Serving Patients & Country: A Spotlight on DCMS Board Member Dr. Mark Dobbertien

A Physician’s Elective Rotation in Rhodesia

The 5 Best Trader Joe’s Wines
Sunshine-Filled Beach Escape

Escape to a world of Panoramic Ocean views and luxurious comfort. Gorgeous 3-story oceanfront home with solid concrete construction & NEW Tile Roof. Open floorplan and large terrace are great for entertaining family and friends. Designer Kitchen is a true showstopper and a chef’s dream. Enjoy sunsets and sunrises year-round. Private beach walk from back door.

5 Bedrooms/ 3.5 Baths/ 3,785 Sq. Ft./ $1,650,000/ MLS#979863

FORT GEORGE ISLAND | $1,325,000

A Picturesque Piece of History
- Historic Home
- 3 acre lot
- Architectural Details Throughout
- Marsh and Ocean views
- 6 Bedrooms/ 5.5 Baths/ 6,204 Sq. Ft.
- MLS#961245

EPPING FOREST | $700,000

Carefree Living with a View!
- 1st Floor Unit in Hamstead Building
- Hampstead Building
- 2 Garage Spaces and Storage
- Hardwood Floors Throughout
- Incredible River Views
- 2 Bedrooms/ 3 Baths/ 2,495 Sq. Ft.
- MLS#955862

SAN MARCO | $550,000

Ultimate Family Home
- Park-Like Backyard
- Updated Master Bath
- Walk or Bike to Granada Park & Colonial Lake
- Hendricks Elementary School District
- 4 Bedrooms/ 3 Baths/ 2,871 Sq. Ft.
- MLS#965141

SAN JOSE | $575,000

Entertain Family & Friends
- Updated and Renovated
- Award-Winning Floorplan
- Multiple Living Areas
- Fenced and Gated Backyard
- 4 Bedrooms/ 3.5 Baths/ 4,332 Sq. Ft.
- MLS#960138

AnitaVining.com | Selling the Best of Jacksonville... RIVERFRONT TO OCEANFRONT
Contents

2 Catullo’s New Italian Restaurant
4 8 Ways to go Broke as a Doctor
6 Meet DCMS Board Member Dr. Mark Dobbertien
8 5 Streaming TV Devices Compared
10 The Perfect Golf Vacation to the UK & Ireland
12 The 5 Best Trader Joe’s Wines
24 The Gender Pay Gap Among Physicians
26 A Physician’s Elective Rotation in Rhodesia
28 8 Tips for Physicians to Keep a Better Work-Life Balance
30 Dustin Johnson, Professional Golfer

RJW
Media Brands
www.creativedevelopmentworks.com
RJW Media Brands develops and publishes several specialty magazines, periodicals and books. For advertising information or to receive a complimentary subscription in digital form or by mail kindly contact our local management at 904-404-7857 or visit www.creativedevelopmentworks.com

GIVE YOUR FINANCES THE SAME CARE AS YOU DO YOUR PATIENTS.

In today’s uncertain markets, having a bank that tends to your financial health is vital. Capital Bank Medical Private Banking can help with today’s needs and tomorrow’s goals. Our Relationship Managers offer guidance and solutions tailored to medical professionals. So you can focus on your priority: your patients.

To make an appointment with a Relationship Manager please contact:

Randi Guthard
Vice President, Private Client Relationship Manager
Medical Private Banking, Capital Bank
225 Water Street – Suite 1500
Jacksonville, FL 32202
Office (904)485-4964

©2018 First Tennessee Bank National Association operating as First Tennessee Bank and Capital Bank. Member FDIC.
We got a first look at the new Catullo's Italian restaurant during their friends and family night. Often we get super hyped for a new restaurant opening we expect to be amazing and then we walk in for the media preview or opening night and it's a let down. That makes sense, right? When you build things up if it's not amazing it feels like a let down and really it's often not fair to the restaurant but it's also just human nature. Soooooo we were over the moon excited for the new Catullo's brick and mortar opening...maybe unfairly so. Annnndddd not only did it live up to the hype but it far surpassed our expectations.

First off the space has a certain magic to it. Located at Atlantic Blvd and San Pablo Rd., sandwiched between a Walmart Neighborhood Grocery and a dry cleaner storefront, it has a way of making you forget you're in a strip mall and transports you to somewhere else entirely. With Sinatra playing you walk in the door and are greeted by people who genuinely care about making you feel welcome and you're struck by the beautiful faces of Italian Americans of yesteryear on the wall. I couldn't get over how striking the photographs were and how each seemed to spur a different emotion in me. When the Catullo brothers shared with me that each of the photographs was a photo of someone in their family it added another level of significance and intrigue.

When we dove into the appetizer we ordered, Spice Meatballs with Garlic Sauce, from the first bite I knew these were meatballs that would rival any I have ever eaten. They possessed a depth of flavor that is rare in this dish and each bite finished with a subtle taste of anise which worked perfectly and really hit for my taste buds in spite of the fact that I am an avowed anise hater. The meatballs sat atop a garlic sauce that I could absolutely drink. Although it's too thick to drink so I'll stick to smothering the meatballs in it.

The first pasta we dove into was my favorite from the Catullo's food truck, the Creamy Chicken Pesto. My wife was disappointed with this choice because we have both had this plenty of times before, but I've always been a sucker for a good pesto sauce. I couldn't pass this up. I'll try something new next time, maybe. The sauce in this dish was actually better than I recalled (the truck has been off the road since 2017 so I hadn't eaten it since then). The pasta is a little different than what they used to serve on their truck. We talked with Dave Catullo, who told us they have decided to make some of their pastas in house (all the ravioli, most of the pappardelle), and source others as fresh pastas, which means they are never dried and they have a short shelf life. The pasta in in the creamy chicken pesto is not made in house, but Dave told us exactly where in Italy it was made by hand and shipped directly to the restaurant.

Our other pasta dish was the Pear and Goat Cheese Ravioli. Good God! This is without a doubt one of the best pasta dishes I've ever eaten. With each bite we couldn't quite believe a dish could taste this good. The ravioli is stuffed with pear and goat cheese, and the ravioli are in a pear and gorgonzola sauce. Each involved flavor either beautifully layered or contrasted with the others in the dish. My wife who has spent time in Italy just about shed a tear and swears it rivals the best dishes she's ever been served on her travels. All of the entrees are served with a nice rustic white bread baked in house so you can sop up the gravy along the way.

For dessert we tried the Limoncello Mascarpone Cake and the NY Cheesecake. The limoncello cake was subtle and light, it's definitely the dessert to try if you're a little full. The cheese-
cake was a generous size, rather tall and heavier than the limoncello cake. It was an excellent cheesecake topped with Italian Amarena cherries. This is a perfect option for sharing, or if you can’t get enough cheesecake in your life. We enjoyed just about every bite of both desserts.

Catullo’s Italian serves beer and wine, and wine based cocktails. Wine based cocktails are a newer concept in the restaurant industry and are becoming more and more popular. Restaurants with a beer and wine license can serve these new wine based spirits, and the resulting cocktails are tasty. Catullo’s has a fun cocktail menu with whiskey, vodka, gin, and more wine based cocktails, plus red and white sangria. They have four local beers on tap, and a fairly extensive wine list for a small restaurant. Most of their wines are Italian, but a handful are from other regions. The house white and house red are both Italian wines and are a perfect place to start your meal.

Catullo’s Italian – House Red Wine and Jerry Perusing The Menu

From top to bottom our Catullo’s experience was the kind of Italian restaurant dining experience I’ve always dreamed of having in Jax. Every single aspect of the restaurant has been thought out, from what is and isn’t in the space and what is and isn’t on the menu. The space is gorgeous, the staff is warm and friendly, and the food is divine. I can’t wait to go back and try more of the menu. Can a restaurant be the best of its kind on day one? I’ll let you be the judge.
8 Ways to Go Broke as a Doctor

JAMES M. DAHLE, MD

So much of personal finance and investing isn't about winning; it's about not losing. That's because investing is a single-player game; it's you against your goals, not you against your neighbor or your partner or some yahoo on an internet forum. However, there are precious few whose ultimate financial goal is to be broke and if you can avoid doing that, well, that's one mark of success. There aren't that many ways for doctors to go broke. In today's post, we're going to discuss them so you can avoid them.

#1 Go to medical/dental school

First, let's get this one out of the way. For the vast majority of doctors, the decision to become a doctor means not only going broke, but becoming worse than broke. Broke is a net worth of $0. A typical medical student graduates with >$200K in student loans, and it usually gets worse before getting better. Just getting back to broke is a milestone worth celebrating for most docs.

Unfortunately, too many doctors don't realize that income isn't wealth and end up living their income instead of their net worth shortly after completion of training.

Aside from the usual pathway, there are a couple of other professional school associated ways to go broke. The first is for a medical student not to match. While that is relatively rare, the number of medical students who endure this financial catastrophe is far from zero. More than 1,000 U.S. medical students – the equivalent of the entire graduating class of ten medical schools – didn't match. Some of them managed to scramble into undesirable positions. Others will wait around for a year, apply again, and match. But there is a certain number who will eventually walk away from medicine with all the debt and none of the income. This number is even higher if you chose to attend a Caribbean school, where overall match rates are 50% (but could be as high as 88% at the better schools, not adjusting for a much higher attrition rate than most U.S. schools see.) The fact remains that borrowing hundreds of thousands to become a doctor is a huge financial risk.

Becoming a "professional student" is also a great way to hurt your finances. 5 or 6 years in undergrad, a master's, a special pre-med year, 4 (or more) years in medical school, an MPH, a long residency, a fellowship that doesn't actually boost pay, and maybe a second fellowship can all add up to many years of lost earning potential and compounded student loans.

#2 Leverage

Leverage refers to borrowing money in an attempt to make money. Sometimes being highly leveraged pays off spectacularly well. A WCI reader bragged recently about becoming a millionaire in only 3.5 years using only $130K of his own money and investing in real estate. The problem is that leverage works both ways. If you leverage an investment 9:1 (think 10% down on a real estate property) and that property drops in value 10%, you've lost your entire investment. If it drops another 10%, you're massively underwater. When your investments drop 50% in value and don't recover for years, you declare bankruptcy. It's practically impossible to go bankrupt without debt. That doesn't mean that you should NEVER use debt, but don't underestimate its risks, its temptations, and its effect on your well-being. Moderation in all things.
#3 Dumb investments
I had an elderly couple contact me the other day after having their entire nest egg wiped out well into a multi-year long bull market. They had ignored several basic investment principles – doing due diligence on advisors, diversifying, and not chasing income. But now they found themselves well into their 70s, not able (nor willing) to go back to work and living off Social Security. It sounds dumb, I know, but it happens all the time, even to otherwise very smart people. Diversification protects you from what you don’t know.

#4 Divorce
Here’s one that is even more common, although only about half as common among physicians as the average American. When a physician gets divorced, she typically loses not only half of her net worth, but a huge chunk of his ability to rebuild that net worth going forward. Want to make building wealth really hard or even impossible? Get divorced two or three times in the same lifetime. Marriage actually builds net worth, but do everything you can to “do it right” the first time. Date night is likely your best investment AND asset protection strategy.

#5 Live hand to mouth
There are a surprising number of doctors who go broke the old fashioned way – they spend all their money. Anonymous polls show that about 25% of doctors spend all, most, or more than their income. If you hang around here for long, this seems appalling, but I assure you it is very easy to spend all or most of a physician income. We currently spend something like $13-14K a month and we don’t even have student loan payments, car payments, or a mortgage. That’s not including charitable contributions or taxes either. We just live in a nice house, drive expensive cars, have a boat, eat well, and go on nice vacations. OK, a lot of nice vacations. A single-earner physician family making the average physician income can’t spend as much as we do and expect to ever build any significant wealth. So I fully understand how easy it is to blow through that whole doctor paycheck. But that still doesn’t give you permission to do it. We certainly didn’t do it when we were making the average physician income.

#6 Home renovations
While driving a fancy car will keep the average American from ever building wealth, that’s probably not enough by itself to sink the typical doctor. It’s just not a big enough rock relative to income. But you know what is? A house. Especially in a high cost of living area. And especially if you become a constant renovator. And especially, especially if you change houses every few years and renovate the new one every time you move in. Being surrounded by the latest, like-new furnishings is incredibly expensive. Some mistakenly assume that all these improvements are good investments. The truth is that even the best renovations (usually kitchen and bath) only return 80% of their value when you sell the home, and that’s assuming you sell it right after you do the renovation, not 5 years later. Some improvements, like a roof, don’t add any value at all. Others, like a pool, could even subtract value to some buyers. Want to make it even worse? Buy a second home and renovate it. I knew a doc who had three homes at once and despite having two jobs wasn’t making any financial progress. While a home has some investment qualities, it is mostly a consumption item. Consume carefully.

#7 Frequent job changes
Here’s another good way to keep yourself from building wealth, especially when combined with one of the other items on this list. Changing jobs, especially when the job is in another location, is very expensive. You have the home transaction costs (about 15% of home value), the moving costs, the opportunity cost (for the time you spend moving, credentialing, out of work etc.), and the practice or partnership buy-in. Be careful violating the one house, one spouse, one job recommendation. Try to get to know yourself and what makes you happy, evaluate potential jobs carefully, and get your employment/partnership contracts reviewed.

#8 Failed practice
Last but not least on this list is the cost of a failed practice. Imagine a practice where the volume and payor mix steadily got worse while the costs of compliance and overhead gradually climbed. Most docs wait far too long to close it down and walk away because they don’t want to abandon their patients and employees nor admit defeat. But a failing practice not only prevents you from building wealth, it could even consume the wealth you do have. Some doctors assume they’re going to be able to sell their practice at retirement for a huge sum of money and instead of saving for retirement just concentrate on building the practice, assuming it can be sold for enough to pay for their retirement. Then when they realize they can’t find a buyer or have to sell it at “fire sale” prices, they end up with far less than they expected. There you have it – eight ways to go broke as a doctor. It can be surprisingly easy. Take steps now and throughout your life to prevent it from happening. By not losing, you win!
Approaching 20 years of active service to the U.S. Navy, Mark Dobbertien, MD, FACS is no stranger to caring for patients and his country. Commander Dobbertien was detailed to Naval Hospital Jacksonville in 1992 and he and his wife, Lisa Dynan-Dobbertien, DO, an Osteopathic Family Physician, and their four boys have made Jacksonville home ever since. In this month’s DCMS Member Spotlight, Dr. Dobbertien highlights his career as a Naval Officer and Minimally Invasive Surgeon:

**Why become a physician?** I was always good at math and science, but was most influenced by watching my maternal grandfather die from prostate cancer. Before medical school, I worked in my hometown hospital as a phlebotomist, lab tech in the blood bank, and doing autopsies with pathologist Salvatore Cilella, MD.

**Your premedical education?** I attended the University of Notre Dame (my dream school) and worked as an OR orderly as a senior. I struggled for three years after college to get into medical school. In the meantime, I attended grad school at MSU and worked in a hospital. I am thankful to Rev. Theodore Hesburgh, then-President of Notre Dame, who wrote a letter of recommendation and to then-Dean Harold Hakes, JD who accepted me at the Chicago College of Osteopathic Medicine.

**What was medical school like?** I immersed myself in academic pursuits and in organized medicine with the Illinois State Medical Society and AMA. I developed an interest in surgery through the mentorship of an anatomist surgeon. I graduated valedictorian of my class, but most importantly, met my wife, Lisa. We married one year later and had four boys as we trained as physicians. To this day, I’m not sure how we did that!

After medical school, I also completed a General Surgery residency at the University of Illinois Metropolitan Group Hospital while on deferment from the Navy.

**When did you become active duty?** After leaving Chicago in 1992, I spent a year on the USS Saratoga CV 60 as the ship’s surgeon. I left active service in 1997 to start in private practice.

**Private practice, too?** I worked at Flagler Hospital in St. Augustine from 1997-2003. My practice was extremely diverse including vascular, thoracic, hepatobiliary, endoscopy, endocrine, breast, and general surgery. During that time, I served as President of the County Medical Society and as a member of the Executive Committee at Flagler Hospital. The malpractice crisis and 9/11 led me back in the Navy in 2003.

**Currently?** I’m a general surgeon in the Navy and will complete 20 years of active service next month. I’ve deployed to Iraq and Afghanistan as a trauma surgeon. I spent one year in GTMO taking care of the base and detainees. I’ve had many experiences including serving as ship surgeon on the USS Saratoga and USS John F Kennedy, decommissioning both ships, and deploying to the Persian Gulf on multiple DDG’s. I’ve earned the Fleet Marine Force Officer device and Surface Warfare Medical Officer device, as well as the Meritorious Service Medal, Joint Achievement Medal, and two Navy Marine Corps Commendation Medals. At Naval Hospital Jacksonville, I’ve served as Department Head of General Surgery, Associate Director of Surgical Services, and Director of Clinical Support Services. The Navy has always provided leadership opportunity. I’ve especially loved being around corpsman who are eager to learn and find their way in life.

**Why participate in the DCMS?** I’ve enjoyed organized medi-
cine since medical school and currently have the tremendous honor of being on the DCMS Executive Committee. The DCMS and DCMS Foundation are committed to fostering partnerships with public/private entities to enhance health initiatives on the First Coast. The organizations provide advocacy and educational benefits to members and the community. The LifeBridge: Physician Wellness Program provides a confidential resource for physicians in need. The Leadership Academy develops young medical leaders. The Future of Healthcare Conference is open to the public and covers topics like gun violence, the opioid crisis, and mental health. The DCMS and Navy embrace the military-civilian partnership by hosting an annual dinner at NAS JAX.

Other organized medicine involvement? I’m a member of the American College of Surgeons (ACS) and serve as Advocacy Chair for the Florida Chapter. We recently had our advocacy day in Tallahassee to outline our legislative agenda for members of the House and Senate Healthcare Committees. Doctors want to ensure patients have access to quality surgical and medical care. Non-physicians are continually looking to expand their scope of practice which we oppose for adequacy of training concerns and patient safety. Our medical malpractice system needs reforming. Frivolous lawsuits by trial attorneys lead to defensive medicine, higher costs, and fewer services for patients. Medicaid reform is needed, as patients are unable to obtain services because most physicians cannot afford to take Medicaid reimbursement. We hope the legislature will fund the Stop the Bleed campaign, an effort to save lives in emergencies like active-shooter scenarios.

Other roles I’ve held include Governor of the ACS and member of the Health Policy and Advocacy Workgroup. I’m also on the Health Policy and Advocacy Council and participate on a workgroup identifying ways surgeons can contribute to ending the opioid crisis in America.

How is practicing medicine in the military different from civilian practice? As a surgeon, our deployment tempo often disrupts work-family balance and our stateside practice. Military training requirements are a constant challenge. However, the rewards of serving humanity and our country trump any burdens. Most military doctors are selfless servants that went into medicine because they loved it. The pride of being a physician in uniform is an amazing honor. The diversity of practice in the military is another attraction. War surgery is significantly different from civilian trauma. Stateside, I do minimally invasive surgery with scopes and monitors; in war, I do maximally invasive surgery to try and save lives from blast injuries.

Can you share about your childhood? I grew up in Michigan exploring outdoors, climbing trees, and playing sports. My father was an engineer and was always doing something around the house, with the lawn, house, or cars. He loved golf and taught me how to play. He also served as a pilot in the Navy. I remember having arguments with him about the merits of the Vietnam War as a child. He is 91 and lives in Arizona. My mother was a housewife and raised my sister and I. She was a Spanish teacher prior to marrying. She has an amazing sense of humor and believed in personal responsibility and good citizenship. She is 84 and lives in Illinois.

Early influences? My parents exposed me to adults at an early age and had me working from age 8. I learned how to function at a high level from early childhood and thank God for that opportunity. Early on, Dr. Cilella and Mrs. Landgraf took me under their wing at the local hospital in Niles. At Notre Dame, my peer group was incredible and Father Hesburgh was an inspiration. During my struggles to get into medical school, nurses, physicians, and others encouraged me to never give up. In medical school, organized medicine encouraged me to advocate for the profession.

What are your plans after Navy retirement? I’m looking at administrative, teaching, and clinical positions in Surgery and in the Emergency Room. Time will tell.

The most important thing in your life? My family, without a doubt. Lisa has been so supportive of my career and has had to bear the burden of deployments. I really owe her all the credit. She’s raised our boys, all the while practicing medicine. I don’t know how she manages all she does. Marrying her was the best decision I made in life. Her family is equally outstanding. My family provides amazing joy. We’re looking forward to June when our first grandchild will be born.

When you’re not working? I love going to Notre Dame for football games and enjoy running and golfing. I like surgical and sports art and collect local artists, as well. I have a passion for sports cards and coin collecting.
This year could be the year of the streaming service. Netflix, Amazon Prime and Hulu have comfortably held the top three spots for streaming services, but this year they’re going to see some serious brands looking to take a bite out of the streaming pie.

The consumer allure to switch to streaming is undeniable. Monthly subscription prices cost less than the price of two movie tickets, and subscribers get access to original programming, box-office hits and award-winning TV shows. But, buyer beware: Those subscriptions can quickly add up; streaming isn’t always cheaper than cable.

Not only do you have many choices for streaming services, but you’ve also got multiple choices for streaming devices, which is what I want to talk about today. I get asked this a lot – which devices are best for streaming services?

1. Apple TV 4K

**Pros:** Apple TV is simple, versatile, and ideal for people who already prefer Apple products. The device works great with iPhones, iPads and Macs, and it’s compatible with Airplay content streaming, Apple Music and other HomeKit appliances. If you’re already knee-deep in the Apple ecosystem, the Apple TV is a no-brainer.

But the real winner is Apple TV 4K, which currently has the best hardware available in a streaming box, designed to effortlessly handle 60 fps 4K, Dolby Atmos and HDR content. It also has the cleanest and smoothest interface among the lot, delivering a minimal but polished experience all around. The system is already connected to iTunes, but you also have access to all the essentials like Netflix, YouTube, Amazon Prime Video, Vudu, Hulu, Plex, HBO, DirecTV Now and Sling TV. (So far, no AT&T Watch TV app, but that may change).

Even if you don’t have a 4K TV yet, I recommend picking the Apple TV 4K over the 4th-gen Apple TV. For just $30 more, you’re pretty much future-proofing your system for the inevitable 4K TV you’re going to get down the road.

**Cons:** True to Apple’s reputation, these devices are relatively expensive. The latest Roku and Amazon Fire TV boxes are capable of streaming 4K, and they cost far less. The included Siri touch remote can also be clunky and unwieldy. There aren’t many benefits if you’re not already invested in Apple products.

**Price:** $179 for 32GB, $199 for 64GB

2. Roku Ultra

**Pros:** Roku can access apps from almost every content provider on the market (except for Apple and iTunes). This connectivity alone is one reason Roku remains the most popular brand in streaming players. That, and they continue to add premium channels to their offerings. Roku has apps for Netflix, YouTube, Google Play Movies, Amazon Prime Video, Vudu, Hulu, Plex, HBO, DirecTV Now and Sling TV. (So far, no AT&T Watch TV app, but that may change).

Roku also handles hundreds of third-party video apps that offer free movies and TV shows. If you want to access the most content from various services available, then the Roku is the one for you. The Roku Ultra supports 4K, HDR and Dolby Atmos, the device is even bundled with a pair of JBL earphones. You can connect these earphones to the Roku remote, giving you wireless audio.

**Cons:** The only real downside to Roku is its interface, and that includes the Roku Ultra: The controls can be slow at times, the graphics look dated. Additionally, Roku is paring away its third-party apps. Since they update apps automatically, some of your installed apps may be deactivated without prior warning.

**Price:** $99

3. Amazon Fire TV Cube

**Pros:** The Cube is the latest product to emerge from the Amazon Fire line, and if you want to expand your voice-controlled smart home, this is the device you want. The Fire TV Cube has built-in Alexa functions, which means you can dim your smart bulbs, control your smart appliances, ask questions, set timers – pretty...
much anything a regular Amazon Echo can do.

You can also use your voice to search, play, pause, fast-forward and handle all the things you would typically do with a remote.

If your TV is compatible with HDMI-CEC, you can switch it on or off and adjust its volume. But don’t worry if you have an older TV; the Cube has a built-in IR transmitter, so you can use the device as a universal remote and control almost any TV by using your voice.

The Cube can also connect to your Echo Show, mirroring its small display on your big screen. With an Alexa voice command, the Cube can provide you with detailed weather forecasts, display lyrics to songs and show you live video feeds from Alexa-compatible security cameras.

Amazon favors its own content on Fire TV, but you can also access apps like Netflix, Vudu, Hulu, Plex, HBO, DirecTV Now, AT&T Watch TV and Sling TV. For video, the Fire TV Cube has support for 4K content, HDR, Dolby Atmos.

**Cons:** Like its apps, Amazon’s Fire TV interface is cluttered, filled with promoted content and is a pain to navigate. Alexa Fire TV integration is still occasionally frustrating and voice controlling a TV through the Fire TV Cube can be painfully slow.

Also, despite the many apps available, Amazon Fire products can’t access YouTube, which is becoming an ever-greater loss.

4. Chromecast Ultra

**Pros:** If you’ve ever owned a Chromecast, you’ll know that they can be extra useful around the house. With this unobtrusive little gadget, you can cast or stream content from your iOS or Android smartphone or Chrome browser to your TV. You can even cast your whole desktop if you want to.

However, it’s not a traditional streaming box like the others. Chromecast doesn’t come with its own remote; instead, you use your smartphone to find compatible apps like Netflix, Hulu, HBO Now, Sling TV, Plex and Vudu straight to your TV.

Better yet, you can also integrate Chromecasts with the Google Home, and with HDMI-CEC compatible TVs, you can have usable (but limited) hands-free voice control. The Chromecast Ultra can cast 4K and HDR content, as well. At $70, it’s one of the cheapest streaming gadgets on the market.

**Cons:** Again, there no actual physical remote. You will always depend on your smartphone or tablet to operate it. Not all content can be cast (notably Amazon and iTunes).

**Price:** $69

5. Nvidia Shield

**Pros:** The Nvidia Shield is the clear outlier because it was originally designed as an Android gaming gadget. Still, the Shield can stream all kinds of entertainment, and the device has excellent hardware, which can output 4K, HDR and Dolby Atmos.

Because the Shield runs on Android TV, you can access almost every popular streaming service, such as Netflix, Hulu, HBO, Vudu, Plex and Amazon Video. The Shield can also act as a second Chromecast in your home, enabling you to cast content and mirror your Chrome sessions. You can even integrate the device with Google Home.

With the Nvidia Shield’s two USB ports, you can connect a compatible USB TV antenna and watch and record live TV with it. If you’re looking for the best 4K hardware available, but you’re not locked into Apple’s ecosystem, then the Nvidia Shield is worth a look.

**Cons:** At $180, the Shield is pricier than most others, and it gets even pricier if you get add-ons like a gaming controller and extra storage. If you’re not an avid Android gamer, then the cheaper streaming boxes are better buys. The Nvidia Shield, excellent streamer as it is, can be overkill.
Top tips for organizing a golf trip to the British Isles
If you enjoy your golf and enjoy travel, then the UK and Ireland must be high on your list of golf destinations to visit. Below are some top tips on what to consider when planning a golf vacation to the British Isles to make sure that it is the best ever!

1. Set your dates
You’ll find the best weather in the UK and Ireland is mid-May to mid-September, however you can also get lucky in April and October and score some fabulous weather. The green fees are typically a lot cheaper in the Spring or Autumn, so you will save some cash, but if you’re unfortunate enough to get the wrong side of an Atlantic depression the weather can bite you. Obviously when planning your dates remember to factor in your work and family commitments; you need to keep everyone happy once you’ve got the permission to go away with your golfing buddies!

2. Decide who is on the bus
Invite your buddies and get their commitment! It goes without saying that you want to be on holiday with good friends, but make sure that they are the type that you can spend the most part of every day with and well as put up with their on-course habits, or their antics on a night out when they are on their fifth pint of “Old Shipwreck”. This will be a trip that you have spent months looking forward to so make sure that you’re with your “A Team”. And, importantly ensure that when people say they are coming on the trip they commit and don’t drop out last minute. This can cause all sorts of logistical headaches.

3. Agree your budget
Discuss and agree with your group how much you are prepared to spend per person and make sure that it corresponds to the standard of golf that you want to play, and that everyone in the group is in line. On one side it is worth treating yourself and spending that bit more on your vacation – you are most likely not in the British Isles that often. On the flipside, you can play amazing golf on a minimal budget – if you know where to go!

4. Book in advance
I’d recommend booking at least 3 months in advance to ensure that there are still tee times available at the courses that you want to play and rooms at the hotels where you want to stay (plus the flights will be cheaper). If you are a large group or want the plumb tee times, then I’d recommend booking 6 months in advance. However don’t worry if you suddenly have the impulse or time to come over to the UK or Ireland to play golf. You can always find hotels and great quality golf last minute if you are flexible with your schedule (and not in too large a group).

5. Research which courses you want to play
Remember to mix a few hidden gems into your golf schedule to sit alongside the signature and renowned courses. Not only will this reduce the cost of your trip, but you will also enhance your golfing experience by playing some amazing courses off the beaten track and enjoying wonderful hospitality from the clubs and their members.

6. Match the standard of golf to your group
Links golf or championship inland courses can be tough, really tough….. Especially when the wind is blowing. The likely hood is that not all of your group are sub 10 handicap, so to keep you smiling throughout the trip (…even when you have just come out backwards from your third pot bunker), make sure you factor in a few sub 6,500 yard courses; which although still a strong

3. Agree your budget
Discuss and agree with your group how much you are prepared to spend per person and make sure that it corresponds to the standard of golf that you want to play, and that everyone in the group is in line. On one side it is worth treating yourself and spending that bit more on your vacation – you are most likely not in the British Isles that often. On the flipside, you can play amazing golf on a minimal budget – if you know where to go!

4. Book in advance
I’d recommend booking at least 3 months in advance to ensure that there are still tee times available at the courses that you want to play and rooms at the hotels where you want to stay (plus the flights will be cheaper). If you are a large group or want the plumb tee times, then I’d recommend booking 6 months in advance. However don’t worry if you suddenly have the impulse or time to come over to the UK or Ireland to play golf. You can always find hotels and great quality golf last minute if you are flexible with your schedule (and not in too large a group).

5. Research which courses you want to play
Remember to mix a few hidden gems into your golf schedule to sit alongside the signature and renowned courses. Not only will this reduce the cost of your trip, but you will also enhance your golfing experience by playing some amazing courses off the beaten track and enjoying wonderful hospitality from the clubs and their members.

6. Match the standard of golf to your group
Links golf or championship inland courses can be tough, really tough….. Especially when the wind is blowing. The likely hood is that not all of your group are sub 10 handicap, so to keep you smiling throughout the trip (…even when you have just come out backwards from your third pot bunker), make sure you factor in a few sub 6,500 yard courses; which although still a strong
test of golf, allows you to use a short iron for your approach shot and not the 3-iron. Take Scotland for instance; it is scattered with wonderful shorter designs by James Braid, Old Tom Morris and Willie Park, Jr. – these gems should be strategically placed in your tour schedule.

7. Remember to relax and allow for other activities
You’re in a new country so it would be a shame not to get out, feel the culture, see the sights, eat the food, drink the local brews and explore the countryside. These can ironically be some of the best moments of the trip where you reflect on what you have just played and the delights of what is to come. Even better, factor in a non-golfing day to relax, recharge and do something completely different; ever been to a Highland Games or seen Nessy for instance…?

8. Plan your itinerary carefully and give yourself some slack
Depending on the standard of the roads it can take longer to get to golf courses and hotels than you think. You don’t want to be late for that precious tee time, so factor in some extra time. By good planning and time management you’ll make your trip a lot less stressful and allow yourself some practice time on the range before a round, plus a cup of coffee and a bacon roll (not to be missed out on…!).

9. Talk to a Golf Tour Operator
These guys have a lot of knowledge and experience and can recommend an itinerary based on your budget and golf requirements. They can also save you hours of time in researching and booking hotels, tee times, ground transportation and flights. And contrary to popular belief some tour operators don’t charge excessive fees for their service. In fact we, Golfbreaks.com, can save you money compared to you self-packaging your trip. We book hundreds of thousands of golfers every year into golf destinations and therefore can secure very good rates from the golf courses and hotels that we work with, which we then pass on to our customers.

10. To drive or be driven
If you want the freedom to explore new places and be in control of where you go when, then renting a car is the option for you. It is typically also the cheapest option. However take note, we drive on the left over here, the roads to the courses might not be that well signposted (and Sat Nav does not always get it right…). Also make sure that you hire a car large enough to take all your bags and clubs; so you should opt for a large estate, MPV or small van. The more regal option is to hire a chauffeur driven mini-bus; you’ll get to every location on time, and be able to enjoy a post round dram and a snooze on the way home. If you are lucky you’ll also hear some great stories and a bit of local culture from your much-travelled driver. The only downside is the additional cost for the service – but it is well worth paying for. The last option is to take taxis everywhere; but the price could soon add up and you’re also left with the work of booking the cabs (and the anxiety… if they don’t turn up…).

11. Buy the right clothing
Yes, it has been known to rain in the UK (just sometimes), so it is essential that you pack some good quality waterproofs should you encounter any exciting weather coming in off the North Sea, Irish Sea or Atlantic. You may even want to pack a spare pair of golf shoes in case you are playing back to back rounds and get caught in a shower. One further consideration is to pack a tie; you never know when you might get an invite from into the members’ bar at a traditional club… or even an invite from an R&A member… I’ll say no more apart from… you wouldn’t want to miss out due to a wardrobe malfunction…!

Golfbreaks.com, recognized market leaders in worldwide golf travel, have organized great value vacations for over 2 million golfers since 1998. If you too would like to experience the magic of a golf trip to the UK or Ireland, please send us an inquiry.
Trader Joe's is renowned for its friendly customer service, house-brand snacks, and, of course, wine that is cheaper than bottled water.

No conversation about Trader Joe's wine is complete without mentioning Charles Shaw, a.k.a. “Two Buck Chuck,” the multiple-award-winning discount wine with which the chain is famously linked. The TJ’s staple is produced with mass appeal in mind — think smooth mouthfeel with pronounced, ripe fruit flavors.

But TJ’s means many things to many people. We decided to ask VinePair Insiders, our Facebook group, about their favorite Trader Joe's bottles. We came up with a list of 16 — a mix of both wines exclusive to Trader Joe's, as well as bottles that can also be purchased in other stores — and gave them to a team of experts for a blind tasting.

The results were surprising in both good and bad ways. Some of the regularly recommended wines fell short of the mark, prompting unfavorable tasting notes like “sugar-free, bad butterscotch” and “ashtray.” Others impressed us with their depth of flavor and recognizably high-quality winemaking. Best of all were these, our top five Trader Joe’s wine picks.

5. RAVENSWOOD VINTNERS BLEND OLD VINE ZINFANDEL 2015 ($8)
Displaying pronounced aromas of ripe black fruits and spice, our tasters enjoyed this old vine Zinfandel for its well-executed balance of fruit and herbs. With silky tannins and interesting flavors of olives and chocolate mixed in with luscious blackberry, this is an ideal wine for a BBQ with friends.

4. KIM CRAWFORD SAUVIGNON BLANC 2017 ($14)
Based in Marlborough, New Zealand, Kim Crawford is one of the country’s best-known producers, and our experts had a lot to say about its Sauvignon Blanc. Reveling in its “floral Bath & Body Works” notes, the highly aromatic white transported tasters to “grassy peach orchards.” While floral on the nose, this Sauvignon Blanc offers refreshing citrus and green fruit flavors on the palate and has mouthwatering acidity.
3. FLORIANA GRÜNER VELTLINER 2017 ($6)

In terms of grape variety and region, the Floriana Grüner Veltliner is the most interesting proposition in our top five. This light and zesty Hungarian white displays green apple and citrus flavors, with just a hint of spicy white pepper. “Good with food,” “would be good in a slushy,” and even, “good with popcorn!”, it was thumbs up all round from the VinePair tasting panel.

2. VILLA CERRINA MONTEPULCIANO D' ABRUZZO 2016 ($5)

At just $5, the Villa Cerrina Montepulciano d' Abruzzo is the cheapest wine in our top five and represents phenomenal value for the money. Interesting and well-balanced, this wine is an ideal representation of the “earthy” style of Italian wines. Fragrant oregano aromas blend with red plum and sour cherry flavors. This is exactly the kind of wine people refer to when reminiscing about the great table wine they enjoyed on that recent Tuscan getaway.

1. LA PACA SONRIENTE GARNACHA 2016 ($7)

Topping the list is La Paca Sonriente Garnacha from Spain's Catalayud region. This superb medium-bodied red provided our experts with a host of talking points and tasting notes. One taster favored its “refreshing acidity” — a pleasant surprise, given the warm region in which the wine is produced. Another enjoyed the “leather and fresh tobacco” aromas, which point to a form of oak-barrel aging one doesn’t expect in this price range. The wine will pair well with food but can easily be drunk on its own. And while the $7 price tag points to a mid-week sipper, the quality of winemaking and overall balance of this wine make it something we’d happily take to a Saturday night dinner party with friends.
Our Answering Service and Call Center Operations Have Been Serving the Local Medical Practices and the Healthcare Industry Since 1985

• Let us assist you with a live person answering all of your calls or calls when your office is closed – The personal touch
• High performance – We answer your calls accurately
• Personalized customer care / Help desk to provide immediate assistance / Additional services include appointment setting and secure texting
• Local owners and operators – We are not a nameless national call center branch and you are not just some account number on our list

Find out why we are the preferred HIPPA compliant answering service and call center operation for medical practices and healthcare institutions in Northeast Florida

Visit our website at www.absentanswer.com to view our full selection of services
Contact us at 888-414-2405 or Sales@absentanswer.com

Culinary Nutrition Programs To Help Your Patients Taste Life.

Counseling
Collaboratively develop a personalized nutrition game plan to prevent & reverse disease & decrease need for medications.
- Weight Management
- Gastrointestinal Disorders
- Diabetes
- Cardiovascular

Community
Engaging, interactive workshops that demonstrate which foods have the most impact on preventing and reversing the most common health conditions.
- Lifestyle Change Workshops
- Meal Planning Workshops
- Guided Grocery Tours
- Community Cooking Classes

Culinary
Feel empowered in the kitchen or have healthy, customized meals prepared in your home to support your busy schedule & health goals.
- In-home culinary coaching
- Personal chef/meal prep

A healthy lifestyle is not about restrictions, it’s about creating new habits.

CALL FOR MORE INFO OR TO SCHEDULE AN OFFICE DEMO

(904) 250-0910 | www.KailoNutrition.com | info@KailoNutrition.com

Heather Borders RD, LD/N
Registered Dietitian
ARTICLES IN THIS ISSUE

- CME: Preventing Medical Errors and Improving Patient Safety
- Spring Cleaning: More Than Tidying Up Your Financial Plan
3 - Spring Cleaning: More Than Tidying Up Your Financial Plan

4-7 - Preventing Medical Errors and Improving Patient Safety

2019
UPCOMING EVENTS

MARCH 19 Beers with Peers for Residents & Fellows
APRIL 6 Life After Residency and Fellowship Seminar
APRIL 9 Annual DCMS/Navy Dinner
OCT. 7-8 2019 DCMS Annual Meeting & Future of Healthcare Conference

ANNUAL DCMS Navy Dinner
April 9, 2019, 2019 at the NAS Jax Officers’ Club

Exhibition Hour, Annual Awards Ceremony, & Keynote Presentation

Price: $54.99 per ticket
Deadline to register is Friday, March 22

TO REGISTER:
Call Sallie Baumann at 904-355-6561 ext. 2002
dcmsonline.org/DCMSNavyDinner
The single largest impacting factor to my personal life thus far in 2019 has been Marie Kondo. She has stolen nearly every weekend this year. Her hit show “Tidying Up” essentially boils down to tossing all items in your home that aren’t actively used and lack a strong emotional tie to the item. This applies to books, records, clothes, bathroom supplies, and even your tools and the number of extension cords you keep! Her success is attributed to her Tidying Up plan which is three phases: 1) Organize your Clothing 2) Organize your Paper and Records, and 3) Everything Else. Her epic success on Netflix has swept a nation that previously gauged one’s success in accumulated items and allowed minimalism to prevail for many.

Marie’s second phase in recording-keeping was no more than a two-hour endeavor for my family. We maintain and keep all of our financial, tax, and legal documents in my firm’s encrypted client website, eMoney. Our credit cards, bank accounts, and investments are linked and updated daily. Our spending is viewable per account or in the aggregate. Important documents are kept in my Vault and instructions for my estate and accounts are stored there. If you saw an episode, you’d know Marie would be sincerely happy at this organization (this happiness would be outweighed by disdain for my Hawaiian t-shirts that won’t be departing my home any decade soon). Her feeling of satisfaction at helping organize one’s home is the same joy and satisfaction that I feel when helping a busy client organize their financial relationships.

Many of our clients start out as residents and new professionals beginning their financial paths. Our relationship is but one of a dozen that most doctors generally maintain to achieve financial success. Insurance agents for liability protection, malpractice, auto, home, disability, and health. Banking relationships for credit cards, mortgages, student loans, retirement plans, accountants, real estate owned, and attorneys. These relationships create data that can be ever expanding and unviewable in a single location. This mountain of data can be overwhelming and preventative to making logical and informed decisions about your financial plan. Would it be better to refinance your student loans? What will your tax liability increase be if you move to Louisiana? Is your current health insurance plan best for your family? Making these decisions independent of each other can prevent optimal financial plan success.

Our firm’s greatest contribution to your financial plan isn’t a mutual fund or investment account. It isn’t criticizing an insurance program you began years ago. The single greatest commodity that our financial planning team brings is education and perspective to organized data centered around your success. The goals you have when you begin your financial plan with our firm may be realized along with a dozen or so other areas you didn’t know to supplement with organization.

James Neshewat is a financial advisor and attorney. He can be reached at (904) 644-7803, office located at 10245 Centurion Parkway N. Suite 103, Jacksonville, 32256.

Securites offered J.W. Cole Financial Inc.(JWC) Member FINRA/SIPC. Advisory Services offered through J.W. Cole Advisors, Inc. (JWCA)

St. Johns Asset Management, LLC and JWC/JWCA are unaffiliated entities.
Preventing Medical Errors
and Improving Patient Safety

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

This issue of *Northeast Florida Medicine* includes an article, “Preventing Medical Errors and Improving Patient Safety” authored by Linda Edwards, MD and Francys Calle Martin, Esq., LHRM, which has been approved for 2 AMA PRA Category 1 credits. For a full description of CME requirements for Florida physicians, please visit www.dcmsonline.org.

Faculty/Credentials:
Linda Edwards, MD is the Senior Associate Dean for Educational Affairs and Associate Professor for the Department of Medicine, University of Florida College of Medicine, Jacksonville, FL. Francys Calle Martin, Esq., LHRM is the Senior Loss Prevention Attorney and Vice President of Florida Academic Healthcare Patient Safety Organization.

Objectives:
1. Define medical error and discuss the multiple factors propelling medical error prevention and patient safety efforts.
2. Review The Joint Commission and state agency standards, regulations relating to sentinel and adverse events, and the process of root cause analysis.
3. Review the Board of Medicine’s most misdiagnosed conditions and provide examples of each and the consequences for both the patient and the healthcare provider.

Date of release: March 1, 2019    Date Credit Expires: March 1, 2021    Estimated Completion Time: 2 hours

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

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

Faculty Disclosure:
Linda Edwards, MD and Francys Calle Martin, Esq., LHRM report no significant relations to disclose, financial or otherwise with any commercial supporter or product manufacturer associated with this activity.

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

Joint Sponsorship Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of St. Vincent’s Healthcare and the Duval County Medical Society. St. Vincent’s Healthcare designates this educational activity for a maximum of 2 AMA PRA Category 1 credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.
Abstract
Following a number of studies on the high incidence of medical errors and increasing efforts to improve patient safety, the prevention and reduction of medical errors has become a priority for federal and state regulatory agencies and healthcare providers across the nation. It is important for physicians to understand how federal, state, and independent regulatory agencies have shaped the patient safety movement, provided an organized structure for identifying causes of medical errors, and developed effective preventive strategies. Based on national reports of patient safety events and malpractice data, federal, state, and independent regulatory agencies have established patient safety goals for the prevention of medical errors.

Introduction
The Health and Medicine Division, formerly known as the Institute of Medicine (IOM), is a division of the National Academies of Sciences, Engineering, and Medicine focused on improving health and healthcare in our nation and throughout the world. This team issues recommendations and reports to foster discussion and critical thinking, such as the oft-cited 1999 report To Err Is Human, in which a medical error is defined as “the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim.”1 The IOM estimated as many as 98,000 people die every year as a result of preventable medical errors. A 2016 study published by Johns Hopkins University researchers in the British Medical Journal claims that 251,000 lives are lost every year as a result of medical errors.2 If correct, this statistic places medical error third among the leading causes of death in the United States, behind heart disease and cancer.2 Medical error prevention is, therefore, an urgent public health concern requiring close examination of contributing factors and prompt identification of appropriate strategies to reduce risks to patients.

Error Reduction and Prevention
In an effort to control increasing government costs resulting, in part, from pervasive medical error in the United States, Congress passed the Deficit Reduction Act (DRA) in 2006. Among its other provisions affecting domestic entitlement programs, the DRA required the Centers for Medicare and Medicaid Services (CMS) to compile a list of conditions that result in high costs and can reasonably be prevented. CMS developed a list of Hospital Acquired Conditions (HACs) and implemented policies denying or limiting payment by CMS for treatment made necessary by HACs. The current list of HACs is lengthy, but some notable examples include falls, catheter-associated urinary tract infections, unplanned retained foreign objects after surgery, and significant pressure ulcers. While HACs may not be the result of error or negligent care, CMS reimbursement consequences have raised the stakes significantly in medical error prevention. Since 2010, the Agency for Healthcare Research and Quality (AHRQ) has been collecting information on HACs.3 AHRQ has found a downward trend in HACs of 17 percent from 2010 to 2014, and of 8 percent from 2014 to 2016.4 Based on these reductions, AHRQ estimates there were 350,000 fewer HACs from 2014 to 2016 alone, representing a savings of $2.9 billion in hospital savings and 8,000 inpatient deaths averted. In its most recent National Scorecard on Hospital-Acquired Conditions, updated in June 2018, AHRQ projects that between 2015 and 2019 there will be 1.8 million fewer patients with HACs, resulting in 53,000 fewer deaths and $19.1 billion in hospital savings.

At the state level, the Florida Board of Medicine has prescribed a range of disciplinary actions for a variety of medical errors, such as wrong site surgery, unplanned retained foreign objects, practicing beyond the scope permitted by law or competency, and gross or repeated malpractice.5 In addition, hospitals, ambulatory surgical centers, nursing homes, and physician offices licensed under Florida law are required to report statutorily defined
“adverse events,” to the Florida Agency for Health Care Administration (AHCA) or Department of Health (DOH). Certain licensed facilities are also required to establish and maintain internal risk management programs to track these and other types of events. Under Florida law, an adverse event is defined as “an event over which healthcare personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred” that results in a specified injury, including death, brain damage, additional medical or surgical intervention, or transfer to a higher level of care. Licensed facilities must report specified adverse events within 15 days of the occurrence, hence the name “Code 15” report. Healthcare providers in an office practice setting are also required to report these types of events. This report includes a description of the circumstances surrounding the event, as well as analysis and interventions taken to correct and prevent recurrence. License numbers of personnel who were directly involved in, or witnessed, an adverse event are also required on Code 15 reports. AHCA routinely forwards Code 15 reports to the DOH so that DOH may determine whether to initiate a practitioner investigation. AHCA also maintains an annual report of malpractice claims reported statewide.

**Root Cause Analysis (RCA)**

The Joint Commission (TJC) is an independent, not-for-profit organization that accredits and certifies nearly 21,000 healthcare organizations across the nation and has become a symbol of patient safety given its commitment to the highest quality performance standards. TJC defines a “sentinel event” as a patient safety event that results in death, permanent harm, or severe temporary harm in which intervention is required to sustain life. When a sentinel event occurs, TJC requires a Root Cause Analysis (RCA) to be completed within 45 days. While in Florida, AHCA’s definition of an adverse event is not necessarily synonymous with TJC’s sentinel event; most adverse events undergo RCA. They are called "sentinel" because they signal the need for immediate investigation and response.

The first step involved in RCA is gathering the information and circumstances surrounding the event by using a multidisciplinary team that includes leadership and all those involved in the event. The causal factors identified drive the corrective action plan, and specific individuals and departments are assigned to be the responsible stakeholders for the corrective actions. Once solutions to the patient safety event are determined and implemented, timely follow-up to assess effectiveness is essential.

Not all sentinel events occur because of medical errors, and not all medical errors result in sentinel events. Hospital reporting of sentinel events to TJC is voluntary. Therefore, reported RCA events represent only a small proportion of actual events. Presently, the top ten sentinel events reported to TJC are: unintended retention of a foreign body; falls; wrong patient/site/procedure; suicide; delay in treatment; other unanticipated event; criminal event; medication error; operative or post-operative complications; and self-inflicted injury. Of the sentinel events reported to TJC through RCA for the past several years, human factors, leadership, and communication are consistently the top three root causes. Since 1998, TJC has published “Sentinel Event Alerts” which address root causes and risk reduction strategies of sentinel events. Many of the strategies and recommendations have since become TJC hospital standards of accreditation.

The proactive counterpart to RCA, Failure Mode and Effect Analysis (FMEA) is a method for evaluating processes before an adverse event occurs by identifying where and how failures might occur. A FMEA team, comprised of individuals involved in the process, reviews the steps in the process to identify and evaluate those parts of the process most in need of change. Prioritizing is important to ensure systems and processes with the highest likelihood of patient or staff harm are addressed first.

In 2015, the National Patient Safety Foundation (NPSF), an independent, not-for-profit organization, published “RCA²: Improving Root Cause Analyses and Actions to Prevent Harm.” Recognizing the value of the RCA process, but noting its inconsistent success, RCA² incorporated a second “A” to the RCA acronym: Action. Root Cause Analyses and Action emphasizes the importance of positive action to prevent recurrence of future patient safety events, in addition to techniques to identify causes of past events and remedial measures. “The most important step in the RCA² process is the identification of actions to eliminate or control system hazards or vulnerabilities identified in the causal statements.” Once identified, the focus turns to the development of strong action plans with support of facility leadership. Numerous patient safety organizations, including TJC, have endorsed the use of RCA².
Patient Safety
In 2005, Congress passed the Patient Safety and Quality Improvement Act (PSQIA) which established federal privileges and confidentiality for patient safety work product reported to a Patient Safety Organization (PSO). As of November 2018, 56 listed PSOs serve providers in Florida. The legal protections of the PSQIA have significantly enhanced provider willingness to share patient safety and performance improvement information to facilitate the development and dissemination of preventive measures and best practices.

In 2002, TJC established its National Patient Safety Goals program to help accredited organizations focus on specific areas of patient safety concern. For 2019, TJC identified the following National Patient Safety Goals for hospitals:

1. Identify patients correctly
2. Improve staff communication
3. Use medicines safely
4. Use alarms safely
5. Prevent infection
6. Identify patient safety risks
7. Prevent mistakes in surgery

The first goal addresses the issue of reliably identifying the patient for whom service or treatment is intended and matching the service or treatment to that patient using acceptable identifiers. Acceptable patient identifiers include their name, identification number, or telephone number. Two identifiers must be used when administering medications or blood products.

The second goal is to improve the effectiveness of communication among caregivers. The focus is prompt communication of critical test results to the appropriate caregiver so that indicated treatment can be started immediately. TJC proposes the development and implementation of written procedures for managing the results of critical tests and diagnostic procedures.

The third National Patient Safety Goal promotes reducing or eliminating errors involving medication administration. Since 2005, there have been more than 500 sentinel events related to medication error.

The fourth goal is the safe use of critical alarms which addresses issues such as overuse. Overuse of alarms may confuse or desensitize staff to critical alerts. The Joint Commission requires hospitals to establish alarms as an organizational priority and identify the most important alarms to manage, based on their own internal situations.

The fifth goal is to reduce infections in healthcare facilities, including post-operative infections, central line infections, and urinary tract infections from the use of catheters. Prevention and control strategies must be tailored to the specific needs of each hospital, based on its own risk assessment.

The sixth goal is to identify patient safety risks, including patient assessments for suicide risk, which is a frequently reported sentinel event. Between 2005 and 2017, there were more than 1,600 sentinel events reported to TJC involving suicide. Identification of individuals at risk for suicide while under the care of, or following discharge from, a healthcare organization is an important step in protecting at-risk individuals.

The seventh National Patient Safety Goal is the prevention of mistakes during surgery. There were more than 1,400 wrong patient, wrong site, or wrong procedure surgeries voluntarily reported to TJC from 2005 through the fourth quarter of 2017. The figure nearly doubled from 2014 to 2015, from 73 reported events to 120. Another 121 wrong patient, wrong site, or wrong procedure events were reported in 2016. This number decreased slightly in 2017 to 95. Having a pre-procedure verification process and performing a time-out with the operating room team before anesthesia is administered to ensure the correct procedure, for the correct patient, at the correct site, is a recognized standard of practice. Marking the location of the surgery is also recommended.

Patient safety is also a Florida statutory requirement. Under Florida Statute 395.1012, each licensed facility is required to adopt a patient safety plan. Hospitals receiving reimbursement from CMS must comply with the CMS Conditions of Participation, but may it is sufficient to, “develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program.” Each licensed facility must also appoint a patient safety officer and a patient safety committee, which will include at least one person who is neither employed by nor practicing in the facility, to promote the health and safety of patients by evaluating patient safety measures of the facility and implementing the patient safety plan.
Diagnostic Errors

Diagnosis is the foundation upon which all healthcare services and treatment rest. It is through correct diagnosis that subsequent healthcare decisions are made. Building upon To Err is Human, IOM published Improving Diagnosis in Healthcare in 2015, revealing the occurrence of diagnostic errors had been largely underestimated and that most patients would suffer at least one diagnostic error in their lifetime.

Noting numerous conflicting definitions of diagnostic error in the healthcare industry, IOM endorses a patient-centered definition: “failure to (a) establish an accurate and timely explanation of the patient’s health problem(s) or (b) communicate that explanation to the patient.”

Taking some inspiration from TJC National Patient Safety Goals, the IOM outlined eight goals to reduce diagnostic error and improve diagnosis:

- Facilitate more effective teamwork in the diagnostic process among healthcare professionals, patients, and their families.
- Enhance healthcare professional education and training in the diagnostic process.
- Ensure that health information technologies support patients and healthcare professionals in the diagnostic process.
- Develop approaches to identify, learn from, and reduce diagnostic errors and near misses in clinical practice.
- Establish a work system and culture that supports the diagnostic process and improvements in diagnostic performance.
- Develop a reporting environment and medical liability system that facilitates improved diagnosis through learning from diagnostic errors and near misses.
- Design a payment and care delivery environment that supports the diagnostic process.
- Provide dedicated funding for research on the diagnostic process and diagnostic errors.

According to that IOM study, diagnostic errors cause harm by preventing or delaying the appropriate treatment or providing unnecessary or harmful treatment. In the outpatient setting, it is estimated that each year, five percent of adults will experience a diagnostic error. In the hospital setting, diagnostic errors are estimated to account for 6-17 percent of adverse incidents each year.

Diagnostic errors are also the leading type of paid medical malpractice claims and twice as likely to have caused the patient’s death, compared to other claims. In a 2013 study analyzing 25 years of data submitted to the National Practitioner Data Bank, diagnostic errors were the highest claim type at 28.6 percent and accounted for 35.2 percent of total payments, which was also the highest proportion. Diagnostic errors were the leading cause of claims-associated death and disability. After adjusting for inflation, diagnosis-related payments totaled $38.8 billion.

Misdiagnosed Conditions

Recognizing the paramount importance of timely and accurate diagnosis of medical conditions, the Florida Board of Medicine requires continuing education for physician license renewals to include information relating to the five most misdiagnosed conditions during the previous biennium. Effective September 10, 2018, the five most misdiagnosed conditions include:

- cancer related conditions,
- surgery complications,
- respiratory related conditions,
- OB/GYN related conditions, and
- cardiology related conditions.

It is important to look at each condition and actual Board of Medicine case scenarios.

Cancer Related Conditions

In 2018, the American Cancer Society estimated 1,735,350 new cancer cases were diagnosed, and 609,640 deaths were attributed to cancer in the United States. Florida had one of the highest state diagnosis rates at 135,170. The top three most diagnosed new cancers in Florida were female breast, lung and bronchus, and prostate cancer.

“Misdiagnosis” of cancer includes missed diagnosis, wrong diagnosis, and delayed diagnosis. In one case presented to the Board of Medicine, the patient underwent an x-ray of the chest that revealed a focal area of increased density in her lung. The physician documented the findings, as well as the patient’s reluctance to undergo a...
The world is going DIGITAL, so should YOUR PRACTICE. Make it SMART & EFFICIENT!

Salient Features

- Online Registration & Scheduling
- Telemedicine & Virtual Clinic
- SEO & Analytics
- Online Scheduling
- Branding & Digital Marketing

Benefits

- Expand Outreach
- Increase Revenue & Efficiency
- Increase Patient Satisfaction & Engagement
- Decrease No-Shows, Cancellations & Costs
- Connect with Marketplace Projects (CURA4U and SHIFA4U) for Self-Pay Patients Referrals

For more information
www.americantelephysicians.com
info@americantelephysicians.com

Bank of America Tower, 50 N Laura St #2500, Jacksonville, FL 32202, USA
Phone: +1 844-244-3999

Happy to connect and answer your queries
Gayle Ballard
+1(904)-377-8392
The Gender Pay Gap Among Physicians
Staggering and Real

**Courtesy of mommd.com**

It is often said that being a mom is the toughest job on the planet. As a mom, you are on call 24/7, 365 days a year. You definitely don't get sick days and you probably don't take a lunch break. Let's be honest, some days you don't even have the time to brush your hair or take a shower. But what about moms who also have a full-time job? Further, what about moms who have a full-time job in one of the most stressful and intense industries? I think it is safe to say that physicians who are also mothers likely take the cake when it comes to the world's toughest jobs. Not many would argue with this statement, and so why is it that moms, and female physicians in general, are compensated far less than their male counterparts? Troubling, but true.

In recent years, we've all been blasted with reports about the gender pay gap in Hollywood. Despite the media's focus on those that grace the silver screen, it is important to note that the gender pay gap affects people across all professions and industries in the US. Nonetheless, you still may be surprised to learn that the gender pay gap is alive and well among one of our country's oldest and most revered professions: medicine. That's right – although the year is 2018, reports indicate that female physicians, across all specialties, earn an average of 28% less than their male counterparts. This figure translates to an approximate $105,000 per year. Even when the data is broken down based on medical specialty, there is no area where women earn as much as men.

Of course, it is not news to anyone that the medical field is one that has historically been dominated by men. While male doctors still outnumber females – approximately 66% of physicians in the US are men – women are entering the medical field at unprecedented rates. The number of women enrolled in medical school recently reached a 10-year high, and in 2015, female medical school graduates outnumbered males in several states.

One of the largest factors affecting compensation among men versus women is geography. The statistics prove that where you live does matter. In several cities, the pay gap is 30% or more (including Charlotte and Durham, North Carolina; Orlando, Florida; and Kansas City, Missouri). Five other cities have pay gaps of at least 29%. It appears that the pay gap was the least significant (relatively speaking) in Sacramento, where female physicians earn 19% less than their male counterparts. The reports are unclear as to why such drastic disparities exist in particular cities.

Perhaps the most disturbing aspect of this issue is an examination of when, if ever, the gap will close. Although the gender pay gap has certainly been inching closer and closer together (no one can deny the progress made in women's education and workforce participation since the 1970s), the rate of change simply is not happening fast enough. Experts estimate that if the rate of change experienced between 1960 and 2016 continues, then women are expected to achieve pay equality in 2059. However, experts also advise that progress has slowed in recent years (since 2001, specifically), such that if the more recent and slower rate of change continues, women will not achieve pay equality until 2119. So, even if we take the more optimistic stance, women will continue to earn less money than their male counterparts for another staggering 41 years.

Having presumably achieved the same level of education and training upon entering the work force, why are female and male physicians paid so differently? Unfortunately, there truly is not a good answer, but it appears that at least part of the problem is self-doubt and reluctance on behalf of women. Reports indicate that, in general, women feel less comfortable than men when it comes to negotiating their compensation, and therefore simply accept what is offered to them. Therefore, although this problem requires a systemic response, it is clear that we also need women to stand up for their value and for female voices to be heard. For this reason, there are many advocates around the country who speak on this issue and encourage women to become proactive about negotiating their salaries, including Dr. Theresa Rohr-Kirchgraber, an associate professor at Indiana University School of Medicine, who holds a class called Negotiating the Pay Divide to raise awareness about this issue. Dr. Rohr-Kirchgraber emphasizes the importance of women being more proactive toward “eliminating an unconscious bias that exists in medicine.”
PROFESSIONAL CLAIMS LINK
Established in 1998 as a medical billing company and has grown into a full-service medical practice management and consulting company. The firm offers medical billing, contracting and credentialing, auditing, staff training and new practice setup services for all specialties.

PCL is a knowledge base for physicians and can assess and assist in finding new opportunities to increase revenue and patient services. PCL has a proven method on the medical billing side that maintains a constant income flow and a low accounts receivable. By making sure claims go out clean based on the correct coding initiatives and payor guidelines, a commercial claim will pay as soon as 7 days from the billed date. Most billing companies hire key punch operators to decrease their costs but don’t consider the thought process that needs to occur before any claim goes out. PCL hires well paid staff that are intensively trained and highly capable. The true key to this process is working as an extension of the medical practice and allowing the doctor to be a doctor!

PCL has also developed relationships with key insurance personnel throughout Florida’s healthcare industry. The professional contacts we’ve made provide our staff with support for problem claims adjudication and keep us informed of procedural changes within each insurance company. Billing to specific insurance carrier’s requirements is essential in moving your healthcare claims quickly through the system.

PCL Offers several services to assist physicians in running a successful practice:

- Insurance Billing and Coding
- Patient Collections
- Insurance Receivables Auditing
- New Practice Setup
- Medical Practice Staff Training
- Medical Insurance Contracting and Credentialing
- Medical Practice Management Consulting

“We feel very fortunate to have been introduced to Professional Claims Link. Since September of 1998, this team of professionals have impressed us with their dedication, knowledge base, consistently outstanding service and persistence in getting the proper reimbursement from third parties. They have made a big difference in our bottom line.”

-Daniel C. McDyer, M.D., Obstetrician and Gynecologist

MEDICAL SALES AND SOLUTIONS, LLC
Established in 2017, MSS is a medical device sales company focusing on new technologies that will allow physicians better solutions to diagnostics. MSS is featuring the U-Lite Exp, an ultraportable full HD ultrasound system. U-Lite is manufactured by Sonoscanner, located in Paris, France. Sonoscanner is the leader in portable ultrasound technology and has won numerous awards. Although U-Lite is in 50 different countries, it is just making its debut in the United States.

The U-Lite EXP is the first ultraportable HD ultrasound unit in the world incorporating all of the functionalities of a complete ultrasound device in the palm of your hand. Its eco-conception brings you the lowest energy consumption levels on the market without loss of resolution. U-Lite is the only ultrasound scanner to have a complete set of lightweight broadband multifrequency transducers that deliver superior image quality and doppler sensitivity in a wide range of clinical settings.

The U-Lite is widely used in Europe and most recently the country of Sweden awarded Sonoscanner placement of these machines in all of its hospitals, outperforming the competitors in three different medical fields: emergency medicine, medical imaging consultations and interventional procedures. The French Army granted the military contract to Sonoscanner for the U-Lite over the G.E. Vscan and Philips Lumify.

“Point-of-care ultrasound (POCUS) is the biggest advance in bedside diagnosis since the advent of the stethoscope 200 years ago.”

“Sonoscanner leads in hand-held ultrasound equipment & received the New Product Innovation Award for U-Lite.”

-Frost&Sullivan
A Physician’s Elective Rotation in Rhodesia

STUART JAMIESON, MD

An excerpt from Close to the Sun: The Journey of a Pioneer Heart Surgeon.

In the third year of medical school, we were granted a three-month elective, during which we were encouraged to work at another hospital or in some medically related endeavor to broaden our experience. Most people went overseas. I went back to Rhodesia. The Department of Health had sponsored me to embark on a medical safari to examine the native population. The department provided a Land Rover, two medical orderlies, and a native ascari, or policeman. The ascari usually accompanied the DCs on their trips into the bush, and he knew what he was about. I drove, and the ascari and one orderly rode in the cab with me, the other orderly in the Land Rover’s open back with the equipment. We covered about twenty or thirty miles each day, then set up camp. Somehow word went out that a medical officer had arrived, and in the morning there would be a long line for the clinic.

Everyone in the village came out, and each, in turn, had to be seen. I was expected to prescribe something for everybody, as they would be humiliated to be sent off with nothing. Naturally, there wasn't anything wrong with most of the people I saw—the most common notation my orderly made in the record was NAD for “nothing abnormal discovered.” Nonetheless, I’d hand over some aspirin or a skin ointment and call the next case. Some people were sick, however, including a few that I could not help except to tell them to get to a hospital if possible. Snake-bites were a common issue. In some cases the affected limb had gone gangrenous. There were traumatic injuries from accidents or encounters with animals. I saw several people with leprosy. And there were serious, sometimes advanced cancers. I saw one woman with a tumor on her jaw so large that she could not close her mouth. I also stopped in to examine a young man with what was surely one of the world’s last cases of smallpox. He was covered in pustules. The villagers had wisely confined him alone in a hut, where he was being fed but was otherwise quarantined. I stayed on to care for him for several days. He survived. Although unrest was spreading in Rhodesia, as yet it was not an all-out civil war. Most people still believed it would pass and Rhodesia would remain as it was. But there were certain places the ascari told me we could not go because it had become too dangerous. This was new. The dangers I'd grown up with had all been of the nonhuman variety. These weeks were a remarkable interlude. By day I was a doctor—nobody I treated had any doubt. When we camped for the evening, I had little to do. I stretched my legs, washed, and changed, then had dinner, prepared by one of the orderlies, by the campfire. I would then make notes in my tent about the day’s activities. I paid particular attention to the various eye ailments I observed. I later wrote this up and published my first paper on the occurrence of eye disease among African villagers.

Stuart Jamieson is a cardiothoracic surgeon and author of Close to the Sun: The Journey of a Pioneer Heart Surgeon.
Robotic technology to help those with spinal cord injuries improve their ability to walk. (904) 345-7162

www.BrooksCyberdyne.org
With lives on the line and innumerable people, charts, and tasks, vying for physicians’ attention, it’s no surprise that many doctors have trouble maintaining an optimal work-life balance. If you add caring for a family and a social life to that mix, it’s no wonder that physician burnout is so high.

According to a 2012 study published in the Archives of Internal Medicine, physicians were almost twice as likely to report dissatisfaction with their work-life balance as people on other career paths. A lacking physician work-life balance can lead to burnout, lower quality patient care, stress on relationships at home, and poor physician health.

But it doesn’t have to be this way. While getting to a better work-life balance can seem an impossible task, there are some adjustments you can make to improve things. Here are nine tips for figuring out how to improve your work-life balance as a physician.

1. Schedule personal time to take care of your physical, mental, and emotional health.

Personal time is essential to work-life balance. It doesn’t help anyone if you burn out and run out of energy, mental clarity, patience, or empathy. When you’re away from the office, do the things you need to stay healthy. Try scheduling personal time and sticking to it, like any other appointment.

As for how to spend your “me” time, that’ll ultimately be up to you. You could:

• Find ways to maintain a healthy diet rather than relying on fast food.
• Keep up with your sleep.
• Fit in a quick workout.
• Take a walk.
• Read a non-work-related book.
• Share a family meal.
• Go on a date with your partner.
• Play with your kids.

Do whatever it is in your personal life that keeps you healthy and sane away from work. Remember: You can’t provide the best care for your patients if you don’t take care of yourself.

2. Consider working fewer or part-time hours.

While this isn’t an option for everyone, it’s something to consider. Cutting back on your hours will depend on your specialty, patient load, and the way your practice operates. But if you can afford to rearrange your schedule or reduce the number of patients you see each day, simply working fewer hours (even temporarily) could be a huge boost to your work-life balance.

3. Adjust your time on-call.

Depending on your specialty and practice, you may work on-call all or part time, and that can make it hard to switch out of work mode. Reducing or adjusting your on-call schedule depends on how you run your practice and whether any other doctors can cover you. But regularly being on-call is definitely a contributor to an off-kilter work-life balance.

4. Supplement in-office hours with telemedicine appointments.

While you don’t necessarily want to bring your work home with you, sometimes doing a few patient consults from home or another convenient location via telemedicine can help you cut down on hours in the office and maintain balance. You may even be able to see more patients in a shorter period of time, which frees up those work hours for other things, such as spending time with family and friends.

5. Take breaks.

Scheduling continuous, back-to-back patient appointments may be necessary at times, but it’s not sustainable. Switching gears from patient to patient can be exhausting, not to mention the paperwork, follow-up, and other responsibilities you might have every day. Build breaks into your appointment schedule, based on when you notice yourself slowing down throughout the day. Even a quick 15 minutes could
help you decompress and get back up to your regular speed.

6. Outsource or delegate tasks whenever possible.
Some parts of your practice (especially administrative work) could be taken care of by another staff member, like a physi-
cian assistant. When you can, go ahead and outsource or delegate to them. That could be to one of your employees
at work, or it could be finding help to maintain balance at
home (like a maid or lawn service). Don’t feel like you have
to take care of every task when someone capable can do it for
you. Your time is limited and valuable, so make sure you are
spending it in the best way possible.

7. Try to be present no matter where you are.
When you’re at home, try not to focus on issues with a pa-
tient. When you’re at work, don’t think about struggles at
home. Granted that’s much easier said than done. If you’re
having difficulty with this, look into meditation and other
strategies to help you focus on the present. Staying present
ensures you don’t miss out on something important because
your mind was elsewhere.

8. Take a few moments each day to remind yourself about
the incredible work you do.
Dealing with work stresses day in and day out can some-
times make you forget why you chose this demanding pro-
fession in the first place. Sometimes you may need to stop
and remind yourself that you are in fact helping people live
better lives. Appreciate the incredible work you’re doing.
Think about the last patient who thanked you for all you do.

Use these tips to help you reduce stress, avoid burnout, and
restore your work-life balance. That can sometimes seem
impossible as a hard-working physician, but making a few
small adjustments to your work and home life could go a
long way.

About Teresa Lafolla
Teresa Lafolla is an expert writer, research-
er, and content wrangler who has previ-
ously worked as
director of content marketing for a tele-
health company and
associate editor for a healthcare publishing
company.
Dustin Johnson, Professional Golfer

By Brent Kelley, www.thoughtco.com

Dustin Johnson has been a success almost from the moment he showed up on the PGA Tour as one of pro golf’s longest drivers. His power can overwhelm golf courses, but, early in his career, he had a knack for blowing big opportunities and a reputation as something of a wild child. Once he settled down and started a family, the wins — including his first major championship trophy — only increased, and he also reached No. 1 in the world rankings.

Johnson’s Tour Wins

- PGA Tour: 20 (Johnson’s individual tournament wins are listed below)
- Major championships: 1

Johnson’s one win in a major (so far) happened at the 2016 U.S. Open.

Awards and Honors for Dustin Johnson

- PGA Tour Player of the Year, 2016
- PGA Tour money leader, 2016
- PGA Tour scoring average leader, 2016
- Member, Team USA in Ryder Cup, 2010, 2012, 2016, 2018
- Member, Team USA in Presidents Cup, 2011, 2015, 2017
- Member, Team USA in Walker Cup, 2007

Johnson’s Early Years and Start as a Pro Golfer

Johnson was born on June 22, 1984, in Columbia, S.C., and he stayed in South Carolina through the early part of his career. That included playing college golf for Coastal Carolina University. Johnson was a seven-time NCAA winner at CCU, and was named first-team All-American in 2006 and 2007. He was the Big South’s Conference Player of the Year three successive seasons.

Also while an amateur, Johnson played on Team USA’s winning Palmer Cup and Walker Cup squads. Shortly after that Walker Cup appearance, Johnson turned pro. He made his pro debut at the 2007 Valero Texas Open, missing the cut.

Over the last few months of 2007, Johnson entered all three stages of PGA Tour Q-School, and he wound up finishing 14th in the final stage — good enough to earn his rookie status on the PGA Tour for 2008.

Johnson immediately showed the huge power that would come to be the hallmark of his game. (Since 2008, Johnson has never finished outside the Top 5 in the tour’s driving distance stats.) He posted three Top 10 finishes as a rookie and finished 42nd on the money list. And he won his first tournament, the Turning Stone Resort Championship, with birdies on each of the final two holes.

Johnson added another win in 2009, then entered a period where his stardom grew quickly, although not always for the right reasons.

Close Calls and Major Collapses

The year 2010 was a breakout season for Johnson. He won twice on the PGA Tour and made his first Ryder Cup team. And he was in the thick of things at two majors before late collapses or blunders cost him.

At the 2010 U.S. Open, Johnson held a three-stroke lead after three rounds. But in the final round, he ballooned to an 82 and fell to fifth place.

Then at the 2010 PGA Championship, Johnson appeared to finish the tournament at Whistling Straits tied for lead and in a playoff. But on the final hole, Johnson had failed to recognize he was in a bunker and subsequently received a 2-stroke penalty for grounding his club in a hazard. That knocked him out of the playoff and down to fifth place.

But while Johnson inadvertently laid claim to the “best without a major” title, he continued winning other tournaments. That included multiple WGC events. He blew another opportunity in a major, however, at the 2015 U.S. Open, where Johnson missed a three-foot eagle putt on the final hole that would have given him the title.

Johnson’s First Major Win Came With Controversy

Even when Johnson did earn that first major championship — it happened at the 2016 U.S. Open and was his 10th overall win on the PGA Tour — it came with controversy.

During the final round, on his fifth hole, Johnson’s ball moved slightly on the green as he was preparing to putt. After stepping away and speaking with the on-site rules official, Johnson was told there was no penalty and continued. However, a few holes later USGA officials approached Johnson and told him after reviewing the incident, he probably would face a penalty — but one they would not decide on until after the round. Johnson played the remainder of the final round under the cloud of not knowing exactly what his score was (penalty stroke or no?).

Johnson rendered the penalty moot, however, by shooting 69 and winning by three strokes. Keeping the Momentum Going: Johnson Reaches No. 1
That U.S. Open win was the first of three PGA Tour victories by Johnson in 2016, a year in which he also led the tour in earnings and scoring average and won the Player of the Year Award.

In 2017, Johnson won four tournaments, two of which were WGC events. His first win of 2017 was the Genesis Open, and that victory pushed Johnson, for the first time, into the No. 1 spot in the Official World Golf Ranking.

Johnson opened 2018 by winning the Sentry Tournament of Champions, his 17th career PGA Tour. Johnson joined Tiger Woods and Phil Mickelson as the only golfers of the past three decades to reach 17 career wins before age 34.

Dustin Johnson's Family
Johnson's longtime partner is model and onetime celebutante Paulina Gretzky. Paulina, daughter of hockey legend Wayne Gretzky, was not unknown to golf fans even before she started dating Johnson; the entire Gretzky family is golf-mad.

Johnson and Gretzky are not married, but have been together since 2013. They got engaged in mid-2013. The couple has two sons: Tatum (born Jan. 19, 2015) and River (born June 12, 2017).

Johnson's brother Austin is his caddie.

Controversies: Drug Suspensions
In the middle of the 2014 season, Johnson announced a leave of absence from the PGA Tour to deal with “personal challenges.” But according to several golf publications, the break was because Johnson had been suspended by the PGA Tour for a positive drug test. Golf Magazine reported that Johnson tested positive for cocaine use.

The PGA Tour had a policy of never announcing or confirming suspensions due to drug testing, and the tour maintained Johnson's leave was voluntary. Golf Magazine, however, reported that Johnson had also been suspended by the tour for a positive drug test in 2009 and another one in 2012.

Dustin Johnson Trivia
- Three of Johnson's first seven wins were in tournaments shortened to 54 holes due to bad weather: the 2009 Pebble Beach Pro-Am, 2011 Barclays and 2013 Tournament of Champions.
- Through the end of the 2017 season, Johnson had five wins in World Golf Championships (WGC) events. That’s more than anyone else not named Tiger Woods (Woods leads with 18 wins in such tournaments).
- Through 2018, Johnson has at least one PGA Tour victory in every season since his rookie one, 11 seasons in a row. Only Jack Nicklaus (17) and Tiger Woods (14) had longer such streaks beginning with their rookie years.

List of Dustin Johnson's Pro Wins
Here are all the PGA Tour tournaments won by Johnson, listed chronologically:
- 2008 Turning Stone Resort Championship
- 2009 AT&T Pebble Beach National Pro-Am
- 2010 AT&T Pebble Beach National Pro-Am
- 2010 BMW Championship
- 2011 The Barclays
- 2012 FedEx St. Jude Classic
- 2013 Hyundai Tournament of Champions
- 2013 WGC HSBC Champions
- 2015 WGC Cadillac Championship
- 2016 U.S. Open
- 2016 WGC Bridgestone Invitational
- 2016 BMW Championship
- 2017 Genesis Open
- 2017 WGC Mexico Championship
- 2017 WGC Dell Technologies Match Play
- 2017 The Northern Trust
- 2018 Sentry Tournament of Champions
- 2018 FedEx St. Jude Classic
- 2018 RBC Canadian Open
- 2019 WGC Mexico Championship

Johnson also has one win on the European Tour, the 2019 Saudi International.

Dustin Johnson Fast Facts
- Full Name: Dustin Hunter Johnson
- Also Known As: D.J.
- Occupation: Golfer
- Born: June 22, 1984 in Columbia, South Carolina, USA
- Education: Coastal Carolina University
- Key Accomplishments: Winner of the 2016 U.S. Open and 2016 PGA Tour Player of the Year
- Famous Quote: “Golf is a weird sport. Some days you got it. Some days you don’t.”
- Offbeat Fact: Hit the longest drive on the PGA Tour in 2017 — a 439-yard blast during the WGC Bridgestone Invitational.

QUALITY WINDOW FILM FOR YOUR HOME

SPRING SPECIAL! SAVE $50 With Ad Minimum 200sqft Expires 9/1/19

AUTHORIZED CERTIFIED 3M DEALER
- ENERGY SAVINGS
- INCREASED COMFORT
- IMPROVED SAFETY WITH SAFETY/SECURITY FILMS.

QUALITY PROFESSIONAL INSTALLATION LIMITED LIFETIME WARRANTY ON MOST ALL 3M FILMS

904 745 5930
WWW.ALLSPECSPUNCONTROL.COM
INFO@ALLSPECSPUNCONTROL.COM
**Outstanding protection for all your needs.**

Together, MedMal Direct and CorePRO Insurance do it all so you can focus on what matters: your patients, your practice, and protecting the life that you’ve built.

---

### Professional Liability

<table>
<thead>
<tr>
<th>Claims-made policy includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>ClaimProtector®</strong></td>
</tr>
<tr>
<td>A comprehensive coverage solution that includes Physician Professional Liability, Allied Professional Liability, Corporate Coverage, Vicarious Liability, Locum Tenens Coverage, and Slot Coverage.</td>
</tr>
<tr>
<td>• <strong>CyberProtector®</strong></td>
</tr>
<tr>
<td>• <strong>ComplianceProtector®</strong></td>
</tr>
<tr>
<td>• <strong>DirectTail®</strong></td>
</tr>
<tr>
<td>You no longer have to purchase Tail coverage from your current insurer. MedMal Direct offers stand-alone Tail coverage.</td>
</tr>
</tbody>
</table>

### Commercial

- Business Owners’ Package
- General Liability Coverage
- Workers’ Compensation
- Business Income and Extra Expense
- Commercial Umbrella
- Cyber Liability
- Crime, Including Employee Dishonesty and Identity Theft
- Employment Practices and Fiduciary Liability

### Personal

- Personal Umbrella
- Home
- Flood
- Auto
- Boat
- Recreational

---

Call **Susan Payne, Vice President**, for a personalized consultation.

(904) 947-2126 • SPayne@CorePROIns.com • CorePROIns.com
MAKE BOATING A PART OF YOUR LIFE... THE EASY WAY.

Jacksonville Boat Club can provide you with an exclusive fleet of boats to enjoy the boating lifestyle without the high cost and hassle of owning your own boat.

BEING A MEMBER OF OUR CLUB GIVES YOU MANY ADVANTAGES OVER OWNING YOUR OWN BOAT:

↓ It’s much more cost-effective  
↓ You can choose from our several different types of boats to suit your needs - from deck boats to twin cabin express yachts  
↓ You don’t have to clean the boats after you use them or keep them maintained - so you have no drain on your time or your cash  
↓ No loan payments  
↓ No storage fees  
↓ No towing or waiting in line at the ramp  
↓ Our exclusive valet service (including water toys & ski vests) removes all the frustration so you and your guests can fully enjoy your day on the water  
↓ Membership includes using the express yachts for overnight stays for romantic getaways and family outings

VISIT US AT JAXBOATCLUB.COM

MAKE BOATING A PART OF YOUR LIFE THE EASY WAY. CONTACT OUR DIRECTOR OF BUSINESS DEVELOPMENT AT 904.477.9794 FOR INFORMATION ON OUR INDIVIDUAL, FAMILY OR CORPORATE MEMBERSHIPS.

© 2015 JaxBC, LLC. All boats in the Fleet are owned by JaxBC, LLC and reserved for the exclusive use of our members.
Investors have survived market swings and correction before, but uncertainty may have you wondering if you should get another opinion to confirm if your wealth is in the right place. Maybe you just want to know if you’re really on track for retirement or if your investments could be better aligned to your goals. Or in the process of working hard for your money, you worry you’ve overlooked some steps to transfer your wealth. Whatever’s on your mind, I’m here to listen and help evaluate your plan. Then you can decide if your wealth is getting the care it deserves.

Get a second opinion on your financial health

Jamie Seim, MBA, CFP®
Associate Vice President – Investments

818 Highway A1A North, Suite 200
Ponte Vedra Beach, FL 32082
Direct: (904) 273-7917
jamie.seim@wellsfargoadvisors.com
www.jamieseim.com