Winter 2012
Editor: Scott D. Boden, MD

EOA News

EASTERN ORTHOPÆDIC ASSOCIATION

President's Message

Henry A. Backe, MD

Happy New Year, 2012 to all of you! I hope the New Year brings in good luck, good health and continued good fortune to all of us. I want to extend the EOA's appreciation and gratitude to our Past President and First Lady, John and Chris Richmond, for their dedication and loyalty to this organization. John and Chris hosted the 41st Annual Meeting last October at the Kingsmill Resort in Williamsburg, Virginia. It was tremendous. We had record attendance at the scientific sessions. The beer fest at Busch Gardens was one of the highlights of the meeting and the best Welcome Reception I have been to in many years. Geoffrey Westrich, MD and the Program Committee organized a superb scientific program, Amar Ranawat, MD and his Technical Exhibits Committee once again secured many sponsors for the meeting, and your board dedicated many hours throughout the year to make sure the Annual Meeting was a success. Dr. Richmond's Steel Lecturer was David L. Kaplan, PhD, from Tufts University, who spoke about Silk-Based Orthopaedic Devices. The Presidential Guest Speaker, Brian Day, MD, came down from Canada and gave an entertaining talk on Canadian Health Care Reform. The Founders' Award for the best abstract presentation went to X. Joshua Li, MD, PhD, University of Virginia, Charlottesville, VA for his work on the Role of ApoE in Intervertebral Disc Degeneration. Congratulations to Dr. Li.

The evaluations from the 2011 meeting showed the program content was thought to be just right, not too advanced and not too basic. The majority of responders wrote that

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Register Now for the 43rd Annual Meeting

The EOA Annual Meeting is June 20-23, 2012 at The Sagamore on Lake George in Bolton Landing, NY. Go online to **www.eoa-assn.org** to view the Meeting & Travel Guide and peruse the tentative schedule of events, guest speaker bios, social activities, and hotel information.

The Sagamore, located in the heart of the Adirondacks on Green Island, is an island resort on Lake George anchored in Bolton Landing, New York. From outdoor adventure to peaceful solitude, you will find it in the Adirondacks. With more than 20 beautiful lakes, countless outdoor activities, and dozens of exciting attractions, the Lake George area is the perfect vacationer's paradise.

Register for the meeting online at **www.eoa-assn.org** and make your reservations at The Sagamore by calling (800) 358-3585. Mention you are attending the EOA Meeting to ensure you receive the discounted rates.

Cutoff for EOA room rates is May 25, 2012.

IN THIS ISSUE

President's Message continued

we delivered what they came to learn and would recommend the meeting to a colleague. It was generally felt that we were successful in keeping industry bias out of the presentations. The location was well accepted. People commented on the collegiality and friendliness of the meeting and appreciated the free afternoons for family time. We do need to work a bit on making the poster presentations more interactive and we will try to do this at the 2012 meeting. The industry-sponsored lunches were well received and the EOEF golf outing was well attended.

Many thanks go to Board Members whose terms have ended. Mark Lemos, MD, from Massachusetts served as a Member-at-Large and he will now chair the Bylaws Committee. James Vailis, MD from New Hampshire stepped down as Membership Chair and will now serve on the Audit Committee. Mark Levine, MD chaired the Telecommunications Committee and will now serve as a Member-at-Large. We welcome Richard Wilk, MD from Massachusetts to the Board who will serve as Telecommunications Chair and Brian Galinat, MD from Delaware who will serve as Membership Committee Chair. Geoff Westrich, MD will take over as Treasurer from David Romness, MD who was elected our new 2nd Vice President.

Financially, the EOA is strong and thanks to your Board and our management team at Data Trace, we were revenue positive for 2010 and 2011. We have recently rebalanced our investment portfolio and are steadily recovering from our losses from the stock market collapse in 2008. Don't worry – we still have ample reserves.

We welcomed 82 new members for 2011. Our total active membership is now 606, down slightly from 2010. Brain Galinat, MD, as the new Membership Chair, will be working to get our number of active members back above 2010's total. If you have a colleague who is eligible and not a member, get him/her to join the EOA. Don't forget about sponsoring someone you work with for an allied health membership in the EOA.

The 43rd Annual Meeting will be held at the historic Sagamore Resort on Lake George in New York, June 20-23, 2012. This meeting will be perfect for a family summer vacation. The resort has a multitude of activities and water recreation for all ages. John Kelly, MD from Pennsylvania is the Program Chair and has put together an informative program which will include topics on joint preservation. I am sure he will have a few "stand-up comedy acts" dispersed throughout the program as well. Derek McMinn from the UK, well known for hip resurfacing, will be the Presidential Guest Speaker. The Howard Steel Lecture will be given by Dan Pelino, General Manager, Global Healthcare and Life Sciences, IBM Corporation, who will give a demonstration of "Watson," the IBM computer known for winning the game show "Jeopardy," and how it will help physicians practice better medicine.

I hope you continue to value your EOA membership and will encourage your eligible colleagues who are not members to join. The strength of any organization is ultimately in its membership and that is you! It is an honor to serve as your president this year. Please join me in continuing the mission and traditions of the EOA. I hope to see as many of you as possible at the Sagamore this June! Thank you.

Sincerely Yours,

Henry A. Backe, Jr, MD
EOA President

The EOA Mission

The Mission of the Eastern Orthopaedic Association is to promote high quality ethical care for musculoskeletal patients in the eastern region of the United States by providing educational programs, fostering collegiality and supporting professional development among its members and physicians-in-training, and by influencing health care policy.

Meet the New Board Members

Brian Galinat, MD
Wilmington, DE

Dr. Galinat has been elected to serve as the 2011-2012 EOA Membership Chair. Born in Connecticut, he has lived in seven of the 18 states that make up the geographic boundaries of the EOA and has never lived more than 20 miles from I-95. He received his BS in Chemistry from Randolph-Macon College and his medical degree from the Medical College of Virginia. After completing an orthopaedic residency at Thomas Jefferson University, he did his shoulder/sports medicine fellowship at the Hospital for Special Surgery. While a resident, he received the 1987 EOA Founder's Award.

Dr. Galinat has been in private practice in Delaware his entire career. He served as the state representative to the AAOS Board of Councilors and was a member of the State Legislative and Regulatory Affairs Committee. He is currently a member of the AAOS Coding, Coverage and Reimbursement Committee and serves as the AAOS alternate member to the AMA RBRVS Update Committee (RUC). For 14 years, Dr. Galinat served as one of the many orthopaedic surgeons helping in coverage of the teams of the U.S. Soccer Federation. He was the team doctor of the Wilmington Blue Rocks, a local minor league baseball team, while also covering high school teams and coaching youth soccer. Recently elected into the American Orthopaedic Association, he is Chairman of the Department of Orthopaedic Surgery of the Christiana Care Health System.

Those who know him well consider it somewhat of a mystery how he has had what many would consider a successful run of things thus far. Truth be told, his most fortunate accomplishment was marrying his college sweetheart, Lois, and maintaining a blessed relationship with her and their three children for over three decades. His optimism, however, might suggest that the best is yet to come.

Marc J. Levine, MD
Mercerville, NJ

Dr. Levine is a spine surgeon at Trenton Orthopaedic Group which consists of 12 physicians including eleven orthopaedic surgeons and one pain management specialist. The practice is almost 50 years old and originated in Trenton, NJ.

Dr. Levine completed medical school at Jefferson Medical College, followed by a general surgery internship at Pennsylvania Hospital, an orthopaedic residency at Thomas Jefferson University Hospital Affiliated Program and a fellowship in spine surgery at Emory University Hospital Affiliated Program.

Dr. Levine is the recipient of numerous awards including the Resident/Fellow Travel Award at the EOA 26th Annual Meeting held in Rome, Italy. An Eastern Orthopaedic Association member since 1995, he has served on many EOA Committees. He is an active member of several other orthopaedic societies and is currently serving as a trustee for the Medical Society of New Jersey.

Outside the practice of medicine, Dr. Levine enjoys snow skiing, golf, and tennis. He is most proud of his wife Robin, who is a children's yoga instructor, and their three children, Benjamin 15, Joseph 13 and Emi 9. The family lives in Bucks County, Pennsylvania where they spend most of their weekend time going to children's sporting events.

Membership Update

The Membership Committee along with the Board of Directors of the Eastern Orthopaedic Association has been hard at work developing policies to improve the association and its membership. The Program Committee prepared an excellent program this past year and will continue to do so in 2012. We are also working to increase resident membership by fostering working relationships with residency programs in our region.

EOA has a total of 812 members. In 2011 EOA welcomed 82 new members to the association. The total active membership is 606 down slightly from 2010. Brian Galinat, MD, the 2011-2012 EOA Membership Chair, will work hard with his committee to increase the active membership numbers in 2012.

Support EOEF

Please join us this year in supporting the EOEF with your generous gift. The EOA has made significant strides in the last five years with the financial assistance of the EOEF and we want to continue growing and providing more member benefits.

There are several vehicles through which to give your tax deductible contribution including the EOEF Living Legacy Program. If you would like to make a significant gift to the EOEF, please call Dr. Chit Ranawat or Chuck Freitag at 866-362-1409 or simply send your check to the EOEF today.

We appreciate your continued support of the EOEF and would like to thank all of our membership for their magnificent encouragement this past year.

EOA Bylaws Changes

The following Bylaws changes will be presented to the membership for approval at the 2012 Annual Meeting at The Sagamore on Lake George in Bolton Landing, NY, June 20-23. The copy in red are recommended additions and the copy struck through are to be removed.

ARTICLE IV
MEMBERSHIP

SECTION 3: Out-of-Region Membership Qualifications

A. Out of Region members are considered Active Members in the ASSOCIATION and should meet the following criteria.

(1) Out of Region members are physicians who maintain a full and unrestricted license to practice Medicine, and practices outside of the geographic boundaries of the ASSOCIATION and inside the United States;

(2) Out of Region members should be a Fellow in good standing of the American Academy of Orthopaedic Surgeons or an equivalent organization as determined in the sole discretion of the ASSOCIATION;

(3) Out of Region members agree to be bound by and adhere to the Principles of Medical Ethics of the American Medical Association. Members of the American Osteopathic Association agree to be bound by and adhere to the Code of Ethics of the American Osteopathic Association;

(4) Out of Region members should maintain high professional, moral and ethical standards in his/her community;

(5) Out of Region members comply with the dues, fees, and assessment requirements, as well as these Bylaws and Policy Statements established from time to time by the Board of Directors of the ASSOCIATION.

B. Out of Region members are eligible to vote, hold office, serve on committees, and sponsor applicants for membership.

C. Out of Region members do pay dues, fees and assessments.

D. Conformity to these criteria in their entirety continues an Out of Region member as an Active member in good standing.

SECTION ~~3~~ 4: Emeritus Membership Qualifications

SECTION ~~4.~~ 5: Honorary Membership Qualifications

SECTION ~~5~~ 6: Candidate Membership and Standards for Continued Candidate Membership

SECTION ~~6~~ 7: Allied Health Professional Qualifications

ARTICLE XIII
COMMITTEES

SECTION 6: Audit Committee

B. This Committee shall be responsible for an audit of the ASSOCIATION~~; and it shall submit to the Board of Directors and the membership an annual report.~~ every three years at the time of the contract renewal with Data Trace; and it shall submit to the Board of Directors and the membership an audit report at that time. Other audits will occur at the discretion of the treasurer.

C. This Committee shall retain the services of a Certified Public Accountant who is in no way connected with the ASSOCIATION who is to assist in making the ~~annual~~ audit or other special audits. At the discretion of this Committee, the ~~annual~~ audit that will take place every three years and at the time of the contract renewal with Data Trace may be made without prior consultation with any other officers or employees of the ASSOCIATION.

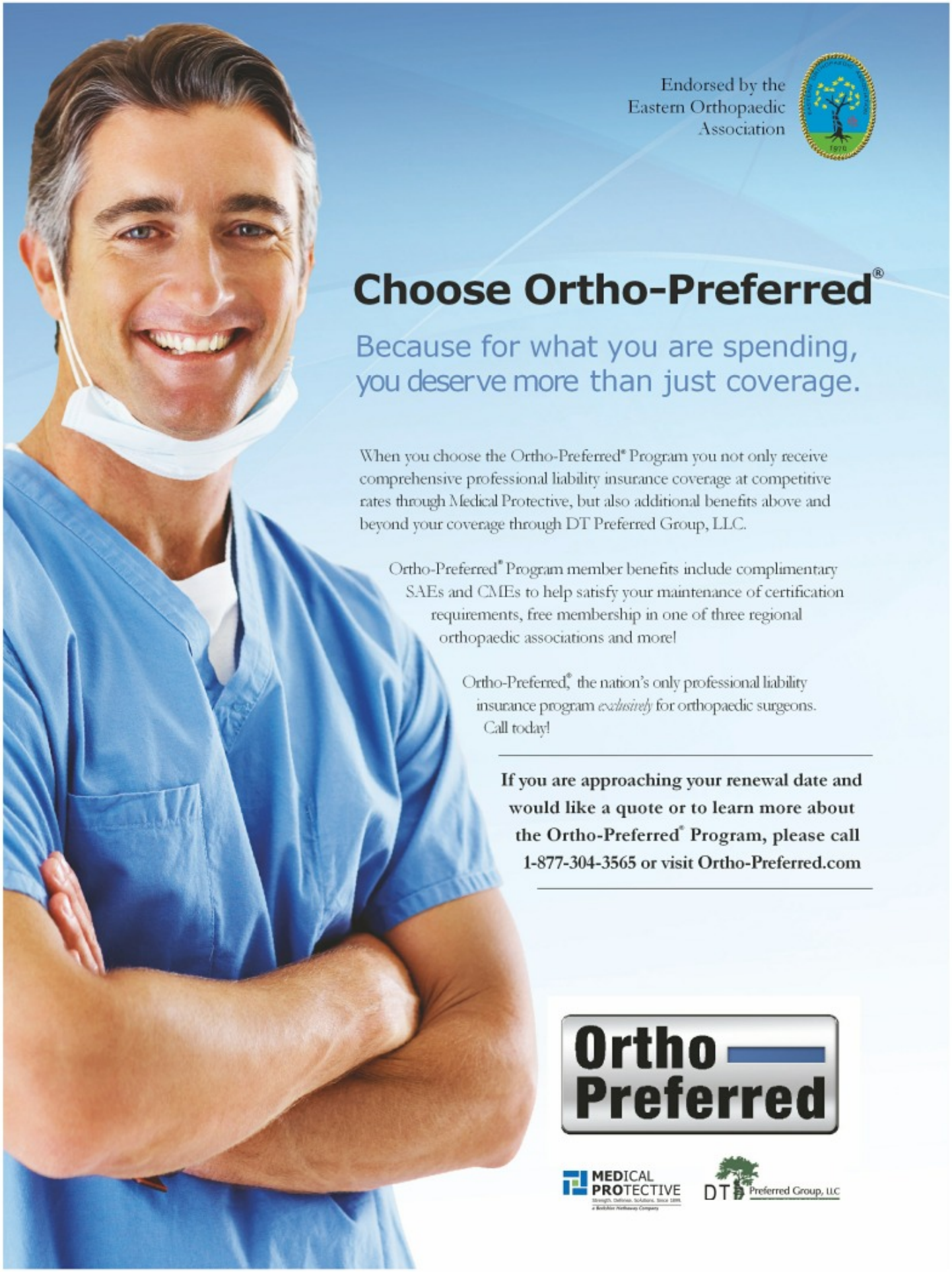
D. This Committee shall have the right to review the financial affairs of the ASSOCIATION in addition to the ~~annual~~ audit only after written notification to the Board of Directors of the purpose and scope of such a review.

ARTICLE XXI
AMENDMENTS

SECTION 2: Emergency Amendment

"Emergency Amendments including other situations deemed by the board to be of such an urgent nature that following the customary process for Bylaws change would not be in the best interest of the organization."

~~This~~ These actions must be communicated to the ASSOCIATION membership as soon as possible, and the action confirmed by a three-fourths (3/4) vote of those present and voting at the Annual Meeting.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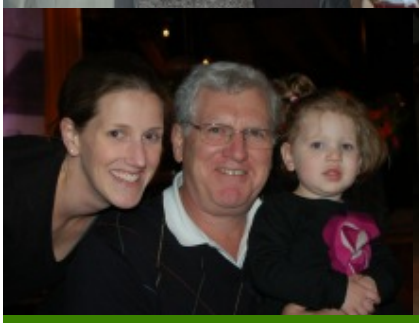
Recap of the 42nd Annual Meeting

The 42nd Annual Meeting was an immense success, with an excellent scientific program organized by Program Chair, Dr. Geoffrey H. Westrich, and the EOA Program Committee. Dr. John C. Richmond's Presidential Address, "Health Care Reform: Ahead of the Curve in Massachusetts" and Presidential Guest Speaker, Dr. Brian Day's presentation on "Health Care Reform: Lessons from Canada" both were interesting and informative. The Howard Steel Guest Lecturer, David L. Kaplan, PhD, gave a very fascinating lecture, "Silk-Based Orthopaedic Devices."

The meeting kicked off with a fantastic Welcome Reception at the Festhaus at Busch Garden. Everyone enjoyed the great food and exciting rides, along with the chance to visit with old friends and colleagues. The following evening began with a Sponsor and Poster Reception before everyone went out on their own to enjoy the wonderful Kingsmill Resort or the surrounding historical Williamsburg area. The meeting was brought to a close with a fabulous Founders' Dinner Dance. The Dinner Dance began with the EOA Jazz Band Reception, led by Bob Richards, Jr.

It was a sensational meeting and we express our thanks to all who attended. If you missed it, view the 2011 Williamsburg pictures on the EOA website and see what a great time it was! (www.eoa-assn.org)

We look forward to seeing you at the beautiful Sagamore on Lake George in Bolton Landing, New York, June 20-23, 2012!



EOA's 42nd Annual Meeting
October 19-21, 2011 in Williamsburg, Virginia

Important Dates

43rd Annual Meeting
June 20-23, 2012

The Sagamore
Bolton Landing, NY

44th Annual Meeting
Oct 30 - Nov 2, 2013

Loews Miami Beach
Miami Beach, FL

EOA Newsletter

EOA News encourages and welcomes all member input. If you have any information you would like included in the next issue, email it to Heather Skinner at hskinner@datatrace.com

Grantor & Exhibitor Acknowledgements

The Eastern Orthopaedic Association would like to thank the grantors and exhibitors of the Eastern Orthopaedic Association's 42nd Annual Meeting. Without the unrestricted educational support of the companies listed below, we would not have been able to provide this conference.

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CONTRIBUTOR

OREF

Will You Conquer the Cash Crunch in Retirement? How to Meet the #1 Financial Challenge Facing Baby Boomers…and Avoid Common Pitfalls

David Mandell, JD, MBA
Dinah Bird, Ph.D., CFP®, CIMA

"More U.S. Baby Boomers fear running out of money in retirement than they fear death."
http://gotoretirement.com/2010/07/fear-outliving-retirement-money/

Those of you born between 1946 and 1964 are part of the 77-million strong Baby Boomer generation – one that is now contemplating retirement. If you were born before 1946, you may already be retired or seriously considering it. If you fit into either of these groups, the following issue will be paramount for all of your financial decisions moving forward: "How do I take the wealth I have saved and efficiently turn it into cash income to sustain me during retirement?" No wonder, as the quote above makes clear, so many soon-to-be retirees are so worried about running out of money in their retirement.

In this article, we will discuss problems with the solutions retirees typically rely on to generate cash income in their retirement and suggest alternatives which may be safer and more efficient.

Conventional Wisdom on Generating Cash in Retirement

"Conventional wisdom" suggests that financial planning for retirement should include various investment strategies for generating cash to live on. Let's examine the leading strategies for generating cash and the significant risks inherent in each of them:

1. ***Periodically liquidate a portion of investments.***
   This technique is used in almost all retirees' planning. It simply means periodically selling assets to generate cash to live on – whether those assets are in IRAs, personally-held securities and investments, real estate, the family home, business, etc. The problems with periodic liquidation are:

Risk #1: Market Timing
Timing the sale of an asset can be tricky, as many retirees can attest to in the aftermath of the stock market crash of 2008. The investment you are selling may be discounted 30 to 50 percent at the time you need to sell. Being stuck in a "liquidation only" strategy in market downturns can be dangerous.

Risk #2: Taxes
When selling almost any asset, you will pay capital gains taxes at both the federal and state level. These taxes can eat up 25% of the gains. For distributions out of a qualified retirement plan or IRA, the tax bite can be as high as 45%! Relying solely or significantly on liquidation strategy means being subject to these taxes and to the risk that such rates will increase. Given that federal capital gains tax rates are at the lowest in their history, being subject to future tax increase is not a risk to overlook.

2. ***Allocate heavily to a ladder bond portfolio/dividend producing stocks.***
   A laddered bond portfolio is a strategy commonly used by retirees whereby an investor purchases a group of bonds with different maturities, attempting to match cash flows with the demand for cash. One bond might mature in one year, another in three years, and the remaining bonds might mature in five-plus years. Each bond represents a different rung on the ladder.

Risk #1: Inflation
As inflation goes up, the bonds in the laddered portfolio do not keep up with buying power. The bonds and their interest may pay the same, but the investor can purchase fewer goods with the same amount of money.

Risk # 2: Interest Rate
As rates rise, the prices of a fixed rate bond will fall, and vice versa. Although bond laddering is a tried and true approach, consider the problems of allocating a substantial amount of money to a laddered portfolio in light of today's interest rate environment and a seven-year treasury paying 2.875%!

Risk #3: Market Timing / Downturns
In terms of dividend-paying stocks, dividend pay outs are based on a percentage of the stock's price. As the stock market fluctuates, so does the yield from the stock. The stock dividend will go down dollar-wise if the market takes a down turn – just when the dividend is most needed.

3. ***Purchase an annuity.***
   The life annuity (not to be confused with the variable annuity) is designed by actuaries to pay interest and principal back to you over your lifetime. Essentially, you write an insurance company a check today and they pay you monthly, quarterly, or annually for the rest of your life (or the longer of your life and your spouse's). The benefits of this strategy include:

Benefit #1
The amount the insurance company pays you is "fixed" and will not decrease if the stock market crashes or if interest rates fall.

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Money Matters continued

Benefit #2

Even if you outlive your life expectancy, the insurance company continues to pay you or your spouse for as long as you are alive.

However, as interest rates have been at historic lows for a number of years, annuity payment rates are also extremely low. This makes their internal rate of return (IRR) very poor. As with any insurance product, the strength of the insurance company is also a risk. Since you may want payments for decades in the future, only the strongest carriers should be considered.

Finally, the inflation risk to this technique also weakens its attractiveness. If inflation repeats itself like the early 1980s with the prime rate at 21% or even a reasonable 8%, then a 3% annual check from the annuity (not uncommon in today's market) is not as attractive. For these reasons, a life annuity can be part of a balanced cash income strategy, but it typically should not be heavily relied upon.

Case Study: Abby the Allergist

Abby is on the brink of retirement at 62. Abby has social security, a $1.2 million home near her four grandchildren, a 4% life annuity on a $500,000 policy, and an impressive 50/50 investment portfolio of stocks and bonds valued at $3 million that is a combination of her IRAs, 401(k)s and savings. Abby enjoys semi-annual vacations with her grandchildren but otherwise expects to easily live on $200,000 income per year during her retirement. She is in good health and, due to her family history, expects to live until the age of 90. Abby divorced many years ago and has no alimony liabilities. She has a long term care insurance policy that will pay her $10,000 annually. All is looking good for Abby's retirement.

Abby's practice was bought out two years ago, and she has decided to retire five years earlier than planned. She considers this a safe decision, as she has a paid-off home, an annuity, long term care insurance and a $3 million 50/50 stock/bond portfolio. Despite retiring earlier than anticipated, she has planned well and is better positioned than 99% of Americans at retirement.

Abby decides to keep her house to avoid selling at a loss. She forgoes a reversible mortgage because the "fees are outrageous." Current inflation is benign at 1.7%, which is a nice advantage. She has the cushion of long term care if needed. Abby is living within her $200,000 per year budget.

Abby meets her $200,000 annual cash needs by these income streams:

1. Social Security = $30,000.00
2. Annuity payments (4% of $500,000) = $20,000.00
3. Dividend payments from her 50% in stocks (2.00%)= $30.000.00
4. Interest payments from her 50% bond ladder of 1-10 years, which has a blended yield of (3.00%) = $45,000.00

Total in flows = $125,000.00

Abby's two largest drains on her annual income are:

1. Income tax ($50,000.00)
2. Property tax on her home ($30,000.00)

Total out flows = ($80,000.00)

Netting out the outflows from the income, leaves a shortfall of $155,000 of cash.

Abby will need to liquidate stocks and bonds in her investment portfolio to make up the shortfall of $155,000 for taxes and cash. Chances are very high she will have to liquidate some of her stock when the market is down due to normal stock market fluctuations. Consequently, Abby will have to sell even more stock to generate the appropriate amount of cash needed. Plus, there is a high probability that inflation will cause the price of her bonds to decrease as she liquidates them for cash.

Abby's investments will most likely not sustain her for the 28-year time horizon and her portfolio will be depleted before her death. Abby may very well experience the number one fear of retirees -- running out of money in retirement!

Can Abby modify her investment liquidation strategy so she will not outlive her income?

The Alternative Income solution can help Abby overcome this challenge. Instead of liquidating her portfolio of stocks and bonds for cash each year, Abby can add alternative cash income to her bond portfolio. By doing so, she will boost her income, provide an inflation hedge and liquidate less of her stocks/bonds, allowing her portfolio to grow. An alternative income strategy will help extend the life of her investment portfolio so she will have investments for as long as she lives.

What is an ALTERNATIVE INCOME Strategy?

"Traditional" investments are considered stocks, bonds, currency, or hard assets, such as real estate. An "alternative cash income strategy" is one that involves combinations of such assets to create a unique portfolio designed to generate cash income.

REIT – Based Alternative Income Strategy

One Alternative Income Strategy provides a diversified cash flow stream from hard assets that are in the form of an investment security called a Real Estate Investment Trust or REIT. The advantages of using REITs for forming a foundation of a cash-focused retirement strategy are:

1. According to the law, at least 90% of the cash flow streams generated from properties in the REITs must be passed to the owner/investor of the REIT.
2. REITs can be an inflation hedge; as inflation increases, the property rents usually increase as does the value of the property.
3. REITs typically offer a low correlation to the U.S. stock market, which means that REITs help decrease volatility.

A REIT-based Alternative Income strategy basically works like this:

An investor buys into an REIT portfolio, which will generate about 6.5% income to supplement the money needed for expenses. Consequently, fewer securities are needed

Continued on page 10

Measure Your Practice's Performance

Brought to you by Somerset CPAs, P.C.

Is your practice moving forward, standing still or losing ground? You'll know the answer if you compare different aspects of your practice's operations to appropriate benchmarks. It's been said that you can only manage what you can measure. Benchmarking can give you the data you need to make informed management decisions about the direction of your practice.

What to Measure

There are two types of benchmarking: performance and process. Performance benchmarking compares a practice's operating performance internally over time and externally against other practices of a similar size in the same specialty. Process benchmarking compares a practice's work protocols. By tracking key benchmarks from quarter-to-quarter or year-to-year, you can identify the areas in which progress is being made.

Start by choosing a few indicators that are important to you. For each indicator, determine your objective and define what you'll measure and how you'll do it. Keep tracking the data regularly so that you can make meaningful comparisons over time. Here are some of the indicators your practice may want to use in its analysis.

Profitability/Cost Management

Look at measures such as net income (or loss) per full-time equivalent physician and operating cost per physician. Other useful areas to analyze would include operating costs as a percentage of total medical revenue and total support staff cost per physician.

Billings and Collections

What percentage of submitted claims is rejected by third-party payers? Is that percentage higher or lower than it has been in the past? If you determine that the number is increasing, you'll need to review the quality of your coding. If coding errors are at fault, it's critical that you tackle this issue immediately.

Examine the percentage of accounts receivable over 120 days. Is it higher or lower than what has been your experience? What about your practice's fee for service collection percentage or the dollar amount of bad debts per physician? These are measures that you can evaluate.

If you track your copay collection rate for several quarters and see that it is deteriorating, have your front desk staff pull up each patients' records when making appointments and remind them about past due payments. In addition, remind your front desk employees to ask for copays at the time of service and to request any outstanding amounts.

Patient No-Shows

If your measurement of patient no-shows reveals an uptick in the numbers, consider having your staff make reminder calls or charging for missed appointments.

Time Patient Spends in Office

Patients resent lengthy waiting times. You can track the average time patients spend waiting to see a physician or physician's assistant. Start by giving a percentage of patients (10%, for example) a card that your receptionist time stamps on arrival and collects and stamps again on departure. If the data reveal an increase in wait times, overbooking may be an issue. If that's the case, you'll want to reexamine your procedures and time blocking. You may even have to look into adding another physician, physician's assistant or nurse practitioner.

There are other indicators your practice can use to evaluate how well it is doing. Talk to us about how we can help: info@somersetcpas.com

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Money Matters continued

to be sold out of the retiree's portfolio, which should generate more growth in their investments. Adding REITs as an alternative income to a portfolio has the potential to augment conventional strategies by enhancing cash flows and extending the life of the retiree's investment portfolio.

Conclusion

Generating income throughout retirement is a significant challenge. Common techniques, including asset liquidating, bonds, dividend-paying stocks and life annuities, all have significant risks associated with them. Therefore, the use of alternative income techniques is often recommended to augment traditional techniques.

Your financial needs are complex and the authors welcome your questions. You can contact them at (877) 656-4362 or through their website www.ojmgroup.com.

SPECIAL OFFER: For a free trial of the "Cash Income Calculator," please call (877) 656-4362

Eastern Orthopaedic Association
110 West Road, Suite 227
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Do You Know a Qualified MD or DO Orthopaedic Colleague Who Is Not an EOA Member?

New Member Incentive

New members of the EOA will have their meeting fee in either of their first two years of membership waived.
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