A Spotlight on DCMS Member Dr. F. Huson Gilberstadt

How an Innovative Healthcare Model Can Disrupt the Fragmented Healthcare Industry

Your Guide to San Marco Restaurants

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San Marco has been rich in Jacksonville history since the 1920’s. After surviving the Great Depression, numerous hurricanes and the boom of an industrial cityscape, San Marco concurrently feels nostalgic and modern. San Marco hosts an impressive list of restaurants, dessert spots and drink locales, and here they are!

FINE DINING
Matthew’s Restaurant – Matthew’s has a long standing presence in San Marco. This fine dining restaurant is great for those special occasions with main courses ranging from $25 (fried eggplant) to $47 (14oz Kansas City Strip) but you likely want to order a starter or two (beef tartare and braised pork belly are great to share!). The house-made radiatori pasta with wagyu beef bolognese is a must try. Complementary valet service available and a great happy hour menu in the lounge is available from 4:30pm-6:30pm.

DATE NIGHT SPOTS
Rue Saint-Marc – Opened in the Summer of 2017, this is one of San Marco’s newest restaurants. Rue Saint Marc offers French inspired cuisine like the Fish Meuniere du jour ($23) and French Macarons ($2.25) but their wide variety of unique cocktails are what keeps guests going back.

Bb’s – Showcasing an impressive wine list and elevated Southern flare, this San Marco staple is for locals and new comers alike. Perfect for an after work bite or date night out, make sure to end your night with desserts that you’ll be dreaming about.

Taverna – Located in the Square, Taverna has been serving up handcrafted Italian for nearly a decade now. The menu includes Italian favorites like sautéed mussels and clams, soppressata pizza, the best cheese and charcuterie board in town. You can also get local flavors like scallops with Congaree and Penn’s middlin risotto. Taverna has one of the best happy hours in town and makes for a great date night spot.

Town Hall – Another great date night spot in the Square, Town Hall brings a West Coast inspired design and menu to the East. Chef Tom Gray serves up unique dishes like the seared octopus starter ($14), cauliflower steak entree ($18) and manchego bread pudding side ($6) that will certainly have you wanting to come back for more. Enjoy beer, wine and wine cocktails in the small lounge area, the bar or at your table. Town Hall is the sister restaurant to Moxie Kitchen + Cocktails at the St. John’s Town Center.

Flavors of Thai – Formally Basil Thai and Sushi, their menu offers a fusion of traditional and modern Thai flavors. Rustic, fresh and spicy dishes are served in your option of the main dining room, wine room or outside patio.

Bistro Aix – A San Marco staple since 1999, Bistro is the perfect blend of French cuisine with a touch of Mediterranean influences. With traditional dishes such as escargot ($9) and hanger steak ($26) coupled with their impressive craft cocktail list, Bistro Aix is a destination for special occasions or dinner out on the town.

CASUAL EATS
Olive Tree – A Mediterranean grille located off Hendricks. Olive Tree hosts very traditional Mediterranean cuisine with daily specials. Menu items include shawarma ($9), gyros ($9), grape leaves ($9) and hummus ($3). Parking perks! There’s a decent sized parking lot in front of the restaurant.

The Bearded Pig BBQ – Located off Kings Avenue just North of Aardwolf and the Square, this Texas-style BBQ joint consistently serves up delicious BBQ. All meats are smoked with a dry rub and all sides are vegetarian. The San Marco Platter serves two and is a great way to try a variety of items off the menu. The beer garden (also serving wine) features a covered patio, with heaters, TVs and beautiful outdoor area with picnic benches.

San Marco Theatre – Did you know the San Marco Theatre offers a dine-in experience when you watch a movie? You can enjoy beer and wine (including Aardwolf and Intuition) while eating quesadillas, pizza, paninis or nachos (in addition to popcorn and candy). Insiders tip: Buy a bottle of wine from Grape & Grain next door and pay the $3 per person corking fee.

Seafood Island Bar & Grille – Located in the Square, you can’t miss the straw umbrellas and brightly colored façade. This could be the largest menu in San Marco and you can
get anything ranging from seafood to steaks, sandwiches and salads. You can even get frog legs and gator tail.

**Ajeen and Juice** – A Smoothie and Middle Eastern Street Food locale with plenty of fresh vegan and healthy options. Smoothies are offered at either 16oz ($5.95) or 20oz ($6.95). With a walk up window and juice bar, it is sure to satisfy for a quick visit or sit down meal.

**Fuji Sushi** – All you can eat sushi that is sure to please. Fuji has smaller bites of Japanese dishes with a tab that won't hurt your wallet. Although there is usually a line, it is worth the wait for the sushi made to order and assortment of other plates like wontons, rice, noodles and soups.

**Green Erth Bistro** – Almost hidden on Hendricks Avenue, this Persian gem is a must! With international and seasonal sharing plates, paired with a warm and friendly atmosphere make you feel welcome and relaxed. Offering familiar dishes like hummus and kabobs, it will also expand your palate with exotic dishes like Bademjan and Fesinjan.

**Hightide Burrito** – A relaxed beach atmosphere with Mexican and Florida influences make its way on this menu of tacos, burritos, quesadillas, nachos and empanadas.

**The Loop Pizza Grill** – Located in the Square, The Loop serves pizza, burgers, milkshakes and a little bit of everything in between. Did you know this was the first Loop location, opening its doors in 1981?

**Tropical Smoothie Cafe** – Located on the corner of Hendricks and Landon, this is the chain Tropical Smoothie. Serves sandwiches, wraps, bowls and of course, smoothies seven days a week and offers indoor and outdoor seating. There’s a small parking lot and designated to-go parking.

**Metro Diner** – Located in the Square, this diner serves large portions and serving breakfast all day. Insiders tip: you can order almost any item as a half order and you can bring your own bubbles for mimosas.

**Panera** – One of the few chain restaurants in San Marco. Open for breakfast, lunch and dinner serving bagels, sandwiches, salads, soups and pastries. Parking located behind the restaurant and shared with La Nopalera.

**Subway** – Open only Monday – Friday 7AM – 4PM this Subway is located in the Baptist Medical Center Reid Medical Building at the corner of San Marco Boulevard and Nira Street.

**Pizza Hut** – Literally a small hut. Located off San Marco Boulevard, this is carry out and delivery only. You won’t be able to eat here, but you can grab and go.

**Beach Diner** – This local diner chain can be found all the way in Fernandina to Ponte Vedra Beach or Mandarin. Serving classic American favorites for breakfast, brunch and lunch, this San Marco diner is sure to please with their house made omelets, blueberry pancakes and the like.

**Chick-Fil-a** – One of the most popular chains in America, Chick-Fil-a is always a family favorite with pleasant employees and juicy, moist chicken. Located in the Baptist Medical Center, it is easy to miss, but definitely a must not miss for a quick bite and constantly delicious chicken. Parking may be tricky, but there is a parking garage across the street. Hours may vary.

**Firehouse Subs** – This fast casual chain not only humbly originated in Jacksonville, FL in 1994, but serves some of the best hot or cold subs in the area. With the usual choices such as the Hook & Ladder (Medium $5.89/Large $8.39) and Engineer (Medium $5.99/Large $8.49), Firehouse also offers a variety of salads. It is also a great option for catering!

**Flame Broiler** – A healthy choice for fast service, this West Coast Franchise is making a name for itself on the East Coast. Serving Korean inspired dishes with a variety of different proteins like Tofu, Angus Beef, chicken or veggies, they pride themselves on no transfat, dairy or frying. A quick pick up with made to order dishes, I’m sure this chain will only continue expanding.
Many get into medicine to help others in a meaningful way. Little do they realize it becomes harder further into their careers to keep their focus on treating patients, due to factors such as EMRs, legislative changes, time management, and dealing with various debts. These factors have set the stage for physician burnout. Burnout may be experienced by all workers but has taken hold within physicians at a surprisingly high rate. The framework which many have adopted in an effort to combat burnout is maintaining a wellness model. Mayo Clinic lists six domains of wellness: meaning in work, work/life integration, physical, emotional, financial, and social. As one of these domains is strengthened, others follow suit. For example, when you are able to find meaning in the work you do, you tend to fare better emotionally. Focusing on the area of finances, this again may hold true. When a clear grasp of your finances is maintained, it may trickle down to all the other realms of wellness. Here are examples of how a proper financial plan can aid in those realms:

**Meaning in Work:** When the financial backdrop of a practice/physician is in order, it may be easier to concentrate on medical care versus dealing with the tedious business aspects of a practice. Understanding where your time is best spent for the betterment of the practice and yourself may be critical in maintaining purpose. Delegate that which is a detractor for you, and focus on areas of strength that you enjoy. Additionally, some doctors find themselves fed up with working in the medical system and want to revert back to simpler things. Some can find fulfillment in non-profit work and integrate more of that into their lives with proper financial savings and clarity on year over year cash flows.

**Work/Life Integration:** The ability to have yearly projections of where you may be financially in the future helps to provide confidence, helping to eliminate the feeling of being in a rat race. When you know that your student debts will be gone in 5 years, and your mortgage will be paid off in 10, and that college expenses for your children are covered, there is the creation of an end to the means. The money you are earning is being put to good use and not just flying in and out.

**Physical:** Stress affects people physically, emotionally, and mentally. Stress is a positive when used as something to keep you engaged and motivated, but turns into a negative when it is continuous and unending. That feeling of not having enough can turn into headaches, upset stomach, elevated blood pressure, chest pain, and insomnia. Even worse, it can many times lead to the creation of unhealthy habits from dietary issues, alcohol abuse, and even drug usage. When a plan is in place and you are on track financially, it can give you a sense of control over your situation, which helps create a more stable environment, helping stress levels. Put plans into place not only for your current situation, but for other situations that may arise.

**Emotional:** Emotionally, stress symptoms are caused very similarly to physical stress. When not treated, they can lead to issues which are very often associated with burnout such as depression, and at worst suicide. The goals set in financial plans are usually points in life which we’re really looking forward to and are meant to be celebrated. When we find that they are attainable it can provide a sense of hope and inspiration that motivates and blocks the forces of stress. Take time...
to chart your course and celebrate the victories along the way while planning for the potholes that may be found along the way with a proper risk management strategy. This helps to avoid the fear of the unknown.

**Social:** As physicians, those around you many times begin to ask for help, or they expect you to pay more for things than others might because you “can afford it.” Little do people realize that physicians tend to have larger amounts of debt. Pair that with the social burden of being everybody’s monetary target and it can feel very isolating. In order to improve the social aspect of wellness through your finances, it is important to remember exactly what money is. Money is a store of value. How we disperse our money showcases our personal values and what we place importance on. Be purposeful with how your money is spent and don’t waste it on areas which fall outside your core values.

These simple financial practices can greatly impact overall wellness, yet often are ignored. Take the time to address these issues and better situate yourself to combat the effects of physician burnout. A small investment of time and planning in these areas can go a long way to your overall enjoyment as a physician and as a person.

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Sources:
No Plans for Labor Day?

We’ve done the work for you. From kayaking through California’s Channel Islands to beer tasting along the Delaware Shore, these are the best US escapes for ringing in the last long summer weekend.

San Diego, CA
This surf-centric beachside city is more than the laid-back capital of California cool; it’s also a foodie mecca in its own right. You’ll need a long weekend just to hit the essential culinary hotspots, including the funky burger chain Hodad’s and Lolita’s Taco Shop, known for its carne asada fries and ‘tsunami burrito,’ packed with carne asada, grilled shrimp, guac and housemade pico de gallo. Don’t skip the city’s sushi scene, either: Sushi Tadokoro, Sushi Ota and Harney Sushiserve some of the city’s finest fresh fish. Wash it all down with a trip to West Coast IPA mecca Stone Brewing Co., which gives $3 tours on the hour in their massive space just north of the city in Escondido.

Hudson River Valley, NY
Easily accessible from New York City, the Hudson River Valley is the ultimate weekend escape for hip urbanites. If you’re daytripping, go for a hike in Cold Spring, or head north to browse the seminal works of Richard Serra and Dan Flavin at Dia: Beacon, followed by locally-sourced snacks and beer flights at The Hop. For a full weekend trip, make your way a bit further up the river to Saugerties, where stays like Diamond Mills make a perfect launch pad for strolls along the idyllic Esopus Creek and easy bike route to the town’s eponymous lighthouse.

Block Island, RI
Block Island often gets overshadowed by its buzzy sister islands Martha’s Vineyard and Nantucket and that’s precisely what makes it so special (even on Labor Day weekend, the crowds are manageable). You’ll dock in Old Harbor, just a short walk from various lobster roll spots, seafood shacks, bars and boutiques. Get the lay of the land via bike or moped at Aldo’s, where sights include Mogehan Bluffs, with its charming South East Lighthouse, and a small animal farm. Don’t miss a round of mudslides at the Oar, a game of corn hole at Poor People’s Pub, and a freshly-caught fish feast from Finn’s. Dance it all off come nightfall at local haunt, McGovern’s Yellow Kittens.

Ojai, CA
For a weekend of pure relaxation, LA golf aficionados and spa lovers flock to Ojai Valley Inn and Spa, but there’s plenty to explore beyond the tranquil, 220-acre hotel grounds. Near town, take a free tour and tasting of Ojai Olive Oil, or check out the shop’s booth at the weekly Sunday Farmer’s Market. Browse used books at the open-air Bart’s Books and take in the lush views at Meditation Mount, the town’s 32-acre public meditation center. Set aside a day to explore the wildlife- and adventure-packed Channel Islands (think dolphin-spotting via ocean kayak), accessible from the Island Packers boats operating out of nearby Ventura.

Ithaca, NY
Ithaca, at its heart, is a college town: each fall, 34,000-some students split between Cornell University and Ithaca College return to their respective campuses on the southernmost tip of Cayuga Lake. But there’s a reason people want to live, visit and go to school in the Finger Lakes region of New York it’s downright gorgeous (or, as they say, ‘gorges’). Cornell’s campus is scattered above two gorges, and hikes to nearby But-
termilk Falls are requisite for both locals and visitors. Even the Ithaca Farmer’s Market faces the water, so travelers can enjoy the killer breakfast burritos and topnotch Cambodian food on a dock overlooking Cayuga Lake’s Steamboat Landing. Take in more alfresco views with a drink in hand, on a tour along Cayuga Wine Trail the 25-plus wineries that dot the lake are known for their aromatic white varieties such as Riesling and Gewurztraminer.

Palm Springs, CA
Palm Springs is a no-brainer destination for West Coast cool kids, but it’s ready for the nationwide spotlight -- one that doesn’t include mention of Coachella. First-timers should plan to stay (or at least visit) the Parker or the Ace, both known for their see-and-be seen pool scenes. Get a hearty dose of farm-to-fork American fare at Workshop Kitchen + Bar, followed by a deep tissue massage at The Riviera Palm Springs’ 11,000 square-foot SpaTerre. Spend the early afternoon exploring surrealist art at the edgy Gallery 446 before a trip to nearby Joshua Tree, named after its Dr. Seuss-like trees native to the national park.

Asbury Park, NJ
Bruce Springsteen helped put this North Shore town on the map back in 1973 with his debut studio album, Greetings from Asbury Park. Today, the local branding agency the Smith is responsible for some of the city’s biggest foodie hits: pizza and craft beer mega-restaurant Porta, modern brasserie Pascale & Sabine, and the newest entry, a retro American-Chinese concept aptly-named Happiness Bar & Grill. Get a peek into the days of yore with a show at the Stone Pony, the iconic music venue graced by the Boss himself, or a nightcap at Asbury Lanes, the punk rock venue inside a 1961 bowling alley. By day, take a walk along the historic boardwalk before spending the day beachside--just be prepared to shell out $6 for a beach tag.

Delaware Beaches, DE
Just across the water from New Jersey, the Delaware beaches are often overlooked in favor of the Jersey Shore. But there’s plenty worth making the four-hour drive from NYC (and shorter trek from DC, Baltimore and Philly) to the uppermost tip of the coast. Park yourself in Lewes for a night, where you can stay at the Dogfish Inn, a 16-room beer temple housed in a revamped 1970’s motel. From there, head to the nearby brewery in Milton, which offers free tours and tastings of their famous “continuously hopped” IPAs. Spend a day sunning yourself in Rehoboth and dining on all-you-can eat blue crabs at Claws. Leave time for a ferry ride up to Cape May, NJ to explore the quaint, Victorian-inspired architecture.

New York City, NY
If you like music, there’s no better place to be this Labor Day weekend than NYC. Skip Randall’s Island’s hectic Electric Zoo Festival and head to Queens for the summer’s final installment of MoMa PS1 Warm Up, the Saturday party held in the courtyard of a former elementary school-turned-art museum in Long Island City. The lineup is kept secret until right before the event, but usually features one of the series’ biggest names; Skrillex headlined last year. Come evening, take a DJed cruise around Manhattan courtesy of Good Room and Tiki Disco, the summertime party series historically held in Roberta’s Bushwick backyard and Rockaway Beach’s Rippers bar. On September 7th, Fool’s Gold Records’ annual Day Off party is happening at 50 Kent in North Williamsburg, where rapper Meek Mill is taking a break from the Drake drama and “his girl’s tour” to headline the event alongside label founder A-Trak.
The items we buy say a lot about our lifestyles, our finances, and our domestic lives. If you have an Amazon account, the amount of data that the retail giant collects is astonishing. Many people don't know you get much more than just free two-day shipping with a Prime account.

With these different areas collecting data about you, if you are trying to maintain some semblance of your privacy, you'll definitely want to check these five not-so-obvious settings.

1. **Remove your Amazon public profile**
   We don't often think of our "Amazon profile." However, that's precisely what it is. Your profile is created automatically, whether you want it or not, and it contains comments, ratings, public Wish Lists, biographical information, and other site interaction. This profile doesn't include your purchases or your browsing history, but it's very informative.

   If you want to control what activity is visible on your public profile, do the following:
   1. Put your cursor on the "Account & Lists," button and then click on “Your Account.”
   2. Scroll down to the "Ordering and shopping preferences" section. Click the “Profile” link, which is right above the social media preferences link.
   3. Click on the link in the orange box to the right that says, “Edit your profile.” Click the Edit privacy settings tab.
   4. You can select or deselect items like Reviews, Questions, Who You Follow, Public Wish Lists, Baby Registry, and others. To simplify this, there's also a handy option to “Hide all activity on your profile,” which turns everything off at once.

   It's sometimes hard to tell what other people can see. If you want a quick look at what information you're sharing publicly, click “View your profile as a visitor.” You can tell at a glance if you're sharing anything you don't want to out in the public arena.

   If your profile is showing your real name, or other biographical information you don't want, go back to the profile settings page and click the Edit profile tab. It's located right next to the Edit Privacy settings tab.

   You can edit or delete any information like your Bio, Occupation, Location, and more. You can even change the "public name" on your profile and post reviews anonymously.

2. **Listen and delete your Alexa recordings**
   If you own an Amazon Echo, you probably know its strange secret: the device records a lot of what you say. On the upside, Echo uses this voice data to improve its functionality and obey your command.

   Still asking Alexa only for the weather and music? Tap or click here for 21 Alexa commands you'll use over and over. The downside: Echo doesn't store these recordings in the device itself but on Amazon's servers.

   Many people don't realize you can review your voice log with the Alexa app on iOS and Android. The app allows you to
scroll through your activity and listen to each recording.

It’s a bit tedious, but it’s possible to go back and listen to the very first command you’ve ever uttered to Alexa. There’s nothing like hearing your two-year-younger self say “What’s the weather?”

Whenever I check my settings, I am always surprised what Alexa saves that does not have the wake word in the snippet. Tap or click here for step-by-step instructions on how to listen and delete your Alexa recordings.

Keep in mind that Amazon warns, “Deleting voice recordings may degrade your Alexa experience.”

Related: You can enable Alexa to call 911. Tap or click here for the steps so that you or your family can ask Alexa to summon help when you need it.

3. Make your lists private

There are two main “lists” on Amazon, the Shopping List, and the Wish List. Many people use their Wish Lists for gift ideas, but we often use Wish Lists as a log of items we don’t want to forget.

The trouble is, anyone in the world can find your Wish List by searching your name. Granted, if your name is “John Smith,” you may not be easy to pinpoint. But if strangers find out where you live, they may be able to deduce and identify your profile.

To check the privacy settings of your Amazon Lists:
1. Click on the “Accounts & Lists” drop-down box then select “Shopping List” or “Wish List.”
2. Now on this “Your Lists” page, click on three dots (next to “Share List”) then select “Manage List.”
3. Here, you can change your list details like your list name, the name of the recipient, email, birthday and most of all, its privacy.
4. To change the list’s privacy, simply click on and select “Private” on the drop-down box.

4. Stop Amazon from tracking your browsing

Like almost any search engine, Amazon also tracks all your browsing activity by default. The company saves your searches, including items you recently viewed and product categories you browsed. All of this information helps Amazon create targeted ads. Although your browsing history is hidden from the public, you may find this habit unsettling.

Here’s how to stop Amazon from tracking your browsing activity:
1. Log in to your account at Amazon.com.
2. On the upper menu, click on “Your Browsing History.”
3. On the next page, click on the “Manage history” drop-down arrow.
4. Toggle “Turn Browsing History on/off” to Off

Note: You can also clear your entire browsing history here by clicking the “Remove all items” button

Meanwhile, you can also turn off personalized ads, which many customers find eerie and exasperating. Here’s how to turn off targeted ads on your browser:
1. Go to “Your Account” page.
2. Under “Email alerts, messages, and ads,” click “Advertising preferences.”
3. On this page, select “Do Not Personalize Ads from Amazon for this Internet Browser.”
4. Hit “Submit.”

5. Set a PIN on Alexa purchases

“Alexa, order more shampoo.” It’s convenient to purchase items from Amazon Echo using only your voice.

But I’d rather turn off my Echo’s Voice Purchasing option altogether and use Amazon’s app or website to shop. This process is much more direct and secure, and you reduce the odds of making a mistake.

To turn it off:
1. Open your Alexa app.
2. Tap Settings and scroll down.
3. Tap Voice Purchasing and toggle “Purchase by voice” to Off.

If you still want the convenience (and the sci-fi vibe) of Echo voice purchasing, you should set up a PIN code to avoid unauthorized purchases.

To set it up:
1. Go to the same Voice Purchasing settings page on your Alexa app.
2. Toggle “Purchase by voice” to On.
3. Toggle “Voice code” to On as well.
4. This will prompt you to enter your 4-digit PIN code.

Once you have a Voice Code configured, the 4-digit code has to be spoken out to complete a purchase on your Echo.

Of course, anyone can listen in and reuse your code. A voice-purchasing PIN adds a veneer of security, but it’s hardly foolproof. As I said, I’d rather have Voice Purchasing set to off entirely.

Wear gratitude like a cloak and it will feed every corner of your life.

-Rumi
How an Innovative Healthcare Model Can Disrupt the Current Fragmented US Healthcare System and Revive Physician-Patient Relationships

Waqas Ahmed MD FACP Founder & CEO American TelePhysicians

Healthcare used to be about patients. Unfortunately, accelerated changes in today’s healthcare system including regulatory shifts, new care and payment models, uncertainty about the future relevancy of the ACA, rising costs, and continued unaffordability, have pushed patients to become frustrated with the current system and has dramatically diminished the time healthcare providers can devote to direct patient care resulting in patient and provider dissatisfaction with the current healthcare system.

In addition, a lack of price transparency combined with complex healthcare plans with rising costs have pushed patients to be more cost conscious regarding health care utilization and insurance coverage. Moreover, there are millions of uninsured patients, such as employees of small business enterprises, as well as, out-of-state or international visitors, who can still afford basic and specialized outpatient healthcare services when needed, however, do not have easy access to providers accepting direct payments.

Conversely, both government and commercial payors are placing tremendous pressure on providers to reduce costs while simultaneously reimbursement has diminished, and quality outcome expectations have significantly increased. This has led to consolidation of healthcare systems to acquire practices, control market share, increase efficiency and have better negotiation power. All these changes also require physicians to spend most of their time completing clinically less relevant tasks (yet required for reimbursements), rather than actual patient care and interaction. Therefore, these new dynamics are contributing to physicians burn out and impacting their satisfaction.

Outside the healthcare sector, technology has already re-shaped other sectors of life. Amazon, Uber, Expedia, Airbnb etc. have disrupted their respective industries and have accustomed consumers to receive valuable services with convenience, better cost and price transparency. Therefore, consumers (patients) are now demanding similar values for healthcare services and are very frustrated with flaws of current model of care i.e. rising costs, unaffordability, lack of transparency and poor access. However, unlike other sectors, healthcare is a highly specialized and regulated industry and quality of services cannot be compromised, hence, technology must be delivered and utilized in a very patient-centric manner.

Although physician-patient interaction is the center of healthcare eco-system and telemedicine has emerged as a promising way to provide this physician-patient interaction remotely to improve access, telemedicine alone does not solve the other issues outlined above. Moreover, an effective healthcare eco-system requires integration with all other service providers (Labs, Imaging, Pharmacy, Homecare and Hospitals) and most of these services cannot be provided remotely. Therefore, for comprehensive care, integration of these local healthcare services providers is essential to form an effective digital healthcare eco-system. And for affordable care and accessibility, this eco-system should be connected with patients to offer value-based services with price transparency.

And that’s what American Tele Physicians (ATP) is about. ATP is a Jacksonville, Florida based digital connected healthcare organization which envisions transforming global healthcare by establishing and interconnecting such innovative healthcare eco-systems. ATP, a physician led organization, first established its own IT subsidiary company UDHC (Universal Digital HealthCare) and developed a one-stop healthcare marketplace solution, SHIFA4U (Shifa means Cure) and established its first eco-system SHIFA4U Pakistan in Oct 2017 from one city (Lahore), which is now operational in multiple cities.

As a result of these early successes, ATP was recently selected as a top 6 digital healthcare start-up companies by the American Telemedicine Association for its innovative model. SHIFA4U is being launched in Kenya as second international market, whereas a similar project is being launched soon in US market in Jacksonville followed by Orlando, with the brand name of CURA4U.

SHIFA4U (or CURA4U) is a digital healthcare marketplace which educates patients about various healthcare needs and connects its users (patients or families including expats on their behalf) to local healthcare providers in its eco-system for various services (primary and specialty physicians, labs, imaging, pharmacy, homecare) with upfront price transparency and a “pay as you go model”. It not only facilitates traditional physical office visits by offering online scheduling of various available clinical services (including labs with home sampling, imaging) but also enables virtual visits (telemedicine) with participating providers (both local and international for second opinion services). The HIPPA compliant platform also maintains patient’s medical records and suggest them various recommended services for better care using clinical intelligence protocols.

Although physician-patient interaction is the center of
ATP was founded as a solution to address fragmented health care both here and abroad. We live in a global world and often people re-locate and move across the country and even continents to pursue employment or education, retirement, etc., but we still want to be connected with our loved ones back home. These online eco-systems help in assisting and navigating their local health care needs.

As Founder and CEO, this was one of my primary inspirations to develop ATP and SHIFA4U in Pakistan: first and foremost, to help my parents, who live there. Now utilizing this network, I am able to order online, all of their health-care needs including medications, doctors’ appointments, home physiotherapy, imaging services and labs with home sampling. I look forward to using CURA4U services for them in US soon, as whenever they visit me here, like millions of visitors and self-pay patients, it’s so hard to find affordable healthcare services for them.

In conclusion, our eco-systems enables self-pay patients to access outpatient healthcare services at affordable upfront transparent prices and also connects them with primary and specialty physicians for both physical and virtual visits. These connected and integrated eco-systems allow patients to get comprehensive care at the right time, in the right place, at the right cost by the right provider thus increasing patient satisfaction. The direct payment model also allows providers to provide value-based care based on more relevant clinical work rather than non-clinical.

To find out more and join our healthcare eco-systems, please visit our websites www.americantelephysicians.com and www.shifa4u.com

Dr. Waqas Ahmed founded American Tele-Physicians Group of Companies with a vision to provide patient-focused connected healthcare across the globe. He believes in a disruptive business model and foresees digital health and telemedicine as a promising way to deliver healthcare services across the globe.

He pioneered the concept of establishing online healthcare eco-systems and interlinking them using information technology. He is also the driving force behind the concept of connecting the American healthcare market with the emerging international markets. As a CEO, he oversees the development of the company’s strategy along with its board and leads the implementation of the company’s long and short-term plans in accordance with that strategy.

Dr. Ahmed is a medical graduate of King Edward Medical University in Pakistan and has worked in various healthcare networks around the world including the UK and New Zealand. He moved to the United States in 2007 and completed his Internal Medicine Residency at Mercy Health System in Cincinnati, Ohio, followed by Nephrology Fellowship at Christiana Care Health System in Delaware. He is currently based in Jacksonville, Florida, where he also practices Nephrology.

Prior to founding ATP, he worked in various leadership roles and received numerous awards for his clinical research and educational work. He is a Fellow of the American College of Physicians and a member of the American College of HealthCare Executives.

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How long have you been practicing medicine?
I have practiced Emergency Medicine since 1991, 27 years.

Tell us about growing up.
I grew up here in Jacksonville, Florida and graduated from Ed White High School in 1982. I spent my summers fishing and shrimping on the St. Johns River and the remainder of the time was entrenched in baseball and wrestling. By the time I turned 15, grappling was in my blood and pursuing this passion was paramount. I achieved many of the accolades possible in high school wrestling including college scholarships but opted to focus on the pre-med journey.

Who were your biggest influences personally and professionally?
My biggest influence was my dad as he is the epitome of a leader. If he was involved, he wanted to lead and be responsible. My greatest professional influence was my primary care doctor who was very revered in the community. He allowed me to shadow him early on and witness the impact he had on so many lives.

How has being a doctor shaped your perception of life?
My 25 + years as a physician have shaped me more than any other of life’s influences. I have been blessed to care for and serve patients at some of their most vulnerable times. Having cared for more than 150,000 patients in my career has impacted me immeasurably.

When did you decide to be a doctor and then when did you decide to pursue the discipline you chose?
I knew I wanted to be a doctor by junior high and spent time with my family doctor confirming and learning along the way. Choosing emergency medicine as my specialty was driven by the fact that I loved every rotation in medical school. I love trauma, OB, pediatrics, cardiology, procedures and more. That made it difficult to pick just one area to focus on for my career.

What medical projects are you working in now?
I’m currently focusing on fostering growth across our health
system, as well as addressing the local opioid epidemic, including opioid reduction pilot programs and a citywide, collaborative opioid program known as “Project Save Lives.” The goal of the program is to identify individuals as they overdose and guide them through treatment and rehabilitation. As they enter the emergency room, potential participants are identified and paired with recovery peer specialists, people who have battled and survived addiction themselves. These peer specialists then help navigate patients through what we hope is their journey to health and recovery. According to the latest information, approximately 70 percent of patients eligible for the program have been engaged with it at some level. It’s the first pilot program of its kind in the state, and I’ve been fortunate to have the opportunity to brief healthcare leaders from across Florida and even the nation on this important work.

What would you tell an individual now that wishes to go into the medical profession?
If I could do things over, I would still want to be a physician. Obviously, things have changed with the current bureaucracy impacting physician practice, but to me, the satisfaction of serving our patients overshadows any potential red tape.

What are your long-term plans for your own professional career?
I love being an executive physician leader and playing a role in enabling our health system to provide compassionate, personalized care to even more people in our community. I look forward to future opportunities to positively impact patient care even more as my career continues at St. Vincent’s HealthCare and within Ascension.

How about your family?
I am married to Lisa Gilberstadt and together, we have 7 boys. We have 3 grandchildren living in Hawaii and 4 of our sons are currently in college.

Tell us about your love for the outdoors.
Most of my family members are avid tennis players and love spending time out on the water as well. I have been a long time big game hunter, have been on 4 African safaris and have hunted numerous species of big game around the world. My special passion is for alligator hunting and have been a trapper for the last 24 years. There have been some years where I would get more than 60 gators in a season and have even spent time in the hospital related to injuries from this hobby.
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Volume 69, No 2 August 2018

FREE CME IN THIS ISSUE

ARTICLES IN THIS ISSUE

• Your Most Important Patient is YOU: LifeBridge for Members
• CME: Falls in the Community-Dwelling Elderly

ISSN 2578-1901
Dear Colleagues,

The Duval County Medical Society exists, first and foremost, to serve physicians. With that in mind, I am excited to share with you the new Northeast Florida Medicine, now monthly instead of quarterly. To enhance your member benefits, we will now be providing a new CME article — totally free for DCMS members — every month. We are also working behind-the-scenes to improve our CME website and hope to have the new version launched in early Autumn. On top of that, we are now able to report the CME you earn through the DCMS to CE Broker. As always, we strive to help you meet the demands and challenges of medical practice and we thank you for your membership.

Respectfully,

Ruple J. Galani, MD, FACC
2018 DCMS President
Physicians have the highest rate of suicide amongst all professions in the United States. It’s important to let that fact be set aside and resonate. How is it that the profession that is dedicated to improving quality of life and saving lives can also be stricken with an epidemic of stress and burnout? The most recent Medscape Lifestyle Report indicated the following as the most prominent causes for stress amongst physicians:

1. Too many bureaucratic tasks
2. Spending too many hours at work
3. Feeling like just a cog in a wheel
4. Increased computerization of practice
5. Income not high enough

As you can see, all of those top five issues deal with external pressures and changes on the medical field. Physicians love to care for their patients, they don’t love it when a torrent of external factors makes it difficult or impossible to do so in the way they were trained.

More than half of all physicians report signs of burnout. That number is growing rapidly, increasing by more than 10% in just four years. As a result, a number of resources have been created to address physician wellness, including mindfulness seminars, yoga classes, and more. Unfortunately, physicians have been reticent to seek the type of professional care they need to address their signs of stress or burnout... Until now.

Introducing LifeBridge:
Confidential Physician Counseling
LifeBridge is provided to all members of the Duval County Medical Society via the DCMS Foundation. LifeBridge is a safe and confidential program to help get you back to feeling like yourself.

- LifeBridge is like no other physician wellness program out there. The service provides up to six free in-person sessions with a counselor to discuss any issue which is causing you stress or burnout. It doesn’t matter if it’s a troublesome co-worker, marital issues, or difficulty dealing with a bad outcome. You get the help of a licensed professional at no charge to the physician.

- LifeBridge does NOT create an actual medical record. Unfortunately, many physicians have expressed concern that seeking appropriate help from a mental health professional will create a medical record and could impact their licensure. LifeBridge has been designed in conjunction with the Florida Board of Medicine specifically to be a pre-clinical program that does not create a medical record.

- LifeBridge is completely confidential. From the moment you call our LifeBridge Hotline, your personal information is protected. Only your counselor will know your personal information, so it can never be reported to the DCMS, your employer, or any other group.

- LifeBridge has a diverse panel of counselors who have committed to making themselves available for an appointment within 24 hours of your call to the wellness line. They are specially trained to work with physicians, and have confidential office space located across the metropolitan area.

LifeBridge is the path to get you back to the life you want to be living. I encourage you to write down the number, even if you don’t need it today. You may have a friend or colleague who needs it now or in the future.
Falls in the Community-Dwelling Elderly

Background:
The Duval County Medical Society (DCMS) is proud to provide its members with free continuing medical education (CME) opportunities in subject areas mandated and suggested by the State of Florida Board of Medicine to obtain and retain medical licensure. The DCMS would like to thank the St. Vincent’s Healthcare Committee on CME for reviewing and accrediting this activity in compliance with the Accreditation Council on Continuing Medical Education (ACCME).

This issue of Northeast Florida Medicine includes an article, “Falls in the Community-Dwelling Elderly” authored by Reetu Grewal, MD, which has been approved for 1 AMA PRA Category 1 credit. For a full description of CME requirements for Florida physicians, please visit www.dcmsonline.org.

Faculty/Credentials:
Reetu Grewal, MD, Clinical Associate Professor, Community Health & Family Medicine, UF College of Medicine – Jacksonville and Medical Director, UF Health Baymeadows Family Medicine.

Objectives:
1. Discuss the multifactorial nature of falls in the elderly.
2. Describe the screening tests available for fall-risk assessment.
3. Describe fall preventive strategies for the community-dwelling elderly.

Date of release: August 1, 2018 Date Credit Expires: August 1, 2020 Estimated Completion Time: 1 hour

How to Earn this CME Credit:
1) Read the “Falls in the Community-Dwelling Elderly” article.
2) Complete the posttest. Scan and email your test to Kristy Williford at kristy@dcmsonline.org.
3) You can also go to www.dcmsonline.org/NEFMCME to read the article and take the CME test online.
4) All non-members must submit payment for their CME before their test can be graded.

CME Credit Eligibility:
A minimum passing grade of 70% must be achieved. Only one re-take opportunity will be granted. If you take your test online, a certificate of credit/completion will be automatically downloaded to your DCMS member profile. If you submit your test by mail, a certificate of credit/completion will be emailed within four weeks of submission. If you have any questions, please contact Kristy Williford at 904-355-6561 or kristy@dcmsonline.org.

Faculty Disclosure:
Reetu Grewal, MD reports no significant relations to disclose, financial or otherwise with any commercial supporter or product manufacturer associated with this activity.

Disclosure of Conflicts of Interest:
St. Vincent’s Healthcare (SVHC) requires speakers, faculty, CME Committee and other individuals who are in a position to control the content of this educations activity to disclose any real or apparent conflict of interest they may have as related to the content of this activity. All identified conflicts of interest are thoroughly evaluated by SVHC for fair balance, scientific objectivity of studies mentioned in the presentation and educational materials used as basis for content, and appropriateness of patient care recommendations.

Joint Sponsorship Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of St. Vincent’s Healthcare and the Duval County Medical Society. St. Vincent’s Healthcare designates this educational activity for a maximum of 1AMA PRA Category 1 credit. Physicians should only claim credit commensurate with the extent of their participation in the activity.
Abstract
Falls are a substantial source of morbidity and mortality in the community-dwelling elderly, leading to physical and psychological injury, increased healthcare costs, and risk of long-term care admission. There are multiple risk factors for falls, including a hazardous home environment, increasing age, a history of falls, and polypharmacy. Physicians caring for elderly patients should perform annual risk assessments and be prepared to provide advice on fall-risk modification strategies.

Background/Epidemiology
Falls are a common occurrence among the elderly, with greater than one in four community-dwelling elderly falling each year. Falls are a significant source of morbidity and mortality in the elderly, and are the leading cause of death from injury in persons older than 65 years. In Floridians greater than 65, unintentional falls are the leading cause of fatal and non-fatal injuries. Falls in the elderly can cause physical injuries including fractures, lacerations, traumatic brain injury, and wounds. Recurrent falls increase the risk of long-term care institution admissions, and may lead to a fear of falling and patients imposing functional limits on themselves. Falls in the elderly are also expensive, with Medicare costs for falls in 2015 costing over $31 billion, mostly due to hospital-associated costs.

Risk Factors and Screening
There are many risk factors for falls, and the combination of such factors cause an increased likelihood of falling. The leading cause of falls is a hazardous environment, with increasing age, a history of falls, lower extremity weakness, arthritis, use of a cane or other assistive device, and visual and cognitive impairment. Certain medications increase the risk of falls including antidepressants, anti-hypertensives such as diuretics, anti-psychotics, anti-convulsants, benzodiazepines, sedatives, and hypnotics. Polypharmacy, in particular the use of more than four medications, increases the risk for falls.

The American and British Geriatrics Societies recommend routine screening for falls at least yearly, with a brief screening for low-risk populations. Patients who present with a history of falls, or who display gait and/or balance abnormalities on examination should undergo a more thorough evaluation. Discussing and managing fall risk is also an annual Medicare Healthcare Effectiveness Data and Information Set (HEDIS) requirement.

Evaluation
The evaluation of falls in the community-dwelling elderly is primarily based on the history and physical. Given that falls are usually multifactorial, a detailed history and physical can help to differentiate the extent to which external, environmental factors and intrinsic, personal factors contribute to a fall or history of falls.

The evaluation of a patient with a history of falls should begin with a comprehensive history. One of the most important parts of the history should be a detailed account of the patients’ previous falls. The provider should ask about the location and time of the most recent and previous falls. It is important to note the activities in which the patient was engaged prior to and during the falls. Providers should also inquire about the patient’s history of chronic diseases, such as osteo-arthritis, chronic musculoskeletal pain, and diabetes, and the status of these diseases.

Providers should thoroughly review the patients’ medications list. Studies have shown sedatives and hypnotics, antidepressants, and benzodiazepines to be significantly associated with falls. Other classes of medications including antihypertensive agents, neuroleptics, narcotics, and nonsteroidal anti-inflammatory drugs also increase the risk of falls. Additionally, patients on more than four medications are at an increased risk for falls.

A patient’s neurological status including cognitive status should also be assessed. Cognitive impairments can be
determined during the history. The patient’s evaluation of their ability to complete the activities of daily living should be noted. The history should also include questions about the patient’s home environment and social supports.

The physical examination also plays an important role in the evaluation of an elderly patient with a history of falls. It should hone in on the intrinsic factors that may play a role in falls and include assessment of the patient’s vital signs along with a vision and hearing screening. A comprehensive neurological examination should also be performed including an assessment of the patient’s gait and muscular strength. The patient’s postural stability and coordination can be evaluated using a variety of tests such as the Timed Up and Go Test, Tinetti’s Mobility Scale, or the Physical Performance Test. The Timed Up and Go Test is widely used. With this test, patients are timed while covering a fixed distance after rising from a standard chair, covering the required distance and then returning to a seated position in the chair. The patient’s recorded time is compared to the mean time for other adults in their age group. The Tinetti’s Mobility Scale is a 16-item assessment of a patient’s gait and balance. The patient’s gait and balance are gauged in a variety of situations including transferring and changing directions. The Physical Performance Test helps identify functional and physical changes in elderly adults.

Laboratory studies should be directed by the results of the history and physical and may include a complete blood count, BUN/creatinine, thyroid stimulation hormone, Vitamin B12, and 25-0H Vitamin D levels. These studies may rule out reversible causes of falls including anemia, dehydration, and nutritional deficiencies. Radiological studies and other diagnostic tests are often not needed; however, imaging of the brain and/or spine, echocardiography, and Holter monitoring may be recommended.

**Prevention**

Fall-risk modification counseling for all elderly patients is recommended by the U.S. Preventive Services Task Force. Due to the multifactorial risk factors for falls, there is no single superior method to prevent falls. While interventional approaches targeting a single risk-factor are effective, numerous studies validate that a multifaceted, yet individualized, approach to interventions is most effective. Physicians who are unable to coordinate a multifactorial intervention from their office may consider a referral to a fall prevention program. Exercise programs including targeted muscle strengthening, walking programs, and gait and balance training, when performed under the supervision of a physical therapist, significantly reduce fall-risk. Fall prevention programs incorporating balance retraining, including Tai-Chi & the Otago exercise program, are most effective. Patients requiring assistive devices should undergo an occupational therapy evaluation to ensure they are using the correct device and in an appropriate manner. Referral to an optometrist or ophthalmologist is indicated for any patient displaying a vision impairment on examination. It should be noted, however, that patients undergoing correction for a visual problem may initially experience an increase in falls as they adjust to their improved sense of vision and perception. Since hazardous living environments are the leading cause of falls, a home safety assessment is an important part of a fall risk modification. An assessment should be performed by family members instructed on safety measures or a home health agency as part of a comprehensive falls prevention program. Identified hazards should be removed, and the home environment modified (Table 1). Appropriate home safety assessment and modification was shown to decrease risk of falls by 20 percent in patients recently discharged from the hospital. A patient-oriented home safety checklist is available on the Centers for Disease Control and Prevention's website.

**Table 1: Common Home Hazards and Modifications**

1. Keep floors bare. If you have rugs, make sure they lay flat and are skid proof. Use double-sided tape to keep edges down or buy rugs with rubber backing.
2. Clear stairways and floors of clutter.
3. Make sure stairways, hallways, and rooms are well lit. Use night-lights in stairways and hallways.
4. Ensure handrails on stairways are sturdy.
5. Do not run electrical or phone cords across rooms. Tape cords down and run them next to the wall.
6. Make sure furniture is sturdy and secure any bulky furniture items, including TVs to the wall to prevent toppling over.
8. Wipe up spills immediately.
9. Wear shoes with rubber soles in the home; do not wear slippers.
10. Install non-skid strips or mats in the bathtub or shower.
11. Install a grab bar or handrail in the shower and near toilet.
A comprehensive medication review followed by reduction in the dosages and/or total number of medications has been shown to reduce fall risk. Specifically, reducing or eliminating psychotropic medications from a patient’s medication list can result in a dramatic reduction in fall risk, although in one study almost half of the patients resumed their discontinued medication a month following the study.

Many patients may be reluctant to adjust their medication regimens, particularly if they have been on medications for a long time, or have had adverse reactions to other medications. A patient-centered approach, discussion on risks and benefits of each medication, proposed medication alternatives, and gradual tapering off medications should be employed.

For appropriate patients, a cardiac intervention may be beneficial in reducing fall risk. Patients with a history of falls who also demonstrated carotid sinus hypersensitivity and underwent treatment with dual chamber pacing showed a two-thirds reduction in falls one year after pacemaker placement compared to a control group.

Patients who have underlying cardiac arrhythmias or syncope that is clearly linked to a fall should undergo consultation with a cardiologist. Postural hypotension should be addressed with slower transitions from sitting to standing, compression stockings, adequate hydration, medication adjustment, and use of salt and fludrocortisone or midodrine to maintain blood pressure when clinically appropriate.

Vitamin D supplementation is recommended for patients at high risk for osteoporosis, and may reduce fall rates for patients in nursing homes. For community-dwelling elderly patients, supplementation with calcium up to 1200 mg, 800 IU of vitamin D, and bisphosphonate treatment for osteoporosis is effective in reducing fractures associated with falls.

**Conclusion**

Falls are a significant source of physical and psychosocial morbidity, and increased financial costs amongst the elderly. Physicians should perform screening for falls on their elderly patients at least yearly, and the evaluation for fall risk should include a review of medications, co-morbid conditions, physical examination including gait evaluation, and laboratory or other studies for select patients. Fall prevention programs should be multifactorial in nature including physical strengthening and balance programs, home safety assessment and modification, and medication review and modification.

**References**


Falls in the Community-Dwelling Elderly

CME Questions & Answers (circle one answer)/Free to DCMS Members/ $55.00 charge non-members*
(Return by August 1, 2020 BY MAIL: 1301 Riverplace Boulevard, Suite #1638, Jacksonville, FL 32207 or ONLINE: www.dcmsonline.org/NEFMCE)

1. In the elderly, falls are:
   a. the leading cause of death from injury
   b. not a significant source of morbidity and mortality
   c. not a risk factor for long-term care admissions

2. Risk factors for falls in the elderly include:
   a. polypharmacy
   b. increasing age
   c. history of falls
   d. all of the above

3. Annual screening for falls in the elderly is recommended by:
   a. American Fall Prevention Society
   b. American Geriatrics Society
   c. Medicare
   d. a and b
   e. b and c

4. Acceptable physical evaluations for falls include:
   a. Time Up and Go Test
   b. Tinetti’s Mobility Scale
   c. Physical Performance Test
   d. all of the above

5. Which of the following classes of medications has the highest risk of associated falls?
   a. NSAIDs
   b. Benzodiazepines
   c. Statins
   d. Anti-Hypertensives

6. Vitamin D supplementation is recommended for:
   a. All hospitalized elderly patients
   b. elderly community-dwelling patients
   c. patients at high risk for osteoporosis
   d. b and c

7. Which of the following is true regarding polypharmacy?
   a. Polypharmacy is the leading cause of falls in the elderly
   b. A patient-centered approach to reducing polypharmacy should be employed
   c. Patients on more than 2 medications are at risk for falls
   d. All of the above

8. Which of the following exercise programs are most effective in preventing falls?
   a. Balance retraining including tai chi and otago
   b. Swimming
   c. Weight lifting
   d. All of the above

9. Which of the following is true concerning vision impairment?
   a. All patients should be referred to an ophthalmologist
   b. Patients experiencing vision impairment on screening should receive referrals
   c. Vision correction often decreases falls immediately
   d. All of the above

10. Which of the following is not a true statement?
    a. Falls in the elderly are quite costly
    b. A thorough history, physical and targeted work up should be initiated on patients at risk of falling
    c. All patients should receive an assistive device such as a cane
    d. Cardiac intervention is appropriate for select patients.

1. What will you do differently as a result of this information?
   ___________________________________________________________
   ___________________________________________________________

2. How will you apply what you learned to your practice?
   ___________________________________________________________
   ___________________________________________________________
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Evaluation questions & CME Credit Information
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Poverty is known to be an important determinant of a person's health and longevity. A person's zip code is more relevant than genetic code. Does a physician's zip code – that is where they were born and raised – have an effect on where they practice? Specifically, do rural born and raised physicians return to their rural roots? The story of Prashant, a physician raised in rural Bihar, India, is instructive.

When I first met Prashant, he was a second-year medical student in Patna Medical College and Hospital. Patna is the capital of Bihar, and Bihar is one of the poorest states in India. Prashant brimmed with idealism and vigor. “I’ll practice in Purnea one day and serve the poor villagers,” he told me in broken English.

Prashant comes from a family of Bihari farmers who are also affluent landowners. He grew up near Purnea, a fourth-tier town in Bihar surrounded by villages. Visiting these villages is like stepping into a time machine – you can see people traveling by bullock carts but using mobile phones.

Prashant spent much of his childhood reading books, tending to his land and, when there was no load shedding (power outage), watching MTV. He has an incredible work ethic and mercilessly devours medical textbooks.

I met Prashant again when he was a medical house officer. He was still brimming with idealism, though he had started drinking frequently and began enjoying the good life. Prashant wanted to be an anesthetist. A few years later I attended Prashant’s wedding. He had an arranged marriage with the daughter of one of Patna’s leading surgeons. The wedding was a lavish affair in a five-star hotel – Johnny Walker Red Label literally flowed from the fountains.

Prashant seemed more self-assured. He spoke English more confidently, with occasional traces of his rural lineage.

“Bhaiyya (older brother), what is the scope of anesthetics in the U.S.?” Prashant asked.

“What happened to serving your community in Purnea?” I cheekily reminded him.

Bhaiyya, she doesn’t want to live in Purnea,” said Prashant glancing at his wife, lovingly. Prashant’s wife had a privileged upbringing in Patna. She had a degree in fashion design from New Delhi, where she wished to return.

“There are no good schools in Purnea,” offered his wife, pragmatically.

Prashant had undergone an under-recognized phenomenon in medical education – social class shift, his marriage was the final affirmation of the shift from a rural lad to a doctor on the brink of minting it. When he spoke to his parents there was a new hint of condescension – the slight annoyance with their educational chasm.

Prashant’s past was pesky and a foreign land. His wanted his future to be in another foreign land. You can understand the lad’s perspective. After all the hours of hard work he put in, he wanted something more than the jejune multiplex Purnea offered. However, his wife brought up an issue which partly explains why doctors aren’t thronging rural India – a genuine concern about the educational prospects of their children.

Years ago, my father visited his friend, a physician in Bhagalpur – a small town on the banks of the Ganges. When old friends meet they talk about memories and regrets. My father, after medical school, moved to Britain. He missed India. He missed Bhagalpur. His friend emigrated with my father to Britain but returned to India after his postgraduate training.

He had fewer regrets than my father. His only discomfort with returning to Bhagalpur was that he had to send his children to boarding school in Darjeeling, a hill station in West Bengal, for a proper education. He saw his children only twice a year. He was, therefore, envious of my parents. Ironically, my parents had sent me to a boarding school, too, but for very different reasons.

Medicine is still a middle-class profession in India, and despite the glamour of some celebrity doctors, most physicians have simple tastes in life – they rarely have the time to indulge in flamboyance. However, there are certain things all doctors want – stability, security and a decent education for their children.

Unlike professions such as finance, where the action is in metropolitan cities such as Mumbai, in medicine, the need is concentrated around the nearly two-thirds of the population who live in rural India. How should the government entice doctors to practice in places such as Purnea?

It is unreasonable to expect that a doctor raised in cosmopolitan New Delhi will migrate to rural Bihar to serve poor people. That happens mostly in Bollywood movies, and that too only after they’ve fallen in love with the local village girl. A more pragmatic approach is for the government to designate towns such as Purnea, which skirt rural India, as “areas
of need.” The government can do a few things to retain doctors in areas of need. First, they can reserve seats in medical school for those like Prashant born and raised in rural India with the condition they return to the area of need – that is the Indian Medical Council grants medical licenses restricted by geography. Second, seats in medical and engineering colleges, such as the Indian Institute of Technology, can be reserved for the children of doctors who practice in areas of need. Let’s call this the “rural doctors’ quota.”

Finally, the government could open medical schools for the sole purpose of producing doctors for rural India. Given the insane competition for medical school, I think there’ll be a fight to get into any medical school even if that means you can only ever work in places such as Purnea and its surrounding villages.

Prashant now works in a top private hospital in New Delhi, making more money than he has time to spend. He doesn’t even have time to drink alcohol. He has two children, still young. His wife, weary of Delhi’s high paced life, wants to send them to a boarding school when they’re older for a proper education.

Saurabh Jha is a radiologist and can be reached on Twitter @RogueRad. A version of this article originally appeared in the Health Care Blog.
The Top 8 Medical Apps for Doctors
by Cathy Reisenwitz

Everyone, including doctors, is living in a mobile world. As mHealth becomes more popular and patients adopt health tracking apps and fitness measuring wearables such as Fitbits, savvy physicians know they can benefit from using mobile health apps in their practices.

The market for mHealth will reach $102.43 billion globally this year, according to estimates from Zion Market Research. The category includes everything from your calorie counter website to telemedicine apps that let you video chat and text with your doctor.

With all this innovation, how do you sift through all the patient and fitness-centered apps to find ones that may actually be helpful in a clinical setting?

Luckily, I’ve done the legwork for you. Below is a list of the best medical apps for doctors and physicians, based on reviews and number of downloads. They’re listed alphabetically within categories—reference apps, social media apps, medical journal apps, and clinical decision apps.

Medical reference apps

1. Epocrates
This is the gold standard of medical apps—it’s available for both iOS and Android, and has been downloaded millions of times. Doctors use this app to look up drug information and interactions, find other providers for consults and referrals, and quickly calculate patient measurements such as BMI.

Pricing: While the app itself and most of its content is free, access to additional information and functionality (such as lab guides, alternative medications, and disease information) requires an in-app purchase of Epocrates Essentials for $174.99 a year.

2. PEPID
PEPID is a frequently updated clinical decision support/reference app targeted toward emergency room physicians, but it can be useful for nurses, students, residents, pharma-

ists, EMTs, and paramedics as well. You can earn Continuing Medical Education Credits with it while actually treating patients.

Users must log in to PEPID the first time they use it on their iPhones or Androids, but will stay signed in after that. PEPID automatically uploads all notes to the cloud.

Symptom Checker helps you diagnose faster by suggesting possible ailments based on your patient’s symptoms, physical exam findings, and lab results. A filtered checker alerts you to possible multi-drug interactions, all on one page, and offers dosing suggestions.

PEPID offers profiles of diseases, medical conditions, and treatment options with research from the American Academy of Emergency Medicine, American College of Emergency Physicians, and the Family Physicians Inquiries Network. The app also offers hundreds of reference videos for clinical procedures and physical examinations, and push notifications to keep you up to date on new research, drug approvals, and black box warnings.

Pricing: Free

3. UpToDate
Another heavy hitter, the UpToDate app can be used on both iOS and Android devices. Hundreds of thousands of physicians have installed this app, and for good reason. It is chock full of medical knowledge that allows it to answer clinical questions at the point of need.

Pricing: While downloading the app is free, in order to actually access the wealth of information contained within it, you or your organization need to have a subscription to the UpToDate database. This starts at $495 per year for an individual physician.

4. Medscape
This app, by WebMD, is another great medical reference tool
offered on iOS and Android. With it you can look up drug information, check the disease reference tool, catch up on medical news, and much more.

**Pricing:** The app is completely free, but does require you to register for a free account (which you can do through the app itself) to use it. It’s also ad-supported.

**Social networking apps**

5. **Doximity**
Doximity is a social network for doctors, and claims that 70% of U.S. physicians are members. With both iOS and Android versions, you can find and communicate with other doctors on the network, send HIPAA-secure faxes through your phone, follow news and trends in your specialty, and browse jobs and compare salaries. It’s highly-rated and frequently updated.

**Pricing:** The app is free to download, but does require you to sign up for membership in the network (again, free).

6. **Figure 1**
You can view and share medical images with other physicians using this iOS and Android app. Hundreds of thousands of users send, comment on, and search through medical images in Figure 1’s visual database.

This app is perfect for physicians looking for feedback on a rare condition, or seeking to see and learn about rare or textbook cases. Additionally, the app guarantees patient privacy with automatic face-blocking and removal of identifying information.

**Pricing:** This app is free to download and use.

**Medical journal apps**

7. **Case**
Case is a medical journal app for physicians and researchers with a recommendation engine powered by a machine learning algorithm. It has both Android and iOS versions. Case makes it easy to read medical journal articles on your phone, and subscribe to a specialty or set of journals.

Case currently supports 81 medical specialties. The cool thing about Case is that it also lets you follow any of more than 100,000 keywords. For example, if you’re an oncologist, you don’t necessarily need to follow all cancer journals. Maybe you want to follow AML cancer. Or a protein, gene, or pathway related to AML. With Case you can do that.

But the even cooler part is that Case works kind of like Netflix, and surfaces journal articles based on what you enjoyed reading in the past. Its algorithm, based on Google Tensorflow, combines your behavior with external factors such as journal impact factor, number of views, shares, and likes, and time spent reading to learn what you like to read. It boasts a 20-minute average session time on desktop (5 minutes on mobile).

**Pricing:** It’s totally free to use.

8. **Read by QxMD**
Like Case, Read is an app for both iOS and Android that centralizes all your medical literature and journals. Using a magazine format, it allows you to read and download studies, journals, and articles from a host of sources including open access journals, PubMed, and papers from linked institutions.

With tens of thousands of installs, and plenty of free content, this is a no brainer for physicians looking to keep current in their specialty.

**Pricing:** The app is free, but some journals and PubMed may require an institutional or individual subscription or credentials.
Dr. Tom Catena is the only permanent doctor serving 750,000 people in Sudan’s war-torn, Nuba Mountains since 2008. He typically treats up to 500 patients in a day and is on call 24 hours a day, seven days a week, delivering babies, performing surgeries, and treating injuries resulting from bombings. He has saved the lives of over 1,700 victims of war and countless others. We recently had the honor of speaking with Dr. Tom via Skype from the Mother of Mercy Hospital in Sudan, about his courageous work.

You’re working in a war zone, and many of your patients are children. How do you cope with their injuries and suffering?

You can be in the worst mood, and have so many things in your head, and you see one kid that is improving, or one kid that wants to joke around with you, and that can change everything in an instant. To have some kind of a balance like that, to see at least some children—to see the ones who are getting better—that brings a little bit of levity to the day and it’s a huge benefit. Otherwise things can be pretty dreary. It can be quite demoralizing if you don’t have that little sort of pick me up sometime during the course of the day. For me, it’s really essential to have that mix, and I really appreciate seeing kids.

Even the kids who were badly wounded in the fighting, children who were amputated, once they get over the acute injury and the pain kind of goes away, they really just want to play, to joke around and goof around a bit, and they seem to have forgotten all the trauma. It’s amazing. I mean, who knows long term, hopefully that will stay forgotten, but they are incredibly resilient and very tough.

As children can bring incredible joy, they can also bring immense grief; grief like you’ve never felt. One child that comes to mind is a boy named Chalu, who was about 11 years old. He was hit by an incendiary bomb from the antonov, and the bomb exploded with a blaze of fire and he was burned over 60 percent of his body. These were full thickness burns, so the whole skin was burned through, and he was on the ward for months. He survived for probably three or four months on the ward, and every day we would go and see him. Every single day. We’d look after him and talk to him. The nurses of course did most of the work, changing dressings, they really had to bear the brunt of his suffering, but to see that kid ever single day, and watch him suffer. He finally died from his wounds after about three months of just agony. I think that those experiences never quite leave you. Another child was burned due to shrapnel. The shrapnel came into a straw...
hut that caught on fire and burned 70 percent of his body. He also died a horrible death. All you can do, when these things happen, is try to file them away. You try to force yourself to forget it, and move ahead. You try to keep going because there is always somebody else in line that needs your help. For your sanity and peace, you need to forget these terrible experiences, and try to move ahead.

You're the only doctor at the Mother of Mercy Hospital. Sometimes you have to take risks for the benefit of your patients. How does it feel to push the limits of your training and go outside of your comfort zone?

I would say it's terrifying to do that, and it's a very uncomfortable feeling. There are times in my situation here when I may be performing an operation that I am not fully comfortable doing, knowing that there is no other option. I've got to make sure I weigh potentially causing more benefit than harm. If I think the potential for benefit is there, I'll do it. It's a very uncomfortable feeling. It's also very humbling because we are reaching the end of our knowledge, and we have to acknowledge that we have limitations. I think it's just trusting ourselves to God in this case, and saying, “Look-- we are really trying our best and I think if we do nothing the outcome will be worse than if we try something.” It is still a very uncomfortable and very terrifying feeling, and not something I enjoy doing, but sometimes you have to bite the bullet. You have to just do it, just go ahead, and push through. If someone can benefit and you can help, you have to try.

Those episodes, those instances, come up all the time. The frustrations can be overwhelming. You kind of have your moments when you say, “I've had enough.” You get annoyed for awhile, and then you come back to your senses. And I am always brought back by the thought that I made a commitment. Am I going to stick to that? Or am I going to back out? Am I going to give up, and take off from the people here? Something with the Holy Spirit and the grace of God draws me back to keep up with the fight. I think that as long as I am operating within the grace of God, that will stay with me. I hope and pray that I don’t wander off from that.

How can we encourage more medical professionals to volunteer their time and talents in low resource settings in the developing world?

It's best to not look at me as some kind of "super doc" because I'm not. I'm just a normal doctor. I am a family practitioner by training. Most of the surgery I've performed, I learned on the job. I had some great people when I was out in Kenya, that took a lot of time with me, really experienced surgeons who taught me a lot of techniques. So, whoever you are, and whatever level you're at, you have a lot to offer. Don't look at somebody else and say, “That guy really knows a lot of stuff and I can't approach him.” That's not the case. Just try it. Make the effort. Try to learn what you can about the place you're going and just make the effort. If you catch the volunteer bug, like I did thanks to CMMB many years ago, and you want to stick with it, fine, you stick with it. You keep learning. You see areas where you can contribute. You know, I think if nothing else, in a lot of these places, just seeing somebody from another country who says, “Yeah, I'm coming here to help you guys. I care enough about you to come here, and show up in your country.” That says a lot to the people there--the fact that you're showing up. We should keep that in mind. We approach it in a humble way, approaching it in a way that there is a lot we don't know about the places we go to. You just say, "Look, I am here and I am with you guys. How can I help you?" There is a lot people can offer. You don't have to know everything. You go with what you know, be open and willing to learn, and you can contribute a lot.
You have been living in the Nuba Mountains for many years. Is there anything about the Nuban people or culture that still surprises you?

Since I got married, I learn things about this culture that can still totally surprise me. They have some customs, which to me are totally unusual, some belief which I’ve never heard about before, and my wife, Nasima, just kind of tells me things all the time. The culture is very deep and very interesting. There’s something I learn almost every day about the culture here, and a lot of these things they don’t tell you upfront. You have to spend time here, and with time you slowly start to learn. I’ve been here a long time and there’s always something new to learn. The Nuban ways are quite interesting, and their history and culture go back millennia.

What’s the best advice you’ve ever received?

The common advice is follow your passions, which is kind of a generic thing, and I can’t think of any one person who told me that, but thinking through what I wanted to do with my life once I finished college, that idea kept coming up. Different people were saying it, “Follow what is in your heart.” So, instead of just following what you think other people think you should do, follow what’s in your heart. I think everybody has something that’s deep in their heart that they really want to pursue, and it’s very easy to be displaced from that path by so many other competing factors. Your family is telling you to do something. Your friends are telling you to do something. Society is telling you something else. And I think, in the end, if you just follow what you feel, and it is a feeling, follow what’s deep in your heart and pursue that. Sometimes you don’t know where it’s leading, but just follow it and the path will become clear to you. Follow what is inside your heart. I think every single person who will end up not following it, got thrown off the path for one reason or another. There are a lot of practical reasons. I had many. I had the luxury of an understanding family, a good upbringing, financial security, all these things; there were so many things that were going in my favor. I really consider it a luxury, another gift and grace from God that allowed me to follow this path.

You inspire so many people around the world. Who has inspired you?

Saint Francis of Assisi has been my personal, favorite saint for many years, as he is for half the world, Christians and non-Christians alike.

Growing up when I did, in the 70s, 80s, and 90s, Mother Teresa of Calcutta was a huge inspiration to my entire generation. When we were growing up, we always had this idea that saints were people who lived 500 years ago, they were out of touch, and that they were people who were above everybody else. But here was somebody, a sort of very quiet, humble person, who was living in our day and age. She was doing very simple things, but at the same time, very incredible things, and she was a tremendous inspiration for me, as she was for so many other people. I think it was so important to have somebody, a contemporary person, a Catholic person, in modern day, who was living the Gospel life that we could relate to very well.
Summertime is great for fresh dinner salads and a cool glass of wine out on the patio. Learn how to pair these two items for a delicious, light meal.

Which wines go best with main-dish summer salads?
Pairing wine with salad is tricky business: Some lettuces intensify bitterness in wines. Crisp, raw vegetables demand a wine with texture. And acidic dressings tone down tartness in wines. But main-dish salads, full of ingredients with a natural affinity to wine, such as cheese, nuts, and meat, taste better with a glass of vino. As a general rule, match rosés, tart whites, and lighter reds like pinot noir with salads. And when in doubt, reach for a sparkling wine, because like salad itself, bubbly is light, refreshing, and infinitely satisfying on a summer evening.

Salad Topped with Spicy Meat
A low-alcohol wine, such as slightly sweet Riesling or fruity red Beaujolais, will complement a complex salad without fan ning the heat.

Niçoise Salad with Tuna
Rosé is a natural match for the tangy, salty flavors. Choose either still or sparkling—both are dry, refreshing, and evocative of the South of France, where this dish originated.

Salad with Curried Chicken
Enhance sweet-tart curried chicken salad with an aromatic white wine like viognier, a full-bodied white, or torrontés, a dry floral white from Argentina.

Cobb Salad
With smoky bacon, creamy avocado, tangy blue cheese, and juicy tomatoes, Cobb salad pairs well with a variety of wines. A bottle of fragrant gewürztraminer contrasts with salty, creamy notes, while an earthy pinot noir enhances the meaty bacon.

Natura Gewürztraminer 2009 (Chile, $11) Organic grapes; notes of spicy peach and honeysuckle
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