A survey last year found that people are looking for ways to access health care whenever they need it. More specifically, patients are using technology or growing options such as walk-in clinics and urgent care centers. "People like walk-in clinics and urgent care centers because they are convenient," said Dr. Lisa Love, a family doctor in Twin Falls, Idaho. Love visits patients dig up with a Google search. She knows that patients need someone who looks out for their overall health, which is why she started using telemedicine.

"I love virtual visits last summer for help with a skin irritation and returned for another minor problem. She doesn’t feel a press release of thehello. She’s not looking for the doctor’s office to open. Convenience rules in health care now, where patients can use technology or growing options like walk-in clinics and urgent care centers to get help whenever they need it."

A survey last year found that about a quarter of U.S. adults don’t have a regular doctor. Some like Love wonder how much they still need one. Love said that telemedicine probably can’t do everything … but for most of the things I might ever have, I’m pretty sure they can take care of it. "I can’t imagine doing any of the complex medical procedures that I have been doing for many years. The ability to see much deeper into the lungs and have precise control over movements of the catheter could be a game changer for us in terms of accessing smaller nodules located in the outer portions of the lungs." This evolution began years ago and is still growing. Patients are slowly shifting to more of a team-based approach that focuses on keeping patients healthy and reserves visits with a doctor for the more serious cases.

"More recently, employers have started adding worksite clinics, and many large employers now run about 1,500 clinics across the country. As part of a multi-center clinical study, the Laurinburg Exchange, The Richmond County Daily Journal, and The Anson Record

FirstHealth first in nation to participate in new robotics clinical study

"We are excited to have been selected as the first site for this groundbreaking clinical trial," says Dr. Michael Pritchett, Intuitive’s lead physician for the trial. "Telemedicine probably can’t do everything … but for most of the things I might ever have, I’m pretty sure they can take care of it. "I can’t imagine doing any of the complex medical procedures that I have been doing for many years. The ability to see much deeper into the lungs and have precise control over movements of the catheter could be a game changer for us in terms of accessing smaller nodules located in the outer portions of the lungs.""
Senior's weakness for scams may be warning sign of dementia

The Associated Press
WASHINGTON — Does an older friend or relative have a hard time hanging up on telemarketers? Or get excited about “You’ve won a prize” voicemail? New research suggests seniors who aren’t on guard against scams also may be at risk for eventually developing Alzheimer’s disease.

Elder fraud is a huge problem, and Monday’s study doesn’t mean that all older adults are at risk, she said. But scientists know that long before the memory problems of Alzheimer’s become obvious, people experience more subtle changes in their thinking and judgment. Neuropsychologist Patricia Boyle of Rush University’s Alzheimer’s disease center wondered if one of the warning signs might be the type of judgment misssteps that can leave someone susceptible to scams.

“When a con artist approaches an older person, they’re looking for a social vulnerability — someone who is open to having a conversa- tion with a complete stranger,” said Boyle.

Boyle turned to data from the Financial Industry Regulatory Authority, which operates a fraud “risk meter,” to determine behaviors that could signal scam vulnerability — things such as answering the phone when you don’t recognize the number, listening to telemarketers, finding it difficult to end unsolicited calls, being open to potentially risky investments and not realizing that someone is making financial exploitation.

Boyle studied 935 seniors, mostly in their 70s and 80s, with no known brain problems who were enrolled in a long-running memory and aging project in Chicago. They took a scam awareness questionnaire and then took yearly brain tests for an average of six years.

During the study, 153 seniors were diagnosed with Alzheimer’s and another 255 with mild cognitive impairment. Sometimes a precursor for Alzheimer’s. The participants who had what Boyle calls low scam awareness at the start of the study were more likely to have developed either of these conditions than seniors who were more aware of scam vulnerability.

For a closer look, the 264 participants who died during the study underwent brain autopsies. Sure enough, the lowered the scan aware- ness at the study’s start, the more people had a build-up of sticky plaque in their brains that is a hall- mark of Alzheimer’s. Boyle reported in Annals of Internal Medicine.

The study can’t prove a link between low scam awareness and impending decline in thinking and memory, cautioned Dr. Jason Kar- lawish of the University of Pennsyl- vania in an accompanying editorial.

Klawaris described one of his own patients who confessed to a “grandson. “I think I’ve been had” by a lottery scam that persuaded him to pay taxes up-front so he could receive his supposed winnings. It was just too hard to hang up on the polite caller. Three years later, that patient shows no sign of cognitive impairment, said Klawaris, who was so flummoxed by how the crooks managed to rob the man.

Still, the study results “should be a call to action to health care sys- tems, the financial services indus- try and their regulators,” Klawaris wrote, urging further research into what he called “notable findings.”

The possible scam link isn’t surprising, agreed Alzheimer’s Association vice president Beth Kallmyer, who also said it needs more research and that seniors may be reluctant to report fraud for fear family members might suspect they were swindled in because of health problems.

Dementia concerns or not, she advises seniors simply to not answer unsolicited calls or emails from people they don’t recognize, making it harder for them to be targeted.

Previous research has suggested that seniors can begin to have trouble managing their finances. Geduldig said, “Alzheimer’s is a normal cognitive slowing. And the rise in elder fraud has reached such a level that investment firms now are supposed to ask customers for the contact information of a “trusted person” they can alert if they suspect a case of financial exploitation. Just last week, federal agents broke up a Medicare scam that sold unneeded orthopedic braces to hundreds of thousands of seniors. And every tax season the government warns people not to fall for phone calls from government imposters that an agency won’t call for payment.

“As older people start making mistakes in financial health care and other types of complex deci- sions, we do need to raise aware- ness and start asking. ‘Do they need some help?’” Boyle said. “It doesn’t necessarily mean someone is going to go on to develop dementia. But we should become more aware.”
Promote healthy weight starting with school lunch

Although there are a variety of theories behind the growing obesity problem plaguing North American adults and children, the most consistent findings point to caloric intake as the culprit. Here’s a simple equation to get to the root of the problem:

\[
\text{Calories eaten} = \text{calories spent} = \text{weight gain}.
\]

According to National Health Examination Surveys, adult obesity trends in the United States between 1976 and 2014 indicate the percentage of the adult population classified as obese has roughly doubled to more than 38 percent in the last three decades. Children may be learning eating habits from their parents, potentially contributing to rising obesity rates in children as well. Recent findings from the Centers for Disease Control and Prevention indicate one in five school-aged children and young people in the United States is obese. In Canada, the Public Health Agency says roughly one in seven children is obese.

Teaching children healthy eating habits starts at home and can extend to what students are given to eat while at school. The Center for Science in the Public Interest says schools across the country are working hard to improve school nutrition. Here’s how parents and school districts can help make school lunches more nutritious and delicious and lower in calories.

Control snack intake. The U.S. Department of Agriculture says that more than one-fourth of kids’ daily caloric intake comes from snacking. Choosing smarter snacks may help reduce overeating. Good snacks can include grain products that contain 50 percent or more whole grains by weight; snacks in which the primary ingredient is a fruit, a vegetable, dairy product, or lean protein; snacks that are a combination food that contain at least a 1/4 cup of fruits or vegetables; and foods that contain no more than 200 calories.

Read nutritional information. When selecting foods for school lunches, parents should read the nutritional information to make sure they know exactly what they are feeding their children. Select foods that are low in saturated fats and cholesterol and high in fiber and nutrient-rich fruits, vegetables, grains, and legumes.

Go with water. Rethinking beverage choices can help control kids’ caloric intake. Many parents don’t realize just how many calories beverages add to their daily intake. Even a six-ounce, 100 percent apple juice can include as many as 96 calories. Sodas and other soft drinks pack a heftycaloric punch. Water, seltzer and unsweetened iced tea are healthy beverage options. If milk is the go-to beverage, choose a reduced-fat version.

Introduce new foods. Children can be notoriously picky eaters, but with patience and perseverance, parents can introduce new, healthy foods at lunchtime. Yogurt, hummus and salsa are healthy and can add flavor to vegetables and fruit. When making sandwiches, exchange refined breads for whole-grain varieties. Choose lean protein sources, go heavy on vegetables and fruits for natural fiber, which will create feelings of satiety.

Read the school menu. Let children indulge in ordering from the school menu when healthy options are featured. Urge them to try something unexpected, rather than sticking to chicken nuggets or pizza days.

Healthy eating habits begin in childhood and can be initiated with school lunch.
Love said she’s hooked on virtual visits. They only cost $42, or less than half the price of an office visit under her insurance plan.

“I like technology and I like new things and I like saving money,” Love said. “It was worth it to me to try it.”

About 25% of adults don’t have a regular doctor, the nonprofit Kaiser Family Foundation found last year. That jumps to 45% for those under age 30.

On top of all the competition for patients, the field also is fighting a shortage of doctors as medical school students opt for higher-paying specialties.

Primary care practices have adjusted by adding physician assistants or nurse practitioners to handle annual physicals and other routine care.

They’re also creating teams that help them take a broader look at patient health. Those teams might include mental health specialists who screen for depression and health coaches who can improve diet and exercise.

The idea is to keep patients healthy instead of waiting to treat them after they become sick.

“We want to do as much outside the walls of the clinic as we can,” said Stanford University’s Dr. Megan Mahoney, noting that this push depends on insurers expanding what they will cover.

Doctors also are continuing to focus more on coordinating care for people with complex health needs.

Bryant Campbell’s care team includes a primary care doctor, a pharmacist and specialists to help manage his chronic liver condition and rheumatoid arthritis. The Portland, Oregon, man said his team members talk frequently to avoid problems like duplicate tests, and their approach gives him more confidence.

“I sometimes think as patients we feel isolated in our health care, and this team-based approach helps a patient be as involved as they need or want to be,” he said.

Doctors say the expanded scope of their practices is changing how they interact with patients. Dr. Russell Phillips frequently responds to email or cellphone questions from his patients. He also refers them to clinics for minor issues like urinary tract infections.

The Harvard Medical School professor says primary care is evolving into more of a flowing, virtual relationship where patients have more frequent but briefer contact with their doctor’s office instead of just office visits maybe twice a year.

“Getting medical care is such a complex activity that people really need somebody who can advise, guide and coordinate for them,” Phillips said. “People still really want a relationship with someone who can do that.”

Michelle Gilchrist is currently certified in Family Practice by the American Academy of Nurse Practitioners. Michelle was born and raised in Dillon, SC and practiced for the past 6 years in Scotland County in the primary care setting. Michelle is pleased to welcome Ashley Locklear, PA-C to our team.

Michelle and her husband Grant Gilchrist live in Dillon, SC with their two children. Michelle enjoys spending time with her family, shopping, traveling and reading.

Ashley Locklear has 8 years of experience as a Physician Assistant and has practiced for the past 6 years in Scotland County in the primary care setting. She was born and raised in Maxton, NC. She received a Bachelors in Chemistry from UNC-Pembroke, going on to A.T. Still University in Mesa, AZ to attend the Physician Assistant Program. Her passion is preventive medicine and providing quality care to the under-served. She is happily married to Kenny Chavis and mother to 3 beautiful daughters; Embreal, Kennedy and Evanna. In addition to being a health care provider she enjoys spending time with my family and attending church at New Hope.