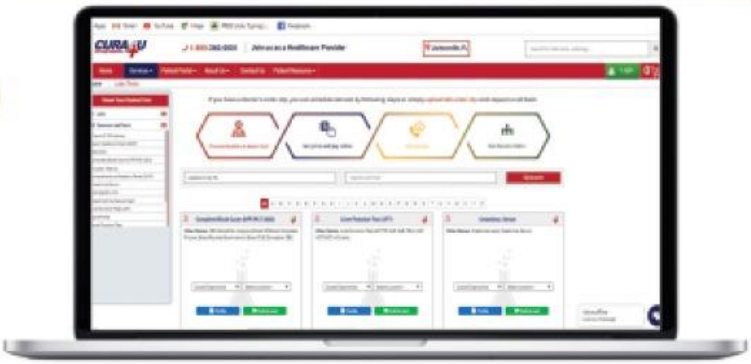

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A Breakup with Primary Care

KATIE KLINGBERG, MD

It pains me to write this. I am tired of pretending. I simply cannot do this anymore. I sincerely wish you well. I do hope our paths will cross again.

I first gazed at you, cautiously intrigued. Coquettish even. Butterflies fluttered when I thought of you. You left me longing for more details. You captivated my heart and mind. I became obsessed with you, wanting to understand your layers and complexities. You demanded I cared about the whole person and showed me how to synthesize mind, body, and spirit as I repeatedly tried to impress you and emulate your essence. You turned around and grabbed me fiercely. I was smitten. I surrendered; I was yours.

I was idealistic. I worked hard to make us work. I was naïve and eager to see only the good and ignored the long hours and bitterness creeping in. You introduced me to good people and their stories which kept me distracted, allowing me the perspective to weather our private storms. No one noticed I was feeling annoyed and angry when you demanded more of me than I could humanly give. You were my everything at the expense of my own self and my needs. I thought our union would be enough and keep me safe and feeling complete.

Despite three miscarriages, three babies to raise, a dad to bury, and cancer to beat, you pushed me to keep going, emotionless, unfazed, unforgiving. You told me it was all my fault: If only I would exercise more, eat better, meditate more, things would get better for us. I became lost and felt unsupported. I felt you pulling away.

We became competing forces. You were my Romeo, I, your Juliet. If we had only lived in another time, met in another world, we could have avoided the sparring that existed because of the space we found ourselves in. Our shared aspirations should have transcended the dysfunction brewing between us. We allowed others to get in between us and complicate our partnership. I tried to catch your attention many times to run away and do it our way. Sadly, we were not allowed to follow our hearts.

I thought wrongly I could change you. I thought I had your ear and respect and could steer you back to me when you fell prey to gadgets and gizmos and dollar signs that divided us and shifted your goals away from mine. I worked harder, pivoted as you pivoted, and tried to embrace your new whims. You cared more about the opinions of others than the endeavors we were trained to do. Our passions and values no longer aligned. I wanted to see our friends and spend more time with them. You prevented me from this joy and made it only more cumbersome and a lot less fun. After decades of this facade, it was time to part ways and be true to myself. I no longer recognize you or the you I thought I loved.

It has been a grieving process to reach this awareness and look at us from the inside out. I thought I could maybe last a little longer and see if things improve, but that has been my mantra for too much time already. I will miss the great circle of people I met because of us, but trust they will fare well and will hopefully remain in touch.

I hope we can remain friends.

Katie Klingberg is a family physician.

Online Privacy Fixes: 3 Quick Changes You Need to Make Today

BY SERENA O'SULLIVAN, KOMANDO.COM

Before the advent of the internet, the definition of "privacy" was much more straightforward. Plus, it was easier to control what you shared — and who you shared it with. But advancing technology means you can instantly share information, which means you have less time to think about the consequences of those actions.

For instance, you may want to snap a photo of your work from home setup. Many people who work remotely are feeling lonely without coworkers to chat with, so they'll share pictures without realizing the dangers.

Luckily, you can make a ton of privacy changes to stop yourself from accidentally spilling important secrets. The only problem is that some privacy changes take a long time to instill. That's why we're sharing three quick fixes that will boost your protection ASAP.

1. Change your router password

Most people install their routers and start using them within a few minutes. They're so excited to get connected that they often miss a critical step: changing the router's default password. It's a common mistake, but you need to update your password sooner rather than later.

Otherwise, someone could easily break into your system. Don't give them the opportunity. Changing your router's password is one of the easiest and most important protection tools you have.

Speaking of security, we've got to tell you about a potentially scary site to watch out for. **RouterPasswords** can reveal your router's secret password in a matter of moments.

It reveals default router passwords for many different models, from Apple to ZyXEL. Although it's a helpful resource for customers like you who may have lost their password, it's also a useful tool for hackers. If you haven't updated your router password, someone could find your code in under a minute.

Tap or click here for a free tool that finds out if criminals have hacked your router. If you still use your router's default password, don't stretch your luck — stop leaving yourself vulnerable and replace it right now. Otherwise, you're putting your private data at risk.

2. Turn off Facebook facial recognition

Facial recognition technology is a hotbed of controversy. It can be beneficial for photo organization since it scans pictures and lets you tag familiar faces in your picture gallery. But the social media website is notorious for privacy concerns.

In fact, Facebook recently settled a class-action lawsuit against its use of facial recognition programs for $650 million. While a settlement doesn't prove any wrongdoing, it's still enough to raise concerns.

Plus, its facial recognition program, DeepFace, has around 4 million facial images. That's "the largest facial dataset to-date," **according to Facebook Research**.

If you want to stop Facebook from analyzing your face, disable its Facial Recognition Feature. To do this, tap on the upside-down triangle in the top right corner of your screen. From there, hit **Settings & Privacy**

From there, Facebook directs you to a new page strictly for your settings. On the left column, you'll see a ton of options.

Scroll down and tap on **Face Recognition**, which takes you to a page that asks, "Do you want Facebook to be able to recognize you in photos and videos?" It will automatically be set to **Yes**, so tap on the blue **Edit** button to the right.

Once you hit **Edit,** set the feature to **No** and you're good to go. Now that you've changed your Facebook settings

let's look at another site that requires your attention. This one's a doozy, so buckle in.

3. Delete yourself from this scary site

People search websites are some of the creepiest places on the web. You just need a person's first and last name, and you'll see tons of information collected from social media and public records. As you can imagine, stalkers and hackers love these types of websites.

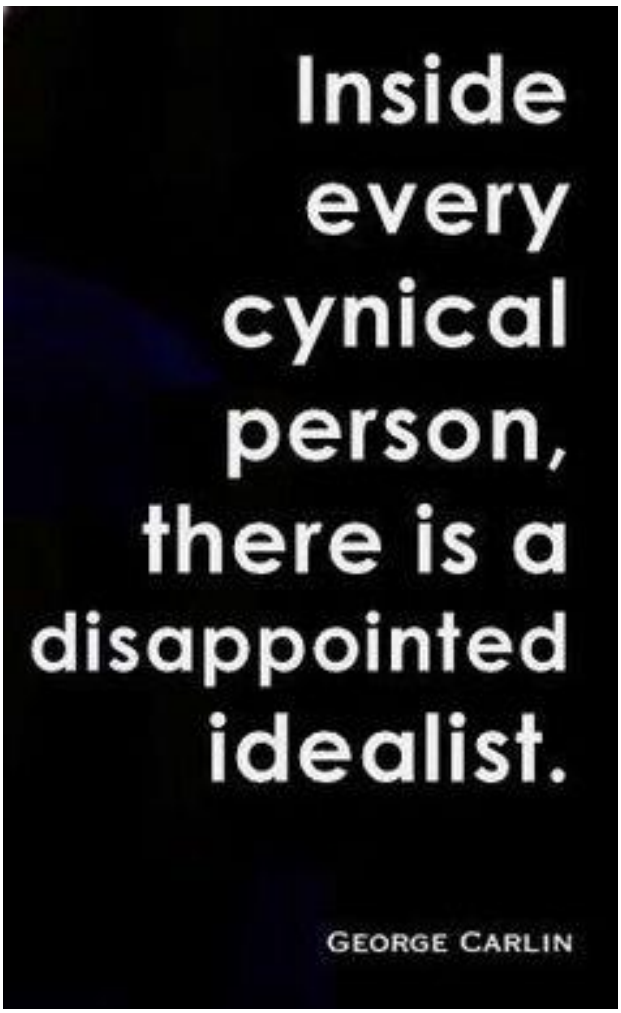
One especially scary website is cyberbackgroundchecks.com. If you enter your name, you'll see a shocking amount of private data spread out for all the world to see. If builds an extensive report collected from address history, phone numbers, criminal records, social media, relatives, work and more.

It will even reveal your full name and address, as well as your phone number and possible relatives. If you want to take back your privacy, head to **Cyberbackgroundcheck's opt-out page** and read the terms and conditions. Once you've agreed, enter your email address and complete the CAPTCHA.

Then, hit the button named **Start Removal Process** and follow these steps:

1. Enter your name in the search bar to find your records.
2. Select the **Remove My Record** button at the top of the page near your name. (**Note**: In order to remove your profile, you **must** be on the details page for a profile.)
3. Then, open your email inbox. You'll find a message with a removal link. Click on this link to confirm the removal.

After 72 hours have passed, your record should be removed. Now, you can breathe a sigh of relief … but don't relax too soon. The internet is still a dangerous place full of threats.



6 Steps Toward Your Retirement Goals

What should you consider today to help you move forward?

You want retirement to be your chance to get out of the rat race and have time for the things you've always wanted to do. That's great, but what exactly does that mean? Travelling? Volunteering? Spending time with family and friends? Starting a business? Simply doing nothing?

You may think your plans are just like everyone else's, but that's unlikely. They're as unique as you are.

As we'll discuss, exactly how you want to spend your time will definitely affect what you should be doing now to prepare for it. However, there are steps that everyone should consider taking today regardless of their retirement goals. Here are six of the most important:

1. Have a plan

If you haven't gathered your ideas about retirement together and distilled them into a cohesive investment plan, that's a great place to start. Or if you have a plan stuck in a drawer somewhere, you need to revisit it.

Whether you want to start a second career, travel the world, or just do nothing will make a big difference when it comes to what you'll need to cover your expenses. The better you can define precisely what your goals are and which are most and least important, the better your plan should be.

An asset allocation – how your investments are proportioned across different asset classes (stocks, bonds, cash alternatives, etc.) – should be at the heart of your plan. The allocation that's appropriate for you will vary depending on a variety of factors. Primarily, these are what you want your investments to help you achieve (objectives), how comfortable you are with market volatility (risk tolerance), and how long it will be before you plan to retire (time horizon).

2. Use tax-advantaged accounts

Even if you don't have a retirement plan as such, chances are you have savings in employer-sponsored qualified retirement plans (QRPs), such as 401(k) or 403(b) plans, or a traditional or Roth IRA.

If that's the case, good for you. These tax-advantaged accounts can be great ways to work toward your retirement goals because paying taxes each year on any growth, as you would with taxable accounts, can dramatically reduce the amount you end up with.

If you participate in a QRP and your employer offers a matching contribution, try to contribute at least as much as the match – otherwise, you are leaving free money on the table. If your employer doesn't offer a QRP or you're self-employed, look into opening an IRA.

3. Clean up your accounts

Over the years, you may have accumulated a number of IRAs and QRP accounts with your current and past employers. Along with that, you may own taxable investments in different full-service and online accounts. And your spouse or partner may be in a similar situation.

Having a portfolio in pieces like this may make it more difficult for you to reach your retirement goals. Take time to figure out how many accounts you actually have, and consider the potential benefits of consolidating them, including helping you to:

- Understand how your assets allocated
- Decide when it's time to rebalance
- Know exactly what investments you own
- Save time
- Manage your beneficiary designations

4. Try to stay in the market

When the market takes a big hit, you may be tempted to sell investments with the intention of getting back in when the things turn

around. This practice, known as *market timing*, may sound good, but as we've all seen, the market can be extremely unpredictable, making success with this strategy very difficult.

If you get out when the market's down, you could miss out on significant gains if it suddenly turns around before you get back in. And that can prove costly.

Rather than attempting to time the market, try to stick with your asset allocation when there's market volatility unless something major has happened in your life (a birth, marriage, illness, divorce, etc.) that makes you want to change it.

In addition, consider *rebalancing* once a year by checking your accounts to see if market activity has shifted your investments away from your desired asset allocation. If it has, you may want to sell some investments and buy others to bring your accounts back into alignment.

5. Prepare for emergencies

Events like a sudden job loss or unanticipated home repair can quickly derail your retirement plans. To help protect you and your family, consider keeping an emergency fund with enough money to cover three to six months of living expenses.

These funds should be held in a liquid but stable account, such as a bank savings account, so you can access them when needed and not have to worry about fluctuations in value.

6. Consider an advisory account

If you're not comfortable with or interested in managing your retirement savings, consider using an advisory account.

These accounts are run by professional money managers who choose the investments, make buy and sell decisions, and periodically readjust the holdings in the account to maintain your chosen asset allocation.

Instead of paying commissions for trades in an advisory account, you are charged a management fee based on the value of the assets in your account.

Investing involves risk, including the possible loss of principal. Asset allocation cannot eliminate the risk of fluctuating prices and uncertain returns. Diversification does not guarantee profit or protect against loss in declining markets. Stocks offer long-term growth potential but may fluctuate more and provide less current income than other investments. An investment in the stock market should be made with an understanding of the risks associated with common stocks, including market fluctuations.

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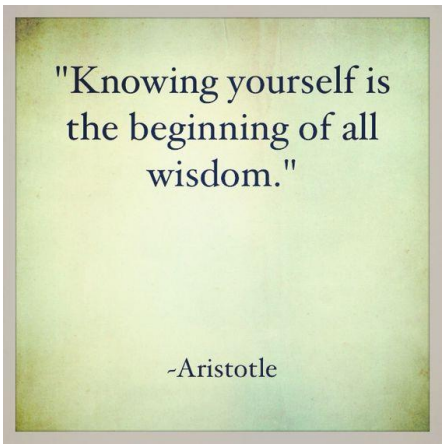

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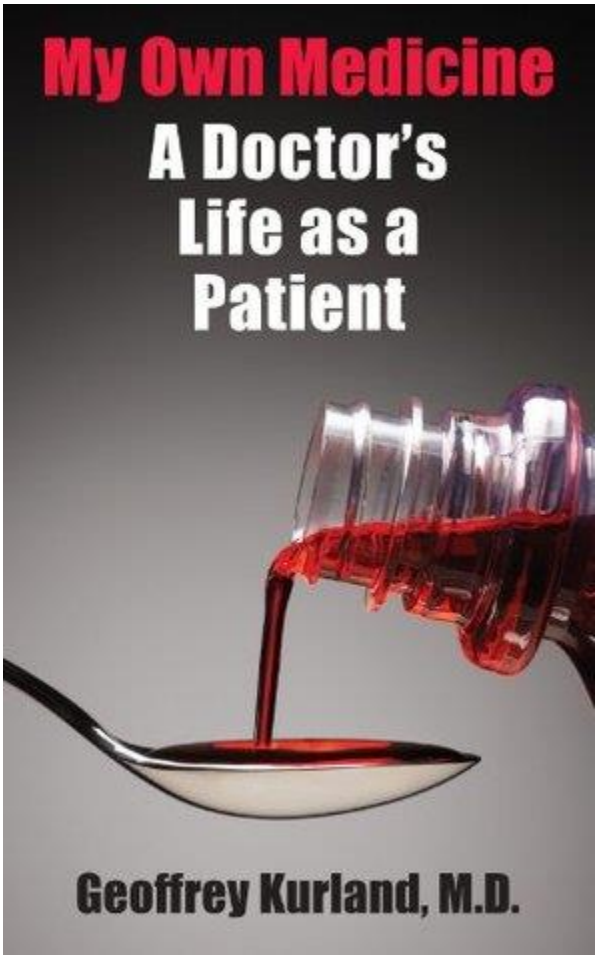
BOOK REVIEW
My Own Medicine: A Doctor's Life as a Patient

by Geoffrey Kurland



Approaching his forty-first birthday, Dr. Geoffrey Kurland was a busy man. His work as a Pediatric Pulmonologist, caring for children with lung diseases such as cystic fibrosis and asthma, led to long hours on the wards at the University of California, Davis Medical Center. At the same time, he was in the midst of training for the Western States Endurance Run, a grueling 100-mile long footrace across the wilderness of the Sierra Nevada Mountains. His long training runs, the responsibilities of patient care and teaching, and relationships attempting to replace his departed girlfriend occupied most of his life.

Dr. Kurland's ordered world is suddenly turned upside-down when he is diagnosed with Hairy Cell Leukemia, a rare blood cancer with a low survival rate. His work, his running, and his friendships are altered by his struggle to survive. He finds he must undergo many of the procedures he performed on his patients, must endure surgery and chemotherapy, and must relinquish control of his life to his physicians, surgeons, and his disease. He learns first-hand what cannot be taught in medical school about the consuming power of a chronic illness and its treatment.

Confronting his own mortality, Dr. Kurland is now the patient while remaining a physician and runner. With the support of his physicians at the Mayo Clinic, the University of California, and the University of Pittsburgh, he resolves to continue to live his life despite his potentially fatal disease. He discovers his personal inner strengths as well as weaknesses as he struggles to confront his illness and regain some of the control he lost to it.

Along his nearly two and a half year journey, we follow Dr. Kurland as he endures surgical procedures, chemotherapy, and life-threatening complications of his illness. He emerges into remission with new inner strength and understanding of what it means to be a doctor. He also finds that he is still a runner, with the same goal, to run the 100 miles across the Sierra Mountains.

REVIEWS:

"Taut, dramatic, and intensely real…Very well written." --Oliver Sacks, the best selling author of SEEING VOICES and HALLUCINATIONS

"[MY OWN MEDICINE] should be required reading for every medical professional. Kurland never asks for sympathy or pity. [...] What comes through powerfully is his humanity, which his own bout with illnesses has clearly enhanced, and from which both his patients and his readers will benefit." --THE NEW YORK TIMES

"While training as a pediatric pulmonologist, Kurland told a patient, 'I know how you feel'; years later, when he was diagnosed with a rare form of leukemia, he discovered just how untrue this was. [...] The way in

which serious illness alters one's sense of self and of life is compellingly expressed in this energetic, nervy narrative, as Kurland's illness and eventual recovery collide with a host of profound shifts—a big career move, the death of a colleague, an unravelling relationship with his girlfriend, and a deepening one with his parents." --THE NEW YORKER

"MY OWN MEDICINE is rich in detail, enhanced by the author's skillful handling of the narrative...The book depicts a man who, faced with the painful reality of his own mortality, acknowledges his condition and gears himself to face the challenge." --PITTSBURGH POST-GAZETTE

“The story of Kurland’s battle with a disease that almost took his life is compelling and poignant. Unlike other chroniclers of illness, however, Kurland is a physician caring for critically ill children. Perhaps it is inevitable that his observations on life, death, and suffering should be so informed by his work. The result is a narrative that is both unique and deeply insightful.”

“

Little-Known Facts About the Masters

By Gene Bleile

The National Invitational Tournament's name was changed to The Masters in 1939. MASTERS.COM PHOTO

I thought a look back at how the world's greatest golf tournament came about might get you in the mood for safe and social distancing summer golf.

ONE: The Masters Golf Tournament actually got its start by accident.

In 1932, Bobby Jones opened his Augusta National Golf Course, and by 1934 he, the members and his investors wanted to host a major tournament.

When the USGA turned him down in early 1934 as the host of the U.S. Open, Jones and the members held their own tournament and called it the National Invitational Tournament (the name wouldn't be changed to The Masters until 1939).

TWO: Jones and his investors wanted his course to be an art form, so they hired Dr. Alister MacKenzie to design it. In January of 1934, MacKenzie died and never saw the completion of his course or the first tournament.

THREE: The Masters winners green jacket got its start in 1937 when the club members wore them to distinguish themselves from the common fans. It wasn't until 1949, when Sam Snead won The Masters, that the first green jacket was given to a winner of the tournament.

Along with the green jacket, the winners receive a lifetime exemption from qualifying for future tournaments. In other words, they have a permanent invitation to play, no matter their age, but they must make the cut to continue.

FOUR: The Masters invented the format for tournament golf. It was the first 72-hole event played over four days and is still used to this day

FIVE: During the TV broadcast of The Masters, viewers will not hear the words: fans, championship, bleachers, sand traps, or how much money the winner actually receives along with the green jacket.

SIX: In 1994, commentator Gary McCord was taken out of the broadcast booth after he referred to the fast greens as "bikini waxed." In the '60s, commentator Jack Whitaker covered the event until he referred to the patrons standing around the 18th green as "a mob." To get their next year's contract renewed with Augusta, CBS had to drop Whitaker from the booth.

SEVEN: The top of the Augusta National Clubhouse is called the "crow's nest." During The Masters week, four amateurs are invited to play and stay on the grounds. Notable past amateurs who went on to win in later years include: Tiger Woods, Jack Nicklaus, Tom Watson and Phil Mickelson.

EIGHT: After years of controversy, African-American golfers were allowed to participate in The Masters tournament. In 1975, Lee Elder became the first African-American to play at Augusta, after winning the Monsanto Open.

NINE: Next time you see a close-up of Rae's Creek on TV, remember that the maintenance crew dyes the creek blue the first week in April to look good for the audience watching at home.

TEN: Attendance figures and gate receipts are never disclosed to the public. It has been reported that scalped tickets to The Masters go for as high as $12,000 apiece.

ELEVEN: From 1943-45, The Masters was not played. During World War II, tournament play was suspended and the course was used to raise turkeys and cattle for the war effort.

TWELVE: Jack Nicklaus has six Masters wins, followed by Tiger Woods with five, Arnold Palmer

with four, and five different golfers have three wins each.

19th Hole Trivia

• Tiger Woods went 14 years between his last Masters win (2005) and his 2019 win at Augusta.

• The winner's green jacket must be returned to the clubhouse the following year and will stay there, unless he wins the tournament again.

• Bobby Jones' main partner, who invested in and helped start The Masters, was Clifford Roberts.

40 Years of Ward Attending

By Dr. Robert M. Centor

January 1, 1980 I walked onto the 7th floor of the old North Hospital at the Medical College of Virginia to make rounds as the attending physician. I had spent much time there as an intern and resident, but now I had a new role.

As I reflect on 40 years and probably between 12 and 15 years of total time making rounds, I first feel fortunate that I quickly discovered that my vocation was also my avocation. Now while I have retired from administrative responsibilities, I still devote 3.5 months each year to rounding with students, interns and residents. And each rotation still brings out the same excitement of going to the bedside and trying to help patients, of exposing students to the wonder of internal medicine, of helping interns through that difficult year and of helping residents in the final year of their internal medicine journey.

When I started, I thought that I really knew what I was doing. On reflection, I had some excellent instincts, adequate knowledge and yet much to learn about leading a ward team. The job has changed dramatically over these 40 years, and hopefully so have I.

In 1990, I had the wonderful opportunity to spend a month at Stanford, learning about teaching from Dr. Kelley Skeff. To this day, he remains one of my heroes and important colleagues. He taught us how to evaluate our own teaching. He provided a structure of the attributes for successful teachers:

- Creating a Positive Learning Climate
- Organizing Control of the Teaching Session
- Communication of Educational Goals
- Promoting Understanding and Retention
- Evaluation of the Learner
- Providing Feedback
- Fostering Self-Directed Learning

His insights and videos allowed us self-reflection. Under his guidance, we learned to strive for improvement and to critically evaluate our own teaching. I borrowed much from Kelley.

He transformed my teaching in many ways. The most important in reflection was that I began seeking ways to assess my own teaching through student, intern and resident feedback. I learned that experimentation was desirable for teachers – as long as one could adequately evaluate the experiment. Over the years my teaching has matured thanks to the patients, students and housestaff who have given me either direct or indirect feedback.

Teaching attending responsibilities have changed dramatically over the years. When I started we never wrote notes. Then we transitioned to brief notes for billing.

It took many years to developed my unique ward rounds teaching style. I am happy to argue that there is no correct teaching style, rather each attending physician needs to develop a style that works for patients, students and housestaff.

Medicine has changed dramatically over the past 40 years. We treated heart failure with digoxin and furosemide when I started. We had no HIV reported, no MRSA, nascent CT scanning and MRI, many fewer drug classes, and no billing requirements. Our understanding of pathophysiology has grown. Our ability to diagnose prior to autopsy is much greater, yet we likely

make as many diagnostic errors now as we did then.

The research into what makes successful ward attending rounds – Using cognitive mapping to define key domains for successful attending rounds – further helped me understand what to emphasize and what to de-emphasize.

At the beginning I aspired to become a great clinician-educator although no one used that term. In the 70s and 80s (and for some today) most deans and chairs assumed that any good physician could teach clinical medicine. Today we are more clearly defining the value of great clinician-educators and hopefully insisting on quality (although this might be an aspirational hope).

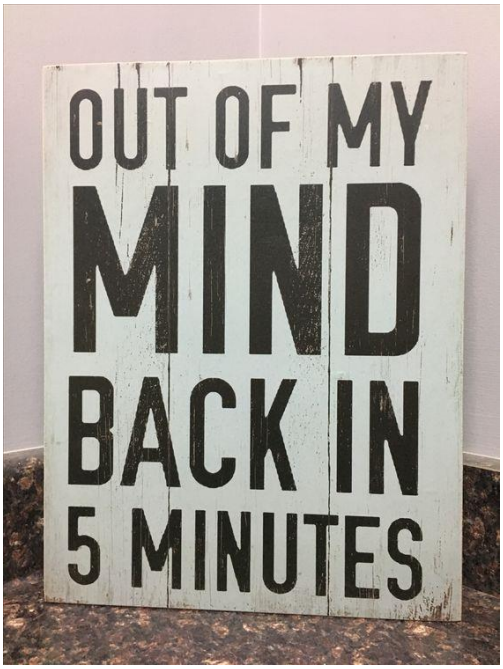
So what do I know now that I did not know then. First, I have a much better personal understanding of my limitations. I know when to ask for help. Second, I have developed my best style. I allows start in the team room, discussing each patient, having the team tell me their plans. We often have a brief educational discussion of some aspect of the patient (dx, rx or something tangential). Once we all understand the general plan for the day, we go visit each patient. At the bedside I often am the "role model". I repeat parts of the history when appropriate, repeat the high yield physical exam, answer patient questions, and make certain that the patient understands the day's plan. I deliver bad news if necessary. Afterwards, we often debrief the team about bedside manner. Whenever we have images to view, we walk to the radiologists. I started doing this several years ago, and it has become extremely popular with the housestaff and students. It also helps us more quickly get to the proper diagnosis.

My advice to junior attendings:

- Try hard not to micromanage
- When you disagree with the team, or when you are directing the plan – make your thought processes explicit – that is the number one wish of your learners
- Respect their time – always finish on time, even if you must see a few patients w/o the team
- Get to know the team members
- Ask team members what they did for fun on their off day
- Give feedback daily – both positive and formative – and label it as feedback
- Touch patients, sit down, learn who the patients are – your learners will emulate your bedside manner, so make it impeccable

I have left much out. Being an internal medicine ward attending is and has been my perfect vocation and avocation. I hope they let me reach 50 years.

Thanks to the many patients, students, interns and residents who have challenged me to be a better physician and a better educator. You have given me the great gift anyone could receive.



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My Insurance Company is Making Me Sick

MARYANNA BARRETT, MD

"Dealing with my insurance company is making me sick."

It wasn't exactly her chief complaint, but it was one of the concerns raised by my patient at a recent office visit. In fact, it has become increasingly more common in recent years for patients to raise concerns about their insurance directly to me — their doctor.

Not only is dealing with insurance companies a time-sucking administrative burden for practices and an endless source of frustration and illness-inducing stress for patients, this nuisance has now found its way into the exam room.

I have literally started a pen-and-paper list where I log the ridiculous anecdotes from my patients, details of how insurance carriers rejected claims and the alleged rationale. I have come to refer to these various tactics as "the bag of tricks." They seem to occur in waves, then die down for yet another new trick to emerge while the old trick shows up from another carrier as its success ripples through the Interpol-like covert communication between the players of the oligopoly.

I'll share a few examples.

A patient of mine needed an outpatient surgical procedure for a precancerous condition. Being a conscientious member, she called her health insurance carrier to verify outpatient surgical benefits. She confirmed that both myself and the outpatient surgical facility were in-network, but the hospital's lab and pathology department were not. Her in-network pathology group was … .in another state. Did they want her to drive her surgical specimen across state lines? That sounds cost-effective. Let's hope there is a nearby in-network hospital to treat her post-op DVT (blood clot) while she is there handing off her specimen.

Another patient, also undergoing outpatient surgery for a non-emergent but very time-sensitive and potentially emergent condition, received notification from the anesthesia group after her surgery that they were not in-network with her insurance, despite the fact that the facility was approved and was initiating the burdensome appeal process.

Yet another patient was told by her insurance company that every time she goes for an inpatient or outpatient procedure or evaluation, she needs to call and verify the facility, the treating doctor, the lab, the anesthesia group, the pathology department, etc. And, then what? Hire her own anesthesiologist while she is on the way to the hospital just in case her emergency becomes surgical? How is she supposed to know or accomplish this?

That brings me to another example.

I have not experienced this one directly. But I've had colleagues who have seen claims denied by insurance companies based on place of service — noting that for the diagnosis rendered, the patient should have been seen in the emergency department or should not have gone to the emergency department. So now, not only do patients need to be hiring their own anesthesiologists and pathologists, they also need to know their diagnosis and its exact acuity before arriving. Isn't that why they come to us?

My most recent entry to the bag-of-tricks log, so ridiculous as to be almost unbelievable, comes from a patient I was seeing for her annual well-woman exam. She had elected to switch birth control methods at her previous visit, so I inquired how she was doing with the new method. She had never started it because her carrier denied payment based on having her designated as "male" gender.

Never mind that she is one of those rare patients who hasn't changed her insurance plan in over five years and that they covered the previous contraceptive. But, honest mistake, just a little clerical error when updating the plan year, maybe? She clarified her gender of choice and requested a correction.

Apparently, this is an unreasonable request without her furnishing both her birth certificate and her marriage license, documents that she was never required to furnish before. She asked them would they prefer to cover maternity claims? I suspect they would use the same clever trick to deny and/or delay payment of those claims as well. In the mean-time, with her money and the money of doctors/pharmacists/facilities they're refusing to pay, they continue to make themselves rich on the arbitrage.

Even more upsetting to me than the bag-of-tricks practice is the evolution of full coverage for screening and full patient-responsibility for diagnostic work-up of any abnormal screens, which has become ubiquitous across the typical plan offerings of the oligopoly.

A patient has an abnormal pap smear but does not want to come in for the requisite biopsy because it is subject to the astronomical deductible that she will never meet. Or a screening mammogram was suspicious, and the patient declines the diagnostic work-up and biopsy for the same reason. Many patients seem to feel that the diagnostic evaluation is not important and only want to continue with screening that their "insurance pays for," as they put it.

Many struggle to understand that a screen is only as useful as its follow-through, despite my best attempts to explain. They've become so accustomed to thinking that their insurance dictates their health care that the message they've received is that following up on abnormal screenings is not important when in reality, it can be life-threatening.

Having this kind of insurance plan has become a deterrent to following through with appropriate care and a risk factor for advanced disease. It has also become yet another insurance-inducing administrative burden as physicians and their staff spend endless hours calling and sending letters to patients declining important diagnostic evaluations.

I think it also bears mentioning here that I, as a self-pay patient, paid less for my annual well-woman exam, pap smear, and screening mammogram combined than I would have spent for just one month's premium with your typical oligopoly plan. So, what can we as doctors and patients do about this?

I will share my strategy.

I keep a sheet of paper on my desk with the name and address of my state Commissioner of Insurance and the name and email of the contact on his executive counsel. This information is readily available to anyone who looks for it — search your state, department of insurance.

When a patient shares a grievance, or trick, with me, I have them take a screenshot of this piece of paper and I empower them not only to share every detail with this state department, but to let their insurance carrier know that they are doing so.
It is amazing how quickly some of these insurmountable errors get corrected when the patients themselves employ this strategy.

Looks like we have our own bag of tricks!

Maryanna Barrett is an obstetrician-gynecologist and can be reached at Not a Commodity and on Twitter @CommodityNot and Facebook.

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How Important is it to Career Advancement for Women Physicians to Lecture in CME Courses?

Courtesy of MomMD.com

How important is it for a female physician's career advancement to lecture in CME courses? To answer that question, we begin by relating part of the synopsis of a CME offered by Harvard Medical School. Entitled, " Career Advancement and Leadership Skills for Women in Healthcare". The course is designed to help women develop leadership skills in "key leadership skill set domains", one of which is "Communication: Executive presence, dynamic and persuasive public speaking", etc. To the extent that you consider Harvard Medical School a preeminent expert on various matters, that pretty much answers the question. To advance one's career, a woman must be seen and heard by her colleagues, regarded as a leader and a subject matter expert. Speaking at a CME is the best way to accomplish all those goals.

Of course, now that we have answered the question, there are caveats. First, how do you define career advancement? It is leadership at the administration level or is it a key position in research? Is it a public health and public advocacy post or an internal influencer role in patient quality and safety? Career goals are highly individual and therefore, so is career advancement.

There is No Training for Career Advancement

No one is trained to understand, or plan for, career advancement. As highly trained as physicians may be, there usually isn't a med school course entitled "How to become a leader in your hospital". On top of that, many organizations have no idea how to nurture leaders or create clear cut career paths for them. When Towers Watson, a professional services company, conducted a survey on the issue they found:

- Only 37 percent of companies in the U.S. and Canada stated that their employees understand how they can shape their careers in their given role
- 44 percent of companies report that their employees are actually able to obtain the career advancement opportunities they desire
- Only 25 percent of survey respondents said that managers effectively provide career advancement to their employees

The Ball is in Your Court

Even if your organization doesn't have a clue about providing you with career advancement opportunities, you can create them yourself. The key elements to building a solid career are as follows:

- Expand your skill sets
- Take on additional responsibilities
- Evolve and/or change your role as you grow and learn
- Find acknowledgement for your accomplishments
- Seek advancement plans as part of your contract, including raises

Speaking at CME adds to that strategy because the old adage of "It's not what you know, it's who you know", remains true as ever. The richness and reach of your professional network will serve you well. It will expand your knowledge, your ability to change jobs, raise your profile and your position as

an influencer. Sharing your experiences and skills as a speaker will give you high visibility and automatically expand your professional network.

It's About Influence

As you build your career, you will need to influence people; to get work done, to achieve goals, to advance in your job. Speaking at CMEs is one of the best ways to present yourself as an influencer. Influence, according to one expert, "…is the application of power to accomplish a specific purpose". Among the positive influence techniques identified by this expert are:

- Logical persuading
- Legitimizing
- Exchanging
- Stating
- Alliance building
- Appealing to values

These are also the techniques of a compelling public speaking. Therefore; speaking at CMEs equals influence equals career advancement. A + B = C. It's a short, smart equation for career advancement for women physicians.

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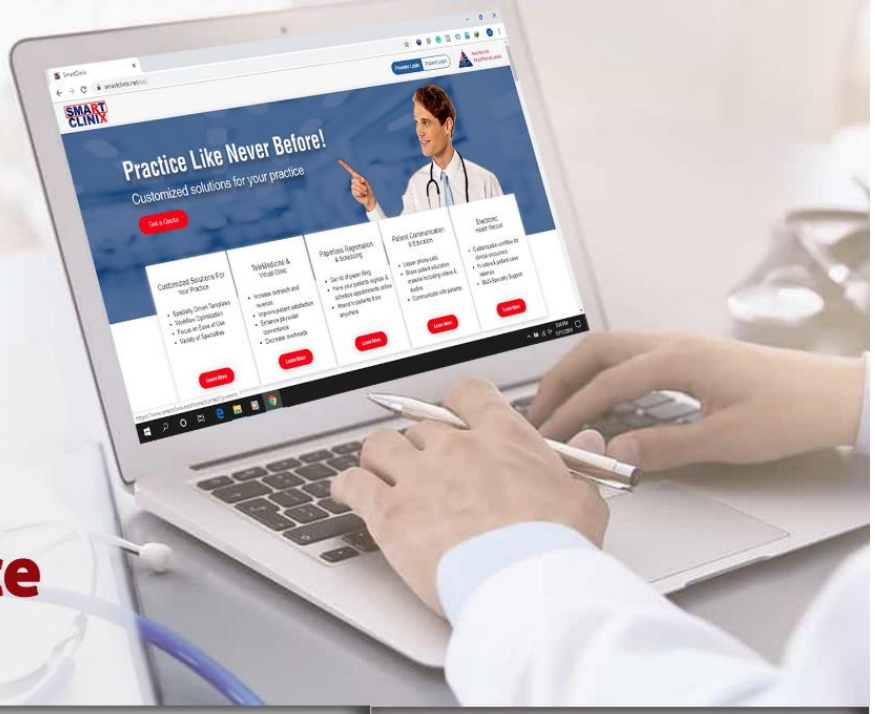

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