2022 | Issue 8

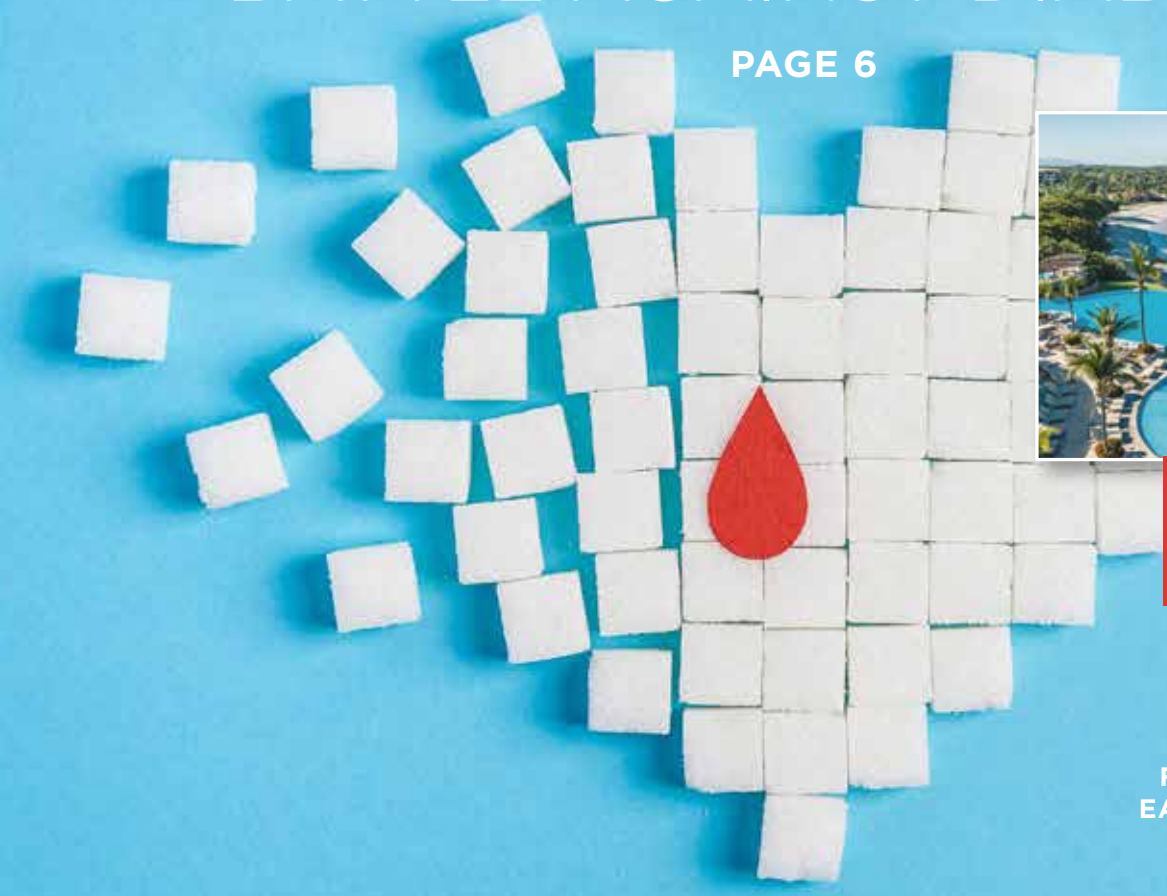
Physicians office Resource

Resources for You, Your Patients, & Your Practice

Point-of-care testing:

A WINNING STRATEGY IN THE BATTLE AGAINST DIABETES

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Luxurious Getaways and Special Offers Exclusively for Physicians

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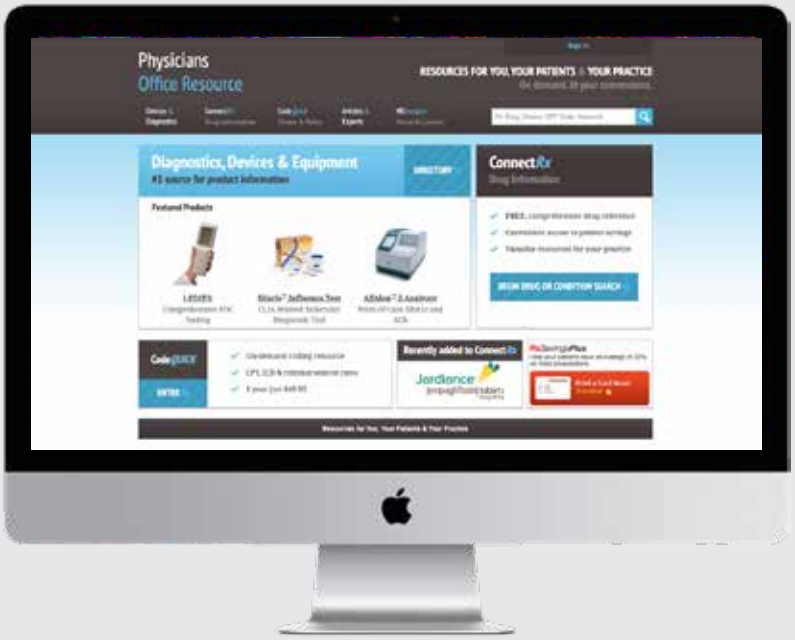


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PUBLISHER
Aaron R. Medaris
amedaris@physiciansofficeresource.com

CEO
Andrew C. Nimmo
acnimmo@physiciansofficeresource.com

PRESIDENT
John D. Pasquale
jpasquale@pharmaconnect.com

BUSINESS MANAGER
Marci J. Hills
mhills@physiciansofficeresource.com

TRAVEL EDITOR
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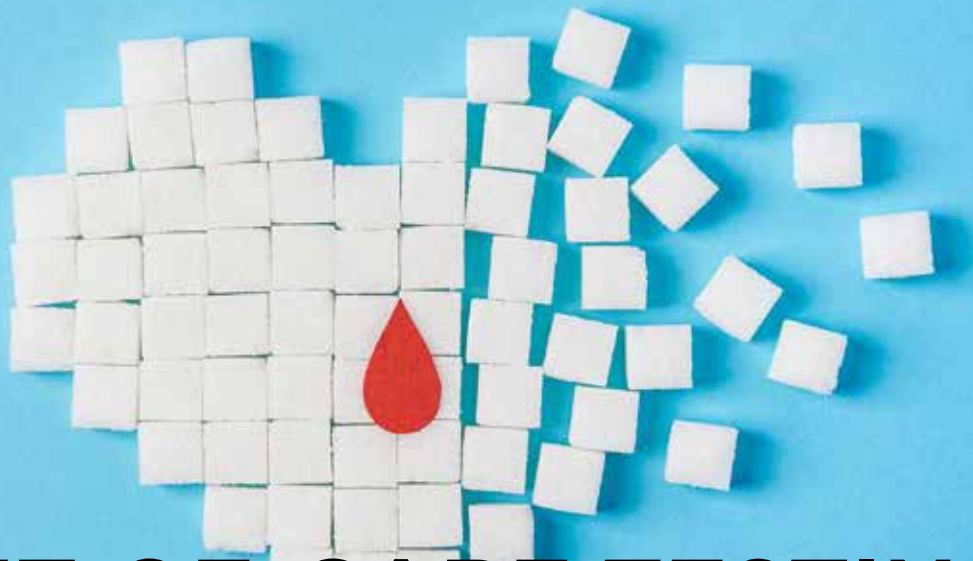
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MDESCAPES: OPEN YOUR SOUL TO THE HEART OF MEXICO

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After my time at this magnificent Mexican destination, I found my stress relieved, my burdens lifted, and the world's cares disappeared... I attribute my complete transformation to Four Seasons Resort Punta Mita.

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COULD YOUR PERSONAL FINANCES BENEFIT FROM EARLY INTERVENTION AND TREATMENT?

—

It appears even good luck and millions can't replace financial literacy, a good financial plan, and responsible money management in achieving healthy outcomes.

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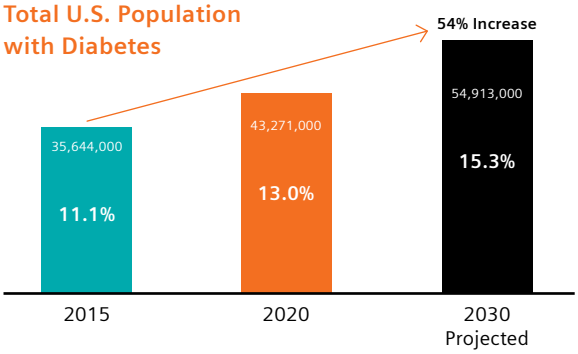


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- Rapid kidney health assessment:
  CLINITEK® Microalbumin 2 Strip
  Albumin-to-creatinine ratio (ACR)





The Prevalence of Diabetes Among U.S. Adults is on the Rise[1]

Help your patients reverse the trend

Customize your patient consultations to enhance physician-patient partnership toward improved outcomes.

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1. Rowley, William R et al. "Diabetes 2030: Insights from Yesterday, Today, and Future Trends." Population health management vol. 20,1 (2017): 6-12. doi:10.1089/pop.2015.0181.

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Point-of-care testing:

A WINNING STRATEGY IN THE BATTLE AGAINST DIABETES

BY SUSAN GARRAMONE, SENIOR CLINICAL MARKETING MANAGER
SIEMENS HEALTHINEERS

Diabetes is well-established as a population health crisis. More than 37 million Americans have diabetes; with type 1 diabetes accounting for 5-10% of all diagnosed cases, and type 2 accounting for the other 90-95% of diagnosed cases. Control of blood glucose levels in both type 1 and type 2 diabetes is critical to avoid serious health complications. Routine monitoring of blood glucose, using hemoglobin A1C point-of-care testing, is a valuable tool in managing diabetes and is demonstrated to improve patient outcomes. This article examines the diabetes crisis, the guideline-supported need for testing, and the opportunity point-of-care testing provides to physicians to further improve diabetes-related population health.

Diabetes: The medical condition

Diabetes is a chronic, metabolic disease characterized by elevated levels of blood glucose. The hormone insulin is required for glucose to enter the body's cells, where it is used for energy. If the body does not make enough insulin (type 1 diabetes) or does not respond to insulin as it should (type 2 diabetes), the level of glucose in the blood becomes elevated.[1] This high blood sugar, or hyperglycemia, is dangerous and can lead to long-term complications.[1,2]

Type 1 diabetes is an autoimmune condition typically diagnosed in children, teens, and young adults.[1] There is no cure for type 1 diabetes, and in addition to following a healthy eating and exercise plan, people with type 1 diabetes need to take insulin every day to control blood glucose levels.[3]

Type 2 diabetes, representing the majority of diabetes diagnoses, is a condition that develops over time.[1,3] Once more commonly diagnosed in adults, the prevalence of diabetes in children, teens, and young adults is increasing.[1] Lifestyle management, with healthy eating and exercise, is a cornerstone of type 2 diabetes treatment plans. Additionally, patients may be prescribed insulin or other injectable or oral diabetes medications to help manage blood sugar.[1]

Type 1 Diabetes	Type 2 Diabetes
Accounts for 5-10% of all cases	Accounts for 90-95% of all cases
The pancreas produces little or no insulin by itself	The body becomes resistant to insulin or does not make enough insulin
An autoimmune condition which develops rapidly	A condition that develops overtime
Typically diagnosed in children, teens, and young adults	Once more commonly diagnosed in adults Now prevalence of diabetes in children, teens and young adults is increasing
There is no cure, only control measures	Can be prevented or delayed through lifestyle changes including healthy eating, weight loss and exercise
Requires daily insulin to manage blood glucose	May require insulin, or other injectable or oral diabetes medications to manage blood glucose
Diabetes control is critical to prevent complications and death	
Control requires monitoring and management of blood glucose	
The American Diabetes Association recommends the use of point-of-care HbA1c testing to provide patients with well-timed treatment changes for better glycemic control	

Diabetes: The comorbidity concern

Not only is diabetes the seventh-leading cause of death in the United States, affecting 11.3% of the U.S. population, it also is attributed to an estimated $327 billion in annual medical and lost productivity costs.[3-6] Generally, care for patients with diabetes accounts for 1 in 4 healthcare dollars spent in the U.S., and a large portion of these costs results from diabetes-associated comorbidities that include potential neurological, cardiovascular, renal, and other chronic complications.[2] A search of the PubMed National Library of Medicine yields thousands of new publications on diabetes and diabetes-related issues thus far in 2022, underscoring the importance of this chronic disease and the efforts to help those affected.[7]

Similarly, the body of evidence regarding the profound consequences of diabetes continues to grow.

> For example, a recent study by Sun et al. reported that people with type 2 diabetes were **5X** more likely to develop end-stage kidney disease, **4X** more likely to have liver cancer, and **3X** more likely to develop macular degeneration.

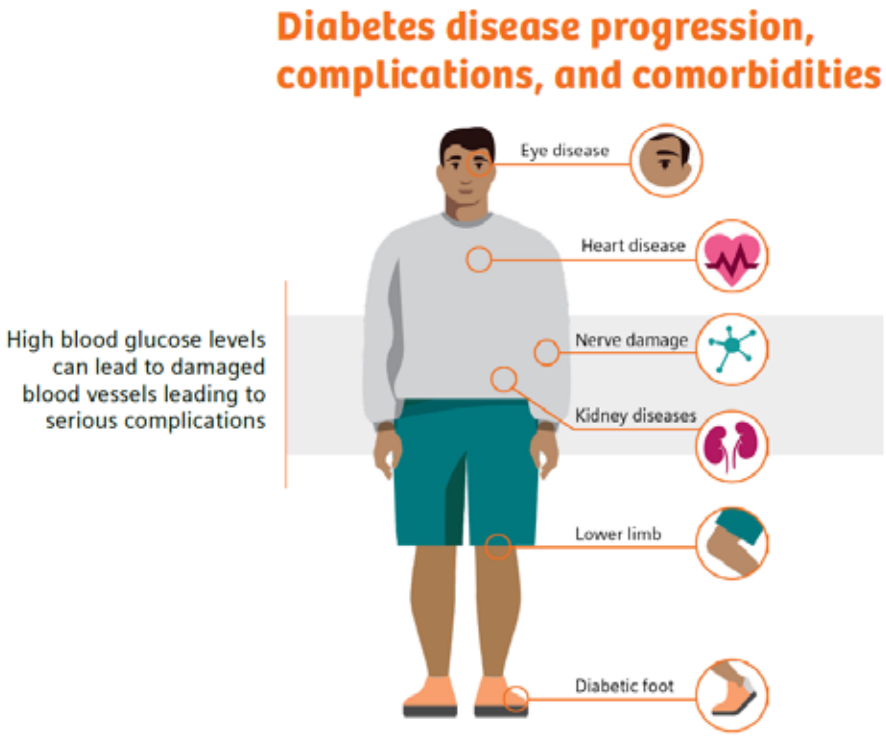
The results also showed that for all chronic conditions, the average age of onset among people with type 2 diabetes was 5 years earlier than in people without the disease.[8]

Another recent study by Antal et al. reports type 2 diabetes mellitus (T2DM) is associated with neurocognitive changes suggestive of accelerated brain aging and cognitive decline.[9]

The wide-reaching consequences of diabetes and importance of diabetes management were devastatingly evident during the COVID-19 pandemic, when reports emerged demonstrating that COVID-19 was the leading cause of death in people with diabetes in the fourth quarter of 2020.[10]

In fact, a large systematic review and meta-analysis conducted by researchers from the University of Aberdeen has found that people with diabetes are almost twice as likely to die with COVID-19, and almost three times as likely to be critically or severely ill, compared to those without the condition.[11] They reported that HbA1c over 70 mmol (equivalent to 8.6% HbA1c) increased the risk of mortality among patients with diabetes.

Additionally, at the 2022 American Diabetes Association meeting, a presentation by Harding et al. identified that diabetes may increase the risk for long COVID symptoms four-fold. In fact, the author was quoted as stating, "Careful monitoring of glucose levels in at-risk individuals may help to mitigate excess risk and reduce the burden of lingering symptoms that inhibit their overall well-being."[12]

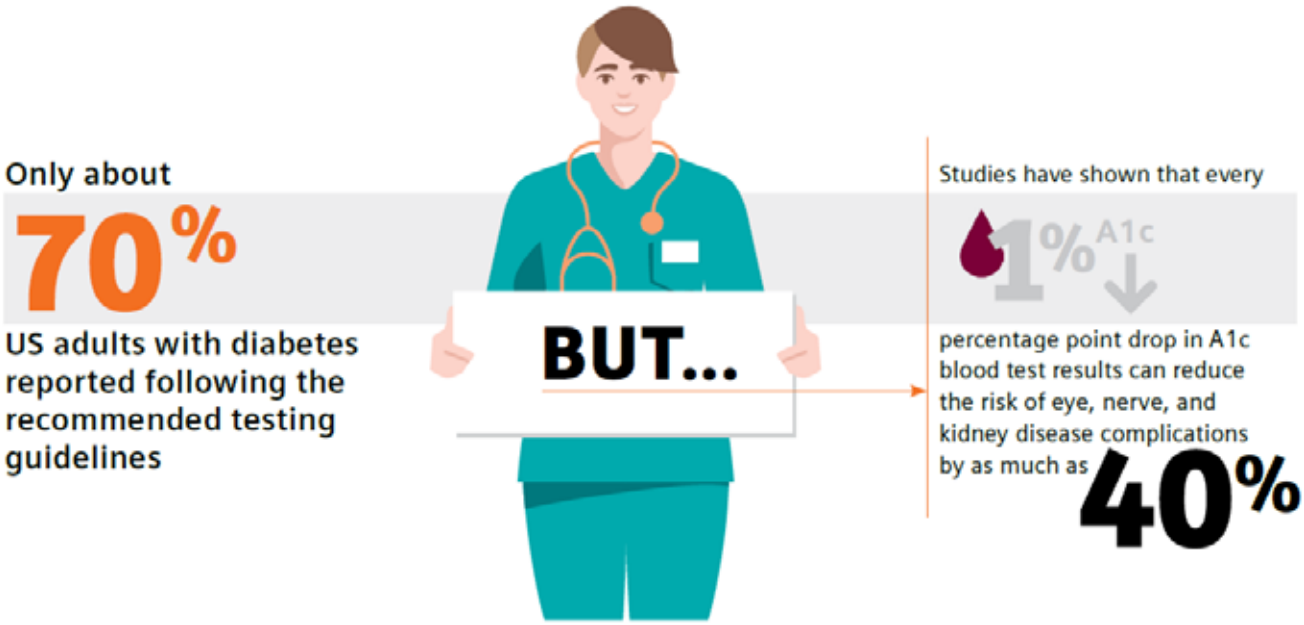


https://www.practiceupdate.com/content/ada-diabetes-may-quadruple-risk-for-long-covid/137205/23/8/2. Accessed 6-21-22.
https://www.healthcatalyst.com/insights/managing-diabetes-population-health-management. Accessed 6-21-22.

Diabetes: Monitoring leads to management

It is quite clear that people with diabetes are at risk for poor health outcomes, and diabetes management is critical. The higher a patient's hemoglobin A1c level, the poorer their blood sugar control and the higher their risk of complications.[15] For example, 1 out of 3 adults with diabetes develop diabetic kidney disease, which can then lead to high blood pressure, heart disease, stroke, and early death.[16]

However, it is also quite clear that facilitating changes in patient behavior, with diabetes self-management education and patient-provider collaboration as outlined by the ADA, can improve health outcomes.[17] In fact, studies have shown that every percentage-point drop in A1c blood test results can reduce the risk of eye, nerve, and kidney disease complications by as much as 40%.[18,19] Even with this knowledge, high HbA1c levels are seen in 50–60% of diabetic patients, indicating that they either are not receiving proper care or are not adhering to their treatment regimen![20]



Guidelines call for routine testing of hemoglobin A1c (HbA1c) and urine albumin-creatinine ratio (uACR) for diabetes and chronic kidney disease monitoring and management, respectively.[21,22] These tests are part of national quality measures, which underscores their importance in early diagnosis, monitoring, and treatment leading to improved outcomes. However, there is a major disconnect: Adherence to recommended testing is astonishingly low—only approximately 70% and 32% of patients with diabetes follow the testing guidelines for HbA1c and uACR, respectively.[23,24]

Reasons for low test adherence were addressed in a 2021 study by Al Hayek et al. in which patients identified having to make a trip to a laboratory as a main barrier to testing.[25] Patient-reported pain points included "difficulties in handling absence from school/work (56%), inconvenience associated with revisits (45.3%), and the additional costs of travel (44%)".[25] Additionally, a review by Schnell et al. documented the potential for time delays in pre-visit laboratory HbA1c testing.[26] These delays may lead to nonadherence, downstream delays in communicating results and intensifying or modifying treatment, and reduced patient adherence to the treatment plan.

Diabetes: Primary care holds the key to control

Did you know that having a primary-care doctor, as well as getting routine care and health-screening services, are linked to improved overall health and longevity?[27]

Primary-care physicians treat at least 90% of patients with diabetes in the United States. Therefore, the biggest opportunity for positive change lies within the primary-care office.[28] According to the ADA, "The goals of diabetes treatment are to prevent or delay complications, optimize quality of life, and establish a care plan with patients based on their individual preferences, principles, and goals."[29] Implementation of point-of-care testing in the primary-care office provides an opportunity to meet these goals, whereby patient education and monitoring of progress with real-time clinical data, such as guideline-driven HbA1c and uACR results, can increase patient motivation to make lifestyle modifications and adhere to medication-management plans. In fact, in 2021 the ADA stated that POC testing for A1c provides opportunity for more timely treatment changes.[21]

There is a large body of evidence further supporting the clinical value of point-of-care testing (POCT) as a quick, easy, reliable method for monitoring diabetes in the primary-care office setting. Such testing can improve test adherence and patient outcomes while also increasing practice efficiency, decreasing costs, and driving achievement of quality measures.[25,30-36]

In addition, studies have demonstrated that POCT is associated with a high level of patient and staff satisfaction, which further aligns with the Quadruple-Aim goals of better outcomes, lower costs, improved patient experience, and improved clinician experience.[25,30,31,36]



We know:

- Diabetes presents a major crisis in population health, decreasing patient quality of life while increasing overall healthcare costs.
- Diabetes and related complications can be prevented or managed with appropriate interventions.
- Availability of real-time test results enables immediate, customized consultation and faster intervention and treatment.
- Early detection and coordinated intervention can stop disease progression, improve quality of life, and reduce healthcare costs.
- Point-of-care testing can help meet these goals, facilitating positive outcomes for patients and practices.

So why:

Does CDC report that ***40% of patients with diabetes, and 90% of patients with CKD, are unaware that they have these conditions?***[37, 38]

Is a median value of ***39%*** reported as the percentage of adults with Type 1 or Type 2 diabetes with ***HbA1c in poor control (>9.0%)*** in the July 2021 Medicaid quality scorecard for Comprehensive Diabetes Care?[39]

When 90-95% of patients with diabetes are treated by the close to 500,000 primary care doctors in the US, are ***only 20% of HbA1c tests performed in-office*** during the patient visit?[40, 41]

Missing an opportunity to improve diabetes testing

A1c testing

20 million
POC A1c tests

>80 million
Outsourced A1c tests

40 DRG market share data. 2020. Siemens Healthineers – on file.

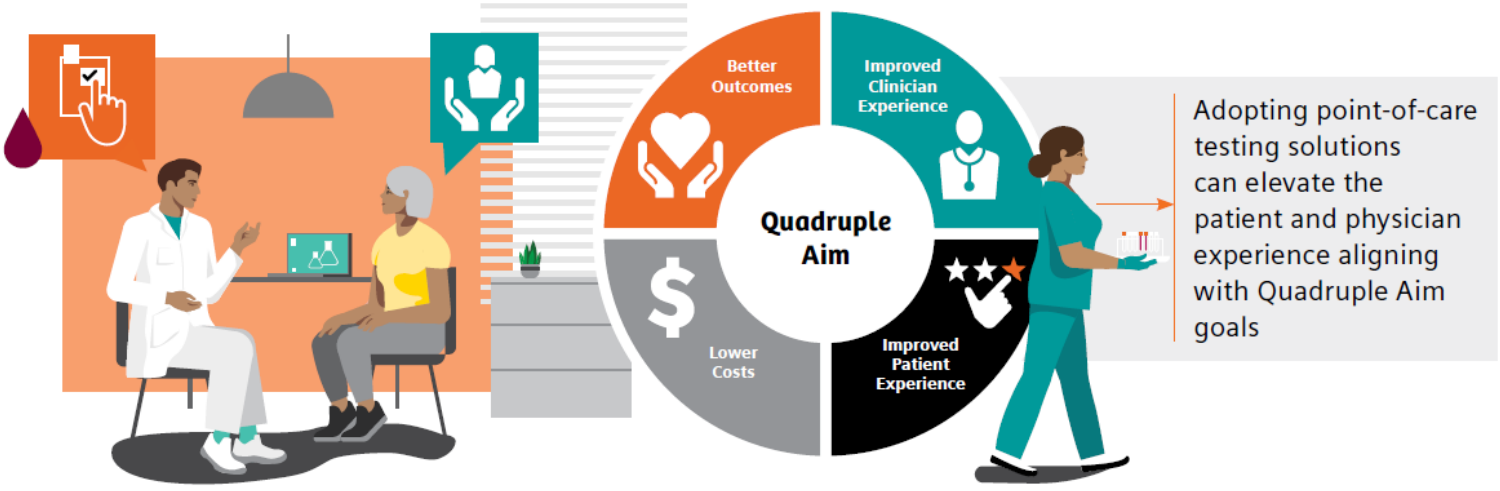
Diabetes: The clinical conundrum

THERE ARE A LOT OF KNOWNS WHEN DISCUSSING DIABETES.

The review by Schnell et al. neatly summarizes the benefits of diabetes testing at the point of care:[26]

- Increases compliance with recommendations for HbA1c testing frequency and treatment adoption
- Improves clinical outcomes
- Facilitates patient education and motivation
- Improves patient's quality of life
- Appears to contribute to cost/time savings both for healthcare professionals and patients

That describes a winning strategy for facilitating positive change in the battle against diabetes—a win for patients, and a win for the physicians who care for them. If point-of-care, in-office diabetes testing is not a tool currently in your diabetes-management tool kit, perhaps it is time for its adoption.



References

1. https://www.cdc.gov/diabetes/basics/diabetes.html. Accessed 6-21-22.

2. https://www.cdc.gov/diabetes/managing/manage-blood-sugar.html. Accessed 6-21-22.

3. https://www.cdc.gov/diabetes/library/socialmedia/infographics/diabetes.html. Accessed 6-21-22.

4. https://www.cdc.gov/diabetes/basics/quick-facts.html. Accessed 6-21-22.

5. https://www.cdc.gov/diabetes/data/statistics-report/index.html. Accessed 6-21-22.

6. American Diabetes Association. Economic costs of diabetes in the U.S. in 2017. Diabetes Care. 2018;41(5):917-28. doi: 10.2337/dci18-0007. Accessed 6-21-22.

7. PubMed.gov. (diabetes) and (2022) Search. Accessed 6/15/22.

8. https://www.medscape.co.uk/viewarticle/burden-chronic-conditions-heavier-type-2-diabetes-2022a1000tht. Diabetes UK Professional Conference 2022: Abstract A19 (P139). Presented March 29. Accessed 6/15/22.

9. Antal B, McMahon LP, Sultan SF, Lithen A, Wexler DJ, Dickerson B, Ratai E-M, Mujica-Parodi LR. Type 2 diabetes mellitus accelerates brain aging and cognitive decline: complementary findings from UK Biobank and meta-analyses. eLife. 2022;11:e73138. https://doi.org/10.7554/eLife.73138

10. https://www.healio.com/news/endocrinology/20220517/covid19-leading-cause-of-death-in-people-with-diabetes-in-fourth-quarter-of-2020. Accessed 6-21-22.

11. Kastora S, Patel M, Carter B, Delibegovic M, Myint PK. Impact of diabetes on COVID-19 mortality and hospital outcomes from a global perspective: an umbrella systematic review and meta-analysis. Endocrinol Diabetes Metab. 2022 May;5(3):e00338. doi: 10.1002/edm2.338. Epub 2022 Apr 20. PMID: 35441801; PMCID: PMC9094465.

12. https://www.practiceupdate.com/content/ada-diabetes-may-quadruple-risk-for-long-covid/137205/23/8/2. Accessed 6-21-22.

13. https://www.ajmc.com/view/multiple-chronic-conditions-in-type-2-diabetes-mellitus-prevalence-and-consequences. Accessed 6-27-22.

14. https://www.verywellhealth.com/side-effects-of-diabetes-5181506. Accessed 6-27-22.

15. https://www.healthcatalyst.com/insights/managing-diabetes-population-health-management. 6-27-22.

16. https://www.cdc.gov/kidneydisease/publications-resources/ckd-national-facts.html. Accessed 6-27-22.

17. https://diabetesjournals.org/care/article/43/Supplement_1/S48/30785/5-Facilitating-Behavior-Change-and-Well-being-to. Accessed 6-27-22.

18. Nathan DM, Genuth S, Lachin J, Cleary P, Crofford O, Davis M, Rand L, Siebert C: Diabetes Control and Complications Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. N Engl J Med. 1993 Sep 30;329(14):977-86.

19. https://www.cdc.gov/chronicdisease/programs-impact/pop/diabetes.htm. Accessed 6-22-22.

20. LeBlanc ES, Rosales AG, Kachroo S, et al. Provider beliefs about diabetes treatment have little impact on glycemic control of their patients with diabetes. BMJ Open Diabetes Res Care. 2015;3:e000062. https://doi.org/10.1136/bmjdrc-2014-000062.

21. American Diabetes Association. Glycemic targets: standards of medical care in diabetes—2021. Diabetes Care. 2021 Jan;44(Suppl 1):S73-S84. Available from: https://doi.org/10.2337/dc21-S006.

22. American Diabetes Association Professional Practice Committee, et al. Chronic kidney disease and risk management: standards of medical care in diabetes-2022. Diabetes Care. 2022;45(Suppl_1):S175-S184. doi:10.2337/dc22-S011.

23. https://www.cdc.gov/diabetes/pdfs/library/Diabetes-Report-Card-2019-508.pdf. Accessed 12-17-21. Accessed 6-22-22.

24. Alfego D, et al. Chronic kidney disease testing among at-risk adults in the U.S. remains low: real-world evidence from a national laboratory database. Diabetes Care. 2021;44(9):2025-32. doi:10.2337/dc21-0723.

25. Al Hayek AA, et al. Assessment of patient satisfaction with on-site point-of-care hemoglobin A1c testing: an observational study. Diabetes Ther. 2021;12(9):2531-44. doi: 10.1007/s13300-021-01126-7

26. Schnell O, et al. Impact of HbA1c testing at point of care on diabetes management. J Diabetes Sci Technol. 2017;11(3):611-17. doi: 10.1177/1932296816678263

27. Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of primary care physician supply with population mortality in the United States, 2005-2015. JAMA Intern Med. 2019;179(4):506-14. doi: 10.1001/jamainternmed.2018.7624

28. Davidson JA. The increasing role of primary care physicians in caring for patients with type 2 diabetes mellitus. Mayo Clinic proceedings. 2010;85(12 Suppl):S3-4. doi: 10.4065/mcp.2010.0466

29. American Diabetes Association. Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers. Clin Diabetes. 2022 Jan 1;40(1):10-38. https://doi.org/10.2337/cd22-as01

30. Crocker JB, et al. The impact of point-of-care hemoglobin A1c testing on population health-based onsite testing adherence: a primary-care quality improvement study. J Diabetes Sc Technol. 2021;15(3):561-7. doi: 10.1177/1932296820972751.

31. Crocker JB, Lee-Lewandrowsky E, Lewandrowsky N, et al. Implementation of point-of-care testing in an ambulatory practice of an academic medical center. Am J Clin Pathol. 2014;142(5):640-6.

32. Christofides EA, Desai N. Optimal early diagnosis and monitoring of diabetic kidney disease in type 2 diabetes mellitus: addressing the barriers to albuminuria testing. J Prim Care Community Health. 2021;12:21501327211003683. doi: 10.1177/21501327211003683.

33. Schultes B, Emmerich S, Kistler AD, Mecheri B, Schnell O, Rudofsky G. Impact of albumin-to-creatinine ratio point-of-care testing on the diagnosis and management of diabetic kidney disease. J Diabetes Sci Technol. 2021 Oct 28;19322968211054520. doi: 10.1177/19322968211054520.

34. Rhyu J, Lambrechts S, Han MA, Freeby MJ. Utilizing point-of-care A1c to impact outcomes – can we make it happen in primary care? Curr Opin Endocrinol Diabetes Obes. 2022 Feb 1;29(1):29-33. doi: 10.1097/MED.0000000000000700.

35. Nichols JH. Utilizing point-of-care testing to optimize patient care. EJIFCC. 2021 Jun;32(2):140-4.

36. Crocker B, Lewandrowski EL, Lewandrowski N, Gregory K, Lewandrowski K. Patient satisfaction with point-of-care laboratory testing: report of a quality improvement program in an ambulatory practice of an academic medical center. Clin Chim Acta. 2013 Sep 23;424:8-11. doi: 10.1016/j.cca.2013.04.025. Epub 2013 May 10. PMID: 23669184.

37. https://www.cdc.gov/nchs/fastats/kidney-disease.htm. Accessed 6-22-22.

38. https://www.kidney.org/atoz/content/does-type-2-diabetes-increase-your-risk-kidney-disease-yes. Accessed 6-27-22.

39. https://www.medicaid.gov/state-overviews/scorecard/comprehensive-diabetes-care/index.html. Accessed 6-27-22.

40. https://www.kff.org/other/state-indicator/total-active-physicians/. Accessed 6-22-22.

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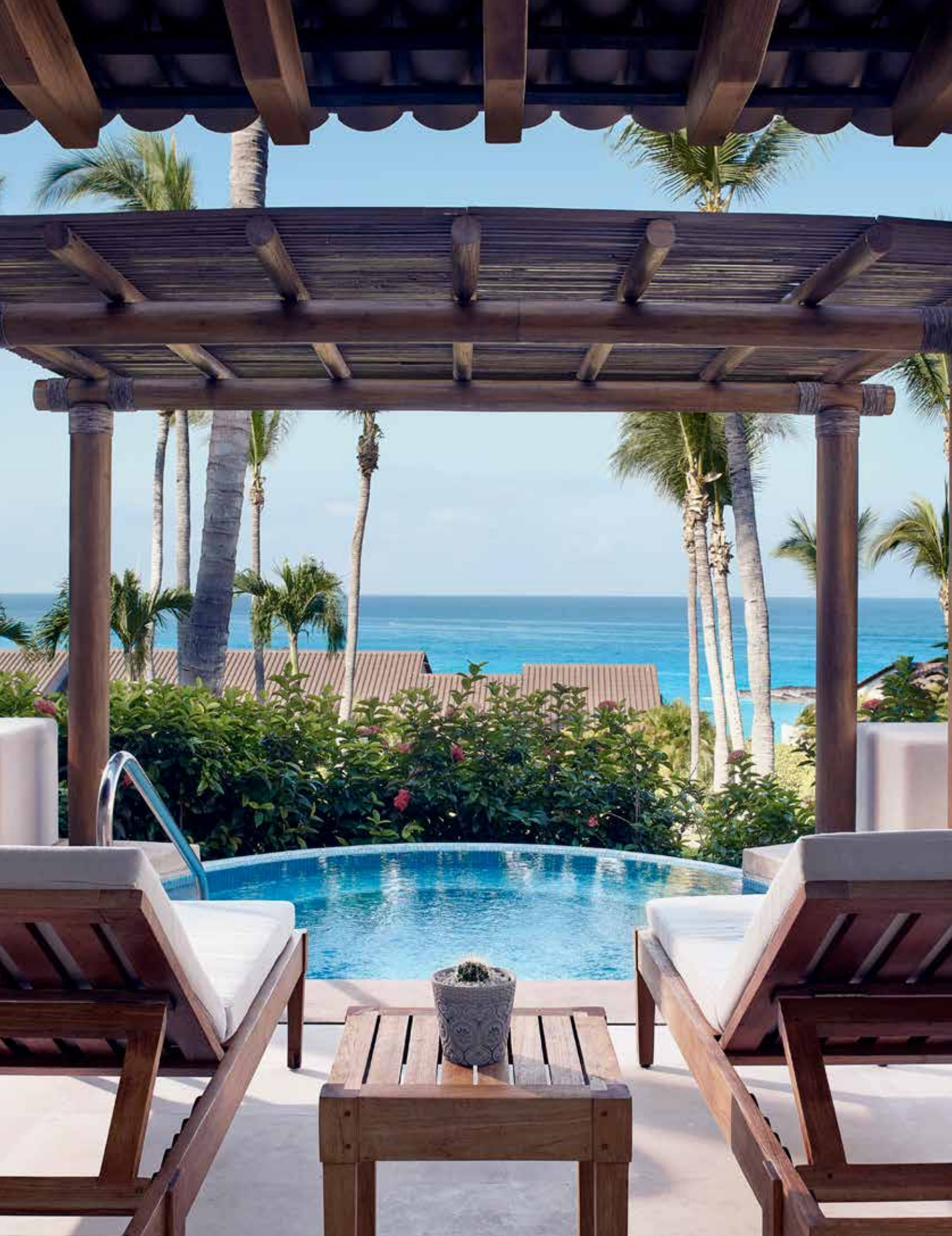
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OPEN YOUR SOUL TO THE HEART of MEXICO

BY BRANDI BROWER, TRAVEL EDITOR

An old Mayan tradition says you can tell "Munequita" or worry doll, your grief, place her under your pillow, sleep peacefully, and your suffering will be gone the next day. According to the lore, the sun god granted the Mayan princess, Ixmucane, an extraordinary gift that could solve any human problem.

After my time at this magnificent Mexican destination, I found my stress relieved, my burdens lifted, and the world's cares disappeared. And it wasn't because of a legendary little doll under my pillow. I attribute my complete transformation to Four Seasons Resort Punta Mita.

Punta de Mita is located on the north-western tip of Banderas Bay, north of Puerto Vallarta in Riviera Nayarit. Within this general geographical region is Punta Mita, a spear-shaped peninsula surrounded on three sides by the beautiful Pacific, tropical landscapes, and white sand. Within an exclusive 1,500-acre gated community, the Four Seasons Resort is nestled among the best stretch of coastline, a long swath of calm beaches interspersed with rocky outlets buffeted by crashing waves on 52 acres of secluded beauty.

Four Seasons was the first to make its mark in this hidden oasis over 20 years ago, setting the standard for private luxury in the area. After a recently completed multi-year, multi-million-dollar renovation, it feels like it's the new casita on the block. This resort has succeeded in raising the bar to new levels. Noteworthy updates include a complete refresh to two pools, Apuane Spa, three beach rental homes, and plunge pool suites with ocean views.

My transformation begins as the driver passes through the first security gate and the beautiful fauna and tropical foliage surround us. The canopy of tall fig trees (one being 400 years old) gives shade from the sun- a yearly average of 345 days and has one of the most pleasant climates in the world. Beautiful sculptures greet us as we enter the Four Seasons Resort gates and approach the vestibule and open-air lobby. We are received with smiles, cold towels, and a complimentary mango drink as we are shepherded to comfortable couches in the beautifully appointed Nuna lounge for our check-in and orientation—a lovely way to transition from our transport to the beginning of relaxation.

A golf cart whisks us away to Ave, our ocean view suite with an inviting plunge pool and terrace, to take in the Pacific vista. Greeted by warm wood and marble throughout, vibrant accents of color via the curated art and the lovely appointed accommodations have touches of blue in honor of the area's famous natural resident, the blue-footed booby. Needless to say, the Four Seasons bedding with the special pillows, sheets, and comforter were anticipated and waiting to be enjoyed by this slight insomniac. But the guacamole, chips, salsa, and "make your own margarita" setup was a pleasant surprise waiting to be consumed. A handwritten card with a sweet welcome was a nice added touch.



Renewal happens when you disconnect from your life outside Punta Mita and reconnect with all the beauty within. With help from the instructor Israel, the rejuvenating view from the top of "The Rock," and a yoga mat, I connect with the sounds, scents, and sights of the world around me. My warrior pose is shaky, but having my feet grounded on such a lovely spot on earth feels good. As I practice my breathing, it is simply breathtaking.

My work for reconnection continues as I visit the Apuane Spa and Wellness Center. In signature Four Seasons fashion, a full fitness center, body treatments, facials, steam, sauna, cold and hot revitalizing contrast pools, and a full-service salon. My first treatment, Punta Mita Tequila Stone massage, is a signature favorite. As part of the "Journeys for the Body and Soul" selections, I return for a Chakra Balancing Ritual the following day. After filling out a survey, my therapist Alba, applied a cranberry scrub over my entire body. I removed the scrub in the private outdoor shower, and afterward, the therapist gave me a massage with lavender and sandalwood. Lastly, Chakra stones were applied, and various chimes and gongs sounded. It was my first experience, I leave feeling more at peace and connected, and my soul opened to allow everything around me in.

My happy place is the beach, and nature's offering in Punta Mita did not disappoint. We enjoyed Cuevas Beach and the beauty of the blue water in contrast with the black rock formations that jetted out from it. The comfy cabana for two, cushions and pillows, and elevated on tiny stilts, with

Mexican food is my love language...

curtains for privacy, made it even more memorable. The Shack offers humor and creative cocktails, while enthusiastic staff offers avian spritz, chilled towels, daily afternoon treats, and upbeat personalities. The fire pit starts up, the hanging bistro lights go on when the sun goes down, and the fun on Cuevas Beach continues.

Manzanillas beach, located on the other side of the iconic cliffside point, is another breathtaking spot to create memories. Several bamboo teardrop-shaped swings with cushions hanging down on chains from the cliff edge, thatched umbrellas with lounge chairs dot the beach, attentive staff provide food and beverage options, and a spa member offers me a foot massage. Beautiful Beach + Foot Massage = Nirvana.

We take full advantage of all the options for beach and pool: The Tamal Pool is for adults with several private luxury cabanas equipped with a couch and table, a hanging bamboo chair, refrigerator, t.v. and lounge chairs poolside. The Lazy River is an excellent spot to get your slow float with or without children. The Nuna Pool is the jewel, a

large infinity edge pool that overlooks the ocean. The amphibious pool waiter periodically takes a spin around the water with his bar setup, whipping up libations live as you splash in the pool.

Mexican food is my love language; if I could swim in a bowl of guacamole, I wouldn't hesitate. I expect that I'd be eating tacos and flan daily. Surprisingly, the variety of dining at the resort made for some tough decisions, so many choices. Dinner at Bahia by Richard Sandoval is a front-row seat for a magnificent sunset. It is the kind of spectacle where everyone gets up from their table to venture out into the sand to get closer to capture the moment with their phones. I'm a sunset lover, so I join in. While the sun dips down into the Bahia (bay), I dip into the Mediterranean appetizer offering of flatbread, hummus, olives, and sun-dried tomatoes. Then onto a fantastic parmesan and black pepper risotto with grilled prawns the size of my fist. The meal ends sweetly with key lime pie, burnt meringue, and raspberry topped with fresh fruit.

Another memorable meal, Four Seasons' culinary talent, and Asian cuisine combine to create magic at Aramara. The freshness and flavor combinations collide to excite the palate of every patron. We enjoy the Miso Glazed Pork Belly Steamed Buns with Yuzu Pineapple, Pickled Cucumber, and Togarashi Mayo so much that we order another batch. After too much edamame, gyoza, sashimi, and sushi rolls, we have no room for the famed five-spice half duck.

Dos Catrinas satisfies my love of Latin food. After several iterations over the years, this restaurant has become firmly focused on food that a Mexican grandma would make, with an Instagram-worthy presentation. I can enjoy my classic favorites and discover some new ones for breakfast, lunch, dinner, and dessert, all while taking in the beautiful view from the open-air setting. Take the staircase up to see the sun setting on a higher level. Above Dos Catrinas, find the sleek Mez Bar for some Mexican spirits and live music, a place to see and be seen. Or indulge at La Churitta on your walk back to your room, a street cart with a team member making sugar cinnamon churro yumminess.

Aside from the three main dining options, the property has several alternatives to appreciate: Tamal features plant-based Asian bowls, sushi, and refreshing cocktails and juice blends; Cora Lounge with fresh fruit smoothies and coffee drinks while enjoying acoustic guitar and the expansive ocean view; Tale of the Whale offers classic American and Mexican dishes at the golf clubhouse. The Salad Shack is a build-your-own salad spot just off the path down by the beach. There's always in-room dining, pool, and beach service from sunrise to sunset; who doesn't love room service at least once?

In Mexico, if the culture is in play mode all the time, the Four Seasons Resort Punta Mita is the facilitator of that fun! Mountains to the East and the ocean to the West, everything in between is crafted for your enjoyment. The



Four Seasons Resort Punta Mita is the facilitator of fun!

weekly calendar of daily activities runs from 6:30 a.m. until 8:00 p.m. A sampling of an average Tuesday: Yoga, Panoramic Hike, Aquaforza, Spinning class, Double Tennis Strategy Clinic, Aquaerobics, Tennis Pee Wee Clinic, Tabata, Xocolatl (chocolate) Workshop for Kids, Tennis Junior Clinic, Catch of the Day, Kayak Tour, Stretching, Huichol Lecture, Detox Contouring, Mezcal Tasting, Shore Fishing, Tequila Blending Experience, Fish and Beer, Live Music (at three different places) And that's just a Tuesday! I take advantage of some of the activities, but that's the beauty of this special place; you can soak in as much fun as you want or just soak up the sun.

Punta Mita is a very family-friendly resort with the popular Kids for all Seasons program near the lazy river. An excellent environment for children to learn and participate in fun crafts and experiences, all while giving mom and dad some alone time. The new teen center, The Container, is near the basketball court. The cool containers have different activities in each fun space; ages 13-19 can enjoy



the teen-centric facility, a great place to make new friends and break away from the adults.

Guests are privileged to enjoy activities outside the gates of the Punta Mita property. Horseback riding, Canopy Tour, Scuba-diving, sailing, bike riding, ATV and RZR Tours, and fishing. Within the gates of the acreage are eight tennis courts, four pickle ball, and two paddle ball courts. Peter Burwash International manages the facility, including a locker room, lessons, clinics, player matching, and rentals. An exclusive opportunity to experience not one but two private and renowned championship golf courses. Jack Nicklaus designed tracks, the Bahia and Pacifico course, are challenging rounds with spectacular views, respectively. Nine and a half miles of coastline provide ample opportunity for great water holes. One, in particular, Tail of the Whale, is the world's only natural island green and can only be played when the tide is low. Worth losing a ball or two for this bucket list hole.

Resort Manager, Denis Espina, began his career at Four Seasons years ago as the assistant pool manager at Punta Mita. "Mr. Denis," as his team refers to him, has come full circle, returning to the area in the new leadership role, "Starting this new chapter in beautiful Punta Mita feels like coming home," says Espina. "The Resort is a deeply special place for not only our guests but also for our team. Together, we will continue to find meaningful ways to express authentic Mexican hospitality, from immersing guests in the local culture to elevating our award-winning cuisine to new levels."

Punta Mita is a special place, "...the best office in the world," according to Francisco, as he brings me a refreshing drink to my cabana on the beach. But ask any exemplary staff member, and you'll hear the reason behind their exceptional service: tradition. Mexican hospitality is about "Mi casa es su casa,"- my home is your home. The staff treats you like their family. It is no surprise that the five-star resort has families returning yearly, some guests faithfully since it first opened. The Four Seasons Resort Punta Mita embodies the true spirit of Mexican hospitality.

Some 800 staffers work at the resort, so finding someone willing to help with my luggage is easy, "It's my pleasure," they impart. A pool attendant looks for a particular spot for me to lounge, "It's been a pleasure," they echo. When the warm staff says it's been a pleasure to serve me, it feels like they genuinely mean it. When I inquire with my waiter, Miguel, about working for Four Seasons, he tells me that many staff members have been employed at the resort for over 20 years. When I ask why, he smiled, saying, "It's part of our culture to serve others. We already serve our neighbors, our family, and those around us. It's easy for us, as a people, to give of ourselves here with our guests." I guess they really do mean it.

As I leave out through the gate of this magical place, with its restorative powers, natural beauty, and energy, my soul is more open than when I entered in. I disconnected to reconnect. In the process, I found the heart of Mexico within the 52 acres called Punta Mita.

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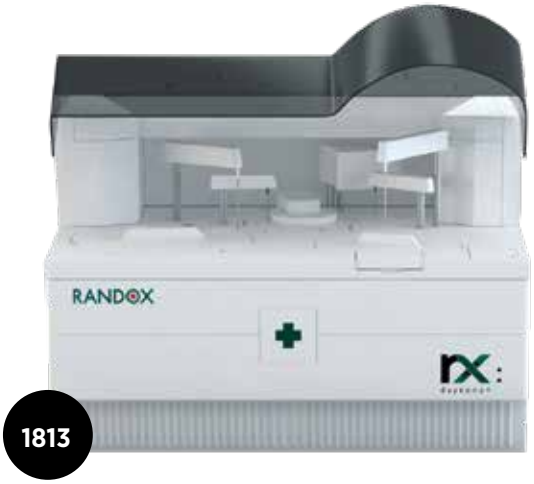
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  - Limitation of use: maintenance therapy in CIDP has not been studied for periods longer than 6 months. Individualize duration of treatment beyond 6 months based on patient response.

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- **Thrombosis may occur with immune globulin products, including Privigen. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors.**
- **Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur with immune globulin intravenous (IGIV) products in predisposed patients. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products that contain sucrose. Privigen does not contain sucrose.**
- **For patients at risk of thrombosis, renal dysfunction or renal failure, administer Privigen at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk for hyperviscosity.**

See full prescribing information for complete boxed warning.

Privigen is contraindicated in patients with history of anaphylactic or severe systemic reaction to human immune globulin, in patients with hyperprolinemia, and in IgA-deficient patients with antibodies to IgA and a history of hypersensitivity.

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Hyperproteinemia, increased serum viscosity, or hyponatremia can occur with Privigen. Infrequently, aseptic meningitis syndrome (AMS) may occur—especially with high doses or rapid infusion.

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In both studies*, 97% of adverse reactions were mild or moderate in intensity with 2 and 8 subjects experiencing serious adverse reactions in PRIMA and PATH, respectively‡

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Clinical information, patient resources, and videos at ConnectRx.com

Reference: 1. Data on file. Available from CSL Behring as PVG-006.

*In a prospective, open-label, single-arm, multicenter clinical study (Privigen Impact on Mobility and Autonomy [PRIMA]), 28 subjects with CIDP received a Privigen loading dose of 2 g/kg followed by Privigen maintenance doses of 1 g/kg every 3 weeks for up to 21 weeks with 3-week follow-up. In a second prospective, open-label Privigen prerandomization phase of a multicenter clinical study (Polyneuropathy and Treatment with Hizentra [PATH]), 207 IVIg-pretreated subjects with CIDP received a Privigen loading dose of 2 g/kg followed by up to 4 Privigen maintenance doses of 1 g/kg every 3 weeks for up to 13 weeks.

†Overall response rate was defined as percentage of subjects who experienced at least a 1-point decrease in adjusted INCAT score.

‡Serious adverse reactions included hemolysis (2), exacerbation of CIDP (2), acute rash, diastolic increased blood pressure, hypersensitivity, pulmonary embolism, respiratory failure, and migraine. A total of 4 patients discontinued treatment due to serious adverse reactions.

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Consider relative risks and benefits before prescribing high-dose regimen for chronic ITP and CIDP in patients at increased risk of thrombosis, hemolysis, acute kidney injury or volume overload. Monitor patients for pulmonary adverse reactions (transfusion-related acute lung injury [TRALI]).

Privigen is derived from human plasma. The risk of transmission of infectious agents, including viruses and, theoretically, the Creutzfeldt-Jakob disease (CJD) agent and its variant (vCJD), cannot be completely eliminated.

In clinical studies of patients with PI, the most common adverse reactions to Privigen, observed in >5% of subjects, were headache, fatigue, nausea, chills, vomiting, back pain, pain, elevated body temperature, abdominal pain, diarrhea, cough, stomach discomfort, chest pain, joint swelling/effusion, influenza-like illness, pharyngolaryngeal pain, urticaria, and dizziness. Serious adverse reactions were hypersensitivity, chills, fatigue, dizziness, and increased body temperature.

In clinical studies of patients being treated for chronic ITP, the most common adverse reactions, seen in >5% of subjects, were laboratory findings consistent with hemolysis, headache, elevated body temperature, anemia, nausea, and vomiting. A serious adverse reaction was aseptic meningitis syndrome.

In clinical studies of patients being treated for CIDP, the most common adverse reactions observed in >5% of subjects, were headache, asthenia, hypertension, nausea, pain in extremity, hemolysis, influenza-like illness, leukopenia, and rash. Serious adverse reactions were hemolysis, exacerbation of CIDP, acute rash, increased diastolic blood pressure, hypersensitivity, pulmonary embolism, respiratory failure, and migraine.

Treatment with Privigen might interfere with a patient's response to live virus vaccines and could lead to misinterpretation of serologic testing. In patients over 65, do not exceed recommended dose and infuse at the minimum rate practicable.

Please see the following brief summary of prescribing information for Privigen, including boxed warning.

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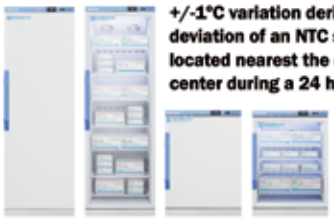
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ARS3PV	3 cu.ft.	33.75"	18.5"	19"	White	$1,089.00
ARG3PV	3 cu.ft.	33.75"	18.5"	19.5"	Glass	$1,102.00
ARS6PV	6 cu.ft.	32.5"	23.5"	24.5"	White	$1,235.00
ARG6PV	6 cu.ft.	32.5"	23.5"	25"	Glass	$1,266.00
ARS8PV	8 cu.ft.	50"	23.38"	24.5"	White	$1,654.00
ARG8PV	8 cu.ft.	50"	23.38"	25"	Glass	$1,667.00
ARS12PV	12 cu.ft.	61.75"	23.38"	24.5"	White	$2,139.00
ARG12PV	12 cu.ft.	61.75"	23.38"	25"	Glass	$2,152.00
ARS15PV	15 cu.ft.	72"	23.5"	24.5"	White	$2,321.00
ARG15PV	15 cu.ft.	72"	23.5"	25"	Glass	$2,334.00

models with data loggers are available

Pharma-Lab Refrigerators

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ARS23ML	23 cu.ft.	83.75	27.5	31	(1) Stainless	$2,789.00
ARG23ML	23 cu.ft.	83.75	27.5	31	(1) Glass	$3,114.00
ARS49ML	49 cu.ft.	83.75	55.25	31	(2) Stainless	$4,674.00
ARG49ML	49 cu.ft.	83.75	55.25	31	(2) Glass	$5,031.00

Pharma-Lab Freezers

Accucold	Capacity	Height	Width	Depth	Door	PRICE
AFS23ML	23 cu.ft.	83.75	27.5	31	(1) Stainless	$3,205.00
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Refrigerator: Add the number of doses on hand (current inventory) from your last order form.

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Private Vaccine	+	_____
Total doses	=	_____
Multiply (max inventory)		x 1.25
Maximum doses	=	_____

2 Match your maximum doses with the minimum cubic feet needed to safely store your vaccine

Max. Doses	Minimum Cubic Ft.
2,000+ doses	may need more than one refrigerator
1000-2000	40 cu.ft
900-1000	36 cu.ft
801-900	21-23 cu.ft
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400-700	11-16.7 cu.ft
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COULD YOUR PERSONAL FINANCES BENEFIT FROM EARLY INTERVENTION AND TREATMENT?

If you're a physician reading this, the answer is most likely yes

BY ANDREW HARMS



Every so often, a multi-state lottery jackpot in the US becomes so enormous that casual conversations and nightly newscasts take up the topic of playing the lottery with great anticipation and fascination. This summer, the Mega Millions lottery doled out their second-largest prize to a fortunate ticket-purchaser in the Chicago suburbs after 29 consecutive draws without a jackpot winner. A nearly $1.3 billion dollar jackpot!

If there was ever a remedy for financial difficulties, certainly windfall lottery winnings would be the answer, right? On the contrary, researchers studying lottery winners conclude that while lump-sum payments reduce the probability of bankruptcy in the first two years after winning, this reduction is followed by statistically significant increases of similar magnitude three to five years after winning. Research scientist and economist Jay Zagorsky points to imprudent spending behaviors and poor savings and investment choices as culprits for financial woes despite winning millions. "The key lesson for everyone, whether you play or not, is that when you get a windfall or win the lottery, plan ahead and resist the all-too-human temptation to spend all the money," notes Zagorsky.

What can the hard-working physician earning a salary take away from such findings? Perhaps most simply: it appears even good luck and millions can't replace financial literacy, a good financial plan, and responsible money management in achieving healthy outcomes.

A recent study published in The American Surgeon takes a closer look at the fiscal situation of surgical residents in a paper titled "Medically Smart, Fiscally Illiterate: Lack of Financial Education Leads to Poor Retirement Savings Strategies in Surgical Trainees." The authors introduce important findings about the need for addressing fiscal issues among physicians early in their training, concluding "surgery residents have a large debt burden, minimal retirement savings and an overall lack of understanding of savings strategies. Well-designed, early, and accessible educational interventions may improve the "financial vital signs" of surgical trainees and establish habits for long-term financial success."

Regardless of medical specialty, what sorts of early interventions relating to personal finances can a physician pursue to avoid financial mistakes early-on in their careers, set themselves up for successful years ahead, and ultimately enjoy a stable financial picture in retirement?

Assessment and Diagnosis of your Financial Picture

Earlier this year, the AMA's medical residency personal finance team outlined financial advice for residents in a series of blogs from Senior News Writer Brendan Murphy. We'll highlight a few points we think are helpful in assessing where you may need to begin in formulating a financial plan.

- **Understand your income:** The typical annual salary for a first-year resident is about $58,000, according to the Association of American Medical Colleges. But that does not mean that you will have $4,833 each month to spend as you see fit.

- **Create a budget:** There is across-the-board consensus—from fellow residents who have had experience in living on a comparable salary to financial experts who have worked with young physicians—that it is critical to put together a realistic budget and to stick to it as best you can.

- **Have a loan-repayment game plan:** For those in federal loan repayment, the present climate—which has allowed for two-plus years of interest-free loan forbearance—has been beneficial. Setting a repayment strategy—whether that involves remaining in federal loan repayment after the forbearance period ends or refinancing—is para mount for shaping a young physician's financial well-being going forward.

Interventions in Personal Finance: The earlier the better when it comes to saving!

The findings from the recent "Medically Smart, Fiscally Illiterate" study suggest both a deficit in financial literacy and a lack of widely adopted solutions cause physicians challenges with respect to saving and investing, namely "despite these data establishing that there is indeed a problem, reports on sustainable solutions have been rare." As we know well, our time demands and responsibilities as physicians leave us little or no room to become financial experts. Regardless, we must start somewhere if we desire financial well-being, and the earlier we start the better.

Following the creation of a budget, it's time to map out our goals and take some corrective actions where necessary. Once comfortable with their debt-repayment strategy and once reassured with an emergency fund in the event of the unforeseen, most physicians we talk to have goals which turn to saving and investing.

Although a wealth of information about saving and investing is available, we prefer to point our readers to resources focused on physician financial health. One important note we must point out: before jumping into the world of investing, be sure to understand well the investment vehicles you're opting into and the tax consequences of each. And don't hesitate to ask questions—you're sure to have some, if not many!

For those investing during residency, our experienced friends serving nationwide physicians from Larson Financial Group point to two crucial steps every resident should take to protect their future income and reward themselves for their hard work:

- **Start contributing today.** We understand the financial constraints you're up against during residency, but the benefits of saving just a small portion of your salary to a tax-deferred account can quickly add up, especially if you contribute enough to take advantage of your employer's matching fund program. For example, if your hospital matches up to 5 percent of your salary, but you only contribute 3 percent, you leave thousands of dollars in free money on the table. Plus, because contri butions are pre-tax, it hurts a bit less in the moment. You may also consider contributing to a tax-advantaged Roth IRA in addition to your 401(k) or 403(b), but contributions are capped at $6,000 each year.

- **Make your move.** Your income will be at its lowest during residency compared to any other time in your professional life moving forward if you remain in health care. That's why we encourage residents to convert their tax-deferred account to a tax-advantaged account, such as a Roth IRA, upon graduation (or as early as you can) with both as low of income and as low of a balance as possible. When you retire, that money you earned in residency can be distributed tax-free, providing you with thousands more in retirement income. For instance, a graduate who converts $20,000 to a Roth IRA can potentially generate $5,000 more each year in income when they retire and benefit from $100,000 in tax savings. But before you do convert, it's best to speak with a financial advisor to avoid any possible tax repercussions.

In lieu of winning the Mega Millions jackpot (odds of a winning ticket are 1-in-302,575,350), we physicians must navigate a longer road to wealth requiring countless hours of medical training and years of providership. Though as we indicated above, even a lucky lotto winner must formulate and implement a sound savings and investment strategy without overspending and blowing it all away. Nothing is a given on the road to financial success.

If you're struggling with diagnosing or treating your "financial vital signs" (to steal a phrase coined by the authors of "Medically Smart, Fiscally Illiterate") and/or looking for assistance with how best to save and invest, please feel free to reach out for guidance and support. As in medicine, early interventions when it comes to personal financial planning may save you some troubles in the near future and provide benefits to you throughout your years of practice and long into retirement.



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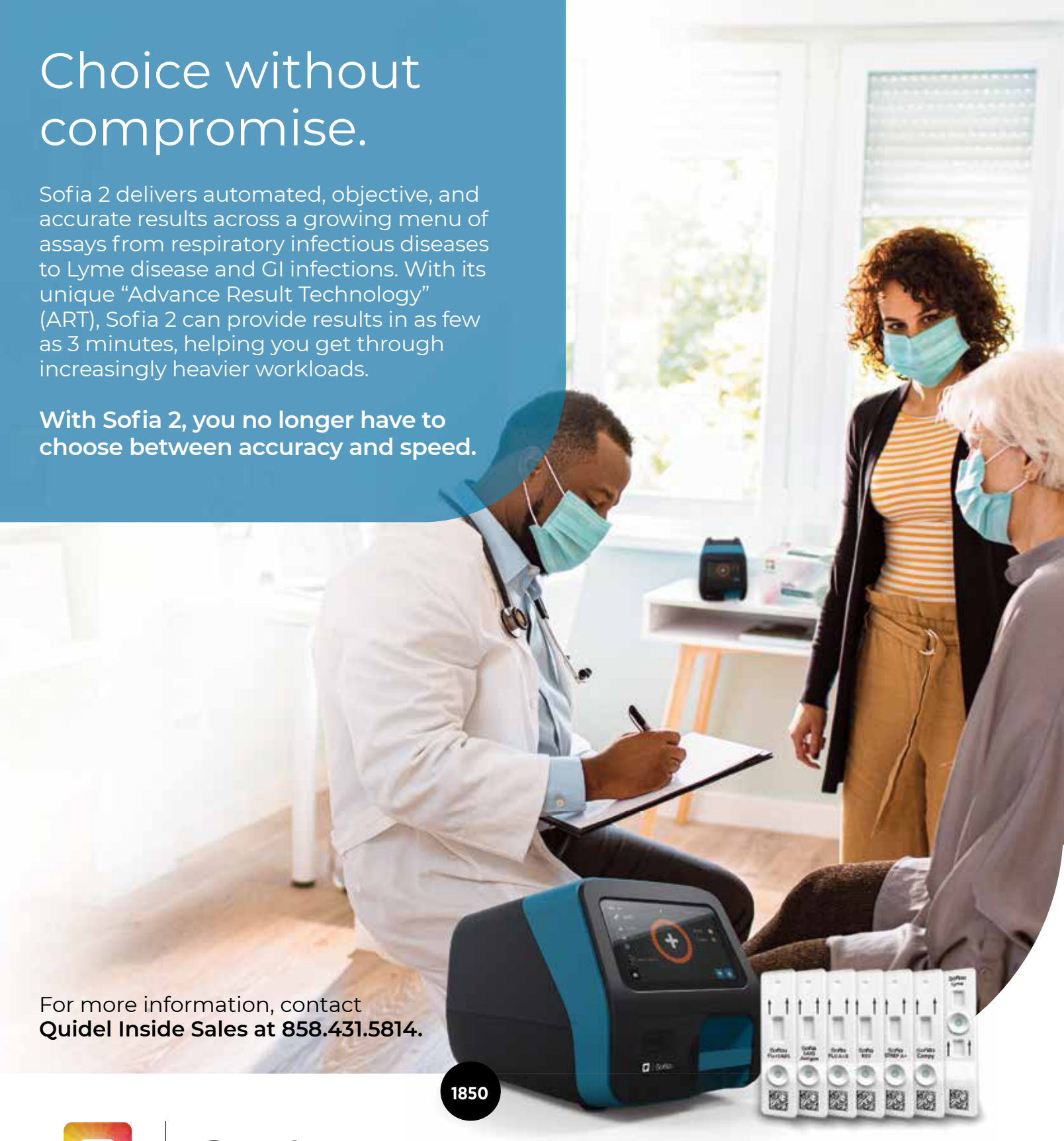
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