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Professional Brand Communications
A Conversation with Colin Mead and Cindi Roth, Owners of Absent Answer

Colin Mead and Cindi Roth are husband and wife as well as partners in their business, Absent Answer. They gave us a look inside their business which serves many doctors and healthcare businesses here on the First Coast.

How did you get into the business?
Prior to 1985 answering services were limited to only clients tied to their own central office, then in June of that year Southern Bell began offering call forwarding opening an answering service's client base to anyone either local, long distance or toll free. I had previously done some work at AT&T during the divestiture and was working on my MBA when a neighbor said the local cord board service was closing. We bought a small switch, hired a few experienced operators and hung the Absent Answer sign on A1A. We still have some of those original clients.

How are you different from other businesses in your field?
We are the oldest most experienced service is Jacksonville. Most of our agents have been with us for more than five years, some over twenty. Our people know our clients well and are backed up by state of the art equipment to serve their specific and ever-changing needs.

What are the misconceptions that doctors and others in the healthcare industry might have about what your business offers?
We are no longer "just the answering service." Absent Answer is an integral part of their practice.

We do not miss calls during Hurricanes. Our servers are Co-located in a secure facility. When disaster happens we move our agents, their families and pets to safe hotels near the server facility where the conference room becomes an Absent Answer office.

How can your clients use your business to improve their own business?
In addition to overflow, all day and after hours answering. We offer secure messaging to all devices as well as email or fax logs of daily activity. We also keep voice logs.

Many of our clients utilize our appointment setting services which includes cancelling, changing and refilling appointments. We also can provide appointment reminder calls for a practice. This service increases revenue by keeping the schedules full. It also allows our clients staff more time to devote to the patient standing in front of them.

We offer secure messaging to all devices as well as email or fax logs of daily activity. We also keep voice logs. Our center and all agents are HIPAA compliant.

How has the business evolved while you have owned it?
Well we started from scratch with a switch and a couple of operators. Now we own our offices and have many servers co-located at an offsite premier facility.

With communications and technology changing so much what have you done to keep pace and how do you see your business evolving in the future?
Twice a year we attend tech communication seminars put on by call center and answering service vendors. We also are part of a large network of the brightest minds in the Industry. I am Past President of STA, Southern Telemessaging Association. We are also members of Cam-X Canadian Call Management Association, NAEO National Amtelco Equipment Owners and ATSI Association of Teleservices International.

How do you split your responsibilities in running the business?
Kristie Devinney runs the operations room, she does the lion's share handling the clients and agents. Colin is our technology expert and also handles billing inquiries. I, Cindi, oversee all, do accounts receivable and payable accounts.

What is life like for you away from your business?
Colin is a glider pilot and Captain of the US team competing in the World Championships in Ostrow, Poland this summer. I breed and show American Quarter Horses. The internet has made it very easy to take our jobs with us no matter where in the world we go.
Life After Death: Doctor ‘saw cauldron of HELL and heard screams of the DAMNED’

By ROSS LOGAN

Dr Rajiv Parti is now a spiritual healer

AS a man of science Dr Rajiv Parti was used to dismissing the fanciful claims of patients – until he underwent life-or-death surgery and saw the burning cauldron of Hell with his own eyes.

The former chief anesthetist at Bakersfield Heart Hospital in California, gave a harrowing first person account of his out-of-body experience as he went under the knife.

And the ordeal convinced him to leave conventional medicine and sell off his luxury possessions, including his mansion and fleet of supercars, in order to lead a simpler, more virtuous life.

As he felt himself leave his anaesthetized body he said: “I was now seriously frightened. What was going on? Would my untethered consciousness ever get back into my body — or was I destined to roam through eternity as a spirit?

“I flew up to the ceiling as the medics operated.
“Was I dead? I felt like an astronaut who’d left his spacesuit, only to find that a suit was unnecessary to begin with. With rising panic, I looked back and forth at the two scenes — until both started to fade like a fast-setting sun. Everything went dark. I was relieved: I’m returning to my body, I thought.

“Then came a jolt of pure fear. To my right, I heard screams of pain and anguish. I was drawn in, as if on a moving pavement, to the edge of a flaming canyon. Smoke filled my nostrils, and with it the sickening odor of burning flesh. I knew then that I was on the lip of hell.

“I tried to turn away, but each time I took a step back, an unseen force moved me forward. A voice spoke to me telepathically. ‘You have led a materialistic and selfish life;’ it said. I knew that was true, and felt ashamed. Over the years, I’d lost empathy for my patients.”

In his new book Dr Parti described how he was diagnosed with prostate cancer in 2008, with the subsequent operation to remove the tumor going wrong.

Two weeks after a fifth, failed operation to correct scar tissue in 2010, the then 51-year-old fell ill at home, and instantly recognized his own symptoms - he was going into septic shock and would die unless he was treated immediately.

After being rushed into the operating theatre, Dr Parti claims to remember the moment he was put under anesthetic - a procedure he himself had carried out on thousands of patients.

Until that moment, he had given little consideration to people who had claimed to have left their body and witnessed their own surgery - even though sometimes they could recount specific moments that occurred while they were meant to be deep asleep.

But now, as surgeons worked to save his life, Dr Parti said he felt himself “zooming up” to the ceiling and looking down at the doctors carrying out his procedure.

He said he overheard his own anesthesiologist tell an “off-color” joke and saw his mother and sister at home in India discussing what to have for dinner.
He was dragged towards a “flaming canyon” amid screams of “pain and anguish,” he said.

A former doctor has claimed he changed his life after seeing hell while undergoing surgery.

He wrote: “I knew I was on the lip of hell.”

Dr Parti said he heard a voice admonishing him for leading a “selfish and materialistic life” after losing empathy for his patients. He was reminded of a time when he dismissed a crying woman from his office who was distressed about her husband’s terminal cancer.

“As the smoke billowed and the burning souls screamed around me, I thought of my possessions and how meaningless they were,” he claimed.

“Why did I have all these things? Why did I need a home so big that, when we were in different parts of the house, we had to communicate through our iPhones?”

A desperate Dr Parti then prayed to God for a second chance as he felt himself being dragged towards damnation.

But it seems his prayers were answered when a figure - who Dr Parti recognized instantly as his late father - grabbed him by the hand and pulled him away from the fiery vortex.

For the first time his dad, who Dr Parti described as “cruel” and despotic” in life, held him affectionately and delivered a message that changed the course of his salvaged existence: “Simple love is the most important thing in the universe.”

After then seeing a vision of his late grandfather, Dr Parti’s unlikely spiritual awakening continued when he was visited by the archangels Michael and Raphael.

They carried him up to “a landscape of clear light” where he was embraced by an astral being which told the former medical practitioner he was destined to be “a healer of souls”.

After waking up back in his body in the hospital, Dr Parti told his skeptical anesthetist about his experience - and was predictably ignored, just as he had done so many times before.

Now the reformed Dr Parti has published a book about his rebirth, Dying To Wake Up.

He now works as a spiritual healer and has renounced his former selfish ways.

“The divine Light Being’s instructions were very vivid in my mind,” he says on his website.

“I needed to follow my Dharma and help people with diseases of the soul.”
The United States is a huge country with more beautiful, interesting, and exciting places than you could ever count -- but it tends to be the same ones you hear about again and again. Lucky for us, we've got friends all over the country who can tell us about some of the lesser-known spots where we can guarantee you'll have a great time -- but without the crowds and the fuss of other splashier places.

Camden, Maine
Forget about Kennebunk, where the Bush family makes its summer home, and keep driving north, just two more hours, and you'll encounter the bucolic, Atlantic oceanside town of Camden. With fewer tourists than Kennebunk but equal oodles of New England charm -- plus a surprisingly robust dining scene -- Camden is the savvy choice for those in the know. Among Camden's more famous residents are authors Richard Russo and David McCullough, and let's just say we admire their taste far more than the Bushies.

Must do: The key is to divide your time between recreation and indulgence. To earn the latter, hike up Mt. Battie, which earns you panoramic views of both Penobscot Bay and Camden Harbor (just be advised that this is no easy-peasy traipe). Lazier sorts can hitch an off-season chairlift ride at Camden Snow Bowl for similar vistas. To cool down, you can brave the ocean temps at Laite Memorial Beach or do the freshwater thing at Megunticook Lake. After that, it's all about the food: restaurants like Long Grain, Hatchet Mountain Pub-luck House, and the James Beard-winning Primo, just south of the town, have burnished Camden's reputation as an event dining destination. Of course, no Maine voyage is complete without a lobster pound visit, and Camden's entry is quintessential: Miller's Lobster Co. lets you pick your steamed beaut by weight and then eat at a picnic table overlooking the water.

Bellaire, Michigan
There are hundreds of idyllic lake towns in Michigan (suck it, Minnesota), but Bellaire's in a magical sweet spot, offering the best of every kind of Michigan summer experience. You want Rockwellian main street? Bellaire's got a strollable Downtown that hits every beat, from the one-screen movie house to cute little restaurants to mom & pop shops. Want great lakes? It's a short drive to the Grand Traverse Bay, right across the water from vacation mainstay Traverse City, with secluded sandy beaches rocking some of the best sunsets you'll ever see. Like your lakes not so great? Bellaire's part of a chain of interconnected small lakes, all perfect for tubing and pontooning (and that have their own great little lake towns). Or do you want to just chill out on a dock in a cabin? The rental possibilities are endless. This is the pinnacle of a lazy man's destination -- a small town that makes you feel right at home and, if you're feeling ambitious, is just a short drive away from other places where you can plop down and be lazy. The difference? The tourists-to-townie ratio is refreshingly even.

Must do: Drinking a fantastic beer and catching a show at the rustic Short's Brewery, one of the top destination breweries in America. Bonus points? Growlers and pontoons pair perfectly.

Louisville, Kentucky
Louisville is Kentuckys's (comparatively) liberal metropolis, an island of blue in a sea of rifle-toting red. In recent years Louisville's dining scene has undergone a roaring renaissance: if you're a taste-bud tourist you'll find plenty of exciting restaurants to excite your palate. For starters: sample the smoked meat of the gods in the converted basement that is Hammerheads. Chow down on giant rainbow-colored sushi rolls at Oishii Sushi. Try all the tapas at Artesano. Allow the artistry of Bistro 1860 to forever ruin you for other restaurants. Repent your sins at the Holy Grale (in a renovated church) and allow your sweet tooth to drag you back into sin at The Comfy Cow. For those who prefer to drink their dinner, Louisville's bars deliver incredible craft cocktails (Meta, Butchertown Grocery) and the bars in Louisville are open until 4am. That's right: the bars in Louisville are open until 4am. Louisville is also within easy driving distance of some of the greatest bourbon distilleries on earth, for the whisky wanderer in you.

Must do: If you're into learning something new, visit Louisville Slugger, or the newly renovated Speed Art Museum and Kentucky Museum of Art and Craft. And Churchill Downs holds many more races than the notorious Kentucky Derby, so if racing season's on bet on the ponies at least once under the Twin Spires. -- Elizabeth Myers, Thrillist contributor

Alexandria Bay and Thousand Islands, New York
Alexandria Bay is at the center of the Thousand Islands, a network of almost 2,000 real-life islands along the St. Lawrence River separating New York from Canada. The town balloons from a couple of thousand in the winters to tens of thousands in the summer -- which feels like a lot when they're all partying along a two-block downtown strip. Everything in Alex Bay revolves around the the water (including 15 insanely beautiful inland lakes) -- so there's tons of kayaking, jet-skiing, scuba diving, boating, swimming, and booze-cruising. You can even rent your own pontoon boat for the day or weekend.
“Hey, man, I’ve been getting destroyed all night running four ORs and haven’t eaten. I am going to eat dinner before I get out of here. If anything emergent comes up, I can help out. Just let me know.”

As I wash my hands right after I hang up the phone, the overhead call comes out: “Attention. Your attention, please. A Level 1 trauma code has been activated in the adult emergency department.” It was a gunshot wound to the right chest. I rinse my hands off, and head down to the ED. Just another night in a doctor’s life.

Ready. Rinse. Repeat.

Ready. The patient arrives.
The patient sounded like they were in a bad place before they even got to the ED. Massive transfusion protocol in place. The patient arrived as unstable as they sounded. They were already intubated and on pressors. Bags of blood hanging as part of the multiple transfusions received. The patient had obvious neurologic and vascular injuries.

After a quick workup, it was determined that the patient was coming to the operating room for an attempt at emergent operative intervention.

Unfortunately, the injuries were devastating. Our resuscitation couldn’t keep up with the injuries he sustained despite a cross-clamped aorta and our massive transfusion through large-bore venous access.

After realizing that we had already lost the battle, we stopped. The patient died on the table.

The family
I hate these situations. I always like to talk to the family after a bad event happens in the OR. It’s probably helpful to them to see the people who helped try to save their family member.

And, God knows, it is helpful to me in processing these events. After staying two hours later than my shift should have ended to care for this patient, the family still was not present. He had been transferred to us. Wanting to talk to the family, but not knowing when (or if) they would arrive, I headed home. It was well after midnight by this point.

I obviously cannot go into specifics on this patient’s case, but it never ceases to be any less devastating. No matter how many patients we lose.

I lost several in training, and this was my first as an attending physician. Though there was little I could do, and the deck was stacked against my team, it hurts none the less.

I just hope and pray that the family is OK and will make it through this.

I want to rinse this bad night off
As we wrapped things up in the OR, I looked my residents in the eyes and asked if they were okay, and asked if they needed to talk. As with any debrief, we talked about what happened. We discussed if there was anything we could have done better. We all agreed that the outcome would have been the same regardless of what we did.

As I leave, still having not eaten dinner, I drive home with the windows down. Its 40 degrees outside. I just need to feel the air in my face while I think. It had been a busy night. The short drive at this time of night isn’t long enough to process it all.

I arrive home to find my front door is not only locked, but so is the storm glass door (to prevent my 19-month-old from running out the door, I am sure). The key for the storm door is different, and I don’t have one. I call my wife multiple times. No answer. Finally, I check the inside garage door. It’s fortunately unlocked, and I walk inside.

I brush my teeth. Get in bed. Lay there for an hour trying to fall asleep while thinking about what happened. It’s now 1:30 a.m. With my eyes closed and my heart heavy, sleep finally comes.

The next morning
I wake up the next day to the morning hustle and bustle of helping my wife get our three kids out the door.

After my family leaves, the quiet sets in again. And, I realize that I get to do this whole thing called being a doctor over again tonight. I often feel like an imposter being a doctor, but it really is a privilege and an honor. It’s also really hard sometimes.

Ready. Rinse. Repeat.

“The Physician Philosopher” is an anesthesiologist who blogs at his self-titled site, The Physician Philosopher.
Setting up your smart home is easier than ever, but choosing which smart home system to unify your devices and get them talking together is a huge factor. A couple of years ago you’d have had to be pretty tech savvy, or use apps like IF-TTT, to get your connected kit talking to each other – but nowadays the big boys are making life easier.

Apple, Google, Nest and Amazon are all major players in the smart home arena now, with their ecosystems and smart assistants on hand to not only make controlling your connected tech easier, but to make home automation a doddle. Then there’s the likes of Samsung SmartThings, Wink, Zigbee and Honeywell, who also do their best to make setting up your smart home system a doddle.

The good news is you don’t really need to choose a smart home system and stick with it. This isn’t iOS versus Android, or PC versus Mac, all over again – you’ll find smart home kit that works with multiple ecosystems and you’ll even find native devices from one major platform that sync up and plays nicely with rival systems.

Confused? You needn’t be – you just need to look out for the ‘Works with…’ sticker on the box of the smart home tech you’re splashing the cash on to see if it will slot into your existing home setup.

And, if you’re starting from scratch – or thinking of jumping platforms – read on for our guide to the biggest and best smart home ecosystems.

**Amazon Alexa**
Alexa arrived on the original Echo smart speaker and has spread her wings to numerous speakers and devices since, and not just Amazon branded ones either. Sure, you’ll get the best Alexa experience if you use a native Echo speaker, but Alexa is popping up across multiple brands now – including on major players like Sonos.

The premise of Alexa is pretty simple: you ask her questions or command her to control the devices in your home and she’ll try and get you the information you need, or talk to the connected devices.

There are two types of Alexa device – smart speakers and devices with Alexa built right in, and devices that simply work with Alexa, which usually means they can be controlled using your voice. It’s an important distinction. For the latter, look for products marked with the ‘Works with Amazon Alexa’ tag.

Amazon’s assistant uses Skills – essentially apps built for the system. For example, using the TuneIn radio skill, Alexa can play your favorite station, the BBC News skill can read you the headlines and by using the Spotify skill you can select your favorite tracks.

The smart home side of Alexa is where you’ll see compatible devices Alexa has discovered on your home network. Adding new connected kit is a much more straightforward process than with Apple’s HomeKit – you simply tap ‘Add Device’ from the Alexa app and, if a new device on the same Wi-Fi network is found, it will add it to the list – you can also just ask Alexa to discover new devices. The range of kit that works with Amazon’s platform is staggering and is growing by the day.

You can also create groups of devices: all your downstairs lights, for example, making it easier to turn everything on and off with a single command. And the new Routines function acts like HomeKit’s Scenes feature, whereby you can automate actions across multiple devices.
HomeKit is a software framework that is baked into iOS, and the idea is simple – instead of having a bunch of different smart home apps on your smartphone that don't necessarily sync with one another, HomeKit brings them all together, offering control front and centre on your devices, as well as via Siri. Well, the Home app on your iPhone or iPad does. There are, in fact, two elements to Apple HomeKit. HomeKit itself is a standard, a background software technology that devices need to comply with to get access to the club (it's super secure, Apple takes encryption very seriously). The element of HomeKit that you'll see on your iOS device is called Apple Home.

Home interacts with your 'Works with HomeKit' devices in three main ways. 'Home' lists all your smart home devices, with your selected favorites up top; 'Rooms' groups devices in locations around your house; and 'Automation' allows you to automate smart home behaviors. For example, you can have the lights turned off, the alarm set and the heating turned down when you leave home.

These automations can be grouped together into 'Scenes'. The scenario mentioned above could be called Away, for example, or you could have a 'Game Time' scene that turns off the main lights, switches the mood lighting on and gets your Xbox fired up (using a smart plug). These scenes can be activated from your iPhone or iPad's Control Center or by using Siri.

Obviously Apple has Siri built into the iPhone, Mac, Apple Watch, Apple TV and the HomePod speaker as well, meaning a Siri device is never far away. HomePod, in particular, really helps to put Apple's platform on a par with Google and Amazon's voice-based setups.

Pairing compatible devices to Apple's smart home platform isn't the easiest – there's some faffing to be done with scanning codes using an iPhone – but HomeKit has definitely come on leaps and bounds in the last few months and it's clear that the home (and the Home app) is far more than a side project from the Cupertino tech giant.

The selection of devices that works with HomeKit isn't as comprehensive as the others in this feature, but quality kit is being added to the list all the time.

Google's answer to Alexa landed with the Google Home speakers in 2017 and, like Amazon's market leader, is expanding beyond devices built in-house. There are three Google Home speakers powered by Assistant on sale now: regular, Mini and Max, and we've also seen speakers from the likes of JBL, LG, Sony, Panasonic and Mobvoi announced.

Like Alexa, there are two types of Google Assistant devices – those with the Assistant built right in and those that can be commanded by it.

Based on the same Google Assistant you'll found built into your Android smartphone or your Android Wear smartwatch, you can control your music as well as get news and weather on the Home speakers; control other smart home gadgets and appliances, set timers and reminders and even take calls. You can link the speakers for multi-room audio and set up as many as six different users on one Home, for personalized calendars and music playlists.

Google Assistant is configured in the Google Home app, with features generally split into two groups: AI butler and smart home controls.

On the butler side of things you can ask Google Assistant all sorts of questions and get it to complete various tasks just by talking to it. You can set up a My Day program of news, weather, traffic and calendar updates that the Assistant reads out when you ask, for instance, “Hey Google, what's my schedule looking like?”, plus you can ask for info on commute times, flight info, weather forecasts, upcoming events, info on sports teams, unit conversions, short translations, dictionary entries and well, plain old facts.

Google Home Actions are how Google Assistant is able to interact with existing apps. They are the equivalent of Alexa's Skills and can make it more useful when it comes to reference, productivity and getting things done with voice controls.

Your Google Assistant is also a control hub for smart home gadgets – you can set up devices by going to 'Home Control' and selecting the brand/device. It's all pretty simple, and there's no scanning nonsense as with HomeKit. Depending on the tech, you can do things like turn gadgets on and off, change settings and set up routines.

You can see a selection of Google Home compatible devices here, including top smart thermostats, security cameras, lights, plugs, locks and more. Some have Assistant controls built-in, others are existing speakers which require the Chromecast Audio add-on.
Google actually has two players in this game. Nest Labs, owned by Alphabet (Google's parent company), has its own system – Works with Nest – that makes it easy to connect smart home kit to the ever-expanding range of Nest products. Nest devices themselves also sync up nicely with both Alexa and Google Assistant – a perfect example of that smart home ecosystem crossover we mentioned earlier.

The ‘Works with Nest’ badge is a seal of approval that Nest gives to other smart home brands to indicate that their kit is easily compatible Nest products, without the need for third-party apps or skills from the likes of Alexa, Google, IFTTT or HomeKit.

Nest of course plays nicely with all of those platforms (except HomeKit), but what the Works With Nest platform means is that you don't need to get additional software or hardware to connect up different sets of connected tech.

What that means for your smart home is dependent on the Works with Nest device you select. For example, Philips Hue will talk with pretty much all the Nest kit – red lights when there is an alarm, flashing lights for a ringing doorbell, blinking blue lights when you get an email, that sort of thing. Other Works with Nest kit is a lot more limited – the Almond router just gives you an additional way to control your Thermostat, for example.

The best of the rest
The smart home systems listed above are the ones that you're most likely to encounter as you seek out kit for your connected abode, but they are by no means the only players. Many companies have realized that people want simplicity when it comes to syncing up their smart homes and, as such, there's an ever-expanding range of software and hardware options for your consideration. Such as...

Samsung SmartThings
Samsung SmartThings is an intriguing little platform. In 2017 the Korean tech giant released its new hub, Samsung Connect Home, and also launched a revamped Connect Home app to help you manage all your devices and easily set up new ones. It also acts as a mesh Wi-Fi system, and up to five Connect Home hubs can be placed around one home.

The SmartThings Hub has radios for both Zigbee and Z-Wave and creates a wireless network to connect and communicate with all your smart home gadgetry. There are Samsung devices on sale but the platform is also open to other brands too.

Wink
The Wink Hub might not seem sexy or futuristic but it's got the right idea when it comes to the invisible in-home communications you need to achieve any power nerd dreams.

With Alexa, Assistant and HomeKit compatibility expanding, you'll find that most of the extra devices you want to buy will be onboard with these main platforms but with something like Wink, you don't need to worry about choosing whether to live in an Apple, Google or Amazon home. The Wink Hub supports more smart home protocols than any other hub on the market: Bluetooth LE, Kidde, Lutron ClearConnect, Wi-Fi, Z-Wave and Zigbee.

IFTTT
Alexa, Nest, Homekit and Google Assistant are upping the home automation game but IFTTT has been kicking ass and taking names in the space for years, with its Applets (previously called IFTTT recipes). IFTTT allows various platforms and gadgets to trigger responses in one another that otherwise wouldn't be possible.

Many of the best IFTTT recipes are helpful workarounds for ways of using kit that haven't quite patched as out-of-the-box just yet and even the big platforms above make use of IFTTT to fill some of the gaps.

Logitech
As well as having its own devices in the smart home game, Logitech also has a few devices that specialise in making the rest of your tech more autonomous.

Its Harmony remote controls have been smartening up homes for years now, with more integrations being added all the time. And the Pop Home Switch jumps onboard your smart home's Wi-Fi and scans for compatible devices it can control, working with the likes of Lix, Phillips Hue, Lutron, Insteon and Samsung SmartThings, and it can also can pair up with a Logitech Harmony Remote hub for extra controls such as TV power, and Netflix and Sonos playback.

Stringify
With more strings to its bow than IFTTT, Stringify allows for extra functionalities and freedoms than its better-known rival.

With Stringify you set up a trigger from a 'Thing' – the initial action that kicks it all off – and then assign Thing actions to follow after in the Flow. These Flows can include multiple parameters to trigger an action or have multiple actions triggered. This is particularly useful if you want to string together a bunch of connected tech platforms and then add extra dimensions such as time periods to the mix.
"A very simple and easy marinade that makes your shrimp so yummy you don't even need cocktail sauce! Don't let the cayenne pepper scare you, you don't even taste it. My 2 and 4 year-olds love it and eat more shrimp than their parents! It is also a big hit with company, and easy to prepare. I make this with frozen or fresh shrimp and use my indoor electric grill if the weather is not good for outside grilling. Try it with a salad, baked potato, and garlic bread. You will not be disappointed!!"

**Ingredients**
- 3 cloves garlic, minced
- 1/3 cup olive oil
- 1/4 cup tomato sauce
- 2 tablespoons red wine vinegar
- 2 tablespoons chopped fresh basil
- 1/2 teaspoon salt
- 1/4 teaspoon cayenne pepper
- 2 pounds fresh shrimp, peeled and deveined skewers

**Directions**
1. In a large bowl, stir together the garlic, olive oil, tomato sauce, and red wine vinegar. Season with basil, salt, and cayenne pepper. Add shrimp to the bowl and stir until evenly coated. Cover, and refrigerate for 30 minutes to 1 hour, stirring once or twice.
2. Preheat grill for medium heat. Thread shrimp onto skewers, piercing once near the tail and once near the head. Discard marinade.
3. Lightly oil grill grate. Cook shrimp on preheated grill for 2 to 3 minutes per side, or until opaque.

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**Marinated Grilled Shrimp Paired With an Australian Chardonnay**

*Courtesy of www.allrecipes.com*

2. Preheat grill for medium heat. Thread shrimp onto skewers, piercing once near the tail and once near the head. Discard marinade.
3. Lightly oil grill grate. Cook shrimp on preheated grill for 2 to 3 minutes per side, or until opaque.

**Eileen Hardy Chardonnay 2013**

$ 25.99, Waitrose Cellar

From one of Australia's biggest wine producers comes the cream of the crop. Only the best grapes of that year are picked for this Chardonnay named in honor of the family concern's grand matriarch. It's deep yellow in color with a green hue and lashings of nectarine and peach flavors balanced by a hint of lemon and a mineral flintiness.
Gun violence and the opioid epidemic are critical topics that impact healthcare and delivery of care in Northeast Florida. The Duval County Medical Society (DCMS) Foundation’s 2018 Future of Healthcare Conference not only addressed these issues, but also looked at solutions to improve them throughout the community.

Hundreds of healthcare providers, community leaders, local legislators, and representatives from local non-profit organizations gathered at the Prime Osborn Convention Center for the two-day Conference focused on improving healthcare in Northeast Florida.

On Monday evening, May 21, DCMS Foundation President and Conference Chairman Dr. Sunil Joshi welcomed participants and shared some history about how the Conference first came to be.

There are many reasons why Jacksonville and Northeast Florida are great places to live and work: amazing weather, clean beaches, a growing art scene, and a diverse population, Dr. Joshi shared. However, he noted that there also remains a “great divide in Jacksonville.”

“There are many issues related to socio-economic status, education, access to healthcare, health insurance, and unemployment that contribute to the health of a region,” he explained.

When the DCMS Foundation Conference first created the Future of Healthcare Conference in 2017, Duval County was ranked as 55th of 67 Florida Counties in terms of overall health by the Robert Wood Johnson Foundation. In just one year, the county has risen 13 spots to 42nd.

To make these significant healthcare improvements takes effort from more than just healthcare providers. That’s why the Future of Healthcare Conference brings together community members from all fields and walks of life.

Registered participants at the 2018 Conference were from Baptist Health, Mayo Clinic, UF Health, Memorial Hospital, St. Vincent’s HealthCare, the Florida Department of Health in Duval and Nassau Counties, Visit Jacksonville, University of North Florida, Jacksonville University, the Sulzbacher Cen-
ter, United Way of Northeast Florida, YMCA of Florida’s First Coast, and many more local organizations.

In his presentation Monday evening, Florida Medical Association President Dr. John Katapodis provided a “state of the state” of medicine in Florida. He shared why physicians need to come together as one voice in medicine to ensure that they have a hand in any Florida law that might impact the delivery of healthcare.

A recent example is a new opioid prescribing law that will go into effect on July 1 in Florida to reduce the amount of opioid pills prescribed while using state dollars to fund addiction recovery and treatment programs. Organized medicine groups such as the Florida Medical Association and Duval County Medical Society had a firsthand impact on the wording of the final version of the bill.

Dr. Katapodis also addressed the significant impact of burnout on physicians in Florida and across the country. Organized medicine groups across the country including the DCMS have created Physician Wellness programs to ensure their physician members have a confidential outlet for seeking help without any impact to their medical license.

In American Medical Association (AMA) President-elect Dr. Barbara McAneny’s keynote speech on “A Vision for the Future of Healthcare in America,” she explained some of the major challenges currently facing the healthcare industry.

“Healthcare in America is unsustainable in it’s current state,” Dr. McAneny shared.

The cost of care in the United States is currently higher per capita than other Organization for Economic Co-operation and Development (OECD) countries. This high cost impacts access to healthcare for many U.S. residents.

“What patients want is not actually more healthcare, they want health,” she said.

About half of all primary care visits in the U.S. are related to the management of chronic disease, Dr. McAneny explained.

“Done right, a value-based payment system would allow for better delivery.”

Dr. McAneny also addressed payment issues that healthcare providers face on a daily basis. She shared how the AMA is working to decrease administrative burdens and cut through the red tape that currently binds physicians.

The AMA is also working to provide regulatory relief by improving the usability of electronic health records and making efforts to eliminate, streamline and simplify many federal rules and other regulations that are faced by healthcare providers, according to Dr. McAneny.

She also touched on the opioid epidemic issue which continued as a major topic of the Conference on Tuesday. Dr. McAneny noted that recently more people have died of opioids than have died in military actions.

She admitted that physicians played a role in this issue when the demand for these medications first came on the market.

“When the drug companies said they were not addictive medicines, we believed them.”

The opioid epidemic discussion continued on Tuesday with a variety of speakers from the local and state level.

Dr. Kelli Wells, Medical Director for the Florida Department of Health, provided current data regarding the impact of the opioid epidemic in Jacksonville. She shared that in 2017, the Jacksonville Fire Rescue Department responded to 3686 opioid overdoses. From January to April 2018, JFRD responded to 530 overdoses. She explained that many of these patients are also people who have previously overdosed. Dr. Wells also noted that in the first quarter of 2018, the Medical Examiner reported 198 deaths from opioid overdoses.

Former Jacksonville dentist Dr. Leon Smith perhaps gave the most impactful talk of the day. Choked up from the beginning, Dr. Smith bravely shared about the devastating impact of the opioid epidemic on his own family.

As he explained, the first and only time he ever traveled to Las Vegas was after his son, Andrew Smith, overdosed. Dr. Smith arrived at the airport and learned that instead of visiting his son in the hospital, he would be going to identify the body. He describes it as the most “horror” thing he’s ever had to do and still remembers vividly the nurse explaining the struggle to bring Andrew back to life.

Andrew was born at St. Vincent’s high school, grew up and attended high school in Jacksonville. He was a smart boy that went on to attend college at Stetson University.

“He’s our son. He was born in this town.”

Dr. Smith explained that his son was good at hiding his addiction, and admits that his family, like the families of many addicts, assisted in the addiction.

“Very few addicts can maintain their addiction on their own,” he shared, explaining that families often give their loved ones money, post bail, pay for lawyers, and they let them back into their homes again and again.

In response to the devastating loss of his son, Dr. Smith now advocates for more research and data on opioid abuse and addiction, data that could make a difference in the way the epidemic is treated.
Senator Lizbeth Benacquisto is one of many lawmakers currently working to address the opioid epidemic that took the life of Andrew Smith. She authored Senate Bill 8, the opioid prescribing law mentioned earlier that will go into effect in July.

Her cousin's daughter was also a victim of the epidemic. At age 29 with two young daughters, that family member became a victim of heroin.

"It ripped her family apart."

Senator Benacquisto spoke directly to Dr. Smith, recognizing his pain.

"Your loss of Andrew is unbearable and something you will never overcome," she said, explaining that it's stories like these that led her to author SB 8.

"Every person who enters the realm of getting too much of these drugs is our responsibility."

With the law now just weeks from going into effect, educating physicians and healthcare providers on the new rules is critical. Drs. Alan Miller and Ferdinand Formoso of Coastal Spine & Pain Center were proponents of the new regulations and are now working to educate providers on safe opioid prescribing.

According to Dr. Formoso, as of 2008, opioids became the gateway drug for youth in the U.S. surpassing marijuana. He noted that opioids are more addictive than cannabis with a higher possibility of dying of overdose.

For this and other reasons, the two colleagues spent a lot of time in Tallahassee during the most recent Florida Legislative Session. They supported the new acute pain restriction, and as Dr. Formoso shared, prescriptions for acute pain often offer far too many pills, more than are needed by the typical patient.

Dr. Miller took some time during the Conference to explain the CDC guidelines regarding opioid prescriptions, highlighting two key points.

The first is understanding the maximum recommended doses of narcotics such as oxycodone, hydrocodone, fentanyl patch, and others. Secondly, Dr. Miller addressed benzodiazepines, sharing that he highly recommends against prescribing benzodiazepines together with opioids.

There are ongoing efforts in the city of Jacksonville to treat addiction and one novel effort is taking place in partnership with St. Vincent's HealthCare and the City of Jacksonville. Project Save Lives is a pilot project that provides targeted services that include, but are not limited to stabilization and treatment for withdrawal, connection to a peer, medication assisted therapy and seamless transfer to residential and/or outpatient treatment.

Dr. Frank Huson Gilberstadt, Chief Clinical Officer for Ascension St. Vincent’s, explained, that the project has created a culture change in the emergency department.

"We're using lots of different types of medications in small doses," he said of when they send these patients home following an overdose. "The patients are still comfortable with their pain and going home with smaller amounts of medication."

To qualify for the pilot study, the patient must be 18 years or older and willing to participate. Those selected were overdose patients when entering the St. Vincent’s Emergency Department and NARCAN responsive and/or were opioid/fentanyl-positive.

The pilot has only been underway for just over a year, but Dr. Gilberstadt is satisfied with the progress thus far.

"There are a lot of eyes on this project," he said.

Tuesday's agenda also focused on gun violence as a public health issue. Jacksonville Sheriff Mike Williams shared research that has been underway in Jacksonville since he took his office just over two years ago.

Sheriff Williams explained that in many parts of the country there is a small number of people that drive a significant portion of the violence within the community, and the same was found to be true in Jacksonville.

In many cases, he shared that it is less than one percent of the population causing up to 50 percent of crime in a community.

The Sheriff’s Office is now working with community members on numerous strategies including one called “focused deterrence” where they reach out to potential offenders on a one-on-one basis to explain the serious consequences of criminal activity.

Williams noted that these community teams focus on reaching potential offenders that are on the peripheral of some of the groups that have already been in trouble with the law.

"We focus on the young men that are around some of those groups that may make a decision that could impact the rest of their lives," he said. "But that could also make a decision that could impact the rest of their lives in a positive way."

Dr. Marie Crandall, Professor of Surgery at the University of Florida College of Medicine - Jacksonville, shared a variety of recent research regarding firearm-related trauma injuries.
One recent study looked at the number of firearms in homes by state and found a higher proportion of firearms in the home correlated with a higher rate of homicide. Dr. Crandall also highlighted another study which noted a 7-40% reduction in firearm related fatalities and injuries in states with stricter licensing.

How does the research apply in Jacksonville? Dr. Crandall cited research on firearm injuries that has taken place over the past 20 years at the University of Florida Health - Jacksonville trauma center. She noted that while the exact number of injuries changed from year to year, the neighborhood didn’t change.

“Year after year it was our neighborhood that was the most distressed,” she said.

The neighborhood around UF Health - Jacksonville is “socially distressed,” as she described. It tends to be an area with food deserts, and housing, education, and employment issues.

To improve outcomes in these areas, Dr. Crandall encouraged voters to voice their concerns and push for change. She suggested urging lawmakers to pass sensible licensing laws with minimum age of purchase and universal background checks.

Tuesday also included a look back at the 2017 Conference and an update on the progress that has been made since that time. Conference participants agreed to address Food Deserts after wrapping up the 2017 discussion. Since then, committees have worked vigorously to develop public policy solutions for food deserts in Duval County. The United States Department of Agriculture defines food deserts as “parts of the country void of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas.”

Dr. Lauri Wright of the Hunger Network of Northeast Florida shared extensive research that has been completed during the past year, including the development of a hunger map that really gets to the core of food availability and cost in food desert areas. As Wright noted, the committees have also looked at potential solutions at both the local and national level. Federally, the committee could push for an increase in SNAP benefits. Locally, committee members are looking at ways to incentivize grocery stores to move into food desert areas and ways to incentivize corner markets to carry healthier foods.

For the 2018 Conference, participants will be receiving a follow-up from staff as the process begins to find an actionable outcome for the year ahead. Staff members will be reviewing all of the comment cards turned in by participants and forming a coalition of volunteers to begin researching the chosen issue on a local level and looking at potential solutions.
Water Lifestyles in Northeast Florida

Living in this area gives you access to several activities on the St. Johns River, Intracoastal waterway or offshore in our coastal waters

Boating
There are many options to live a boating lifestyle in this area. Buying a boat from one of the many dealers, renting a boat or even joining a member club such as Jacksonville Boat Club with access to a fleet of boats, there is no obstacle for you to be able to go boating year-round in Northeast Florida. Boater can enjoy fishing the jetties, visiting restaurants with docks, sightseeing or even waterskiing.

Fishing
Our ponds, lakes, creeks, river, beaches and tidewaters offer great fishing along with convenient water access and variety of fresh and saltwater fishing options.

If you do not have access to a boat, you can charter a boat for unmatched deep-sea fishing or rent one if staying inland. The best way fish in this area if you are unfamiliar with our waters is to hire an expert fishing guide. Let the guide do the work and navigate to the best spots.

Sailing
There are many opportunities to set sail around Northeast Florida from Amelia island down to St, Augustine. You can purchase a sailboat and take training classes, charter out a sailboat and crew for any length of time or destination, join an association or even go on a sailing dinner cruise.

Water Sports

Kayaking
Navigating by kayak along the pristine Jacksonville waterways is a leisurely way to explore the area and take in the sites, but it can also be a great workout. With 1,100 miles of navigable water, no other city in the nation boasts as many miles of shoreline, which provides ample opportunities for spotting wildlife such as dolphins and sea turtles, bird-watching and soaking up the sun as you glide along. Whether you decide on a guided tour or to go at it alone, be sure to check out The Greater Jacksonville Paddling Guide to help you plan your adventures.

Surfing
Whether you’re a seasoned pro or just want to hit the waves for the first time, Jacksonville is an ideal surfing destination. Check out the local surf shops for more information on lessons. The gentle summer waters will help you feel at ease while testing your skill in a new sport. And if you’re lucky, you may pass through Jacksonville when pros battle it out at the Wave Masters in May and the Super Grom Surf Festival. And don’t miss the area’s most famous surf spot – “The Poles.” Located just inside Kathryn Abbey Hanna Park, you may even end up surfing next to a dolphin!
Stand Up Paddle Boarding (SUP)
Stand up paddle boarding has become all the rage in recent years becoming both a workout and an adventure. Grab some friends and navigate Jacksonville's waterways on your board – the opportunities are endless. SUP can be done in the ocean, the Intracoastal, in lakes, rivers or creeks. Each locale offers the chance to spot unique wildlife, so challenge yourself and see Jacksonville in a fun and exciting way. Not familiar with SUP? No problem. Local providers offer both lessons and tours for beginner and advanced paddlers.

Water and Jet Skiing
The area offers many public access docks to launch your boat for water skiing or to start your jet ski adventure.

Snorkeling and Scuba Diving
Just off the coast of Jacksonville Beach, Blackmar’s Reef offers snorkelers a natural reef accented by five shipwrecks, two airplanes and abundant marine life. Other sights off the shore include the Coppedge Tug wreck – which lies in shallow water and attracts schools of vividly colored fish – and the artificial reef at the wreck of the Freighter Anna, a 225 foot long ship lying on her starboard side. The medium depth Nine Mile Reef, 10 miles from the Mayport jetties, hosts five wrecks, including a 52 foot steamer tug.

Jacksonville's local waters host butterflyfish, hogfish, angelfish and grouper. In addition to numerous shipwrecks, the shallow Montgomery's Reef features aquatic life as diverse as snapper, cobia and amberjack. Consider heading out to Rabbit's Lair, another shallow site about 13 nautical miles from the Mayport jetties, offers ample protection for game fish and marine life in the form of limestone and a coral reef. Springs in the St. John's River also offer clear, crisp waters for snorkeling and viewing freshwater fish. There are many retail outlets and training groups in each part of Northeast Florida to receive training and obtain the proper equipment.
"Paying attention in a particular way: on purpose, in the present moment and nonjudgmentally." That's how Jon Kabat-Zinn, PhD, describes mindfulness. In the book Zen Mind, Beginner's Mind, another thought leader in mindfulness, Shunryu Suzuki, says that, "In the beginner's mind there are many possibilities, but in the expert's there are few." In my experience, I've found that cultivating a beginner's mind opens doors and improves clinical diagnosis.

Medical training has phases, and clinicians in different phases think differently. In medical school, students learn all the zebras. To a student, every vomiting infant is thought to have volvulus or a metabolic disorder. Every abnormal CBC is leukemia. Then, in practice, most vomiting infants are found to have gastroenteritis and most abnormal CBCs have a more benign explanation, such as a routine infection. Skilled physicians try to keep an open mind about having a broad differential diagnosis, but the parade of the routine can dull the mind. I've had my own experience with a "zebra" condition and its evaluation by a perhaps weary clinician. After an ER trip for severe pain, a follow-up CT scan and numerous examinations, I was discharged with no diagnosis and no treatment plan. End of inquiry. Later providers did more to take a full history and let curiosity sink in. After many painful weeks, I had my diagnosis: zoster sine herpete. Shingles without a rash.

I only found a diagnosis because I persisted and continued to present to specialists. I did my own research, and I Googled: both things many doctors hate to hear from a patient. Many patients with a rare disease have had a similar experience — being dismissed, being persistent, googling, until finally getting a diagnosis. Many people I have met with rare diseases, particularly those mainly characterized by pain and fatigue, have a negative view of medical providers. It is sad that a group of people who really need medical care and compassion do not often find it. The medical community is failing this population and needs to do better.

The valuing of both compassion and curiosity found in mindfulness can serve this population well.

As a provider, what did I learn from my experience? I learned that when faced with puzzling clinical presentations to ap-
proach them with a beginner’s mind. To clear my head of what the process “should be” or how it is “supposed to present.” To resist the urge to dismiss a patient’s complaints as “all in their head” when they don’t fit the textbook story. Common illness can present in uncommon ways, and uncommon illnesses can present in common ways. If all the tests are coming back normal, it doesn’t mean the illness is not real. Perhaps the right test has just not been run. If a test result is abnormal — delve into why. What physiology is behind it that might explain the process and lead to a diagnosis? Go back to the books. Look up the main symptoms in online resources and texts using the most basic of search terms.

This approach has served me well. In one instance, I saw a teen with profound fatigue and some laboratory abnormalities and some distracting confounders. He had been seen and discharged from two ERs with no diagnosis. Although I initially pursued one of the confounders, I opened my mind and pondered the patient’s presentation all day. I scanned my brain for memories and facts relating to his presentation. I recalled a fellow yoga class participant from 15 years prior who kept fainting in class and his eventual rare disease diagnosis. Simultaneously, I looked up the patient’s most notable lab abnormality in texts and found the two diagnoses lining up. In the end, I diagnosed him with a zebra, Addison’s, just as he was entering Addisonian crisis. This is exactly why board exams make you memorize all the zebras. Even though most of the time it is a horse, sometimes the hoofbeats actually are zebras.

Over the course of a career in primary care, you will meet several zebras, and you can save a life if you are mindful and notice what is happening.

Both my journey into mindfulness practice and my experience with a rare disease has informed my clinical practice in numerous positive ways. A regular mindfulness practice has benefited my personal wellbeing as well as my clinical practice. I try to keep my mind open and approach people with a beginner’s mind. I greatly sympathize with people with unusual presentations of diseases who are struggling for answers. I vow to help them on their journey to diagnosis. In the exam room and in life, I will try to keep “paying attention in a particular way: on purpose, in the present moment, and non-judgmentally.”

Heather Finlay-Morreale is a pediatrician. This article originally appeared in Doximity’s Op-(m)ed.
River & Post, One of Jacksonville’s Best New Restaurants!

Written By: Lisa Watterson, www.jaxrestaurantreviews.com
Photography By: Lisa Watterson

River & Post in Riverside opened at the end of 2017 and has become quite a favorite for many local foodies since. They got off to a little bit of a bumpy start figuring out the right team of chefs but over time they’ve found their groove. We’ve been for lunch and we’ve been for dinner and we are here to tell you all the ways to LOVE River & Post. It’s quickly becoming one of our favorites and certainly should be considered to be one of the best new restaurants in Jax.

River & Post, 1000 Riverside Ave
The first thing you’ll notice about River & Post is the space. It is built out beautifully into a dining room with a variety of seating options, wood details, layered lighting, an outdoor dining patio, a full bar, and an elevator up to the rooftop with another bar and the best rooftop and view in the city. We noted on our recent visit that while there are many truly delicious locally owned restaurants in Jax, our food scene is a bit lacking on ambiance. River & Post hits that note perfectly. It’s a comfortable place to enjoy a meal that feels purposeful and well thought out.

River & Post Dining Room
Now, let’s talk about some food. River & Post offers a wide variety fresh seafood, plus land favorites such as hangar steak, and plenty of yummy appetizers and shareable dishes. For lunch we have tried the Sherry Glazed Chorizo (parsley and cherry flambé, $6), Cola Braised Pork Belly Sliders (watermelon cress salad, sesame lime vinaigrette, $10), and the Roasted Turkey Club (bacon, lettuce, tomato, tarragon balsamic aioli, farmhouse bread, $9). I’m sorry to start with the highlight, but the Sherry Glazed Chorizo is one of the most delicious things we have eaten this year. The sherry parsley flambé is a fully developed flavor profile that you will want to lick from the bowl, Beauty and the Beast style. It comes with a couple of slices of toasted farm bread to soak up all that juicy goodness. We’re only sad that this is only on the lunch menu so we can’t get it any time. The Cola Braised Pork Belly Sliders are fantastic, and also on the dinner menu as an appetizer, so you can get them whenever you go. The Turkey Club is a sleeper hit. It doesn’t sound altogether exciting, but the tarragon balsamic aioli and farmhouse bread elevate this sandwich to more than your average nosh.

For dinner we have had the House Smoked Fish Dip (local pickled jalapenos, buttered baguette, $6), Chef’s Ceviche of the Day (passion fruit, key lime, plantain chips, $8), Hangar Steak Au Poivre (crispy onion rings, creamy spinach, $24), Mayport Shrimp and Grits (smoked gouda grits, lobster fumet, $22), and the Broiled Ocean Platter (cognac Thermador butter, $26). The smoked fish dip was fine. It wasn’t the most exciting thing we ate, but it did the job. If you like smoky flavors this is for you. If you are iffy on fish or smoky dishes,
skip this one and pick something that meets your preferences. If you are a ceviche fan, you won’t want to miss the ceviche of the day. Served in a margarita glass, garnished with an edible flower, and surrounded by copious plantain chips, the ceviche is tangy and fresh. The hanger steak is prepared to your preference, generous in portion, topped with two beefy onion rings and served with creamy creamed spinach and small rainbow potatoes that are perfect for dredging in some of the jus from the steak. Not only is the hangar steak delicious, it’s the perfect choice whether it’s exactly what you’re in the mood for or if you default to it because you can’t decide. You won’t be disappointed. The shrimp and grits at River & Post made our recent top five list for shrimp and grits. With the smoked gouda grits and lobster fumet, these aren’t just diner shrimp and grits. These are the fine dining shrimp and grits your southern dreams are made of. The lobster fumet is like a lobster bisque to finish one of the most perfect dishes the Lord ever created. You can enjoy River & Post’s shrimp and grits at brunch, lunch, or dinner. The Broiled Ocean Platter is a stellar dish for seafood lovers. It comes with fish (it was flounder the day we had it), shrimp, and scallops, with a sinful butter sauce, mashed potatoes and fresh vegetables. This was one of the most enjoyable seafood dishes I have had anywhere in recent memory. If you like seafood you should seriously consider trying this, with such a nice variety of fruits of the sea.

River & Post Hangar Steak
Currently River & Post is only able to offer drinks on the rooftop, but whether you go to enjoy dinner in the dining room or drinks on the roof, you need to take the elevator to the top and walk out onto the rooftop to take in the sights. It is a breathtaking view of our city from the Riverside neighborhood, overlooking the river and downtown Jax.
7 Things Doctors Need to Know About Physician Disability Insurance

Courtesy of physicianfamily.com

1. “Own-Occupation” is the Strongest Definition of Disability

Disability insurance contracts contain language that defines what will trigger a benefit under the policy. This language, known as the “definition of disability”, is really what physicians are buying when they pay insurance premiums.

- Own-Occupation is a definition of total disability, which specifically states that a doctor will be considered totally disabled if he or she is unable to perform the “material and substantial duties of your occupation.” This definition allows a physician to work in another occupation or medical specialty and receive full benefits, regardless of the income earned from the other occupation or medical specialty. Some companies will even go so far as to state that, if a doctor has limited their practice to a professionally recognized specialty in medicine, that specialty will be deemed to be “your occupation.” The “own occupation” or “your occupation” (also known as own-occ) definition of disability is the strongest language available to describe a physician’s total disability.

- Modified “Own-Occupation” or “Loss of Earnings” is a weaker definition of disability which specifically states that a doctor will be considered totally disabled if he or she is unable to perform the “material and substantial duties of their occupation and they are not engaged in any occupation for wage or profit.” This means that a disabled physician who transitions into a new occupation or medical specialty will either receive proportionately reduced disability insurance benefits or no benefit at all.

- Any Occupation is the most restrictive and weakest definition of disability doctors will find, usually in group disability insurance contracts. Under this definition, a physician is considered disabled if he or she is unable to engage in any gainful occupation that they are reasonably suited for based on education, training, work experience or other factors. “Any-occ” policies should be seen by physicians as a last resort and otherwise avoided.

2. Physician Disability Insurance Should Cover Partial Disability

There is a substantial risk that a practicing physician will be only partially disabled, resulting in a “residual” or partial disability. In this case, there may be a partial loss of income. Doctors who are shopping for disability insurance should make sure that the policy contains a rider or other language that causes the policy to pay benefits in the event of a partial loss of income. Most policies will consider a physician to be partially disabled when their income declines by 15-20 percent or more compared to pre-disability earnings and may pay 100% of the benefit if earnings decline by more than 75-80 percent.

3. Disability Insurance for Young Doctors Should Include a Future Purchase Option

Young physicians usually experience an increase in earnings during the first five years of their careers but disability insurance companies base coverage amounts on current earnings. In order to preserve their ability to protect these future earnings, young doctors should consider disability policies that include a future purchase option, also known as a “future increase option.” It allows physicians to apply for additional disability insurance coverage, regardless of health, as their income rises. With an FPO, physicians can buy themselves the right to increase their policy’s monthly benefit without undergoing another exam, blood test, urine test, or answering any medical questions. This guarantees that any medical conditions that develop after the original policy’s purchase will be fully covered and not subject to new medical underwriting. Doctors who buy the future purchase option need to be aware that they will receive an annual offer by the insurance company to increase their coverage. This offer looks much like a sales pitch, so many physicians will ignore the offer, meaning they will not benefit from the premiums they paid for the FPO. On some policies, ignoring this future purchase option a certain number of times will cause the option to expire.

4. Group Disability Insurance Offers Limited Income Protection for Most Physicians

While a group disability insurance policy may be cheaper and easier for doctors to get than a private disability policy, physicians should be aware that this coverage offers limited protection that weaken it. The benefits paid by most group policies will be automatically reduced for any amounts received under the Social Security Disability Income (SSDI) program and other government benefits and may be reduced by benefits payable under other policies. These benefits generally lack a cost of living adjustment (COLA) so inflation will erode the value of benefits paid over time. Group coverage usually limits the payment of benefits for mental and nervous claims to two years and pays nothing thereafter. Claims for other disabilities may be based on a liberal definition of disability for the first two years but the definition of disability may change to the “any occupation” definition after two years, which can derail a claim.

Except in rare cases, group disability insurance policies are not portable, which means they terminate when a physician...
leaves his or her employer. If a doctor has suffered an event that makes him or her uninsurable, it may be difficult or impossible to buy coverage in the open market once they leave the employer.

Premiums on group disability insurance policies are not guaranteed so they go up every year or every five years, depending on how the policy is written, whereas private policies with a guaranteed premium will remain level for the life of the policy.

5. Disability Insurance Benefits May (Not) Be Taxable to Physicians

Generally, disability insurance benefits are received free of income taxes by doctors if the policy premiums were made with after-tax dollars. Since many group insurance policy premiums are paid by a physician's employer and may be paid on a pre-tax basis, the benefits from the policy will also be paid on a pre-tax basis, effectively reducing the amount of the benefit by the taxes due. Often a physician employer will allow the premiums to be taxed as ordinary income which makes the benefits once again free from income taxes. To make this election, physicians should ask their HR or benefits person for a form to opt in to taxation of group disability insurance premiums. Physicians who pay for their own private disability insurance coverage should avoid deducting premiums as a general business expense and should instead pay those premiums with after-tax dollars.

6. Medical Exclusions Need Not Reduce Disability Benefits Indefinitely

When a doctor first receives his or her disability insurance policy, it may come with certain exclusions for medical conditions (such as a bad back), mental conditions (like an exclusion based on mental health counseling for a recent divorce), or lifestyle-based exclusions for disabilities arising from risky activities, like rock climbing, mountaineering or scuba diving.

Physicians need to know that these exclusions may be lifted after a number of years by contacting the insurance company with a request to remove the exclusion. This strengthens the coverage at no added cost.

7. Choosing the Right Insurance Agent Makes It Easy for Physicians to Choose the Right Disability Policy

Prices for disability insurance policies are regulated by each state's insurance commissioner so all agents will offer the same price on the same disability insurance policy for any doctor for a given set of underwriting results. Since prices are all the same, physicians should choose a disability insurance agent based on factors such as product knowledge and awareness of the physician's insurance objectives and financial situation. Disability insurance agents who routinely sell policies in the physician market will have access to discounts that other agents may not be able to offer or may be unaware of, so it pays to select the agent carefully.
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