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Davis and Rachel Mellick; PA-C

By: Davis and Rachel Mellick

P.18



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from the PUBLISHER

Warm greetings!

In this our October 2019 issue, I'm so excited to be able to highlight two fantastic people; David and Rachel Mellick; PA-C.

Besides being an uber cute and perfect specimen of a married couple that can also work together...they are both simply fun and easy to be around. But, let me back up just a little bit. I first heard the name "Davis Mellick" when my brother, local sports medicine chiropractor, Dr. Jason Rueggeberg, pulled me aside and said, "You've really got to meet an amazing couple who are doing Direct Primary Care here in Evans." Jason isn't normally that persistent and excited about me meeting people, so I was happy to follow up this warm lead and so glad that I did.

Davis is a warm and friendly personality. He is well-spoken and articulate. The beard makes him seem more serious than he really is...almost bard like. At heart, he has a great and subtle sense of humor that comes out in fun and quirky ways. I was also impressed at his extensive background in medicine and that he's been involved with a wide variety of clinics, ranging from military, to hospitals to private practice. He runs the full gambit of practicing medicine and speaks fluently regarding each subcategory. It doesn't take long to see what drives him...a passion for giving the best healthcare possible at the lowest cost. He desires to really know and invest himself with his patients. That's why he and Rachel started Evans Direct Primary Care. To better serve their patients and retain the autonomy to provide them what THEY believe the patients need...not what is mandated from outside sources; (ahem...cough cough...Insurance Companies).

Now about Rachel. Rachel is a breath of fresh air. She and Davis are a great

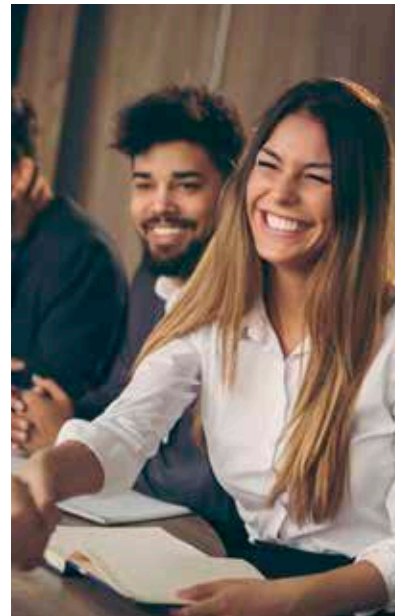
team. When first meeting her, it's hard not to be captured by her warm smile and sweet disposition. She's also the master at photobombing a picture! One doesn't have to talk long with her to see that the warmth and kindness comes directly from her faith in God. When someone's favorite word is "lovingkindness" how can you expect anything less than that when interacting with them? Rachel is driven and wicked smart. She graduated with honors and takes her practicing medicine very seriously. I also enjoyed that she is a runner, because I am too. But, more so... because one can see that just as in running, there is a dedication to pushing through difficulties, hills, cramps and stresses. She has that runner's determination and runner's longview mindset.

In our photoshoot, we were joined by their daughter Charlotte and we also were privileged to highlight their rock star office manager, Katelin; who in Davis' words "Makes things work around here."

I hope that you enjoy reading about them as much as I enjoyed telling you their story.

Until next time,

Jeremy Rueggeberg
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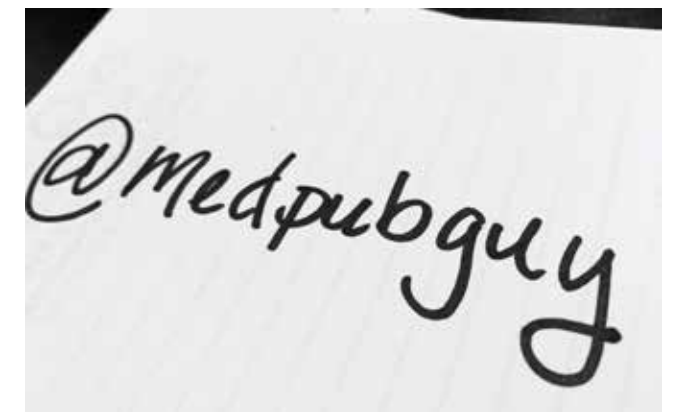
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Show Off Your Scrubs!

Turn Selfies Into Lunch and Clothes

Feeling cute? Feeling silly? Feeling happy? Feeling attitude? **Feeling hungry?** If you are an employee of a private practice group here in Augusta, please take a photo. It's simple. Take a selfie or have a friend take a photo of you in your scrubs holding a sign with **@medpubguy** on it. Email it to **Jeremy. Rueggeberg@n2pub.com** and be one of the few and chosen pies to win a free lunch at a number of great dining locations as well as get a nice discount on your next set of scrubs at Scrubs of Evans! Your pic might also just end up in an issue of *Medical Professionals Augusta* magazine! ✱



SUNSETS



Dagan Sharpe, Director of Wealth Management & Region Bank Manager at Queensborough National Bank & Trust

We each get a limited number of sunsets during our lifetime, and to be honest, I have let far too many pass me by.

However, when we're on vacation at the beach, it's fascinating to watch so many gather together at the shore with their friends and loved ones to watch the sun sink into the ocean's horizon.

The sky lights up with vibrant color and the sound of waves crashing against the shore mixes with the smiling laughter being shared by others in nearby conversations.

To spend this time with loved ones is precious – although seeing them alone is peaceful, another layer of inspiration is added when those we love are close by.

Our days can often seem mundane, rushed, and stressed, but during these peaceful sunsets, all seems right in the world, if even for a brief time.

It stirs within me youthful dreams of endless possi-

bilities, and renews my appreciation and inspiration for life. To seize each day with a sense of adventure, joy, appreciation, inspiration, and hope.

We all get a limited number of days and sunsets to engage – may we always aspire to do so well, and with purpose. This means we don't forget the most important things in life. The things that really matter – these are the things

we invest in others like love, time, care, and encouragement.

Life is so much more than what we can accumulate but rather, what we distribute – and our legacy is much more than what we leave behind, but what we propel forward in and through others. ✨

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Advance Directives Aren't Just For Hospice Patients



Amy Holliday, RN, CHPS, Hospice Clinical Supervisor/Trinity Hospice/GA

Asking patients if they have written down who will speak for them in the event of a healthcare emergency and what their treatment choices would include if faced with decisions about a ventilator or a feeding tube is encouraged at every stage of life for your adult patient population and can help to ensure patient-centered outcomes.

Simply starting a conversation with your chronically ill population may provide the invitation needed for your high-risk patients to ask additional questions at future encounters and identify areas for focused education. Many times our patients simply don't know how to express their wishes about life support measures and need our help to communicate and document what is important, or possibly even a barrier, to their care.

Advance Care Planning (ACP) can be the common denominator in successful **Patient-Centered Care** or **Chronic Care Management** programs and in reducing **Hospital Readmissions** and identifying **Barriers to Care**.

ADVANCE DIRECTIVES AREN'T JUST FOR HOSPICE PATIENTS!

1. Help your colleagues become "Conversation Ready" – Consider scheduling in-services for your staff where they can explore their own feelings about mechanical ventilation, feeding tubes and other life-support measures. Educate your staff on the components of Advance Directives. You may be startled at the amount of misinformation that abounds, even among colleagues.

2. Identify a "Conversation Nurse" – or other team member who is comfortable continuing to discuss Advance Directives with patients.

3. Decide which resources and educational materials to offer – Valuable printed resources are available for your waiting rooms and during face-to-face encounters.

"How To Talk To Your Doctor: Discussing end-of-life care with your doctor, nurse or other healthcare provider" can be downloaded at <https://theconversationproject.org/wp-content/uploads/2017/02/ConversationProject-TalkToYourDr-English.pdf> and,

"Your Conversation Starter Kit" can be found at <https://theconversationproject.org/wp-content/uploads/2017/02/ConversationProject-ConvoStarterKit-English.pdf>.

4. Begin one conversation at a time to help your patients become "Conversation Ready" – Even if your patient never officially completes an Advance Directive, simply being able to document the outcome of these discussions will provide you valuable data for future encounters within the Patient-Centered Care and Chronic Care Management models of care. Contact me at Trinity Hospice at 706-729-6000 for additional help with local training on Advance Care Planning (ACP). And look for additional information regarding **Conversation Sabbath** events in **fall/winter 2018** sponsored by Trinity Hospice in our faith communities. ✱

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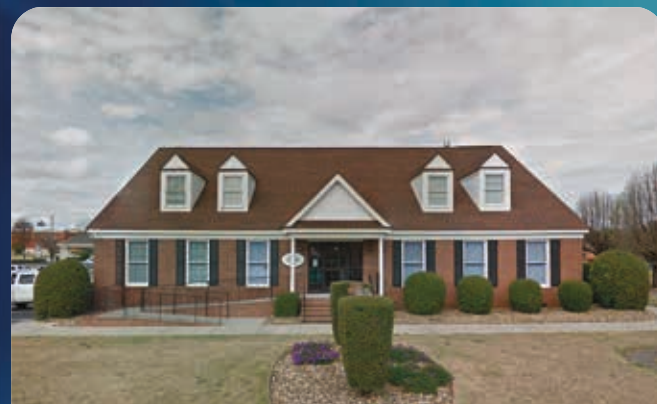


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"IT IS A
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By Davis and Rachel
Mellick; PA-C

DAVIS MELICK: PA-C
Medical Specialties
Physician Assistant
(primary specialty)

Experience
Over 9 years of
diverse experience

Credentials
Certificated Physician
Assistant (PA-C)

Education and Training
Mr. Davis L Mellick
attended and graduated
from Medical College Of
Georgia in 2010.

RACHEL MELICK: PA-C
Medical Specialties
Physician Assistant
(primary specialty)

Experience
Over 8 years of
diverse experience

Credentials
Certificated Physician
Assistant (PA-C)

Education and Training
Mrs. Rachel M Mellick
graduated from Medical
College of Georgia in 2011.

PROFESSIONAL QUESTIONS:

How did you start in Medicine? (Davis): In high school I got a job working for a local prosthodontist. At the time I thought I might want to go into dentistry. One of the local oral surgeons would come weekly in the evenings and I'd assist. He encouraged me to look into medicine further.

My next job was working as a research assistant. First at MCG for the Center of Operational Medicine and then for a headache specialist and pain management specialist. This fed my love for evidenced-based medicine and I still use a lot of what I learned with them in my practice today.

What makes your business/practice unique in our community? (Rachel): Our practice is unique because it follows the "direct primary care" format, meaning we offer patients direct access to us at a low monthly fee. This allows our patients office visits with no co-pay, discounted labs, discounted medications, and access by phone, text and other communication.

A further unique aspect of our practice is that we are primarily Physician Assistant owned. Dr. Boland; MD, does own a portion and is our medical director. PAs owning a practice in Georgia is a rarity due to the vague laws here.

We spent considerable time seeking good legal counsel to make sure we arranged everything well within the law. Being a PA and owning your own practice is quite feasible and we'd love to see more entrepreneurship by our colleagues.

Do you have a mission statement? (Davis & Rachel): We strive to provide the best medical care that we can to our patients, treating each one with kindness and compassion. We want to serve our patients with professionalism, courtesy, and respect knowing that it is a privilege to be a medical provider and caregiver.

Our desire is that we serve the Lord by taking care of our patients in a way that they reach a physically and mentally healthy state so that they are at their best ability, to not only feel well and be well, but also to enjoy and care for their family and be a vital role in their respective fields and community.

If so, what are your goals for your patients? (Davis & Rachel): Our main goal for our patients, is to over time, decrease their need for us. We want to equip them with the tools and resources they need to be healthy in order to function at their best. We want to educate on lifestyle changes and decrease need for medications. We want them to enjoy life and be happy.



What are your goals for your practice? (Davis): First goal- I'd love to see our panel full by the end of the year. I'll cap my patient load at 700 patients. Second goal- to see the direct primary care model expand whether through adding additional providers to our practice or simply advising others in the process. Third goal- have more companies incorporate direct primary care into their health plans. Savings for companies can be from 12-40% depending on how they go about it. Higher-end savings are seen in companies that use DPC and self-insure.

What is the culture that you infused into your practice? (Rachel): A culture of servant leadership, compassion, integrity, hard work and excellence.

What is your definition of quality medical care? (Davis & Rachel): Medical care that incorporates the most accurate treatment plan for that specific patient and medical condition while considering cost, comfort, and overall quality of life. We hope to treat every patient like we would want our family members to be treated.

Are there some practical actions you've initiated into your patient-time to help your patients have a more productive experience? (Davis): We've started using a program called Zentake that takes patients

past medical history, consents, medications, etc. and automatically integrates it into our charting system. We're also in a unique situation where we have time for patients. We block off on average 10-15 minutes more than what is probably required per patient. This means I can do my charting afterwards and really focus on the patient.

What are the staff's foremost concerns? (Rachel): Our staff is very concerned about the well-being of our patients, both when patients are in the office with us, and outside of the office, whether that is through follow up, offering a listening ear, making sure our supplies and vaccines are current, to a host of other things. Our Certified Medical Assistant, Katelin, does a great job of empathetic listening to our patients while making sure their needs are being met. Additionally, she helps to ensure that our office runs smoothly.

What concerns keep you up at night? (Davis): Are we out of coffee? More seriously, I have concerns and worry about success, but nothing that keeps me up at night.

How do you try and maintain a balanced life outside of work? (Rachel): I enjoy spending time with my family and taking care of our home when I am not at work. Davis and I have a few shared hobbies and

*** Our main goal for our patients, is to over time, decrease their need for us.**



like doing things like gardening, going on walks or even just watching a tv series together. I love to play with my two-year-old daughter and explore nearby parks and playgrounds with her. I like to be active and enjoy running several days a week. Additionally, I love being a part of our church and the fellowship and serving that comes with that. I have a heart for youth ministry and feel that it's a privilege to invest personally and spiritually in the next generation of today's teens.

Have you ever been close to quitting? How did you stay engaged and push through? (Davis): Never got close but maybe flirted with quitting briefly very early on before we even opened the doors. Starting a business requires money and time. Those are hard to part with. Once we opened the doors and started seeing patients, all questions of quitting left. I felt like I had stumbled across the type of healthcare I had naively idealized when I was younger but had given up on.

How has practicing medicine changed over the years? Or more specifically the medical industry? (Rachel): In my opinion, some of the biggest changes are that hospitals and even smaller practices are no longer locally owned but have been purchased and are now run by larger organizations. To me, it has become less personal and I feel like the "small practice, family atmosphere" has been lost.

Who are some of your medical "hero's"? (Davis): Goodness I have a whole lot of them. So many people in my career that have influenced me

to get me to where I am. To me, medical heroes aren't just innovators but mentors and teachers. My dad, Dr. Larry Mellick- the man is a publishing and writing machine. Dr. Rob Lamberts- Direct Primary Care leader and mentor. Dr. Ed Boland- DPC partner with his own practice; we opened these practices simultaneously. He was a big motivator in starting our DPC practices. Dr. Phillip Coule- great doc with a great sense of humor who has brought a medical background to hospital management. VP/CMO at AU. Drs. Troy Coon, Chad Marley, Nicholas Martyak, Robert Garnett, Mark Newton, Robert Webb- all took the time to teach and mentor both Rachel and I. Finally, Dr. Zickgraf- great clinician who went back to school to get a business degree so that a medical voice can be heard in management. I'm sure I've missed some. I've really been blessed that I've had great mentors and educators over the years willing to pour into me.

What motivates you? (Rachel): In life, I am motivated to love the Lord with all my heart, soul, mind and strength and to love my neighbor as myself. Knowing that the Lord has created me on purpose for a purpose and has shown me so much grace and mercy, is motivation to try and do everything I do, in the office and out, as if serving the Lord. Additionally, I am motivated to love others as Jesus has loved us, serving and sacrificing for others.

How important is continuing education in for you? (Davis): Probably the 2nd most important part of practicing medicine. The first being seeing patients. In primary care especially, we are involved in aspects of every specialty, so to continuously and daily read is exceptionally important.

What methods do you employ to keep improving your knowledge and experience? (Davis & Rachel): We have subscriptions to Uptodate, which is a large online resource of current diagnostic and treatment guidelines. We are part of several online medical forums where providers can share their knowledge. We read multiple journals as well that aren't just Primary Care specific. Additionally, we are grateful for a wide range of excellent specialists in the area who have always graciously let us curbside consult and given advice.

In what ways do you hope to see practicing medicine evolve in the future? (Davis): I think we'll start seeing a break away from dependence on the insurance model for one and move back towards the free market. I also think we'll see more integrated/team approaches. Rubicon MD is a paid service where you can get online consults quickly from specialists- I'd love to see a specialist community independently gather off this concept so patients can get more personalized and consistent care. I'd also like to see point of care ultrasound become routine and expected in primary care. It's markedly underutilized but I think it could really help improve overall care. We hope to incorporate it in our practice soon.

If you could offer any advice to younger physicians...what would it be? (Rachel): Study the habits of seasoned physicians ahead of you. Respect the other members on your medical team - whether it be an Advanced Practice Provider, Respiratory Therapist, Nurse, Anesthesiologist, Cardiologist, Radiologist, etc. Each is an integral part of medicine. Never stop learning and stay humble.

In your opinion, who are some of your all-time favorite physicians? Why? What did they do to influence you do much? (Davis): Favorite physician



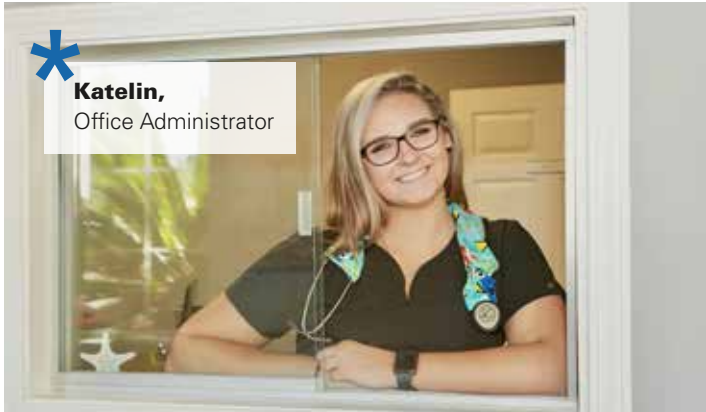


would have to be my Dad. He is fully devoted to medicine and education. The man writes and publishes like a fiend, inspires fascinating, practice changing debates, and managed to always make time for family. Another favorite provider/non-physician would be Bonnie Dadig PA-C. She was the former Program Director for MCG's PA program. She was the deciding voice that got me into the program. She was always positive. Always inspired us to go out and achieve more. To push ourselves. I owe my career to this woman who not only stuck her neck out for me but helped educate and train me.

If you had the power to make a change, can you share 5 changes that need to be made to improve the overall US healthcare system? (Davis & Rachel):

1. Better patient education including focus on personal responsibility.
2. Decreased regulation on the prescription drug market allowing for a return to competition and eliminating monopolization.
3. Removal of the Certificate of Need status for hospitals and surgery centers.
4. More Direct Primary Care practices.
5. Recognition and emphasis on the importance of primary care- both outside and inside of medicine, primary care has been devalued.

How would you define an "excellent healthcare provider"? (Davis): I used to think that book smarts and applicable procedural skills were all that was needed. Now I see the value of being a good listener, compassionate, empathizer and sympathizer along with those skills. An excellent provider recognizes the balance of confidence and humility. An excellent provider achieves that balance with constant learning and education.



You are a person of great influence. If you could inspire a movement that would bring the most amount of good to the most amount of people, what would that be? You never know what your idea can trigger. (Davis): I'd love to set up a medical practice exchange program. How great would it be to spend a day at another primary care practice or at a specialist's practice? Not only to learn the practical how are these things managed but also to just become more familiar with how each of us practice. I'd love to learn some practical techniques and knowledge that I could bring back and apply to my practice.

(Rachel): The Bible tells us that the Lord requires us to "Do justice, love mercy, walk humbly with your God." (Micah 6:8.) For others to know the Lord, and out of that to know His love and how that power can transform their lives and the lives of those around them. That, I think, would bring about the biggest change in the world around us.



PERSONAL QUESTIONS:

What are some of your hobbies/ interests outside of work? (Davis): I love hunting and the shooting sports. I also love cooking and experimenting in the kitchen.

What was the last book you really got into? (Rachel): Dark Clouds, Deep Mercy: Discovering the Grace of Lament by Mark Vroegop. After some painful life circumstances this past year, it helped me discover a healthy language to give to suffering and some helpful methods to walk through it.

What are some movies you really enjoyed? (Davis): Free Willy.

What amazing adventures have you been on? (Rache): Davis and I like to take trips with our family around our anniversary. We have gone hiking on parts of the Appalachian trail, explored the Blue Ridge Mountains, travelled to fun cities like Savannah, GA. I have also been able to go to Jamaica several times as part of a medical mission team. The country and its people are just beautiful. Davis is going back there in October.

If there was an Olympics for everyday activities, what activity would you have a good chance at winning a medal in? (Davis): Coffee making, I make a mean cup of coffee. (Rachel): This is true, very true.

What are some accomplishments that you are most proud of? (Rachel): Being a mom to my daughter Charlotte and a wife to my husband Davis. Also, this past year I was the 2019 Outstanding Young Alumni Honoree for the College of Allied Health Sciences at Augusta University. It was a true honor and humbling experience.

If you had to eat one thing for every meal going forward, what would you eat? (Davis): Curry. Or pho.

What's your favorite word? (Rachel): "Thank you", though I guess that's a phrase and not a word. "Lovingkindness". There, that's a word.



What was your first job? (Davis): I worked the snack bar and as a skate guard at the ice rink. Eventually learned to drive the zamboni and would work the front desk as well. Cool life experience although the customers could be icy at times.

Can you please give us your favorite “Life Lesson Quote”? Can you share how that was relevant to you in your life? (Rachel): When I was in high school I ran on the Cross Country team. My dad would often tell me a phrase to encourage me during races that he had heard in a story about an actress and her father. The phrase was: “You are a thoroughbred, run your own race.” What he meant was that in a horse race, the horses would wear blinders so that they wouldn’t be distracted by the crowds, scenery or other horses running next to them. His idea was to have me focus on my race, and more importantly – the actual course of my life – marked out for me and run that to the best of my ability without focusing on who I wasn’t, what others were doing, or things that would distract me from achieving my purpose in life. My dad even had that phrase etched on a large stone, which marks now a doorway into our home.

What are your favorite books, podcasts, or resources that inspire you to be a better healthcare leader? Can you explain why you like them? (Davis) “The CEOs Guide to Restoring the American Dream, How to Deliver World Class Healthcare to Your Employees at Half the Cost.” This book will shock you. This book will make you mad. This book will make you want better for America and realize that both sides of the political spectrum have corrupted healthcare. Also, “The Official Guide to Starting Your Own Direct Primary Care.” This book helped guide me on how to start my own direct primary care practice.

What was the worst job you’ve ever had? (Rachel): I don’t know if I’ve ever had a “worst job”. I used to clean horse stalls when I was younger, but it was motivation to be able to ride horses, so it was worth every minute! I used to babysit a family of three boys who gave me such a hard time, so maybe that was the worst job. They scared me from wanting kids for a while!



*** We strive to provide the best medical care that we can to our patients, treating each one with kindness and compassion.**

What is your most-used emoji? (Davis): The toothy grin smiley face. When I smile I smile big.

What’s your favorite ‘90s show? (Rachel): Home Improvement (Davis): Sabrina the Teenage Witch.

If you could spend a day in someone else’s shoes, whose would they be? Why? (Davis): This might put me on some sort of watch list but a

demolition expert. The chemistry behind explosions has always fascinated me. The way demolition experts use these explosions in a controlled fashion with an understanding of architecture etc. is applied science on a large scale.

What’s one thing your mother/father taught you that completely changed your life? (Rachel): My mom used to say (on repeat) when I was growing up, “If something is worth doing, it’s worth doing

well.” I used to groan when she would say that, especially if it was about cleaning my room or school work, but it infused a standard of attention to detail, care and excellence in my work that has translated into how I aim to care for patients and run our practice.

What’s been on your mind lately? (Davis): Just trying to predict what the future looks like.

What’s the first career you dreamed of having as a kid? (Rachel): Growing up I always wanted to be a veterinarian.

What’s one thing about you that surprises people? (Davis): My voice. I’ve been told my voice is more substantial than my appearance. Not sure if that’s a compliment, an insult or both?

What qualities do you value in the people with whom you spend time?

(Rachel): A genuine, authentic spirit, humility, gratitude, empathy, and the ability to laugh.

For what are you most grateful today? (Davis): My faith and my family. Knowing and experiencing Christ’s love and forgiveness. My wife, my daughter and our 4 pups. To feel so incredibly loved and supported daily is such an inspiring blessing. They make me want to be better and do better. 🙏





Patient-Centered Care Management Crucial for Aging Population Healthcare

by Rick Griffin, President & CEO, US CareNet and NavCare

I think most of us envision ourselves living until a ripe old age with some discomfort of aging but basically healthy and independent. The fact is, that's really the exception these days rather than the rule. Why? Because we are living longer and experiencing what I'll call "reasonable wear and tear" of aging and a much higher rate of chronic illness than ever before. As a result of these factors, it is readily apparent that our current healthcare system and supply of healthcare providers and caregivers will simply be insufficient to take care of our rapidly aging and increasingly chronically ill population in the not too distant future.

Consider these facts. By 2030, 20% of our total population will be retirement age or 65. All of us baby boomers will be at least 65. By 2035, the over-65 population will be larger than the under-18 population for the first time in the history of this country. Now that might sound great to those in the business of creating environments and services for that ever-increasing population but, and this is a big but, the traditional model of simply aggregating aging people into common living arrangements and entertaining them until they reach a ripe old age and comfortably transition to the hereafter, just is not going to work any more. Why? Again, because this population is growing sicker and faster than our current healthcare infrastructure and system can handle. Our current healthcare and caregiver system cannot and is not designed to help the aging, chronically ill population make the behavior changes necessary to manage their chronic illness and health and wellness regardless of their living environment.

The good news is there is a new keen interest in creating a new approach to managing this aging chronically ill population. This new approach involves frequent personal intervention with

patients to guide their behavior towards managing lifestyle behaviors in such a way to optimize their well-being and minimize the impact of their chronic conditions. In so doing, we drive down the costs associated with the traditional healthcare system approach and improve the life of the patient at the same time. Some of this intervention will, no doubt in the future, be driven by technology that allows us to capture real time data. This technology is already available and when coupled with personal intervention becomes a powerful tool in assisting the patient and that patient's caregivers and healthcare providers. That technology also enables us to access data and provide predictive analytics that benefit current and future patients.

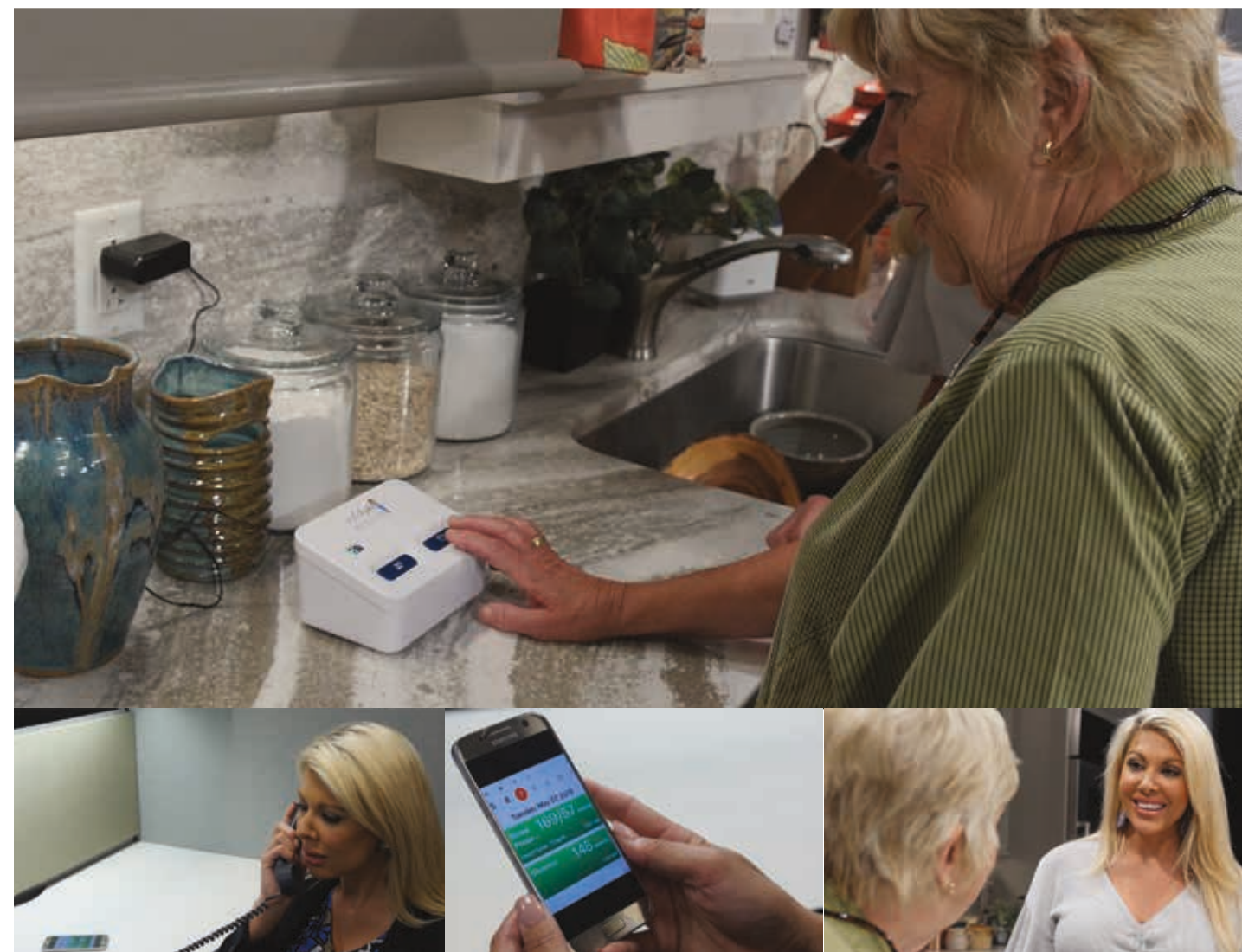
True, patient-centered care management, not costs management, applied to the most vulnerable patient population on a timely basis, is the solution needed now, more than ever, to create a better, more efficient, more responsive healthcare system, while creating positive differences in patient outcomes allowing patients to live healthier, happier, more productive lives.

Organizations, whether they are senior living organizations or more traditional healthcare provider organizations who adopt this patient-centered care management approach, will be far more successful in the future than those that don't.

NavCare, backed by experienced caregivers and years of healthcare experience, partners with senior living organizations and healthcare provider organizations to deliver comprehensive care management services and technology that deliver better patient engagement and outcomes. The result is higher patient and resident satisfaction with resulting improved revenue for healthcare providers and senior living organizations.



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Like physical injuries, psychological injuries require careful assessment:

- Did the client experience an emotional/psychological injury? Was the injury in response to the physical injuries or traumatic event?
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- Would the client benefit from treatment? What form of treatment would be most effective? How long would the client need to be in treatment? To what extent would the injuries be longstanding?



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ISN'T IT TIME TO STOP WASTING PROFITS?



By: **John Bradley** CEO,
K2 Advisors
Group

We're used to hearing, "It seems too good to be true." Yep, I get it: a health insurance plan that provides up to 100% coverage for a subset of employees with \$0 copays, \$0 deductibles, and \$0 coinsurance, *at the same or lower premium to what you're currently paying for much weaker benefits* does seem like an impossibility. Then imagine claims for this world-class coverage **converting from an operating expense into an asset that generates free cash flow and increases EBITDA**. Is that even possible? **Yes**. We put these plans in place every month for clients.

The strategy with the largest financial impact with **zero disruption** to current plans

or current brokers (they stay in place) is unique, and "bolt-on." Clients don't have to change anything they are currently offering to utilize this program.

For 15 years, managing over 300,000 eligible members, this strategy has incentivized working spouses to enroll in alternate group coverage (not coerced them to leave), thereby transferring risk from our clients' plans onto the plans of their own employers, where it belongs. Think of it: by offering your staff this option, you enhance their overall compensation/benefit package and you make it easier to attract and retain a quality staff. Who doesn't want \$0 cost health care?

Here comes the "too good to be true" part. This program is even more impactful to your EBITDA as a Provider. Why? Not only do you remove Operating Expense when a spouse or employee leaves your plan, these same members (of someone else's plan) come back in your foot as new revenue from another plan. **You bill retail for domestic claims.** *Read that sentence again.* Over 100 hospitals, integrated health systems and medical practices are already doing this, and I'm glad to be on the forefront of creative healthcare cost solutions that drive value for both employers and employees. ✖

Healthcare C-Suites: How to Get Paid for Domestic Claims

Healthcare CEOs and leadership teams are challenged to meet the volume-based model versus the value-based model with the traditional organizational structure and culture. Amid the change and uncertainty, domestic and un-domestic self-funded medical claims for hospitals, health systems, and practices represent an opportunity for senior leaders to create EBITDA, limit competition and maximize sustainability.

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Aiken, SC 29801
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What's one thing you can't live without? My beautiful wife and kids...and that first cup of coffee in the morning is pretty critical.

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What is your specialty?
Endoscopic sinus surgery.
Balloon Sinuplasty.
Allergy. Pediatric
Otolaryngology. Hearing
loss and middle ear
disorders. Thyroid and
parathyroid diseases.
Head and neck surgery.

What surgical advancements
are you most excited about?
New minimally invasive
technologies, some already
here and on the horizon, that
allow for the treatment of
diseases as an outpatient with
little to no recovery time.

What are your most requested
procedures? Surgery and in office
procedures to address sinus and
allergy pathology are highly sought
after by my patients, in an effort to
improve quality of life.

What is your happiest
professional moment? I
don't think there is a singular
moment. The happiest
moments are when your
patients receives high quality
care and have the outcome you
aimed for. The gratitude you
receive from these patients is
what keeps you going.

EMPLOYMENT

7/2014-Present | Augusta ENT PC,
Physician Partner | Evans, Georgia
6/2004-7/2005 | Employee, Coffee County
Jail | Douglas, Georgia

EDUCATION/TRAINING

7/2010-6/2014, UAMS | Little
Rock, Arkansas | Resident,
Otolaryngology/HNS
7/2009-6/2010, UAMS | Little Rock,
Arkansas | Internship,
General Surgery
8/2005-6/2009 | Mercer University School
of Medicine | Doctor of Medicine
8/1999-5/2004 | Valdosta State University
| Bachelor of Science in Biology

BOARD CERTIFICATION

6/2015 | American Board of
Otolaryngology - Board Certified

AWARDS AND HONORS

2008 | Awarded Junior AQA
2008 | Recommended for Georgia
Academy of Family Physicians,
Sappington Award
2003-2004 | Order of Omega Honor
Society, Valdosta State University
1999-2004 | Recipient of the
HOPE scholarship
1999 | Highest G.P.A, Sigma Alpha Epsilon
1999 | Recipient of the David
McDonald Scholarship

ORGANIZATION MEMBERSHIP

2009-Present | American Academy of
Otolaryngology-Head and Neck Surgery
2010-2014 | American Society of
Geriatric Otolaryngology
2008-2014 | Member AQA
2006-2009 | American College of Physicians
2005-2009 | American Medical Association
2005-2006 | Christian Medical
Association, Mercer University
1999-2005 | Sigma Alpha Epsilon

PROFESSIONAL LICENSURE

2014-present | State of Georgia
Medical License
2009-present | Basic Life Support
2007-present | Advanced Cardiac
Life Support Provider, American
Heart Association



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The man and woman who have raised the most funds during the ten-week campaign are awarded the prestigious title of Man or Woman of the Year in their community. The man and woman who have raised the most across the entire US will be recognized as the national Man & Woman of the year. 🌟

For any real estate needs or questions, please contact Greg Oldham, Meybohm, at 706-863-8218.



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Dr. Wills

Education

- Doctor of Osteopathic Medicine (D.O.); Lincoln Memorial University-DeBusk College Osteopathic Medicine (LMU-DCOM); Harrogate, TN; 2009-2013
- Master of Business Administration (M.B.A.); LMU-DCOM; Harrogate, TN; 2010-2013
- Post-Baccalaureate in Biology, University of Alabama-Huntsville, 2008-2009
- Bachelors of Science (B.S.) in Economics; Vanderbilt University; Nashville, TN; 2004-2008

Professional Experience

- Surgical Education Chief, Inova Fairfax General Surgery Program, 2017-2018
- VCU Medical Student Surgical Clerkship Lecturer, 2015-2016
- VCU Medical Student Surgical Clerkship Scheduler, 2015-2016
- Osteopathic Principles and Practice (OPP) Lab Teaching Assistant (TA), LMU-DCOM, August – December 2010
- Prosecutor, LMU-DCOM Anatomy Lab, January – May 2010
- Lab Technician, Huntsville Pediatric Associates, May – August 2006

Certification and Licensure

- SAGES Fundamentals of Endoscopic Surgery, September, 2017
- Georgia State Licensure, August 2017
- SAGES Fundamentals of Laparoscopic Surgery, July 2017
- Advanced Trauma Life Support (ATLS), June 2013
- Virginia Medical Training Licensure, June 2013 – Present
- Advanced Cardiac Life Support (ACLS), American Heart Association (AHA), May 2013
- Basic Life Support (BLS), AHA, May 2013
- Pediatric Advanced Life Support (PALS), AHA, February 2012
- Trauma Evaluation and Management (TEAM), American College of Surgeons, October 2010

List of your Specialty(ies):

I do open surgery, endoscopy, laparoscopic surgery, as well as robotic surgery.

How does your staff enhance your practice?

They optimize the patient experience as they are kind and caring to patients. They allow us to get patients into the office quickly and get them for surgery efficiently.

What do you like most about your profession?

I enjoy the satisfaction of helping people. Specifically with surgery, we can have a major impact improving people lives.

Are there any non-surgical trends you're seeing in your field?

As our population ages and as we improve in treating many chronic disease, it seems that our average patient has an increasing number of medical problems. The decision to do surgery becomes more difficult, so I think the pre-operative management and optimization for surgery has become as important as ever.

Do you have an OR playlist?

I do not. But I do enjoy music in the OR.

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ANNUAL TAX CHECKUP:



By: **Andrea Usry, CPA**

As cooler weather arrives and we prepare for the yearend holidays, it's a great time to review your tax strategies for 2019 while you can still do something to lower your 2019 tax liability.

If you're an owner in a medical or dental practice, here are some items your practice should be reviewing before yearend.

Reimbursements - Have you been reimbursed or has the corporation paid for your cellphone, home internet, business mileage, business-related periodicals or local newspapers that you receive at home.

Retirement plans - If you are considering establishing a plan, most retirement plans need to be setup before yearend in order to be effective for the current year.

Tax Credits - There are numerous federal and state credits a practice might benefit from for significant tax savings. Jobs credits, retraining credits, military zone and opportunity zone credits are some of the potential credits that will reduce your Federal or State tax, dollar-for-dollar.

For your personal returns, consider the following:

529 plans - Georgia residents who contribute to a GA 529 plan can deduct up to \$2,000 per year on their income taxes for every beneficiary. Married couples may deduct \$4,000 per beneficiary. If you file a South Carolina tax return, either as a resident or a non-resident, you may be eligible for additional tax advantages. SC Future Scholar account contributions may be tax-deductible, up to the maximum account balance limit of \$500,000 per beneficiary (or any lower limit under applicable law). Starting in 2018, funds may be withdrawn and used for up to \$10,000 of private elementary or high school tuition per student.

Individual tax credits - GA and SC both offer credits against its income tax that can be purchased on an exchange and allows you to purchase state credits at a discount. Film credits, low-income housing credits and historic rehabilitation credits are just a few of the credits available. Don't let the names confuse you. For instance, you don't have to be in the film industry to use a film tax credit.

Noncash donations - Now is a great time to clean out the garage and closets and take those items to your favorite local charity. Be sure to make a list of what you donated and get a receipt from the organization.

These are just a few ideas that you can act on now to save you money at filing time. ✪

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THE NEED FOR SPEED



South African Sports Car In Evans Georgia

By: Dr. Eric Helling, MD

It began with a simple trip to AutoZone, as I drove the Rossion. The clerk at the counter asked, "Is that a Lotus?" I returned to the car and several people had gathered around. I started chatting and answering questions about things like drivetrain (twin turbo ford 3.0L V6, 450hp, mid-engine 6 speed), 0-60 & $\frac{1}{4}$ mi. time (3.1, 11.3 seconds) and weight (2k lbs). I even popped the rear clam to show the engine, inter-cooler, and carbon fiber intakes. As some had their fill and began to leave, others exiting the store came

over. Soon, a man wearing a gorilla suit and spinning an advertising sign even came over to see what was going on. Needless to say, I don't drive my Rossion unless I plan to spend at least an hour in random parking lots fielding multitudes of questions!

So what is this car? It is based off an automobile created by Lee Noble, a UK sports car engineer who designed the Ultima GTR (fastest street car in the world), Ascari Ecosse, and three "Noble" variants. When production ended

for Noble M400, a group of US importers bought the rights to the car and built an updated version with more power and a finer interior. That car is known as the "Rossion". These cars were originally built in South Africa and then shipped to the US where the engine was installed and sold at single dealership in Florida. This allowed for the import of a low volume vehicle, which would not require both crash or emissions testing. Rossion is now built in the United States, in a combined Rossion/Mosler

facility and sold alongside the Mosler MT900.

I wanted this car as a step up from several Corvettes and M3's that I had owned in the past. I even got it as a Christmas present upon my return from Afghanistan! The car is fast to say the least! In fact, in my first outing at Carolina Motorsports Park, I broke several RACING sports car lap records without ever seeing the track (on street tires).

Without a doubt, my Rossion is a fun and exciting car! ✱



✱ These cars were originally built in South Africa and then shipped to the US where the engine was installed and sold at single dealership in Florida.





MIKE INGHAM

mike@insuredwithingham.com | 706.737.0978



Danielle Taylor, DO

I am originally from Va. Beach, Virginia and am honored to care for women with pelvic floor disorders, through the field of Urogynecology. The majority of my medical education has been in Ohio, but I most recently spent the last three years in Massachusetts completing fellowship. Medicine has given me a rewarding career in Urogynecology, but more importantly introduced me to my now husband who I share 2 beautiful daughters with.



Education Background:

Undergraduate degree(BS):

University of North Carolina at Charlotte – Charlotte, NC

Master's degree (MS): Barry University-Miami Shores, FL

Doctorate of Osteopathic Medicine (DO): Ohio

University Heritage college of Osteopathic Medicine

OBGYN Residency: Akron General -Cleveland Clinic- Akron, OH

Female Pelvic Medicine and Reconstructive Surgery

Fellowship: U Mass Memorial – Worcester, MA

1.Subspecialty:

Urogynecology

2.What do you love most about your Profession:

The patient-physician dynamic is what drew me to Urogynecology. This subspecialty focuses on medical conditions that are very private to women, and often they have been struggling in secret with a specific disorder. The bond I develop with these women as they share their medical ailments with me is personal, special, and very sacred.

3. What are you best known for:

I have a love and passion for Track and Field. Most of my friends and family fondly remember my days as a collegiate pole vaulter for UNCC

4. What's your dream innovation:

My dream innovation would be creating a hybrid surgical implant device of polypropylene mesh and biologic graft. Both are current implant devices we use in UROGYN that have pros and cons

5. How would you spend extra time in a day:

My family and I love spending time outdoors. If I had any extra time in the day it would be spent outdoors on a lake with my husband and two daughters.



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