

MDLIFE

The cover of MDLIFE magazine features a black and white photograph of three surgeons in an operating room. They are wearing masks, hairnets, and scrubs, focused on a patient. A large surgical light is visible in the background. The title 'MDLIFE' is prominently displayed at the top in a large, bold, white font against a red background.

DECEMBER 2020

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Book Ideas for
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Is It Time To Buy Bitcoin?

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Bitcoin has exploded since March and attracted attention from the media and investors. Adoption continues to grow, and as more support builds for the digital currency, should investors get in now before it's too late?

It's Back

The chart below depicts the meteoric rise in bitcoin this year. As of November 12th, one bitcoin will cost over \$16,000, which is a price the world hasn't seen since late 2017. This has prompted more than one billionaire to hit the media circuit to tell everyday investors sitting at home why they're buying.

Billionaires tend to be pretty good investors, so this has fueled a wide range of interest from Millennials to Baby Boomers. Many are asking if now is the time to own bitcoin, and if so, how much they should buy. But before we address these questions, let's first explain the concept of Bitcoin and the prevailing bull and bear cases. That way, we can attempt to answer these questions as objectively as possible.

Digital Cash

I frequent a coffee shop down the block because it opens early and sells a quality product. This transaction is simple. I pay the barista \$3, and she hands me a cup of coffee. It requires only two parties – the buyer and the seller. There is also no record of this transaction that could tie me to the sale. If the coffee shop owner chose not to report the revenue to the IRS, the government would be none the wiser.



Since the dawn of time, cash transactions have worked this way. The buyer hands over cash, gold, or whatever physical form of payment to the seller in exchange for goods or services. While this simplistic means of commerce may seem obvious, the reality of today's world is that most transactions occur digitally.

When I bought my apartment, I did not arrive at closing with a bag of cash. Instead, I brought a cashier's check that guaranteed the funds were available. Carrying around a lot of cash is not only heavy but also risky. If robbed, I would have had no recourse. A check also ensured a secure transaction because only the seller could cash it.

Banks facilitate transactions because they can charge fees and earn a profit. There is also a record of this transaction that allows the government to assess taxes.

Another reason why sellers use banks is because cash that is stored digitally can be manipulated. Consider how easy it is to copy text in a Microsoft Word document and then paste it repeatedly. Funds stored electronically can be “copied” in the same manner (think of this as printing counterfeit currency on a computer). Hence, we use these trusted third parties to prevent fraud.

Bitcoin is a digital currency that was invented to solve two challenges. The first was to conduct cash transactions without cash. I could buy coffee using bitcoin stored in a digital wallet on the internet instead of dollar bills in a physical wallet. I preserve my anonymity and neither party could ever prove the transaction occurred.

The second was to eliminate the middleman. Merchants do not want to sacrifice a portion of the sale to credit card processors or banks, but they also do not want to subject themselves to the risk of fraud. By using bitcoin, the coffee shop owner could sleep well at night knowing that the bitcoin received is not counterfeit.

The technology supporting bitcoin and other “cryptocurrencies” is incredibly complex and also beyond the scope of this discussion. For now, just think of it as any other form of currency whose value fluctuates relative to other currencies in the same manner that the U.S. dollar moves against the Euro.

Bull Case

Bitcoin is just like any other asset, where its price is determined by the supply available and the demand to own it. The bulls view both to be favorable over the long run.

On the supply side, there are only 21 million bitcoins that can be “mined.” Once these are out there, that’s it. No more bitcoin unless the source code is altered. As of August 2020, roughly 18.5 million bitcoins had been mined, and future supply growth is estimated at 2.5% annually².

Certain supply leaves demand as the primary price metric, and the bulls argue that most indicators look attractive. Crypto savings accounts and increased use by corporate treasuries should create a more stable foundation of users. For example, MicroStrategy (ticker: MSTR) and Square (ticker: SQ) pumped in hundreds of millions of dollars of their financial reserves into bitcoin². PayPal also just announced that it would allow its users to buy, sell, and exchange the asset from their accounts on the platform.

This adoption is being fueled by a lot of extremely smart people with big bucks. Their commitment to something so nascent is a sign that they are going to do everything in their power to make bitcoin a success.

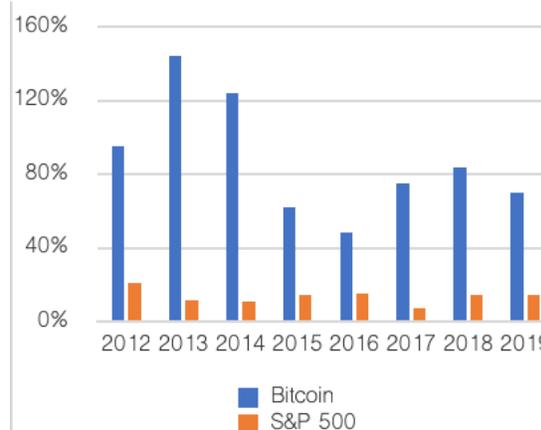
Another reason for so much recent interest is its similarities to gold. Since they cannot be printed like paper currencies, their fixed supply makes them a potential hedge against inflation and a weakening U.S. dollar. Bitcoin may even be more suitable than gold since the cost of storing bitcoins is cheaper and they are easier to transport.

Add it all up and any asset where robust demand exceeds tepid supply growth should see its price rise steadily over time.

Bear Case

Valuation for a digital currency that is a decade old and used more for money laundering and evading capital controls than it is for purchasing goods and supporting international trade remains impossible. Any attempt to value bitcoin will be as untested as the currency itself, and the bears often point to the bursting of the bitcoin bubble in 2017 as evidentiary to their refusal to invest.

Furthermore, three structural risks remain with bitcoin. The first is jaw-dropping volatility. The chart below compares the annualized volatility of bitcoin to the S&P 500. Since 2012, bitcoin volatility has been more than six times the volatility of the S&P 500 on average.



Source: Bloomberg

Not only does this make for a ride that most investors are unable to stomach, it also makes it unusable as a currency. If I buy that cup of coffee using bitcoin, its value can change before I’m finished drinking it. That puts the coffee shop at risk of bitcoin falling before they can even convert it to dollars. Most merchants are not equipped to hedge this type of currency risk.

The second risk is fraud and manipulation. It’s hard to go more than a few months without a story about investors getting scammed or hacked. Digital wallets exist online, and FDIC insurance will not protect these accounts like it does for depositors.

Furthermore, a recent publication estimates with 95% certainty that bitcoin was manipulated in 2013 and 2017, and 98% certainty in 2019. If so, any attempt to value bitcoin was meaningless because the price did not reflect a well-functioning market of properly motivated buyers and sellers³.

The third risk is regulation. At any point, any major government and/or regulatory body could wreak havoc on bitcoin marketplaces by cutting off access to banking systems. If so, the chances that it becomes a viable currency go to zero pretty fast.

The Bottom Line

I wish I could tell you which side will prevail. Both cases are plausible, but I don’t own a crystal ball, so I have no clue what’s going to happen next. But that’s generally the case when it comes to investing. You never really know what’s going to happen, so when you

invest, you do your best to mitigate risk.

Within this context, for those who want to run with the bulls on this one, there are three rules you simply must abide by to try to keep the risk to your financial future as low as possible.

First, use a reputable platform. Too many of the lower-tier trading platforms and digital wallets are sitting ducks just waiting to be hacked. Use Coinbase or another in equivalent size. Owners might even consider storing coins offline and away from the internet (“cold storage”).

Second, under no circumstances should you ever try to trade any cryptocurrency. The volatility should fall as adoption continues to rise, but until then, bitcoin will probably remain an extremely volatile asset class. The traders that are making millions trading bitcoin are professionals, and the last thing you want to do is go up against Michael Jordan without even understanding the basic rules of the game.

Think about it this way. If you’re buying bitcoin because you believe the bulls, you’re expecting one bitcoin to be worth hundreds of thousands or even millions one day. If so, who cares what bitcoin does between now and then?

Third, only invest what you are comfortable watching go to zero. If the bears are right, this is snake oil, and you could lose every dime. Therefore, only put in what won’t cause you financial and emotional damage if you walk away with a goose egg.

The bottom line is that it’s ok to own cryptocurrencies as long

as your financial future is not dependent upon the price of them rising over time

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7 Podcasts for a Smarter, Richer Doctor

BY JONATHAN FORD HUGHES



Most of us have commutes. For some, they're a daily reminder of the fact that there's usually someplace else we'd rather be. But for the lucky few, the daily commute is an opportunity to relax and learn. You too can be among the enlightened ones. Cultivating a podcasting habit will help.

Some were explicitly medical. Others could be applied to all areas of life — not just career. This year we're going all in on medicine. These podcasts are specific to doctors. They are among the best for broadening your clinical and healthcare industry knowledge, as well as building financial security.

Docs Outside the Box

Meet Dr. Nii Darko, a trauma surgeon, entrepreneur, author, and host of the Docs Outside the Box podcast. Darko used the locums life to create a career on his terms. From there, he turned his focus outward, looking to create a meaningful life and career that benefited others around him. In his own words, he wanted a life and career that was outside of the box. He put together this podcast to showcase doctors who have accomplished just that — hoping to show up-and-comers, as well as veteran physicians, that there are other paths to take.

The Hippocratic Hustle

Carrie Reynolds, a pediatric gastroenterologist and serial entrepreneur, wants listeners of The Hippocratic Hustle to break free. This podcast is all about finding that magical balance of a rewarding career, lucrative side-ventures, and a meaningful life. The Hustle focuses on female doctors who have reached financial independence by getting creative with side-projects. Special per-

sonal finance episodes are co-created with dermatologist Bonnie Koo, who you might also know as Wealthy Mom MD.

Financial Residency

The Financial Residency podcast promises to provide the financial education you didn't have time for in medical school. And it does a good job of it. The financial-advisor host, Ryan Inman, is married to a physician. He brings this first-hand experience to help physicians build the financial skills and habits they need to keep more of the money they make.

Second Opinion

Think of the Second Opinion podcast as the minimum effective dose for staying up to date on ethical debates and current events in medicine. These bite-sized, weekly, 5-minute episodes focus on medical ethics topics du jour. Recent topics have included vaccines and N-Corona virus, the effect of bias on health, and vendors pushing unnecessary lab testing. Second Opinion is hosted by Michael Wilkes,

a medical professor at the University of California, Davis.

Outcomes Rocket

Saul Marquez hosts Outcomes Rocket, which has the two-pronged focus of improving patient outcomes and healthcare business success. The podcast pulls together a diverse collection of industry leaders and innovators to assess and solve healthcare's most pressing problems. Recent noteworthy guests include Scott Becker, founder of Becker's Healthcare, and Greg Matthews, founder of HealthQuant.

2 Docs Talk

Kendall Britt and Amy Rogers, the M.D. hosts of 2 Docs Talk, provide periodic 15-minute episodes on a wide range of topics relevant to doctors. Recent episodes have covered everything otitis externa-related, the opioid epidemic, and the anti-vax movement. The hosts also frequently discuss the doctor-patient relationship as well as healthcare policy.

#HCBiz Show

Doctors who are in or who aspire to leadership positions, as well as entrepreneurial physicians, would do well to listen to the #HCBiz Show. #HCBiz takes a solutions-oriented approach to innovating in healthcare. And much like healthcare itself, the podcast tends to skew a bit technical. The co-hosts, Don Lee and Shahid Shah, rely on their backgrounds in healthcare IT and leadership to help those in the healthcare business start implementing solutions right now.

Renting an RV for Vacation: Complete Guide for Families

by Terri Marshall

Here are the four basic RV types.

Class A Motorhomes: This is an all-in-one RV. It typically has a kitchen, dining area, lounge, bathroom with shower and a separate bedroom. Some Class A motorhomes have slide-outs that operate with the touch of a button to expand the interior space while you're at the campground. These are excellent for families because of the abundant space.

Class B Motorhomes: A Class B is a full size or extended camper van with a raised roof. Smaller than the other types, these are typically outfitted with kitchen appliances along with a dinette that converts to a bed. While this would work for couples, it may be a little cramped for a family.



Class C Motorhomes: Built on a truck chassis with an extra cab extending over the driver's compartment, Class Cs typically come with a dining area, kitchen and bathroom. Depending on its size, this type of RV could possibly have a separate bedroom. Our Minnie Winnie was a Class C, but large enough to provide a separate bedroom. It also had a slide-out to expand the living space. The area above the driver's compartment converted to a bed as did the sofa and the dinette.

In these COVID-19 times I wanted to check into an RV rental for my next vacation. Admittedly, the idea of driving a vehicle roughly the size of an 18-wheeler was initially nerve-wracking. But it didn't take long to get the hang of it and start having fun. If you're considering renting an RV for vacation, here's a complete guide to getting you started on your epic RV trip.

Travel Trailer: Ranging in size from 10 to 40 feet in length and sometimes called a Fifth Wheel, these RVs are pulled with a truck. Interiors vary based on size. If you're planning to rent a travel trailer, you'll need a vehicle capable of towing the load.



Inside the Minnie Winnie Photo Credit: Terri Marshall

Choosing the Best RV for your Family

When renting an RV for vacation, one of the hardest decisions is choosing the best RV for your group. From pop up campers to massive motorhomes, there are plenty of types of RVs. You'll want something with enough space to keep all your campers happy.



Cozy over the cab bed in the Minnie Winnie! Photo Credit: Terri Marshall

How Early Do I Need to Book an RV Rental?

The key to getting the RV you want is to book early. With recreational vehicles growing in popularity, there is more demand than supply. Generally, plan on booking months in advance. This is especially true if you're planning on booking during the holiday season, spring break and other popular family vacation times. Booking early is also the key to saving money on the RV rental.

The hottest trend in RV rentals is the Airbnb model. Companies such as RVShare recruit RV owners who want to make money during the many months of the year when their RV is just sitting in the driveway. It's similar to an Airbnb host who rents out the spare bedroom or summer house when they're not in use. By bridging the gap between RV owners and RV renters, this sharing economy model expands the supply of RVs to meet the growing demand.

How Much Does it Cost to Rent an RV?

As for pricing, unfortunately, there is no set price schedule. As Kevin Broom of Go RVing explained, "The cost of an RV rental varies based on factors such as location, time of year, demand, size, amenities, etc. Someone looking to rent can expect to find a range from \$80 to \$250 per night, though the price could go significantly higher if you're renting for a popular event (think Burning Man)." Decide on the options you want and start comparison shopping. Some of the major RV rental companies are:

- RVshare, a sort of Airbnb for RVs. The company connects RV owners with people who want to rent them.
- Cruise America is an employee-owned company with 4,500 vehicles in its fleet.
- El Monte RV, which has been renting RVs for 4 decades, even offers one-way rentals.
- Outdoorsy, which will deliver a camper to the KOA or wherever you want it, so you don't have to drive it and set it up if you don't want to.

Go RVing partners with dealerships and manufacturers within the RV industry to promote the RV lifestyle. The association's social media channels feature RV owners sharing their personal experiences. It doesn't hurt to shop around for a dealership that works best for you. The more options you have to choose from, the better. Once you've chosen your RV, a security deposit will be required to secure the reservation.

What Other Costs are Involved?

The basic rental price is just one expense. You may also be charged other rental fees for cancellations, use of the generator and pets. Ask about all possible extra fees before signing the rental agreement.

And then there are the operating costs.

These are big vehicles and that means it takes lots of gas to fill the tank. The model we drove averaged 8 to 9 miles per gallon. At today's average gas prices, it would cost roughly \$90 to fill the tank. Be certain to factor that into your vacation budget to avoid overspending.

Campground fees vary by size, features and the season. Generally, you can expect to pay somewhere between \$25 to \$85 per night. As an example, our first campground was Endless Caverns in Virginia. Rates there range from \$43 to \$61 depending on the season. Weekly rates range from \$229 to \$295. Holiday weekends typically require a 3-night minimum. However, at the Bayfront Campground in Maryland, rates for a bayfront camping spot can reach as much as \$85 per night. Luxury RV parks with top amenities up the nightly and weekly rates significantly.



Feeding the RV. It got 8 to 9 miles to the gallon and a fill-up cost \$110. Photo Credit: Terri Marshall

Do I Need Insurance for a Rented RV?

Yes. Most RV rental companies offer insurance and it may be included in the nightly rental rate. For example, Cruise America rentals include three areas of coverage beyond the minimum automobile coverage required by law:

- Supplemental Liability Insurance up to \$1,000,000 for USA rentals (Not valid in Mexico)
- Responsibility of up to only \$1,500 for Vehicle Loss or Damage per occurrence provided you abide by the Terms and Conditions of the Rental Agreement
- Expense reimbursement plan up to \$3,000 in the event of a mechanical breakdown requiring service.

Look for insurance details in the rental agreement. When inquiring with the various rental companies you're considering, be sure to ask about insurance provisions and options.

Packing for Your RV Vacation

Just like any camping trip, you'll be packing basic clothes and a whole lot of extra things. Some of the things you'll need include bed linens and pillows, towels, cleaning supplies, cooking utensils, folding chairs and a portable grill. If you're driving to the dealership to pick up your RV, it's no problem to bring these things along. However, if you're flying across the country to visit the national parks, packing these items can be cumbersome.

Most RV rental companies also rent camping supplies. For a nominal fee, you can pick up a bedding and linen package, kitchen package and more. Be sure to inquire ahead of time to see what is provided in the RV and what you'll need to supply yourself.

What to Expect When You Pick Up Your RV

Renting an RV for vacation is one thing, learning how to operate it is another. Don't worry, the rental company will make sure you have the knowledge you need to handle the functions of the RV at



the campground and on the road. At pick up, someone walks you through the features of your mobile vacation home. That will include hooking up the electricity at the campground as well as emptying the tanks. You'll learn the difference between gray water (from the shower and kitchen) and brown

water from you know where. Make a video recording during the instructions to help you remember everything.

If you've never driven an RV, it's a good idea to practice in a small area before you hit the road. It's much better to learn what it means to "allow plenty of space for a right turn" when you're practicing in an empty parking lot than when you're driving in the middle of a city. While I was nervous the first few minutes, it wasn't long before I settled in and became completely comfortable driving Minnie Winnie. Practicing before I tackled the Washington DC Beltway was one of my smartest decisions ever.

Embracing the RV Life

Despite having camped only a few times in my life, embracing the RV life was effortless. While rolling down the road there's plenty of time for road trip games. And the campgrounds were all about relaxing.

Our first RV resort was the Endless Caverns in Virginia. We spent our days swimming, sunning and hiking. Evenings were spent lighting the campfire, grilling our dinner and sipping wine long past sunset. The remaining nights were at the Bayshore Campground in Rock Hall, Maryland. Here we were treated to the sights and sounds of nature including magnificent sunsets.

And, of course, there were plenty of s'mores!



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I am an Emergency and Critical Care Physician I Had COVID-19 Infection Twice and I'm Tired

by KARA WARD, MD



I am a critical care and emergency medicine physician, I have had COVID-19 infection twice, and I'm tired.

My first infection was early on in the pandemic. I had to place a Blakemore tube in a young man who was going to die from his massive bleeding from cirrhosis. I didn't know then that the patient was positive for COVID, as he didn't have any "typical" symptoms. I placed the tube and got him transferred to another facility, and am proud to say this patient lived.

However, 5 days later, I came down with COVID. It was awful. My joints hurt more than I had ever experienced before. It was like someone was trying to break them from the inside out. I had trouble breathing and could actually feel my throat and airways swollen. The fatigue and terrible headaches had me down for days. I have migraines normally, but this was something much different. My food didn't smell or taste like it normally did. My daily decisions were weighing how important it was to get up to go to the bathroom as this took so much energy to do so. Simple tasks would often lead me to take a nap. Fortunately, I recovered, and because I was quarantined away from my family, my infant daughter and husband were spared.

I take all the precautions. I thought I was doing everything right. I wear a mask both in and out of work. Once I get home, I take off my "dirty scrubs" and head straight for the shower, even if my daughter is screaming to be picked up. My work shoes do not enter the house. I wear full PPE for any procedure I perform in the hospital. I have picked up extra shifts to help out, which is exhausting but necessary. I warned others about being cautious. For many months, this complex system seemed to be working. Then 7 months later, I was diagnosed with COVID-19 again.

This time, my husband likely brought it home to me. He lost his sense of taste and smell, and out of an abundance of caution, we both got tested, and we were both positive. Thank goodness my daughter had spent the previous few nights with her Nana. My mother and 14-month-old daughter were again spared infection and even got tested as a precaution. I once again had fatigue and headaches. This time I also had a "brain fog." My brain that is usually able to work in a rapid-fire manner, was slow and sluggish. I knew I wasn't processing things correctly, and I had trouble remembering words and names. It was an awful feeling. I once again was in quarantine; this time, instead of being alone, I was in the company of my husband. I am grateful that we both recovered. I have taken care of far too many, which were not as fortunate.

Some might say that being out of work and quarantining "isn't too bad," but I disagree. I lost over a month of my young daughter's life; it is time I will never be able to get back. I indeed made the choice to stay away for her safety, but in reality, I didn't have a choice, and

the loss of time doesn't hurt any less. Quarantining twice also meant that my physician colleagues had to pitch in and cover for me. This was a time that I was not available to help the medical team and care for so many other people's mothers, fathers, grandparents, and children in a time when we are all stretched too thin. This virus took me away from my job, from my ability to help and care for others. It put added strain on an already strained medical system. The virus didn't care that I'm a doctor.

I am a critical care and emergency medicine physician and I'm tired. I'm tired of COVID-19, but not for the same reasons as I hear other people say. It's not the wearing masks, social distancing, lack of travel, and the fact that I routinely wear full PPE to work. No, it's so much more. I am tired of hearing the denial and the statements that COVID is "made up." I am emotionally exhausted from all the deaths, deaths of people who go from talking to me in one minute, and suffering a cardiopulmonary arrest or respiratory failure in the next. I'm tired of the deaths of those whose loved ones cannot be by their sides, and I know I'm not alone in the medical community with this thought. It's heartbreaking to know that my masked face or that of a nurse is the last face a patient sees before they die. I wish families could be present and care for their loved ones, but the risk is too high. There are many times I have stayed in full PPE in a room while a patient died so that they wouldn't die alone. I have held their hand. I have apologized that their family couldn't be there. I have apologized that we couldn't save them. I have cried behind that PPE too many times. Each death still affects me even months later. I am tired of these heartbreaking losses.

I am tired of being called uncaring or worse names. I understand it's beyond imaginable that you cannot be at your dying loved one's side for the entire time; I hate it too. These protocols and policies are in place to protect people from the virus, but I know it's causing harm to my patients' emotional well-being and their loved ones. I get it. I want to scream and yell and carry on with you about how unfair this all is. It is unfair.

I am tired of the lack of community in the world. Like it or not, we are all in this together. We need to take care of each other, protect each other. I get that there are a lot of people who recover from COVID-19; I am one of them, twice. However, I work daily with patients that require ICU care. They often stay for weeks to months. Patients suffer from more than just a cough or trouble breathing, or the fatigue and brain fog. I have seen strokes, heart attacks, renal failure ending up on dialysis, profound weakness from the constant cycle of paralyzing drugs, and placing patients on their stomachs to improve their oxygenation. I have treated patients that went from normal everyday walking and talking to needing full care with a breathing tube and feeding tube for months after they "recovered."

I am tired, but each day I go to work, I continue to pour my heart, soul, and mind into my patients. Being a critical care and emergency medicine physician is a job I love. I want to help people, and I will continue to do so until my services are no longer needed or until I cannot. I promise you this; I will continue to fight for you. This tired physician asks, please fight for us too. Wear your masks. Take care of your neighbors. We are all in this together, and only together will we survive.

Festive and Classy Holiday Cocktails for 2020

Whitekitchenredwine.com

Of any year, this would be the year to beef up your holiday cocktail repertoire. Whether it's just 2 of you or immediate family, you'll want to keep these Classy Holiday Cocktails recipes ready for your 2020 and beyond!

Warm, cold, spicy, sweet, SPIKED! That's what this round up is all about. Delicious and classy cocktail recipes that range from tequila to rum, bourbon, and gin! So get your cocktail shaker ready... Holiday cocktails have the ability to lighten the mood, set the mood, or improve the mood of your party! Things may look different this year for the holidays but whether you host a virtual holiday or a small gathering, try out these Classy Holiday Cocktails!



Winter Spiced Old Fashioned

Makes 1 Cocktail

2 oz. Good Bourbon or Rye Whiskey
1 oz. Brown sugar spiced simple syrup
2 shakes of bitters (orange bitters are lovely here, but the regular are great as well)
Slice of orange or a nice piece of orange zest
Cherry
Stir all ingredients in a glass with a little ice then strain into a highball glass with a whiskey block.
Brown Sugar Spiced Simple Syrup
1 Cup brown sugar (NOT packed)

1 1/2 cup water
1/4 cup dried cranberries
2 -3 slices of orange zest about 4-5 inches long
1 slice of fresh ginger about 1 inch thick
1/2 of a vanilla bean
4 cinnamon sticks
1 1/2 tsp whole clove
1/2 tsp ground allspice

Place all ingredients in a small sauce pan and bring to a boil over med heat. Once boiling, reduce to simmer and let simmer 35-45 minutes. Turn off heat and let cool, once cooled strain into a glass jar with a lid and store in the fridge.



APPLE PIE MARGARITA

• Yield: 2 drinks

INGREDIENTS

- 2 ounces tequila
- 2 ounces shot Fireball
- 1.5 ounces Grand Marnier
- 2 ounces fresh-squeezed lime juice
- 2 ounces apple juice
- splash agave or honey
- 1/2 teaspoon cinnamon
- 1 Honeycrisp apple – sliced

- 1 lime – cut into wedges
- ice
- 1/4 cup cinnamon sugar
- 2 cinnamon sticks

INSTRUCTIONS

1. In a shaker muddle a 1/4 cup of chopped apple.
2. Add in the ice, tequila, Fireball, Grand Marnier, lime juice, agave/honey, and cinnamon. Shake well.
3. Sugar the rim of your glasses. Pour the cinnamon and sugar into a low bowl or small plate. Cut a lime into wedges, then cut a slit in the wedge. Run the lime around the edge of your glass and dip the glass into the cinnamon-sugar mixture.
4. Add ice to the glasses then fill with margarita mix then garnish with apple slices and cinnamon stick (optional).



Pomegranate Lemon Drop Martini

Ingredients for pomegranate lemon drop martini:

- 1 oz. freshly squeezed lemon juice, plus one tablespoon
- 3 oz. fresh pomegranate arils
- 1/2 oz. orange liqueur
- 1/2 oz. simple syrup
- 2 oz. vodka
- sugar for rimming the glass

Instructions for rimming cocktail glasses for pomegranate lemon drop martinis:

1. Break up a few pomegranate arils into a tablespoon of lemon juice, to form a pink juice.
2. Place sugar on a flat plate, slightly mounding. Gently roll edge of martini glass in the pink juice, and then dip in the sugar, carefully pulling up and setting upright to slightly dry.

Instructions for mixing pomegranate lemon drop martini:

In a cocktail shaker, combine lemon juice and fresh pomegranate arils. Muddle to get all the juice out of the arils.

Using a fine strainer, strain out the pomegranate arils, squeezing to get all the juice out of them. Discard the arils. Pour juice back into shaker.

Add the orange liqueur, simple syrup and vodka to the pomegranate lemon juice. Add a few cubes of ice, and shake. Strain into pink sugar rimmed martini glass.



Apple Cider Mimosas

Ingredients:

- Apple Cider
- Prosecco or Champagne
- Sugar
- Ground Cinnamon
- Apple Slice

Method:

- Combine 2 tablespoons of sugar and 1/2 teaspoon ground cinnamon in a shallow bowl
- Wet the rim of a glass, I prefer coupe but any glass will work
- Dip the glass in the cinnamon sugar and rotate to get an even coating
- Pour 1 part apple cider and 1 part prosecco or champagne in your glass
- Garnish with a slice of red apple, enjoy!



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These Habits Will Make You a Better Doctor and Person

BY JONATHAN FORD HUGHES



Someone asks you what you do, and your knee-jerk reaction is to tell them you're a doctor. It's a product of the western lifestyle. We conflate who we are with what we do. For physicians, COVID-19 perhaps has reinforced this tendency. The pandemic reminds you that you're a doctor, all day every day.

This is why — perhaps now more than ever — physicians need a sound work-life balance. Habit creation is a proven way to modify behavior. These clinically proven habits will improve your work-life balance and make you a more effective doctor and human being.

Journaling

Putting your mind on paper helps identify thought patterns and nullify anxiety. A 2018 JMIR Mental Health study showed that web-based journaling prompts that asked patients to reflect on trauma “decreased mental distress and increased well-being relative to baseline.”

Particularly when done first thing in the morning — before reading the news or checking social media — a short journaling session is a useful way to capture whatever your subconscious mind might have been processing while you slept. Think of August Kekulé, the 19th century German organic chemist who identified the shape of benzene molecules after seeing it as an abstraction in a dream. Journaling may help you solve a clinical conundrum that you're wrestling with, or identify a series of important personal questions that you're ruminating over. Barring either of those, it may help keep everyday stress in check.

Mindfulness

Mindfulness can be as organized and traditional or as freewheeling as you want. For example, traditional Zen-style meditation

requires you to be seated, eyes open, and focusing on your breathing. Less orthodox approaches to mindfulness, including apps such as Headspace, Waking Up and Calm, allow you to take more liberties with how you're seated and ocular status.

A pilot study published this year in JMIR Mental Health shows that app-based mediation may be an effective way of reducing generalized anxiety disorder (GAD) symptoms in physicians — a driver of burnout. Thirty-four U.S.-based doctors who self-reported GAD symptoms used a meditation app. After 1 month, they reported a 48% reduction in GAD score and after 3 months, a 57% reduction.

Regardless of how you approach a mindfulness practice, it will make you more attentive and less emotionally reactive. This will serve you in your practice, perhaps making you more attuned to the physical and emotional states of your patients. And, your friends and family will benefit from your increased empathy as well.

Physical practice

Mindfulness is great, but you can't be in your head all the time. Well, you can, but it certainly has some health consequences. CVD, depression and anxiety, as well as orthopedic health consequences, to name a few. The human body was meant to move.

A physical practice will energize you and give you the endurance to make it through a day on your feet, and it will give you a stress-busting outlet. To make it into a habit, it needs to be something you enjoy doing, though. Many make the mistake of taking up a physical practice, such as running, only to discover that they hate it.

You have options. Your physical practice could be something as conventional as lifting weights, or it could be a spiritual/physical hybrid, such as yoga. For example, a 2019 literature review published in *Brain Plasticity* found that yoga improves the structure and/or function of the prefrontal cortex, hippocampus, amygdala, cingulate cortex, and the default mode network. Yoga may also stave off age-related mental declines, the researchers wrote.

Or, you might pick something that incorporates all three, such as a martial art. For example, a 2019 pilot study published in *Military Medicine* demonstrated that veterans with PTSD symptoms benefited from 5 months of training in Brazilian Jiu Jitsu, a grappling martial art. "Study participants demonstrated clinically meaningful improvements in their PTSD symptoms as well as decreased symptoms of major depressive disorder, generalized anxiety and decreased alcohol use; effect sizes varied from 0.80 to 1.85," researchers wrote.

Internet sabbath

Having a vast information network at your fingertips has made medicine easier, but it's also made the career more intrusive and eroded separation between work life and home life. Furthermore, social media has put a neurochemical slot machine in all of our pockets, nagging many of us to reach for a quick dopamine hit at the slightest indication of boredom or anxiety.

An internet sabbath may help manage your tech habit. Once a week, pick a period between sun up and sun down when you're going to live like it's 1999. Pretend the device in your pocket doesn't have an internet connection. Use the time you'd be mindlessly scrolling to read a book, connect with your family, or contemplate the nature of a tree. Seriously. Check out trees. They're awesome.

Final thoughts

Habits don't become habits until we perform them habitually, meaning without thinking about it. Habit formation takes time and repetition, which are less likely to happen if you aren't motivated to create the habit in the first place. When selecting a habit that will make you a better physician and person, choose one that you'll enjoy developing to increase your likelihood of success.

These habits will make you a better physician and doctor:

- **Journaling:** Start your day with putting your thoughts on paper. You may gain some clinical insights or clarity, and you'll minimize feelings of stress and anxiety.
- **Mindfulness:** Go the more traditional Zen route, or use a modern app-based approach. Your ability to focus will expand, and you'll be more present when with friends and family.
- **Physical practice:** This can be a conventional practice, such as lifting weights or running, or something more artistic and/or spiritual, such as yoga or a martial art. You'll build your body and clear your mind at the same time.
- **Internet sabbath:** Schedule a weekly break from the internet where your smartphone becomes the brick you lugged around in the late '90s. You'll clear your head and tune in more to the present moment.



How Covid-19 Catalyzed Digital Healthcare

Themedicalfuturist.com

Coronavirus has shattered our world and changed nearly all aspects of our lives. It has also changed our relationship to healthcare. It is slowly becoming a cliché to say that COVID-19 has catalyzed healthcare trends – but nevertheless, it's true. Everyone in the world has seen what devastating impact healthcare can have on our daily lives and how underfunded healthcare systems depend on the heroic frontline workers, who are holding the walls from falling apart.

The windfall of the era of digital health is unquestionable, but it has always been. The hurdle was the adoption of these changes, for they posed infrastructural, operational and cultural challenges – the latter being probably the most challenging, and, probably, this was the ultimate obstacle in the change.

But the importance of good healthcare systems is now incontestable. And while the pivotal question is still the fight against the virus, leaders around the world should already look at which of these changes should remain permanent and how the entire industry can ultimately build on the learnings and the developments of 2020.



Digital health before the pandemic

In a recent article, we outlined our approach and manifesto on digital health. Since 2009, Dr Bertalan Meskó has been taking a stand for the digital health transformation. On The Medical Futurist website, we feature the latest technologies and how they can be put to use in public health. Take, for example, digital maps. Back in 2017, we wrote about data visualisations and evaluating, monitoring and even predicting health events with this technology. We also featured real-time monitoring of the Ebola epidemic. Or think of artificial intelligence in radiology diagnose and evaluation that was still utopistic a couple of years ago. We talked about science fiction-like scenarios and concepts that were hard to grasp for many. Not anymore.

Digital health during COVID-19

The pandemic has brought science fiction down to the ground. We live it, we breathe it, and to move forward we also need to embrace it, too. Upon the first news of a certain virus in China, we were quick to talk about the right use of digital health technologies – check it out here. Plenty of technologies have suddenly become widely accepted and interesting not only to medical professionals but to the general public as well. Like a hanging fruit that became ripe from one day to the other, technologies and concepts from telemedicine through A.I. monitoring to network medicine, all came together in an attempt to try to know, understand and forecast the virus.

Let's see a few technologies that really stand out from here.

Artificial intelligence

We can't emphasize enough how important it was when Canadian startup BlueDot rang the bell on a small-scale outbreak in the region of the Chinese Wuhan. BlueDot used its algorithm to sift through hoards of news reports, airline data, and reports of animal disease outbreaks to detect trends – and was quick to, so to say, connect the dots. Since then, a great amount of research has been going into the possible uses of A.I. in healthcare to analyze, monitor, screen and triage COVID patients; to support hospital infrastructure in resource allocation, or further drug discovery and vaccine development. MIT even developed an A.I.-based voice analyzer tool to identify asymptomatic COVID-19 patients from cough recording. And the list could go on.

Network medicine

Albert-László Barabási is one of network medicine's pioneers. Studying biological networks to discover patterns and their behavior is the key focus of their research. Their data visualizations have even set the artistic language of such data-driven imaging over the past 20 years worldwide. Their work became more important than ever this past April when the BarabasiLab had a list of promising drugs for testing in human cell lines in an experimental lab in less than 10 days since repurposing their network medicine toolset to find a treatment for COVID-19.



How is network science contributing to COVID19?

Remote care, a.k.a. telemedicine

Telemedicine has been available for quite a while now, but its breakthrough was undoubtedly due to 2020. From being a far-fetched concept for the care of remote areas, the dire need to protect medical professionals and other patients from the virus made remote technologies skyrocket. Due to the coronavirus, medical visits online and over the phone experienced a never-before-seen surge. From mental health care to emailing prescriptions or school medical certificates for kids – we had known these could exist. But we never expected they could so easily be adopted into our everyday.

At-home lab tests

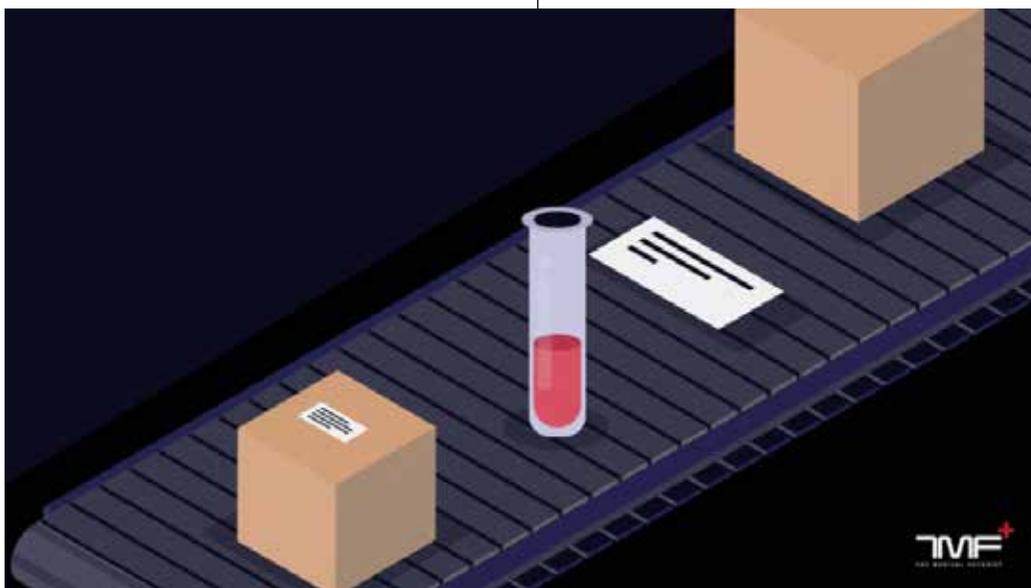
After remote care, remote testing was next to be a major disruptor. Waiting in lines for your sample to be taken is out of the question. Today, one can have multiple important tests without even leaving the house. The red tape that prevented at-home testing in the past as good as disappeared with COVID. Certain lab tests are much safer at home as these help avoid exposure to the infection.

Data protection

This is very uncomfortable. Not just for you – for all of us. Data protection is like when someone farts on a fancy party: everyone knows it's there. But no one wants anything to do with it. On one hand, we all know sharing data is essential for tracking the virus' spread. On the other, so many security flaws (and in many countries, probably built-in features) can get you exposed.

We already wrote about the dark side of health trackers: dubious tracking from smartphones and wearables by amoral third parties. Today, we need to understand that there is no digital health without sacrificing a part of our privacy. The advanced technologies cannot improve without our data; without it, they can't be implemented as part of regular medical care. And COVID-19 has only made things worse. The post-pandemic era in digital health: what's next?

No matter how many mistakes are made, we need to think



The pandemic brought light to a trend we discussed before. To reduce the exposure to risks such as an infection, at-home lab tests are coming.

Smartphones, robots, 3D printing and more

Disinfectant robots and drones appeared to reduce the risk for humans. We can all leverage the real power of smartphones with online consultations, mental health care, at-home drug delivery, or even COVID-19 testing; while appreciating the fast-paced printing in 3D to create medical tools, protectors and practically anything else needed when traditional production or supply is scarce and when health institutions are overwhelmed.

a lot about what is coming. Because the question is not whether we have to live with the pandemic but for how long. You yourself need to become a bit of a forecaster yourself.

This will make it easier for everyone to prepare for what is still to come. By drawing scenarios on what might come, you will be better prepared in your professional as well as in your personal life. And don't worry to be wrong. Just bear in mind what Yoda said: "The greatest teacher, failure is."

Doctors are Fleeing the Medical Field -Here's Why

by ANNA GLADSTONE, DO



The first day I started work as an attending physician in primary care medicine, I knew I had made a terrible mistake. This was not the heroic, selfless, service-oriented job or the romantic life “as seen on TV” I had imagined.

Riddled with heavy school debt, despite my best efforts to join debt relief programs, I had a frustrating job with nothing but red tape and hurdles to jump over. And I felt stuck. I was now \$200K+ in the hole for this, so I felt financially committed.

In my mind, I know there are always options, but after such a huge investment, it would feel like an abandonment of my younger self if I were to walk away from medicine now, a betrayal of my wasted youth.

So here I am, five years in, still contemplating whether I should stay or go.

In medical school, it is taught the “gold standard” of care, the medicine regimen we should strive toward to best help our patients. However, this is rarely attainable. There are many reasons for this: patient preference or personal beliefs, financial or other barriers to care, but often it simply isn't covered by insurance.

It's no wonder that morbidity and mortality rates are so much higher in this country than comparable developed countries. There is little time for the practice of medicine — there's only paperwork and red tape.

HMOs are ruining medicine.

A specific HMO — I will not identify it here, but its name has some relation to the color of the sky and a network — is the worst.

If you are a patient who needs a procedure, test, or referral, your primary care doctor's office has to authorize everything. This means, even though that doctor ordered the test, once you schedule the procedure, you must call that doctor's office back (yes, the one who ordered it), and they must then go through the process on the network website to approve the procedure.

Once it is approved, you can then go ahead, but if the insurance company does not think that this procedure is warranted, even with your doctor's recommendation, it will be denied, and the process starts from square one.

This is such a heavy burden on doctors' offices that many are contemplating dropping this network to alleviate the burden on their staff.

When working with HMO drug formularies, that often change quarterly if not monthly, a doctor finds it nearly impossible to get someone's disease — for example, asthma — under control. Big pharma and insurance companies are constantly in negotiations for the lowest-priced drug, and whatever drug is on contract for that quarter is the one that is covered by that patient's insurance.

Without proper notice to providers, enrollees, or pharmacists, a mainstay of asthma treatment — inhaled corticosteroids — will be switched to a similar drug but with different dosing and device delivery methods.

The asthma patient who finally had control of their disease will go to the pharmacy to pick up her medicine and find out it is no longer covered by her insurance.

What she often is not told by the pharmacist (maybe because the pharmacist lacks the time or the knowledge) is that a similar but different drug came under contract with the insurance company and so the doctor needs to write a new script. Thus, without being informed of these changes, the patient leaves the pharmacy empty-handed.

This back-and-forth between pharmacy and doctor's office often leads logically to patient frustration expressed as anger or distrust toward the pharmacist or the doctor's office staff, eroding confidence in these professionals' ability to do their jobs. This disruption in the patient-doctor relationship makes it all the more difficult to give patients that “gold standard” of care.

Now we are working through a global pandemic. If medicine were ever to be exciting, it would be now. But no.

During the most stressful time in a physician's life, due to fee for service medicine and cancellations of high-cost elective procedures, like knee replacements and other surgeries, many physicians' livelihoods are at stake.

Hiring has been put on hold in many systems, contracts are being re-negotiated, work hours are being cut drastically, and there is no end in sight to this anxious misery.

While some hospital administrators continue to make six and seven figures, doctors and other front line workers, enduring the most stressful challenge of their lifetime, are taking huge pay cuts. This is why fee-for-service medicine is so asinine. When the world needs doctors more than ever, they are losing jobs and taking cuts. Let's consider how this has worsened life for all of the people in this country who have lost their jobs due to COVID-19.

Furloughed employees, during a global pandemic, find themselves without work and without medical insurance because our system relies on employer-based health insurance. And when suddenly millions of folks need to apply for Medicaid and unemployment benefits, you can bet there is a backlog on the enrollment process. These systems were not built to see such a huge influx all at once. So during a pandemic, 30 million or more people in this country must fear getting sick from this virus and not having medical coverage.

The reason that people in the U.S. are so unwell and unhappy is also linked to the employer-based health insurance model. I have a patient whom I saw for the first time at a new practice.

Her ulcerative colitis was well controlled by her previous physicians and infusions; however, her insurance changed, and therefore, her network of physicians changed completely. She could no longer see the gastroenterologist who got her disease under control and had to wait six months to get her infusions approved and restarted.

This lapse in treatment caused a flare-up of the disease, and now she is having a difficult time getting it under control again. If she had been allowed to stay in the first practice, all of this would not be a problem.

This model has personally affected me, too. When my father was feeling burnt out and beat up by his employer, he was ready to quit. He got passed over for a promotion and had questions of ethics concerns about the management above him. He had

drafted a letter of resignation and was ready to turn it into HR. He called my mom and told her, and she responded, "You mean my babies are going to be without health insurance?"

He stopped himself, staying in this job that he wanted to quit, put up with the parts he despised until retirement. Now I know that he could have made different choices, but that fear is always a part of every employment decision, making it that much more likely that people will stay in toxic work situations because of the "benefits."

Don't get me wrong — medicine is not all bad. I love the long-term relationships that I have with my patients. I love being able to guide them through life's most beautiful — and toughest — times.

I had the most beautiful goodbye with a patient when I left my practice for a new job. She told me she attributed being alive today to my care for her. These moments of connection make medicine a calling and not a job. It has become less of a calling and more a set of boxes to tick off before you can start to do the real work of medicine.

The boxes are starting to become so cumbersome that they have taken some of the love and care out of it. How much more restricted can networks get before people realize we already have death panels dictating our lives? Something has to change.

Anna Gladstone is a family physician.



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Tips for a Better Telemedicine Visit

by Teresa Iafolla, blog.evisit.com



So you've decided to try out telemedicine with your patients. You've got your telemedicine solution set-up and ready to go. Now what? How do you ensure that your virtual patient visits are as successful and effective as your in-person ones? How do you prevent any technical glitches from getting in the way of your medical consultation?

The good news is, many of today's videochat telemedicine solutions are made to be as simple to use as possible. Think Skype but with complete security and extra features health professionals need.

Still, it's always helpful to have your technical checklist on hand to head off any potential problems. Here's our list of 15 tips to help make your virtual patient visits as effective and glitch-free as possible.

1. Use a High Quality Webcam. This one's a no-brainer. What good is video if it's not high-quality enough for you to clearly see your patient and any visual symptoms? Plus, when patients can clearly see your face, they'll be more comfortable and respond more positively to the visit. This doesn't mean you need to go out and buy a super-fancy camera. Many high-quality webcams today are not very expensive!

2. Test out all your equipment before you start. Ok, so you've got everything set-up. Now, you have to test it out! Before you do your first telemedicine visit, check to make sure your volume's on, the audio is clear, and your camera and microphone are working. You might even want to do a quick check each morning to make sure everything is working properly.

3. Use Good Sound Equipment. Test out the microphone and speakers on your computer and mobile device. What you have might work ok. If you're having any trouble getting good audio, though, spring for a high-quality microphone

and some speakers. Also, remember that if you're planning to have multiple staff in the room during a telemedicine visit, everyone will need to be heard.

4. Set-Up Your Camera at Eye-Level. Whether you're using an integrated or external camera, set it up so that the camera is approximately eye-level. That way, it'll be easier to maintain eye contact with the patient and stay engaged during the visit.

5. Close Unnecessary Programs. Video streaming can take up a lot of bandwidth, so make sure you don't have too many other programs or tabs open. You might even want to close out of everything and just have your telemedicine platform open.

6. Use a Wired Internet Connection, if possible. A wired connection is less prone to interruptions, so try to use an ethernet cable instead of wifi whenever you can.

7. Plug in Your Computer or Mobile Device if you can. While this isn't necessary, it's always a good idea. The last thing you want is for your power to die in the middle of the visit.

8. Find a quiet space. Wherever you are (office, an exam room, or a home study) make sure the space is quiet and distraction-free. Eliminating distractions and ensuring patient privacy is crucial to a high-quality telemedicine visit.

9. Read the patient complaint beforehand, if possible. Just like any other visit, try to take a minute before starting the visit to read the patient complaint and familiarize yourself with the patient record. You'll be more prepared for the visit and will likely make the appointment more efficient.

10. Adjust the lighting. The lighting in your space can have a big effect on the quality of your video. Pro tip - try turning on overhead lights and blocking light from windows, which can lead to too much background light in the video.

11. Share your screen when prompted. Most any app that's accessing your webcam needs to request permission. For example, in the eVisit platform, you'll see a pop-up in your browser like this that prompts you to allow sharing of your camera:



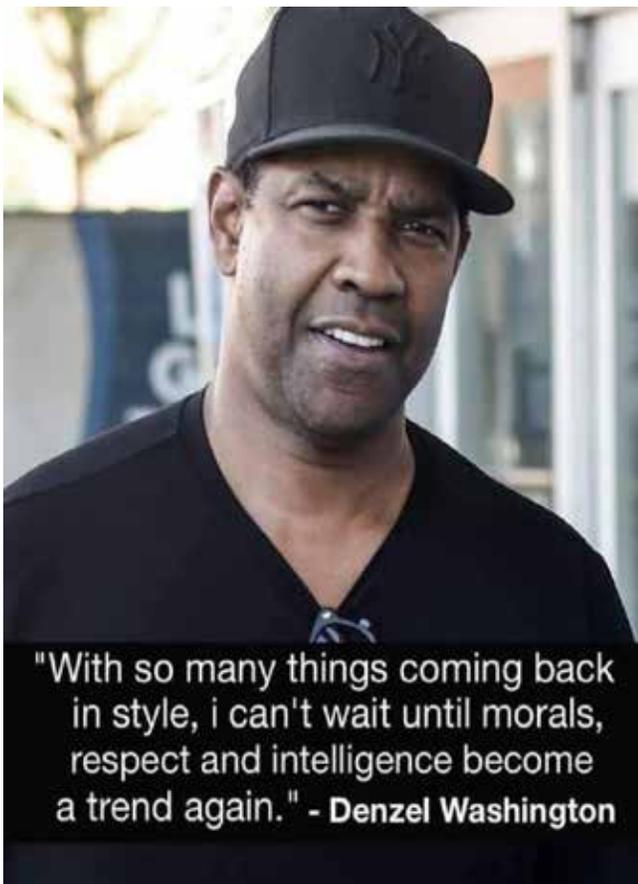
When a physician or patient's video isn't working, the number one reason is that they haven't allowed access to their camera. So, make sure you do this step!

12. Have the support team's number easily accessible. Hopefully, you won't need this number most of the time. But technical problems do come up sometimes. Write down the support team's number and place it somewhere easily accessible in your workspace. Make sure you share it with your staff as well, so they can coordinate calling for help when you're busy.

13. Follow the same clinical guidelines you would with an in-person visit. You know the drill. Even if you can't do a physical exam, you can ask good questions and take a thorough history of present illness. While the technology and interaction is different, the key clinical guidelines apply to a virtual visit the same way as a physical appointment.

14. Stay Engaged. Again, treat the virtual visit like you would an in-person visit. Try to maintain eye contact and nod along to show you're listening. If you need to take notes or look at something, mention that you're doing so to the patient –they may not be able to see exactly what you're doing, and taking notes could just seem like you're distracted or not engaged in the visit.

15. Explain Next Steps. Once the visit's over, thank the patient for doing a virtual visit and explain what they need to do next (this could be picking up their electronically prescribed medication from their nearest pharmacy, or scheduling a follow-up appointment in the next month). This is also a great opportunity to ask the patient what they thought of the virtual visit process, if this was their first one. With that feedback in hand, you'll continue to make your virtual visits more successful!



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THE MACBOOK AIR WITH M1 - NEW CHIP, NO PROBLEM

The new Arm-based system has exceeded almost every expectation

By Dieter Bohn, *theverge.com* • Photography by Vjeran Pavic



The new MacBook Air with Apple's M1 chip is a triumph. In a week of testing, I have pushed this computer and its new Apple-made processor to its limits and found that those limits exceeded my expectations on nearly every level.

I've also used it in the way a MacBook Air is really meant to be used: as an everyday computer for workaday tasks. When doing so, I clocked eight and sometimes 10 hours of continuous use on battery.

Coming into this review, I had a catalog of potential pitfalls that Apple could have fallen into when switching from an Intel chip to its own processor. Chip transitions are devilishly hard and don't usually go smoothly. This MacBook Air not only avoids almost all of those pitfalls, but it gleefully leaps over them.

Not everything is perfect, of course. Apple's insistence on using dumpy webcams continues to be a bummer, and running iPad apps is a mess. But as I used the MacBook Air, I often found myself so impressed that I had a hard time believing it.

Believe it. The MacBook Air with the M1 chip is the most impressive laptop I've used in years.

OUR REVIEWER VERGE SCORE 9.5 OUT OF 10

GOOD STUFF

- Fast
- Intel-based apps work well
- Excellent battery life

BAD STUFF

- Awful webcam
- iOS apps are a whiff
- It's time to admit Macs would be better with touchscreens

The MacBook Air is the most impressive laptop I've used in years

MACBOOK AIR HARDWARE

On the outside, the new MacBook Air is nearly identical to the Intel-based one Apple released earlier this year. It has the same well-loved wedge-shaped design, 2560 x 1600 screen that maxes out at 400 nits of brightness, Touch ID fingerprint login, reasonably good speakers, Apple's revised scissor-switch keyboard, and that massive trackpad.

It also has the same starting price: \$999 for a model with 8GB of RAM and 256GB of storage. That base model also has one less core on its graphics processor compared to pricier configurations, though I can't speak to what impact that might have. (I bet it's not much.) The model I'm testing has 16GB of RAM and 1TB of storage for \$1,649. As before, you can't upgrade anything later on if you need to.



APPLE KEPT THE DESIGN EXACTLY THE SAME

Apple has updated the options on the function row. The MacBook Air still has a terrible webcam.

There is only one exterior difference between the new one and the last model: Apple swapped out some of the buttons on the function row for more useful ones. Now, you get a button for Spotlight search (which, on macOS Big Sur, finally can do Google searches), Do Not Disturb, and Dictation. If, like me, you haven't used Dictation much before this, I think you'll be pleasantly surprised at how good it is.

The other differences are all on the inside. There's no fan anymore, for one thing, just an aluminum heat spreader. But even when pushing this machine to its absolute limit, I never felt it get more than a little warm. Apple knows what the thermal ceiling for this system is, and it keeps the MacBook well within it.

Unfortunately, that similarity extends to the webcam, which is still 720p resolution and still terrible. Apple has tried to borrow some of its real-time image processing from the iPhone to try to spruce up the image — and I do find that it does a better job evenly lighting my face — but mostly what I notice is that it looks bad (only now it's a more processed version of bad).

One other internal change that will affect pro users and developers more than the average MacBook Air user is that Apple has switched to a unified memory architecture, so there's no separate graphics memory. Apple claims this is more efficient. Unfortunately, I can't speak to whether the 8GB model has enough RAM to comfortably handle both CPU and GPU needs, but I haven't had any problems with the 16GB on my review unit.

In fact, I have yet to run into any sort of performance problem at all — because this MacBook Air is fast.

MACBOOK AIR PERFORMANCE

The MacBook Air performs like a pro-level laptop. It never groans under multiple apps. (I've run well over a dozen at a time.) It handles intensive apps like Photoshop and even video editing apps like Adobe Premiere without complaint. It has never made me think twice about loading up another browser tab or 10 — even in Chrome.

Last week, I wrote that Apple was "astonishingly confident in its new M1 Mac processors," rattling off huge claims and declining to lower expectations in any way. Having used one, I'm simply astonished.



It has two Thunderbolt ports. It uses Touch ID for biometrics. Overall, the hardware is identical to the last model.



I've used Windows laptops with Arm processors from Qualcomm, and they are slower, buggier, and more complicated than Intel machines. Even though I figured Apple would handle this Intel-to-Arm transition better, I didn't expect everything to work as well as it does.

I knew that macOS and Apple's own apps would be fast, many of which have been coded specifically to work with this processor. What has shocked me is how well every app runs.

Some background: apps are usually built to work with a specific kind of processor, so when they are run on a machine with a different processor, some kind of extra work has to happen under the hood. On the Mac, that work is done by a piece of software called Rosetta 2, which you install the first time you run an Intel-based app.

Unlike on Windows, Rosetta 2 isn't really emulation but translation. It means those apps take a beat longer to launch, but once they're running, they just... run. I have yet to run into any app compatibility problems (though there may be some I haven't been able to track down).

We, of course, ran a suite of benchmarks. The chart below shows some of our results. But I just want to call out one, in particular: the frame rate on *Shadow of the Tomb Raider*. Thirty-eight frames per second is a respectable number for a gaming laptop with a low-end graphics card. It's nigh unheard of for a computer with an integrated GPU. I am doing work on this MacBook Air that would have brought my old MacBook Air to its knees.

Benchmark	MacBook Air	MacBook Pro	Mac mini
Cinebench R23 Multi	6803	7729	7729
Cinebench R23 Single	1494	1519	1520
Cinebench R23 Multi looped for 30 minutes	5369	7729	7780
Geekbench 5.3 CPU Multi	7510	7554	7711
Geekbench 5.3 CPU Single	1730	1730	1754
Geekbench 5.3 OpenCL/ Compute	18357	19211	19654

We run a standard Adobe Premiere export test, and the MacBook Air beats the latest Intel laptops with integrated graphics and holds its own with some laptops with proper discrete GPUs.

The thing to pay attention to isn't the numbers. I admit they're impressive, and also they reflect my real experience with the computer. Instead, the thing to pay attention to is that *Tomb Raider* and Adobe Premiere haven't been optimized for this chip yet. They're running through Apple's Rosetta 2 translation layer. Apple has intimated that the M1 chip was designed in collaboration with the Rosetta team, so it's likely that there are lots of optimizations in the hardware itself.

(We did find one odd bug, however: Premiere encoded video at half the usual bitrate we expect when using variable bitrate on a YouTube 4K preset export. We had to set the slider to 80 to achieve the same bitrate Intel computers export on the default settings. Weird! We've let Adobe know, and as of publish time, the best answer is that Premiere isn't officially supported on the M1.)

If you currently have a MacBook Air, I am confident this new MacBook will perform better in every way. I think it beats the pants off Intel-based ultrabooks running Windows, including its most recent chips.



Control Center on the MacBook Air.

MACBOOK AIR BATTERY LIFE

Apple is claiming that this machine can get 18 hours of video playback and "15 hours of wireless web," both of which are very large claims. The company tells me I should expect battery life to be as much as 50 percent better than the last Air, and the battery inside this computer isn't any bigger than the previous models. All of those improvements come down to increased efficiency.

My actual results? I'm getting between eight and 10 hours of real, sustained work depending on how hard I am pushing it. That's not quite 50 percent better than the last MacBook Air, but it's very close.

THE AIR LASTS LONGER THAN MOST OTHER LAPTOPS IN ITS CLASS

To be very clear, I'm getting those numbers using the apps I actually use, which, of course, includes Chrome and various apps that are also based on the Chrome engine, like Slack. What's remarkable about that is, for some

applications, Rosetta 2 needs to do a bunch of real-time code translation, which further eats into battery life.

If and when these apps are rewritten to be “universal” apps that work natively on the M1, I expect to see even better battery life.

It might seem odd to mention this in the context of battery life, but the MacBook Air now wakes instantly from sleep, and apps that were running before you shut the laptop are much quicker to catch themselves up with the world. It’s subtle, but I have found myself willing to shut the Air closed more often than I usually do with other laptops because waking it from sleep is so seamless.

If you’re trying to choose between the new 13-inch MacBook Pro and this MacBook Air, I think that battery life is going to be the deciding factor for most people. In Nilay’s testing, the Pro is consistently getting a couple more hours on a charge. The Pro also has a Touch Bar and a slightly brighter screen, but the other major difference is that it has a fan. That allows it to run heavy workloads for extended periods of time. Same deal with the new Mac mini.



iOS apps running natively on the MacBook Air. Some are good; many are not.

IOS APPS ON THE MACBOOK AIR

One benefit of the MacBook using the same processor architecture as the iPhone and iPad is that it can now run iPhone and iPad apps natively. To find them, you need to specifically filter for them in the Mac app store. Developers are not allowed to distribute iOS apps to users directly, unfortunately.

When you do head over to the Mac app store to find your favorite apps, prepare to be disappointed. Click on your name in the lower left, then click the tab for “iPhone & iPad apps,” which will show you all of the apps you’ve installed on your iOS devices.

What I found there was a gallery of abandonware, mostly apps from developers that haven’t been updated to be aware of newer devices. Developers have the option to opt their apps out of being made available on the Mac, and many, many developers have done so. Instagram, Slack, Gmail, and many others simply aren’t available. I suspect these developers made that choice because they wanted to make sure they didn’t have a messy, weird app experience on the Mac.

Because iOS apps on the Mac are a messy, weird experience. Apple should have slapped a beta label on this feature.

Apple’s “Touch Alternatives” option for iOS apps.

Apps that have been coded to work with the latest iPad coding standards



are great. Overcast, a podcasting app, is quite good and feels totally usable. HBO Max, on the other hand, is a mess. It appears in a little window that you can’t resize, nor can you full-screen videos.

What?

The experience is also a little buggy, though Apple tells me the following issue I experienced will be resolved soon. I installed the Telegram messaging iOS app, which works well at first. But when a new message comes in, the app opens up on top of my other windows. The larger bug is that I was unable to delete it using the usual method of clicking an X button in Launch Center. Even when I deleted it

manually in the Finder, it still seemed to stick around for a few minutes until I rebooted, receiving notifications.

Apple has built a new system for every iOS app that is available in the Mac menu called “Touch Alternatives.” It is a series of buttons, gestures, and other eldritch incantations to make apps that need a touchscreen work on a Mac.

It’s frankly ridiculous and the clearest sign yet that Apple is bending itself into knots to avoid doing what obviously needs to be done: put a touchscreen on the Mac.

Luckily, you can ignore all of these iOS apps until developers optimize them or Apple figures out a better way to clean up the weird stuff.

At the same time that it launched the new MacBook Air with an M1 processor, Apple discontinued the Intel-based version of the Air. It was a bold move; the MacBook Air is Apple’s best-selling computer, and Apple also just made more money selling Macs last quarter than it ever had before. But it was the right decision. There is not a single reason I can find to want the old Intel version.

EXCEPT FOR THE WEBCAM, THE MACBOOK AIR WITH THE M1 IS INCREDIBLE

For pro users, there are still improvements Apple needs to make to increase performance on the top end for intense workloads. You can’t run an external graphics card, and you’re limited to just one external display at a time, for example, and it’s likely that a true pro would find the ceiling on this integrated GPU fairly quickly. But as an every person computer, there is nothing like this MacBook Air. It has very good battery life, incredible performance for its class, and yes, a good keyboard. Too bad about the webcam, though. It’s the main reason we couldn’t give this laptop a 10/10, which we were considering.

Processor transitions are supposed to be messy and complicated. Early adopters of the new chips usually sign up for broken apps, slowdowns, and weird bugs. Through careful integration of its new processor and its software, Apple has avoided all of that.

You don’t have to worry about any of the technical details that have enabled the MacBook Air to successfully navigate that transition. The fact that I can say that is perhaps the most impressive thing of all. Because it just works.

Coffee Table Book Ideas for Holiday Gifts

by NICOLE LUND

Coffee tables are a small yet mighty gift idea that you might not consider at first, but definitely should. Once you start investigating, you'll realize that there is basically an endless amount of coffee table books out there across every category imaginable



Little Book of House Plants and Other Greenery

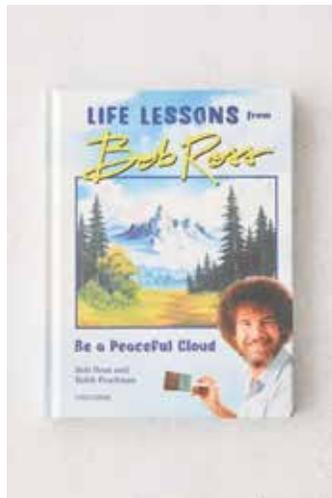
By Emma Sibley
URBAN OUTFITTERS
\$14.99

If the recipient's coffee table is tiny, gift a cute little book to complement it. This house plant directory is a guidebook to 60 common house plants, including descriptions, care tips, and lovely illustrations. Give it to your friend who loves their plant babies, or someone who's curious about growing plants of their own.

"Be a Peaceful Cloud" and Other Life Lessons from Bob Ross

By Robb Pearlman & Bob Ross
URBAN OUTFITTERS
\$17.95

This book is full of Bob Ross wisdom, and who couldn't use a bit more of that right now? Inside you'll find Bob's most famous quotes and more than thirty of his original paintings, as well as meditative essays on living your best life. Honestly, you'll probably want to buy a copy for yourself, too.



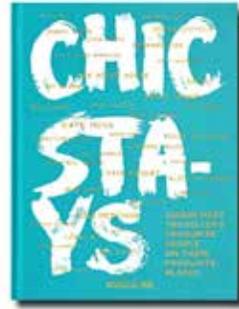
100 Hikes of a Lifetime: The World's Ultimate Scenic Trails

by Kate Siber
URBAN OUTFITTERS
\$30.00

While traveling to far off places isn't exactly in the cards right now, hiking is the perfect way to explore new places without dealing with crowds. This book is filled with stunning photography from National



Geographic, tips from expert hikers, and essential travel info, should you decide to take one of these trips.



Chic Stays
by Conde Nast
ASSOULINE
\$95.00

Curated by Condé Nast, this book takes you around the world to celebrities' favorite spots and stays. It's full of lush photography and personal anecdotes, but take note that this book is a beast—it has 264 large pages, and weighs over 5 lbs.

Terrain: Ideas and Inspiration for Decorating the Home and Garden

TERRAIN
\$35.00

If you're into gardening or outdoor living, then you probably already know about Terrain. This book is full of tips and inspiration for decorating your home and garden with an emphasis on nature, and is divided seasonally to focus on what works throughout the year. Each section includes a design philosophy and guide to seasonally-appropriate materials and plants, plus includes examples of each principle in action. Beautiful and practical.



In The Company Of Women

by Grace Bonney
ANTHROPOLOGIE
\$35.00

This is a great book to have on your bookshelf and your coffee table. It profiles over 100 women who are entrepreneurs, artists, and influencers in creative fields, featuring quotes, tips, and so much more. Give it to your friend who needs some inspiration to tackle that project or start on a new career path.



The Dogist By Elias Weiss Friedman

CHEWY
\$19.21

When in doubt, go with a book about dogs. "The Dogist" is a classic for a reason, and includes 1,000 photographs of dogs of every size, breed, and age. It's based on the popular website and Instagram account of the same name, and is the ideal gift for dog lovers everywhere. (Just make sure they don't already have it!)

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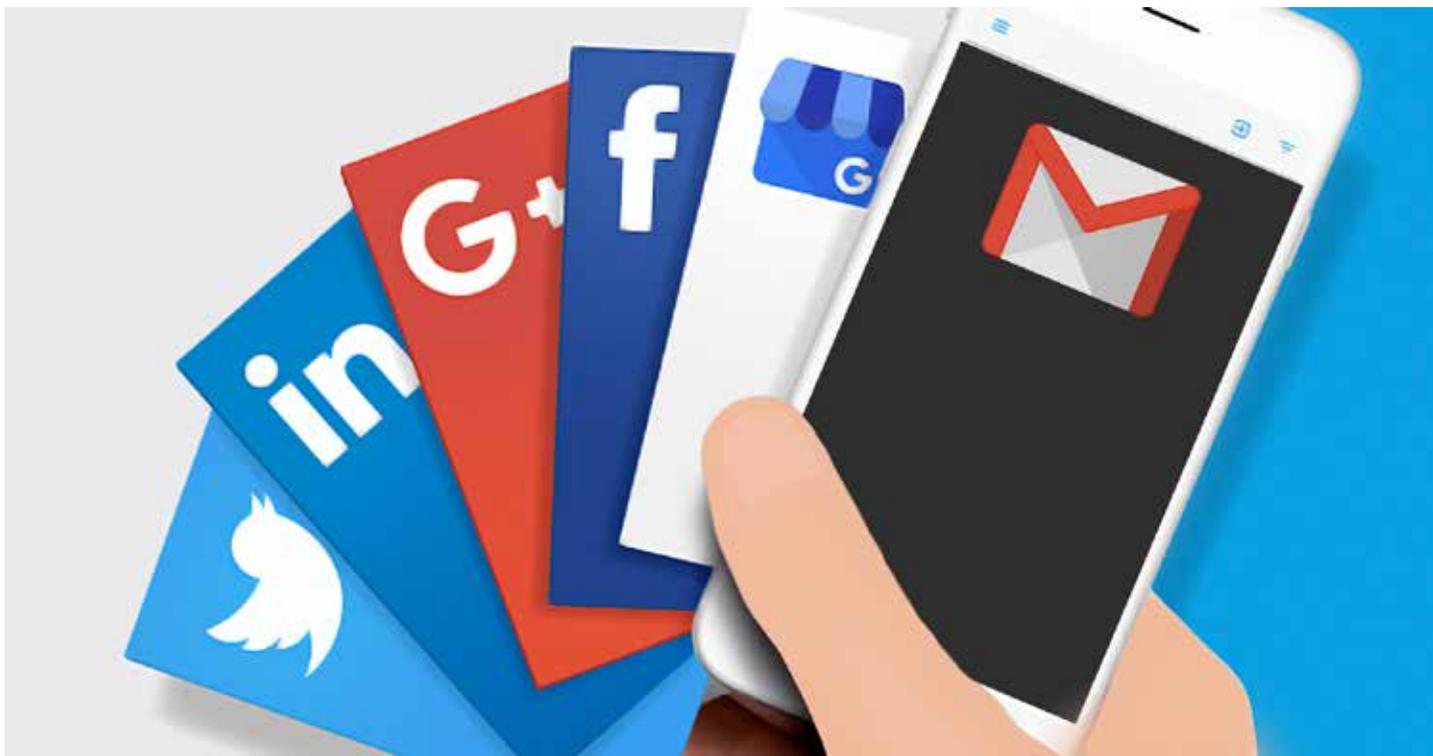
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LOST FOREVER: DIGITAL ASSETS IN AN OUTDATED ESTATE PLAN

By Stacey Riley Walters, Esq.



Imagine, this...your dad, who you had just seen at Thanksgiving using his camera to snap photos of his beloved family around the traditional turkey filled table, dies unexpectedly two days later of a brain aneurism. You are devastated, thinking about the memories just made and you want to capture those moments from his cell phone, but it is locked. You call the cell phone provider, only to be told that they cannot give you any information, or access to the phone. The photos are lost forever!!! If only there were a way....

What Are Your Digital Assets?

We live in a very electronic age. Most of us cannot live without computers, cell phones, on-line banking, automatic bill pay, Facebook, email, etc. But you know, many people take all the security and passwords for granted in our electronic age when we are taught not to share these keys to our on-line lives. What happens to these things and your family's ability to access these digital accounts and devices that control and drive your life when you are incapacitated or you die? A mess is the result, if they cannot easily access all that you control. But some things you want to leave private, and that is the one of the keys to having your Digital Estate Plan in place.

This list is not exhaustive, but is to get you thinking about all of your Digital assets and information your family, power of attorney, executor or trustee will need if you become incapacitated or even die.

- Email Accounts: Account user names and passwords.
- Social Media Accounts: Facebook, Twitter, Instagram, Flickr, Pinterest, LinkedIn, and others.
- Instant Messaging/Chat Accounts: Skype, Apple Messages, Google Hangouts, ICQ, Jabber, Yahoo Messenger, AOL Instant Messenger, etc.
- Multimedia Accounts: Instagram, Snapfish, Shutterfly, Flickr, Hulu, YouTube, Netflix, Apple iTunes, Pandora, Vimeo, Spotify, etc.
- Publication Accounts: newspapers, magazines, blogs, etc.
- Cloud Storage Accounts: DropBox, Google Drive, Onebox, Box, and others.
- Databases: Digital Organizers, Evernote, and other repositories
- Photo libraries: Google, Collage, Shutterfly,
- Cell phones
- Archives & Backups: On-site backups; Crashplan, BackBlaze, Amazon S3, and other off-site services.
- Financial Accounts: Banks, credit unions, brokerage accounts, mutual funds, retirement savings accounts, credit card accounts, employee benefit accounts, PayPal, Social Security.
- Benefit Accounts: Airline miles, railroad miles, hotel rewards, retailer reward/loyalty programs
- Insurance Accounts: Life, Property, Health, AD&D, Long Term Care, Cancer, Worker's Comp
- On-line Merchant Accounts: Department stores, Amazon, etc.
- Online Businesses: Online stores, blogs, and websites, including PayPal, eBay and Etsy.
- Website Accounts: Domain names, hosting services, online business accounts, etc.

- Automatic Bill Pay and Automatic Charitable Donations
- Employment accounts: Indeed, Career.com, Care.com

It is imperative that you consolidate all this information needed to access your accounts. It needs to be in a document that you keep secure but is easily accessed and understood by your family, your Digital Power of Attorney, Executor or Trustee. Think about all your digital assets, both personal and professional, and think about what they might be worth, financially, and emotionally. Just imagine how your significant other or family will feel if all their credit cards are frozen, if they cannot access precious photographs from your cell phone, or worse, if they cannot even access accounts to stop automatic payments from coming out of accounts to preserved assets for your heirs.

How Digital Assets Are Controlled

Terms of service agreements and privacy policies govern access to social media and email accounts. Most of these types of agreements state the account expires when a user dies and is not transferable. As a result, surviving family members are unable to access social media accounts or valuable digital assets, since most estate plans were created without consideration of these things and old state laws that govern the actions of personal representatives or executors were enacted before email and social media became widespread.

However, at least 46 states since 2013 have enacted laws addressing access to email, social media accounts, microblogging or other website accounts, or certain electronically stored information, upon a person's incapacity or death. In 2016, North Carolina became one of the states to adopt digital asset laws.

Create Your Digital Asset Inventory

Your inventory should include all the information that describes your accounts, the access location, login information including user name and password, and all the other URL and need information, aka metadata that goes along with digital assets. Don't forget photos, documents, and backups stored in the cloud or in off-site locations. Since this information changes often it is critical that you review and update the inventory regularly.

Plan for Unexpected Events

Although your inventory will probably be invaluable to you in your daily life, you should plan for two types of unexpected events:

1. The computer containing your inventory crashes, or your house burns down and any paper copies of your Inventory are lost. This shouldn't be a big problem, if you have been diligent about maintaining backups and if you have shared copies with your trusted advisors including your power of attorney. An at home safe is one of the best ways to keep paper documents secure from catastrophes, but it has to be waterproof and fireproof.

2. You are incapacitated or die and your heirs need access to your digital assets. It is a good idea to identify someone that you trust to be your Digital Executor/Trustee and let them know what you want done with your digital assets. For example, you might want them to:

- Archive everything for your heirs.
- Provide access by specific individuals or groups to designated content.
- Delete some or all of your digital assets. Be specific about your wishes.
- If you want to let your executor decide what to do with your assets you should make the clear in the instructions.

You might want to archive your most important digital assets and then provide your executor with the information needed to access the archive. If you use 1Password, Google or some other password manager be sure to include the master password in the instructions. And don't forget basic things like the password to your computer and password to your cell phone. NOTE: facial recognition and finger prints cannot be unlocked!

FOR YOUR FREE DIGITAL ASSET INVENTORY CHECKLIST, *just email us at legalteam@twestateplanning.law, and mention this article.*

*** 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*

At Thomas-Walters, PLLC, we care about you and your family, making sure every part of your estate plan preserve precious memories for your family and not leave a mess. Contact us for a free consultation to make sure you have considered everything for a perfect plan at (888) 787-1913 or to request your free Digital Asset Inventory Log.

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. The cornerstone of Stacey's practice is planning for the unexpected after she was unexpectedly blessed 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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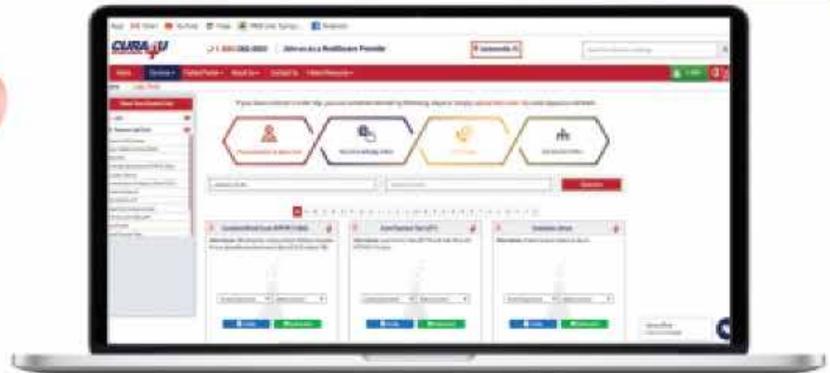
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