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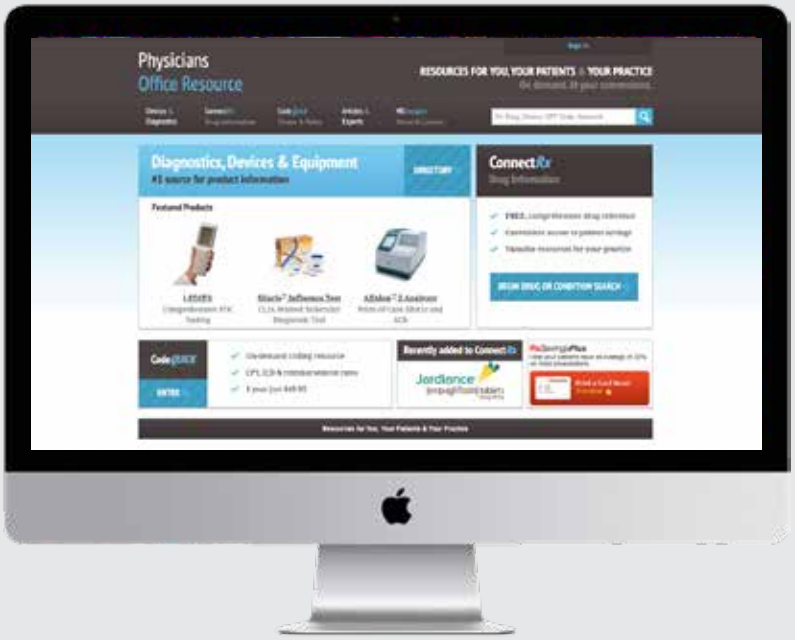
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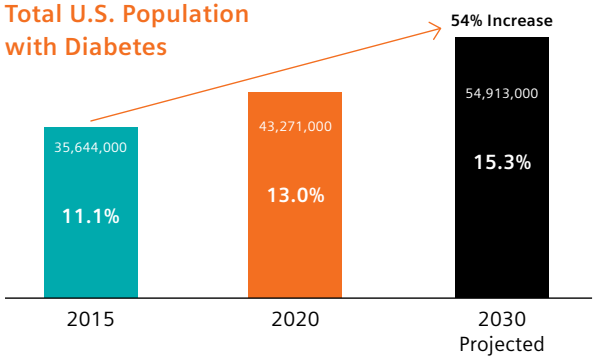
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Breast Cancer in the Primary Care Setting:

SCREENING, RISK, AND SURVIVORSHIP

BY ADAM IRVINE, PHYSICIANS OFFICE RESOURCE

Breast cancer remains the most common cancer diagnosed in women worldwide and the second leading cause of cancer-related death in women in the United States. With an estimated lifetime risk of about 1 in 8, nearly every primary care physician (PCP) will care for multiple patients affected by breast cancer, whether through screening, risk reduction, early recognition, or survivorship care. Although oncologists and breast specialists ultimately guide treatment, the role of the PCP is central in prevention, detection, long-term monitoring, and patient education.

This article provides an updated overview of what every primary care physician should know about breast cancer, including practical screening strategies, red flag symptoms, genetic risk identification, survivorship management, and preventive counseling. The goal is to empower PCPs with structured, actionable approaches that can be applied in daily practice.

Epidemiology and Risk Factors
General Epidemiology

Breast cancer accounts for approximately 30% of all new cancer diagnoses in women. While incidence increases with age, it is important to remember that younger women, though less frequently affected, often present with more aggressive subtypes. Men represent less than 1% of all breast cancer cases, but awareness of this possibility is crucial, especially in high-risk families.

Risk Factors
PCPs should be able to distinguish non-modifiable from modifiable risk factors:

Non-modifiable:
- Increasing age (risk accelerates after age 50)
- Female sex
- Family history of breast, ovarian, pancreatic, or prostate cancer
- BRCA1/2 mutations and other genetic syndromes (e.g., TP53, PTEN, CHEK2)
- Dense breast tissue on mammography
- Reproductive factors: early menarche, late menopause, nulliparity, late age at first birth
- Prior chest radiation (especially in childhood cancer survivors)

Modifiable:
- Obesity and weight gain after menopause
- Alcohol use (risk increases in dose-dependent fashion)
- Smoking
- Sedentary lifestyle
- Prolonged hormone replacement therapy (HRT)

For primary care, risk assessment should be a routine part of preventive visits, updated annually to capture new family history or lifestyle changes.

Screening Guidelines in Primary Care
Mammography

Breast cancer screening recommendations vary slightly among organizations, but consensus is forming around earlier initiation:

- **USPSTF (2024 update):** Biennial mammography starting at age 40 and continuing through age 74.
- **American Cancer Society (ACS):** Annual mammography beginning at 45, with the option to start at 40. After 55, every 1–2 years.
- **ACOG:** Annual mammography starting at 40.

Practical tip: PCPs should offer shared decision-making beginning at age 40 and tailor frequency based on risk factors.

High-Risk Populations
For women at significantly elevated risk (≥20% lifetime risk, BRCA carriers, strong family history, prior chest irradiation), guidelines recommend:

- **Annual breast MRI + mammogram beginning at age 30.**
- Consider earlier screening if a family member was diagnosed at a very young age.

Clinical Breast Exam & Breast Awareness
Routine clinical breast exams are no longer universally recommended for asymptomatic women, but remain reasonable in the context of symptom evaluation or high-risk patients. Encouraging "breast self-awareness" rather than rigid monthly self-exams is increasingly favored—patients should know what is normal for their own breasts and report any changes promptly.

Recognizing Red Flags
Although most breast complaints prove benign, PCPs must remain vigilant for suspicious features. Key red flags include:
- A firm, irregular, immobile breast mass
- Spontaneous, unilateral, bloody nipple discharge
- Nipple retraction, skin dimpling, or "peau d'orange" changes
- New asymmetry or unexplained persistent breast pain
- Axillary lymphadenopathy

Evaluation strategy:
- **<30 years:** Begin with breast ultrasound.
- **≥30 years:** Diagnostic mammogram plus targeted ultrasound.
- If imaging is suspicious, proceed to core needle biopsy and refer to a breast specialist.

Timely recognition and referral are critical—delays in diagnosis remain one of the leading contributors to worse outcomes.

Genetic Risk and Counseling
Primary care physicians are often the first to recognize when a patient may benefit from genetic evaluation. Consider referral for genetic counseling/testing if any of the following apply:

- Two or more first-degree relatives with breast or ovarian cancer
- Breast cancer diagnosed in a relative before age 50

- Male breast cancer in the family
- Known familial BRCA mutation
- Triple-negative breast cancer diagnosed before age 60
- Personal or family history of multiple related cancers (ovarian, pancreatic, prostate)

PCPs should not feel pressured to manage genetic testing independently. Instead, their role is to recognize high-risk individuals and facilitate timely referral to genetics specialists.

Survivorship Care in Primary Care

Thanks to advances in treatment, there are over 4 million breast cancer survivors in the U.S. today. Once active oncology treatment concludes, many patients transition back to primary care for long-term follow-up. PCPs should be comfortable managing:

Surveillance

- **Annual mammography** of remaining breast tissue.
- Clinical visits every 3–6 months for the first 3 years, then annually (in collaboration with oncology).
- Attention to new symptoms that may signal recurrence: persistent bone pain, weight loss, neurologic changes, cough, or dyspnea.

Treatment-Related Complications

- **Cardiotoxicity:** Monitor cardiac function in patients with prior anthracycline or trastuzumab exposure.
- **Osteoporosis:** Aromatase inhibitors accelerate bone loss; ensure regular DEXA screening and appropriate supplementation.
- **Menopausal symptoms:** Hot flashes, vaginal dryness, and fertility challenges may require supportive management.
- **Lymphedema:** Educate on early recognition and preventive strategies.

Psychosocial Concerns

Depression, anxiety, body image concerns, and sexual dysfunction are common yet underrecognized. PCPs should screen proactively and refer for counseling, support groups, or sexual health therapy as needed.

Prevention and Risk Reduction in Primary Care

Even small lifestyle changes can lower breast cancer risk. PCPs should emphasize:

- **Exercise:** At least 150 minutes of moderate-intensity activity weekly.
- **Weight control:** Particularly important after menopause.
- **Alcohol moderation:** Ideally <1 drink per day.
- **Smoking cessation:** Both direct and indirect risk reduction.
- **Diet:** Increased intake of fruits, vegetables, fiber; reduced processed foods.

For **very high-risk women,** chemoprevention may be appropriate. Tamoxifen, raloxifene, or aromatase inhibitors reduce breast cancer risk in carefully selected populations. PCPs should initiate the conversation but typically refer to oncology for shared decision-making.

Prophylactic surgery, including bilateral mastectomy or oophorectomy, may be lifesaving for BRCA carriers. These discussions should occur in partnership with breast specialists and genetic counselors.

Addressing Health Equity

Disparities in breast cancer outcomes remain stark: Black women are diagnosed at similar rates as White women but are 40% more likely to die of the disease. Contributing factors include later-stage diagnosis, lower access to timely care, and more aggressive tumor biology.

Primary care physicians play a critical role in addressing these disparities by:

- Ensuring universal access to screening in underserved populations.
- Proactively following up on abnormal screening results.
- Advocating for culturally competent patient education and support.

Practical Tools for PCPs

At-a-Glance Checklist

- Risk assessment performed at preventive visits
- Family history updated annually
- Screening mammography ordered at appropriate interval
- High-risk patient referred for genetics/early MRI
- Patient educated about breast self-awareness
- Survivorship care plan documented (if relevant)
- Lifestyle counseling provided

Simplified Screening Algorithm

1. Age <40: Screen only if high risk → refer to genetics/imaging.
2. Age 40–74: Mammogram every 1–2 years.
3. High-risk (BRCA, strong family history, prior radiation): Start MRI + mammogram at 30.
4. >75 years: Individualized decision-making based on health status and life expectancy.

Conclusion

For primary care physicians, breast cancer management extends far beyond simply ordering mammograms. The PCP's role encompasses risk assessment, early recognition of red flags, genetic counseling referral, survivorship care, and preventive counseling. Equally important is the responsibility to address disparities in care and ensure that every patient—regardless of background—has access to timely, evidence-based prevention and treatment.

By incorporating structured checklists, clear screening algorithms, and patient-friendly education, PCPs can significantly impact breast cancer outcomes. Ultimately, the partnership between primary care and oncology is essential to reducing the burden of this disease and improving both survival and quality of life for patients.

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1. Smolderen KG, Ameli O, Chaisson CE, Heath K, Mena-Hurtado C. Peripheral Artery Disease Screening in the Community and 1-Year Mortality, Cardiovascular Events, and Adverse Limb Events, AJPM Focus (2022), https://doi.org/10.1016/j.focus.2022.100016



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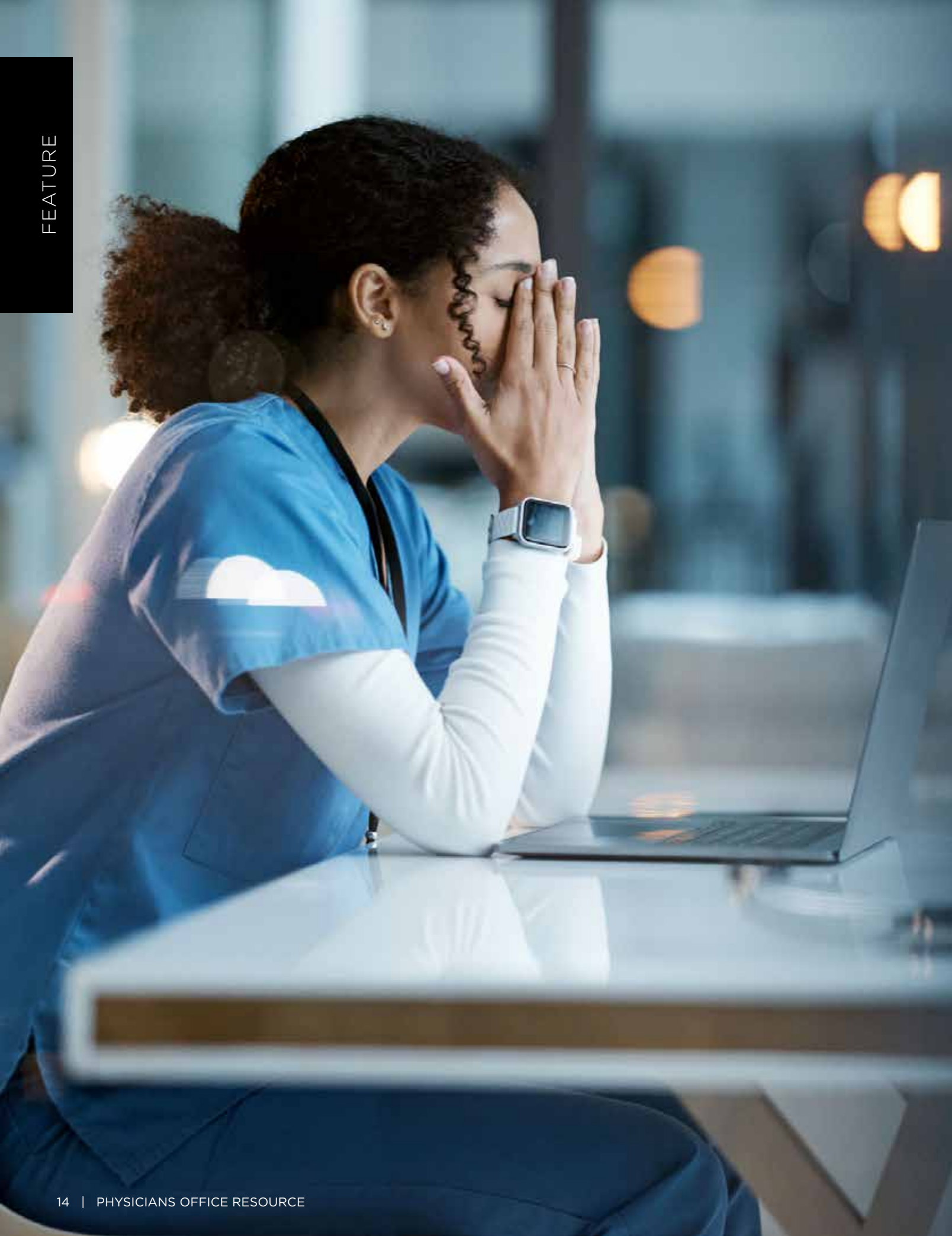
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Confronting Burnout and Retention Challenges in Health Care

BY: ADAM IRVINE – PHYSICIANS OFFICE RESOURCE, STAFF WRITER

The U.S. health care system is at a crossroads. Despite significant advances in medical technology, diagnostics, and therapeutics, the backbone of health care—frontline employees—continues to strain under heavy workloads, staffing shortages, and limited career advancement opportunities. A new survey conducted by The Harris Poll, commissioned by Strategic Education, Inc., highlights a looming crisis that physicians and health care leaders cannot afford to ignore.

Between June 26 and July 21, 2025, the Harris Poll surveyed 1,504 frontline health care employees and 304 employers in the U.S. The results paint a sobering picture: a majority of health care workers are considering leaving their jobs within the next year, and most feel undervalued, underappreciated, and unsupported in their professional growth.

For physicians—many of whom serve as both clinical leaders and mentors within health systems—these findings are particularly relevant. The ability to retain a stable, motivated, and skilled workforce directly impacts patient care, workflow efficiency, and personal well-being. This article unpacks the survey's findings and explores practical ways physicians and employers can help combat burnout and build resilience within their teams.

Key Findings from the Harris Poll Survey

1. High Turnover Risk
The survey revealed that **55% of frontline health care employees** intend to search for, interview for, or switch jobs in 2026. This turnover intention spans nursing assistants, personal care aides, and even more specialized clinical roles.

For physicians, this has direct implications: higher turnover among nurses and allied health professionals increases workload, complicates care coordination, and contributes to the vicious cycle of burnout.

2. Workers Feel Undervalued
An overwhelming **84% of employees** reported feeling underappreciated at their current organization. Fewer than one-third said they felt "very valued," and only one in five believed their employer was strongly invested in their long-term career success.

This sense of undervaluation extends beyond paychecks. Many workers cited lack of recognition, limited advancement opportunities, and minimal employer support for education as driving dissatisfaction.

Physicians occupy a unique position at the intersection of leadership, mentorship, and direct care. By fostering recognition, advocating for educational opportunities, addressing workload inefficiencies, and building psychological safety, physicians can play a pivotal role in combating burnout.

3. Education and Career Growth Are Retention Levers
More than **60% of respondents** said they would be more likely to stay with their current employer if tuition assistance, career development programs, or educational benefits were provided. While employers recognize that lack of growth opportunities drives attrition, fewer are acting decisively to address the gap.

This is an actionable insight: investment in continuing education and career pathways may be one of the most effective tools for reducing turnover.

4. Generational and Role Differences
Generational divides emerged strongly in the data. Younger employees—particularly Gen Z and Millennials—were more likely to consider leaving their jobs and placed higher value on education and growth opportunities.

Additionally, roles like nursing assistants and patient care aides, which already experience high attrition, are at greatest risk. Early-career clinicians in these roles are not only harder to retain but also crucial for maintaining continuity of care.

5. Technology Skills and the Rise of AI
Interestingly, 43% of employees identified artificial intelligence (AI) as the most critical clinical or technical skill they will need in the next five years. However, 42% also expressed concern that AI could replace parts of their role. Employers see AI training as a workforce priority, but many lack adequate resources to implement it.

For physicians, this underscores the importance of staying engaged in conversations about AI adoption—both to ensure patient safety and to support staff through the transition.

6. A Growing Workforce Shortage
Finally, the Harris Poll situates these findings within a larger workforce challenge. The Health Resources and Services Administration (HRSA) projects a shortage of nearly 700,000 health care workers—including physicians, registered nurses, and licensed practical nurses—by 2037. If burnout and turnover are not addressed, this shortage will accelerate, impacting access and quality of care.

Why This Matters for Physicians

As a physician, you may wonder: What can I do about systemic burnout and retention issues? While no single physician can fix national workforce shortages, local leadership and daily clinical culture play an outsized role in shaping staff experience.

- **Burnout is contagious:** If team members are disengaged or leaving, physicians face more administrative burden and clinical overload.
- **Retention improves care quality:** A stable workforce ensures smoother handoffs, better patient safety, and stronger care coordination.
- **Physicians are leaders:** Whether officially or informally, physicians set the tone for recognition, mentorship, and respect within clinical teams.

By understanding the drivers of dissatisfaction and turnover, physicians can take proactive steps to combat burnout at both the personal and organizational level.

Strategies to Combat Burnout and Support Retention

1. Acknowledge and Appreciate Your Team
Small acts of recognition can go a long way. Thanking nurses, aides, and allied health staff publicly during rounds or in team meetings reinforces a culture of respect. Celebrating milestones (certifications, years of service, completed projects) demonstrates that contributions are valued.

Tip for physicians: During handoff or morning huddle, highlight at least one staff member's effort. Even brief acknowledgments build morale.

2. Support Educational Opportunities
Given that more than 60% of workers cited education benefits as a reason to stay, physicians can advocate within their organizations for tuition reimbursement, professional development funds, or flexible scheduling for continuing education.

Tip for physicians: If you supervise trainees or staff, encourage enrollment in workshops, CME sessions, or certification programs. Offer to mentor or write recommendations when appropriate.

3. Foster Career Development
Many frontline staff see their current role as a stepping stone. By helping team members chart a path forward, physicians can play a vital role in retention.

Tip for physicians: Ask staff during annual reviews or informal check-ins where they see themselves in five years. Offer guidance on next steps and connect them to resources.

4. Address Workload and Efficiency
Physicians are acutely aware of how staffing shortages increase patient volumes and documentation requirements. While systemic reforms are needed, small process improvements can help.

Tip for physicians: Engage staff in workflow redesign. Often, the best solutions come from those closest to the work. Eliminating redundant documentation or reorganizing patient flow can ease burdens.

5. Build Psychological Safety
When staff feel safe to voice concerns, admit mistakes, or suggest changes without fear of blame, morale improves.

Tip for physicians: Model transparency by admitting your own mistakes and inviting feedback. Encourage open dialogue about workload, patient care challenges, and new initiatives.

6. Address Technology Concerns Head-On
AI and other digital tools are reshaping clinical practice. Staff need reassurance that these technologies are intended to support—not replace—them.

Tip for physicians: Include your team in conversations about new tools. Demonstrate how AI can reduce administrative burden (e.g., automating documentation) while preserving the irreplaceable human aspects of care.

7. Care for Yourself, Too
Physician burnout is well documented, and leading by example is essential. Prioritizing your own wellness through boundaries, peer support, and healthy habits signals to staff that self-care is not a weakness but a necessity.

Tip for physicians: Share your wellness practices with your team. This normalizes taking breaks, using support resources, and setting realistic expectations.

A Call to Action for Physicians

The Harris Poll findings are a wake-up call. With more than half of frontline health care workers planning to change jobs in the next year, the profession faces a crisis that threatens not only staff morale but also patient outcomes.

Physicians occupy a unique position at the intersection of leadership, mentorship, and direct care. By fostering recognition, advocating for educational opportunities, addressing workload inefficiencies, and building psychological safety, physicians can play a pivotal role in combating burnout.

The projected shortage of 700,000 health care workers by 2037 should not be viewed as inevitable. Instead, it should galvanize the profession to act—locally, in clinics and hospitals, and nationally, in conversations about workforce development and health care reform.

Ultimately, retaining and uplifting the health care workforce is not just an HR initiative—it is a clinical imperative. For physicians, investing in the well-being of colleagues is investing in the well-being of patients.

Conclusion

The Harris Poll underscores what many physicians already sense on the ground: health care workers are burned out, undervalued, and seeking new opportunities. Yet it also highlights solutions—education, recognition, and leadership—that can make a meaningful difference.

By leaning into their role as leaders, physicians can help build resilient teams, mitigate burnout, and contribute to a more sustainable future for the profession.

Quick Reference: Survey Takeaways

Finding	Key Data	Implication for Physicians
Turnover intention	55% plan to switch jobs in 2026	Prepare for instability; foster retention locally
Feeling undervalued	84% feel underappreciated	Recognition and respect are critical leadership tools
Education as a retention lever	60% would stay if tuition assistance offered	Advocate for education benefits and mentor staff
Generational divides	Younger workers more likely to leave	Tailor support and mentorship to early-career staff
AI and technology	43% say AI is key skill; 42% worry about replacement	Reassure, train, and engage staff in AI adoption
Workforce shortage	700,000 projected by 2037	Act now to stabilize teams and advocate for system-level reform

FLU AND RESPIRATORY

STATUS FLU A&B

From LifeSign

5517

SCAN TO LEARN MORE

Status Flu A & B is an in vitro rapid qualitative test that detects influenza type A and type B directly from nasal swab, nasopharyngeal swab, and nasopharyngeal aspirate/wash specimens obtained from patients with signs and symptoms of respiratory infection. It is intended to aid in the rapid differential diagnosis of Influenza A and B viral infections.

- CLIA waived *Innovative flip design with onboard sample extraction
- Premeasured developer solution capsule for increased accuracy and ease of use
- Flocked nasal swabs for improved patient comfort and superior specimen collection



STATUS COVID-19/FLU A&B PANEL TEST

From LifeSign

5518

SCAN TO LEARN MORE

A Rapid Immunoassay for the Simultaneous Direct Detection and Differential Diagnosis of SARS-CoV-2, Influenza Type A and Type B Antigen from Anterior Nasal and Nasopharyngeal swab specimens. Infections with these viruses may present similar symptoms. Can you tell them apart? WE CAN!



BIOFIRE SPOTFIRE

From bioMerieux

5519

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bioMérieux knows that an evolving world deserves evolved diagnostics. Our latest innovation, the BIOFIRE® SPOTFIRE® Respiratory Solution, is the first FDA-cleared and CLIA-waived COVID-19 testing solution. The BIOFIRE® SPOTFIRE® System is an easy-to-use system that runs the BIOFIRE® SPOTFIRE® Respiratory (R) Panel. Benefits of the SPOTFIRE Respiratory Solution include: 15 respiratory targets on 1 PCR test with results in about 15 minutes; minimal benchtop space with vertical scalability up to four modules; easy to use with an intuitive user interface.



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Diabetics | Smokers | Over age 65

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PERIPHERAL ARTERY DISEASE (PAD) is an often silent condition where narrowed arteries reduce blood flow to the legs, causing symptoms like leg pain, numbness, and slow-healing wounds.

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50% report no symptoms, while those that do attribute their pain to arthritis or "old age".

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- Accuracy equal or better than Doppler ABI.
- Useful for diabetics with calcified arteries.

REIMBURSABLE
- **Great ROI:** the typical internist has 800 Medicare patients, per ACP.
- Testing five patients per week can pay for the system in less than two months.
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FLU AND RESPIRATORY

ACUCY INFLUENZA A&B TEST

From Sekisui Diagnostics

5521

SCAN TO LEARN MORE

The Acucy™ Influenza A&B Test is for the rapid, qualitative detection of influenza A and B viral nucleoprotein antigens from both nasal and nasopharyngeal swabs. Utilizing the Acucy™ Reader in either the point-of-care or laboratory setting, workflow flexibility is achieved with both Read Now and Walk Away features. The combination provides clinicians with standardized and definitive result interpretation.



METRIX® COVID-19 TEST – A MOLECULAR LAB ANYWHERE AND EVERYWHERE

From Sekisui Diagnostics

5522

SCAN TO LEARN MORE

The Metrix® COVID-19 is a novel technology includes clinical claims for symptomatic and asymptomatic individuals, along with dual-sample types for nasal or saliva, allowing for an enhanced point-of-care testing experience. The reader is compact and robust, it's ideal for professional use in diverse locations, including clinics and mobile health units. It's a maintenance free device with no calibration step required.



BE PREPARED FOR RESPIRATORY SEASONS WITH THE OSOM® COVID-19 ANTIGEN RAPID TEST

From Sekisui Diagnostics

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SCAN TO LEARN MORE

The OSOM® COVID-19 Antigen Rapid Test is a lateral flow immunoassay that detects the SARS-CoV-2 nucleocapsid protein with a nasal swab in only 15 minutes at the point-of-care. The test is intended to be used by healthcare professionals or operators on patients suspected of COVID-19 within the first 7 days of symptom onset. The clinical performance compares favorably against polymerase chain reaction methodology, with a positive percent agreement of 95.1% and a negative percent agreement of 97%.

OSOM® COVID-19 Antigen Rapid Test has not been FDA cleared or approved. It is authorized by FDA under an EUA for prescription use only. It has been authorized only for the detection of SARS-CoV-2 antigen, not for any other viruses or pathogens and is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C S360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.



HEMATOLOGY

CLIA WAIVED, POINT-OF-CARE, RSV TEST

From Sekisui Diagnostics

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SCAN TO LEARN MORE

Test for both high-risk groups, younger children & elderly adults, for severe RSV infection using the OSOM® RSV Test. This test is a CLIA-waived, point-of-care test designed to detect Respiratory Syncytial Virus (RSV) using a painless anterior nasal swab in just 15 minutes. It is suitable for both children aged 6 months to 6 years and adults aged 60 and above, providing healthcare professionals with flexibility in diagnosing patients exhibiting symptoms of respiratory infections.



TURN SMALL PLACES INTO SMART SPACES

From Abbott

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With reduced budgets, shrinking laboratory space and staffing challenges, many laboratories need a solution that lets them work smarter with less. The CELL-DYN Emerald 22 AL is a full performance, automated optical 5-part differential analyzer that delivers smarter results for small to midsize clinical laboratories.

- Compact Design
- Walkaway Functionality
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NOW IT'S MORE THANK JUST A BLOOD TEST

From Sysmex

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With its simplified operation, the Sysmex XP-300™ is ideal for clinics and physician office labs. It provides a CBC with 17 different parameters, including a 3-part WBC Differential. The XP-300+M combines the accuracy and reliability of a Sysmex CBC with the agility of Medicus Middleware. Features include EMR connectivity, instrument interfaces and a QC module.



STATE-OF-THE-ART BENCHTOP CBC ANALYZER

From Sight Diagnostics

5527

SCAN TO LEARN MORE

OLO® by Sight Diagnostics® is a state-of-the-art benchtop CBC analyzer that leverages AI, spectroscopy, and digital fluorescent microscopy to provide lab-grade results through full blood sample digitization. OLO offers 19 CBC parameters, including a 5-part white blood cell differential and 14 distinct flags. It handles venous and capillary blood samples with a minimum of 27 µL, and is suitable for children as young as three months. OLO's unique cartridge-based technology, free from liquid reagents, and its internal controls offer easy maintenance, room-temperature storage, reduced operational overhead, and IQCP- eligibility.

OLO is FDA 510(k) cleared for use in moderately complex laboratories. For full indications for use and safety information, please refer to the Quality and Compliance page at www.sighdx.com.



MICROS HEMATOLOGY ANALYZER WITH 3-PART DIFFERENTIAL PLUS THE LITEDM

From HORIBA Medical

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SCAN TO LEARN MORE

Is it viral or bacterial? A CBC with 3-part differential can provide the clues to help distinguish between viral and bacterial infections before you decide to treat. The Micros 60 Hematology analyzer provides a CBC with 3-part Diff result in less than 60 seconds using only 10 µL of sample. Connect to the Lite^{DM} Patient Data Management System for an affordable way to consolidate patient results to one report.



HEMATOLOGY TESTING MADE EASY

From Sysmex

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Designed for labs testing up to 25 samples per day, the Sysmex pocH-100i™ has the smallest footprint of any analyzer on the market. The instrument requires only 15uL of whole blood for reporting of 17 clinical parameters, including a 3-part WBC Differential. It is ideal for urgent care, physician office lab, small clinic, or any outpatient setting where a point of care CBC is needed.



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Benzoylecgonine (Cocaine metabolite)	Oxycodone
Buprenorphine	Phencyclidine (PCP)
Cannabinoids (THC)	Tramadol

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1. Clinical Laboratory Improvement Amendments (CLIA) / * SEFRIA Fentanyl

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Abbott

LABORATORY SERVICES

MEDICUS LIS

From Medicus LIS

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If you are considering in-house lab testing, including Covid-19 testing and required reporting to state agencies, connecting Lab to LIS and EHR makes the process of test orders to completed results much easier. Providers receive test results posted to patient charts in real-time, expediting patient care, saving time, money and even preparing for lab test reimbursement goals. Link Your Lab with Medicus LIS today! Contact us: 888-643-8081 sales@medicuslis.com



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From MyInspection

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PERIPHERAL ARTERIAL DISEASE

QUANTAFLO® PAD

From Semler Scientific

5533

SCAN TO LEARN MORE

QuantaFlo® PAD is an easy to use, accurate, point of care, non-invasive solution that aids in the early detection of peripheral arterial disease (PAD). This FDA cleared device can be administered by a medical aide in less than 5 minutes. As published in the Journal of Vascular Surgery and the American Journal of Preventive Medicine, QuantaFlo detected undiagnosed PAD in 31.6% of patients +65.1 QuantaFlo is portable and integrates with other technologies and platforms. It is ideal for both home and clinic environments.

1. Smolderen KG, Ameli O, Chaisson CE, Heath K, Mena-Hurtado C. Peripheral Artery Disease Screening in the Community and 1-Year Mortality, Cardiovascular Events, and Adverse Limb Events, AJPM Focus (2022), https://doi.org/10.1016/j.focus.2022.100016



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3 WAYS TO START IMMEDIATELY INCREASING REVENUE

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2 ANS Testing

(can be combined with SUDOMOTOR into 1 full system)

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- Takes less than 10 minutes to perform, software provides verbal cues
- Tests for autonomic balance, vascular health, physical/mental stress, peripheral nerve health and other critical hidden risk factors
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3 SudoMotor Testing

5536

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- Takes 3 minutes to analyze a patients' hands and feet
- Provides a 1 page summary report
- Assesses peripheral nerve health (c-fiber function) and asymmetry between each hand and foot
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PERIPHERAL ARTERIAL DISEASE

PAD TESTING SYSTEMS IDEAL FOR PRIMARY CARE TO VASCULAR SPECIALISTS

from Newman Medical

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Your Patients Trust YOU To Find Their Peripheral Artery Disease
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- PAD symptoms are often mistaken for arthritis or old age.

The simpleABI Cuff-Link System is Easy to Learn and Use.
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The ImmTox270 benchtop analyzer offers comprehensive toxicology screening solutions for physician offices, treatment centers and independent laboratories.

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STREP TESTS

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From QuidelOrtho

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Sofia® 2 Fluorescent Immunoassay Analyzer and Rapid Diagnostic Test Kits Sofia 2 takes rapid testing to a new level. Proven lateral-flow technology and advanced fluorescent chemistry are all integrated into this small benchtop analyzer which can be used in any point-of-care setting. Sofia 2 kits are easy to use and adaptable to any healthcare setting. Excellent performance, objectivity, quality control, LIS capabilities, and an expanding test menu make Sofia 2 the perfect solution for the physician's office laboratory.





9 TRAVEL DESTINATIONS YOU CAN'T MISS IN 2025

Whether you're craving pristine beaches or vibrant cities, these nine must-visit destinations around the world promise stunning scenery, rich culture, and unforgettable adventures for every type of traveler.

HARBOUR VILLAGE BEACH CLUB · TURTLE BAY RESORT · FOUR SEASON ORLANDO AT WALT DISNEY WORLD · SECRETS CAP CANA · BALBOA BAY RESORT · DESOLATION HOTEL THE TAMPA EDITION HOTEL · FOUR SEASONS NASHVILLE · FOUR SEASONS LAS VEGAS

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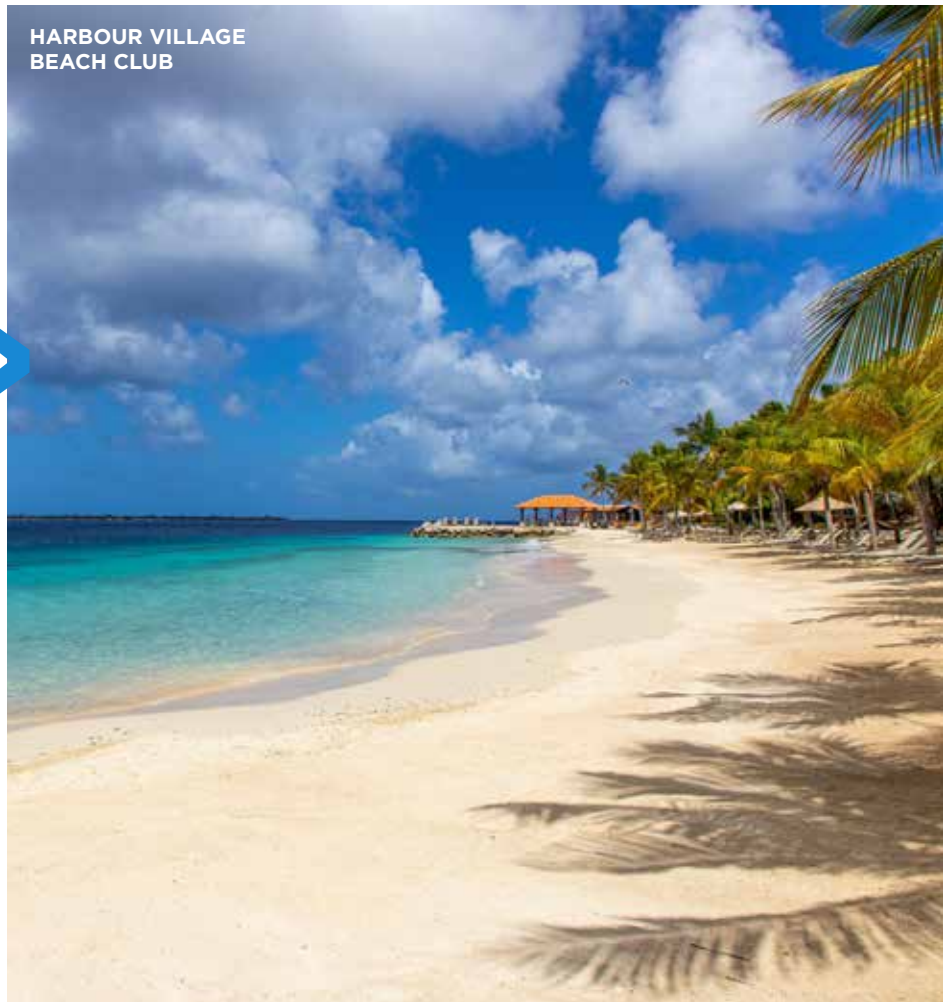
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HARBOUR VILLAGE BEACH CLUB

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Tucked away on a private stretch of white sand and palm trees, you will find the iconic Harbour Village Beach Club. An oasis beloved by sun lovers, scuba divers, and seafarers alike. Our boutique Bonaire retreat captures the breezy, barefoot elegance of the Dutch Caribbean, consistently earning the title of “Bonaire's leading hotel” in the World Travel Awards.

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HARBOUR VILLAGE BEACH CLUB



TURTLE BAY RESORT

TURTLE BAY RESORT

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Deeply rooted in the land, the history, and the layered richness of Oahu, at Turtle Bay you’ll find an authentic connection to a place of uncommon natural splendor and the warm, welcoming community within it. Where your days are filled with constant discovery and moments that touch your soul, allowing you to explore the uncommon depths of this remarkable coast.

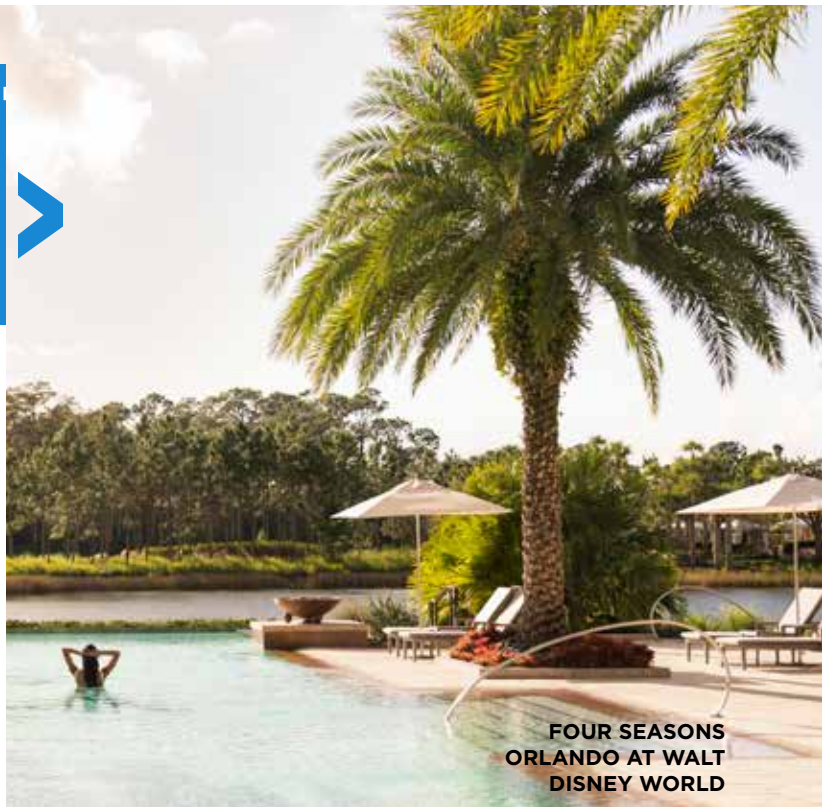
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ORLANDO, FLORIDA

Discover an elevated escape with the perfect balance of fun and relaxation at our AAA Five Diamond, luxury Orlando Resort. Splash around with the family at Explorer Island water park, or unwind beneath swaying palms at Oasis adult-only pool while we entertain your young ones at our complimentary kids camp. Treat yourself to a soothing, post-park massage at The Spa, then toast to the nightly Walt Disney World® fireworks views over dinner at our Michelin-starred rooftop steakhouse Capa.

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FOUR SEASONS ORLANDO AT WALT DISNEY WORLD



SECRETS CAP CANA

SECRETS CAP CANA

PUNTA CANA DOMINICAN REPUBLIC

Secrets Cap Cana Resort & Spa is a sophisticated, adults-only hideaway located in the exclusive gated community of Cap Cana Facing the clear Caribbean Sea along the white sand of the exclusive Juanillo Beach. Secrets Cap Cana Resort & Spa is proud to support the Punta Cana Promise as part of the ongoing commitment to ensure that guests will continue to receive the highest levels of service and security they have come to know and expect from Secrets Cap Cana. The Punta Cana Promise reaffirms the commitment to a set of security standards and safety guidelines in one of the top travel destinations in the Dominican Republic.

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BALBOA BAY RESORT

NEWPORT BEACH , CALIFORNIA

Balboa Bay Resort is Newport Beach's premier waterfront retreat offering stunning bay views and sunsets over Balboa Bay's harbor. It is the #1 Resort in Newport Beach per U.S. News & World Report, and it is rated as a Forbes Four-Star and AAA Four-Diamond resort.

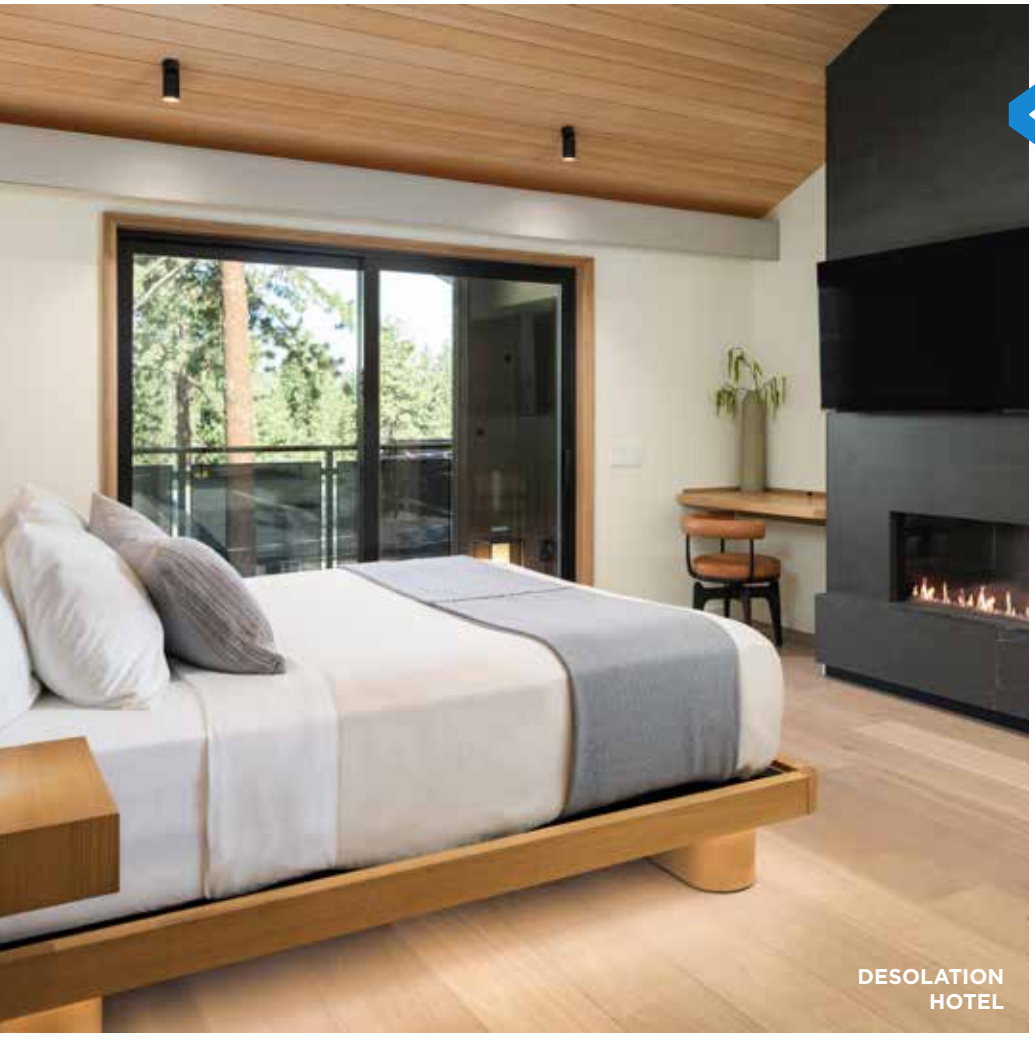
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TURTLE BAY RESORT

DESOLATION HOTEL

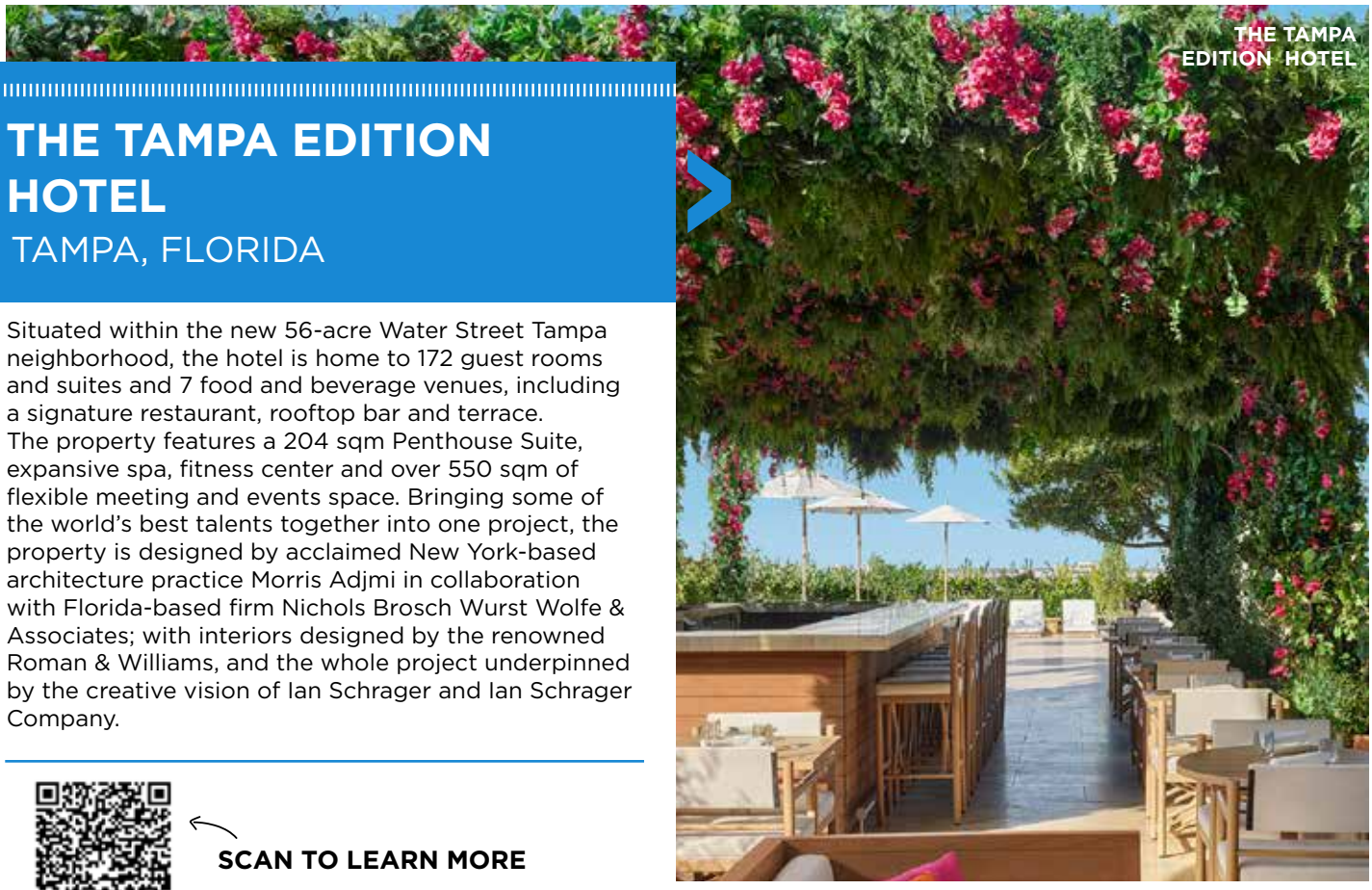
LAKE TAHOE, CALIFONIA



DESOLATION HOTEL

At Desolation Hotel, modern conveniences and eco-luxury commingle with Japanese tranquility and Scandinavian design. Our one-of-a-kind South Lake Tahoe experience inspires adventure and invites tranquility, providing the right space to recharge your battery. Balancing reverence for the past with appreciation for the present, Desolation Hotel nods to the simple days of yesteryear, while modern technology serves as a quiet backbone to the entire resort experience.

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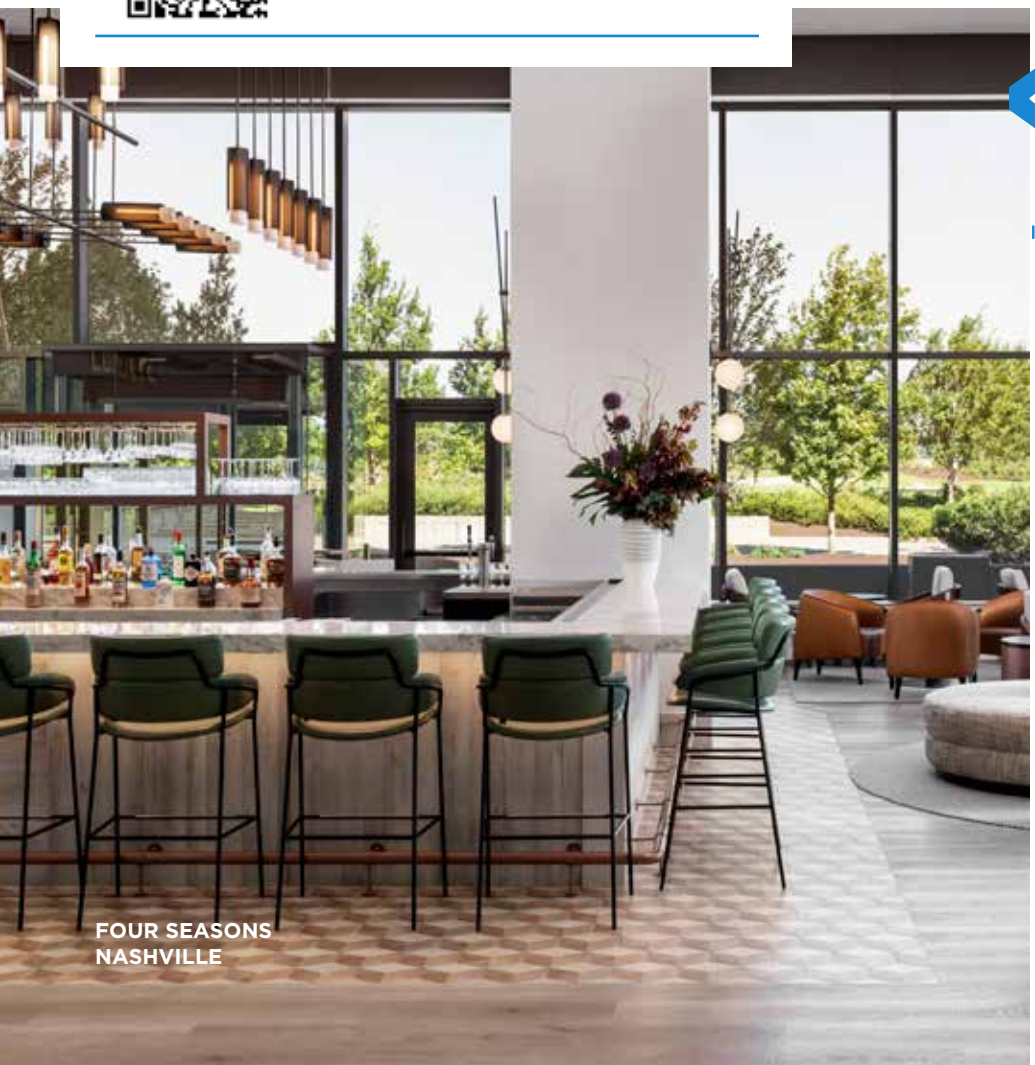
THE TAMPA EDITION HOTEL

THE TAMPA EDITION HOTEL

TAMPA, FLORIDA

Situated within the new 56-acre Water Street Tampa neighborhood, the hotel is home to 172 guest rooms and suites and 7 food and beverage venues, including a signature restaurant, rooftop bar and terrace.
The property features a 204 sqm Penthouse Suite, expansive spa, fitness center and over 550 sqm of flexible meeting and events space. Bringing some of the world's best talents together into one project, the property is designed by acclaimed New York-based architecture practice Morris Adjmi in collaboration with Florida-based firm Nichols Brosch Wurst Wolfe & Associates; with interiors designed by the renowned Roman & Williams, and the whole project underpinned by the creative vision of Ian Schrager and Ian Schrager Company.

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FOUR SEASONS NASHVILLE

FOUR SEASONS

NASHVILLE, TENNESSEE

Welcome to Four Seasons Hotel Nashville, a luxury hotel located in the heart of downtown's vibrant SoBro neighborhood. This new social hub is just steps away from the city's iconic music, sports, and entertainment venues. Experience the rhythm of our lively restaurants and event spaces, the tranquility of our Spa, and the stunning views from our rooftop pool overlooking the Cumberland River and Riverfront Park. With the unmatched service of Four Seasons and warm Southern hospitality, we'll inspire an authentic experience of Music City.

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FOUR SEASONS
LAS VEGAS, NEVADA

As one of the only non-gaming and non-smoking hotels on The Strip, Four Seasons Hotel Las Vegas is a unique oasis in the heart of the action-packed sports and entertainment capital of the world. Offering Five Diamond luxury accommodations, acclaimed dining and a Forbes Five-Star spa, Four Seasons offers the best of both worlds: a resort retreat amid the famous energy of Las Vegas.

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STREP TESTS

OSOM® ULTRA STREP A TEST

From Sekisui Diagnostics

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The OSOM® Ultra Strep A test is a color immunochromatographic assay intended for the qualitative detection of Group A Streptococcus antigen directly from throat swab specimens. Shown to be not statistically different than single swab culture. Sensitivity 95.7% and 100% Specificity. Includes two additional test sticks for External QC. CLIA Waived.



WOMEN'S HEALTH

OSOM® BVBLUE®

From Sekisui Diagnostics

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The OSOM® BVBLUE® detects elevated vaginal fluid sialidase activity, an enzyme produced by bacterial pathogens associated with bacterial vaginosis including Gardnerella, Bacteroides, Prevotella and Mobiluncus. OSOM® BVBLUE® is more sensitive than Amsel criteria providing physicians with a more accurate diagnosis to treat and minimize serious health consequences such as early spontaneous preterm births and miscarriage.



OSOM® TRICHOMONAS RAPID TEST

From Sekisui Diagnostics

5542

SCAN TO LEARN MORE

The OSOM® Trichomonas Rapid Test is intended for the qualitative detection of Trichomonas vaginalis antigens from vaginal swabs or from the saline solution. The OSOM® Trichomonas Rapid Test is a CLIA-waived rapid test available today. OSOM® Trichomonas is more sensitive than wet mount due to the assay being able to detect viable and non-viable organisms which offers significant benefits to the patient and clinician alike.



ULTRA HCG COMBO TEST

From Sekisui Diagnostics

5543

SCAN TO LEARN MORE

The OSOM® Ultra hCG Combo test is a simple immunoassay for the qualitative detection of human chorionic gonadotropin (hCG) in serum or urine for the early confirmation of pregnancy. Internal studies have confirmed that the OSOM® Ultra hCG Combo test does not have a false negative result from hCG variants providing physicians with a higher level of confidence.



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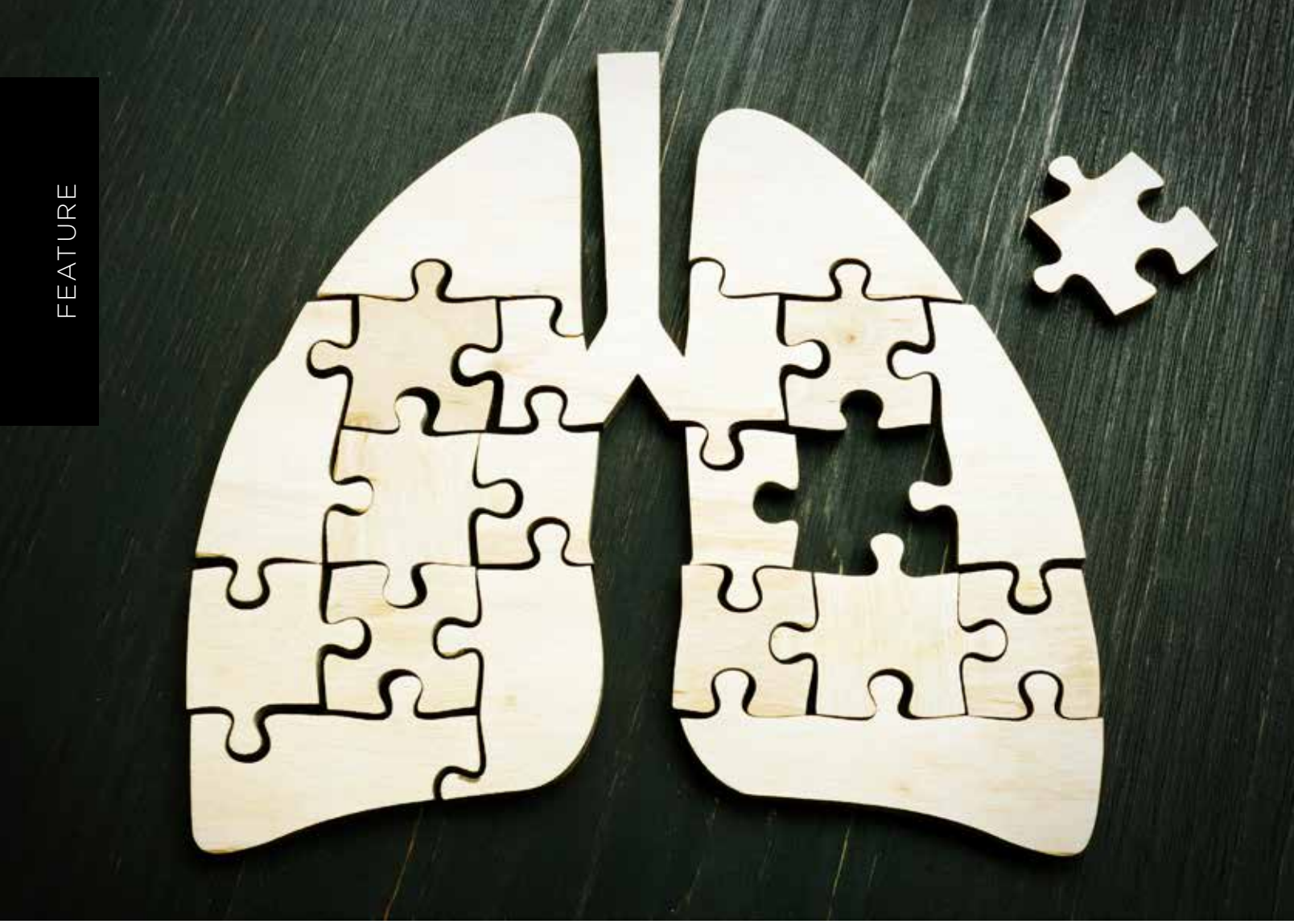
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Preparing for the Respiratory Illness Season:

PRACTICAL STEPS FOR PRIMARY CARE, PEDIATRICS, AND URGENT CARE PRACTICES

BY: MATT BAKER, STAFF WRITER PHYSICIANS OFFICE RESOURCE

Each fall and winter, respiratory viruses place significant demands on outpatient medicine. Primary care physicians, pediatricians, and urgent care providers are often the first point of contact for patients experiencing cough, fever, congestion, and other respiratory symptoms. In 2025, the convergence of influenza, COVID-19, RSV, and other viral pathogens is expected to once again increase patient load, stretch staff capacity, and test the preparedness of outpatient clinics.

By acting now, practices can position themselves to manage surges efficiently while maintaining high-quality care and protecting staff well-being. This article outlines evidence-based and practical steps to prepare your team, office, and workflows for the upcoming respiratory illness season.

1. Anticipating Patient Volume and Resource Needs

One of the most predictable aspects of respiratory illness season is unpredictability—some years see moderate case counts while others overwhelm clinics. A proactive staffing and supply plan reduces bottlenecks when demand spikes.

Staffing

- **Cross-training:** Medical assistants may need to help with swabbing, nurses may rotate into triage roles, and front desk staff may support patient education or vaccine scheduling. Investing in cross-training now ensures flexibility later.

- **Contingency planning:** Develop a system for temporary coverage in the event of staff illness. Consider part-time, per diem, or retired clinicians who can step in during peak demand.

- **Flex scheduling:** Evening or weekend hours can help decompress high-volume weekdays and improve patient satisfaction, particularly in urgent care.

Supplies

- **Diagnostic tests:** Stock rapid antigen kits for quick triage and molecular assays for confirmatory diagnosis. Multiplex panels (COVID/Flu/RSV) may be especially useful for pediatric populations.

- **PPE:** Even if mandates fluctuate, respiratory protection remains important. Keep a reserve of N95 or KN95 masks, gloves, gowns, and eye protection.

- Vaccines: Ensure your cold storage units have adequate capacity. Verify calibration and temperature monitoring systems to prevent spoilage.

TIP: Track usage patterns from prior years to better estimate order volumes. For example, if your pediatric office doubled flu vaccine doses last year, consider increasing orders early this season.

2. Optimizing Testing and Diagnosis

Rapid, accurate diagnosis benefits both patient care and clinic efficiency.

- **Point-of-care testing (POCT)** reduces delays in treatment decisions and minimizes unnecessary antibiotics. A child with confirmed influenza can start oseltamivir promptly, while a patient with negative results may avoid needless antibiotic exposure.

- **Multiplex testing** is increasingly important as symptoms overlap. In one swab, clinicians can distinguish among COVID-19, influenza A/B, and RSV, guiding isolation, treatment, and patient counseling.

- **Triage algorithms** help staff decide when POCT is sufficient versus when PCR confirmation or referral is warranted. Create clear flowcharts visible to both clinicians and support staff.

Case example: A 3-year-old with cough and fever presents at your office. A rapid multiplex test confirms RSV. Instead of prescribing antibiotics or escalating unnecessarily, your team provides supportive care instructions and educates the family about red-flag symptoms. This reduces downstream costs and builds trust with parents.

3. Vaccination Strategies

Vaccines remain the strongest preventive measure against severe respiratory disease.

Influenza

CDC recommends vaccination for everyone over six months of age, ideally before the end of October. Encourage patients not to delay, even if flu activity appears low.
High-dose and adjuvanted formulations should be prioritized for older adults.

COVID-19

Updated boosters targeting current variants continue to be essential. Primary care physicians are key in addressing lingering vaccine fatigue and misinformation.
Reassure patients about safety profiles and emphasize protection against hospitalization and long COVID.

RSV

Pediatrics: Nirsevimab, a monoclonal antibody, is now available to protect infants under eight months, and certain high-risk toddlers.
Adults: Recently approved vaccines for older adults should be incorporated into fall immunization planning, especially for those with COPD, heart disease, or diabetes.

Implementation Tips

Use standing orders so nurses can administer vaccines without requiring physician approval for each patient.
Offer co-administration (flu and COVID boosters at the same visit).
Track uptake rates by age group to identify under-vaccinated populations in your practice.

4. Workflow and Infection Control

Maintaining safe and efficient office flow is essential when contagious illnesses peak.

- **Cohorting patients:** Designate specific exam rooms or time blocks for sick visits to limit cross-contamination.
- **Telehealth:** Retain telemedicine as a tool for mild symptom checks, prescription renewals, or post-illness clearance notes. It helps reduce waiting room congestion.
- **Infection prevention:** Retrain staff on proper donning and doffing of PPE, surface disinfection, and handling of contaminated waste.
- **Air quality:** Portable HEPA filters or upgraded HVAC systems can lower airborne viral load, particularly in pediatric offices where masking compliance may be variable.

5. Patient Education and Communication

Clear, proactive messaging empowers patients and reduces strain on staff.

Topics to Emphasize

- **Prevention**: Hand hygiene, proper cough etiquette, and masking in crowded settings remain effective.
- **When to seek care:** Provide criteria for home care versus urgent evaluation (e.g., shortness of breath, dehydration, persistent high fever).
- **Return-to-school/work guidance:** Parents especially appreciate written instructions on when children are safe to return.

Communication Channels

- **Digital:** Use EHR messaging, text alerts, and practice websites to update patients on vaccine availability or testing policies.
- **Printed handouts:** Distribute educational sheets at check-in or discharge.
- **Community engagement:** Partner with schools, daycares, and senior centers to share timely information.

Example: A pediatric practice can post weekly updates on flu vaccine availability on its Facebook page, reducing phone call volume to the front desk.

6. Clinical Management and Therapeutics

Beyond prevention, clinicians must be ready with evidence-based management strategies.

Antivirals

- **Influenza:** Oseltamivir remains first-line for high-risk patients; baloxavir offers single-dose convenience. Initiate therapy within 48 hours of symptom onset for greatest benefit.
- **COVID-19:** Nirmatrelvir/ritonavir (Paxlovid) is highly effective but requires screening for drug-drug interactions. Remdesivir remains an option for certain high-risk outpatients.
- **RSV:** Supportive care remains the standard, though hospitalization thresholds differ for infants and older adults.

Protocol Development

- Create standardized treatment pathways for common clinical scenarios. For instance:
  - · High-risk older adult with flu-like symptoms → rapid flu test → if positive, initiate antiviral immediately.
  - · COVID-positive patient with mild symptoms but CKD → consult protocol for Paxlovid contraindications and consider alternatives.

Antibiotic Stewardship

- Reinforce guidelines for avoiding unnecessary antibiotic prescriptions. Overprescribing increases resistance and offers little benefit for viral illness.

7. Data and Reporting Requirements

Accurate data tracking supports public health surveillance and helps clinics anticipate surges.

- Ensure your EHR is configured for automated reporting of COVID-19, flu, and RSV testing where required.
- Assign a staff lead to monitor state and local health department updates for outbreak alerts.
- Consider participating in syndromic surveillance net works, which can offer early warnings of community spread.

8. Supporting Staff and Sustaining Resilience

High patient volumes and long seasons can wear down even the most dedicated teams. Sustaining morale and resilience is critical.

- **Regular check-ins:** Short daily huddles keep communication open and allow staff to voice concerns.
- **Mental health resources:** Encourage use of employee assistance programs, peer support, or wellness apps.
- **Recognition:** Small gestures—lunch for the team, public acknowledgment of extra effort—help maintain morale.
- **Break coverage:** Ensure staff can take true breaks to recharge, especially during double shifts.

Conclusion

The respiratory illness season is inevitable, but its impact on your practice can be managed with preparation. By strengthening staffing plans, securing supplies, implementing efficient testing, promoting vaccinations, and communicating effectively with patients, outpatient practices can stay ahead of the surge.

Primary care physicians, pediatricians, and urgent care providers are the backbone of community respiratory illness response. With thoughtful preparation, your practice can continue to deliver safe, timely, and effective care—even when waiting rooms fill and phone lines buzz. Ultimately, preparation is not just about logistics—it's about protecting your patients, your staff, and the trust your community places in you.

Early Detection,

Rapid Diagnosis,

Better Outcomes

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