

Folks,

Nearly all physicians charge more than the Medicare program actually pays. Some economists refer to the more as "excess charges." Of the 54 medical specialties, anesthesiology charges the most excess, general practice the least. Next to general practice, as to least excess, is psychiatry. Of the states and DC, Wisconsin charges the most excess, Michigan, the least. Maryland is fifth least.

Four items on smartphones:

1] A study found that smartphone owners check their phones 150 times a day [The Atlantic, Nov 2016]. If that is the average, then, of course, many check even more. The Atlantic article says that we've lost control of our technology because technology has become better at controlling us, that the software developers use techniques to encourage this constant use. The Atlantic author wants the software developers to take an oath to cease doing such. Given the unlikelihood this will happen, it appears we have a problem. In addition to time spent, we've all seen people crossing a red light with their face looking down at their phones. If the practice reaches a clinically significant impairment, distress, or danger for someone, does it justify needing treatment, then a code? If you think so, we suggest the code, "F63.89" to which you could give a name, such as "Smartphone Overuse."

2] As for preventing Smartphone Overuse, organizations like San Francisco's Time Well Spent are developing approaches, but those efforts are dependent on the cooperation of the software developers.

3]The more platforms someone uses the more likely the person is depressed or anxious. Raises chicken or egg question.

4] Use of smartphone applications to address obesity usually get minimal results and frustrate the person and their physician [NEJM, 19Jan2017]. We may find smartphones fail at other attempts to change behavior.

Collaborative-care models that focus on women are more effective than usual care for the management of depression [Psychosomatics Feb 2017]. “Usual care,” however, is not well described.

Psychosomatics, Nov/Dec:

1] For catatonic delirium, memantine, 10 mg BID, recommended

2] A study in Italy found patients with mild depression prefer talk therapy, whereas those with moderate or severe depression prefer medications.

Roger