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Phyllis Saroff is both an illustrator and fine artist. She illustrates children’s books, magazines and scientific wildlife pieces, and exhibits her fine art in an Annapolis gallery. She feels fortunate to be able to paint what she loves, and it shows in her work. She often says that she benefited from excellent teachers and a father who made sure she could become an artist. Visit her web site at: www.saroffillustration.com

Phyllis describes the Physician Family cover illustration: “This cover presented a challenge since the main character’s face is not visible. Because of this, other elements needed to be compelling. To maintain the doctor as a focal point, I gave her hair interesting texture, line movement, and color variation. Her family’s faces on the screen have bright color and contrast, so they are also a focal point. The background drawings and texture support the narrative and visually frame our busy doctor, wife and mother.”
From the Editor

Physician Family Media was created to serve as both a voice and a resource for physician families at all stages of life with a physician. Physician Family’s mission is strongly reflected in newly adopted mission statement for our publisher, the American Medical Association Alliance, “To unite and empower physician families.” You’ll see that admirable goal restated often in the organization’s new tagline: “Uniting and empowering physician families since 1922.”

This national network of physician families has been providing support, resources and opportunities for philanthropy, leadership, advocacy and connections with other physician families for almost a century. The new mission statement reflects both the group’s history and the fact that the nation’s largest network of physician families has its figurative feet firmly planted in the 21st century — as evidenced by the creation of Physician Family and everything that goes with it!

Your response to our quarterly publication and weekly blog (available at www.physicianfamilymedia.org) as well as your participation with us online and in social media, has validated our decision to join you on every step of your medical journey — and we are so grateful for your enthusiastic response!

We’ve connected with so many of you through technology that we decided to devote a whole issue to the rapidly changing technology which affects ALL aspects of our lives.

But it isn’t only technology which is changing — it’s the face of medicine itself, so we’re also honoring women in medicine in this issue with an insightful piece about medicine’s evolving paradigm by our friends at the Sotile Center for Physician Resilience.

Speaking of changing medicine, there are many exciting new ways for the physicians in our families to learn. AMA Past President Robert Wah, MD shares some of the newest efforts at America’s medical schools to incorporate technology into how they’re training the tomorrow’s physicians. Medical education app guru and trauma surgeon Dale Dangleben shares his thoughts on medicine and mobile tech. Since physicians and patients alike are impacted by electronic health records. Sundeep Ram, DO, shares his insights on the changeover to digital health records. We’ve also included a primer on the five-letter acronym everyone is terrified of violating — HIPAA.

Technology connects us in SO many ways — so there are articles in this issue about how one family keeps Dr. Mom, Dad and the kids connected, how to maintain family connections using (and in spite of) technology and how seniors can become “techies” to stay connected with their children and grandchildren!

Lastly, because technology can just be FUN (and because the holidays are coming and we’re all working on our wish lists) we’ve included a feature on tech toys to LOVE (I want a drone for Christmas!) There’s even a feature about cruises — because big beautiful boats on which we can have adventures or just RELAX are also marvels of technology, right?

Technology aside, though, be sure to check out one physician husband’s take on a quintessential comfort food (which also happens to be VERY healthy) — oatmeal. So sooothing.

If you’re holding this issue in your hand, you’re already taking advantage of the print version of Physician Family, now available as an AMA Alliance member benefit. If you’re reading this online and would like to be part of the nation’s largest network of physician families— AND get your very own copy of Physician Family in the mail — it’s easy to join the AMA Alliance. Just go to www.amaalliance.org and click the Join Now button. There are special new rates for physician couples and membership for physicians in training and their partners is only $15 a year for couples and $10 for individuals!

We love to hear what you think — about our magazine, blog, Facebook page, etc, and we’re always looking for contributors — so feel free to reach out to me any time at editor@physicianfamilymedia.org.

Warmly,

Donna Baver Rovito, Editor
In order for tomorrow’s physicians to practice at the peak of their abilities, medical education must be bold and innovative, moving beyond entrenched curricula and pedagogical approaches to meet the needs and best develop the skills of a new generation of students. Harnessing technology is a crucial part of this push for change in medical education.

As part of the AMA’s Accelerating Change in Medical Education (http://www.ama-assn.org/ama/pub/about-ama/strategic-focus/accelerating-change-in-medical-education/innovations.page) initiative, which is working with medical schools in a national consortium, a number of medical schools have developed leading-edge technologies that could be implemented on a wider scale and begin to transform physician training.

These diverse technology projects showcase the wide variety of ways in which technology can enhance the student experience and ultimately improve patient care.

**Better decision-making**
The electronic health record (EHR) is an example of both the tremendous possibilities and the challenges in bringing sophisticated technology into physician practices.

Students at Indiana University School of Medicine (IU) are getting an enhanced, hands-on experience with EHR technology to better understand its strengths and weaknesses and to refine their clinical decision-making.
IU cloned its existing EHR system and scrambled patient data to create the teaching version, or tEHR. The tEHR is enriched with educational content, in the form of videos, text or links to other material. If a student orders a test that the EHR recognizes could cause patient harm, the system triggers a warning and delivers the additional, explanatory content to the student.

Also, IU students using the tEHR have the ability to compare their decisions to those made by clinicians in the field who were caring for the actual patients.

By working with the tEHR, students begin to get a sense of the value and limitations of EHRs and some of the issues confronting physicians related to this type of technology, such as meeting meaningful use criteria or utilizing ICD-10.

**Customized learning**

Vanderbilt University School of Medicine is bringing GPS to medical education. That is, the school is leveraging data to enable personalized learning routes. It is doing so through an integrated learning platform known as VSTAR. The software allows for intense tracking of student competencies.

This rich data tracking is meant to support Vanderbilt students in becoming master adaptive learners, who can engage in guided self-assessment to continually refine their learning objectives as they develop long-term goals and recognize patient needs. By working with a coach to evaluate their progress on a comprehensive learning portfolio, students at Vanderbilt can determine what areas to work on and whether they have achieved the competencies needed to advance to the next level of training.

Because VSTAR also provides data on classes and groups, leaders at Vanderbilt have described it as a way to GPS the school’s programs and keep them on track, in addition to advancing learning for individual students.

Putting students on the path to becoming master adaptive learners also is a prime objective at my own alma mater, Oregon Health and Science University (OHSU) School of Medicine. I’m proud how OHSU has given new meaning to the phrase, “There’s an app for that.”

The school has created a mobile app through which students can enter data about their clinical experiences into the REDEI system (Research and Evaluation Data for Educational Improvement). This means that students can tap and enter data on the spot in clinical settings rather than having to report it after the fact.

The REDEI system serves as a hub for this information and other data related to student performance. Students and coaches can refer to this performance snapshot to reflect on areas for improvement and customize curricula accordingly.

**Inspiring deeper dives**

Using real clinical data from a statewide repository of 2.5 million patient-level records, as well as local data from NYU Langone Medical Center’s EHR, New York University School of Medicine developed two educational tools enabling and inspiring students to follow their passions and delve deeper into research.

By sorting the data according to fields such as diagnosis code or setting, students are able to get a clearer picture of particular patient populations and begin to ask — and answer — questions related to their area of interest, be it adolescent medicine or substance abuse.

NYU also created a simulated health care group consisting of three different types of practices. With access to all the real-world health data through the school’s technology tools, students in the simulation are asked to propose a quality improvement project for a $1 million grant.

These impressive technology initiatives are only the start. Educators also came together earlier this fall to learn more about these and other innovative programs at ChangeMedEd 2015 (http://www.ama-assn.org/ama/pub/about-ama/strategic-focus/accelerating-change-in-medical-education/national-conference.page), a national conference sponsored by the AMA that brought together leaders in med ed. Later this fall, we’ll announce the selection of up to 20 schools that will join (http://www.ama-assn.org/ama/ama-wire/post/schools-students-transforming-med-ed-now-can) the AMA’s Accelerating Change in Medical Education Consortium starting Jan. 1. Each school will receive three-year grants based on innovative education projects underway at their local institutions.

To transform medical education, stakeholders need to come together to learn about best practices that have achieved the most promising results in cutting-edge, technology-driven programs. The AMA remains committed to furthering this collaboration.

Robert M. Wah, MD, a reproductive endocrinologist and OB-GYN in McLean, VA, was president of the AMA from June 2014 to June 2015. He practices and teaches at the Walter Reed National Military Medical Center and the National Institutes of Health. A nationally recognized expert in health information technology, Dr. Wah is chief medical officer for Computer Sciences Corporation. He and his wife, Debra Ann, live in McLean, VA and have one daughter.
The steep and narrow journey that is life in medicine has historically been defined primarily by men with women in supporting roles — at home, in the office, and in the hospital. But the recent explosive presence of women in the profession and changes in medical family structures has transformed this landscape. At all stages of training and practice, women who embark on this journey without appropriate home and institutional supports have elevated risk of burnout. Of all the factors that are reshaping life in medicine, none is more far-reaching than the growing presence of women physicians. In 2010, 48% of medical degrees were earned by women. While this number alone is remarkable, there are many issues that continue to face female physicians and their families, not the least of which is ongoing compensation inequality. A 2015 Medscape study found that male physicians earn about 23% more than their female counterparts, whether self-employed or employed. While some research suggests that women physicians are more likely to work fewer hours than men and are less likely to choose higher paying specialties, and that this percentage is down slightly from 28% in 2011, this discrepancy is concerning. Financial compensation is only the tip of the iceberg of the challenges facing women physicians and their families. To become an agent of collaboration and collegiality for females in medicine, we must acknowledge the unique career, family, and personal challenges faced by women doctors. Let’s take a moment to distinguish between fact and fiction.

It’s Just Not So!
First, it is not true that women physicians are mired in a miserable work/life struggle. Despite the many unique challenges they face, on the whole, female physicians report very high levels of career and life satisfaction.

Also not true is the notion that women physicians have the luxury of “part time” work. Women physicians average working 42 to 49 hours per week in medicine. In the “normal” world, this is full-time. However, some studies indicate that female physicians are more likely than their male counterparts to work part time if they have children.

But the Truth Does Sometimes Hurt
It is true that women physicians face social realities that distinguish them from their male colleagues. The most obvious of these is the fact that it is still the women who are having the babies. Within 10 years...
of completing medical training, approximately 80% of female physicians are married, and 85% of those become mothers.

If you are a physician mother, then you know firsthand what a bittersweet combination of roles this can be. The sweet part is that women with multiple roles tend to report higher levels of health and happiness. However, it is also true that many physician mothers report more intense soul-splitting dilemmas than either their female colleagues who don’t have children or their male colleagues, whether or not they have children. One example: in a national survey of 1,248 physicians, women reported interrupting their careers for 8.5 months for child rearing; men reported interrupting their careers for less than one month.4

Tell Each Other the Truth

Women in medicine can help each other by being open about the “truths” that shape their work/life journeys. In fact, recent research suggests that one of the factors negatively impacting women physicians’ career satisfaction is a lack of effective mentoring relationships in the workplace.8 It is our opinion that effective mentoring involves guidance and support regarding work challenges, but also understanding and support regarding the unique home and life challenges faced by female physicians. Here are a few lessons we’ve learned from women physicians in various stages of their careers and in various lifestyles:

- If you have a lifetime partner, “balanced careers” will not likely happen.

  Especially if your partner is also a professional, one of you is likely to make career sacrifices more than the other. If you are a female physician it is most likely to be you. Here is where male and female physician career paths tend to diverge. Only 7% of male physicians have wives who work as many hours per week as they do, and only 6% are married to other physicians. But 93% of husbands of female physicians work fulltime outside the home, and 50% of female physicians marry other physicians.

  Although the percentage of female physicians is ever growing, there is relatively little known about the experiences of their male spouses. A recent study that explored the relatively unique position of male spouses (both physician and non-physician) of female physicians found that the greatest challenge facing these couples is time negotiation. Although husbands of female physicians identify many positives about being married to a woman in medicine, there are clearly many challenges as well. In this study, many of these men stated that they put their own career goals on hold (if not in medicine themselves) to support the career of their wives. While this in and of itself is not a risk factor for a marriage, lack of communication about this is. Research has shown time and again that keys to success and resilience in medical families are communication, compromise and joint decision-making. Without these three factors, spouses of physicians run the risk of being made to feel less than or second to a career in medicine.5

- Family support of your career may be the single most powerful determiner of your overall happiness.

  Nearly 20 years of research has shown definitively that lack of family support for her work role proves to be depressing for women professionals.6 Research has shown that support for one another’s career (medical or not) is imperative to marital happiness.6 Again, we emphasize the importance of communication and joint decision making here. Just as has been the case for female spouses of male physicians traditionally, male spouses of contemporary female physicians often report feeling overwhelmed by the combined home and/or work responsibilities that fill their lives. This in and of itself is not a risk factor. Harboring resentment and avoiding communication about this is.

- As family life progresses, even the most supportive partner’s tolerance for the demands of medicine is likely to wane.

  This is most clearly seen when a woman physician is married to a non-physician. Men typically do not wear the mantle of “doctor’s spouse” nearly as graciously for nearly as long as do women.11 This certainly is not true for all men, and, in our opinion, can be avoided.

What About Burnout?

We define burnout as a syndrome in which the coping energy needed to deal with people at work and home becomes depleted, and it fails to replenish with your typical rejuvenation strategies. You know you are suffering from burnout when you go through your day as if you’re one step removed from the process. You feel less connection, less gratification, more cynical and less caring. When physicians suffer burnout, their own health is at risk and the care they give patients is compromised.

A recent Medscape study found that 51% of female physicians and 43% of male physicians reported being burned out. This percentage is up from a 2013 study for both males and females. This same study found that there is some variation in burnout between specialties, with women reporting the highest levels of burnout in Urology (67%) and Orthopedics (61%) (7). Intuition as well as anecdotal information from women in the trenches of medicine leads us to believe that burnout is a different phenomenon for male and female physicians.

First, consider the fact that women physicians are 60% more at risk for burnout than their male colleagues, and this risk increases significantly with every five hours per week a woman physician works over 40 hours.7 To understand this phenomenon we must consider the context of the typical woman physician’s life. She is most likely a mother and married to a man who also has a full-time career outside the home. Even women
physicians who are married to physicians are likely to do the lion’s share of domestic management for their families. The landscape is changing, but today’s female physician is still less likely than her male counterpart to have a life partner whose role is to support her and manage the non-work related parts of her life. Multiple research studies reveal that women physicians cite work/family balance as a major factor in choice of specialty as well as job.

When considering what can be done to counteract burnout among female physicians, we must first consider what women identify as factors that promote career satisfaction. A 2008 study found that three factors are most important to the overall satisfaction of female physicians: fairness in financial compensation, schedule flexibility, and opportunities for career advancement.2

The risk of burnout is a serious issue for all physicians and medical organizations. Until medical training and practice environments change sufficiently to better support the well-being of physicians — male and female — we will continue to lose good doctors to burnout. We must find a way to accept and support life-stage givens (like marriage, childbirth, aging) within the context of thriving, active medical careers. In particular, we need the gifts that women bring to medicine and we need to find a way to provide practice environments that allow for a healthy balance between professional and private life.

Sources:

As you and/or your loved ones navigate a career in medicine, we encourage you to consider some of the following questions:

- Do you believe that the lives of male and female physicians are likely to become more similar?
- What do you think contributes to burnout in women physicians?
- Do you believe that, relative to male colleagues, women physicians have less control in their roles at work and home?
- Would (or does) working part-time in medicine enhance or diminish your sense of control over your life...over your career?
- What are the most “family friendly” work situations for women physicians?
- Do traditional, male-defined and highly demanding residency programs constitute a senseless endurance test or a necessary trial by fire?
- Are women less likely to advance to senior positions because they are less competitive...less competent...less invested...less interested...less supported by their institutions?

We would love to hear from you! Please contact us with your thoughts on the above points. We can be reached at Julia@SotileMail.com.

Wayne M. Sotile, PhD; Mary O. Sotile, MA, LPC; Julia E. Sotile Orlando, MSW, LCSW; Rebecca Sotile Fallon, MA, CWC

The Sotiles are founders of the Center for Physician Resilience, in Davidson, NC, an organization committed to fostering resilience for physicians, medical families, and medical organizations. Over 10,000 physicians and medical families have engaged in their unique, time-intensive coaching/counseling process. They also speak internationally and provide consultation to medical organizations. For more information, visit them at www.TheResilientPhysician.com
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Supporting Healthy Communities
Over the last few years you’ve no doubt heard about the push for medical practices and hospitals to install an electronic medical record (EMR) or an electronic health record (EHR) system. You may have also seen the frustration on the face of your doctor or the physician in your family about doing this. So why, then, are physicians and institutions going through the trials and tribulations of buying and installing EHR systems?

First, exactly what is an EHR? Simply put, an EMR or EHR is a computer program (or collection of programs) which stores patient health information — including medical records, contact and personal ID information like social security numbers, medical bills and more. Several years ago Congress passed a law called the HITECH Act which incentivized physicians’ offices and hospitals to switch from paper charts to digital records. The law directed the Federal government to pay extra money to doctors and hospitals which converted to electronic records within a certain time period.

So, what are the benefits of electronic health records? One tremendous benefit is that physician’s notes and orders are typed, i.e. legible. Medical errors have sometimes been attributed to poor handwriting. Additionally, providers are able to access medical records within a health care system instantaneously, which helps patients to obtain faster and more efficient care, reduces duplication of lab work and other medical tests, for instance, and, ideally, saves time and money. Another benefit is that vital patient information could be readily available if a patient needs treatment in a facility away from home. Furthermore, if a medical error should occur (such as an allergy to a medication), it is possible to trace the steps back, find the error and potentially fix it quickly. Finally,
providers can send medical bills to third party payers electronically, saving patients time and frustration and ensuring that bills are paid on time. All of this is quite desirable; unfortunately, EHR's don't seem to be all that they're cracked up to be. It's likely that the technology simply hasn't caught up with the intent.

To begin with, numerous companies sell electronic health record programs and they all have different features. It takes a lot of valuable time to find the right product — and EHR systems are extremely costly. It can cost a physician practice tens of thousands of dollars and a hospital system over $100 million to purchase and install an EHR system. And once a provider has spent that much, it’s not really feasible to go buy another system if they don’t like it.

Once you buy the system, you have to make sure you have the right computer systems and hardware. Then it takes time and resources to train personnel to use the new system. Physicians must also be trained, likely following an exhausting day or necessitating spending less time with patients to fit the training into their busy schedules. A new EHR system can slow down an office during the transition period. Physicians have told me that they can comfortably only see half as many patients with their new EHR than with their old paper charts (now you know why it can take days or even weeks to get an appointment with your doctor). It is not unheard of for a physician practice to become so frustrated with their EHR that they return to paper charts. Under the HITECH Act, the federal government can financially penalize a practice or a hospital if they do not have EHR; some practices have decided to accept the penalty and attempt to offset it by seeing more patients.

Security can also be an issue with EHR. A security breach is the responsibility of the health care provider whether the information is hacked from the other side of the planet or physically stolen from a portable device. Significant penalties can be levied if private patient information is compromised, as has happened numerous times over the last several years, affecting millions of patients. Even the federal government’s primary health insurance website has reported security flaws. In contrast, some physicians note that it is very difficult to steal a paper chart.

Physicians also cite accessibility as an issue with current EHR systems. If the computer system, server, Internet, or electricity are down, providers may not be able to access vital patient information. And even when healthcare providers can access your medical records, they may not have your “complete” medical record if you have been treated at different facilities, as the EHR software differs widely between institutions. Currently, EHR programs created by different companies cannot always “talk” or connect with each other, and your physician may need to be trained in numerous medical programs to access all your necessary information. I am personally trained in seven different electronic medical programs. Imagine if you have to learn seven programs just to access your email!

Regardless of some of the issues currently created by electronic health records, we hope that eventually they will provide many benefits for patients and providers, and it is the way the United States and the rest of the world are moving. Unfortunately, it seems like many of the programs have been designed without physician input. This is why your own physician or a physician family member may be exhausted and/or frustrated; some older physicians have even decided to retire early to avoid dealing with EHR. This contributes to the physician shortage and means it can take even longer to get a doctor’s appointment in your community, as physicians are a limited resource.

Companies that make EHR systems are continuously updating their programs with the goal of making them more patient and user-friendly. Unfortunately, this can lead to programs crashing or additional training. Regardless, EHR systems need to be improved and we all look forward to these improvements to provide a better medical experience. Whether you or the physician in your family consider electronic health records to be a benefit or a burden, physicians in all specialties sincerely hope for patience during this time of transition.

Sundeep Ram, D.O., grew up in Erie, PA. He attended undergraduate college at Penn State University, medical school at the Lake Erie College of Osteopathic Medicine and completed an internal medicine residency at the University of Pittsburgh Medical Center-Shadyside. He lives in Orlando, Florida and works as a locum tenens hospitalist. He is currently studying for his MBA with an eventual goal of providing consultation in process/order management and public policy. His hobbies include golf and philanthropy; he is an avid donor to the Penn State University Ambulance Service Alumni Award, which provides scholarships to current Penn State student emergency medical technicians (EMT’s).
John Hotchkiss is part of an exceptional family. His wife, Dr. Karin Hotchkiss, is a pediatric otolaryngologist, triathlete and accomplished equestrienne. Daughter Hope is a junior high scholar, excellent baker and competes on a crew team. Daughter Joy is an out-of-the-box thinker who plays both piano and guitar. Daughter Lilly is an elementary school scholar, violin player and equestrienne. Their family is connected by shared values of faith, trust and love, and, of course, by technology.

Today, we must leverage technology to make things work. For John, a successful real estate broker, primary caregiver to the “Hotchkids” (as both John and Karin refer to their daughters), life coach with his church, talented vocalist and rough water competitive swimmer, technology is a must.

The Hotchkiss home contains upstairs and downstairs Local Area Networks (LANs), a combination kids’ computer lab and dad’s office with one PC for Karin’s at-home work, one Apple MAC for John’s business (situated on a Varidesk which allows him to sit or stand to use his technology), and one more PC and MAC for the Hotchkids’ schoolwork.

From his MAC, John runs three real estate brokerages with four email accounts with a single inbox. His primary secure storage is a cloud application called Dropbox, and he keeps a redundant copy of all his files on a waterproof, fireproof 10 terabyte hard drive. Their home is equipped with a gasoline powered backup generator.

The Hotchkiss home also has a high definition camcorder. The TVs are networked so they can record programs for later viewing on any TV. Citing convenience, the family has moved from older DVD and CD video technology to subscription media. That said, after 20 years of marriage, John and Karin still do not have a TV in their bedroom, acknowledging the need to unplug.

The family car is a mobile Wi-Fi hotspot, as are both parents’ cell phones. The Hotchkids don’t have cellular phones, but the older girls have iPads and the youngest has a Kindle. When they go on vacation, they take along a mobile hard drive and portable Wi-Fi device that allows access from multiple devices to multiple files and movies simultaneously. When not together, John and Karin communicate via cell phone, text and email and they communicate with the Hotchkids via email. The family shares a common calendar application so that everyone knows what’s on their busy schedule every day.

John and Karin have technology rules for the family: no TV for the children during the school week, no electronic devices at the dinner table and no electronic device use after 9 PM. The parents receive a weekly report on each child’s Internet usage. Both parents are committed to emphasizing personal social interaction within the family and with others.

John is the chef and meal organizer. In addition to his arsenal of standard kitchen equipment he has an electronic outdoor grill with a remote electronic thermometer with two probes. This allows him to cook two meats at the same time with different temperature requirements, or cook one and monitor temperature while roaming the house or neighborhood.

When John receives a phone call at home, the call rings on his Apple watch, cell phone, iPad, MacBook Air, and Bluetooth headset all at the same time. And he can answer from any of these devices. When a call comes in, it is a cacophony of sounds to behold.

This technology snapshot of the Hotchkiss family does not include Karin’s medical office or the Hotchkids’ school environments, all impressive in what they contain and what they enable. It is truly a technological time for families, helping to keep us connected.
You Have Questions — We Have Answers!

Technology continues to change at a rapid and sometimes dizzying pace. How has technology either positively or negatively impacted the doctor in your family or your life as a physician family?

“WhatsApp has been a game changer for us! The hospital has notoriously bad cell phone reception, but because WhatsApp uses our data plan it works anywhere in the hospital for calling and texting!”
- Madhavi Patki, Durham, NC

“Technology has made it possible for my surgeon husband to be home. During fellowship he was able to follow patients, view imaging, and receive updates on his home computer through his hospital secure site. He said many times that he came home because he had the access at home and no longer had to wait around at the hospital.”
- Erin Allen, Mill Valley, CA

“EMR has blessed me with a laptop while waiting for my son’s soccer practice in order for me to complete my records. I still cannot bring myself to type while my patients are in the office — many of them need all of my attention to dress wounds, explain things….I have thought about a scribe…Technology is more overhead for the patients to pay for without necessarily receiving an added value. If all the records systems communicated and achieved the true benefit of the EMR then we would be making progress. Instead, remedial typing is the name of the game.”
- Amy Paré, MD, Pittsburgh, PA

“Thumbs up for texting! Once my doctor husband figured out how easy it was to send text messages, it opened up a new world for his communicating, especially with our grown children.”
- Debbi Ricks, Los Gatos, CA

“My personal favorite use of technology in our medical family is our ability to exchange goodnight videos with my husband when he is working an evening shift. My children love seeing their daddy say goodnight when he can’t be there in person, and my husband feels a little more connected when he’s not home that evening.”
- Jordyn Hagar, Silver Spring, MD

“In July, my husband finally got an iPhone…his partners were so excited that they all started texting him and he was tickled by their messages, BUT he has yet to set up the phone with any contacts, frequently used numbers for auto-dial, etc. On Saturday night, for the first time, he used Face Time and we video chatted. I was with our grandchildren out of town and wrote him an e-mail about what to do. He was able to turn his phone on and answer with the correct “button” so he could see us. We know that when he is ready, he will set up that phone and possibly keep it on.”
- Jo Terry, Knoxville, TN

“Technology has allowed my physician to grow a new business model based on telemedicine. All we will need is a good/fast wifi connection and we can be anywhere! Watch us rack up those frequent flyer miles! #HaveComputerWillTravel”
- Anonymous

The demands of life in a physician family can sometimes seem overwhelming — long hours, isolation, frequent moves, staggering debt and more. But there ARE ways to achieve a positive work/life balance. How do you and the physician in YOUR family do it? Please share your family’s strategies for staying strong and positive.

Please send your responses to Q&A@physicianfamilymedia.org.
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How to Maintain Family Connections Using (and in spite of) New Technology

By Kim Blackham, MA, LMFT

One of the most challenging struggles physician families face is finding enough opportunity to simply be together. While a typical American family might operate around a standardized workday routine, the medical lifestyle often means that we can’t be physically present for each other as often or as regularly as we’d like. While there is no all-encompassing substitute for time spent together, new technologies do offer lots of ways to bridge some of the gaps. Read on to discover some practical, affordable, and effective ways to stay connected as a family, even when you can’t be side-by-side.

HomeTeam is a wonderful new app from Panasonic that allows you to build your relationship with your young children, even when you are apart. It can be hard to talk to a young child for more than a few minutes on FaceTime — they often lose interest or get distracted. With HomeTeam, you can do more than talk — you can interact. HomeTeam allows you to read books and play games with anyone else who has the app. There are over 2,000 books from which to choose, including popular Disney and Marvel books as well as other beloved children’s stories.

After a free 30-day trial for new users, the monthly subscription costs $8.99. That fee includes access for up to five people. That means each parent can have access, as well as three additional people such as grandparents, aunts and uncles or cousins.

If you don’t want to pay for the app subscription, you can find ways to do something similar over FaceTime. Try purchasing two copies of a large book of children’s stories such as The 20th Century Children’s Book Treasury: Picture Books and Stories to Read Aloud. Keep one at work, and one at home for your child to look through as you read. This way you can read bedtime stories together, even when you are not home.

Social media is both a resource and a potential problem for many families. Make sure you are on all of the social media programs that your children are on. You can change the settings in each of these programs to send you notifications for specific people you follow, and you can easily set up your device to notify you when a loved one posts something new. Not only will this help you stay connected, if you have teenagers it will also help you monitor their online use.

Connect Online with Your Children’s Schools. Most schools now have grades available online. Set up a user account and check those often. Know how your child is progressing at all times. This will allow you to praise them when they have done well, and to find opportunities to reach out, offer help and talk when you notice areas in which they are struggling.

Life 360 is a great app for keeping track of where your family members are. It can sync with everyone’s phones and you can pre-program different locations they frequently visit. You will then receive a notification when a family member arrives or leaves one of those designated spots.

For example, if you set it up with your home and work address as some of your frequented locations, your spouse will receive a notification when you leave home and when you arrive at work. Just knowing the comings and goings of family members helps you stay connected and aware of what is going on when you are apart.

Shared Online Calendars are a fantastic resource as well. There are many options you can explore, but I personally love Google Calendar. All of our family members have a different calendar with their own distinct color, and all of them can be superimposed, one over another. At any given moment, my husband and I can both easily see where each of the children should be and what we each have scheduled. This helps us remember what things to ask about at the end of the day, and know where everyone has to be. And because it’s online, it’s easy to keep updated in real time.
Evernote is an extremely versatile note taking app that allows you to share notes with others. You can even manage the settings so that you can each edit and update the same notes. This works great for grocery lists, to-do lists, and other important information. It’s easy to ask your partner or older child to stop on their way home and pick up a few groceries if they already have access to your list on their smart phone!

FaceTime and Skype may seem like obvious options, but try using them in less obvious ways. Go beyond everyday conversations and use this technology to be present for family prayer, check in with the kids when they get home from school and ask about their day, sing bedtime songs, and even remotely attend important events such as parent teacher conferences or track meets.

Some Cautions and Concerns
Technology has changed almost everything about our lives. It allows us to stay connected with anyone at almost any time. But it has also created an enormous distraction from the things that matter most.

Set rules about technology use in your home. As a family, decide what your media policy will be. Are cell phones allowed at the table? What movies are okay for your family to watch? What websites are okay for your children to visit? Is there a time limit in front of the screen? Talk about the dangers of pornography and online stalking with your children, and set a curfew for when they need to turn their devices in to you for the night. The key to successfully using technology to strengthen and build your family is to do it intentionally. That means deciding on a policy ahead of time and involving your children in the decision-making.

Be wary of notifications. There is something Pavlovian about the ding of a smartphone. We respond to it instinctively. We turn away from whatever we are doing because that ding tells us there is something or someone who wants our immediate attention. It is okay (even advised!) to turn off the notifications for incoming emails and messages! You’ll find it much easier to stay connected in person without the siren call of your device always chiming away in the background.

Remember that there is no substitute for face-to-face personal contact. While all of the suggestions I shared can help you stay connected when you must be apart, they will never replace the need to build strong relationships in person. When you are home, put down your devices and spend time with your family. Laugh together. Have fun. Go for a walk. Play a game. However you choose to go about it, find a way to be present and engaged with the people you love.

When used intentionally, technology can help you and your family stay connected. Just remember the principles Stephen Covey taught to not let the urgent and unimportant things get in the way of those things that matter most.

Kim Blackham is a Licensed Marriage and Family Therapist and Certified Emotionally Focused Therapist. She has extensive training in Sex Therapy and Sexual Addiction Therapy and is a frequent contributor to both online and print media. As the wife of a surgeon, she is passionate about helping couples in medical marriages. She and her husband have four children ages 3-12 and live in Tampa, Florida. Visit her online at www.kimblackham.com or contact her directly at NurturingMedicalMarriages@gmail.com.
The holidays are almost upon us, and what better way to celebrate than making a wish list of fun tech toys to give your family a “hint?” Both children and adults enjoy playing with these technological devices, but it always helps to know which are the really useful and most fun devices. I have chosen a few really unique products to share with you.

If you’d like to be the coolest parent or grandparent on the block, a baby drone is the way to go! It has a camera which can take videos and pictures, and for the price, it’s a great way to see if a drone is for your family! While the photo and video quality aren’t top level, this is a great gift for kids. The **Dromida Kodo Drone** is a 105 mm micro quad with camera and costs around $50.

For the on-the-go person who uses that IPAD and phone all the time, purchase a charger — the **Mycharge HUBPLUS 6000mAh**. This particular one is new to the market and it rocks! Over 45 hours of power and everything you need is attached! For $99, it could just end up being your favorite new toy and best friend all rolled into one!

Are you a social media nut who loves posting pics? Then I have two things for you — a **selfie stick** (yes, I know you’ve heard funny selfie stick stories, but it truly is helpful and fun to use) for as low as $15. Then, we have the **HookUpz 7x 18mm Monocular with iPhone Adapter** which can enhance any image or video close up for as low as $18.

(The iPhone 6 version is not out yet.)
For all the music junkies and docs in your life who love to listen to music while working, here are a couple of choices in wireless, chargeable Bluetooth speakers that can synch up to your phone and play those favorite tunes or audio books. The JBL Pulse, for around $149, will light up and flow with your tunes. This fun speaker changes colors depending on whatever song is playing. The Bose Soundlink Mini II Speaker can be purchased for $199 and it has all the best sound features to make any backyard porch or procedure suite sound great!

The newest fashion accessory, aka Fitbit, also monitors your fitness level by keeping track of your steps, active minutes and the calories you burn, as well as how long and well you sleep. Fitbit, which synchs with your computer or smartphone, comes in a variety of styles and colors, starting at under $100.

For the foodies in the crowd, there’s a new seven-in-one multi-function device called the Instant Pot, which can be used as a pressure cooker, slow cooker, rice cooker, yogurt maker, steamer/warmer and to sauté or brown foods, freeing up counter and cabinet space, for about $130.

If you want to purchase or research the above items, B & H Photo and Amazon are great places to start. If you’re ever in New York City, check out B & H Photo in person – it is amazing! www.bhphotovideo.com and/or www.amazon.com.

(Editor’s note: Physician Family has received no compensation for promoting any of the items highlighted in this article.)
Have you heard of HIPAA? You know — the law about privacy. It’s the law that prevents you from mentioning names when the physician in your family is discussing a patient, while you are busy trying to guess if you know this person or not.

For starters, “HIPAA” and not “HIPPA” is the correct abbreviation (two “A’s” not two “P’s”). It stands for the “Health Insurance Portability and Accountability Act,” signed by President Clinton in 1996. In fact, the “P” in HIPAA has more to do with COBRA — that excellent retrospective insurance that can cover medical expenses during the gap between residency and beginning a new job as an attending physician. “D” is the correct answer, by the way: the “P” stands for “portability.”

While the original act had to do primarily with COBRA, most people use the term HIPAA when discussing the Privacy Rule that governs the use and disclosure of individually Protected Health Information (PHI). Remember the term PHI — we will reference it often. Most healthcare workers complied with the Privacy Rule in 2003. (See 45 CFR Part 160 & 164.)

As members of physician families, most of us have heard our physician partners complain that half of the work day is spent buried in paperwork, due in part to HIPAA. So how much does HIPAA cost us in time and added expense to the healthcare system? The Ponemon Institute estimates that increased time to comply with HIPAA costs the U.S. hospital industry more than $3.1 billion a year in lost revenue for hospital discharges alone. Then, there’s another $5 billion lost through decreased physician productivity and outdated technologies.

Given HIPAA’s huge, costly and burdensome implications on our healthcare system, the practice of medicine and far beyond, this statute exemplifies the law of unintended consequences. In this age of Facebook and other social media, when patients update their Facebook status before and after surgery and hold semi-public conversations about their private health concerns, HIPAA looms large above us all and threatens severe penalties for health care providers AND their families. PHI must be guarded with a healthcare worker’s life.

Our physicians and their families must go to great lengths to protect ourselves; here are some of them:
Locked.

- Shred everything.
- Leave no detailed phone messages that anyone other than the patient may hear, so instead waste time playing phone tag.
- Update expensive and oftentimes seemingly worthless electronic medical records (EMR).
- Utilize what seems like a million login/passwords which must be updated monthly
- Don’t use any password that has been used before
- Be prepared to fill out cumbersome forms to get access to your own medical records, and a lot more.

As spouse confidantes-extraordinaire, we’ve likely heard endless complaints about HIPAA. There are serious flaws, so much so that I often feel like that “P” in HIPAA should really stand for “paranoia” — paranoia about privacy! If anyone is serious about making medical care more cost-effective in the U.S., personally, I would suggest they start with disemboweling HIPAA. I’m sure most people agree that protecting health care information is important, but the rules need to be reasonable and far more cost effective.

So what do physician families need to know about HIPAA? (Besides that the acronym doesn’t have two “P’s”?) So that we can protect ourselves from unnecessary stress, we need to know the scary stuff, even though I’m not a fan of lawyer scare tactics. Above all, I think it’s important to use common sense. Before HIPAA came along, we all already knew it was wrong for health care workers to publicize private patient information, like who had HIV. It may have taken only a few visits from a nosy neighbor to realize that your partner’s charts should be kept under lock and key and far from wandering eyes of the public. It only takes one disgruntled nanny, ex-husband, guest, house cleaner, or anyone else with access to patient information to cause a serious but unnecessary problem.

As I said, I hate lawyer scare tactics — and when my Botox® wears off, I raise one eyebrow at lawyers who use such tactics. That said, we need to know what types of violations are out there so we can protect ourselves. I’ll leave you with some strong advice based on examples of HIPAA violations and the penalties they generated.

**Protect yourself and your family. Don’t discard patient information in the trash. Shred it. If your physician partner brings work home, documents which contain patient information should be securely locked.**

From the office of the Attorney General of Massachusetts: “…a Boston Globe photographer was disposing of his own trash at the Georgetown Transfer Station and observed a large mound of paper which, upon closer inspection, he determined were medical records.

The AGI’s Office alleged that pathology groups violated HIPAA regulations by failing to have appropriate safeguards in place to protect the personal information, and violated state data security regulations by not taking reasonable steps to select and retain a service provider that would maintain appropriate security measures to protect such confidential information.” [http://www.mass.gov/ago/news-and-updates/press-releases/2013/140k-settlement-over-medical-info-disposed-of-at-dump.html](http://www.mass.gov/ago/news-and-updates/press-releases/2013/140k-settlement-over-medical-info-disposed-of-at-dump.html)

This violation resulted in a $140,000 settlement. PHI should always be encrypted before being placed on a device. Physicians and their associates should never accept unencrypted text that contains PHI. In this case, a thumb drive was stolen from the locked vehicle of an employee.

From the Department of Health and Human Services: “The HHS Office for Civil Rights (OCR) opened an investigation of APDerm upon receiving a report that an unencrypted thumb drive containing the electronic protected health information (ePHI) of approximately 2,200 individuals was stolen from a vehicle of one its staff members. The thumb drive was never recovered. The investigation revealed that APDerm had not conducted an accurate and thorough analysis of the potential risks and vulnerabilities to the confidentiality of ePHI as part of its security management process. Further, APDerm did not fully comply with requirements of the Breach Notification Rule to have in place written policies and procedures and train workforce members.” [http://www.hhs.gov/news/press/2013pres/12/20131226a.html](http://www.hhs.gov/news/press/2013pres/12/20131226a.html)

The dermatology practice settled the claim for a payment of $150,000. These are only two examples of why it’s ALWAYS a good idea to protect your physician family from HIPAA violations — because even inadvertent errors can generate big penalties. And need we say NEVER discuss patients on social media or anywhere else on the Internet? Even in the most general terms?

Amy Chabra is a graduate of Brooklyn Law School and specializes in Healthcare Employment Law. She has a special interest in medical-legal issues pertaining to physician employment contracts, the practice of medicine and tele-medicine. She’s also a founder of Skin MD Now (www.SkinMDnow.com), a tele-medicine company connecting patients and physicians to board certified dermatologists.
When we think of handheld mobile technology and medicine/sciences, some of us think back to programmable hand calculators like the Texas Instrument models we proudly displayed during our undergraduate and medical school education. Then there was another great breakthrough in 1996 with the Palm Pilot, which many health care providers dubbed our “peripheral brain,” and introduced the term “Personal Digital Assistant” or PDA. For about 11 years the Palm Pilot platform ruled handheld in the medical and every other arena.

However, what we did not see coming was the first iPhone which was released on June 29, 2007. As a matter of fact, the Treo 750 was released a year prior with a Windows mobile pocket PC operating system to the tune of $799. But the iPhone would be the game changer and quickly thereafter the Android system followed. The rest, as we say, is history.

The medical industry has seemed to lag in terms of getting onboard with applications for these devices. The concept of an “appstore,” where creative developers could submit their applications, was brilliant. In early 2009, I distinctly remember searching for surgery related apps for my new iPhone. (Yes, I was a year late with the iPhone because I had the Treo 750 and kept hoping. Boy, was I wrong.)

Since I couldn’t find any, I embarked upon creating my own surgical education apps, eventually creating companies dedicated to them — www.globalmed-media.com and www.DDSurgical.com — with the tagline “Enhancing medical education, one app at a time.”

My apps became popular because I was among the first generating apps for medical students and residents, helping them to prepare for exams and enhance their surgical judgement with apps like Surgical Challenge, Surgical Intern Survival Guide, Surgery Flash Cards, Surgical Case Studies, ABSITE Surgery Quiz, Trauma Scenarios, Surgical Pimpapalooza and more. I was also able to build the first mobile network for nurses as well (RNShare) with the assistance of six brilliant nurses.

Physicians and students have embraced apps and are making huge contributions to the development of new medical apps. Apps have changed a lot since 2007, now incorporated with devices and cloud technology. Fast forward to today — over 50 billion apps have been downloaded and there are apps for pretty much everything.

I believe that health care providers have embraced mobile technology and are using it to enhance their education and practices. I also believe that many institutions hold back the technology with restrictions on provider access within the walls of hospitals. HIPAA is a factor, of course, but there are companies that have made mobile more secure to better protect patient health information (PHI). One such company is TrueVault, which is a secure, HIPAA compliant API and cloud data store for healthcare software applications, built specifically to be utilized by developers. IT/IS departments within health care institutions need to collaborate with providers and tech companies to better incorporate such services and to enable providers to participate in the process.

I still believe that there are large segments of health care waiting to be improved by mobile technology and that health care providers should take the necessary steps to create these technologies and not wait for someone to ask us or do it for us.

Dale Dangleben is a board certified trauma surgeon at WELLSPAN Health, a graduate of the Penn State University School of Medicine and the surgical residency trauma critical care fellowship at Lehigh Valley Health Network. He founded the Surgery Education Network (www.SurgRes.net) and RN Share, the first mobile education network for nurses, among other apps to enhance medical education. A popular speaker about technology and medicine, Dr. Dale is currently engaged in relief efforts for his native island of Dominica, which was devastated by Hurricane Erika, collecting food, medical supplies and cash through a GoFundMe page he created: https://www.gofundme.com/helpdominica.
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Cruising: Seeing the world one ocean (or river) at a time

Cruising is an excellent way to see the world and vacation with your family, as well as maintain and even grow your professional relationships.

With a wealth of diverse cruising styles available, choose a ship and itinerary that matches your needs and interests. From large vessels with rock-climbing walls and hit Broadway musicals to intimate yachts that make you feel like you are sailing on your own private boat, cruising provides more options and flexibility than ever.

In years past, cruising was seen as formal and reserved. Travelers walked aboard with steamer trunks filled with tuxedos and gowns. Today, you can choose to cruise as formally or as casually as you wish, whether you relish black-tie evenings or showing up for dinner in jeans.

Ocean cruising takes you to the sunny Caribbean, the scenic Inside Passage and the remote Antarctic, but there also are opportunities to explore the world’s greatest waterways, such as the Danube River, Rhine River, Nile River and Yangtze River.

River cruising has never been more popular. Providing transportation, water for drinking and crops, and so much more, rivers are the lifeblood of any civilization, and the world’s greatest cities were born by rivers. Take a river cruise and you’ll float your way through centuries of history.

Many people favor cruising because they will
Luxury and Premium Ocean Cruises
Offering the finest quality in all respects, luxury cruise ships vie with the world’s finest resorts. Expect to be pampered with personalized, impeccable service. Premium cruise ships offer a country-club casual atmosphere. The ships are beautifully appointed, and the ambience is elegant, but relaxed.

River Cruises
Sailing historic waterways aboard a floating luxury hotel is an outstanding way to see some of the most enchanting places in the world. Villages, castles and ruins are within easy view. The ship often docks in the heart of town, steps away from its best sights.

Family Cruises
Family-oriented cruise ships can please a multigenerational group traveling together. Enjoy a more active array of activities for everyone to enjoy, plus some designed just for the youngsters and some for the adults. Whether you like burgers and fries or something more refined, restaurants on a family cruise can satisfy any palate.

Specialty Cruises
Whether you seek to indulge yourself and someone you love, celebrate one of life’s milestones or exercise an interest in history or watersports, cruises on small and specialty ships are unique and memorable.

unpack once and spend the rest of their time exploring the ports of call and enjoying the amenities of the ship.

Cruising also offers a great value. One price buys accommodations, meals, entertainment and learning opportunities. Most river cruises also include all excursions.

While river cruises usually stop in a different port every day, ocean cruises tend to offer a more leisurely pace with a sprinkling of days at sea included in your itinerary. During those days, you can learn to dance, take a yoga class, listen to a talk by a famous novelist or scientist or simply relax in a deck chair.

With so many activities at hand, cruises are the perfect way to travel with family, especially when two or three generations are involved. Many ships have activities and staff devoted to keeping youngsters entertained.

If you are overwhelmed by the choices available, turn to a trusted tour operator, such as AHI Travel. Not only can AHI’s cruise consultants help you find the perfect cruise for you, they handle all the planning and logistical details to ensure you have a fun, memorable journey.

With more than 50 years of experience in affinity travel, AHI Travel organizes AMA cruises so you can travel with your family and AMA friends and even strengthen your bond with AMA and your fellow medical professionals.

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"Seniors" (>65 years) & Technology
By Janet Meyers Bausch, Esquire

Studies done by Pew Research found that American senior citizens continue to move into the world of technology. 60% are Internet users and 77% of older adults have a cell phone, although much fewer use a smartphone. The Pew Internet project reported that 81% of seniors use Google when searching online and that they check email online. Although internet use by seniors drops off around age 75, times have changed and the age group 75-80 is among the fastest growing group of techies.

I suspect that the reason for this is that there is more help available now to get started with the various digital devices and that the size of devices has grown. Among seniors, tablets and e-book readers are most popular while smart phones comprise only about 20% of usage. Personally, I find that even though I have good eyesight I prefer my iPad to my iPhone to get online for a simple reason — the screen is bigger and easier to see.

Do seniors use social networking websites? 27% of seniors are on Facebook and Twitter (although Twitter accounts for only 6%). I must admit that my first experience with Twitter was not enjoyable for me. After signing up for a Twitter account and filling out information (no photo yet) I received hundreds of suggestions of people to “follow.” After two weeks of receiving tweets from Shaquille O’Neal, Tom Brady and Lady Gaga, among others, I decided I was spending too much time on matters I neither needed nor wanted to know about. I gave up on Twitter then, and only recently have I decided to begin again, but in a slightly different way.

Those seniors already online are doing research (especially genealogy), finding old friends, emailing, skyping, Facebooking, getting health information, sending and receiving photos, keeping up with family (especially grandchildren around the country), and communicating easily with others. Those who aren’t already online don’t feel they are missing out on anything — until they are encouraged to become involved. Then they wonder why they waited so long and using technology to stay connected becomes a daily part of their lives.

So how can an interested senior get started? Luckily there are many resources to help anyone begin to use digital devices. Community colleges offer classes specifically for seniors; senior centers also have classes and seminars. Organizations such as the AMA Alliance and state and county Alliances have members who are willing to provide instruction and assistance, and also have information on social networking on their website (just Google what you need or go to www.amaalliance.org). Of course, most seniors begin with help from family, especially grandkids. My now-retired physician husband was taught to use his iPad by our three year old granddaughter! She already had one.

Retirement allows us the luxury of time to learn new things and take on new challenges. Make use of that computer or iPad or laptop that you’ve had for a while and join a class or organization to become a senior techie. Join the AMA Alliance and get involved in social media along with physician family members at all stages of the medical journey from all over the country. We seniors have a lot of life experience to share with those just beginning their journey as physician families and social media provides us with user-friendly opportunity to do just that. Surprise your family and friends and energize your life. You’ll be glad you did!

Janet Meyers Bausch, Esq., a former calculus teacher, has been a corporate lawyer, legislative liaison, administrative law judge, and corporate counsel for General Dynamics, a weapon systems manufacturer, during her more than 30 year legal career. Recently retired, she lives in Nebraska with her neonatologist husband, who is also recently retired. Their three sons and two daughters have presented them with 10 grandchildren from three months old to a 20 year old who plans to be a pediatrician.
Alliance membership means an instant network of friends throughout residency and future jobs. I have found other people that ‘get it’ and understand the challenges and opportunities involved with being part of a physician family.” Liz Walker

American Medical Association Alliance = National Network of Physician Families

The AMA Alliance brings physician couples and families together, from training through retirement.

What can the Alliance do for YOU?

Networking: We connect YOU with the largest support network of physician families in the U.S., with over 400 active county Alliances and members throughout the nation, especially useful when you move to a new area!

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Physician Family: As a member, YOU will get hard copies of this popular and informative resource for medical families mailed to your home! The digital flipbook is available free to all at www.physicianfamilymedia.org.

Other Publications: Members also receive Alliance in Motion (AIM), featuring Alliance events, community health initiatives, giving back and more, as well as our informative online newsletter LINK, discounts on children’s activity books, info on health projects and much more!

More information about these and other member benefits is available on the AMA Alliance website: WWW.AMAALLIANCE.ORG

Uniting and Empowering Physician Families Since 1922

The AMA Alliance connects physician families from medical school through retirement.

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You Might Live With A Doctor If…

If you are locked out of the house in a loaner car from the dealership and you must wait in the hospital parking lot for who knows how many hours waiting for the doctor’s keys.
- Samantha Dirks, Sioux Falls, SD

If you wonder whether a new acquaintance really wants to be a friend – or just wants a prescription!
- Shawn Ostrower Hollywood, FL

If one of your child’s first combined phrases is “choking hazards” and at the age of two, she brings small things up to me and says “Mommy, this is a choking hazard.”
- Amber Stueven Fort Collins, CO

If you are locked out of the house in a loaner car from the dealership and you must wait in the hospital parking lot for who knows how many hours waiting for the doctor’s keys.
- Samantha Dirks, Sioux Falls, SD

If your family is dressed up and ready for Grandfather’s big birthday lunch when you get a nasty cut on your arm. You put a towel over your white linen dress and sit on the bathroom counter while your husband injects some local anesthetic and puts a few fast sutures in and a nice little bandage on...and your children ask “What do regular families do?”
- Caryl Schmitz Gettysburg, PA

If an army surplus medic bag filled with anesthetic and syringes, suture, surgical instruments and many other items goes with you EVERYWHERE.
- Anonymous

(Anonymous)

If the doctor in the family comes home from the office or hospital in an “EPIC” frame of mind, and immediately seeks out the most readily available alcoholic beverage he or she can find!
- Greg Radio, MD, Allentown, PA

(Editor’s Note: “EPIC” is an electronic medical records system.)

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(Anonymous)
I was never a fan of oatmeal growing up. Then we learned that it is the elixir of life when it comes to controlling cholesterol. I wanted to find a way to eat it but knew it would never become a regular part of my diet if it had to be that gloppy stuff my dear mother used to make. Then I discovered steel cut oats! Nutty, chewy and with all the benefits — except it takes too long to cook.

Ah, but upon closer inspection of the container I discovered an overnight cooking method. One cup of steel cut oats with 4 cups of water for 4 servings. Bring to a rapid boil, REMOVE FROM BURNER, cover tightly, wash your wine glass and go to bed. (I’m not the only one who can’t cook without a glass of wine in my hand, am I?)

In the morning the oatmeal is ready — just add heat. I can never leave a good recipe alone, though. I grew up putting maple syrup in my gloppy oatmeal so I modified this recipe by adding ¼ cup of real maple syrup to the measuring cup before measuring out 3½ cups water. I like to add a tablespoon of almond butter when reheating individual servings.

Since eating the same thing every day for breakfast can get monotonous, I decided to make bran muffins using oat ingredients, crossing a wheat bran muffin recipe with a banana nut bread recipe. This is the masterpiece I finally developed.

**Oat Bran Banana Nut Muffins**

**Ingredients (first group):**
- 4 bananas
- 2/3 cup maple syrup — add coconut oil to 3/4 cup mark, “nuke” for 40 seconds and stir to melt the oil
- 1 cup oat bran
- 3/4 cup ground flaxseed meal
- ½ tsp salt
- 1 egg
- 1 teaspoon vanilla

**(Second group)**
- 1 cup oat flour
- 2 tsp baking powder
- 1 tsp baking soda
- ½ cup chopped walnuts

Preheat oven to 350F. Spray standard muffin tins with oil. Combine first group of ingredients and allow to rest so bran absorbs moisture. Mix well enough that the bananas are mashed. Add remaining ingredients.


I freeze these and nuke them for 55 seconds to go with my morning coffee, or with tea in the afternoon on days when I enjoy Smoked Salmon Dill Eggs Benedict for breakfast. Oat bran and flaxseed meal makes them extra healthy and you can use gluten free oats.

THEN my daughter spent a semester in India and developed a taste for chai. She came up with a recipe for Overnight Chai Oatmeal which uses traditional rolled oats. You don’t even have to cook this — it simply soaks in the refrigerator overnight!

**Overnight Chai Oatmeal**

Place the following ingredients in a container: 2 cups rolled oats, 3/4 tsp ground cardamom, 3/4 tsp ground ginger, 3/4 tsp ground cinnamon, 1/4 tsp ground black pepper, 2 Tbs shredded coconut and 2 Tbs golden raisins. Stir. Add 3 cups almond milk, 1 tsp vanilla and stir some more.

Put the lid on the container, refrigerate, wash your wine glass and go to bed. In the morning, eat it cold. This recipe is still under development and might need more milk. You can use 3 cups and add more in the morning if needed. I normally buy unsweetened almond milk but for this recipe, go with the original. You can keep this in the fridge and eat for several days.

I love the convenience of having my oatmeal already made so all I have to do is dish it out while the coffee is brewing. Because every day can have a healthy start.
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