

The Official Publication of the Palm Beach County Medical Society/ Quarter Four 2012

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PALM BEACH COUNTY MEDICAL SOCIETY & SERVICES PRESENTS:

THE 2012 ANNUAL GALA & INSTALLATION



SATURDAY, DECEMBER 1, 2012 THE KRAVIS CENTER COHEN PAVILION 701 OKEECHOBEE BOULEVARD, WEST PALM BEACH

Thank You 2012 PBCMS President Jack Zeltzer, MD

Welcome 2013 PBCMS President K. Andrew Larson, MD

Congratulations Award Winners Alan B. Pillersdorf, MD, Excellence in Medicine Matt Gracey, President's Award

> Gala proceeds benefit PBCMS Services www.pbcms.org



The end of year In the past year, PBCMS has been working diligently to move with the is always a time of reflection. Coming from Canada, where the change of times and changes. We are undertaking a complete review of our Bylaws seasons and circle of life are more obvious, as the trees shedding their leaves and Operations to ensure that we will remain relevant in this ever changing make for industrious weekends raking while watching the animals stocking up landscape. We recognize the diversity of our constituency – Medical Student on sustenance for the winter. Down here in the Sunshine State, the outwards and Residents, new physicians starting a practice, Physicians with established signs are less visible, but the sentiment is no less real. The New Year forces practices, Retired Physicians, and the emerging importance of Physicians in us to say good bye to the successes and failures of the past twelve months, an Employed or Contractual relationship. They all have specific needs and PBCMS must have value for them if it is to survive. and the opportunity to make the next twelve better.

I can honestly say that the past year serving as President of Palm Beach In moving forward, we must not forget our Past and The 1919 Society under the stewardship of Dr Michael Dennis seeks to preserve that heritage. County Medical Society has been most memorable. Much has transpired and there is much reflection about the past and strategic planning for the future to be considered. Likewise, the Future of Medicine Conference now entering our seventh

year has taken us to National Recognition. This past year's meeting was In the Past year the template for changes in health care in this Country has spectacular in discussing and defining just that - the Future of Medicine clinically, economically and politically. It is an event that should not to be been struck. For better or for worse, we have new directives and objectives set forth. We must remember several things. It is a Template not an immutable missed

Doctrine. We, as Physicians, in the trenches on a daily basis, are the most knowledgeable and capable individuals to not only deliver Health care (which may be the simpler task) but also to assess the system and insist on change when appropriate.

I congratulate Dr Andrew Larson as he takes the "Reins of Leadership."

In assessing Propriety and the need for

change, our litmus test- our Moral Compass-must rest in answering one become a challenge. In the short term there are necessary repairs; in the simple question: "Is this in the best interest of the Patient?" long term, there are aspirations for a new and more suitable facility.

Answering this question does not preclude the consideration of what is in the Project Access remains a Beacon of light for the delivery of health care to best interest of the Physician and the Profession as well. We are an integral the uninsured. On an annual basis we deliver millions of dollars worth of part of the equation. Nothing in health care happens without Physician absolutely free health care. We are indebted to those hospitals and other initiation. In that, we are the Alpha and the Omega. Only a Physician by agencies that assist us in this noble task. authorizing an order can initiate treatment, institute end of life measures or declare death. These are awesome responsibilities. In making these A new national initiative for health care called Triple Aim has been embraced decisions we must stay true to our Moral Compass. To accomplish this we by the Society. We are the only medical society nationally to undertake a must have security and satisfaction in our own individual Practices and the Pilot Project and have gained much support from local entities including the Medical Profession at large. Healthcare Taxing District and several Medical Insurance companies and Charitable foundations.

Doing the right thing for the Patient must transcend the influences of personal economics, employer dictates, Payor dictates, liability concerns, and regulatory requirements. The reality is, however, that these influences are currently all too pervasive in our efforts to simply take care of the sick and suffering. To accomplish this, Physician Autonomy is a vital requisite for success. We

must also not ignore Physician Accountability as checks and balances must be maintained. However, to accomplish their mission, Physicians must have the security that their proper performance will always insure personal satisfaction and economic stability. One can relate this to Judges in our Judicial System. Ideally they should be able to perform their duties free of outside influence and be accountable only to the Letter of the Law.



Jack Zeltzer, MD President, Palm Beach County Medical Society

"NO ONE SUES YOU IF YOU MISS A BEAT."

Why Drumming is more fun than Medicine

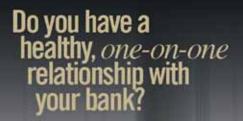
Our membership has increased dramatically this past year but we need Activism to effect change. Activism means Dollars and Doing. We need participation and representation. This also takes Money.

We recognize, as well, that the physical maintenance of our Society Offices has

We are also actively engaged in the establishment of a medical service agency similar to an MSO housed within PBCMS that will satisfy the needs of all the diverse elements in the Society mentioned earlier. We envision the capability of providing any kind of support a Physician needs; whether starting out from Residency to one engaged in practice for many years, to those seeking an "exit strategy" when planning retirement. We believe this will create a platform on which Physician Autonomy can be secured.

As you can see, we have had a productive year and have set the course for an Ambitious and Successful Future. I congratulate Dr Andrew Larson as he takes the "Reins of Leadership." We are in good hands. But let us remember as Joe Cocker sang: we can only

"GET BY WITH A LITTLE HELP FROM OUR FRIENDS."



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The OptaComp (rated "A" by A.M. Best) program is endorsed by the PBCMS and is offered by Danna-Gracey, Inc. For more information, please call Tom Murphy at 800.966.2120.







DIRECTOR'S DESK

Tenna Wiles, CEO Palm Beach County Medical Society

MOVING FORWARD

This year under the thoughtful leadership of Dr. Jack Zeltzer, the Medical Society has worked diligently to take a no-nonsense look at today's realities and what it will take for the Palm Beach County Medical Society to prosper in the future. We recognize that our members have a higher demand on their time and more choices as to where they receive their information and services. The challenges facing the medical profession and the Medical Society require bold actions and change. Rapid advances in technology, diverse member interest and expectations, and shrinking revenue sources are shaping the "new reality."

Specifically, this work is focusing on structuring Board of Directors for effective, thoughtful decision making; defining member markets that we can serve well; and zeroing in on products, programs, and services to best serve our members.

It is important that we hear from our members. Indeed these are challenging times, but there are also great possibilities. The importance of physician involvement future has never been greater.

We invite you to join us on January 31, 2013, at 6 pm, for the PBCMS Annual Membership Town Hall meeting at the Airport Hilton. Dr. Zeltzer will present recommendations for change, and incoming President Dr. Andrew Larson will share his vision for the following year. Let your voice be heard and join in the discussion of what role physicians can have in shaping the future of the medical profession.

Our goal is to be poised for the future to thrive – not just survive.

Best wishes to you and your family for a joyful holiday.

Tenna

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The 1919 Society

Since the Palm Beach County Medical Society was founded in 1919, our physicians have dedicated themselves to our community. Your good name as a physician will be honored in our community forever-entwined with the good works of Palm Beach County Medical Society in a cherished legacy.

To further our mission and build on the loyal support of our members, the Board of Directors approved a special recognition opportunity to formally honor those who contribute to our organization.

> The 1919 Society Members Dr. Jose Arrascue Dr. Clarence L. Brumback (deceased) Dr. James J. Byrnes Dr. and Mrs. Michael Dennis Dr. Malcolm Dorman Dr. J. John and Judy Goodman Dr. Howard Green Dr. Beth-Ann Lesnikoski Dr. and Mrs. Alan B. Pillersdorf Dr. Brent Schillinger Dr. Ida Sebastian

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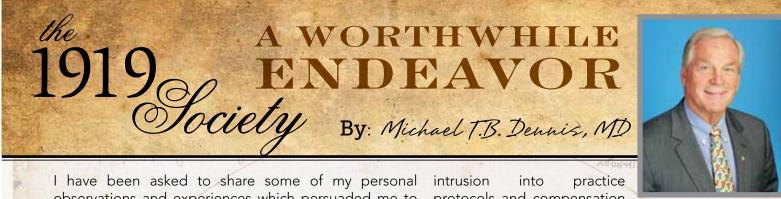
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observations and experiences which persuaded me to protocols and compensation make a philanthropic contribution to The 1919 Society makes it increasingly difficult for practicing health - so named because it recalls the year in which our personnel to maintain the level of volunteerism which we Medical Society was founded. Many people - especially aspire to provide; nor does it facilitate the recruitment those in the medical field - are familiar with the term, of like-minded young people. It would be a shame to The Hippocratic Oath. Yet few have read it, and it is no see our high ideals replaced with less compassionate longer a required ceremonial element of medical school behavior. graduations. Pity.

A touching passage is:

"I WILL REMEMBER THAT THERE IS AN ART AS WELL AS SCIENCE, AND THAT WARMTH, SYMPATHY, AND UNDERSTANDING MAY OUTWEIGH THE SURGEON'S KNIFE OR THE CHEMIST'S DRUG."

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My practice was blessed with a thriving business in plastic "supervision" frankly hinders creativity. and reconstructive surgery – primarily cosmetic from a national base of patients. This gave me the opportunity Every day dedicated physicians and their staff selflessly and resources to devote several weeks a year to overseas uphold one of the most precious commodities of human pro bono missions primarily to correct congenital and behavior - to care for another without expectation traumatic defects and to have a dependable support of reward. It is a pattern that must not be snuffed out staff accompany me. This additional "team concept" by external forces. The funds from The 1919 Society was developed after an experience in Burkina Faso where will be utilized exclusively for the benefit of regional the local "anesthetist" bolted from our tiny operating residents in the Project Access, Future of Medicine, theater after intubating the esophagus-requiring me to Healthcare Emergency Response Coalition, and Medical pack the surgical site and resuscitate the patient. Reserve Corps programs - none of which compensate Other than our health care profession, what career can physicians for their services. Your contribution to The you identify which has such a unique opportunity for 1919 Society can be designated as you wish - either into returning the emotional and spiritual rewards of healing an endowment or for specific programs. your fellow man? The palettes for the physician and his/her team are immense. Repairing the simple cleft lip Lesser known than the Hippocratic Oath but equally of a 32 year-old woman in the highlands of Guatemala compelling is the Oath of Maimonides, a twelfth century who had been ostracized from her community because physician. He wrote: of native superstitions and then seeing her a year later "MAY I NEVER SEE IN THE walk into our little village clinic with her new boyfriend in hand was a moment of pure joy for me. PATIENT ANYTHING BUT A I strongly advocate the position that physicians and FELLOW CREATURE IN PAIN." other health care personnel bear a sacred responsibility to be comforting, charitable, and responsive. But we It is tribute to warmth, sympathy, and understanding, need support, not vitriolic criticism, from our overseers. and that's why I encourage you to join me in this very Most assuredly the current environment of governmental worthwhile endeavor.

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Among the several ways that society could maintain this environment of volunteerism would be to engender and encourage a moderate degree of tort reform. This is not a request for total release of liability but instead a balanced approach that would help protect the generous caregiver and, in the process, reduce the cost of defensive medicine. None of us begrudge seeing a patient on an emergency basis without compensation, but knowing that it might expose the caregiver to a legal challenge is a bitter pill to swallow. And overly zealous

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By: Virginia Martini, MBA & Vipul Shah VP for Marketing, Director, MSO Business Development Health Prime International Inc.

Palm Beach County Medical Society (PBCMS) has teamed up So, how do with Health Prime International (HPI) to form Medical Network physicians simultaneously minimize Services, a Management Service Organization (MSO), to add administrative headaches, improve operations, and deliver greater value to all of its members. This MSO is called Medical good outcomes at the same time without compromising Network Services (MNS) and is a new way to help all PBCMS valuable time needed for high quality patient care? member physicians in this complex and ever changing health care industry.

The development of an MSO is the best way for physicians to consolidate under one model and be stronger to better respond to limitations in practice revenues, increasing costs improving cash flow. and the growing administrative complexities that require HPI would like to offer their services and guide every practice, more and more sophisticated information and management every step of the way. A critical key to the MSO model is to systems. An MSO is a highly flexible and functional approach involve the physician in the decision making process so they to bringing physicians into a closer working relationship can make sure all requirements and expectations are fully met. without forcing them to give up their independence as a Physician and staff input will always help define the correct set practitioner. A vital goal of the MSO is to help physicians stay of tools for a successful, long lasting operation. in their own practices while continuing to see patients the way in which they always have.

HPI will act as an extension of your practice. Wherever you are in the striving journey to your success, HPI will lead the There are so many aspects of business that require dedication way to a positive and efficient outcome by building the necessary structure and serving as a firm platform for years to and precision for a medical practice to thrive and grow. Keeping practices running smoothly and efficiently, making come. HPI services solo and group physicians, large and small sure accurate and prompt payments are received for the medical practices, profitable, struggling and technically savvy care provided, making correct financial decisions, adding organizations. Through the MSO, HPI will build a long lasting technology and integrating practice management principles relationship with each practice to make sure you succeed and from the front-door to the back-office, managing and achieve your goals. Your success is our success. leveraging complicated data, and providing high quality, personalized, dedicated care to all patients, are just some HPI is a physician owned and managed company, created of the many numerous and comprehensive demands that with the goal of empowering physicians to spend more time encumber most physicians. with each patient and less time attending to paperwork and





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Through MNS's unique set of proprietary tools, physicians will finally be able to unburden themselves by reducing their time invested in non-clinical activities, allowing them to enhance patient care and satisfaction while optimizing revenue and

operations resulting in a better quality of life. Being a physician owned and managed company, HPI has a unique level of understanding of both the clinical and the administrative sides of the business, thus providing each customer with an entirely new experience. We highly identify with physicians and understand their challenges and obstacles, and care about enhancing the patient experience and increasing overall patient loyalty.

Medical Network Services, the MSO joint venture between Palm Beach County Medical Society and Health Prime International, would like to offer physicians valuable resources to stay ahead of the curve, and make sure they are well prepared to face this continually changing era.



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Dividend Strategies for 2012 & Beyond By: Patricia C. Corbett, CFP

The case for dividend investing is compelling, but cyclical rotation **DIVERSIFY SECTORS** and the specter of tax hikes mean that dividend investors should be selective and take a long-term perspective.

A dividend investing strategy is a smart way to generate income and total return, as history has shown. Dividend-paying stocks have outperformed non-dividend payers over time; since 1990, consistent dividend payers, as represented by the S&P 500 Dividend Aristocrats, earned an annualized 11.04% total return, while the broader S&P 500 index earned only 8.23%.¹ In low-rate, low-growth environments, this outperformance is often even more pronounced. For the year ended December 31, 2011, dividend payers of the S&P 500 had an average total return of 1.4% vs. -7.6% for non-dividend payers.²

But dividend-paying stocks could come under pressure this year as a result of several factors. According to Standard & Poor's, if the domestic economy continues to pick up steam, investors are likely to shift assets from defensive into more cyclical sectors in what is known as sector rotation. Defensive sectors, such as Telecom Services, Utilities and Consumer Staples, have offered the highest yields, while cyclical sectors, such as Consumer Durables and Technology, have offered lower yields.

Another source of potential pressure is the concern that taxes on dividend income may rise. Under current law, the federal tax rate on gualified dividends will increase from 15% to 20% on January 1, 2013. What's more, under the budget proposal submitted by the Obama administration, dividend income would be taxed at the much higher earned income rate for households making more than \$250,000 annually (\$200,000 for single filers). Such increases could reduce the appeal of dividend-paying stocks as investments for income-oriented investors. Even if Congress extends current rates and rejects the administration's budget proposal, the uncertainty of dividend tax rates could put pressure on dividend-paying stocks.

Given this environment, dividend investors should view dividendpaying stocks as a multiyear play. Dividend payout ratios, currently near historic lows, will likely rise over time as today's cash-rich companies see increasing pressure to share the wealth. Long-term demand for dividend-paying stocks should also be boosted by the wave of baby-boomers entering retirement over the next two decades, many of whom will be seeking income-paying alternatives to low-yielding bonds.

OTHER STRATEGIES TO CONSIDER:

LOOK FOR HIGH-QUALITY ISSUES with an established history of dividend payment and annual increases. Such companies are represented by the S&P 500® Dividend Aristocrats index, which measures the performance of large-cap, blue-chip companies within the S&P 500 that have followed a policy of increasing dividends every year for at least 25 consecutive years. As noted above, this index has outperformed the broader S&P 500 Index since its inception in 1990. These long-term dividend payers have a proven track record and are more likely to continue paying dividends. Many are also sitting on record amounts of cash.¹

Defensive sectors such as Telecom Services, Utilities and Consumer



Staples are likely to still offer the highest average yields. But if the US economy continues to improve, they may see erosion in prices. By diversifying, investors may be able to offset potential price losses with gains in sectors that are better positioned to benefit from an expanding economy.

CONSIDER EURO ZONE STOCKS, which may offer higher yields in the current environment. While the US economy has made strides in recent months, the Euro Zone remains mired in recession. A more defensive stance in Euro stocks is warranted, which favors dividendpaying sectors. Keep in mind, however, that higher yields, especially abnormally high yields, can be a warning flag that a company is not in good standing and has fallen out of favor with investors for any number of reasons.

At Morgan Stanley Wealth Management, we track thousands of dividend-paying companies. Contact me so we can tailor a dividend strategy that suits your specific needs.

If you'd like to learn more, please contact Patricia C. Corbett, CFP

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1 Source: Standard & Poor's. For the 22 years ended December 31, 2011. Dividend Aristocrats consists of stocks within the S&P 500 that have increased their dividend payment in each of the past 25 years.

2 Source: Standard & Poor's. Based on equal-weight indexes of all dividend-paying and non-dividend-paying stocks within the S&P 500.

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Past performance is no guarantee of future results. Companies paying dividends can reduce or cut payouts at any time. Because of their narrow focus, sector investments tend to be more volatile than investments that diversify across many sectors and companies. The appropriateness of a particular investment or strategy will depend on an investor's individual circumstances and objectives. It is not possible to directly invest in an index. Investments in foreign securities involve risks associated with interest-rate and currency-exchange-rate changes as well as by market, economic, and political conditions of the countries where investments are made. There may be greater returns but also greater isks than with U.S. investments. International stocks fluctuate in value and may be worth more or less than original cost

Article by McGraw Hill and provided courtesy of Morgan Stanley Financial Advisor.

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Morgan Stanley Financial Advisor(s) engaged Palm Beach County Medical Society On Call Magazine to feature this article.

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"We believe we advocate for medicine best when we advocate for our patients first."

The Future of Medicine Summit VI honored the participation of national and local experts who, like PBCMS, recognize that the responsibility of transforming the future of medicine rests in each of our hands. Our community joined together to share our accomplishments, discuss our challenges, and explore best practices Andy Marino; Pete Martinez; Joe Mott; Lisa Rawlins; Chris Schlanger, and opportunities.

Over 600 participants representing various facets of the health care industry learned from and held valuable discussions with national and regional thought leaders. Nowhere else except in this unique forum are physicians, health policy experts, hospital administrators, researchers, business executives and community representatives able to discuss the most pressing issues in the health care industry.

Scripps Florida once again co-sponsored the summit. This year in Science, Medicine and Community leading researchers, expert physicians, and community support groups discussed three chronic conditions: bipolar disorder, diabetes and cardiovascular disease.

Our community was fortunate to welcome prestigious experts from South Florida and around the country to lead discussions about relevant topics such as utilizing IHI's Triple Aim to improve the patient experience of care (including quality and satisfaction), improve the health of populations and reduce the per capita cost of health care. Physicians and patients alike learned about how technical advances large and small are radically changing the way that physicians deliver, and patients receive, care. During Transformational Change guests were impressed with the examination of a new reality for health care as well as the future of physician practice and how physicians can regain control over their professional destiny. Lessons from organizations that have already implemented innovative visions for managing utilization, clinical programs and services, as well as managing on a budget, were valuable takeaways. The two-day summit also featured frank discussions with our county's top hospital executives regarding hospital and physician integration, paired with a review of the trends affecting physician practices now. The event wrapped up with a topic on everyone's minds - medicine, policy and politics. Both the VIP Dinner and Candidates Reception were well-attended.

The second annual poster symposium drew 16 participants, as well as physicians from each medical school in the county to judge the impressive entries. Though all posters were exceptional, we want to congratulate the winners. Research Poster Winner: Megha Rao, MD. Clinical Vignette Winners: First place: Diana Susan Koshy, MD. Second Place: Danon Garrido, MD.

Many thanks to all of our speakers and panelists, and especially our keynote quests including:

Jean Acevedo; Carol Beasley; Rick Cameron, MHSA, CMPE; Phil Galewitz; Jeff Goldsmith, PhD; Jim Kupel; Jeremy A. Lazarus, MD; MD, MBA; Mike Segal, Esq.; Donna E. Shalala, PhD; and Cecil Wilson, MD

We are so fortunate to have so many organizations and individuals who helped make the 2012 Future of Medicine Summit an event to remember. The 2012 Future of Medicine Leadership Committee includes:

Jose F. Arrascue, MD, Chair; James T. Howell, MD, Co-Chair; Michael Dennis, MD, Summit Chair; Stephen Babic, MD; Ronald Davis, PhD; Malcolm Dorman, MD; Claude Earl Fox, MD; Daniel Higgins, MD; Brent M. Schillinger, MD; Ben Starling; Joan St. Onge, MD; Abbey Strauss, MD; Frederick K. Williams, MD; and Jack Zeltzer, MD. The Boards of Palm Beach County Medical Society and Palm Beach County Medical Society Services.

Our many supporters: Michael Dennis, MD, Silver and Bronze Sponsors, Hippocrates Society members, Exhibitors, Non-Profit Advocates, Medical Student Sponsors, VIP Dinner Table Sponsors and In-Kind Supporters.

And as always we couldn't accomplish what we did without the support of our Host Committee: Alina Alonso, MD; Sarah Alsofrom; Bob Broadway; Joyce Chen; Don Chester; Sally D. Chester, RN; Jibby Ciric, PsyD; Elena Contreras; Linda De Piano, PhD; Amy Dean; Patricia Ernst; Pamela Gionfriddo; Mary Helen Johnson; Christine Koehn, PhD; Wade Kuzmick; Daniel Lichtstein, MD; Trish Lowry; Cecy Martinez; Virginia Martini; Larry Melby; Susan Nefzger; Linda Quick; Randy Scheid; Heather Siegel Miller, Esq.; Rob Sommer; Marjorie Sullivan; Toni Lynn Valencia; and Ronald Wiewora, MD.

Our heartfelt thanks to everyone for supporting this educational forum for the community.

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Rick Cameron; Davide Carbone; Mike Cowling; Roger Kirk; Dan Sacco; Juan Nogueras, MD, James Byrnes, MD; Jerel Humphrey; Jack Zeltzer, MD; John D. Couris

Physician Satisfaction Survey

The health care industry is at a challenging time in its history, and Palm Beach County Medical Society wants to give physicians a voice regarding your thoughts about professional satisfaction and morale.

To that end, we conducted a voluntary and anonymous physician satisfaction survey recently. The first part of the survey, Description of Physician Respondents, asked for demographic information such as age, gender and related factors. That information is not reported here but is available for interested persons on www.pbcms.org. The second part of the survey reported here, Professional Satisfaction and Morale, focused on professional career satisfaction and morale, thoughts about the current state of the medical profession, and career plans. Both PBCMS members and non-member physicians were asked to participate. The results of the survey are below.

We based our questions on those of a national survey conducted by The Physicians Foundation. The organization's 2012 survey of physicians included a number of questions similar to those asked in their 2008 survey. We have reported our results with those of The Physicians Foundation's 2012 survey for comparison to national trends. See "A Survey of Americas Physicians: Practice Patterns and Perspectives" at www.physiciansfoundation.org for their complete results.

Professional Satisfaction and Morale

1. Which best describes your feelings about the current 4. How would you rate your own professional morale? state of the medical profession?

| | PBCMS Survey Respondents | The Physicians Foundation Survey Respondents |
|-------------------|-----------------------------|-------------------------------------------------------|
| Very Positive | 4.7% | 3.9% |
| Somewhat Positive | 34.9% | 27.9% |
| Somewhat Negative | 27.9% | 44.8% |
| Very Negative | 32.6% | 23.4% |

2. Which best describes how you feel about the future

| | PBCMS Survey Respondents | The Physicians Foundation Survey Respondents |
|-------------------------------|-----------------------------|-------------------------------------------------------|
| Very positive/optimistic | 4.7% | 3.1% |
| Somewhat positive/optimistic | 20.9% | 19.5% |
| Somewhat negative/pessimistic | 32.6% | 45.9% |
| Very negative/pessimistic | 41.9% | 31.5% |

3. How would you rate the professional morale of physicians you know?

| | | The Physicians Foundation |
|-------------------|--------------|------------------------------|
| | PBCMS Survey | Survey |
| | Respondents | Respondents |
| Very positive | 0.0% | 1.8% |
| Somewhat positive | 14.0% | 17.7% |
| Somewhat negative | 41.9% | 55.8% |
| Very negative | 44.2% | 24.6% |

| | | The Physicians |
|-------------------|--------------|----------------|
| | | Foundation |
| | PBCMS Survey | Survey |
| | Respondents | Respondents |
| Very positive | 18.6% | 11.0% |
| Somewhat positive | 27.9% | 30.7% |
| Somewhat negative | 30.2% | 41.0% |
| Very negative | 23.3% | 17.3% |

5. Some physicians believe that the medical profession is in decline. Do you:

| | PBCMS Survey | The Physicians Foundation Survey |
|-------------------|--------------|----------------------------------------|
| | Respondents | Respondents |
| Mostly Agree | 52.4% | 41.6% |
| Somewhat Agree | 26.2% | 42.6% |
| Somewhat Disagree | 9.5% | 8.6% |
| Mostly Disagree | 11.9% | 7.2% |

6. If you mostly or somewhat agree, why is the profession in decline? Please rank importance of each factor.

| | | PBCMS Survey | |
|-------------------------------------------|----------------|--------------------|-------------|
| | Very Important | Somewhat Important | Unimportant |
| Too much regulation/paperwork | 84.2% | 15.8% | 0.0% |
| Loss of clinical autonomy | 84.6% | 12.8% | 2.6% |
| Erosion of physician/patient relationship | 69.2% | 28.2% | 2.6% |
| Scope of practice encroachment | 60.5% | 28.9% | 10.5% |
| Too many part-time doctors | 10.8% | 29.7% | 59.5% |
| Money trumps patient care | 39.5% | 44.7% | 15.8% |
| Physicians not compensated for quality | 74.4% | 23.1% | 2.6% |

| | The Physician | ns Foundation Survey Re | espondents |
|-------------------------------------------|----------------|-------------------------|-------------|
| | Very Important | Somewhat Important | Unimportant |
| Too much regulation/paperwork | 79.2% | 19.3% | 1.5% |
| Loss of clinical autonomy | 64.5% | 31.0% | 4.5% |
| Erosion of physician/patient relationship | 54.4% | 37.8% | 7.8% |
| Scope of practice encroachment | 43.7% | 40.6% | 15.7% |
| Too many part-time doctors | 6.9% | 22.6% | 70.5% |
| Money trumps patient care | 45.9% | 40.1% | 14.0% |
| Physicians not compensated for quality | 58.6% | 33.7% | 7.7% |

7. Two years ago, which best described your attitude toward medical practice?

| | PBCMS Survey | The Physicians Foundation Survey |
|--------------------------------|--------------|----------------------------------------|
| | Respondents | Respondents |
| Very positive/satisfying | 11.6% | 14.1% |
| Somewhat positive/satisfying | 60.5% | 52.1% |
| Somewhat negative/unsatisfying | 20.9% | 30.1% |
| Very negative/unsatisfying | 7.0% | 3.7% |

8. Which best describes your attitude toward medical practice today?

| | | The Physicians Foundation |
|--------------------------------|--------------|------------------------------|
| | PBCMS Survey | Survey |
| | Respondents | Respondents |
| Very positive/satisfying | 9.5% | 7.3% |
| Somewhat positive/satisfying | 33.3% | 31.7% |
| Somewhat negative/unsatisfying | 35.7% | 41.2% |
| Very negative/unsatisfying | 21.4% | 19.8% |

9. If you had your career to do over, would you choose to be a physician?

| | | The Physicians | The Physicians |
|-----|--------------|------------------|------------------|
| | | Foundation | Foundation |
| | PBCMS Survey | Survey | Survey |
| | Respondents | Respondents 2012 | Respondents 2008 |
| Yes | 67.4% | 66.5% | 73.0% |
| | | | |

10. Would you recommend medicine as a career to your children or other young people?

| | | The Physicians | The Physicians |
|-----|--------------|------------------|------------------|
| | | Foundation | Foundation |
| | PBCMS Survey | Survey | Survey |
| | Respondents | Respondents 2012 | Respondents 2008 |
| Yes | 41.9% | 42.1% | 40.2% |
| No | 58.1% | 57.9% | 59.8% |

11. If you had the ability, would you retire today?

| | | The Physicians | The Physicians |
|-----|--------------|---------------------------|------------------|
| | | Foundation | Foundation |
| | PBCMS Survey | Survey | Survey |
| | | | |
| | Respondents | Respondents 2012 | Respondents 2008 |
| Yes | 60.5% | Respondents 2012 60.6% | 45.0% |

| | PBCMS Survey | The Physicians Foundation Survey | The Physicians Foundation Survey | |
|-----------------------------|--------------|----------------------------------------|----------------------------------------|--|
| | Respondents | Respondents 2012 | Respondents 2008* | |
| Patient relationships | 86.0% | 80.2% | 78.2% | |
| Prestige of medicine | 14.0% | 10.0% | 34.9% | |
| Intellectual stimulation | 74.4% | 69.7% | 81.7% | |
| Interaction with colleagues | 25.6% | 19.2% | 56.2% | |
| Financial rewards | 7.0% | 11.7% | 22.6% | |

12. What two factors do you find most satisfying about

13. What two factors do you find least satisfying about medical practice?

| | PBCMS Survey Respondents | The Physicians Foundation Survey Respondents 2012 |
|-------------------------------------------------------|-----------------------------|------------------------------------------------------------|
| Long hours/lack of personal time | 25.6% | 24.9% |
| Liability/defensive medicine pressures | 48.8% | 40.3% |
| Reimbursement issues | 51.2% | 27.3% |
| Lack of clinical autonomy | 23.3% | 9.2% |
| Dealing with Medicare/Medicaid/Government regulations | 27.9% | 27.4% |
| Pressure of running a practice | 11.6% | 5.6% |
| Non-clinical paperwork | 23.3% | 18.1% |
| Uncertainty/changes in health reform | 18.6% | 21.5% |
| Managed care | 18.6% | 7.6% |
| EMR implementation | 11.6% | 9.2% |
| Other | 2.3% | 5.1% |

The Dhurlelane

14. In the next one to three years, do you plan to (Mark all that apply):

| | PBCMS Survey Respondents | The Physicians Foundation Survey Respondents 2012 | The Physicians Foundation Survey Respondents 2008 |
|--------------------------------------------|-----------------------------|------------------------------------------------------------|------------------------------------------------------------|
| Continue as I am | 41.9% | 49.8% | 51.5% |
| Cut back on hours | 30.2% | 22.0% | 20.3% |
| Retire | 7.0% | 13.4% | 11.0% |
| Switch to a cash/concierge practice | 20.9% | 6.8% | 7.0% |
| Relocate to another practice/community | 9.3% | 10.9% | N/A |
| Cut back on patients seen | 7.0% | 9.6% | N/A |
| Seek a non-clinical job within health care | 14.0% | 9.9% | 13.4% |
| Seek employment with a hospital | 0.0% | 5.6% | N/A |
| Work part-time | 4.7% | 6.5% | 10.2% |
| Work locum tenens | 2.3% | 6.4% | 7.5% |
| Seek a non-health care job/business | 11.6% | 6.4% | 10.1% |
| Close my practice to new patients | 0.0% | 4.0% | 7.4% |
| Other | 2.3% | 5.5% | N/A |



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Watch the special five-year anniversary video to find out what members of The Doctors Company are saying about the Tribute Plan. Visit www.thedoctors.com/tribute.











PBCMS would like to introduce member and Project Access volunteer James N. Goldenberg, MD, who joined PBCMS in 1993. He currently is a member of the Board of Directors and sits on the Finance Council, and is engaged with the new Triple Aim diabetes program.

Dr. Goldenberg is a neurologist at Medical Specialists of the Palm Beaches in Atlantis. He helped direct their implementation of the Electronic Health Record (EHR) and attestation for Meaningful Use Stage 1 as the Chairman of the EHR Steering Committee. He has been involved in hospital medical staff affairs as a member and Chairman of the JFK Medical Center Credentials Committee, member of the Medical Executive Committee, member and Chairman of the Bylaws Committee, and a member and Chairman of the Board of Trustees. Dr. Goldenberg is the founding Medical Director of the Comprehensive Stroke Center at JFK Hospital and helps coordinate the Neurology Teaching Program at JFK Hospital for Internal Medicine residents. Dr. Goldenberg is a Certified

Principal Investigator at JEM Research Institute conducting clinical trials in the neurosciences. Besides his impressive professional credentials, here is some information to get to know Dr. Goldenberg.



Q: Why did you join initially join PBCMS? **A:** The voice of the many outweigh the voice of the few or the one.

Q: What is your favorite aspect of PBCMS membership, or what is the value you have gained from your membership? A: I enjoy working with other health care leaders to improve medical care in our community. The collaboration, camaraderie and networking have been most valuable.



A: Traveling, biking, hiking, and spending time with my family.

A: My favorite guote by Theodore Roosevelt "It is not the critic who counts, not the man who points out how the strong man stumbles or where the doer of deeds could have done better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly, who errs and comes up short again and again, because there is no effort without error or shortcoming, but who knows the great enthusiasms, the great devotions, who spends himself for a worthy cause, who at the best knows, in the end, the triumph of high achievement, and who at the worst, if he fails, at least he fails while daring greatly, so that his place shall never be with those cold and timid souls who knew neither victory nor defeat."

Q: Where did you grow up?

PBCMS Feature Member: James N. Goldenberg MD

A: Fresh Meadows, New York. My family moved to South Florida when I was 10 years old.

Q: What is your favorite restaurant?

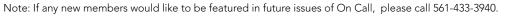
A: Paradiso in Lake Worth! Fine Italian cuisine, excellent service

and a spectacular wine list.

Q: What do you enjoy doing when you're not working?

Q: Any other information that you want our readers to know?

Thank you, Dr. Goldenberg!







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EHR. HIT. OMG.



Want to retire one day? You might want to read this... By: Joe Eppy

In today's economy, retirement has become increasingly difficult for many Americans. We are still largely focused on our total asset dollars instead of income. Couple this with the decline of the traditional pension plan that was supposed to provide a lifetime income, and Americans are struggling to retire.

Let's face it...income is really all that matters for retirement today, right?

We all want a steady income that fulfills our needs. And doesn't run out! In addition, this income should be as tax efficient as possible!

One very smart choice is to balance your plan with annuities. The When negative economic events happen like in 2000, 2001, 2002 annuities of today are guite different from the annuities of the and 2008, the income problem rears its uply head. The reason this past. For example: in the past there were annuities that if you happens is because we have been programmed to live off the invested in them and died, you would lose the rest of your money. interest of our assets which puts all of our income pressure on our Today we are looking at products with beneficiaries. So if you are assets. Assets, like the stock market are not designed for income, remembering features from these older products and dismiss they are designed for growth. If all your money is invested in the looking into them now, it could be a big mistake! market and the market isn't doing well, you better hope you are not living off the interest because there won't be much. And if Using an annuity could allow you to use your other investments you have to sell stocks to supplement your income, you are now in the way in which they were designed and never force yourself selling at a low and compounding your situation! And let's not to sell stocks or real estate at a low. Enjoy your basic income from forget to mention that this income is all taxable! This can and has your annuity and choose to manage your stocks as you like. Don't depend on your investments in that way. It's true, some annuities spelled disaster for many! So what to do... have a better design for you than others and finding a reputable One of the keys to retirement success is to find financial planner, who is well versed in these products, can be the key difference in securing a comfortable, tax efficient and safe a way to take income pressure off of assets! retirement. There is even one annuity with such unique features that it has a patent on it!

We need to create our own "pension type plans" that will provide our basic income needs on a guaranteed basis. Wouldn't it be nice to take all the income pressure off all your other assets? Let's also point out that we cannot pull money out of the sky!





All we can do is strategically reallocate our money.

The biggest fear of our retired population is the fear of *running out of money*.

In fact, the vast majority of retirees say they are afraid of running out of money before they die. The good news is there are great products today to offer this type of security. Guaranteed income for life in a tax efficient manner is the perfect complement to your assets and pension (if you have one). We call this type of planning "financial defense" or "exit strategy", a tactic we specifically focus on in our firm.

To protect your retirement these plans need to be put in place sooner than later. Fortunately, age is not a huge factor in this type of planning; so whether you have a few years or many years until retirement, the problems should be solvable. It is important to remember that these particular retirement enhancing products are available now; we can't predict what will be available in the future. Talk to an experienced financial professional and ask about the products that will perform in this manner; you'll find it is well worth the conversation! - Joe Eppy, Eppy Financial Group

Joe's firm has been in South Florida for 20 years. To contact him call 954-689-9476 | email at j.eppy@eppyfinancial.com

Joseph Eppy is a registered representative of and offers securities and investment advisory and financial planning services through MML Investors Services, LLC. Member, SPIC: 1000 Corporate Drive Suite 700 Fort Lauderdale Florida 33334 954.938.8800. Eppy Financial Group, Inc. is not a subsidiary or affiliate of MML Investors Services, LLC or its affiliated companies.Ca Insurance license #0C48018

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PRE-DIVORCE FINANCIAL PLANNING: **Asset Protection Strategies** By: Matthew Jay Lane, Esq

Approximately fifty percent of all marriages end in divorce

There is a much greater likelihood that a physician's assets will Third, how should the appreciation of the various components of be depleted by a divorce than by a malpractice claim. Although, the asset be allocated? physicians routinely engage in tax planning, financial planning, and estate planning, few engage in pre-divorce planning. The purpose Fourth, there are a number of proactive steps that can be taken to of this article is to briefly discuss seven (7) pre-divorce planning reduce the possibility and severity of an alimony award. For the purposes of this article, I will discuss two. First, in assessing need strategies. and ability to pay, courts look at the standard of living that was First, the most obvious planning strategy is to execute a prenuptial established by the parties during the course of the marriage. In agreement. This agreement should be in writing, it should be contemplating a divorce, it would be wise to substantially reduce voluntarily entered into, and there should be full disclosure of the the parties' standard of living. Second, for purposes of determining parties' assets and liabilities or a written waiver of the right to receive alimony, there is a rebuttable presumption that a short-term marriage this disclosure. is a marriage of less than seven years, a moderate-term marriage is a marriage between seven years and seventeen years, and long-Second, by knowing and understanding the factors that Courts term marriage is a marriage exceeding seventeen years. If a party utilize to reach custody/visitation determinations,the is contemplating a divorce, he or she should keep in mind that the knowledgeable party will have a much greater likelihood number of years that the parties continue to stay married will be one of obtaining a favorable result. In developing parenting of the significant factors that the court will utilize to determine the plans, courts reach their determinations type and amount of alimony that will be awarded.

based upon the following factors: (a) the demonstrated capacity of

each parent to encourage a close parent-child relationship with the other parent: (b) the extent to which parental responsibilities will be delegated to third parties; (c) the capacity to act upon the needs of the child; (d) the length of time the child has lived in a satisfactory environment; (e) the geographic viability of the plan; (f) the parent's moral fitness; (g) the parent's mental and physical health; (h) the child's home, school, and community record; (i) the child's reasonable preference; (j) knowledge of the child's circumstances; (k) providing a consistent routine; (I) keeping the other parent informed of issues regarding the child; (m) evidence of domestic violence; (n) evidence of lying about domestic violence; (o) the parenting tasks performed by each parent; (p) participation in school and extracurricular activities: (g) maintaining a substance free environment: (r) not disparaging the other parent; (s) the child's developmental needs; and (t) any other factor the Court decides is relevant.

Third, for the purposes of divorce planning, it is critical that all nonmarital assets remain separately titled and that they not be Matthew Jay Lane, Esg. has been Chair of the Palm Beach County Bar blended with marital property. When assets are blended, three issues Association Marital & Family Law Committee for the last four (4) years. arise. First, is the asset an interspousal gift? Second, which parts of The website for his law firm, Matthew Lane & Associates, P.A., can be the blended asset are nonmarital and which parts are marital? found at: www.laneandassociates.biz.



Fifth, in the event that a party is contemplating the receipt of a gift or an asset from someone other than one's spouse,

it is important to make certain that the devise is made specifically and solely to that party. Sixth, it is essential to ensure that any property that is purchased with nonmarital assets remains solely titled in the purchaser's name and that the principle, interest, taxes, insurance, and expenses are paid with nonmarital funds. Finally, the test to determine whether private educational ex-penses will be awarded as part of child support is whether: (1) the parties have the ability to pay; (2) the expenses are in accordance with the customary standard of living (eg. the child attended private school during the marriage); and (3) it is in the child's best interest.

The purpose of this article is to discuss a number of pre-divorce planning strategies. This information is not intended to cover all of the issues related to this topic. The reader should not act, or fail to act, on any legal matter based upon this information without seeking the advice of competent, experienced, professional counsel.

Planning for a financially secure retirement is now more challenging than ever.

The rules of retirement are in need of a rewrite for physicians who are in private practice.

The reduction of professional fees, concerns over malpractice claims and a volatile investing world are among the forces that make planning for a financially secure retirement so challenging.

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SAVE THE DATES

January 31, 2013. PBCMS Annual Meeting and Town Hall Discussion, Hilton Palm Beach Airport

May 9, 2013. 10th Annual Heroes in Medicine, Kravis Center Cohen Pavilion



CONGRATULATIONS TO BRADLEY FEUER, DO, JD ON RECEIVING FMA CERTIFICATE OF APPRECIATION AWARD

Please extend your congratulations to PBCMS member Bradley Feuer, DO, JD, who received the FMA

Certificate of Appreciation Award on Sat., Oct. 27 at the Florida Medical Association Board of Governors meeting in Orlando.



WILLIAM ADKINS, MD RECEIVES BLESSED JOHN PAUL II MVP AWARD

Congratulations to PBCMS member William Adkins, MD, who received the Blessed John Paul II MVP Award from Catholic Charities Birthline/

Lifeline Pregnancy Care Centers at the Celebrate the Gift of Human Life Dinner Dance Gala on Sat., Nov. 17.

NEW RESIDENT & MEDICAL STUDENT RECEPTION

On Thursday, August 23, PBCMS hosted a New Resident & Medical Student Reception at Paradiso in Lake Worth. The aim of the reception was to introduce medical residents and medical students to PBCMS, the value of organized medicine and provide an opportunity for the residents and medical students to network with practicing physicians in Palm Beach County. Over 130 people attended, including approximately 75 residents and medical students from University of Miami Miller

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School of Medicine, Florida Atlantic University Charles E. Schmidt College of Medicine, Palm Beach Centre for Graduate Medical Education and Wellington Regional Medical Center. Also in attendance were PBCMS President Jack Zeltzer, MD, JFK Program Director Jeri VanMeter, and other PBCMS board members.



(L to R) Brede Skillings, Sarah Langdon, Jaclyn Klimczak, Cara Reitz, Shawna Watson, and John Saydi.

EDUCATIONAL OPPORTUNITIES

PBCMS and Palm Beach Medical Group Management Association are proud to announce we are collaborating to offer our members, practice administrators and staff an exciting line up of informative topics and knowledgeable speakers. With today's ever changing health care environment it's crucial that to stay informed and network with your colleagues.

Programs are on the first Wednesday of each month at various locations throughout the county from 11:30am to 1pm with the exception of January. For more information visit www.pbcms.org.

December 5, 2012. Wage and Hour. Delray Golf Club. January 9, 2013, 11:30am-2pm. Billing and Coding **2013.** Atlantis Country Club.

February 6, 2013. The Manager's Role in the Wake of Health Reform. West Palm Beach Marriott - The Bistro.

ON CALL ADVERTISING RATES - OnCall is published quarterly, and advertising rates and deadlines can be found at http://www.pbcms.org/advertise.

Med Society News

PALM BEACH COUNTY MEDICAL SOCIETY WELCOMES NEW MEMBERS

August, September, October 2012

Rebecca Abu, MD Belle Glade, FL **Specialty:** Pediatrics

Yaw Abu, MD Belle Glade, FL Specialty: Pulmonary Disease

Dale Adamson (Medical Student)

Anthony E. Addesa, MD Wellington, FL Specialty: Radiation Oncology

Sara Anastas (Medical Student)

Stuart J. Bagatell, MD Atlantis, FL **Specialty:** Internal Medicine

Jullian Beau (Medical Student)

Blake M. Berman, MD Palm Beach Gardens, FL Specialty: Radiology

Adam Bianchini, MD Greenacres, FL **Specialty:** Anesthesiology

Vicki V. Britton, MD Atlantis, FL Specialty: Internal Medicine

Jennifer Caceres, MD Atlantis, FL **Specialty:** Internal Medicine

Andrew Camacho (Medical Student)

Thomas Caraballo (Medical Student)

Richard G. Cartledge, MD Delray Beach, FL **Specialty:** Thoracic Surgery

Alexander Casella (Medical Student)

Alexander Castilho (Medical Student)

Ronald Cohen, MD Delray Beach, FL Specialty: Urology

Phillip Colaizzo, MD Jupiter, FL Specialty: Orthopaedic Surgery

Courtney Coyle (Medical Student)

Jacqueline Dahan (Medical Student)

Abigail Davenport (Medical Student)

Robert Davis (Medical Student)

Suzette M. DeCastro (Medical Student)

Dana R. Desser, DO Royal Palm Beach, FL **Specialty:** Orthopaedic Surgery

Kyle Diamond (Medical Student)

Jaime Dickerson (Medical Student)

Daniel Dodson, DO Royal Palm, FL Specialty: Family Medicine

Geetanjali Malhotra Dodson, DO Royal Palm Beach, FL Specialty: Family Practice

Kenneth Dollinger, MD (Retired) Specialty: Obstetrics & Gynecology

Daniel Douzjian (Medical Student)

Basel Edris, MD (Resident) Atlantis, FL Specialty: Internal Medicine

Esther B. Eisenstein, MD (Retired) **Specialty:** OB/GYN

Mohamed Erritouni, MD Delray Beach, FL Specialty: Infectious Disease

John Fitzgerald (Medical Student)

Ashley Flock (Medical Student)

Marie H. Florent-Carre, DO Belle Glade. FL **Specialty:** Family Medicine

Kayla Florio (Medical Student)

Marc Freeman, MD Boynton Beach, FL

Maira Gaffar (Medical Student)

Specialty: Family Medicine

Juan Muniz Garcia, MD West Palm Beach, FL Specialty: Neurology

Aaaron Garza, MD (Resident)

Victoria Gau (Medical Student)

Corinne Denise Gerhart, DO Boca Raton, FL Specialty: Family Medicine

Neil H. Gershmann, MD Miami, FL. **Specialty:** Allergy and Immunology

Gabriella Gerstle, MD Boynton Beach, FL **Specialty:** Neurology

Jeanne Go, MD Boynton Beach, FL **Specialty:** Pediatrics

Thomas J. Goberville, MD Boca Raton, FL Specialty: Orthopaedic Surgery

Amanda Hanekom (Medical Student)

Nicholas Hartmann, MD (Resident) Atlantis, FL **Specialty:** Internal Medicine

Nicole Harvilla (Medical Student)

Brooke Hennessey (Medical Student)

Moshe E. Hirth, MD Delray Beach, FL Specialty: Gastroenterology

Joyce Ho (Medical Student)

Robert Horn (Medical Student)

Charee Howard (Medical Student)

Daniella Hurtado (Medical Student)

Aydeivis Jean-Pierre (Medical Student)

Katie Jerzewski (Medical Student)

Mallikarjuna R. Kamiredduy, MD Boynton Beach, FL Specialty: Cardiovascular Disease

Emel Kasgarli (Medical Student)

Alexander Katz, MD Jupiter, FL Specialty: Ophthalmology

Meagan Kaufman (Medical Student)

Himangi Kaushal, MD Atlantis, FL Specialty: Internal Medicine

Karen Kennedy, DO West Palm Beach, FL Specialty: Hospice and Palliative Medicine

Sara Khodor (Medical Student)

Dean Kirkel, MD Boynton Beach, FL Specialty: Hematology and Oncology

Donna H. Kleban, MD Wellington, FL 33414 Specialty: General Surgery

Jaclyn Klimczak (Medical Student)

Sarah Knowlton, MD Wellington, FL **Specialty:** OB/GYN

Diana Koshy, MD (Resident)

Michael Krill (Medical Student)

Ramsha Kudia (Medical Student)

Sarah Langdon (Medical Student)

David Levine (Medical Student)

Jeffrey Ling (Medical Student)

Ali R. Malek, MD West Palm Beach, FL **Specialty:** Neurology

David Mandelblum, MD Delray Beach, FL **Specialty:** Internal Medicine

Nicholas Martinez (Medical Student)

Elizabeth Martino (Medical Student)

Joseph Masessa, MD Belle Glade, FL **Specialty:** Dermatology

Marc Francis Matarazzo, MD Boca Raton, FL Specialty: Orthopedic Surgery

Leah May (Medical Student)

Colin McNamara (Medical Student)

Salomon E. Melgen, MD West Palm Beach, FL Specialty: Ophthalmology

Nicole Memorio (Medical Student)

Michael L. Metzger, MD Boynton Beach, FL Specialty: Cardiovascular Disease

Lewis Midkiff (Medical Student)

Bruce Milburn (Medical Student)

Staphanie Mlacker (Medical Student)

Carlie Myers (Medical Student)

Classifieds

Physicians Wanted for Part-Time Work Franchise medical weight loss centers in Palm Beach Area seek physicians for part-time work. Earn extra money helping others get healthy at these growing retail businesses. Duties include, but are not limited to, writing prescriptions and clearing patients. If interested, please call or text 561-666-2998.

Medical Office Space Available Prime Boca Raton Location

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Taylor Nickerson (Medical Student)

Anatoly Nikolaev (Medical Student)

Tiffany Olier (Medical Student)

Herman Osorno, MD (Resident)

Patrick Page (Medical Student)

Dror Paley, MD West Palm Beach, FL Specialty: Orthopedic Surgery

Neil Patel, DO West Palm Beach, FL Specialty: Neurological Surgery

Kristen Patrick (Medical Student)

Daniel Prince, MD West Palm Beach, FL **Specialty:** Orthopaedic Surgery

Riva Raiker (Medical Student)

Cara Reitz (Medical Student)

Maria Reyes, MD (Resident)

Eduardo Rodriguez, MD (Resident)

Eugenio Rodriguez, MD Delray Beach, FL Specialty: General Surgery

Jonathan Rubir (Medical Student)

Behzad Benjamin Sakethou, MD Atlantis, FL Specialty: Cardiovascular Disease

Bruce Saltz, MD Boca Raton, FL Specialty:

Nicholas Sama, MD Wellington, FL Specialty: Orthopaedic Surgery John Saydi (Medical Student)

Sheela Shah, MD North Palm Beach, FL Specialty: Internal Medicine

Michael Shelling, MD Boynton Beach, FL Specialty: Dermatology

Gayatri Siram, MD (Resident)

Brede Skillings (Medical Student)

Kailee Smith (Medical Student)

Tyler Sparks (Medical Student)

Lauren Spoo (Medical Student)

Daniel Spunberg (Medical Student)

Tristan Tanner (Medical Student)

Crystal Tenn (Medical Student)

Jose Gustavo Urrutia, MD (Resident) Atlantis, FL Specialty: Internal Medicine

John Robert Vara, MD West Palm Beach, FL **Specialty:** Psychiatry

Lauren Vaughan (Medical Student)

Erica Vormittag (Medical Student)

Shawna Watson (Medical Student)

Ellis Webster, MD Loxahatchee, FL Specialty: Otolaryngology

Anita Wilborn, MD West Palm Beach, FL Specialty: Internal Medicine

Jacqueline Wilneff (Medical Student)

Whitney Woodhull (Medical Student)

Cassandra Yoder (Medical Student)

Jonathan Zadeh (Medical Student)

Adam Zalis (Medical Student)

Yonas Zegeye, MD Lake Worth, FL Specialty: Neurological Surgery

Andrea A. Zotovas, MD Juno Beach, FL **Specialty:** Physical Medicine and Rehabilitation

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primary care practice are looking for an Internal Medicine or Family Practice physician and Nurse Practitioner. Good on call schedule. Excellent opportunity for an ambitious physician and NP. Competitive salary and benefits. Call 561-622-7699, fax 561-622-4651, or email to jgatyas@comcast.net.

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