

Country Village News

February 2025

250 Theodore Drive, Coram, NY 11727

Happy Birthday



04 Terry Zorn
11 Arlene Blatt
23 Deirdre Bergey

25 Rosemary Moriarty
Pat Forte
Anne Logan



Happy Anniversary



05 Marie & Bill Lynch



Hello
February



To all those who are
reading this, I wish
something *wonderful*
happens for you and your
loved ones this month.

WomenWorking.com

PMI Gold Coast Properties

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Michele Perrone, Office Manager

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Password: TheoDrive250

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COUNTRY VILLAGE NEWS

Enjoy Our Community

Times of events are located on the back calendar page of the newsletter.

- Monday: Mexican Train Domino's, Woman Cards, Exercise "Walk Away the Pounds" and Bunco 2nd Monday of each month.
- Tuesday: Exercise "Walk Away the Pounds"
- Wednesday: Knitting Group, Ladies Game Day, Bingo, Exercise "Walk Away the Pounds"
- Thursday: Men's Club, Chair Yoga and Mahjongg, Exercise "Walk Away the Pounds"
- Friday: 3rd Friday of the month Left Right Center (unless there is an event on Saturday), Exercise "Walk Away the Pounds"

NEWS HIGHLIGHTS:

- Message from Editor
- Community Breakfast
- Golden Girls
- Dog Rules & Regulations

The CVE Boards Corner

Board members will be in the clubhouse on the **first Saturday** of each month from **9am-10am**, for any homeowner who would like to express an issue.

Entertainment Committee Future Events:

- | | |
|--------------------|----------------|
| • Breakfast | March 15, 2025 |
| • Golden Girls | May 2, 2025 |
| • Italian Night | June 7, 2025 |
| • Chinese Luncheon | TBD |
| • Tea Party | TBD |

WHEN YOUR DOG URINATES:

WHEN YOU WALK AROUND THE CIRCLE YOU CAN SEE ON THE STRIP OF GRASS WHERE THE DOGS ARE UNINATING, THE UNSIGHTLY BROWN SPOTS.

IT IS REQUIRED FOR EVERY DOG OWNER IN THIS COMMUNITY AND THEIR GUEST TO POUR WATER AFTER YOUR DOG URINATES, FEMALE & MALE DOGS.

COUNTRY VILLAGE NEWS

HEALTH And WELLNESS

This month "Where Have All the Doctors Gone?"

BINGO

Bingo is every Wednesday at 7:00 pm.

We would love more people to join in the fun, the more people the bigger the pot. So, if you do not have anything to do on Wednesday come down to Bingo, we would enjoy seeing you.

BUNCO

2nd Monday (July 8th) of the month at 7:00pm, please arrive at 6:50. We need twelve people to have a game, but we always would love more. It's open to men and women, we did have a few men join the game last month and they loved it.

If you are interested call Linda Bily (631) 721-5280. The regulars if you cannot make the game, PLEASE call Linda Bily.

Mahjongg:

Mahjongg starts 7:00p at the clubhouse. We have a fun time; we are not at a professional level so no need to hesitate to join in. If interested in learning how to play, please reach out to Doreen McCrystal, 917-270-0426 or Sandy Bakofen (631) 745-6152.

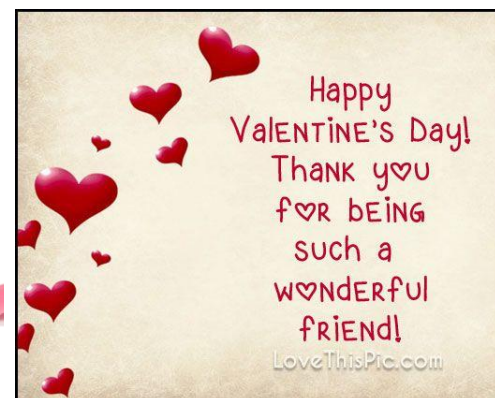
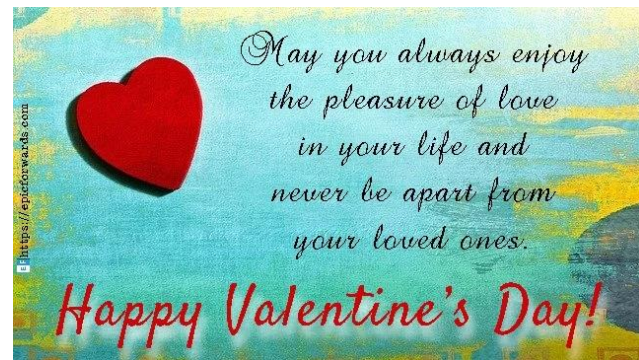
Donations

Please help our local community, we are still in need of your support, which is always appreciated, nonperishable can be left at the club house in the lobby.

Supporting Our Advertisers

The newsletter would not be possible without our advertisers. **When you do patronize our advertisers, please remember to tell them you are from Country Village Estates.** They have been loyal to us so let us reciprocate our patronage. If anyone has information regarding someone who is interested in advertising with us, please reach out to me, Doreen McCrystal, cvenews@yahoo.com







Join us for



AN AFTERNOON AT THE RACES AND PIZZA PARTY!

Saturday, February 15, 2025, at 1:00pm

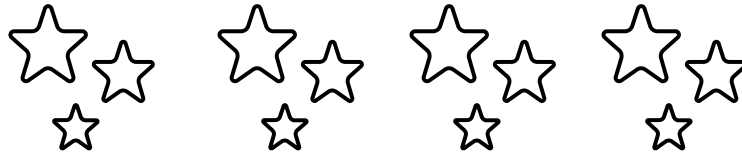
Only \$5 for pizza, soda, water

**LADIES AND GENTLEMEN PLACE YOUR \$1 BETS ON YOUR
FAVORITE HORSES.**

Signup sheet is in the Clubhouse.

Cash payment will be accepted at the Club House on
Wednesday, February 5, 2025, between 10:00am - 11:00am
and 6:00pm - 7:00pm.

We've had so much fun in the past. Don't miss it. Be sure to
sign up.



COMMUNITY BREAKFAST

Saturday, March 15, 2025, at 10:00am

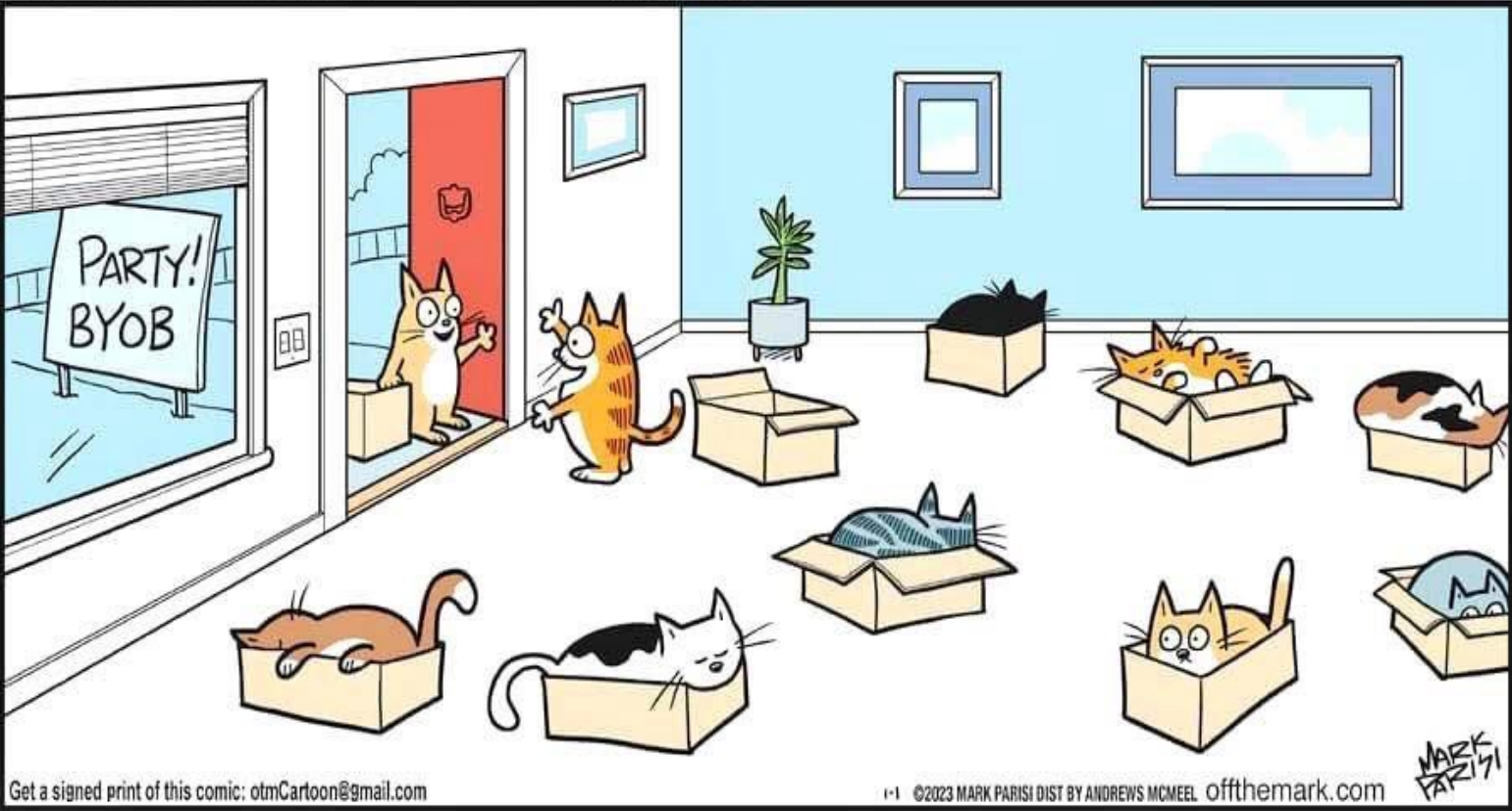
Choices will include eggs, bacon, sausage,
pancakes, French toast, home fries, bagels, juice,
coffee, and tea

50/50 Raffle

\$25 per person

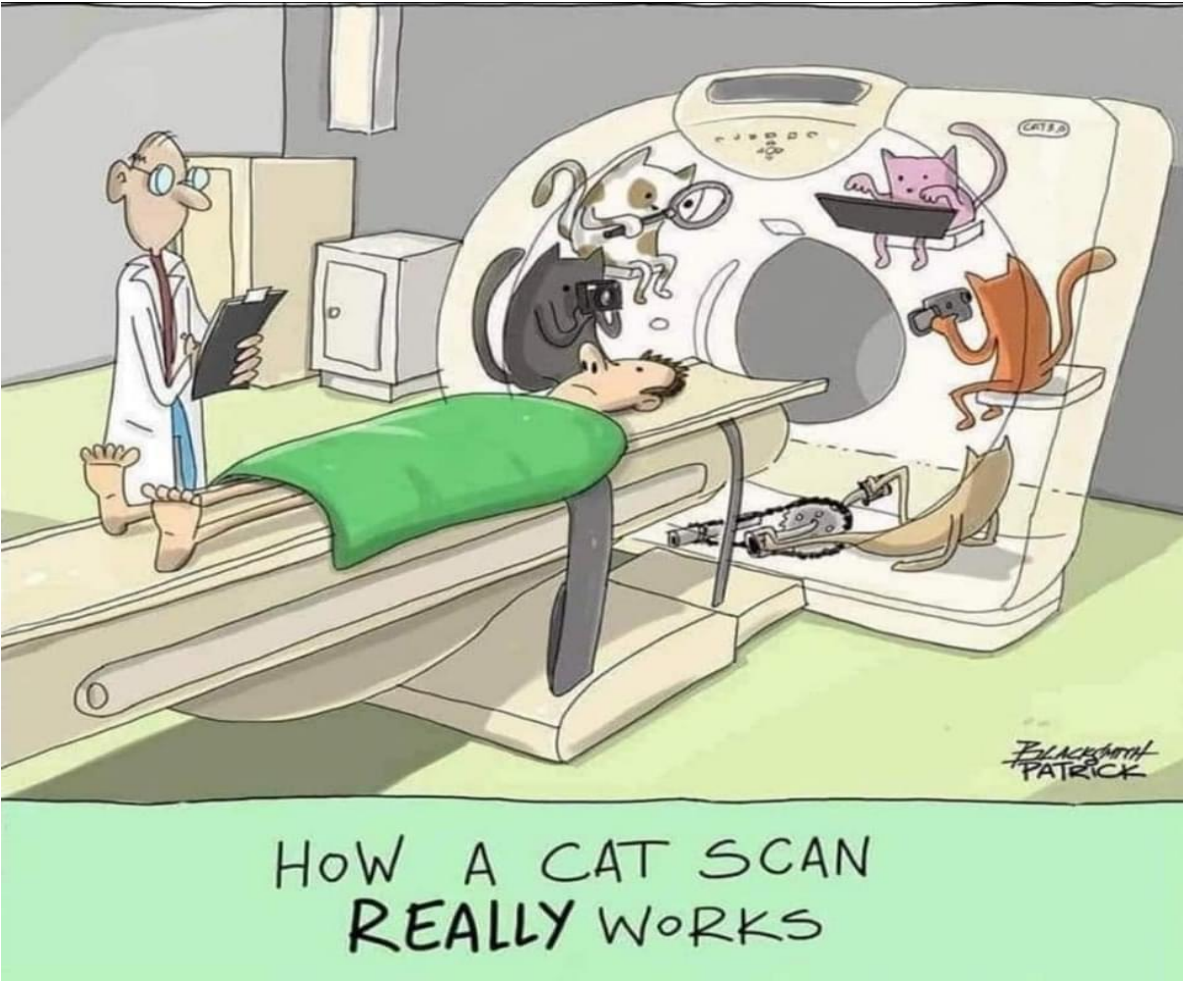
Sign-up sheet will be in the Clubhouse.

Cash payment will be accepted at the Clubhouse
on **Wednesday, March 5, 2025, between 10:00 -
11:00am & 6:00 - 7:00pm.**



Get a signed print of this comic: otmCartoon@gmail.com

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BROADWAY ENTERTAINMENT COMES TO THE VILLAGE

TV'S GOLDEN GIRLS MYSTERY BIRTHDAY BASH

After Sophia hit a jackpot at the casino, she decided to throw her pussycat a surprise birthday bash.

Wanting to be sure that her daughter had a date to her own party, Sophia arranged to have a dating game here tonight. Men, beware, you may become one of the contestants AND Blanche is also on the prowl. The hilarity ensues when Dorothy's ex, Phil, among other ex-boyfriends, show up as well. Will Phi survive the night? If not, the ladies will need to help solve the crime! Come on down to find out! The fun escalates to new levels with our audience participation!

HOMEOWNERS AND GUESTS ARE WELCOME!

DATE: FRIDAY, MAY 2ND, 7:00P

\$25 PER PERSON (CASH PLEASE)

50/50 RAFFLE

COFFEE, TEA, WATER, SODA & DESSERTS.

BYOB AND ANY SNACKS YOU'D LIKE!

MONEY TO BE COLLECTED AT THE CLUBHOUSE:

WENDSDAY, APRIL 16TH, 10-11A & 6-7P



DID YOU KNOW THESE THINGS HAD NAMES?

1. The space between your eyebrows is called a glabella
2. The way it smells after the rain is called petrichor.
3. The plastic or metallic coating at the end of your shoe laces is called an aglet.
4. The rumbling of stomach is actually called a wamble.
5. The cry of a new born baby is called a vagitus.
6. The prongs on a fork are called tines.
7. The sheen or light that you see when you close your eyes and press your hands on them is called phosphenes.
8. The tiny plastic table placed in the middle of a pizza box is called a box tent.
9. The day after tomorrow is called overmorrow.
10. Your tiny toe or finger is called minimus.
11. The wired cage that holds the cork in a bottle of champagne is called an agraffe.
12. The 'na na na' and 'la la la', which don't really have any meaning in the lyrics of any song, are called vocables.
13. When you combine an exclamation mark with a question mark (like this ?!), it is referred to as an interrobang.
14. The space between your nostrils is called columella nasi.
15. The armhole in clothes, where the sleeves are sewn, is called armhole.
16. The condition of finding it difficult to get out of the bed in the morning is called dysania.
17. Illegible hand-writing is called griffonage
18. The dot over an "i" or a "" is called tittle
19. That utterly sick feeling you get after eating or drinking too much is called crapulence.
20. The metallic device used to measure your feet at the shoe store is called Bannock device.

HOW MANY OF THE ABOVE DID YOU ALREADY KNOW?



DOG RULES AND REGULATIONS

1. Picking Up After Your Dogs:

There are some residents or their guests not picking up after their dog. We are finding huge loads of poop and of course smaller loads.

It is disrespectful to the entire community and their guests. How would you feel if someone tracked dog poop into your home. I would think you would not like it. How difficult is it to pick up your dog poop. There is *NO EXCUSE*, it is just irresponsible and lazy.

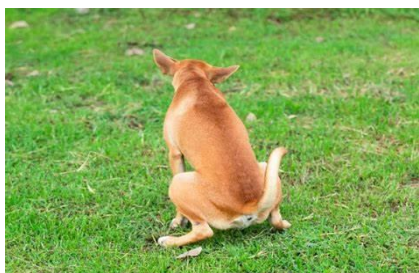


2. When dog(s) urinates pour water over spot:

Dog owners must carry a *bottle of water* to pour over their dog's urine, not spraying. It really does not matter if it is a female or male dog, female dogs have more of nitrogen. Female dogs urinate in a specific spot which makes it more concentrated, and males lift their leg and it's sprayed (exception to rule for males as pups they urinate like a female and also when they get much older)

Right after your dog goes to the bathroom, water that spot thoroughly to flush nitrogen and salts from the soil. Do not be stingy with the water. You want to use about twice as much water as there is urine to dilute the nitrogen content sufficiently.

Female **MORE** concentrated area



Male spraying **LESS** concentrated area



3. Letting dogs roam free on common property.

No dogs should be running free on the common property, it is a safety hazard to your neighbors. This is a fifty-five and older community with rules and regulations. When you moved into this community you received the booklet with the rules, it would have been great if you read it, I am sure if you felt you could not abide by the rules you would not have purchased a home here.

4. Brookhaven does have a leash law.

Town of Brookhaven 2024-02-22 The Code Chapter 23 Dog Control and Animal Welfare§ 23-1Declaration of legislative findings and intent.[Amended 4-17-2001 by L.L. No. 9-2001, effective 4-20-2001]It is hereby declared and found that the health, welfare and safety of the inhabitants of the Town of Brookhaven require regulations supplementing and superseding Articles 7 and 26 of the New York State Agriculture and Markets Law and pertaining to the licensure, seizure and disposition of privately owned dogs and cats and the humane treatment of animals. Articles 7 and 26 of the New York State Agriculture and Markets Law are incorporated by reference herein. The Town Board of the Town of Brookhaven has determined that the running at large and other uncontrollable behavior of dogs have caused physical harm to persons and damage to property and have created nuisances within the Town. It is the intent of the Town Board in the enactment.

It is the intent of the Town Board in the enactment of this chapter. to protect the health, safety and well-being of persons and property by imposing restrictions on persons owning or possessing dogs within the Town.

As used in this chapter, the following terms shall have the meanings indicated:

AT Large Off the premises of the owner and not under the control of the owner, his agent, or a member of his family, whether by rope, leash or similar device

Dog on leash laws are laws that require dogs to be restrained by a leash or a similar device when they are outside of an enclosed area. These laws vary by state and locality, and some states may not have any leash laws at all. The purpose of these laws is to prevent dog-related incidents, such as bites or attacks. Dog owners should check the local dog leash laws before taking their dogs to public places.

50 Unspoken Social Rules

1. Don't interrupt someone mid-sentence.
2. Always say thank you.
3. Don't comment on someone's appearance unless it's positive.
4. Respect the line, no cutting.
5. Text before calling.
6. Don't overshare personal details at work.
7. If you borrow something, return it promptly.
8. Don't double dip in shared dips.
9. Say "excuse me" when passing through.
10. Don't stare at people in public.
11. Use headphones for personal audio.
12. Flush in public restrooms.
13. Give up your seat to someone who needs it more.
14. Don't leave someone hanging in a handshake.
15. Always ask before bringing a guest.
16. If you break it, replace it.
17. Don't leave hair in the shower drain.
18. Let people exit an elevator before entering.
19. Clean your crumbs after eating.
20. Don't hover over someone's phone screen.
21. Respect others' time; don't be late.
22. Say "bless you" when someone sneezes.
23. Don't whisper secrets in group settings.
24. Give people space in line.
25. Respect the "do not disturb" sign.
1. Don't talk during a movie.
2. Cover your mouth when coughing.
3. Don't hog the armrest on planes.
4. Always signal when changing lanes.
5. Respect shared workspaces.
6. Don't block the sidewalk when chatting.
7. Knock before entering a closed door.
8. Always return borrowed books in good condition.
9. Don't leave your trash in someone else's car.
10. Be honest about allergies or dietary restrictions.
11. Offer to split the bill fairly.
12. Don't gossip about someone who isn't present.
13. Avoid loud speakerphone conversations in public.
14. Let others off public transport before boarding.
15. Use "please" when asking for something.
16. Don't scroll through someone's phone gallery.
17. Keep your phone on silent during meetings.
18. Respect someone's decision to say no.
19. Never assume a friendship means free favors.
20. Don't interrupt someone's workout to chat.
21. Share the remote in shared spaces.
22. Be mindful of personal space in small rooms.
23. Don't brag excessively in conversations.
24. Always thank the host before leaving.
25. Treat service staff with respect at all times.



HEALTH & WELLNESS



Where Have All the Doctors Gone?

America is facing a shortage of physicians. Here's how you can find the care you need

By Howard Zucker, M.D.,

"How can I find a doctor who can help me?"

As a physician, I get this question from friends and family all the time. And for most of my professional life, I was able to refer them to a medical colleague; a simple phone call was all it took to get someone an appointment within a reasonable amount of time. But no longer.

The average wait for new patients to see a physician is 26 days, and that's for mostly healthy people. In a medical emergency, the situation can become even more frightening: Twenty-two percent of acutely ill patients 65 or older who sought medical attention had to wait six days or more for an appointment, according to a 2021 survey by the Commonwealth Fund.

This is a crisis. And it's a crisis that's getting worse, rapidly.

"The backbone of our health care system, private practice, is on the brink of collapse," warns Clarel Antoine, M.D., professor of obstetrics and gynecology at New York City's NYU Grossman School of Medicine. "As a result, the nearly 70 million Americans on Medicare, many with chronic conditions, can expect longer waiting times for medical care."

Due to an astonishing combination of professional missteps, failed policies and an aging population, America is facing an unprecedented shortage of physicians — one that is putting each of us at increased risk. Here's what older Americans need to know about protecting themselves and their loved ones — and how you can ensure you get the care you need.

A health care crisis

Alli Phillips, 49, of Denver, developed swollen joints in her hands in April 2023, but when she called her physician's office, she was told the first available appointment wasn't until June. When the appointment finally came around, the doctor told Phillips that she suspected rheumatoid arthritis and referred her to a specialist. But the specialist had no appointments available until November.

In the meantime, Phillips' knees began to swell, and she struggled to walk down steps and turn doorknobs. When her appointment finally came, her visit with the

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rheumatologist lasted only about 15 minutes. She left with a prescription for prednisone, which made only mild improvements to her symptoms. After two more 15-minute visits to the rheumatologist, Phillips finally hired a concierge doctor for \$3,500 per year — a fee not covered by insurance. The concierge doctor took time to discuss multiple treatment options and long-term care, and prescribed methotrexate, a chemotherapy and immunosuppressant drug, to get her condition under control. Phillips was lucky, her new doctor told her: The delay in treatment could have caused further joint damage, and she was fortunate to be able to afford the out-of-pocket expense. But, as Phillips says today, “How do people without resources to get around the system find the care they need?”

Even being an established, well-connected doctor doesn’t always help. One colleague of mine, working at a major medical center in the South, recently decided to move with his family to the Northeast. But as the process was underway, his wife was diagnosed with cancer. Even though she’d already received a diagnosis, and even though they were using the same insurance company, the insurer refused to cover her oncology treatment until she got a referral from a new primary care physician.

Despite being a prominent doctor himself, my colleague could not find a single physician willing to take his wife on as a new patient. The family was forced to go back to their previous state so his wife could receive care. Fortunately, she is doing well, but my colleague asks, “How do people do this without the connections we have?” Too often, the answer is, they don’t. Although there were some 835,000 practicing doctors in America in 2023, according to the U.S. Bureau of Labor Statistics, we are currently experiencing a shortage because demand exceeds supply.

“My 82-year-old father almost died because it took us months to find him a doctor,” says Michelle*, 54, of New York City. One night in August 2023, Michelle’s father, Marvin, a retired engineer, called her. He was slurring his speech and had developed a facial droop — both classic signs of a stroke. She immediately sent him to a hospital. “The doctors told him that he needed an MRI, but there was one problem — his pacemaker needed to be switched to an MRI-safe mode,” Michelle says. “I called every hospital and doctor I could — neurologists, cardiologists, even primary care doctors — but no one was available to get that done and the MRI completed.”

Over the next several months, Marvin experienced two more episodes. When he finally went back to the ER that November, he’d developed sepsis — from an infection in his heart — and tests revealed he’d suffered two more strokes. “Finally, he had open-heart surgery,” Michelle says. “But it left us so angry and frustrated that he had to nearly die to get the care he needed.”

To understand why doctors are in such short supply, it helps to think of the medical field as a bathtub. To keep the tub full, the faucet needs to be adding water at least as fast as the drain empties it. But that is not what’s happening. The current shortage

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of physicians, combined with a number of other factors, has placed such an intense strain on doctors that many in the medical field are choosing to switch professions or simply retire early. And despite efforts by the Association of American Medical Colleges (AAMC) to graduate more doctors, those efforts to fill the tub simply can't keep up with the drain.

Why don't we have enough doctors?

In 1980, a U.S. government report concluded that American teaching hospitals were graduating too many medical students. It predicted a surplus of 70,000 physicians by 1990, an alarming statistic. In response, medical schools established what became a 25-year moratorium on increasing class size, enforced by the AAMC and the American Medical Association (AMA).

Yet there was a significant flaw to that initial report: It failed to account for the nation's rising population, which is now 110 million more than it was 45 years ago. By 2005, as the population grew and the potential for a severe physician shortage emerged, the AAMC and AMA reversed their recommendations, and in the past 20 years, more and more young people have trained to be doctors.

Yet despite the more than 97,900 students in medical school, 38,000 in osteopathic school, and 162,000 doctors currently in residencies and fellowships, the AAMC predicts a shortage of up to 86,000 physicians by 2036. By then, it projects that the U.S. population will have risen 8.4 percent since 2021. The population of those over 65 will increase by 34 percent, while the number of people 75 and older will increase by 55 percent.

"Medical education is a long journey, and even though medical school enrollment has risen, we need more residency positions [where med school graduates get hands-on training], which requires increased government support," says David Skorton, M.D., president of the AAMC.

It's not just that we don't have enough doctors. Part of the problem may be that we don't have enough of the right kind of doctors.

Becoming a doctor is expensive: The average medical student emerges with roughly \$235,000 in debt. Now consider that the average primary care physician (PCP) in internal medicine, geriatrics, pediatrics or family medicine makes about \$250,000 to \$275,000 a year. Becoming a PCP just isn't financially feasible for most recent graduates. Two-thirds of newly minted doctors are choosing to become specialists, which allows them to earn salaries upwards of twice what a primary care doctor can make.

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“Primary care physicians are undervalued by government and insurance companies, and that is reflected in decreased compensation,” says Isaac Opole, M.D., president of the American College of Physicians. “It makes the field unattractive to medical students.”

Yet it is the PCP who provides the annual checkups that may detect problems early on, and who serves as the gatekeeper for referrals to specialists. Many people with private insurance, as well as those enrolled in Affordable Care Act plans, are required to see a PCP before they can access specialists in a majority of fields.

And while many med students are choosing to go into specialty care, others opt not to become physicians at all. Indeed, more than 50 percent of medical students and residents surveyed preferred to pursue careers that do not involve direct patient care, such as research or teaching, according to a 2023 report from Elsevier Health. One in 4 contemplate dropping out of medical school altogether, citing overwork, financial stress and mental health concerns.

In a study published in 2019, parts of chromosomes that shorten with age eroded six times faster than average for doctors in their first year of training after medical school; researchers attributed the accelerated aging to the doctors’ stress levels.

Even as we struggle to bring more physicians into the fold, another crisis has emerged: More and more frequently, doctors are cutting their hours, seeing fewer patients — or just quitting the medical field altogether. To go back to the bathtub analogy, we’re opening the spigot, but there’s too much water draining out from under the surface.

Why your doctor doesn’t have time for you

Many doctors dreamed of medicine as a profession from early childhood. In past generations, it was common to see physicians practicing long past the age when they could retire. Yet a recent AMA survey found that 1 in 5 doctors were hoping to find a way out of medicine in the next two years. Among those 55 or older, that figure was 1 in 2. Why?

In reporting this story, I spoke with dozens of physicians, the vast majority of whom vented their frustrations with the current state of medicine. But just as tellingly, almost all of them also refused to talk to me on the record, fearing that speaking out could cost them their jobs.

Part of what’s driving this is the growing trend of private equity firms and corporations, such as CVS Health and Amazon, purchasing hospitals and private practices. One major medical group, with about 90,000 doctors in some 2,000 locations across the country, has spent billions of dollars acquiring physician-owned practices, home health centers and surgical centers. This past April, the Physician Advocacy Institute reported that just

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shy of 80 percent of all doctors were employed by hospitals or corporations, up 200 percent in just over 10 years.

Typically, when for-profit firms acquire practices, they approach these acquisitions utilizing a profit-based strategy. What does that look like?

The doctors I spoke with off the record explained that corporate entities now govern their allotted time with patients, often allowing just 15 minutes per visit, a situation that isn't healthy for either the doctor or the patient. "They control every aspect of a doctor's professional life, and it's all about the money," one doctor told me. A 2024 *JAMA Internal Medicine* report said that 61 percent of doctors surveyed found private equity ownership unfavorable for health care.

And then there's the paperwork. For every hour seeing patients, the average doctor now spends two hours doing administrative tasks, according to the AMA. A primary driver of paperwork: the electronic health record, or EHR.

"The EHR is the bane of existence for every doctor in the country," says Opole. The EHR was designed to eliminate a paper-based tracking system and make patients' health records easier for various health professionals to access. But in practice, doctors say, its primary focus is documenting for regulators and billing for insurers. To handle rising administrative demands, doctors have begun cutting back on office hours, resulting in even less time available to see patients. A 2023 Mayo Clinic study noted that 40 percent of doctors it surveyed intended to reduce their work hours in the coming 12 months. The study estimates that the slashing of work hours, in addition to the 26 percent of doctors who said they were thinking of quitting their practice in the following 24 months, would decrease the workforce by the equivalent of 20,234 physicians — a number that equals all medical school graduating classes combined.

"The doctor-patient relationship requires time to establish a trust, which comes with patients sharing stories of their life with you as it relates to their health," John Dooley, M.D., an internist in private practice in Washington, D.C., shared with me one evening while driving home at 9:30 p.m. from a grueling day of work. "That doesn't happen if you only give them 15 minutes."

Where are all the doctors going?

To a person, physicians told me they are burned out. Simply put, they are being asked by the business world that owns their practices to do medicine, at times, in ways they view as not in the patient's best interest. Meanwhile, those who cling to their independent practices are finding it impossible to hold on given the financial pressures on them.

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Michael Hotchkiss, M.D., recently sent an email to his patients, explaining why, despite his love for treating people, he was closing his obstetrics and gynecology practice in Waldorf, Maryland, after 45 years:

STEPHEN VOSS

"I am no longer able to continue practicing medicine in a manner that aligns with my convictions regarding the best interests of my patients."

In a follow-up interview with AARP, the doctor lamented, "If I were independently wealthy, I would keep doing it. I absolutely love what I do, but it has become unsustainable. Enough is enough."

What haunts him further is that he's been unable to refer his patients — two-thirds of whom are 50 or older — to other nearby physicians: "We're sending people who need doctors to Northern Virginia or Annapolis, but they have to travel 45 minutes to see a doctor who is accepting new patients. I don't have anyplace closer to send them," says Hotchkiss. "It's horrible."

This dilemma has translated into yet another troubling trend: More than 300 doctors now die every year from suicide, a rate twice that of the general population.

"We take highly intelligent people with a calling, put them in a demanding and often hostile work environment without any reasonable labor protections, and they cannot even meet their basic needs," says Pam Wible, M.D., who runs suicide-prevention workshops for physicians. "They can find themselves on the path to taking their own life."

The 2022 Dr. Lorna Breen Health Care Provider Protection Act, named for a physician who took her own life during the COVID-19 pandemic, provides funding to medical and other organizations to reduce and prevent physician suicide, and address the challenges they face today.

At a recent visit, my own primary care doctor, Paul Arias, M.D., shared that "the pandemic drove many doctors into retirement; others became ill and required disability and, sadly, some died. For those who remain, many fight daily with insurance companies to get approvals for a patient's labs or procedure. It's exhausting. Corporate America has taken over medicine."

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To increase revenue, reduce paperwork and regain control of their lives, more and more doctors are choosing concierge medicine, a system in which patients pay a yearly out-of-pocket fee in exchange for longer visits and shorter wait times. Costs can range from \$2,000 to \$10,000 annually, though some practices have upfront prices that are markedly higher. And since most Americans don't have the financial resources to pay such high and nonreimbursable fees, this further drains the pool of doctors available, especially to older people on fixed incomes.



Meghan McCormick suffers from a rare heart condition that needs specialized care. As a Medicare patient, she has struggled to find timely care: “Six month waits if you’re a new patient. When you have cardiovascular disease you can’t wait six months,” she says. She ended up with a pacemaker that she may not have needed. CASSIDY ARAIZA

Nancy F.*, 67, of Los Angeles, found out her PCP was going concierge, so she and her husband each shelled out \$1,800 to join the service. But the level of care doesn’t feel “concierge.”

“Most of the time I’m talking to a PA [physician assistant] or nurse practitioner,” Nancy explains. “If I want to have the doctor more available to me, that’s \$10,000 a year.” Nancy has also been struggling to find a neurologist to treat her migraines. “When I finally found one, I was told it would be a couple months before I could get in to see her — or I could pay \$2,500 to join her practice and get an appointment sooner.”

Doctors have also turned to shift work, a model in which they manage patients in a hospital during set hours, thereby protecting their time off. These hospitalists, as they are called, transfer care to the next doctor on call when their hours end. In 2000, there were only a few hundred hospitalists; today, that number exceeds 60,000.

These doctors are well-equipped to handle day-to-day issues when you’re hospitalized. But this trend further decreases the pool of physicians available for routine wellness visits. And, as in the case of Marvin, the stroke victim, a hospital visit may leave you with no one to follow up with after you’re released.

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The special danger to older Americans

Despite an aging population, there are fewer than 7,000 geriatricians in the U.S. today. We face a projected shortage of more than 2,000 geriatricians by 2037, according to Health Resources & Services Administration (HRSA). Although there has been growth in available geriatric fellowship slots, a substantial number of positions remain unfilled.

“There is a perfect storm coming,” says Bruce Scott, M.D., president of the AMA, “with increased patient complexity, decreased reimbursements and increased demand for prior authorizations from the insurance company. The combination of these makes it increasingly difficult for physicians to accept new patients and, in some cases, even keep their doors open. We can’t afford to lose even one more doctor.”

With no influx of geriatricians on the horizon, one option is training primary care and specialty doctors on the specific changes that aging patients experience.

“To effectively meet the health needs of an aging population, we need to create an age-friendly workforce,” says Nancy E. Lundebjerg, CEO of the American Geriatrics Society. “We need to create a well-defined curriculum not only in medical school but also in residency programs focused on the older adult. We believe there should be a requirement that all Medicare-supported training include a focus on older adults.”

We must create seamless care that is age-friendly. This includes home-based care, telehealth visits, hospitals, emergency rooms, office practices, clinics and nursing homes,” says Terry Fulmer, president of the John A. Hartford Foundation, a nonprofit focused on improving care for older adults. A report from the National Academy of Medicine identified a multipronged approach, including boosting the skills of those caring for aging patients, developing new models of care, and increasing and retaining an eldercare workforce.

How to get the care you need

We turn to our doctors during times of vulnerability, and we want them to be available. Only about 1 in 3 Americans have a high level of confidence in the medical system, but two-thirds of us trust our doctors, according to 2023 Gallup polls. So when we discover our doctor is retiring or simply has no time to see us, it can be unnerving, to say the least.

To ensure you get the care you need:

- Become friends with the nurses or schedulers in the doctor’s office.
- Learn their names and make sure they know yours. They can let you know if a cancellation has occurred and keep your name on a waiting list.

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- Schedule your next appointment while you are at your current one.
- That's your best shot at securing a spot on the calendar.
- Make sure to fill out all health forms online in advance of your visit.
- You may have only the smallest of windows to talk with a provider, so make sure you've provided as much information as possible to maximize your time in the doctor's office.

Ask about telehealth options.

If the physician's practice cannot see you in the office, speak with the scheduler to see if a telehealth visit is possible. In surveys, about 87 percent of doctors reported using telemedicine, but only 37 percent of adult patients had taken advantage of it within the previous 12 months, according to CDC data. Or ask if one of your doctor's colleagues or another provider in the practice can see you.

Ask your doctor for a referral — and to reach out on your behalf.

If your doctor is retiring, moving or turning to concierge medicine, and following them is not an option, ask them for a referral. If they can recommend someone else in their group, even better — that comes with the advantage of your medical records being readily available. Either way, ask your doctor to personally contact that clinician on your behalf; you may have a better chance of being accepted as a new patient than if you just cold call with a referral. And always check to see if that new physician accepts your insurance, including Medicare.

Ask your insurance company for a list of names of physicians.

If you are on Medicare, go to [Medicare.gov](https://www.medicare.gov) and click on the Providers & Services tab to find and compare doctors by location. You may want to consider a physician who is not geographically convenient to your home but who meets your other needs.

Don't be shy about going to urgent care or the ER if necessary.

In many cases it's better to get someone to look at you today than to wait weeks for your regular doctor.

Monitor your health at home.

Learn more about home care devices that can help to detect important changes in your health, such as a blood glucose monitor, pulse oximeter (to measure oxygen

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levels), blood pressure monitor, or electrocardiogram (ECG) to track heart rhythms. Calling a doctor's office to report a change in a vital sign can speed up an appointment, give you some worthwhile reassurance — or urge you to get to an emergency room.

Do some research.

Use the internet wisely. Physician reviews may not be particularly helpful, as they are not only subjective but often filled with complaints; satisfied customers are less likely to post reviews. What is useful, however, are a physician's board certification, specialty training, insurance plans and hospital affiliations. As with all relationships, there needs to be a good fit, founded on confidence, compassion.

The health care system touches all of us: Millions of American workers are currently employed in health care in some capacity, many in government, for insurance companies, or in corporate oversight. But in the end, it is often doctors on the front lines, bearing the blame and anguish when diagnoses are wrong, or treatments go badly. It's incumbent upon all of us to understand why our system is in crisis and to support efforts to make it work better for everyone.

**Some names have been changed to protect patient privacy.*

Howard Zucker is board-certified in six medical specialties. He has served as U.S. deputy assistant secretary of health, New York State commissioner of health, assistant director-general of the World Health Organization, and as a deputy director at the Centers for Disease Control and Prevention.

