

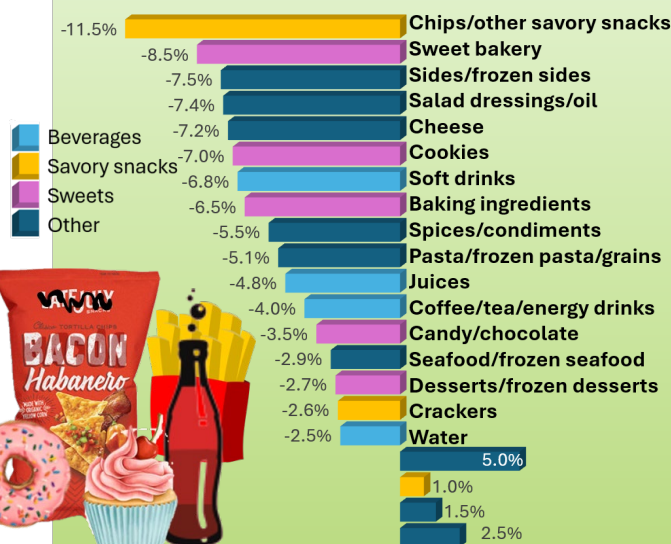
"Life is very short and anxious for those who forget the past, neglect the present, and fear the future."

-Seneca

Facing the Facts: GLP-1s and Their Impact on Snack and Drink Sales

Since the introduction of GLP-1 (Glucagon-like Peptide-1) drugs, consumers have been cutting back in categories such as snacks and soft drinks as indicated by the graph below. GLP-1 adoption could materially alter what people buy, how much they eat, and what they prioritize over time. This trend will need to be watched as many individuals do not stay indefinitely on GLP-1 therapy. Ideally, they would also adopt lifestyle changes in order to accommodate withdrawal of GLP-1 agents and other weight loss drugs at some point. The trending data will be interesting to follow according to various cohort usages of weight loss agents vs. successful and sustainable lifestyle modification. **M**

Average changes in grocery spending 6 mos. after GLP-1 adoption¹



¹Standard error bars not represented; change in spending noted reflects average. Source: Sylvia Hristakeva et al., "The no-hunger games: How GLP-1 medication adoption is changing consumer food purchases, 2025," Cornell SC Johnson College of Business research paper, Dec. 27, 2024

Source: Adapted from McKinsey & Company, 2026.



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There are two seemingly contradictory realities that are impacting the discussion of artificial intelligence (AI). The first is that most people find AI modestly useful or cleverer than a usual Google search. Many are quite amazed at some of the rapid answers to common questions that make their search activities easier. However, the second fact is that many people building AI or using it significantly are now cognizant of some of the recent activity showing AI agents breaking loose from those that are managing them, and the potential for severe damage that can occur to them or humanity. Our current environment has us teetering back and forth between the positives and negatives of AI use and application as well as its guidelines and potential harms. The situation is even more complicated by data center backlash that shows how public opinion in smaller communities turned against the location of revenue-producing AI data centers. This is causing consternation politically as well as within the technological community of those building these agents and technological capabilities. In all sectors, the challenge resides in the fact that we live in two worlds – the benefits vs. the potential harms consequent to the user of these technologies. On the horizon lies the specter of enormous potential upside in areas of research, productivity, and healthcare improvements, to name a few, balanced by the possibilities of Armageddon. Time will be the judge, but it is likely that middle ground will rule the day as it has with most significant technologies and scientific advancements.



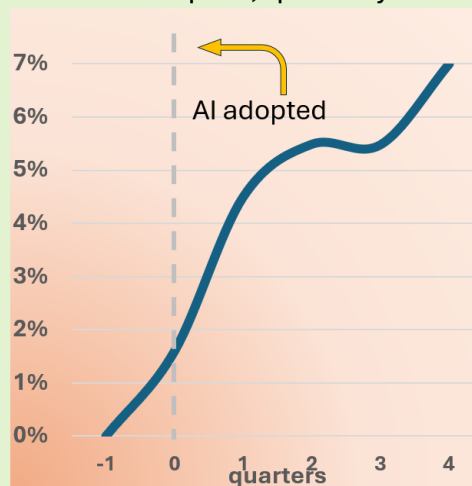
"From a healthcare perspective, the potential upsides are enormous..."

From a healthcare perspective, the potential upsides are enormous, and one can only hope and encourage appropriate governance and guideline usage to allow organized and humanity-benefiting activity on a large scale.

Of note, AI is currently fueling a small-business boom. The graph below presents findings from a new report by the payroll platform Gusto, published September 16, 2026. According to the platform's researchers, very small businesses that adopt AI grow their workforces faster than comparable businesses that have not adopted the technology. On average, small businesses using AI increased their headcount 5% more than non-AI users during the first year of adoption. The effect was strongest among the smallest companies: businesses with fewer than 10 employees grew their teams by an average of 10% after one year of adopting AI compared with similar businesses that did not adopt it. Businesses with 10 or more employees saw no change in headcount. **M**

Small business headcount rose after AI adoption

Percentage change in headcount compared to companies that did not adopt AI, quarterly



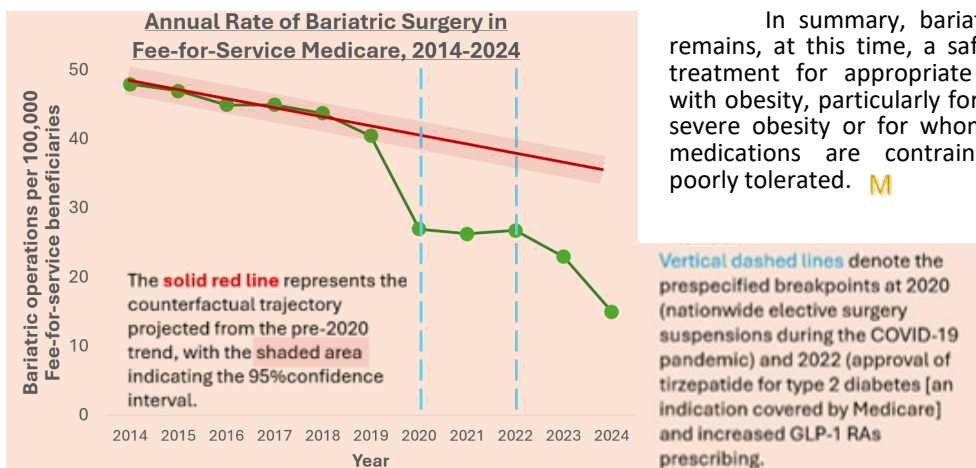
Source: Adapted from Gusto. Matt Phillips/Axios; Sept. 2026.

3

Bariatric Surgery Utilization & Fee-for-Service Medicare

Recent studies have attributed declining bariatric surgery utilization in the United States to the rapid uptake of Glucagon-like Peptide-1 receptor agonists (GLP-1 RAs). However, the extent to which these declines relate to GLP-1 RA displacement, COVID-19 pandemic disruption, and preexisting secular trends remains incompletely characterized, particularly among fee-for-service Medicare beneficiaries. A recent national analysis of the fee-for-service Medicare population was undertaken, and it was observed to have a 65% decline in bariatric surgery utilization from 2014-2024 as indicated in the graph below. This was characterized by three distinct phases: a modest pre-pandemic decrease; an abrupt drop in 2020 coinciding with the COVID-19 pandemic; and a marked acceleration after 2022, coinciding with the rapid uptake and use of GLP-1 RAs.

The trajectory, as seen in the graph, distinguishes fee-for-service Medicare from other populations which saw surgical volumes recover after 2020 in comparatively modest declines. The difference likely reflects characteristics specific to the Medicare population as Medicare beneficiaries are older, carry a greater comorbidity burden, and were already undergoing the secular decline in utilization before the pandemic. This combination of factors may have resulted in pandemic referrals becoming permanent cancellations with little pent-up demand to drive a rebound even after capacity returned. The observational design of the study precludes causal inference regarding the mechanism underlying the observed trends. Therefore, this data needs to be observed carefully and put in proper perspective.



In summary, bariatric surgery remains, at this time, a safe, effective treatment for appropriate individuals with obesity, particularly for those with severe obesity or for whom GLP-1 RA medications are contraindicated or poorly tolerated. **M**

Source: Adapted from
JAMA Surg. Published
online September 09,
2026;doi:10.1001/jamasur
g.2026.3996

Say It Ain't So

Generally, the physicians who walk away from medicine in the midportion of their career do so mainly due to stress and hassles on the job – factors today that we attribute to the concept of “burnout.” As recently as 2008, other reasons included personal health issues, rising malpractice premiums, and lack of professional satisfaction – frankly, issues that are less in evidence today. Of note is the fact that the “hassle-factor” ranked high in both periods, but “unrealistic patient demands” seems to be a more meddlesome negative surfacing today than 15 years ago. These findings are from the survey conducted by the American Medical Association researchers. The *Permanente Journal* published this study report May 7, 2026. Sea Chen, MD, PhD and his colleagues received 971 completed surveys from early-leaving physicians whose profile met the study criteria as of spring 2024. One of the findings was that there was a falling mean age of departing physicians at the time of resignation or retirement – from 57.1 years old in 2008 to 48.1 in 2024. The researchers also observed a “small but non-trivial” subgroup of non-practicing physicians who never practiced clinical medicine after completing residency. Understanding this group of physicians, including but not limited to those with “burnout,” will be important to shape interventions aimed at keeping them engaged and keeping them in the transition successfully to clinical practice or to consider potentially identifying them at application process – more to come. (continued on next page)

Dr. Chen and his colleagues had in the latest Association of American Medical College's Physician Workforce Projections, a decrease in the average retirement age by 2 years that would result in the decrease of the projected physician supply in 2036 by approximately 40,000. National rates of attrition from the clinical workforce are difficult to measure but are estimated to have risen from 1.7% in 2010 to 3.1% in 2018. This study is believed to represent the only research in well more than a decade to analyze national survey data from physicians who are not currently practicing medicine as their primary vocation.

Of note is the fact that the team found women physicians comprise the majority of the studied cohort, 64%. In addition, women physicians were more likely than men to have exited due to needing to care for family members (7.9% vs. 0.6%) or children (21.3% vs. 4.2%). Addressing these issues through better childcare access, and flexible work policies could benefit more women staying in the clinical workforce. At the same time, the healthcare system is working to further expand the physician pipeline by opening new medical schools and adding more residency slots. This is an important issue, as seeking a medical career is a costly and intense investment on many parts and it may be better to thwart unfulfilled personal and investment expectations/demands. **M**



The Here and Now . . . and the Pipeline

The largest Resident Match Day on record occurred in the 2026 Main Medical Residency Match. The Match was again the largest in the program's 74-year history, with 44,344 total positions offered—up 2.6% from 2025, which had previously set the record. Compared with last year, the 2026 Match offered 1,107 more certified positions, included 183 more certified programs, and added 412 primary care positions.

The total number of applicants was also up: 53,373 registered for the Match, 875 more than last year. Among those applicants, 48,050 submitted a certified Match rank order list. What follows is a breakdown of applicant post-graduate year one Match rates:

- 93.5% of U.S. MD seniors matched, that same rate as in 2024 and in 2025
- 93.2% of U.S. DO seniors matched, up 0.6% from 2025
- 70% of U.S. citizen international medical graduates (IMGs) matched, up 2.2% from last year
- 56.4% of non-U.S. citizen IMGs matched, a 1.6% decline

As the nation faces a worsening physician shortage, particularly in primary care, the number of positions in family medicine, internal medicine, internal medicine/pediatrics, and pediatrics increased to a total of 20,712. That was 412 more positions than last year and marked a new high. Primary care specialties collectively achieved a fill rate of 92.1%, a decrease of 1.4 percentage points from 2025.

There was particular strength in psychiatry applications. In 2026, there were 2,516 positions offered in psychiatry programs, an increase of 128 positions. The psychiatry fill rate was 97.4% with 71 more positions filled than last year. The number of programs also rose by 30 over 2025's figures.

Emergency medicine applications are also increasing. After emergency medicine saw more than 500 unfilled positions in the 2023 Match for an 81.8% fill rate, the specialty saw a 97.9% fill rate in 2025 and a 95.6% fill rate in 2026. While the fill rate declined slightly from last year, the number of offered positions (3,198) rose by 130, and a total of 3,058 applicants Matched into emergency medicine programs in 2026 representing a 1.8% uptick. **M**



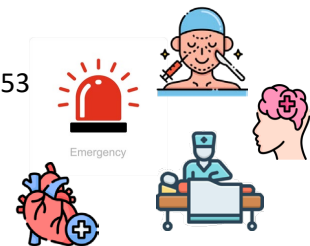
[AMA, Main Residency Match Program, 2026.]

More than half of the states have enacted laws allowing nurse practitioners (NPs) to obtain licenses to practice without physician supervision, often based on the premise that doing so will expand access to primary care. Florida is one of those states. The legislature passed House Bill 607 in March 2020, allowing NPs who had completed at least 3,000 clinical practice hours within the previous five years to practice without physician supervision, with one important stipulation: they must practice in primary care. [Of note, a family physician/internal medicine practitioner has 12,000-20,000 hours of supervised training vs. 750-1000 hours of supervised training for an NP.] [*American Medical Association, Medical Economics, Nov. 2022.*]

In a study published in February 2026 in the *Journal of Family Practice*, researchers examine the practice patterns of autonomous NPs, those practicing independently in the State of Florida. They found that more than half of those researched were practicing in settings *outside of primary care*. A large number were practicing in medical spas, but others had branched out into other in-demand specialties – even cardiology.

There is a call from the American Medical Association and others for more research to be done on the subject of unsupervised NPs providing care beyond primary care. Dr. Rebekah Bernard, a primary care doctor, performed an investigation in the State of Florida between November 2024 and February 2025. She and her colleagues conducted a randomized sample of autonomous NPs across Florida using a database obtained from the Florida Department of Health. Of the almost 12,000 autonomous NPs listed, they randomly sampled 464 ultimately reaching 328 autonomous practices. They asked each practice the following question on seeking a doctor for primary care – “Do you offer primary care?” and then coded the responses. They found that 59% of the NPs they reached were not practicing primary care at all, only 128 were in primary care settings, and 6 were working in non-clinical roles. The remaining 194 autonomous NPs were working clinically in settings outside of primary care, the most common settings including:

- ❖ Cosmetic and non-standard medical/surgical practices – 53
- ❖ Psychiatry/addiction medicine – 53
- ❖ Emergency/Urgent care – 20
- ❖ Inpatient medicine – 13
- ❖ Cardiology – 9



Your author, having practiced cardiology in several states in rural medical clinics, as well as a large, single-specialty cardiovascular practice in large metropolitan settings, employed NPs in our practice at several levels. What made the team of NPs and physician cardiovascular specialists effective and respected by our colleagues was that we worked together as a ‘team.’ Delegation of responsibilities was done appropriately cognizant of the training background of the individuals as well as the need to address patients’ concerns and the complexity of the pathology they dealt with. NPs and advanced practice providers are a significant part of the healthcare team. The aim should be that all are adequately trained for the responsibilities we undertake as caregivers and professionals providing healthcare delivery.

In my personal experience, the satisfaction of practicing medicine increases when you have an effective, trustworthy, compassionate, and compatible team to provide healthcare to those who seek care. Healthcare is, in every sense of the word, a “team sport” today, especially given the complexities of the issues that must be dealt with on a daily basis. Each member of the team is a valuable part of care delivery. **M**



Falling fertility rates are a worldwide problem. The reasons for such are somewhat perplexing and some have a tendency to look at the issue and the data on fertility rates as something functioning like a “Rorschach Test.” Conservatives have a tendency to blame the collapse of marriage rates and the rise of feminism; Progressives blame the lack of affordable childcare and fathers failing to do enough housework; and others indicate that the economy is to blame with poor property prices. Environmentalists tend to fall back on climate crisis as an explanation. Many people seem to have an explanation that supports a preexisting political agenda.

The reality is that fertility rates are falling almost everywhere – more than half of all territories and countries were below the population replacement level as of 2021. Southeast Asia, Central, and South America have seen particularly dramatic drops in fertility with some countries now at the ultra-low fertility level that was once seen only in the richest parts of northeast Asia. Iran has the lowest fertility rates. Between 1980 and 2000, Iran experienced the largest and fastest fall in fertility ever recorded. This, in a country in which women are subject to compulsory veiling and homosexuality is strictly criminalized, presents a challenge to some who try to pin falling fertility rates on feminism or liberalism. For every proposed explanation, there is a compelling counterproposal. American fathers have even been spending “*more time on childcare and housework than ever before*” and exactly at the same time that the fertility rate has fallen to historic lows. Pinning the blame on marriage rates is also difficult. Witness that the average Turkish couple gets married in their 20s, yet Turkey has a fertility rate lower than the United States suggesting that age at marriage has nothing to do with being the deciding factor. One might have a tendency to blame contraception and abortion, though again the evidence suggests that is also not the cause.

Key Takeaways



The global fertility rate hit an all-time low of 2.3 births per woman in 2024, barely above the replacement level of 2.1.



India is projected to see 23.1 million births in 2025, falling to 19 million by 2050

In Great Britain, the first country to industrialize, the fertility rates started falling in the early 19th Century and actually fell below the replacement threshold in the 1930s. In fact, in Europe, the countries with the most restrictive laws on abortion are also some of the countries with the lowest fertility. One might also say that the higher cost of living is impacting peoples’ willingness to have families – though sometimes this is a difficult item to decipher on its own. However, modern day people are vastly better off than almost all of our ancestry – even when we account for increased housing costs.

Top 10 Annual Births by Country Forecasts

Here is where the most babies will be born this year and by mid-century:

Rank	Country	#of births 2025	Rank	Country	#of births 2050P
1	IN India	23.1M	1	IN India	19.0M
2	CN China	8.7M	2	NG Nigeria	8.1M
3	NG Nigeria	7.6M	3	PK Pakistan	7.5M
4	PK Pakistan	6.9M	4	CN China	7.4M
5	CD DRC	4.6M	5	CD DRC	6.3M
6	ID Indonesia	4.4M	6	ET Ethiopia	4.8M
7	ET Ethiopia	4.2M	7	ID Indonesia	3.9M
8	US United States	3.7M	8	US United States	3.8M
9	BD Bangladesh	3.4M	9	TZ Tanzania	3.3M
10	BR Brazil	2.5M	10	BD Bangladesh	2.7M

The list could go on. One of which is that social isolation as a consequence of increasing use of technology (cell phones, internet, social media, etc.) and artificial intelligence (AI) and chatbots may be a substitute for real life interaction and establishment of relationships.

The truth probably resides in the fact that we don’t know exactly why the fertility rates are decreasing. The graph BELOW shows the world’s highest annual birth rates by country in 2025 vs. 2050. [Wall Street Journal, May 23-24, 2026 & Visual Capitalist 2025.] **M**

Longevity is a popular topic today. Terms such as *healthspan* and *lifespan* are frequently used in discussions of interventions intended to support longer, healthier lives. Longevity medicine integrates diagnostic and preventive measures, lifestyle modifications, and advanced therapeutic interventions. Diagnostics, early detection, biomarkers, wearable health technologies, and physiological measurements can help focus attention on lifestyle changes and identify significant underlying pathology before it manifests clinically.

The most important aspect of longevity medicine is that it needs to be evidence-based. There are significant ambiguities concerning some of the activities that are being done in the name of longevity medicine. There are a lot of *associations*, and some *correlations* are minor or nonexistent – but not all, by any means are evidence-based to enable one to say that they are “*causative*” of a particular problem.

Longevity concepts and dialogue have become very, very popular. There has indeed been a wellness industrial complex that has developed around the concept of longevity. Academic endeavors are seeking evidence to support longevity approaches. At this moment in time, the activities pertinent to much longevity research are those addressing the practical challenges of integrating longevity medicine into mainstream healthcare, developing cost effective interventions that are evidence-based and can be scaled across diverse populations ensuring that longevity advancements are of benefit to all segments of society.

Financially, the future of longevity research will depend on a balanced approach that combines scientific evidence-based innovation with ethical responsibility. The potential for the extended healthspan and lifespan must be tempered with caution ensuring that “associations” and findings that are not based on “evidence-based practice” should not expose people to interventions that are unsafe or financially wasteful. Additionally, as longevity medicine continues to evolve, it will be crucial to maintain a focus on improving the *quality of life* and not merely extending the number of years lived – *healthspan vs. lifespan*.

At this moment in time, there are many definitions of longevity and attempts to define the concept. If you look at it today from a business standpoint, the big financially-driven markets are relatively healthy, well-off people who are undergoing sophisticated imaging and testing, using wearables, and consuming supplements, etc. that may end up feeding healthy anxiety and merely amplify a vicious loop of utilization of these tests and supplements with the feeling and hope that the algorithm or test must be correct or a possible game-changer. Any number of influencers are talking about activities that promote “your longevity.” The inverted pyramid of evidence and displacement of trust has thus become a major problem. Anecdotes believed and accepted as best evidence instead of rigorous randomized trials are the cause of doctors losing trust to influencers and sponsors of influencers, as seen in the graph below and the Nocebo Effect of harm through expectations is something that one does not want to see occur and will negatively impact the serious positives of true scientific longevity medicine and lifestyle advances. **M**

Cast studies, anecdotes & personal opinions

Observational studies (cohorts, case-control)

Other (not randomized) controlled trials
Randomized controlled trials

Systematic reviews of randomized controlled trials

The Nocebo Network: Seeing is Feeling

In March 2021, TikTok videos of Tourette-like tics hit 5.8 billion views, triggering a global outbreak of functional tics in teenage girls.

Lab studies show healthy people watching videos of side effects begin to manifest those exact physical symptoms themselves.

SOCIAL LEARNING

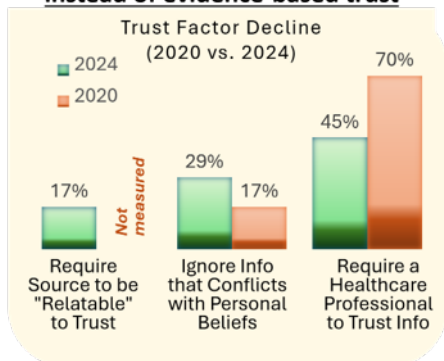
Since the 1980s, direct to consumer advertising of prescription drugs has been prevalent in the United States. The U.S. is one of only two high income countries to permit such ads in the past two decades. Patient-targeted promotion has expanded beyond traditional print and TV advertising to the internet and social media narratives are now commonly shared with the public. Endorsements of prescription drugs on social media dominate advertisements on TV and radio complicating regulatory oversight. Under Federal law, a prescription drug is considered to be misbranded if labeling or advertising for the product is false or misleading which can include omission of material information. According to implementation regulations from the Food and Drug Administration (FDA), fair and balanced is required in communication of benefits and risks. In practice, this policy has been enforced for promotional activities attributed to manufacturers. But when social media influencers and online pharmacies are the source of drug related communication, their financial or other relationships to manufacturers or compounding pharmacies for products that they are promoting can be unclear.

Telehealth platforms frequently have reported greater demand for weight loss appointments after celebrity endorsements, suggesting that campaigns can be associated with increasing care-seeking behavior. Celebrity involvement in drug promotion spans a continuum from informal endorsement of personal use to engagement in commercial partnerships. Some cases show that although the FDA regulates medical products and their promotion by manufacturers, there are other forms of communication that can also shape patient demand. Content that impacts patients' thoughts and motivations circulates on social media platforms that can blur the distinction between health-related information about prescription drugs and misleading advertising. In a recent analysis of more than 84,000 social media posts discussing GLP-1 drugs, stimulants for attention deficit hyperactivity disorder (ADHD) or biologics for autoimmune conditions, 740 high engagement posts containing promotional claims or other content relevant to FDA or Federal Trade Commission oversight generated more than 57M views with posts from celebrities and influencers accounting for 43% of that content. One can hardly witness a television show without having back-to-back pharmaceutical or other medicinal related promotions occupying a significant portion of show intermissions.

There is growing demand for stronger guardrails to protect the public and to keep pace with the ways in which patients now encounter drug promotion or healthcare promotions. In general, social media platforms are being pressured to be more clearly labeled as 'paid health content' and more prominently feature disclosures about risks. The facts show that misinformation abounds in many ways, and it makes it difficult to rely on policies as substitute for enforceable standards.

Considerable dialogue is now underway concerning proposed bills that would either restrict direct-to-consumer advertising by manufacturers or extend liability for misleading messages to third parties involved in promotion.

**DISPLACEMENT OF TRUST:
Anecdotes behaved and accepted
instead of evidence-based trust**



International experience may be informative to U.S. In 2025, a higher regional court in Germany held that paid influencers qualify as agents of pharmaceutical companies and/or healthcare related businesses and social media communication must comply with traditional disclosure requirements under German law. "Known persons," including celebrities and influencers who have sizable social media followings, are subject to stricter advertising restrictions than advertisements applying to the general public. It is a recognized fact that direct to consumer advertising for prescription drugs that resembles medical guidance shapes peoples' expectations and behaviors. In this context, one could argue that the principle of fair representation of benefits and risks should not be taken lightly. Targeted guardrails could provide the necessary friction to discourage brazen violations of regulations governing drug promotion and protect patients from misleading narratives. [source: NEJM July 23, 2026.] M

Social Media Impact on Children & Young Adults

Over the past two decades, suicide mortality rates have increased among adolescents and young adults in the Americas. These findings were published in The Lancet Regional Health – Americas. Researchers assessed suicide mortality trends and patterns among adolescents and young adults across the Americas from 2000 through 2021. Using the World Health Organization’s 2021 Global Health Estimates, they analyzed suicide rates in Latin America, Andean Latin America, Tropical Latin America, and North America. Participants were 10 to 24 years old. The study also followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. Researchers reported absolute numbers and age-specific mortality rates per 100,000, with 95% uncertainty intervals.

Heterogenous patterns showed widening disparities due to increasing age, differences in sex and geography, with disparities nearly *three times greater in boys and men vs. girls and women*, although girls and women exhibited greater increases in suicide mortality rates over time. The largest sex disparities in suicide rates were all in North America. Across the study, the youngest study age group (ages 10-14 years) had the largest increasing average annual percentage change trend of (+2.75%) with the lowest suicide mortality. Suicide accounted for around 18,157 deaths among adolescents and young adults in 2021 and boys or men accounted for 75% of those deaths. The 20-24 years of age group accounted for 9.7% of total deaths, making suicide the third leading cause of death overall during this time period.

Study authors concluded that persistent, widening disparities by sex, age, and geography suggest that existing prevention efforts need to be heightened and address the uneven implementation across the region. [Nguyen Martinez “Suicide Mortality among adolescents and young adults aged 10-24 years in the Americas, 2000-2021.”]

Healthcare professionals, parents, and policymakers are examining frameworks for considering the effects of social AI on the well-being of children younger than 13 and adolescents ages 13 to 17. Although research on the topic is limited, case reports and journalistic investigations have revealed emerging safety risks inherent in social AI products. Parents and grandparents are being urged to ask nonjudgmental questions about social AI use, such as: “What AI products have you tried?” “When do you think it is appropriate to use AI for help with homework or life questions?” and “When is it not appropriate?”

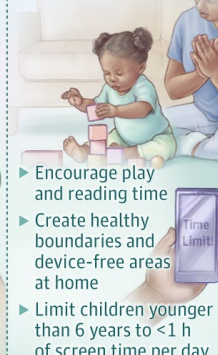
If minors report using AI chatbots, youth and parents should know that these products have safety issues and can lead to dependency and require oversight. For teens who seek out AI companionship, it is important to address underlying challenges such as social skills deficits or lack of connection to peers by helping them find offline interest-based activities. There is a growing support for preventive approaches urging families to use smartphone parental controls that limit downloads so that youth cannot install social AI apps. The emphasis among our pediatric medical colleagues is that raising AI resilient youth would include helping children and teens think for themselves – for example, through more reading and creative play. [JAMA Pediatrics, May 11, 2026] **M**

Screen time with devices such as mobile phones can be a common and helpful tool in households with young children, but too much screen exposure can affect a child’s growth, especially speech and language learning.

Speech and language development accelerates during the first 3 years of childhood. Too much screen time has been shown to cause:

- Less exposure to adult speech and less vocalization
- Reduced conversational exchange between adults and children
- Reduced speech

While it may not be possible to be completely screen free, caregivers can engage screen time in ways that support child speech development.

Viewing screens together	Monitoring content	Limiting screen time
 ▶ Offer more chances to interact, label and learn new words, and ask questions ▶ Model positive behaviors and new vocabulary	 ▶ Promote engagement with educational or age-specific content ▶ Involve media that talk directly to children or label colors, objects, or feelings	 ▶ Encourage play and reading time ▶ Create healthy boundaries and device-free areas at home ▶ Limit children younger than 6 years to <1 h of screen time per day



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- Dr. Ronald N. Riner

Recent Speaking Topics

Dr. Riner and his colleagues frequently speak at events across the country. Topics offer interesting perspectives on healthcare issues and trends pertaining to strategy and future opportunities for a variety of healthcare practices and healthcare businesses. Current topics include, but are not limited to:

- ❖ What's a Patient to Do? What's a Patient to Know?
- ❖ Aging & the Anchors of Longevity
- ❖ A Dashboard for Wellness & Healthy Aging
- ❖ Medical Professionalism: Past, Present, & Future
- ❖ Strategic Healthcare Realities & Trends Impacting Healthcare Delivery
- ❖ Serviceline Development & the Transfer of Place Occurring
- ❖ Doctor AI is Ready to See You Now: Really?
- ❖ Leadership & Peer-to-Peer Coaching for Success
- ❖ Ground Zero for Successful Healthcare Strategy: Not What You May be Thinking!
- ❖ The Evolving Healthcare System: Now & for the Future
- ❖ The Greatest Challenges Impacting Healthcare Delivery Today: From a Variety of Perspectives
- ❖ Critical Dialogues & Questions to Be Asked and Discussed in the Exam Room
- ❖ Healthcare Educational Imperatives: Can We Talk?
- ❖ Challenges of Rural Healthcare Delivery
- ❖ Communication Faux Pas at the Bedside and in the Boardroom
- ❖ The Healthcare System of the Future

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- * DIRECTION
- * INFLUENCE
- * RESULTS

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