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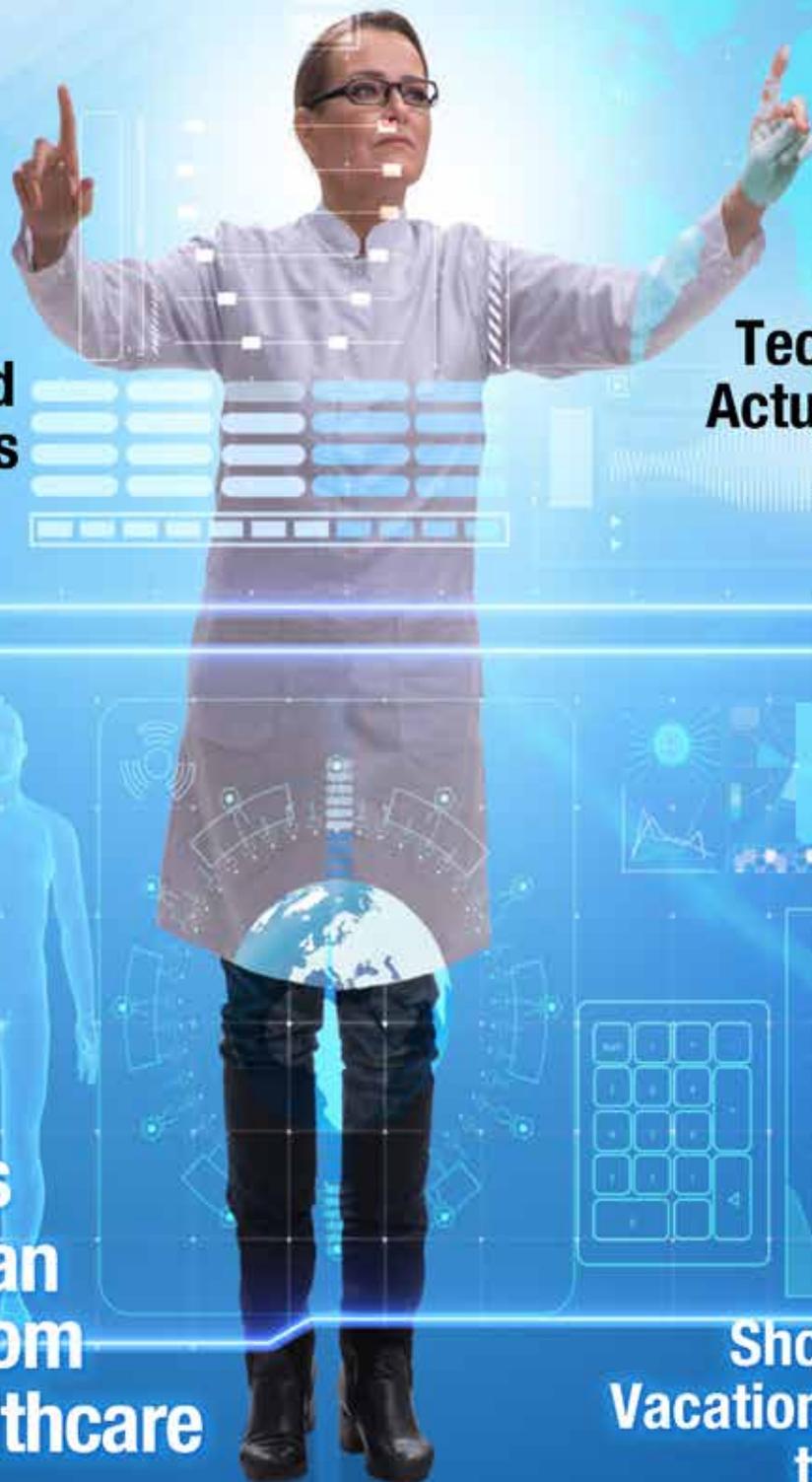
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Contents

- 2 Stories of Frontier Settlement Doctors
- 6 Is There a Way In?
- 8 Should You Buy a Vacation Home During the Pandemic?
- 10 Best Tasting Hard Seltzers to Crack Open
- 12 7 Things You Can Expect from AI in Healthcare
- 14 How to Start an Art Collection
- 16 7 Principles for Navigating the Physician Job Market
- 18 Do You Really Need an Estate Plan?
- 20 Best Tech Gadgets and Holiday Gifts for 2020
- 21 Thanksgiving Appetizer Ideas
- 24 Expert on Call
- 26 An Appreciation for the Sacred Spaces at Work
- 27 Finally! Technology That Actually Brings in New Patients



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Stories of Frontier Settlement Doctors – Their Stories

Courtesy of Oregon Health & Science University

In the late 19th and early 20th century, medicine in the settlements of the Pacific Northwest was often carried out far from a doctor's office. In order to obtain treatment, settlers living on isolated farms, ranches and in mining or logging camps undertook a long and sometimes arduous journey. A minor injury or a common complaint could become an emergency or result in death solely because of the lack of proximity to medical help.

If a settlement was lucky enough to have a doctor living within a day's journey, settlers often expected the doctor to come to them. Nonetheless, someone still had to be sent to notify the doctor that help was needed. Doctors traveled long distances on foot, on horseback, in wagons, buggies, ferries, canoes and boats. Traveling to a settlement might be a cross country journey on nothing more than an unmarked trail. The doctor's bag was designed to carry the tools of the trade and withstand travel in all sorts of weather. Bags of durable oiled canvas or leather stood up to extended travel, whatever the season and terrain.

Rural doctors were general practitioners by necessity. They delivered babies, set broken limbs, pulled teeth, and tended to all sorts of wounds and diseases. They often created their own medications, as well as many of the instruments they used.

The rural family doctor was well known in the community and was often considered the most valuable asset in the area. They most probably delivered every child in the community, and sat with the dying as they drew their last breath. They saw people into and out of this world and in the meantime tried to keep them alive and healthy.

Rural settlers often had nothing to pay with except the fruits of their labor. Doctors would commonly be paid in cord wood, produce, meat, eggs, blankets or other items of value. The doctor was a family friend and might know more than anyone about any given person or family in the region. When a settlement doctor passed away, it was cause for great mourning.



Bethenia Owens-Adair, a pioneer physician, moved to Oregon from Missouri in 1843, and lived both in Astoria and Roseburg. She earned her medical degree from the Eclectic Medical College in Philadelphia in 1874 and in 1880 she finished her M.D. at the University of Michigan Medical School.

She returned to Oregon in 1881 and set up a successful medical practice in Portland. Later, she moved to Astoria where she continued to practice medicine and help with the family farm.

Dr. Owens-Adair described in her book, *Bethenia Owens-Adair: Some of Her Life Experiences*, what it was like on one of her home visits in Astoria: "I carried on my professional work as best I could in that out-of-the-way place; and at no time did I ever refuse a call, day or night, rain or shine. I was often compelled to go on foot, through trails so overhung with dense undergrowth, and obstructed with logs and roots, that a horse and rider could not get past; and through muddy and flooded tide-lands in gum boots.

"One day a Mr. William Larsen came, saying, 'My wife is sick. Come at once.' There was a most terrific southwest storm raging, and we had a mile to go on foot over the tide land before reaching the Lewis and Clark River. The land was flooded, the mud and slush deep, and the swollen sloughs had to be crossed on logs and planks. Nearly the whole distance was overgrown with enormous bunches of wire-grass, many being three feet across. This long, intertwined grass was a great obstruction to walking and I fell prone, again and again, before reaching the river. My boots were filled with water, and I was drenched to the skin. The wind was howling, and dead ahead. Mr. Larsen was a powerful man, and a master-hand with oars. He sprang into the boat throwing off his hat, two coats, and began to remove his outer shirt saying: 'You must excuse me, Doctor, but if I ever get you there, I shall have to strip to the skin.' I understood the situation, and knew that the odds were against us; and I fully expected that, notwithstanding his uncommon strength and skill, we would be compelled to land far below our starting point on the opposite side." Thinking that she would have to cross the land to the Larsen house, they were saved by a small launch that came out to meet them in the raging storm to carry them the rest of the way. By the time they arrived, the wife had survived the crisis point, and so had Dr. Owens-Adair.

"I had most of my practice in that section," she wrote, "and made many trips to that neighborhood."



Carl Julius Hoffmann entered UOMS in 1902; he was a dedicated young student who served as class president and graduated with the highest standing in his class. After an internship, he accepted an offer to take over the practice of a Dr. Longaker in Woodland, Washington. Within a week, he set up practice in the town with seven saloons and one church. Included in the deal he struck were a buggy and a team of horses, Trix and Pet.

Dr. Hoffmann bought a saddle horse to use when the roads became impassable. He had an office in the Bryant Building, where

he practiced for 62 years. He lived next door to his upstairs office, carrying water and cutting his own for wood for heating and cooking. Earle Bryant, who became a fast friend, had a pharmacy on the first floor. In the absence of a nurse, Earle would serve as an anesthetist. Many of the injuries sustained in the mills and logging camps required immediate onsite surgery. Bryant remembered that there were some very tense moments in those days.

Hoffman's fellow classmate and colleague, Dr. J. B. Blair of Vancouver, WA, wrote about Dr. Hoffman, "He has seen all of life's panorama, from the cry of infancy to the parting sigh of old age. He has had no hour he could call his own. No room in his home has been exempt from the imperative call. The darker the night the more howling the storm, the more likely was he to be needed and aroused from slumber to go to the bed of suffering. He has borne all temperatures, sweating in August suns, freezing in December blasts. Drowned with the rains and choked by dust he has trudged here and there, hungry at noon, sleepy at midnight, while others, oblivious to care, were resting or being refreshed by food or sleep.

To accumulate worldly goods in not and has never been Dr. Hoffman's objective. No other person in the community has or could have sacrificed so much to charity as he. He has done all the good he could to all the people he could in all the ways he could, with little regard for remuneration, or ever keeping foremost in his mind that which is just, that which is honest, that which is true. These precepts have governed his life."



George Weirs King was born in 1852 [1845] in the state of New York. He was the ninth of the ten children of Revolutionary War Veteran Cyrus King of Vermont, and Louisa Duncan. He graduated from the medical department of the University of Michigan in 1877. He served as assistant surgeon at the university one year; practiced in Kempton, Illinois for two and a half years, in New York for one year; and then went to Chicago.

While in Chicago, Dr. King suffered a severe attack of pneumonia. After his recovery he was offered the position of surgeon at Marysville for the Montana Mining Company. He believed that the climate would prove beneficial to his health, so he accepted, arriving in 1883. He was committed to his position with the company, but he also maintained a general practice in Marysville and the surrounding country. In the 1880s and 90s it was a bustling town of three thousand residents, and was the center of gold mining in Montana.

Dr. King invented many appliances for his use in surgery and general practice. One was a device in which to set fractured

limbs, and another was used to place injured men while raising them out of the mines. He took pride in surgery, and performed many difficult and important operations.

In 1892, he filed a patent with the U.S. Patent Office in Washington, D.C. for a fracture apparatus. "My invention is designed to obviate this difficulty by providing a portable apparatus by means of which the operator, without the aid of an assistant, can apply and maintain proper extension and counter-extension of, and support for, the broken limb, and, at the same time have free access to every part of it for the convenient application of the splints or bandages," he wrote.

Dr. King served his patients faithfully until his death in 1929. His scrapbook is filled with vivid images of his inventions and the patients he treated from a child who swallowed a penny whistle, men who suffered various injuries in the mines, club feet to necrosis of the skull.

James W. Robinson and Ella Ford Robinson ~ Ella Ford was born in about 1857 to Colonel Nathaniel Ford, who had settled in Rickreall in Polk County in 1844. Along with her younger sister, Angela, they were the first women to graduate from the Willamette University Medical Department in Salem. Ella married fellow medical student James W. Robinson (1850-1938). When James graduated in 1878, the couple moved to Jacksonville, Oregon and opened a drugstore associated with his practice. Dr. Ford Robinson opened her own office, becoming the first woman physician to practice in southern Oregon. A notice in the Ashland Tidings read, "Dr. Ella Ford Robinson—diseases of women, a specialty. Office and residence at Judge Duncan's, Jacksonville." She barely had an opportunity to practice in Jacksonville; she died in childbirth not a year later. But James Robinson stayed in Jacksonville where he carried on a busy practice.

Jacksonville became the cultural and commercial center of the region after gold was found in 1851 but conditions continued to be difficult for doctors and patients. In his memoirs, Dr. Robinson remembered that there were no phones; in the case of an illness or an injury, those in need of a physician would have to send a hired hand at the end of the work day for help. Many trips were fifty to 100 miles or more on bad roads through all sorts of weather.

Jacksonville was a pioneer town. Abigail Scott Duniway a leading force in the suffragist movement writes of visiting Jacksonville: "I went to Southern Oregon in 1879, and while sojourning in Jacksonville was assailed with a show of eggs (since known in that section as "Jacksonville arguments") and was also burned in effigy on a principal street after the sun went down. Jacksonville is an old mining town, beautifully situated in the heart of the Southern Oregon mountains, and has no connection with the outside world except through the daily stagecoaches. Its would-be leading men are old miners or refugees from the bushwhacking district whence they were driven by the Civil War. The taint of slavery is yet upon them and the methods of border-ruffians are their heart's delight. This is where Dr. Robinson carried out his career until his death.

Dr. Robinson was known as the last of the Jacksonville pioneer doctors. When he arrived in this small village, he felt he had found his paradise. He carried on his practice in Jacksonville until his death having cared for families for miles in all directions.



Mary Purvine began her life as the daughter of New England Quakers. With one brother dead and another practicing law, Mary learned to do the farm work as well as take care of the household chores. "Thin and straight", she said she was raised to know only that "it was a sin to lie, and that the worst thing in the world was a drunkard." When her mother's arm was fractured by a fall, a woman doctor came to set the bones. Mary announced immediately that she would become a doctor. She entered the Willamette University Medical Department in Salem, Oregon and graduated in 1899, the only woman in a class of four men.

After graduation, she set up a practice in Condon, Oregon, a town of 800 inhabitants. She tells this story of great danger and bravery: A man from a distant ranch located on the other side of the John Day River drove ten miles to the nearest phone to tell the doctor of the imminent birth of a child. Traveling five hours by horse and wagon in a blinding snow, Dr. Purvine and her driver descended into 30 Mile Canyon where they came to the river, traversing it by ferry. The ferryman gave directions to the ranch, located on a nonexistent road. Arriving at the "one room and lean-to," she found the woman had already given birth. All was well with the mother and baby, but there was the still the return trip to be made.

The ferryman was nowhere to be found when Dr. Purvine and her driver arrived at the river. A fourteen-year-old boy took them across, but landed with feet to go from the bank. Storm clouds were gathering, and more snow threatened. A swift slap of the reins sent the horses up the bank, leaving the wheels of the buggy in the river. After more tries, the wagon and horses lurched safely onto solid ground. The team needed to traverse an eleven-mile ascent before reaching the canyon. When they reached the flat, one of the horses gave out. The driver urged the horses on, finally finding the way to a house where they took an hour's rest and some food. With little time left, they reached what they thought was the descent to the canyon, but they found only trackless snow. Using a lantern, the driver traipsed round and round until he finally found the way. Seventeen hours later, they made their way gratefully back to Condon.

The parents named their girl baby Mary in her honor. "She was cross-eyed and had a mean disposition," said Dr. Purvine, "and she wasn't paid for until after I was married, when we had in-

stallments consisting of a bushel of tomatoes weekly. No wonder I don't care for sliced tomatoes."



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Esther Pohl Lovejoy and Emil Pohl ~ Dr. Esther Pohl Lovejoy was born in 1869 and grew up in a logging camp near Seabeck, Washington Territory and later lived in Portland, Oregon. For a while, she could not decide between a career in theater or medicine but she eventually chose medicine saying it was "drama in its highest form."



The woman doctor who delivered Lovejoy's youngest sister became an inspiration for her to enter the University of Oregon's Medical School. Taking a year off to earn money, she finished in four years and graduated in 1894 with a medal for her strong academic achievement.

Esther married classmate Emil Pohl and followed him to the Gold Rush in Skagway, Alaska, where her brothers were suppliers to gold prospectors. They lived a log cabin with a fireplace for warmth and candles for light. As the new doctors in town, their services were constantly in demand. Dressed in fur against the cold, Dr. Pohl made the rounds of her patients by dog sled. If she needed to drive far from the town, she engaged a native boy who knew the country.

The Pohls started a hospital in an old mule shack. With the help of a renowned gambler who went by the name of Soapy, self-proclaimed "King of the Klondike". Soapy invited the new doctors to speak to a crowd of bushy-haired men in Soapy's saloon. After the speech, a hat was passed and over \$3,000 in coins, dust and pledges was gathered. The Union Church of Skagway offered to sponsor the hospital and with their help, the old shack was restored, cleaned and painted. When it was finished it served only for surgery and serious cases. Most of the doctoring took place far from town.

On Christmas Day, Dr. Pohl's brother Fred entered the town celebrations to demonstrate the usefulness of a bicycle in the snow. Two friends followed by dog-sled to make sure he could make it to the pass and back.

The three were never seen alive again; they were murdered on the Skagway-Dawson Trail. The Mounties found the bodies of Fred's friends first. His body was not found until the spring thaw buried in a shallow hole. Dr. Pohl left Alaska for good, saying to her husband, "I won't come back. I just don't have the heart for anymore Alaska."

Dr. Emil Pohl stayed on continuing his practice in Skagway and the surrounding regions. While fighting an epidemic of encephalitis, he contracted the disease and succumbed. Esther returned once more to Alaska but only to retrieve her dead husband's body.



Herbert Merton Greene, the oldest of nine children, was born in the Blue Ridge Mountains of North Carolina in 1878. It was there that a Mitchell County doctor, an army medic, inspired him to become a physician.

Greene moved out west and attended the University of Oregon Medical School, graduating in 1904. He completed post-graduate studies at the Vanderbilt Clinic in New York, and served internships at the

Multnomah County Hospital, the Coffey Hospital and the North Pacific Sanitarium.

Greene's first year as a physician was spent making house calls by horse and buggy in LaCrosse, Washington. Located along the OR&N railway line, LaCrosse was a very small town of fewer than 500 inhabitants. He also worked as the proprietor's assistant in LaCrosse's saloon and pharmacy.

After his experiences as a country doctor he decided that the rural life was not for him. He built a home on the basalt cliffs of the Willamette River and carried on a successful practice in Portland, Oregon until he passed in 1962.



Forbes Barclay was born in Scotland in 1812. He followed his father, John Barclay, into medicine. He studied at the University of Edinburgh, Scotland and received his diploma from the Royal College of Surgeons in London in 1838. He was appointed Surgeon to the Honorable Hudson's Bay Company in 1839. Traveling around Cape Horn, he arrived at Fort Vancouver in 1840. Dr. Barclay was immediately put in charge of the hospital at the fort, which was described as an old shed outside the stockade. He also attended the settlers and the Indians in the region.

After 10 years, Barclay moved to the young settlement of Oregon City, a town established by the Hudson's Bay Company. He had decided to "cast his lot with the Americans." His practice ranged as far as "St. Helens on the Columbia, the Waldo Hills to the South, and Foster's in the Cascade Mountains." He traveled on horseback and by canoe navigated by an Indian guide. When he died at the age of 61 in 1873, the community mourned their loss. He was thought of as a "kindly, skillful and devoted physician among our midst."

Developments in transportation and technology have made immeasurable improvements to rural medical care in the Pacific Northwest, but rural practice today still has similarities to that of the 19th century. As the OPB production of *The Oregon Story: Country Doctors, Rural Medicine* explains, "Like their predecessors, today's country doctors do things a little differently, but they also defy the stereotypes. They are some of the finest health care providers in the state and still tend to practice a sort of whole-person care rarely seen in urban medicine. Most studied medicine in a big city — probably even grew up in one — and have chosen a rural practice because they appreciate the lifestyle and community. In many cases, the doc might not be an actual "doctor," but a skilled professional with different credentials. And although most patients rely on insurance to cover health care costs, a rural doctor might still be persuaded to accept a payment of a cord of firewood or a side of beef."

Is There A Way In?

Mike Sorrentino, CFA Chief Investment Officer, harwoodfinancialgroup.com



The media loves to report on Initial Public Offerings (IPOs) because the opportunity for fast money generates a lot of buzz. How can investors get in on the next big IPO?

The Hot IPO

An investment bank is different from a traditional bank that accepts deposits, pools those deposits together, and then sells loans at a higher interest rate. These banks assist companies in raising funds in the capital markets, advise on mergers & acquisitions, and complete other complex financial transactions.

One of these is selling shares of private companies through an Initial Public Offering (IPO). This process is often referred to as “taking a company public.”

The media loves IPOs because the opportunity for fast money generates a lot of buzz. For example, when Alibaba went public in 2014, the deal size was the largest in the history of the New York Stock Exchange. Demand for stock in this fast growing internet giant was so high that for every share available, there were more than ten willing buyers [1].

Despite COVID-19 and the current state of the economy, this year has been one of the most hospitable for IPOs in years. According to Dealogic, U.S.-listed IPOs have raised more than \$60 billion so far in 2020 and are on track for the highest level since the tech boom in 2000. On average, these IPOs have risen 23% in their first day of trading, which is the biggest first-day pop since 20002.

The big news this week is that Airbnb could be next. The Wall Street Journal reported that their listing is imminent [2]. This is one of the most anticipated IPOs over the last decade, and if it were

to be successful, it could add even more fuel to the IPO fire.

But that doesn't mean individual investors will be invited to the party. In fact, getting in on “hot IPOs” is often next to impossible. Although this may frustrate some, let's explain how the IPO process works to see why this may not be such a bad thing.

The Process

The first step usually involves hiring an investment bank to facilitate the sale of their stock to the public.

Think of investment bankers as the middlemen between the company and big investors. These banks have deep relationships with money managers, and many sellers would rather pay a bank than try to sell the stock on their own.

This is no different than using a real estate agent to sell a house. An agent is not required, but they can make the process smoother and offer advice on how to get the best price.

Bankers initially target large investors because they can buy big blocks of stock and tend to be long-term holders. They also bring these opportunities to their best relationships, irrespective of size, because good customers of an investment bank expect exclusive access to deals like these.

Over the span of several weeks, the bankers travel with the management team to meet prospective buyers. This process is called the “roadshow,” and its goal is to educate investors on the company and future growth prospects and gauge demand for the stock.

A few days before the sale, bankers solicit orders. If a money manager is interested, they tell the bank how much stock they want and the price they are willing to pay. The bank then compiles the orders to see how the overall demand compares to the amount of stock being sold.

This process helps the bankers determine where to price the stock. Since the company's stock has never traded on a public exchange before, determining the right price can be more an art than a science, and the bankers will often adjust the price more than once before it begins trading as they get a better sense of the overall demand.

Bankers walk a fine line because they were hired by the seller to get the best price for their stock. But they cannot price too high and risk damaging relationships with buyers who may feel that they got a bad deal.

A good rule of thumb for bankers is to price the stock at a level where it will open roughly 10% higher. Meaning, if a bank priced an IPO at \$20, the bankers aim for the stock to open around \$22. Therefore, management does not feel like they are leaving money

on the table, and investors now own a stock that they paid \$20 but could sell immediately for \$22. However, this rarely happens because pricing newly issued stock is extremely difficult. For example, Alibaba was priced in the mid \$60s but opened in the low \$90s [1].

Simply put, most retail investors and smaller institutions rarely get an allocation because the bankers prefer to put stock in the hands of those with the most money to spend.

Caveat Emptor

Let's assume that after a bank completes a roadshow, they realize that demand is lower than expected. This scenario happens occasionally due to a less sanguine view of the company's prospects or because the initial price range for the stock is too high.

Bankers are hired to sell this stock, and since the big buyers are not biting, they must resort to other channels to fill the demand. This is pretty much the only time when smaller investors get a look.

For example, the Facebook roadshow did not garner enough interest from large institutional investors. The bankers filled the gap by offering stock to smaller institutions, high net worth individuals, and the mass affluent through financial advisors and brokers at the banks involved in the IPO [3].

But when bankers opened the offering to smaller investors, they most likely didn't pitch it as a failure on their part to fill the demand from tier one clients. They probably marketed it as exclusive access to one of the biggest IPOs in U.S. history.

Furthermore, these investors did not get the chance to sit down with Mark Zuckerberg and Sheryl Sandberg. Nor did they have trained analysts create financial models and comb through SEC filings to assess risk in the offering.

Most likely, the only analyses made available to them were the research reports published by the banks hired to take Facebook public, which are little more than glorified sales brochures.

The Bottom Line

Stocks can be quite volatile for months after an IPO. The mix of emotions and uncertainty of whether management will deliver on their projections often make for too wild of a ride for some. In fact, many professional investors will wait a year or longer before buying to watch how a stock trades while they conduct extensive due diligence.

Therefore, if you miss out on a hot IPO but still want to get in, just remember that the professionals take their time to do the job right, so it's best to do the same.

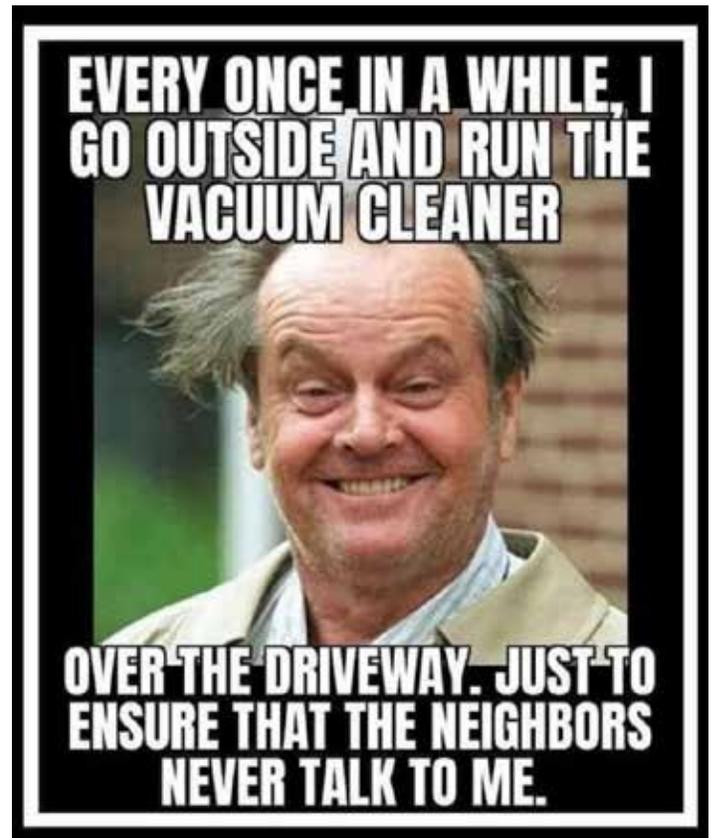
If you just cannot resist the temptation to buy closer to the debut, a good rule of thumb is to only allocate what you are comfortable losing. This strategy will likely preserve your sanity if a stock were to fall flat on its face, which is often the case in the world of IPOs. The bottom line is that most investors will never get the chance to participate in a hot IPO. For those who are offered, keep in mind that you are only getting the opportunity because some of the larger, more sophisticated investors did not like the deal and chose to pass.

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Should You Buy a Vacation Home During the Pandemic?

By Lauren Sieben, *realtor.com*



With most of us cooped up in our apartments or houses, it may be tempting to pull the trigger and finally purchase the vacation home you've always dreamed about.

After all, mortgage rates are hitting record lows, and a change of scenery sounds awfully sweet right about now. If you can swing it, why not?

Reality check: We're also living through a time of economic uncertainty. You could lose your job or find yourself up against a major financial challenge in the weeks or months to come.

Then, who knows when the economy will recover from the effects of the pandemic? Is this really a good time to take the plunge on a second home?

The answer depends on your individual financial situation and your plans for the future. We talked to experts to help weigh the pros and cons of investing in a vacation property right now.

Con: This could be a risky time to buy...

"Even though real estate is one of the more sound investments you can make, do you have the tolerance for risk that comes with it?" asks Jen Horner, a real estate agent based in Salt Lake City.

If you see yourself being ready to sell off your second home in just a few years, you should probably hold off on buying, and stick to renting in your dream destination.

If you only plan to keep the property for the short term, you're more likely to expose yourself to risk and market volatility when it comes time to sell; who knows if your home will retain value over the next few years?

Pro: ...but with low interest rates, now could be a great time to invest

"For those with the income stability ... purchasing a second home may make a lot of sense," says James Duncan, director of education and engagement at Thrive Mortgage in Georgetown, TX.

"Lower interest rates have boosted purchasing power, and for those who have 'buy-and-hold' mentalities, there likely has not been a better time to buy."

That means if you plan to purchase a property that you'll keep for years to come, you'll be in a good position to weather the twists and turns of a volatile economy in the months (and years) ahead.

"Real estate is always a good investment, provided you have the right financial strategy in place," Duncan says.

Ultimately, if you're unsure about it, talk over your situation with your agent and your financial planner to decide if now is the right time to buy.

"Very good Realtors® will not only walk you through the financial steps to ensure a good investment, but will also do their due diligence to ensure you're investing in the right area with growth," Horner says.

Con: Getting a mortgage has gotten trickier

"In the age of COVID-19, the primary concern for all lenders has been the continuity of income," Duncan says.

As a result, buyers are jumping through more hoops than ever to prove that they'll be able to pay a mortgage.

Before the pandemic, lenders would run a few employment verifications before approving a new loan for a home buyer. These days, some lenders are running checks seven—or even 10—times before approving a loan. If you lose any source of income during the buying process, that could jeopardize your ability to purchase a second home.

If you're worried about securing a mortgage, Duncan suggests reaching out to an independent mortgage bank that will likely be more flexible and able to work with buyers one-on-one.

Pro: You can offset the cost of your vacation home by renting it out

If you buy a second home in a popular vacation spot, you could tap into a new source of income by listing your place on sites like Airbnb and VRBO.

Just keep in mind that renting your home to vacationers will add extra responsibilities to your plate, including maintaining the property, keeping photos and descriptions up to date, and cleaning between guests.

The possibility of rental income also comes with a major COVID caveat: During the pandemic, travel restrictions and cleaning logistics have made renting more complicated for hosts.

Be sure you understand what you're getting into before you bank on rental income.

Con: The market where you're buying might take a while to recover from the pandemic

Do your homework on the area where you want to buy. What kind of travel restrictions are in place? Will you be able to enjoy the natural beauty of the location, even if the restaurants and attractions are closed? Or will social distancing dampen the appeal?

You also need to consider what this means for your property value.

"If the local economy is largely driven by tourism, is it resilient enough to withstand downturns which could then impact property values?" Duncan asks.

Work with your agent and financial planner to evaluate an area's risk before you decide to buy.

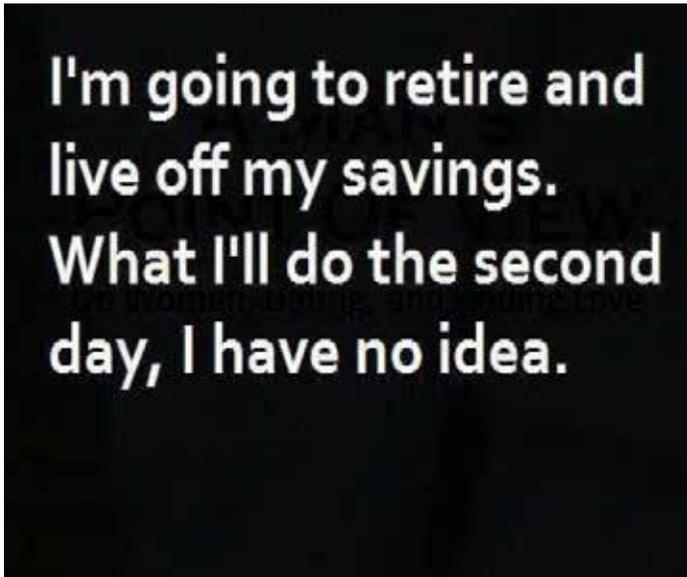
Pro: You don't have to be a multimillionaire to own a vacation property

If the idea of a vacation home seems out of reach, here's some good news: It's more feasible than you think.

"Second-home purchases are not just for high-net worth individuals," Duncan says. "There are loads of opportunities for prospective borrowers at lower price points as well."

If you're willing to expand your search beyond the main drag or to take on a few renovation projects, you'll have more options, at a lower price point.

That means you might need to look for homes near the water instead of on it, or to search for homes that need a little bit of updating. If you're flexible and willing to put in a bit of elbow grease, it's possible to make your vacation home dreams a reality.



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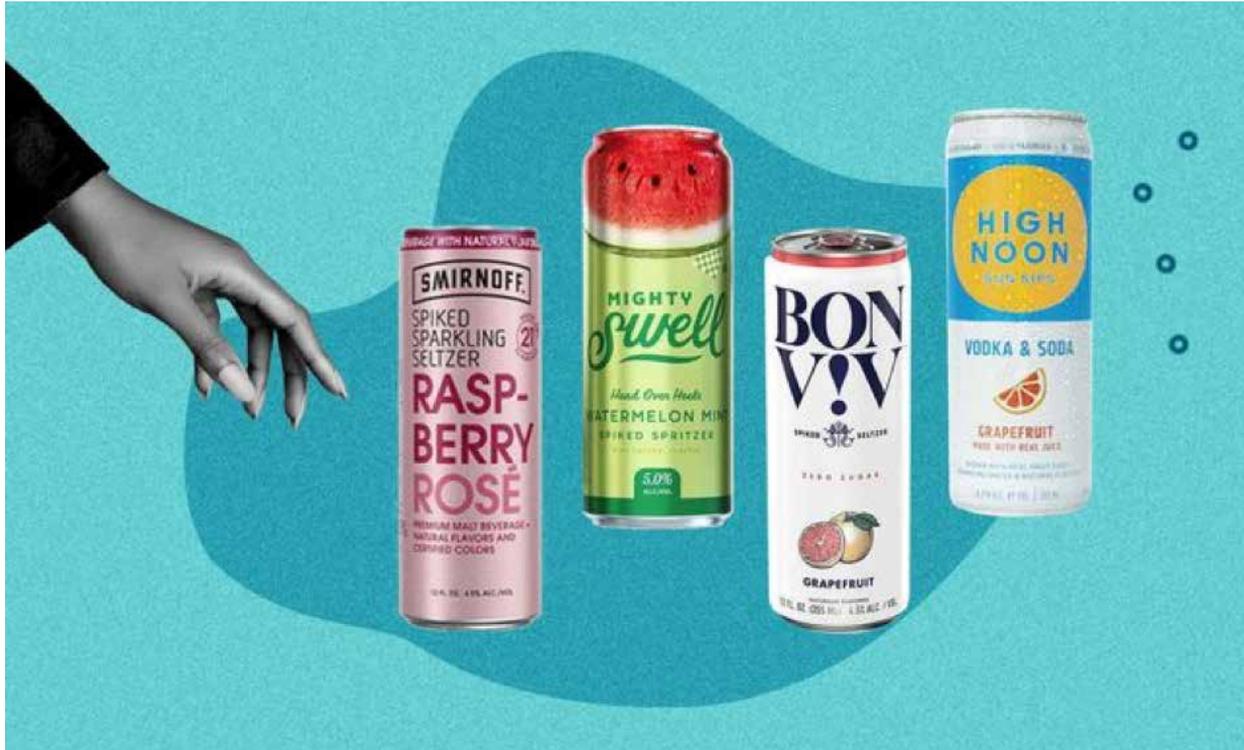
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Best-Tasting, Most Refreshing Hard Seltzers To Crack Open

Katie Bourque, *delish.com*



Where were you the first time you tried hard seltzer? The alcoholic drink's popularity is relatively recent, and undeniably linked to the bubbly beverage craze that's taken over in the last couple years. If you think it's been blown out of proportion, have a sip and get back to use: You'll admit the refreshing, carbonated drink is the best way to cool down on a hot summer's day. Whether you're lounging poolside or sitting by the campfire, here are the best hard seltzers to have on hand.

The new Bud Light Seltzer variety pack "Remix Edition" will include grapefruit, cranberry, and pineapple along with the original strawberry. It launches in stores on August 31, but until then you can still pick up the original variety pack.



1 Bud Light Platinum Seltzer Variety Pack

Bud Light Seltzer is already a fan fave, and the brand just gave people a reason to love them even more: Platinum Seltzer, a boozy drink with a higher ABV than the original. The new 8 percent ABV seltzer is made with cane sugar, sparkling water, natural fruit flavors, agave, and is only 170 calories. It comes in a variety pack with citrus, blood orange, and wild berry flavors.



2 Bud Light Seltzer

Bud Light pivoted from their normal beer selection and released Bud Light Seltzer back in January. The original flavors included black cherry, strawberry, mango, and lemon lime, and now they're making even more flavors to enjoy.



3 Jose Cuervo Playamar Tequila Seltzer Grapefruit

Tequila lovers will totally be reaching for Jose Cuervo's Playamar next time they're day-drinking. The tequila-based hard seltzer comes in lime (a bubbly take on the traditional margarita), and grapefruit (a sparkling mimic of the Paloma cocktail). Each can of Playamar has only 90 calories per 12-oz. can, 4.5 percent ABV, and contains zero sugar or carbs.



4 High Noon Grapefruit Hard Seltzer

Unlike the other hard seltzers on this list, High Noon is made with vodka—not malt liquor—which gives the seltzer a light, crisp taste. In fact, the brand has gained quite a cult following, with fans saying they would choose the drink over any other brand.



5 Willie's Superbrew Sparkling Pineapple & Lime

If you've ever had a syrupy, artificial-tasting, pineapple-flavored seltzer, you may have wondered whether or not the makers of the drink ever tried pineapple in its original form. This is not the case with Willie's. The pineapple taste is fresh and real, and its sweetness is offset by just a dash of sour lime.



6 BON V!V Spiked Seltzer Grapefruit

The best way to describe this drink is La Croix's Pamplemousse doppelgänger—but with booze.



7 Maha Organic Hard Seltzer Variety Pack

Maha markets themselves as the healthy version of hard seltzer. It's spiked with booze, yes, but also contains a solid dose of potassium, calcium, and magnesium from 100% USDA certified organic fruits (as opposed to fruit flavors). You can certainly do a lot worse...



8 Smirnoff Seltzer Raspberry Rosé

It is frozé season, after all. With flavors like Pink Apple Rosé, White Peach Rosé, Strawberry Rosé, and Raspberry Rosé, you're favorite variety of wine is now your favorite type of seltzer.



9 Arctic Summer Weekender Mix Pack

Surprisingly, most carbonated hard seltzers aren't actually made from seltzer. Arctic Summer is, however—and you can taste the difference in this drink's understated, soft taste.



10 Henry's Hard Sparkling Water Variety Pack Spiked Seltzer

With zero grams of sugar and 88 calories, you won't have to worry about grabbing another can of Henry's hard seltzer—or three.



11 Press Premium Hard Seltzer Blood Orange Chili

Okay, so "spicy" might not be the first qualifier you're looking for in a hard seltzer—but if you enjoy the tangy taste of a spicy marg or a Bloody Mary, then you'll like this seltzer.



12 White Claw Hard Seltzer Variety Pack

A round up of hard seltzers just wouldn't be complete without America's most ubiquitous brand. See what all the hype is about with this variety pack's inventive flavors, like bittersweet black cherry and lush mango.



13 Pabst Blue Ribbon Stronger Seltzer Wild Berry

Be careful with these: The ABV of Pabst's seltzer is 8%, which is almost double the usual 4-5% ABV hard seltzers have—and even more than the original PBR!



14 Ficks Blackberry Hard Seltzer

The world of craft brewing doesn't end with beer; hard seltzers are starting to join the mix. This creative seltzer uses fermented California orange juice instead of malt liquor, which gives the drink an extra fruity, almost wine-like taste.



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7 Things You Can Expect from AI in Healthcare

Bertalan Meskó, MD, *MedicalFuturist.com*

Artificial Intelligence (A.I.) has for long been the subject of the fertile minds of science-fiction writers and movie directors. HAL 9000, Skynet and JARVIS are some of the many A.I. names sci-fi enthusiasts are familiar with. They streamline administrative tasks, entertain humans and, of course, become overlords threatening human existence.

Now, thanks to technological progress, such A.I. are breaking out of the confines of movies and books and into healthcare. While they aren't threatening our existence, they are helping in improving the medical field. From forecasting disease outbreaks to helping in new drug discovery, the potential of A.I. in healthcare is attracting massive investments and increasing life science research.



However, healthcare A.I. is a relatively juvenile field and the technology's potentials might not be so clear-cut. This is largely influenced by A.I.'s exaggerated depiction and hype in popular media or simply due to poor understanding of the technology. As such, a clear picture of where we are heading with A. I. in healthcare can prove to be practical for medical professionals and patients alike.

That's the aim of this series of articles about the potential of A.I. in healthcare in the next decade or so. In this first article, we summarize 7 things this technology can bring to the field. And we discuss 7 things you can't expect in the next piece, along with recommendations to prepare for the age of A.I.

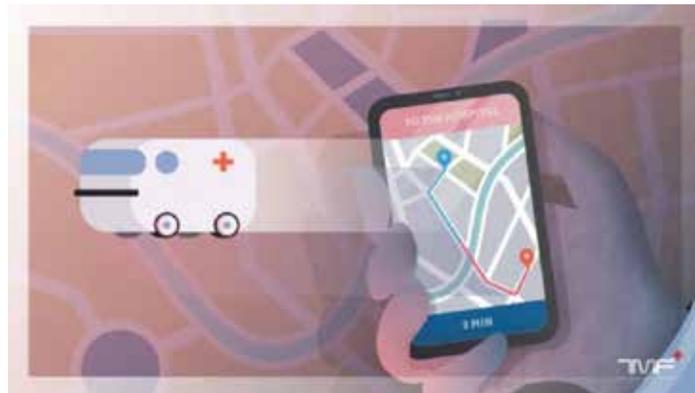
The 7 things you can definitely expect

Smart algorithms can sift through large volumes of data more quickly than humans ever can and derive trends from these analyses. Many of the possibilities listed below are still experimental or implemented on a small scale. But it's only a matter of time before they are refined and deployed for wider adoption.

1. Better organized healthcare logistics

Annually, some 3.6 million U.S. patients miss their doctor's appointment as a result of poor transportation services. However,

even those who make it to those appointments are met with the inevitable waiting times. 97% of the 5000+ patients involved in a Software Advice survey reported feeling frustrated by wait times at the doctor's office. It's not hard to relate. But when it comes down to it, those are logistics issues that can be enhanced with better organization.



By integrating an A.I. assistant into the healthcare system, it could guide patients and optimize the time spent during their medical journey with a Waze-like approach. It can determine where the queue is shorter and which test will take less time to perform for each patient. By connecting with non-emergency medical transportation (NEMT) rides offered by ride-hailing platforms like Uber and Lyft, the algorithm can suggest which healthcare facility will be more time-efficient to visit and direct patients there. In this way, the time spent by each patient is optimized while they have a better healthcare experience.

2. Boosting drug design to a new level

Estimates put the numbers at about 12 years and \$2.9 billion for an experimental drug to advance from concept to market. This takes into account the time and resources invested in finding suitable candidates, addressing unexpected side effects in clinical trials and the multiple trial-and-error sequences. But with A.I., these numbers can be significantly slashed.



As a proof-of-concept, the A.I. pharma startup Insilico Medicine identified a potential new drug in only 46 days. Its software achieved this by analyzing hordes of data which would take humans years to go through. During the Ebola epidemic in 2015, Atomwise used its A.I. algorithm to identify two drugs with significant potential to reduce Ebola infectivity. It accomplished this effort in less than a day. With the potential that A.I. holds in drug discovery, it's no mere coincidence that over 230 startups are using the technology for this purpose.

3. Improve working conditions for medical professionals while saving lives

Alarm fatigue is an endemic problem among healthcare workers. It refers to the point where they become desensitized to alarm signs due to being exposed to incessant beeping alerts throughout the day. Some experience up to 187 alarms per bed per day; of which 72% to 99% are false alarms. With the medical staff overburdened as they are, alarm fatigue predisposes them to miss that small fraction of alerts that do require medical attention. A study put those so-called “alarm-related deaths” to about 200 per year.



How about hearing 99% fewer alarms but only hearing that 1% that are clinically actionable? Researchers developed an A.I. that does just that and published their findings in a paper. Their automatic reasoning mechanism helped reduce notifications received by caregivers by up to 99.3%. Such a feature will greatly improve working conditions in hospitals so that the staff can focus on those cases that require attention. Given those advantages, it's easy to see this feature getting implemented.

4. Finding new associations between risks and diseases

With their ability to analyze information, recognize patterns and derive trends in ways that humans can't, A. I.-based algorithms can surprise us with new associations in medicine. For example, Google researchers fed retinal images to an A.I. to identify long-term health dangers. After going through enough data, the algorithm taught itself what to look for in retinal images to detect those with signs of cardiovascular risks.



In another case, researchers at the University of California in San Francisco trained an algorithm to recognize metabolic patterns associated with Alzheimer's disease from brain scans. In later tests, the A.I. detected the condition about six years before the final diagnosis, with 100% sensitivity. There have been several such

instances of A.I. discovering unusual associations in medicine; and we will likely come across more as the technology gets more widely adopted.

5. Ushering the new era of the art of medicine

Many might think that A.I. will strip the art of medicine from healthcare practice by taking over the tasks that medical professionals have been traditionally handling. On the contrary, it will facilitate the real era of the art of medicine. Bureaucratic tasks and managing health IT and EHR systems are among the major reported causes of physician burnout. But these aren't related to the practice of medicine. Such mundane administrative tasks can be automated with algorithms, which will free up valuable time; time that physicians can subsequently dedicate to their patients and elucidating medical conditions.

A.I. algorithms can further assist in decision-making to improve the accuracy of diagnoses. For instance, several studies show that with the help of A.I., radiologists improve the accuracy of cancer detection from radiological scans. In future scenarios, medical A.I. trained via reinforcement learning could discover treatments and cures for conditions when human medical professionals could not. Cracking the reasoning behind such unconventional and novel approaches will herald the true era of art in medicine.

6. Help forecast future outbreaks and pandemics

You might be familiar with this story by now; before either the WHO or the CDC issued warnings about COVID-19's spread, it was Bluedot, an A.I. company that did so. Their algorithm went through news reports, airline data, and reports of animal disease outbreaks to detect trends. These were then analyzed by epidemiologists who then alerted the company's clients.

As the virus spread, other organizations employed similar solutions. Soon after it appeared, researchers fed an algorithm with anonymized air travel and smartphone movement data to explore how the disease could spread from Wuhan to other cities. Another team used an A.I. to model COVID-19's spread from case reports, human movement and public health interventions. This helped show how travel restrictions limited the contagion's spread.

Given that A.I.'s contribution became evident during the current pandemic, authorities will likely invest more in such forecasting methods. This will give them better insight into forthcoming disease outbreaks and better prepare for any eventuality.

7. To get unbeatable at specific, data-oriented tasks

When software like IBM's DeepBlue or Google's AlphaGo beat world champions at games such as chess or Go, it sends a strong message that algorithms will become unbeatable in specific, data-oriented tasks. This is what software described as Artificial Narrow Intelligence (ANI) excel at.

Such algorithms can analyze the ever-increasing volume of medical information and research data, which is humanly impossible to do. From the insights gained, we can better understand complex conditions like cancer, which researchers are constantly making new discoveries about.

How to Start an Art Collection Without Breaking the Bank

Theartling.com



The Pool by Elif Sanem Karakoç
“Banksy Painting ‘Devolved Parliament’ Sells for \$12 Million”
“Artist Yoshitomo Nara’s Cartoon Girl Breaks Record, Sold For 25 Million”

When we read headlines like these, we often think that collecting art is only for the rich and famous. And it’s true to a certain degree - buying artwork by renowned artists can be quite an expensive affair. But that’s a small segment of all the art world.

For the rest, collecting art doesn’t have to feel out of reach or like a distant dream. You can start an art collection on a budget and it’s a lot easier than you think.

There can’t be a better example than Herbert and Dorothy Vogel. Once described as “proletarian art collectors,” this couple amassed a collection of over 4,782 works while working as civil servants in New York City. Their collection, consisting mostly of minimalist and conceptual art, has been called one of the most important post-1960s art collections in the United States. What truly set them apart from what most may consider the stereotypical art collector is that they only bought pieces they personally liked and could carry home on the subway or in a taxi and displayed and stored their collection in their rent-controlled one-bedroom apartment on Manhattan’s Upper East Side.

Buying your first artwork can be an overwhelming task when you don’t know what to buy, where to buy, or how to buy within your budget. Whether you are looking for a contemporary statement piece or want to invest in art for your home, there are many ways to build an impressive art collection without breaking the bank and have a richly rewarding experience in the process. The Artling shows you how to curate an art collection you love and feel proud of while staying within your budget.



Crystal Stilts - Estella Ng

Setting a budget

Not surprisingly, the first step to collecting art on a budget is actually establishing your budget. This budget will decide what’s available for you to buy and where. Start small and gradually increase your budget as you grow your collection, confidence, and understanding of art. A budget of \$1,000 or less could be a good starting point but this could vary depending upon your income.

Consider your purchasing patterns. Do you intend to buy one original artwork worth \$1,000 every month or multiple lesser-priced pieces? A good rule to follow is quality over quantity since your budget is not a static indicator and will change in the future.

Defining your goals

Defining your motivation or goals for buying art will have a huge impact on the kind of collection you will end up with. A good approach is to buy what you love and gives you joy. You will have to live with the art you buy so it’s better to buy something that will inspire you every day.

Creating and sticking to your budget is important but that doesn’t mean settling for something you don’t love. In the same breath, don’t devalue an artwork because it is priced below your perceived price of “good art”. If you really like the artwork, buy it, whether the price is \$50 or \$500.

Many people think of buying art as an investment. While it is a valid line of thought, it’s critical for new buyers to under-

stand that there are no guarantees when it comes to investing in art. If a return on art investment is your primary driver for collecting art, you will have to look at mid-career or established artists which means more expensive works.

Where to start

Now that you have set your budget and defined your goals, it's time to do some homework. To ensure that you have an enjoyable experience collecting art, immerse yourself fully in the art world. Learn about the various types of artworks, mediums, and styles; visit art fairs and exhibitions; browse various online art galleries (do check out The Artling's art and design collections). When you see more art, you will start understanding the difference between various techniques and styles used by different artists. Most importantly, you will train your mind and eye to identify the types of art you love and enjoy more than others.

What should you buy first

Photography and Limited Edition Prints:

Unique works like paintings are one-off and therefore, can be expensive. Photography and limited editions are created in multiples which means they are generally more affordable. Limited editions are also cheaper to ship since they can be packed rolled for shipment. If there is a particular artist or a famous artist that you like but whose works are too expensive for your budget, consider their limited editions as they will likely have a lower price tag but are still valuable, especially if signed by the artist. Embracing prints is a great way to begin your art collection.



Desire
Prakornpatara Jantakhaisorn

Reflection
Wiktoria Wojciechowska

Look beyond paintings:

Most buyers favor framed canvases as their first works, overlooking sculptures and design objects as you have to get more creative in displaying these works in a home setting. We recommend considering small-scaled sculptures and design objects as they are usually priced to sell. Well-made objects signed by the artist could be a valuable addition and add an eclectic feel to your collection. Works on paper like drawings, etchings, or illustrated books are other options that are well represented and usually cost much less.

Paintings:

If original paintings are your preferred choice of medium, there are some ways you can buy museum-worthy pieces for a much lower price. While paintings from mid-career to established and famous artists can cost a fortune, investing in their smaller pieces is a balanced way of collecting new art. You get the essence of the artists at a less intimidating price. You can still add stunning original paintings to your art col-

lection if you are willing to explore emerging and slightly lesser-known artists. Buying from these under-the-radar artists means you will be among their early collectors and with a little luck on your side, could turn into a richly rewarding investment. Added benefits include unique works hanging on your walls instead of replicated prints, and the right to brag about your knowledge of and support for emerging artists.

So how do you find an emerging or a new artist with potential? Start with their CV, look for any solo shows or stints at art residencies, appearance in group exhibitions, if they've received any press coverage or if they are active in interesting and thriving communities. Follow them on social media and observe reactions to their artwork from their followers. Remember, starting an art collection is about using your eye over listening to others. If you like the work of an emerging artist and it's within your budget, buy it.



Downing
Yangyang Pan

Annie
Katie Wyatt

Framing:

Lastly, don't forget to showcase the beautiful work you have bought with proper framing. While many works can be hung as-is, find out if your desired artwork comes stretched or framed before buying, or you may have to set aside some budget for framing.



Rest, Yejin
Jaesun Kim

Spirit Breathe
Yellow Phaleonopsis
Sara Ooi

Buying online

With transparent pricing, easy access to a wide variety of artworks, and the ability to compare artists, galleries, and prices from the comfort of your home makes buying art online a very efficient and economical option for new art collectors. No more asking for price lists from multiple galleries and studios with limited inventories. You can take your time, browse artworks from all over the world, buy your favorite original art for as little as \$50, and have it delivered to your doorstep. If you feel overwhelmed by the plethora of options, you can use handy filters like color, price, style, etc. to narrow down your search.

When you buy artwork from online art galleries each artwork comes with a Certificate of Authenticity from the artist or gallery. This certificate is proof that the artwork is authentic and is extremely helpful when you want to insure, sell, or even donate the artwork.

7 Principles for Navigating the Physician Job Market in a Post-Pandemic World

BENJAMIN KORNITZER, MD



So, you're finishing residency this year. Congrats! Sort of. Chances are, you are \$200K or more in debt. You've survived a pandemic and probably have a few battle scars to show for it. And now you are starting to look for your first real job (as if 80-hour weeks and barely making minimum wage as a resident doesn't qualify as a "real" job) in the most turbulent and unpredictable physician job market in generations.

With so much uncertainty — hospitals and clinics furloughing employees, elective surgeries cancelled, an economy on the brink of recession — how can you plan long-term career moves when everything around you is changing by the minute? You anticipate. You adapt. To quote the hockey great, Wayne Gretzky, "Don't skate to where the puck has been, skate to where the puck is going to be."

For those looking for your first job, there is no better time than the present to position yourself to succeed in a rapidly evolving health care landscape. If you can anticipate how health care is transforming, you can see past the chaos and chart your own career path.

So, what does the future hold? Looking into our crystal ball, here are seven factors to consider as you set sail to chart new waters:

1. Think outside the office. Of course, most patients will continue receiving care within the four walls of a clinic. Nothing can replace the diagnostic and therapeutic importance of face-to-face interactions with our patients. However, increasingly, health care is moving out of the office. Young tech-savvy patients expect care to be just as convenient as ordering the newest gadget online. At the same time, many of the highest risk patients are the ones who aren't coming into the office, either because they are too infirm, unable, or simply disengaged. To stay relevant to these patients, and to prepare yourself for the "health care system of the future," look for a medical practice that is just as committed to caring for patients outside the four walls of the medical office as inside.

2. Prepare for the "silver tsunami." Over the next decade, the number of Americans over the age of 65 is expected to double. Among the painful lessons of the pandemic was just how vulnerable this population is. In the coming years, those over 65 will need dedicated physicians who can address the special care needs of an aging population, including geriatricians, behavioral health specialists, and a focus on end of life/palliative care. All physicians will increasingly be called upon to care for older Americans, and those physicians who embrace that challenge will not only be highly sought after, but will find a deep, meaningful calling.

3. Think outside the hospital. COVID-19 has exposed deep and unsustainable inefficiencies in hospital compensation. To cover huge infrastructure overhead, health systems went on a buying spree over the last decade, acquiring physician practices, especially around highly lucrative specialties like cardiology and oncology. In fact, starting in 2018, more physicians were employed by hospital systems than private physician practices. Now, with deep losses due to postponed elective surgeries, many hospital systems are reporting record shortfalls. As more care is delivered in ambulatory settings, the future increasingly looks like it will be outside of the hospital's four walls. Candidates who are prepared for care models of the future should hitch their wagons to practices that embrace community-based, outpatient care.

4. Get on the value side of the equation. It is estimated that almost \$1 trillion of health care spending in the U.S. is considered "waste" (e.g., duplicative testing, avoidable admissions, medical mistakes, low-value testing, and procedures, etc.). Considering that 18 percent of the gross domestic product in the U.S. goes to health care, one doesn't need to be an economist to know that this wasteful model of care is unsustainable. Increasingly, the government, insurance companies, employers, and patients are demanding higher value for their health care dollars. As our country transitions from a broken fee-for-service model to a model that focuses on value, physicians who can deliver the highest quality, most efficient care will be positioned to win. Success is not measured by how many patients you see in a day. Rather, it's about your patient outcomes, and efficiently using resources to enhance those outcomes. Look closely for practices that don't just pay lip service to catchphrases like "value-based care" or "population health," but that fully embrace the future by taking on meaningful financial risk for their patients' care. And equally important, find a practice that rewards physicians for the service they provide patients — a practice where 20 percent of a physician's compensation is tied to the value and quality of care provided.

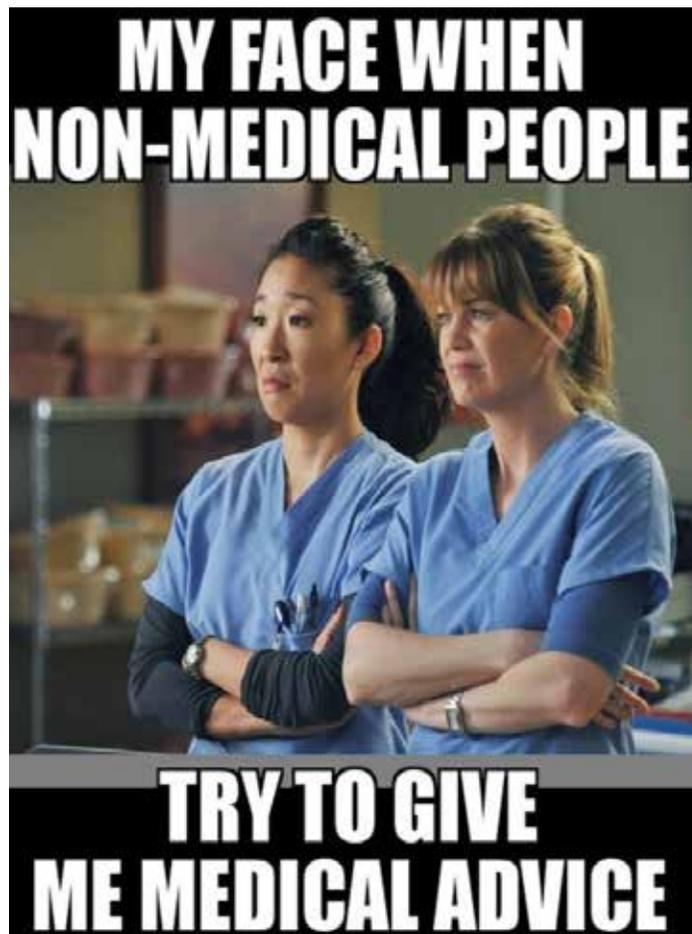
5. Patient relationships cannot be replaced. COVID-19 has also accelerated the pace of disruption in health care. Retail stores are launching walk-in clinics and setting up kiosks to connect remotely with providers. Tech companies are advertising smartwatches that can track O₂ saturation and heart rhythm. No doubt, the amount of money and technology being thrown at health care will only increase. Still, nothing can

replace the doctor-patient relationship's importance — it is our greatest currency as healers. In a health care world that changes day-to-day, find a practice where you can develop and sustain long-term relationships with patients and where your patients are at the center of everything you do.

6. Medicine is a team sport. The physician's days as a solitary genius are quickly receding in the rearview mirror (apologies to fans of the TV show "House"). As medicine becomes more and more complex, quality patient care depends on teams that work well together. Seek out practices that have a culture of true collaboration, where physicians work hand-in-hand with colleagues across disciplines, including pharmacists, social workers, health coaches, navigators, behavioral health specialists, RNs, NPs, and PAs.

7. Follow your passions. After months stuck in a COVID-19 bubble (and years of training), perhaps this strange wrinkle in the space-time continuum will give you a chance to hit the pause button and reflect on what truly matters to you. You've spent countless years studying, training, and caring for sick patients during overnight shifts on hospital wards. At the end of the day, what will sustain you through a medical career's ups and downs is the meaning you find in caring for others. Follow your passions. Make a difference in the world.

Benjamin Kornitzer is an internal medicine physician.



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Do You Really Need an Estate Plan?

By Stacey Riley Walters, Esq.



Contrary to popular opinion on the topic of estate planning, there are no requirements that you live in a huge home on a large property and own more than one piece of property in order to qualify as having an “estate.” For estate planning purposes, the term refers to everything you own when you die: your home and any other real estate, personal property, checking account, vehicles, trailers, boats, investment accounts, stocks, savings bonds, interests in family businesses or business partnerships, retirement plans like an IRA or 401k, money market accounts, timeshares... You get the picture?

Have You Ever Worried About the Unexpected:

- If I’m not able or capable, who will take and make decisions? Who will call the shots?
- Who will take care of my kids?
- Who gets my things when I’m gone?
- How will people find my important papers?
- Who gets my assets if it doesn’t automatically go to my spouse?
- Do I have the beneficiaries named so my plans are achieved, or will there be more problems?
- Why does my family have to go to Court if I die with a Will?
- How long can my family not use my assets because they are tied up in probate?
- Do I need a Trust? Is it a good option for me and my family?
- How can I keep more of my hard earned money for my heirs?
- How can I keep my affairs private, since probate is a public process?

If these questions sound familiar, then you already have some idea of why you and most everyone needs an estate plan. Plans make sure you control all of these things for yourself and your loved ones. Generally speaking, an estate plan is a collection of documents that specify how you want your

money and other assets handled if you can’t handle your own affairs and then, how your estate is distributed after you are gone. It makes it so much easier for your loved ones to handle your affairs during a time of incapacity and a time of grief. It keeps more money for you and your family, appoints back-up individuals to make decisions on your behalf if you are unable; specifies who will provide care for your minor children if you are gone; helps minimize taxes; and helps avoid unnecessary costs, publicity and delays caused by the required court probate process that occurs whether you have

a Last Will and Testament or not!

So, Who Needs an Estate Plan?

You do. We all do! Death is a certainty; it’s just a matter of when. 2020 studies have revealed that procrastination is on the rise! Close to 70% of all adult Americans do not have any type of legal documents in place to handle the unexpected. For some crazy reason, we all think we will live a long life, but as a lady recently shared with me, we truly never know!

This woman said she was sitting with her 31-year-old niece on the couch. Her niece had 2 young kids and a boyfriend. The niece had worked all day and had come over to finalize plans for a family picnic that weekend. While sitting there talking, she experienced an excruciating headache, passed out and died of a brain aneurysm within just a few hours. She said her niece died without a Will, and the longtime boyfriend, who is the father of the children, was fighting to get as much of her niece’s assets as possible, while not wanting to take responsibility for the kids. “What an emotional and awful mess!” the woman shuddered.

If you’re young and unmarried, your estate plan may be simple, but would still include necessary items such as beneficiary designations, a Last Will and Testament, directions if you need life support along with both medical and financial powers of attorney. If you have minor children, your estate plan would include a designation of a guardian to care for your children and at the very least, a testamentary Trust where you determine when and how your minor children receive their inheritance. If you have successfully accumulated assets during your life, your estate plan should include one or more trusts in order to keeping things simple and easy for your family, while still allowing you to completely control your assets and their taxation, management and distribution.

Those who procrastinate often die without anything in place. When this occurs, the State laws where the deceased person lived at the time determines who gets what, and how much. The result, not surprisingly, is usually not in line with what the deceased would have wanted to happen in the end.

You might be tempted to postpone putting the perfect plan in place, maybe until you have a child or until you own a number of assets or until you've "amassed your wealth," or until you are "getting to that age," but postponing is a recipe for disaster. After all, none of us know when our time to leave this earth will come... we only know that it WILL COME!

If you aren't sure where to start, but you know you need to get started; or maybe you've started something but you're worried it might not be the perfect plan to achieve your estate planning wishes; or maybe you're wondering if you have everything covered in your current estate plan, contact Stacey at 888-787-1913 for a free consultation. Our experienced lawyers in North Carolina will educate you and show you all of

the potential options so you, too, can have the peace of mind knowing that perfect plan is in place for you and your family.

** The above summary is general information. Do not rely upon the above for definitive legal advice. In accordance with N.C. State Bar Rules, note this contains dramatizations. Not all scenarios represent actual people or real events.

North Carolina licensed Attorney Stacey Riley Walters is a North Carolina native, who graduated Magna Cum Laude from Elon University. She attended Thomas M. Cooley Law School and has been in practice for more than 20 years. She is a managing partner at Thomas-Walters, PLLC. The cornerstone of Stacey's practice is planning for the unexpected after unexpectedly being blessed with her disabled daughter. She focuses solely on Estate Planning, Wills, Probate Avoidance, Trusts, Special Needs, Probate and Trust Administration. Stacey has served on UNC Children's Hospital Family Advisory Board, Make-A-Wish Foundation and has participated with the Triangle Down Syndrome Network. Stacey is member of the National Association of Elder Law Attorneys, the Society of Financial Service Professionals, and Elder Counsel.

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Best Tech Gadgets and Holiday Gifts for 2020

By Andy Meyers, techgeeked.com



With the winter holidays coming, now is as good of a time as any to start thinking about shopping for gifts. Below are some simple yet effective tech gadgets to get for any beloved one that won't break the bank.



TCL 32S325 32 Inch 720p Roku Smart LED TV

2020 has been as important a year as any to upgrade your television. Of course, spending thousands of dollars on a top of the line TV is possible, but these Smart TVs run about \$125 and provide easy and free access to everything already available on Roku.

They are also easily integrated with other streaming mechanisms like Chromecast and can easily be connected to HDMI cables too. The 32-inch set is the perfect size to be able to move around too if you are looking to host a watch party in your backyard.

Apple AirPods Pro



Perhaps one of the most obvious tech gifts for the 2020 holiday season is Apple's most recent offering of wireless earbuds, the Apple AirPods Pro. This is a high-end product that certainly caters to anyone who already uses an iPhone, and it will run about \$200-\$250. These new earbuds include a better design, are water-resistant, and are extremely efficient in blocking out unwanted noise. This is a great gift for anyone who is out and about and wants a high-quality way of listening to audio.



Nintendo Switch Lite

Another hot gift this holiday season is the Nintendo Switch Lite, which runs about \$200.

As one might guess, the Switch Lite is a cheaper and smaller version of the Nintendo Switch and is even more portable than the Switch. There are many of the same popular games available from the Switch as well as a plethora of additional digital offerings on the Nintendo eShop. The battery life is excellent on the Switch Lite too.



Ultimate Ears WONDERBOOM 2

Portable speakers are always a safe gift for music enthusiasts and those who are looking to upgrade their sound systems. This specific brand offers a variety that is both waterproof and sonically superior to other speakers. These portable speakers are less than \$100 and are especially powerful when bought in twos because they can be paired together for an even more full stereo surround sound.



Wacaco Nanopresso Portable Espresso Maker

Another great gift for anyone who loves coffee and is spending a lot of time at home is this easy to use espresso maker. This model will brew coffee quickly and does not require a lot of work to use. This is also a perfect gift for those working from home and will be a great kickstart to their day and a reminder of your generosity.



Monthly Subscription to Audible

An easy gift for someone who enjoys learning would be a monthly subscription to Audible.

With more people working from home than ever, having an audiobook on throughout the day is very possible. Anyone who subscribes to the service will be able to have access to up to three books per month and a large library of audio shows. A subscription is \$15 per month, \$45 for 3 months, and \$90 for 6 months. With Amazon Prime Day coming up, there will very likely be a special offer for this service too.

Thanksgiving Appetizer Ideas

Cookingwithnonna.com



Stuffed Sicilian Artichokes - Carciofi Ripieni alla Siciliana

Ingredients

For 4 Person(s)

- 8 medium sized artichokes
- 1 pound plain bread crumbs
- 1/4 pound grated Grana Padano or Parmigiano Cheese
- 2 Cloves finely chopped garlic
- parsley
- extra virgin olive oil
- salt & pepper

Directions

1. Clean the artichokes by removing the harder outer leaves and cutting the stem and the top part of the leaves as they may have thorns.
2. Wash and drain the artichokes well.
3. In a saute` pan put the bread crumbs and the garlic. Saute` until the bread crumbs are lightly golden. Let cool off.
4. Add to the bread crumbs the finely chopped parsley, salt & pepper as desired, a bit more finely chopped garlic, the grated cheese and some olive oil.
5. Mix the ingredients very well until the oil is evenly absorbed.
6. Take each artichoke, open the leaves as much as you can and insert among the leaves the bread crumb mixture.
7. Place the artichokes in an oven pan and add 1 1/2 inches of water.
8. Place the pan on the stove and cook for 15 mins.
9. Finish off by putting the pan in the oven for 15 more mins. at 400 F.



Sautéed Escarole and Cannellini Beans

Ingredients

For 4 Person(s)

- 1/4 cup extra virgin olive oil
- 3 garlic cloves, sliced
- 3 anchovy fillets (optional)
- pinch of red pepper flakes
- 1 large head of escarole, washed, trimmed and cut into 1 1/2 inch strips
- 3/4 cup chicken broth
- 16 ounces cannellini beans, rinsed

Directions

1. Put a large saute` pan with a lid over a medium flame and heat the oil. Add the garlic and cook for about 30 seconds. Add the anchovy and red pepper flakes and saute` until the anchovy breaks down.
2. Add the escarole to the pan and stir until the wilted, about 2 minutes.
3. Add in the chicken broth and beans and place the lid on the pot. Cook for about 10 minutes or until some of the liquid is reduced.
4. Uncover and cook for an additional 2-3 minutes while stirring with a wooden spoon.

Zucchini Fritters

Ingredients

For 2 Dozen(s)

- 1 medium zucchini, finely minced
- 3 large eggs
- 1 small onion, minced
- 1/4 cup 2 tablespoons grated Pecorino Romano cheese
- 2 tablespoons plain breadcrumbs
- 2 tablespoons all purpose flour
- 2 tablespoons fresh parsley, finely chopped
- salt and black pepper as desired
- oil for frying

Directions

1. In a mixing bowl combine the zucchini, onion, cheese, bread-crumbs, parsley, eggs and flour. Mix well with a spoon until all the ingredients are fully combined. The batter should be thick enough to drop spoonfuls.
2. Put a large sauté pan over a medium-high flame and heat the oil. Drop the batter into the hot oil by spoonfuls.
3. Fry until the fritters are golden brown. Serve hot.

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Author: Frank Astor, MD, MBA, FACS



These are the facts: over eight million positive COVID-19 cases have been reported so far this year in the US, with at least 200,000 deaths attributed to the virus. The word pandemic takes a real and immediate meaning in our daily life. Physicians, including myself, never imagined witnessing a pandemic of a scale and scope as large as the 1918 influenza epidemic.

The year 2020 started in a traditional way, as we celebrated with loved ones, unaware of the news that would follow...the appearance of a novel corona virus manifesting SARS-like symptoms. The virulence associated with it, as well as the severity of illness and complications observed in affected patients, immediately triggered concern and warnings from the NIH, CDC and the World Health Organization. In a matter of weeks, the novel coronavirus genome was successfully identified, and medical scientists realized that our global population lacked significant immunity to this virus. Medical science could not offer a vaccine, nor had effective treatment to combat its devastating clinical manifestations. Health authorities opted for time-proven effective public health measures such as lock downs, face masks and social distancing, all previously quite successful.

Currently, the learning curve to defeat this virus has been lightning fast: Rapid assays were developed, treatments with immunomodulators, antivirals and dexamethasone have been successful in avoiding hospitalization, ICU admissions and the use of ventilators. Vaccines are currently in Phase III testing, faster than any previously researched medications. These innovative treatments, measures and strategies have prevented hospital admissions in many patients that could be monitored remotely from their home.

Thus, the awareness and role of telemedicine and remote patient monitoring (RPM) has exploded during the COVID-19 pandemic to better serve those patients who would be safer convalescing at home, but still requiring close observation. With good clinical judgement, providers can decide who can be safely followed at home. The benefit being two-fold, since the patient avoids the risks of hospitalization, while the system opens capacity for the very sick patients who need to be in the hospital. RPM improves access of care, offering integrated real-time patient monitoring of vital and physiological measurements. RPM keeps the patient at home, away from unhealthy and risky environments, vulnerable populations with comorbidities, and even the healthy. In the meantime, providers can interact with their patients by video, phone, email, or text message.

RPM and remote provider-patient interaction are here to stay, more relevant than ever since they improve access to care and drive down healthcare costs while increasing medical practice capacity, all of which are good. This is the “new normal” along with working at home, home schooling, outside dining and other modalities successfully implemented during the pandemic.

It is evident that RPM is a win-win solution as the next logical step in the future practice of medicine. This care modality is patient-centered, evidence-based, and can be applied in a clinically safe, convenient, effective and humane environment.

Remote Patient Monitoring (RPM) is the closest thing to a real office visit. The physician sets the target parameters for each patient's vital signs and patients take their vital signs at home every day. An ideal RPM program triggers a critical alert if a patient's vital signs fall out of their normal range. These critical alerts serve as proactive intervention to address any health issues that arise, in an effort to keep patients out of the emergency room and prevent readmissions.



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An Appreciation for the Sacred Spaces at Work

ANTHONY FLEG, MD, kevinmd.com



As a healer who has been doing my work in the dark, blind in a sense, today was a big day.

The visit was scheduled, not as a phone visit but as my first Zoom visit since the pandemic began 150 days ago. Usually, I see about 30 patients in-person a week. During the five months of COVID, I have seen about 30 patients in-person total, with the remainder conducted entirely by phone.

For someone who values that sacred space where the exam room creates a space where all other worries and commitments cease to matter for those 20 minutes, the only commitment being presence, this has been a big change. Let's just say it more bluntly – it has been really hard for me, and I am sure most of the world's patients and providers.

A phone call now replaces that sacred space with interruptions and multi-tasking, my kids often seeking daddy's attention as I sit in my home office (e.g., living room couch). Not being able to see people in these visits during COVID further dehumanizes the time together.

I signed on, not believing this was happening, but hoping I wasn't about to hear an alarm clock that would wake me from a pleasant dream.

In a touchless, six feet apart, face-covered-with-masks reality, I was about to get closer to the people I work with as a physician, the people who teach me about healing.

I hoped this would re-create the sacred space I have been so missing.

When the visit started, Ms. Armijo (name changed to protect patient confidentiality) couldn't get her tablet's visual aspect to work. "Geez. I knew this was too good to be true," I mumbled to myself. I think it was just life's way of building the suspense, doing what all movie directors and novelists do so well. Make 'em wait for the good stuff.

Then suddenly she was there, smiling at me. And I was able to smile back. No facemasks to spoil the moment!

I really did not expect the rush of emotions that rushed and gushed in those next moments. Here's a decent recap of them put into words:

Wow!

I can't believe this! I can see her and she can see me.

When I say, "I am really glad to have the chance to see you for this visit," I won't have to make a silly joke about what "see" means anymore.

I knew I was missing something big these last months, but wow, I didn't realize how much the human connection was lost in these phone call visits.

Warmth. Connection. Healing.

Healing of a great chasm created by five months of practicing medicine blindfolded.

Sacred space

Wow!

In that visit, and in the few I have done since then, I take time to ask the person to show me something about their life that I would never get to see, never be able to fully appreciate if the visit was done in a clinic.

Ms. Armijo chose to show me her service dog that has been such a big part of her healing journey. I licked the screen, an appropriate dog greeting. In exchange, I share something on my end – the garden, a picture, etc. Two humans just trying to find a real connection in a virtual world.

Appreciate these small moments today, tomorrow, and next week. Those moments where the sacred spaces in your life suddenly return. Maybe not in quite the same form as they would have pre-pandemic, but good enough to make your heart skip a beat, for gratitude to grow, and for light to shine upon the dark.

Reminding us all that the sacred spaces are still much closer to us than we think.

Anthony Fleg is a family physician who blogs at Writing to Heal.

Finally! Technology That Actually Brings In New Patients



Bombarded with telemedicine options, it's hard to know when you're looking at a game changing technology that really could elevate your practice. Real practicing physicians have designed a healthcare marketplace that can lead patients to your practice and can also save your current patients a lot of money on the services you order for them.

Dr. Waqas Ahmed, a Jacksonville Nephrologist and the founder and CEO of American TelePhysicians, is passionate about accessible, affordable healthcare. While he juggles a busy practice and a global technology company, we were able to sit him down for a conversation to learn more.

Dr. Ahmed, what makes this marketplace special?

We call our marketplace CURA4U. It's an online market where physicians can list their practices and where patients can order medical services. Because our prices are discounted, sometimes as much as 80%, it is a perfect solution for individuals with no insurance or high deductible plans, as well as patients needing out of network services.

What's different about this technology?

What makes this platform different is that we are able to offer many different services, such as labs, radiology, prescriptions, and consultations with physicians. As patients make their selections, the cost is posted on the site, so there are no surprise bills.

How does it work for patients?

CURA4U is available online or on our CURA4U app. Patients simply create a log-in, shop for the service and their preferred location, compare prices, and schedule the service. And, while not all services require a physician order, services such as labs and radiology do. If a patient chooses a service that requires a physician order but does not have one, they can request a doctor's consultation to obtain an order.

How would CURA4U help physicians grow their medical practice?

Cura4U offers physicians an additional platform for marketing their practice. It doesn't cost anything to list a practice on the platform. We've been adding more and more services since our launch a year ago, so the platform has really taken shape. And, we are running several marketing initiatives, including a radio campaign and direct mail, so it's a great time to be a part of the marketplace movement.

Would a physician have to list their practice in order for their patients to use CURA4U?

No, physicians don't have to list their practices to recommend the CURA4U platform to their patients. In fact, many practices add our rack cards to their patient materials. They also use our pre-printed forms to order labs and radiology services to make it easier for patients to order the services online. Physicians can simply fax an order to us and we'll take care of the rest.

Is there anything else you would like to tell the physicians reading this interview?

I am a physician myself, so I know how difficult it can be to build a practice. We are committed to transforming healthcare in ways that benefit both physicians and patients. The CURA4U platform facilitates your growth while also building a loyal patient following because you save your patients money.

CURA4U is a project of American TelePhysicians, a global telemedicine and physicians services company. Learn more visit www.americantelephysicians.com and www.cura4u.com.



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