Duval County Medical Society
A Year in Review

A Physician’s Personal Story of Addiction

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Holiday Wine Pairing Advice:  
What to Drink With Ham, Lamb, Prime Rib, and More  

MAGGIE HOFFMAN

If you’re planning a Christmas dinner menu and making a list, you might have forgotten one important ingredient: the wine. It’s worth picking up a few bottles now so you’re not stuck with just the choices at your grocery store when you go to get that last-minute stick of butter. (Who are we kidding... more like that last-minute 10 sticks of butter.)

Here’s our holiday wine pairing advice—our picks for what to drink with crab, porchetta, ham, lamb, beef, duck, and goose.

Crab

[It’s Dungeness crab season on the West Coast, so if you’re celebrating the holidays in, say, San Francisco or the Pacific Northwest, it’s likely that you’ll put a crab-cracker to good use at Christmas dinner. (Unless, of course, someone’s already done the work for you.) What to drink with this seasonal local delicacy? We ate our way through a couple of two-pounders to figure out the best pairings.

Arbe Garbe 2012 Russian River Valley ($28) is a dry blend of 45% Pinot Grigio, 40% Malvasia Bianca, 15% Gewurztraminer. It’s all about exotic spice and a subtly musky floral side, with a lemon-drop acidity that curves around and leaves your mouth watering. The sexy skeins of nutmeg and anise are just right for crab served with fresh pasta and brown butter.

Grown at an elevation of 1400 feet, Enfield Heron Lake 2011 Chardonnay is a gorgeous, crush-worthy wine made in a pretty tiny batch: winemaker-on-the-rise John Lockwood produced only 80 cases. If you see a bottle, buy. (I just ordered three bottles and wish I’d sprung for more.) The wine sweeps in with oyster-shell minerality, a touch of smoke and soft vanilla surrounding a core of yellow pear and fennel with tangy acidity that makes this perfect for serving with rich Dungeness crab (or seared scallops.)

If you prefer your Chardonnay on the crisper side, you’ll want to look for stainless steel-fermented examples to work like a squeeze of lemon on your seafood. Chateau de Béru 2011 Chablis is a lovely example from the stony fossilized seashell-studded soils of a historic estate (now biodynamically farmed), and bottled without filtration or fining. It’s mineral, first and foremost, but pierced through with zingy citrus and green apple.

For the adventurous: Benjamin Zidarich has a small estate in Friuli, on the Slovenian border of Italy. He’s one of the growers responsible for reviving the nearly-disappeared Vitovska grape. Many producers in the region make ‘orange wines’ macerating their white wine grapes on the skins, the way you would to make more tannic red wine. Zidarich’s young-vine white, Zidarich 2011 Vitovkasa Verde ($28) sit on the skins for around two weeks for a touch of texture, then ages in wooden barrels for a year, and is unfined and unfiltered. If your crowd is up for trying something new, this cloudy wine is a fun adventure: it’s quite saline, as if filled with limestone, with acidity that is halfway between lemon and cider. It’s really all about texture, though, the minerals and tannins finely woven but noticeable—it’s like tea that you let rest on your tongue. And it’s wonderful with crab cakes.
The key to success with a dish as rich as porchetta is finding a wine with enough tartness to cut through the fattiness of the dish and refresh you between bites, but enough body to keep from tasting thin against such rich food.

Bubbles add a third winning factor: the carbonation scrubs your tongue, lifting the pork's richness away. We recommend Raventós i Blanc 2011 De Nit Brut Rosé ($23), an astoundingly delicious Spanish sparkler made in the Champagne method from a mix of biodynamically farmed grapes. It's full of rich flavors of strawberry and cream and a touch of smoky almond, ready to cozy up to pork and its juices. But this wine also has the mouthwatering acidity (think lemon and orange marmalade) to refresh and reset the palate with each bite. It was a member of the Raventós family who made the first Cava in 1872. This bottle does the tradition proud.

If your crowd prefers white wine, we'd recommend choosing a well-made Chenin Blanc. Champalou Vouvray 2011 is a steal at $20, silky and polished with a voluptuous texture that fits right in, but enough fruity tartness to cut through the dish and keep things bright. It's classy wine, helpful to have by the case for all your fancy holiday entertaining.

Want to offer a red wine option? Pinot noir—as long as it's not too big and ripe or too heavily oaked—is what you need. It has the bright fruit and acidity to cut through this intense dish, without overpowering the pork's more delicate flavors. Crowley 2011 Entre Nous Pinot Noir ($30) from Oregon brings together grapes from the Dundee Hills and the Chehalem Mountains. It's aged without any new oak, and the result is deliciously bright and tart, like cranberries and crushed raspberries with a touch of clove and earth. If your glass of wine is basically a condiment you enjoy with your meal, this is just the kind of relish you'll want between bites. Stuffing that porchetta with mushrooms and herbs? Then this wine will work even better.

Like porchetta, there's a richness factor to think about when you're pairing wine and ham. But there's also sometimes a little smokiness, plus there might be sweetness if you've glazed your ham before serving. But don't worry, wine can handle it. Especially sparkling wine.

We wouldn't pair glazed ham with a super-dry bubbly, but we'd definitely recommend popping open a bottle of Domaine Brazilier Methode Trad Brut ($15), which is made with a blend of Chenin Blanc and Pineau d'Aunis, using the Champagne method. This is a luscious sparkler that's rich enough to handle the ham's fattiness, and the bubbles will help cleanse the palate between bites. The fruity flavors (think spiced apples and quince) are just right for matching up with whatever glaze you've chosen.

For the adventurous: If your guests are up for trying something different (and a little nerdy), it's also fun to pair pink glazed ham with an unusual pink bubbly: NV Frantz Saumon Petillant Naturel ‘La cave se rebiffe’ ($22). Made mostly from gamay, and sealed with a beer cap, it's fruity and yeasty and fun, a bit like a biscuit with both strawberry jam and bitter orange marmalade on it. If you're going with smoked country ham, this wine can definitely handle it. (This bottle would work well as a refreshing counterpoint to rich porchetta, too. If you're serving both, you're set—and I want an invitation.)

Whether you're serving a roasted rack of lamb or making a leg of lamb stuffed with garlic and mint and cooking it on the grill, we approve of your holiday plan. Just one thing: you'll need wine that brings out the earthy flavors of the meat and amps up the herbs you've used in your prep. Look for these, and you can't go wrong.
I recommend this wine constantly because it’s such a great value: Produttori del Barbaresco Nebbiolo Langhe 2011 ($20) is made with 100% Nebbiolo from a cooperative with 52 members—mostly using the young vines they’ve decided not to include in their upmarket Barbaresco. The result is herbal and pretty, with dried cherry flavors and a lovely eucalyptus side once it gets enough air. (Pour it in a decanter or pitcher 30 minutes before dinner for best results.) Rub your rack of lamb with rosemary, mint, or herbs de provence, and this wine will work its magic. You can serve this with prime rib.

Up for splurging a little, since it’s a holiday? Napa Cabernet can get into the hundred dollar zone really fast, but you can find some values if you look to Washington state. Buty 2009 Columbia Rediviva ($50) from Buty’s Phinny Hill Vineyard estate vineyard in Washington’s Horse Heaven Hills is a luxurious blend of Cabernet Sauvignon and Syrah that offers a lovely silky texture brightened with juniper berry and cracked pepper flavors. These spice notes, mingling with rich purple fruit, make this just the wine to serve with a juicy rack of lamb.

Turley 2011 ‘Old Vines’ Zinfandel ($35) is made from a collection of 15 different vineyards, with vines age 50 to 120 years old. All the Turley wines have a rich silky texture and impressive acidity (especially given the soaring alcohol levels). This wine is remarkably bright, full of tart dark cherry flavor, spiced with black pepper, clove, and rosemary. Season your roast beef accordingly. (If you’re looking for a gift that’ll really wow your Christmas host, the Turley 2011 Ueberroth Vineyard Zinfandel and their 2011 Hayne Valley Vineyard are stunners, the Ueberroth earthy and figgy, the Hayne broader, with more generous blueberry fruit.)

**Roast Duck or Goose**

Kellerei St. Magdalena 2011 ‘Perl’ Lagrein ($19) comes to us by way of Alto Adige in Northeastern Italy, where wines are labeled in both Italian and German. The fruit is silky, soft and lush (think ripe plums, roasted together with citrus wheels), but this wine also has a meaty edge and hint of titillating smoke which is right at home with game birds.

Le Volte dell’Ornellaia 2010 ($30) is a blend of Merlot, Sangiovese, and Cabernet Sauvignon, aged for 10 months in barrels that were used for the ageing of the pricier Ornellaia flagship. This Tuscan wine is juicy (think brandied cocktail cherries) and silky, luxurious in a way that’ll impress your relatives. The touch of clove-like spice makes it a good match for roast duck or goose—rub a little pepper on the skin.

One other reminder: just because Thanksgiving’s over doesn’t mean we should stop drinking gamay. Quite the opposite is true. Keep on pounding that Cru Beaujolais especially with dishes like duck and goose. Or, if you’re feeling a little adventurous, look to the northern Rhone for Hervé Souhaut Domaine Romaneaux-Destezet 2012 La Souteronne ($28), a funky little semi-carbonic gamay grown on 60 to 80 year old vines. Let it get a little air and you’ll get gobs of black pepper and sappy juniper berries, with a background of juicy cherries and cranberries.

About the Author: Maggie Hoffman is a Senior Editor at Serious Eats, based in San Francisco. She founded Serious Eats: Drinks in 2011. You can follow her on Twitter @maggiejane.
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A Physician’s Personal Story of Addiction

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I cannot tell you my name, or where I live, or even the specialty within which I practice medicine. I cannot do so for I have been shamed, embarrassed, and at times stigmatized. Even today, years later, I fear retribution, liability, and even prosecution. Some of this may have been deserved at one time, but today my story is one of success. It is a story of hope, of support and of recovery. I share this intimate tale so that you, my colleagues and friends in the medical field, can hear the human side of addictive disease, of its treacherous grip, and of the freedom and confidence from which I have emerged from this terrifying illness.

My drug use did not begin until medical school. I was never a drinker in high school or even in college, nor did I use drugs socially. Then, one evening when I was finding it hard to stay awake to study for an organic chemistry exam, a friend directed me to some stimulants that were available in sample form. The result was perfect. I began using the pills, rather innocently, whenever I needed a boost. To me, it was like a cup of coffee, only better. I soon learned that I could order the pills on the Internet and have a supply whenever it was needed. Upon graduation, I entered practice determined to be the best doctor possible. I spent a great deal of time with my patients, who kept coming back. My patient load grew exponentially, and I had trouble keeping pace. I had no experience running a business, was working long hours, and was unable to juggle the growing load. I found myself taking more and more pills just to keep up, and then even more pills to get me to sleep again. I gave little thought to this drug use. After all, I was no street junkie making covert deals in dark alleys. I was a good doctor, with many patients, using my medical knowledge to make the path toward success a bit smoother. So I thought.

My drug use escalated. In addition to Internet orders I would write prescriptions in the names of my family members. Suddenly, my uncle had knee pain, my father-in-law back problems, my aunt arthritis. I did not think about the record I was establishing of their purported use, nor did I think about the records of my own prescribing practices. I was out of control, but getting by, taking many pills to get through each day.

Throughout this time I still felt on top. Despite my drug use, I was a physician with a thriving practice. I provided quality care and had no patient complaints. I had a wife and children that relied upon me and saw me as a great provider. My friends and family admired me. I was respected in the community. I enjoyed my status and felt it was deserved, having achieved academically as well as socially since childhood.

And then one day, the Drug Enforcement Agency came to the door inquiring about fraudulent prescriptions. The reality of the situation took months to sink in. My reaction was disbelief. I was no druggie engaged in covert activities, and I was certainly no criminal. I was an admired and respected physician. I was sure the entire misunderstanding would be cleared up with a smile and an apology. I could not have been more wrong.

The shame and magnitude of my tumble was immeasurable. Not only did I face the legal and professional ramifications of having written improper prescriptions, but I had to cope with the personal humiliation of a fall from grace. I was no longer the icon of success I had worked a lifetime to achieve. I was now tainted, not only in the eyes of my colleagues, but also, for the very first time, in my own.

Fortunately, when everything was crumbling around me, I got support and advice. With the guidance of Physician Health Services (PHS), I got into a treatment program that helped me realize that I suffered from a virulent illness and was both worthy and deserving of help. I was medically detoxified from the effects of the medications I had now stopped taking. I learned to take responsibility for my behaviors, but also to recognize that I had been sick and could certainly get well. I learned that addiction would be a lifelong condition, but not a lifelong impairment, and I agreed to a long term monitoring contract with PHS. To comply with this contract, I had to work hard. I saw a therapist to address issues of addiction, shame, honesty and interpersonal relationships. I submitted to regular and random drug screens. I attended support group meetings, met with sponsors and mentors, and in doing so, changed my life dramatically.

After months of treatment, out of state, learning about my disease and learning about myself, I came back home feeling strong. I was healthy, drug free, clear thinking, and ready to
pull my career back together. Unfortunately, my career was not yet ready for me. Despite the fact that I had never had a malpractice case and had never harmed a patient, there would be months of waiting for the licensing board to address my petition to go back to work. I would be investigated, questioned and challenged. This process lasted for months on end, and when I did get my license it was with extensive restrictions and requirements for informing everyone with whom I had professional contact of my “probationary status” and of my disease. These required disclosures then led to a new round of inquiries by third party credentialing agencies without which I could not sustain a practice, so I began the journey again. More questions, more disclosures, more humiliation.

The greatest challenge of all was the subsequent public disgrace. The day my license was finally restored, a press release issued informing the public of my professional discipline. My name became front-page news highlighted by lurid references to drugs, diversion, and criminal activity. There was no mention of my recovery from illness nor of the months and years of personal work and growth I had achieved. What was to be a day of celebration had become a day of pain and shame. My daughter had a soccer game that day, and through tears, even she had to face the humiliation of what I had hoped was well in my past.

Although I was angry and frustrated with the obstacles I was facing, I now had the tools to deal with this stress. Through PHS I had a physician support group where I could meet and learn from other doctors who faced these same struggles. I had an outlet for sharing my experiences and for learning from example that there was indeed hope for my future. And most importantly, I had my sobriety and my health.

Ultimately, I did return to practice. It was no easy journey. The process took years. During this time I was doubted by others and I doubted myself. But now I am stronger. I have the confidence of knowing that whatever ills befall me, I can heal. As a result, I am a better healer. My practice is now as successful as ever. I continue to be board certified in my specialty. I continue to provide quality care. I also have additional contributions to make to the profession. I am more open-minded and less likely to pass judgment. I have learned that medicine is not about being powerful or respected, but about being respectful and compassionate. I have learned that physicians, like all people, have the susceptibility to become ill and the capacity to become well. However, to encourage wellness we, as a profession, need to provide resources and nurturance, not shame and humiliation. I am now sober and can’t imagine facing life any other way. And I share this story so that all of my colleagues in the medical field will know that they, too, can embark successfully upon this journey.

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MD Life December 2018
In a city where everyone loves to eat seafood there aren't really all that many great seafood spots. Sure there are the fish camps, Safe Harbor, Marker 32 and a couple of others but for 1 million residents that's not actually all that many. We've got one more that MUST go on your rotation of Jax seafood spots. In the previous Nippers space at the marina on the north side of Beach Boulevard at the base of the intracoastal bridge is the newly opened Pierside Tiki Bar and Grill. This has been many things in the relatively few years it has existed. That kind of turnover is difficult for any new restaurant occupying a space but we have high hopes for this new restaurant. Beach Marine owns the restaurant as well as the marina and amenities, and is expanding soon to include condos and townhomes with boat slips right on the water. There are a handful of folks who live in houseboats in the marina now and the neighborhood is expanding with new construction for pierside living. After a revolving door of restaurant leases gone bad, the owners of Beach Marine decided to stop bringing in other restaurateurs to run the restaurant and just build a restaurant that will last themselves. They started by bringing in Executive Chef Darin Ball who has been building and training a team. Ball's attention has been on creating a fresh, updated menu reflective of the beautiful location and bringing in and training his staff to get a consistent product coming out of the kitchen. Pierside is still featuring live music regularly and a fun bar. The things that have helped it hang on through different concepts are staying; the things that have held it back are going, mainly subpar food and service. Chef Darin is moving methodically from the previous concept. The laminated menus were already printed, so Chef Darin has created his own menu to compliment the primarily bar and grill style menu that already existed. Chef Darin's menu is on placards on each table, and provided as a paper printed accompanying menu with the regular menu. When we dined at Pierside we focused on Chef Darin's menu. Much of the other menu will be phased out. We tried Shrimp Puppies ($9), Coconut Curry Mussels ($9.95), the Redfish Reuben ($13), Mayport Shrimp and Grits ($15), and Key Lime Pie.

**Shrimp Puppies**

The Shrimp Puppies were a fantastic shareable appetizer with Mayport shrimp on a stick, covered with hush puppy batter and fried. This is a fun cousin of the corn dog, only with better ingredients and more delicious. Five generously sized shrimp puppies come per order and honestly more than two might fill you up too much to enjoy an entree. This dish would also be a good choice for a kiddo foodie or a big kid at heart. The Coconut Curry Mussels are another good option for sharing. Our mussels were perfectly plump and the thick, slightly sweet coconut curry broth enhanced the experience. The broth is marvelous to soak up with the buttered grilled toast the mussels are served with.

There were a number of enticing entrees that called to us, but ultimately we went with the Fish Reuben and the Mayport Shrimp and Grits. The Fish Reuben can be made with redfish or the fish of the day, prepared fried with island slaw, cilantro lime tartar, pickles, and remoulade on marble rye. This was SO GOOD. There are a number of flavors going on in this sandwich, but none of them are overpowering. You get a little sweet, a little salty, a little crunch from the slaw and crispiness from the fried fish. I have since told several people to go to Pierside and order this sandwich. It's so good I might stand on the corner with a sign next! We enjoyed the redfish so much I'm not sure I would want to try it with any other fish, though I'm sure it would be as tasty. The Mayport Shrimp and Grits were just as exciting as the Fish Reuben. Grilled shrimp is served over boursin cheese grits, and apple braised collards. It's easy to get tired of shrimp and grits given that they're on every menu in town. And sometimes it feels like we've eaten all the shrimp and grits in town, but these were a delightful change of pace. The boursin cheese is made in house, making the grits rich and creamy. The collards are sweet with a distinctive pop from the apple cider vinegar, contrasting with the salty, herby grits. The Mayport shrimp are piled up on top, just as divine as God intended. This was a phenomenal dish with a flavor profile hitting a beautiful chord. If you like shrimp and grits (and who doesn't??) you need to go eat this. The fish and grits is prepared with the same boursin cheese grits and apple braised collard greens, so if you prefer fish over shrimp that's an option, too.

**Fish Reuben**
For dessert we had Key Lime Pie. We were pretty full from all the previous deliciousness, but the Key Lime Pie called to us. This was a nice and smooth custard pie with more lime on the back end of the bite than the front. A couple bites was the perfect end to this delightful meal.

**Key Lime Pie**

![Key Lime Pie](image)

The restaurant definitely has its share of quirks. The old Big Dawgs restaurant sign is still on the building (we're told it will be coming down soon), the restaurant is so big it will feel a little empty, however the food now reflects the region and has a unique perspective. I'll tell you what I told my friends after I left Pierside stuffed to the gills: this spot will likely become a hot spot sometime next year. Go now while it's still flying under the radar and order from Chef Darin's menu. The seafood truly is stellar. We have high hopes for Pierside Tiki Bar & Grill and for good reason- there is new management with experience and the neighborhood is growing...most importantly the seafood truly is great.

**Coconut Curry Mussels**

![Coconut Curry Mussels](image)

**Mayport Shrimp & Grits**

![Mayport Shrimp & Grits](image)

**Pierside Punch**

![Pierside Punch](image)
Helping Physicians Care for the Health of Our Community: A Look Back at 2018

By Kristy Williford, DCMS Director of Communications

The Duval County Medical Society (DCMS) was founded in 1853 as the first medical society in Florida and continues to serve as the voice for organized medicine in Duval County. At that time, 165 years ago, a handful of physicians, ‘disease weary’ because of smallpox, dengue fever and malaria that had taken its toll on the citizens of Northeast Florida, met and formed the DCMS. Those physicians were passionate about caring for the health of this community, and today, well over a century later, our nearly 2,000 physician members continue to carry that passion.

In 2018, we had physicians who lobbied state legislators regarding new rules on prescribing opioids. We had physicians who traveled around the globe to provide medical care to the underprivileged. We had physicians donate time to treat the uninsured here in Jacksonville. We had physicians serving nationwide in roles within organized medicine. Simply put, we have physicians that don’t just ‘say,’ they ‘do.’

Times may have changed. We no longer have to worry about smallpox or dengue fever in Northeast Florida. But what hasn’t changed is the reason you – our physician members – are part of this Society. You care about the people and health of this community and you want to make a difference.

Advocacy

Tackling the opioid epidemic has been and continues to be a major priority for the DCMS. From in-depth discussions at the Future of Healthcare Conference, to sending frequent member communication regarding the new Florida controlled substance prescribing law, to CME events for our membership, we’ve been working hard to keep members abreast on the latest developments.

Two of our members, Dr. Sunil Joshi & Dr. Ferdinand Formoso, have been traveling around the region to provide the new state-mandated 2-hour Controlled Substance Prescribing CME course to hundreds of local physicians. Thanks to a DCMS partnership with Mayo Clinic and the Florida Academy of Family Physicians, these courses were provided at no cost to our members and included information on prescribing guidelines, and how the opioid epidemic is affecting your practices and patients.

Another important part of advocacy for the DCMS is working alongside the Florida Medical Association (FMA) and American Medical Association (AMA). This cooperation only occurs because of the dedication of our members willing to serve in roles both statewide and nationally. In August, more than two dozen of you traveled to Orlando to participate in the FMA House of Delegates. As one of the largest delegations in the state, we are able to ensure the voice of Northeast Florida physicians is heard in all decisions made at the state level of organized medicine.

Leading by example, our very own DCMS Past President Dr. Ashley Booth Norse currently serves as FMA Vice-Speaker. DCMS Past-Presidents Dr. Tra’Chella Johnson Foy and Dr. John Montgomery were elected this year as FMA Delegates to the American Medical Association. Dr. Mark Dobbertien was elected to serve as the FMA Surgical Specialty Board Representative.

At the state level, Dr. Mobeen Rathore currently serves as the District B representative to the FMA and at the national level, DCMS Past-Presidents Drs. W. Alan Harmon and Thomas Peters, and DCMS Treasurer James St. George currently serve as...
Developing Leaders

As you can tell by the long list of members currently serving in state and national roles in organized medicine, the DCMS has a long history of physician leaders. From leaders of the Florida Medical Association to the World Medical Association, from those who’ve pioneered private practices and served as hospital executives, the DCMS is committed to ensuring the next generation of physician leaders has a strong Duval County representation.

To continue to develop leaders, we launched the DCMS Leadership Academy in 2016. Now heading into its fourth year and with already more than 60 graduates, this 3-day curriculum-based leadership training program ensures physicians can enhance their skills in the areas of team building, strategic planning, culture change, management styles, and more.

Membership Events

While advocacy and education are vitally important, the DCMS also aspires to build camaraderie among the physicians of Northeast Florida. By hosting a variety of events, our members are able to network and collaborate throughout the year.

The DCMS year essentially kicked off in November 2017 with the 165th Presidential Inaugural Ball and Annual Meeting at The Museum & Gardens. Cardiologist Dr. Ruple Galani was installed as 2018 President, taking the oath of office with help from his wife, Gina. During his inauguration speech, Dr. Galani shared that one of his top priorities for the year was to expand DCMS membership, believing that a larger member base further enhances the medical society’s role as a community leader.

The time-honored Annual Meeting also gives us an opportunity to recognize many talented and deserving DCMS members for service to our community and Society. The Clyde M. Collins, MD Humanitarian Award was presented to Dr. Scot Ackerman and the DCMS Community Service Award was presented to Dr. Sudhir Prabhu. Several DCMS members were also honored with Beals and Shahin awards which recognize excellence in research published by members throughout the previous year. The event culminated in a fun evening of live music and dancing!

A couple weeks later, dozens of DCMS members gathered at for one of our biggest family events of the year, the Annual Jaguars Tailgate Party. This fun event is an opportunity for physicians to take a break from their day-to-day responsibilities and enjoy some quality time with their colleagues and family members. It’s also a great way to give back to the community; all of the ticket proceeds support the DCMS Foundation!

The DCMS is also leading the way in community health and wellness through our Future of Healthcare Conference which brings together physicians, healthcare providers, community members, and politicians to address the top health issues facing our region. The 2nd Annual Future of Healthcare Conference in May focused on the opioid crisis, violent crimes with guns, mental health, and physical fitness/obesity and brought together more than 200 people from Northeast Florida.

As physician burnout rates continue to rise nationwide, wellness continues to be a top priority for the DCMS. In July, the DCMS teamed up with Freedom Boat Club to host a no-stress event at the Julington Creek Marina and remind our members...
they need to take some time to unwind. There’s nothing like a relaxing boat ride along the St. Johns River to wash away the stress of the day!

At the Medical Society, we also recognize the importance of celebrating and collaborating with our military colleagues in healthcare. A longtime tradition, the Annual DCMS/Navy Dinner Meeting took place at the NAS Jacksonville Officers’ Club on August 28. Rear Admiral Bruce Gillingham, Deputy Chief of the Bureau of Medicine and Surgery, Readiness & Health, delivered an inspiring address to the more than 80 DCMS members and Naval Hospital physicians and guests who attended.

Supporting Residents & Fellows

The DCMS recognizes that our resident and fellow members have unique needs and, in 2018, continued its tradition of providing educational and social events for the more than 600 local residents and fellows who are members of the Society.

While young physicians are working hard learning to practice medicine, the most common request we hear is for education about what happens after residency. In April, the DCMS hosted the Life After Residency & Fellowship seminar with a focus on showing residents the best way to transition to life and practice when their training program ends. Topics included finding the right job, negotiating the perfect contract and managing student loan debt. This program is made possible through collaboration with the local hospital programs.

Each year, the DCMS also provides opportunities for residents and fellows to showcase their research through a poster presentation at the Future of Healthcare Conference. These young physicians presented on a variety of topics from treatment of diabetic macular edema to using the EHR as an education tool.

Of course, with daunting schedules and long hours at the office, residents and fellows also need time to have some fun! Beers with Peers events give trainees an opportunity to network with physicians from the other local hospitals while learning about the DCMS, our programs, and organized medicine. Three Beers with Peers events were held this year, including an outing to watch the Jacksonville Jumbo Shrimp.

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Helping Physicians Care for the Health of our Community

The mission statement of the Duval County Medical Society has and continues to be, “helping physicians care for the health of our community.” Whether it’s through education, advocacy, fellowship, volunteer opportunities, or wellness initiatives, we will continue to support our members each and every day. We know you have a lot on your plate as physicians: electronic medical records, governmental regulations, malpractice concerns, and lower reimbursements to name a few. No matter what you are going through, know that you can always turn to us at the Medical Society for help, advice, or even just a listening ear.
I practiced general internal medicine from June 1979 until November 2003. Immediately after training, I became an employed physician of an older internist covering my employer's patients and building my practice for two years before embarking on my own.

I saw 20 or more patients per day in addition to providing hospital care and visiting patients as they recovered in nursing homes. As managed care made its clout felt by kidnapping our patient's and trying to sell them back to us at 50 cents on the dollar, I helped form a 44 doctor multi-specialty group with its own lab, imaging center and after-hours walk-in center. The hope was that a large group might have some negotiating leverage with insurers allowing us to take more time with our patients for more reasonable fees. They laughed at us.

Three years later, my associate and I went to the bank, took out a big personal loan and started our concierge practice. We did this primarily to be comfortable providing excellent care to patients. The system was broken and no medical leader, insurer, employer or politician was going to fix the broken system.

Year after year as our patient's survived and grew older and more complicated, private insurers including CMS (Medicare) asked us to see them quicker, in shorter visits, but be more comprehensive. The insurers essentially wanted us to place a square peg in a round hole. Switching to a concierge practice meant I would be caring for a small group of patient's well at the cost of finding a new medical home for 2,200 existing patients. Switching to concierge medicine was our response to a broken system being pushed in a direction of more money and profits for administrators and insurers at the expense of patients and doctors.

In retrospect, I should have made this change five years sooner. The financial rewards are not very different – caring for a small patient panel that pay a membership fee as compared to an enormous panel of patients. The rewards to the patients' and the doctor for doing a job well done are priceless.

We increased our visit time to 45 minutes from 10 minutes. We set aside 90 minutes for new patient visits. We made a point of continuing to care for our hospitalized patients while all our colleagues were turning that over to hospital-employed physicians with no office practices. We provided same-day visits and access to the doctor 24 hours a day, seven days a week with accessibility by phone or email. We had the time to advocate for our patient's as they weaved their way through a bureaucratic mind-numbing health care system that made filling a prescription as difficult as the science of launching a rocket into space.

The results of the change are striking. There are very few emergency admissions to the hospital. Falls and trauma, which are mostly not preventable, replaced heart attacks, strokes and abdominal catastrophes as reasons for hospitalizations. There are many fewer hospitalizations. There are fewer crises because we learn about the problems immediately and see the patients quickly. If necessary, we help them get access to specialty services.

We have the time and staff now to battle with insurers and third-party administrators to get our patient's what they need to regain their health and independence. When they need specialty care we get them the best; the people we go to ourselves both locally and nationally. We send them equipped with all the information and questions they need to ask about their health problem.

Concierge medicine has additionally given us the time to teach future doctors. While this stewardship of the profession and launching of future physicians is immensely satisfying, it also makes us stay current and on top of the latest literature and advances.

I look forward to this coming celebration of my 15th year in concierge medicine. I see direct pay practices developing which deliver concierge services to the masses for lower fees. It is a spin-off of "boutique "medicine" or concierge lite" as my advisor calls it. It is an attempt by young physicians to reestablish the doctor-patient relationship and deliver care in a broken health system.

I am thankful to my patients, who took a chance and came on this journey with me. I look forward to caring for them for years to come.

Steven Reznick is an internal medicine physician and can be reached at Boca Raton Concierge Doctor.
I discovered my current job through my locum tenens work in Idaho. Traveling provides great exposure to a wide variety of practice styles and locations, along with some extraordinary patient stories. This is one of my favorites. As the new medical director of admissions for St. Luke's Rehabilitation Institute in Spokane, Washington, it is my job to review all patient referrals to our hospital. Imagine my astonishment when, while traveling to New Orleans, I received an email about a patient at Tulane Medical Center who was requesting admission to St. Luke's. This dear lady was from Spokane, but had fallen ill while visiting her family on the other side of the country, in Louisiana.

A Special Kind of “House” Call

I quickly discovered via Google Maps that she was in a hospital bed only three blocks from my hotel room. I called the case manager and nurse at Tulane and asked if it was OK for me to stop by the patient’s room for an interview. They were surprised to hear that a consult physician from Washington was going to meet their patient in person, but thought it would be fine.

When I arrived, the patient’s son greeted me. He was pacing the halls, worrying about how he was going to get his mom home. There was only one direct flight per week, and it was scheduled for the next day. He had booked the ticket on Southwest Airlines on a lark.

I explained that I was from St. Luke’s, the facility that he hoped would admit his mom for further care. He was dumbfounded. “What are you doing in New Orleans?” he asked. “I’m here on a business trip,” I said, “and I heard your mom needed rehab. I wanted to look in on her and make sure she’s ready to transfer home. I reviewed her chart and she seems to be a perfect candidate.”

He smiled and sutterted that he thought the case managers had just sent out the referral request a few hours prior. “How on earth did you get here so quickly?” he marveled. I explained that email and digital chart access make a big difference these days and reassured him that his mom would likely be able to catch her flight the next morning.

Making Connections in Louisiana

As I entered the patient’s room, I introduced myself as a doctor from St. Luke’s in Spokane, who had come to see if she was ready for admission. She looked at me with bright, quizzical eyes.

“I thought this was going to take weeks,” she said. “I was in such a state. I prayed that God would find a way to get me home just a few hours ago, and now you’re here. This must be divine intervention.”

I smiled and briefly examined her, noting a PICC line and Foley catheter. She wrote me a list of “must eats” in New Orleans and explained where I could find the best fried oysters and po’boy sandwiches. Her attending physician then came in, accompanied by a medical resident. The resident explained that I was here from the accepting facility in Washington state. “This never happens,” the attending stated, matter-of-factly.

“It’s a crazy coincidence. I am the admissions director, and I happened to be three blocks from here when I received an email about this patient,” I said. “I reviewed a copy of your medical records and believe she is an excellent rehab candidate. Because I was right around the corner, I figured I’d facilitate her transfer in person. It’d be great if we could leave her lines and tubes in for the trip. … I’d like to give you my card, in case you have other patients who need rehab in Spokane.”

The attending chuckled as she looked at my business card. “I’m not sure how many others we’ll be sending your way.” “You never know.”
An Exceptionally Happy Ending

The patient transferred to St. Luke’s the very next morning, arriving before I did. She made an excellent recovery, and after three weeks of hard work, she was able to stand and walk again.

She gave me permission to write about this amazing journey, and I had a hospital friend take a photo of us together on her final day at St. Luke’s, next to a full-scale replica of the same Southwest Airlines airplane in which she traveled to us from New Orleans. We use it in our gym to help patients with injuries and disabilities practice getting in and out of airplanes. Southwest Airlines donated it to us some time ago — yet another coincidence!

Stories like these make me glad to be a physician. I love knowing that I may be called upon at any time — wherever I am — to help people in extraordinary ways. And yes, I did gain about five pounds on my trip. What can I say? I simply had to take my patient’s advice on Cajun delicacies before I flew home!

About Dr. Val Jones, M.D. - Val Jones, M.D., is the President and CEO of Better Health, LLC, a medical blogging network, and a member of Barton’s Editorial Board. Dr. Val graduated from medical school at Columbia University College of Physicians and Surgeons, and is a part-time locum tenens physician. She is currently the Medical Director of Admissions for Saint Luke’s Rehabilitation Institute. For more from Dr. Val, check out GetBetterHealth.com.
Meet Jamie Seim, MBA, CFP®, Associate Vice President – Investments
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How Jamie Works with Physicians

Through tailored and timely financial and investment advice, Jamie works with individuals, families, businesses and institutions to help them grow, manage, preserve, and transition their wealth.

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Jamie’s approach to managing clients’ wealth is personal and holistic. He asks a lot of questions and listens intently, but he believes that one of his best traits is helping to manage the unpredictable moments in investment cycles that can lead investors astray and often brings about irrational behaviors – selling at market lows, buying the trendy stock, deviating from a plan, and overreacting to the latest news. It is easy for short-term actions to sabotage long-term results, but Jamie helps clients stay the course and remember the big picture – the sound investment plan that they developed together.

About Jamie Seim

Jamie was born and raised in Grand Island, Nebraska. He attended the University of Nebraska at Kearney on a golf scholarship. After two years, he transferred to the University of Arkansas at Little Rock, where he graduated with a Business Administration degree in Finance/Economics. He played professional golf for four years on the NGA/Hooters Tour, Moonlight and Buy, Com Tours. After golf, he managed four different multi-million-dollar businesses that provided high quality service to clients for five years. Most recently, Jamie attained a Master of Business Administration with concentrations in Accounting, Finance, Management and Leadership Development from Jacksonville University. He was honored with the “Most Outstanding Student” award in the Executive Masters of Business Administration department.

Similar to doctors and healthcare professionals, Jamie too has met rigorous education, examination, experience, and ethics requirements. He is a CERTIFIED FINANCIAL PLANNER™ Professional, one of the most recognized certifications in the financial services industry.

Jamie is an active member of the Jacksonville Regional Chamber of Commerce. He’s held several positions such as President of the All Councils Leadership Team 2014, 2015.

He supports and volunteers for many charities in the areas of cancer, education and the environment. He co-chaired and helped create the first ever All Council Community Involvement Project for the JAX Chamber in 2014. In 2012, he was recognized as the Volunteer Service Award winner by Wells Fargo. He’s currently a board member with Teach for America. In 2016, Jamie was featured among the Jacksonville Business Journal’s 40 under 40.

Jamie’s wife, Lynsey, is an internal medicine physician at Mayo clinic in Jacksonville Florida. She’s a graduate of the University of Florida and University of South Florida medical school. They have two daughters, Peyton (5) and Raegan (4).
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1. *Under $26 pick: Anker PowerCore Fusion*
   The Anker PowerCore Fusion doubles as a dual-USB wall charger and a battery pack. This little gadget is my favorite travel accessory. It combines a dual-USB charger with a built-in 5000mAh battery. Perfect for juicing up your gadgets whether you're near an AC outlet, cruising at 35,000 feet or anywhere in between.

2. *Under $50 pick: Amazon Echo Dot (3rd generation)*
   Updated for 2018, the latest iteration of the Echo Dot is still the most affordable on-ramp to an Alexa-powered smart home -- but it looks and sounds better than ever.

3. *Under $75 pick: Roku Streaming Stick Plus*
   This 2017 video streamer remains our top pick in the category, with every (non-Apple) channel under the sun, excellent 4K and HDR video quality and a wireless remote that controls your TV's power and volume, too -- all for just $60.

4. *Under $100 pick: Amazon Fire HD 8*
   The 2018 version of the Fire HD 8 tablet adds a better front selfie camera and hands-free Alexa support. Otherwise, it's pretty much the same 8-inch tablet as before -- which is to say, an amazing value for just $80 (and often cheaper during Amazon holiday sales). Oh, and there's a Kids Edition too, with 32GB of storage, a protective case, a two-year free replacement policy and one year of FreeTime Unlimited (free kid-friendly content) for a bit more.

5. *Under $250 pick: Google Home Hub*
   New for 2018, Google's $150 smart display looks like a 7-inch tablet glued to a smart speaker. But it's got the fantastic Google Assistant built-in, doubles as a YouTube viewer and lacks a camera -- which is great, because it means you can have it in your bedroom without being creeped out.

6. *Under $500 pick: Sony WH-1000XM3 Headphones*
   Third time's the charm for Sony: The venerable Japanese brand has finally beaten Bose at its own game. The new-for-2018 Sony WH-1000XM3 lay claim to the crown of best overall noise-canceling headphones, thanks to superior comfort, excellent battery life and amazing sound quality.
For many reasons, 2018 has become another record-breaking year for donations to donor-advised funds (DAFs). Donations for the first three-quarters of the year have increased 184% to American Endowment Foundation (AEF) DAFs. Gifts to the many newly-established DAF accounts and additional gifts to already-established accounts are up significantly. This trend is accelerating as year-end approaches and also perhaps because of the recent market volatility. To get the thoughts of leading wealth advisors and firms, I reached out to some members of AEF’s council of advisors so they could share their insights about what they are seeing and what they are recommending to clients.

Greg Singer, head of the client solutions group at Los Angeles-based Capital Group Private Client Services, told me the following:

We are telling clients that year-end 2018 is a good time to accelerate charitable gifting. In year 10 of a bull market, many clients have highly appreciated, low-cost securities that are at expensive prices. We will want to trim some of these holdings in January to manage downside risk (we tend to defer taking gains until the next tax year while we harvest losses at year end). So, gifting now will accelerate a 2018 income tax deduction and reduce 2019 capital gains. Furthermore, under the new tax law many clients will no longer be able to itemize deductions. Thus it can be better to load charitable gifting into one year and break through the itemization threshold rather than giving consistent annual amounts that leave you under the mark.

Rebekah Kohmescher, CEO of Chicago-based Altair Advisers, LLC, added the following:

We have definitely seen an increase in clients using or being open to DAFs in the last couple of years. At this point in the market cycle, where unrealized gains are prevalent in client portfolios from a multi-year bull market, we are helping clients think about how to perhaps pre-fund three or more years of charitable gifts through the donation of appreciated securities to DAFs or the end charities themselves. We help review a portfolio for securities, which are good candidates for donation – where the gains are material. We then help them rebalance their portfolio around the donated stock with its basis at today’s prices. It is an easy way to help those in the highest tax brackets be more thoughtful about their income tax and charitable planning. In addition – and this isn’t different this year – the amount of those who have had a business transition or liquidity event has increased, again given the current economic client. In a big-income year, we also tend to advise clients who are charitably inclined to pre-fund their donations to help offset some of the burden.

Lastly, Gavin Morrissey a managing partner at Massachusetts-based FSA Wealth Management, told me the following:

We are telling clients that if they consider charitable donations as part of their annual budget they should consider front-loading the donations through their DAF. Strong equity markets have created plenty of opportunity to use highly appreciated stock to fund or replenish the DAF. The current tax law has doubled the standard deduction, so there are clients who no longer will itemize their deductions. However, the front-loading of the DAF can ensure that they can itemize in 2018 (assuming the charitable donation combined with other deductions exceed the standard deduction).

Other advisors have shared additional thoughts about why DAFs are especially popular among clients now:

1. They want to support their favorite charities, but want to make grants to them over time instead of all at once;
2. There is concern about direction of markets, so they make the donation to DAF now while asset value is high;
3. Many are approaching retirement so want to pre-fund giving now while income is very high instead of funding during retirement when income is lower; and
4. Some have successful businesses and want to set aside money for a consistent level of charitable giving in the future should their business have down year(s).

Fortunately, since the 2017 Tax Cuts and Jobs Act passed late last year, many advisors have already had these conversations with clients earlier this year. But it is not too late to start or finish these discussions and to implement the plan so that clients, advisors and charitable recipients can avoid the typical December frenzy.

Ken Nopar is the senior philanthropic advisor for the American Endowment Foundation, the country’s leading independent donor-advised fund since 1993 with over $2.5 billion in assets. AEF works with donors and their wealth, legal and tax advisors in all 50 states.
Why Physicians are Attracted to Real Estate Investments

The grass is always greener on the other side. Humans are like that. For reasons that we can never consistently define, any situation other than the one that we are in has potential to be better. I guess we just like to compare ourselves to others and assume that there is a better life over the horizon. That doctors wish to get themselves in a better situation is nothing new. This mentality involving our own financial situation is painstakingly prevalent in the hospital, especially for those feeling the squeeze of healthcare’s devolution.

Everyone likes to hear about the next great investment, especially the one that brings in foolproof cash flow. In the spirit of jesting our colleagues, conversations involving some amazing breakthrough are almost always initiated by anesthesia, both in the operating room and in the doctor’s lounge. We love blaming anesthesia for everything, especially if there is any inkling that they had the foresight to pick a more lucrative and lifestyle friendly career than everyone else.

Many of these anecdotes involve real estate investments, whether involving secondary rental income, medical spas, pain centers, crowdfunded commercial properties, or even car dealerships. Frankly, it all sounds good. You wire over a chunk of cash somewhere, and every quarter your bank account enjoys a nice infusion of positive numbers.

Real estate can be a great investment modality

If real estate investing weren’t lucrative, the ultra-rich barons who pay 8% effective income tax wouldn’t exist. One of the advantages of property investments, in general, is that you can leverage some serious funds compared to your initial bankroll, sort of like buying Microsoft stock twenty years ago borrowing simultaneously from a loan shark and on margin. With adequate insight, homework, and a little luck, one can piece together some decent returns and cash flow from real estate to keep your living expenses afloat. Passive Income, MD has done just that—he has the remarkable ability to leverage his interest and expertise in activities that generate income.

There is clearly a psychological appeal of owning a physical entity, whether it is a building or simply a parking lot. For some people, having this entity generate cash flow produces a meaningful association that rings income. If we are employed by a hospital, our income arrives as a paycheck at set intervals. We do the work during a time interval, and are compensated for our time. There is a clear relationship between work and compensation. Investments through the stock market, on the other hand, mostly generate potential income through appreciation. There are certainly dividends that are distributed, but the bulk of growth comes through appreciation of the stock. Unless you decide to sell the investment, all of your profits remain theoretical. Not so with owning something physical.
If you own a medical office, you can collect rent from your tenants in addition to appreciation of the property. If structured properly, you can truly have an income stream that can replace your day job and allow you to receive the big payout when you do decide sell the property or leave it to your heirs. Real estate can be a great way to lose a lot of money.

Remember that just because there are doctors who have struck pay dirt in the real estate world doesn't mean that you will. The 280 score on your USMLE Step 1 only translates to a high level of clinical synthesis. You still have to put in the time to succeed. Sometimes success involves luck. I have known physicians who extensively researched and purchased land intended to be divided up into residential subdivisions, only to find that urban development decided to expand in the opposite direction. I have known physicians who haphazardly purchased run-down homes thirty years ago in the most undesirable neighborhoods in New York, contribute nothing to improve the properties, and still see the values more than double!

With the rising popularity of crowdfunding, we are now faced with opportunities to shine or to fall flat on our face. The good news is that many of the crowdfunding companies have distilled the data down to concise presentations and prospectuses—review the projections, decide if that is worth it for you, and wire the money over and relax!

Different strokes for different folks
If you compare the rate of real estate appreciation to the stock market using the rule of 72, the real estate investment will never win. For instance, one would expect a stock market investment to double in nine years if the market grew by 8% a year. Good luck finding a home that will double in value in the same amount of time! The value in real estate in this situation is that you can leverage a bigger investment than what you can likely pay for outright in cash, generate income flow, and potentially have certain tax advantages. Don't forget that there is plenty of homework to do throughout the entire process.

The next time your anesthesia team brags about their next great extracurricular financial venture, don't discount their success. Chances are that they have actually done their homework. You just have to decide whether taking the leap into their ancillary ventures will work for you.

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