

# Would You Change the Way You Administer Payroll if You Knew it Would Save You Time and Money?

Whether your office staff is large or small in number...

Whether you choose to handle payroll processing internally through the services of an accountant or outside payroll company...

YOU can benefit from utilizing a PEO!

The health care market continues to change in 2004. But health care is not the only market that has been experiencing change. Businesses, including medical private practices, have been changing the way they employ people. A PEO (Professional Employer Organization) is an employment alternative that you may want to take a closer look at.

Maintaining your current office staff under a PEO allows you and/or your office manager to focus on delivering excellent patient care. PEO's eliminate the hassle of employee payroll processing including processing and

- > Novidea is an OA contracted service provider
- > Special rates offered to OA members
- > All Payroll Processing duties
- > Benefits Administration, for both the health insurance and retirement plan
- > Full Service off-site Human Resource Department

payment of employer paid payroll taxes. PEO's eliminate your responsibility and expense to process end of year W-2 forms. PEO's allow you to offer

affordable health insurance benefits without regard to the size of your staff.

Partnering with **NOVIDEA Healthcare** can result in reduced employee administration, lower employee-related expenses and an increased level of human resource services for the private medical practice.

Allow us to demonstrate the qualitative benefits of partnering with a PEO, along with a cost-savings analysis. For more information, please contact Brian Schramko at **NOVIDEA Healthcare** at: **877-503-1455**.

*NOVIDEA Healthcare*

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For example we know that 25% of folks undergoing chemotherapy that induces nausea may also experience anticipatory nausea – they are conditioned to the building or people or even time of day and get nauseous even before having treatment. Meditation, guided imagery, relaxation training, distraction, and acupuncture can all be effective.

**OA: What is the best advice anyone gave you during your recovery process?**

**DS:** I worked in a maximum-security prison while I was in college; right around the time I was diagnosed. A lifer named Spank (who was in for kidnapping) taught me how to “do time.” That is, you do a little bit at a time. “Don’t think about doing all 25 years at once, you get through the next hour, or ten minutes, and you do as much enjoyable activity as you can during that time.” I used that wisdom to get through a bone marrow transplant and quite a bit of treatment.

**OA: What tools did you use to cope with your diagnosis, treatment and recovery?**

**DS:** This is it in a nutshell: Even if I am confined to bed, I can still have a life. We can mourn the loss of our old life but that

is not a sufficient excuse to stop living now. This was my foundation. With this as a core belief I had to structure life on the bone marrow transplant unit, or at home, such that I could still listen to great music, enjoy great movies, and talk with friends and my wife.

**OA: How should physicians broach the topic of infertility with a recently diagnosed cancer patient who plans to undergo chemotherapy?**

**DS:** They should educate themselves about fertility preserving treatments. I strongly recommend the FERTILE HOPE web site for anyone working with cancer patients of reproductive age ([www.fertilehope.org](http://www.fertilehope.org)). The technologies are moving very quickly, particularly for women where we are learning how to use frozen tissues to produce eggs.

**OA: As a licensed psychologist and someone who has been a cancer patient himself, what advice would you give medical professionals to best deliver a cancer diagnosis?**

**DS:** Minimize my wait for the bad news. The world slows to a crawl when I’m waiting to

hear if my life is going to implode.

When you come in the room spit it out. Get to the bottom line quickly. I don’t hear anything you’re saying until you get to the bottom line. (Research also confirms that patients don’t remember anything you say before the bottom line either). I don’t need drawings. I don’t care about the biological mechanisms nearly as much as you do. I care about my chances and how tough the treatment will be.

There is no perfect way to give bad news. Tell me you’ll stay with me through the process. You’ll be there for me. Tell me there’s a plan and what we are going to do next. Make me write down anything I absolutely need to remember.

Don’t do the good news/bad news thing. As in, “The good news is we have excellent parking for patients who need chemotherapy, the bad news is, you’re going to need it.” When you are learning you have cancer, there isn’t good news.

**OA: What made you decide to pursue a career in psychology?**

**DS:** I experienced the bone gnawing vulnerability of being a patient and thought