



WESTCHESTER PHYSICIAN

April 2019

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PRESIDENT'S MESSAGE THE 3 A' OF MEDICINE

When I started practice, I was given some advice by a senior surgeon: “If you want to build a practice, you need to know the Three A’s: availability, affability, and ability.” I have always tried to keep this advice in mind, and I think it’s timely to share that information again. Certainly each one of us may have his or her own personal story on how to build a successful practice. I don’t presume that I have that exact answer, but I do believe that the Three A’s can serve as a strong foundation for building a practice.

The first is availability. If you are growing your practice, referring doctors in particular, have to be able to reach you. I was told “you have to be available 24/7,” especially if you are a specialist who is dependent on patient referrals. Many referring doctors do not have experience in certain conditions, or in today’s volume-based practices, do not have the time to deal with certain conditions, and are looking for specialists for referral. Also, sometimes patients *demand* to be seen by a specialist. Nevertheless, when building a practice, for the most part the attitude is not to turn anyone away. If you are available to take a referring physician’s call and help that physician, then it is very likely that more patients will come your way. Not only should you be available to the physicians, but you also need to make sure that your office staff can actually get those patients in to see you in a reasonable timeframe. I remember hearing somewhere that while it is not possible to be available 24/7, the trick is to find the best way to live a balanced lifestyle without making it seem that you are never reachable.

The second is affability. Simply, this means likeability, and this goes for patients and for the referring physicians. Taking the time to establish a relationship with a patient and understand each patient’s concerns goes a long way. For some of us, it’s the ability to relate to a patient, or remember something personal about a patient, or simply making a patient feel good or comforted about his or her situation. I posit that affability goes beyond likeability and includes confidence, humility, trust, and the ability to listen. This also includes treating the referring physicians in the same way.

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OMAR SYED, MD
President, WCMS

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UPCOMING EVENTS

WCMS/WAM Annual Meeting
Thursday, June 13, 2019
Westchester Country Club
Rye, NY

WESTCHESTER PHYSICIAN

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40 Sunshine Cottage Road
Valhalla, NY 10595
914.967.9100 / FAX 914.967.9232

PETER J. ACKER, MD
Editor

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FROM THE EDITOR...

PETER J. ACKER, MD
EMPATHY



I think it is fair to say that one of the qualities that patients seek when looking for a physician is empathy. Certainly diagnostic acumen and medical knowledge are vital, but at end of the day it is the caring that the patient remembers about their doctor. A patient is much more tolerant of a medical misjudgment in a practitioner if his or her perception is that the physician conveyed deep concern about the patient. That is certainly a point often emphasized in educational sessions on risk management that I have attended over the years.

Empathy is the action of understanding and vicariously experiencing the feelings, thoughts and experiences of another, to put oneself in another's shoes, as it were. Of course, nobody can absolutely divine what another is feeling or thinking. We rely on our own experiences and imagination to get a sense of what the other person is feeling. Much of social intercourse relies upon reasonably accurate assessment of another's inner experience in order to relate appropriately. It is a difficult thing to fake.

We as humans are all alike in that we have near identical physiologies and nervous systems so we have in our own vast lexicon of experiences that allow us to know in general terms what another is going through. For example, we probably all have experienced being underdressed on a cold day and knowing what that feels like so if we see somebody shivering we know what they are experiencing and may offer a garment to ease their suffering. But the rub is, like in all things, the details. There are differences among people of their threshold for feeling cold. A very common marital dispute (at least in my household!) is whether it is cold or not and often manifesting in a surreptitious adjusting of the thermostat.

So in actual practice we have to accept the fact that we can only approximate exactly what the other is actually experiencing in all its richness. One of the best ways, is to have had an experience very similar to what the other is going through and not having to rely on one's imagination.

In pediatrics, it is of course not a requirement that you actually have kids, but it does make it much easier for a pediatrician to really feel what the parents of their patients are going through. I tell all new parents or parents-to-be that they will learn to worry in a way they have never worried before. We are designed by nature to do a worst-case scenario analysis when it regards our kids. I have coined the term "parent-oid" to encapsulate that phenomenon. Indeed, I vividly remember one of my daughters casually telling me she had a headache and brain tumor was the first thing that flashed across my mind.

Many years ago, my middle daughter, 2 years old at the time, developed

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THE BUSINESS OF MEDICINE**SANITY**

Rick Weinstein, MD, MBA

Director Orthopedic Surgery Westchester Sport& Spine at White Plains Hospital Center

Every doctor has delayed gratification to the point of insanity. Four years of college and then four years of medical school. I have some friends who took a job right out of high school and started earning an income. Very few people take the circuitous route of college and then graduate school. Not only is there an actual cost of college and graduate school, but during that time you are not earning income. So instead of earning \$50,000 a year you are spending \$75,000 which equates to an actual loss of \$125,000 per year. Over 4 years of medical school you are losing \$600,000...that is ridiculous!

Anyone who questions if doctors should earn at least a few hundred thousand dollars a year does not understand the time and effort we have invested and the actual money we have sacrificed and lost. This was a financial decision and for many people it was not a smart one. There is no debate that deciding to go to medical school requires financial sacrifice and if you did not consider the risks and benefits of this investment then shame on you and I am sorry for your family.

We are working 60-80 hours a week, having to deal with insurance companies where non-sensical regulations get rammed down our throats. Meanwhile, we are being abused by EMRs that make us less efficient and benefit no one - this not the life we have chosen. How can we possibly maintain our sanity?

Honestly, I don't believe most doctors are completely sane. I believe that over 95% of doctors are extremely intelligent, hard-working and conscientious, and really care about their patients and the world around them. So how do we keep from losing our minds when those around us have obviously lost theirs?

There are 2 things that have kept me relatively sane.

First is working out and keeping in shape. I make going to the gym a priority 6 days a week. The days I don't work out I am more tired and more angry. Studies have shown that physical challenges counteract burn-out. The mind and body work in unison,

and neglecting one will affect the other. I also believe that working out should be of significant intensity and challenging. I do spin classes on the weekends and weights during the week. High intensity interval training (HIIT) provides the most benefit in the least amount of time using intense intervals. It is considered sacrosanct to say by many medical professionals, but I do believe "no pain, no gain."

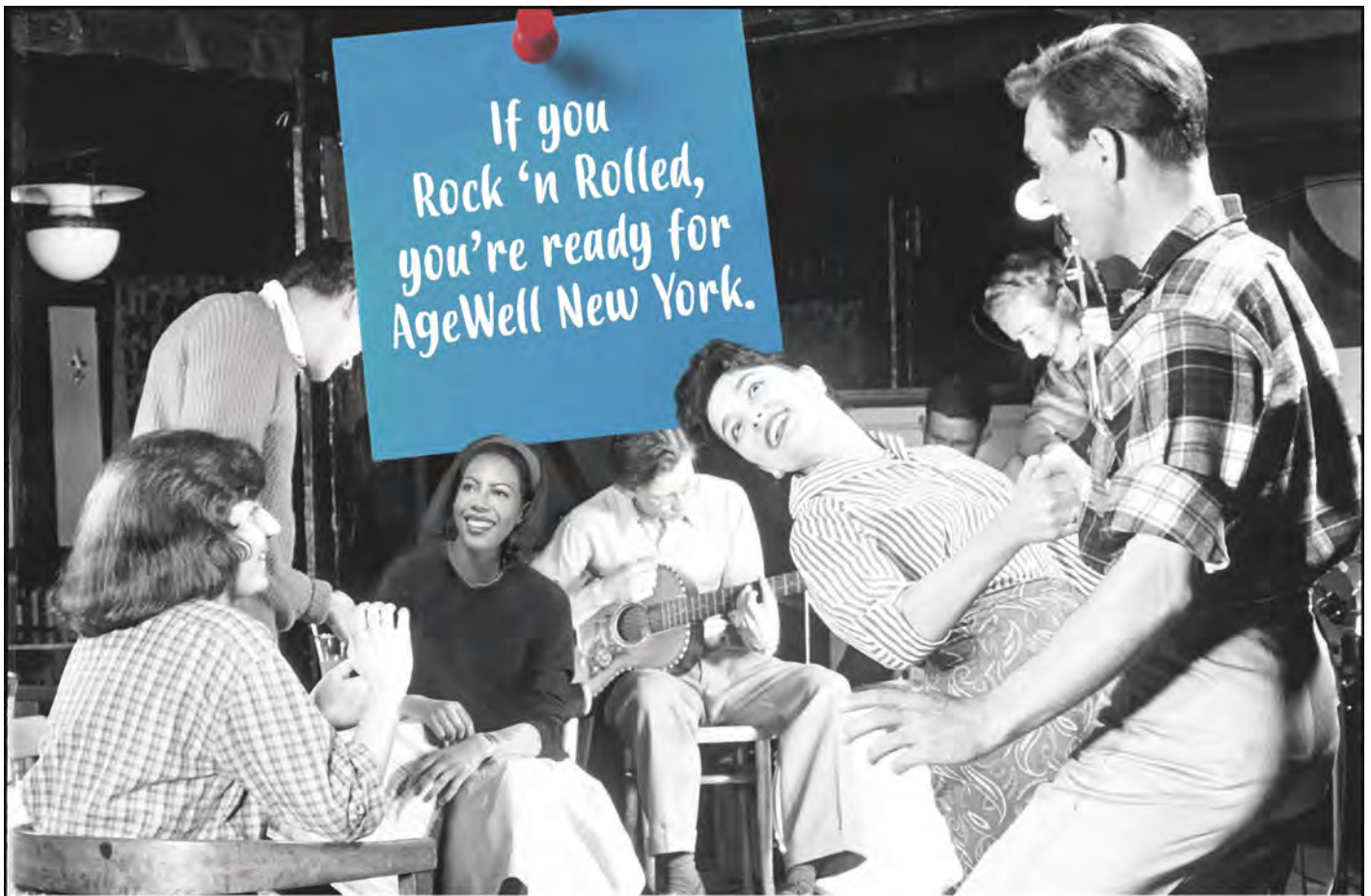
My second strategy to maintain my sanity is planning and going on vacation. I need something to look forward to on those long days when the stream of patients is endless and the paperwork keeps piling up on my desk. When I feel I am drowning, the knowledge of a reprieve of a vacation in 3 weeks gives me incentive to push through. I have been fortunate to be the medical director of the International Boxing Federation and have lectured in Beijing, Berlin, Milan as well as Atlantic City. I also have a friend who is a great traveler and has dragged me on a guerilla safari in Uganda and next year to Papua/New Guinea. I view these trips as a light at the end of the tunnel.

Vacation may be as simple as having a weekend getaway with the family. Some of my best memories are visiting colleges with my boys or going to the Hamptons for a weekend. Just plan something that you want to do that removes you from your daily routine. The sunshine and warm are finally here. Go to Westport and walk around. Go for a bike ride.

It is hard to keep your sanity, but your family and your patients depend on you keeping it together. Keep yourself physically active and plan for your next vacation. Remember to take care of yourself and not just the others around you.



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STOP THE TRAIN

Elliot Barsh, MD

This story from the NY Times made me think about **trust** and **conflict**. They are actually two sides of the same coin.

At any moment in time, we are experiencing one or the other.

Trust has 3 components.

We have to believe that someone is bringing all of these components to the table in order for them to gain our trust.

Competence is the ability to get the job done. It is the belief that we have the expertise that is needed to do the job.

Honesty is the belief that we will keep our promises. That we have integrity, and will be accountable for what we say and do.

Benevolence is the belief that we have the other person's interests at heart. We care about them, and are interested in helping them the way they need our help.

Conflict also boils down to 3 components.

Approval. We all need to be seen and heard. We matter. We all want to be loved.

Control. We need help and want to, as the author says, "own our choices." We want to be treated with compassion and not be forced to comply.

Security. We must feel safe. We need connection and a sense of belonging. Otherwise it is too hard to try.

When we trust someone our parasympathetic nervous system (PNS) turns on and our minds open. We become curious and interested in learning. We gain presence and feel connected. Problems disappear and possibilities emerge. When we are in conflict our sympathetic nervous system (SNS) fires and our minds contract. Our ego springs into action to gain control over the situation. We fight to be right in

order to survive.

How do our patients experience us?

Do they trust us to be curious, listen with compassion, and create a safe space where we both matter?

Do they brace themselves to fight for approval, take control, and run?

I like the author's reference to Adam and Eve.

"...a true partner is one who can oppose us, challenge us, spar when necessary.

What makes a good sparring partner? Trust. Trust that the other isn't pulling any punches. And trust that you're both in the ring for the same reason: not to hurt each other but to grow."

Enjoy the story and thanks for reading.

E

From The New York Times:

I Had to Do It Without Telling My Beloved

Feeling grateful and able, I donated a kidney to a stranger. The only problem: I made the decision on my own.

<https://www.nytimes.com/2019/04/12/style/modern-love-kidney-donation-secret.html>

If you are interested in a wonderful read about Adam, Eve, and Love.

<http://www.brucefeiler.com/books-articles/the-first-love-story/>

[I you are interested in learning more about trust.](https://www.kellogg.northwestern.edu/trust-project.aspx)

<https://www.kellogg.northwestern.edu/trust-project.aspx>



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WESTCHESTER COUNTY MEDICAL SOCIETY
WESTCHESTER ACADEMY OF MEDICINE
REPORT OF THE NOMINATING COMMITTEE 2019-2020

The Nominating Committee of the Westchester County Medical and the Westchester Academy of Medicine met on April 18, 2019, and hereby nominates the following candidates for election at the Annual Meeting on June 13th, to take office effective **July 1, 2019**:

President-elect

Peter Acker, MD

Vice President

Jeffrey Jacobson, MD

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Delegates to the MSSNY House of Delegates

(Four for two years; term ending 2021)

Robert Ciardullo, MD	Ronald Jacobson, MD
Daniel Gold, MD	Peter Liebert, MD

Alternate Delegate to the MSSNY House of Delegates

(Three for two years; term expiring 2021)

Peter Acker, MD	Richard Yung, MD
Bella Malits, MD	

Delegates to the MSSNY House of Delegates

(One for one year; term ending 2020)

Marshal Peris, MD

Alternate Delegate to the MSSNY House of Delegates

(Two for one year; term expiring 2020)

Ana Aronova, MD	Christos Stravopoulos, MD
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Note: Per the Bylaws, the current President-elect, Daniel Gold, MD, automatically assumes the Office of President and the current President, Omar Syed, MD, assumes the Office of the Immediate Past President.

*Additional candidates may be nominated from the floor at the WCMS/Academy Annual Meeting, provided that each nomination is supported by a petition signed by at least 100 members, as specified in the Bylaws.



Department of Health

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SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Prescription Contraceptive Drugs for Family Planning

Amendments were made to Title 18 NYCRR sections 505.3(d) and (e) to allow for a written order of prescription contraceptives for family planning purposes to be filled 12 times within one year.

Currently, all prescription contraceptives for family planning purposes are systematically available for dispensing up to a 12-month supply at one time or over a 6-month period. However, claims processing changes are required before the system will allow for a single prescription to be valid beyond 6 months.

Once system changes have been updated, notification will be provided via eblast and the Medicaid Update.

Any questions or concerns can be sent to: ppno@health.ny.gov.

PRESIDENT'S MESSAGE
THE 3 A' OF MEDICINE
(Continued from page 1)

It's remarkable how a phone call to the referring physician thanking him or her for the referral and communicating directly the plan of care can really go a long way.

The last is ability. This should be self-evident. Always strive for your best and continue to advance your practice. There are always newer medicines and technologies and equipment and it is imperative we keep up to date. I have found that the best physicians always show that they are their patients advocates at all times. Our patients and colleagues can recognize this passion and will appreciate it. Competence is also admitting when you don't know and when to seek out help or assistance when needed.

These were just some of the pearls that were shared with me when I started practice, and I still find them relevant today. Some could say the fourth A is affordability, but that is too big of an issue to tackle right now. Others would say that the above is antiquated as patient care is now being dictated by the insurance companies and narrow networks. But, at the end of the day, nothing can take away the doctor-patient relationship, and it will be stronger if you adhere to the Three A's.



FROM THE EDITOR...
PETER J. ACKER, MD
EMPATHY
(Continued from page 2)

an extremely rare complication of chicken pox (before we were vaccinating against it). We rushed her to the hospital in the middle of the night and while she eventually recovered (and today is a pediatrician herself!), she was there for over a week. I will never forget the sheer dread I felt in the first few hours of her admission. Whenever I hospitalize a child, I remember that experience and it helps me totally get what the parents are going through.

So we do our best to incorporate all of our knowledge and experience to deliver the best possible care for our patients, but art truly comes from converting all of that into empathy that the patient can feel.



DO NOT TAKE ONLINE PHYSICIAN REVIEWS AT FACE VALUE

STEVEN REZNICK, MD | *PHYSICIAN* | APRIL 18, 2019
 Originally published on KevinMD.com

My friend and practice advisor showed me two very negative anonymous reviews of my practice this week. Both were posted within a one-month winter period and were written about family members. They were not written by patients.

My staff and I tried diligently to identify the stated situations as they did not resonate with any of us. Unfortunately, we were unsuccessful. That frustrates each of us.

Combined, these reviews were aggressive and unflattering. They mentioned my age, ego and seemingly lack of compassion. I'd be lying if I said I wasn't bothered by them. I truly wish I could talk to those anonymous authors to learn their point of view and find out why they are so angry. I'd sincerely apologize to them if I did anything to cross a line.

At the end of the day, I like to look myself in the mirror and know that I have done the best I can for each of my patients. I am very passionate about my profession, care immensely about the well-being of each patient and believe in evidence-based medicine – not fads and or snake oil. I also hold true to my practice's slogan: access, advocacy, compassion, and prevention.

I spend a great deal of time in face to face meetings with my patients. I return all phone calls, call regarding all test and lab results and; usually I am aware when a patient is unhappy or dissatisfied. If I am not aware, my office supervisor or staff know it and bring it to my attention so I can discuss the reason and clear the air or rectify the problem.

If quoting the medical literature to patients to explain a point of view, plus relying on years of experience, is being full of myself; I guess I am guilty. If I do not respect the wishes of the family when the patient is fully competent to make decisions and is still the legal health care decision maker, then I am guilty as well.

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THE MEDICAL SOCIETY OF THE COUNTY OF WESTCHESTER
 AND
THE WESTCHESTER ACADEMY OF MEDICINE
CORDIALLY INVITES YOU TO ATTEND OUR



ANNUAL MEETING AND PROGRAM
THURSDAY, JUNE 13, 2019

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6:00 - 7:00 P.M.
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INSTALLATION OF 2019-2020 MEDICAL SOCIETY & ACADEMY OFFICERS

REMARKS OF OMAR SYED, MD
OUTGOING WCMS PRESIDENT

REMARKS OF DANIEL GOLD, MD
INCOMING WCMS PRESIDENT

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MSSNY HOUSE OF DELEGATES HIGHLIGHTS

The Medical Society of the State of New York (MSSNY) conducted its 2019 House of Delegates Annual Meeting, April 12-14, 2019 at the Westchester Marriott in Tarrytown, NY. The following physicians from Westchester and Putnam Counties attended and served as your elected delegates and alternates to the House of Delegates

Delegates

Karen Arthur, MD, *Mount Kisco*
 Robert Ciardullo, MD, *Armonk*
 Mark Fox, MD, *Tuckahoe*
 Daniel Gold, MD, *White Plains*
 Ameet Goyal, MD, *Rye*
 Robert Lerner, MD, *Valhalla*
 Peter Liebert, MD, *Purchase*

Marshal Peris, MD, *Brewster*
 Joseph Tartaglia, MD, *White Plains*
 Norma Kurtz, MD (Putnam)
 William Zurhellen, MD (Putnam)

9th District Delegate

Omar Syed, *Katonah*



The Westchester and Putnam Delegations, part of the 9th District Branch and caucus, were led by Bonnie Litvack, MD, MSSNY Vice President and Thomas Lee, MD, 9th District Councilor. The group caucused several times to consider resolutions submitted by physicians from all over the state. Caucusing with Westchester and Putnam were delegates from Orange, Dutchess and Rockland counties, as well as several physicians representing their state specialty societies. After completion of reference committee hearings and deliberation in the House of Delegates (HOD), the following actions were taken by the HOD on resolutions submitted by the 9th District Branch:

Actions of the House—9th District/Westchester Resolutions:

RESOLUTION 50

Universal Medication Reconciliation *Introduced by the 9th District Branch, MSSNY* **SUBSTITUTE RESOLUTION ADOPTED**

RESOLVED, that the Medical Society of the State of New York continue to work with the New York e-Health Collaborative (NYeC) and the State Health Information Network (SHIN-NY) to help ensure that patient medication information is accurately collected and distributed through the Regional Health Information Organizations (RHIOs) in a timely manner and presented in a user friendly format.

(Continued on page 13)

Actions of the House—9th District Resolutions:

RESOLUTION 103

Medical Student Loan Forgiveness *Introduced by the Ninth District Branch of MSSNY*

MSSNY POLICY REAFFIRMED IN LIEU OF RESOLUTION 103

MSSNY 85.963 Promotion of Financial Aid Opportunities for New York Medical Students:

MSSNY will: (a) advocate for the expansion of the Doctors Across New York Physician Loan Repayment Program by increasing the number of available positions, and directing any unused funds in the Loan Repayment Program toward the Practice Support Program; (b) support the development of State funded loan forgiveness and repayment programs for physicians; and (3) advocate for the development of scholarships and/or grants for medical students who plan to work in the state. (HOD 2011-108)

MSSNY 85.999 Manpower Assistance for Medical Students:

MSSNY supports the concept of continuing some form of federal manpower financial assistance and support, including general institutional grants, special project grants for medical schools and the continuation of the National Health Service Corps and other support mechanisms such as long term, low interest loans for medical students. (Council 6/26/80; Reaffirmed HOD 2013)

MSSNY 115.996 Shortages of Nursing and Other Health Care Personnel: MSSNY is working with the Legislature to implement short and long range measures to address nursing and other health care personnel shortages such as:

(1) Using New York State funds earmarked for hospital implementation of the revised minimum hospital code to provide labor rate relief for nursing and other health care personnel; (2) Providing hospital reimbursement sufficient to allow hospitals to provide adequate salaries for nursing and other health care personnel; (3) Encouraging development of salary and career ladders in nursing that relate experience and increased responsibility to salary; (4) Developing and increasing efforts to educate and retain professional health care workers; (5) Developing efforts to increase and retain personnel beginning with junior and senior high students, and that include scholarship programs and expansion of loan forgiveness programs.

RESOLUTION 104

Mental Health Services for Medical Students *Introduced by the Ninth District Branch of MSSNY*
ADOPTED AS AMENDED

RESOLVED, that MSSNY encourage Medical Schools in New York State to provide confidential in-house mental health services at no cost to students, without billing health insurance, and set up programs to educate both students and staff about burnout, depression, and suicide; and be it further

RESOLVED, that MSSNY bring this resolution to the AMA so that the AMA can recommend that the AAMC strengthen their recommendations to all the medical schools to mandate these services for our medical students.

RESOLVED, that MSSNY encourage Medical Schools in New York State to offer affordable, confidential off-site counseling

RESOLUTION 117

Parental Alienation Syndrome in Custody Cases *Introduced by the Westchester County Medical Society*
REFERRED TO COUNCIL

RESOLVED, that MSSNY support legislation and/or regulation to prohibit the use of Parental Alienation Syndrome in determining custody.

RESOLUTION 260

Resolution 260 – Eliminate the Word “Provider” from Healthcare Contracts *Introduced by Ninth District Branch*

ADOPTED AS AMENDED

RESOLVED, that the Medical Society Of the State of New York seek legislation to ensure that all references to physicians in government and insurance contracts, agreements, published descriptions, and printed articles eliminate the word “provider” and substitute the accurate and proper term “physician”; and be it further

RESOLVED, that this resolution be forwarded to all health insurers and state, local, and federal agencies to urge their compliance.



DO NOT TAKE ONLINE PHYSICIAN REVIEWS AT FACE VALUE

STEVEN REZNICK, MD | *PHYSICIAN* | APRIL 18, 2019
Originally published on KevinMD.com
(Continued from page 10)

When a patient chooses to leave my practice, I make it a point to send them an individual handwritten note. I apologize for not meeting their needs and expectations and ask them to please let me know their grievances for the sake of improving the care and service and not repeating actions which a patient found to be negative. I ask “why” they left and if I did something that I should not have done, or did not do something that I should have done. After writing these notes, I have my office staff review them to make sure the tone and content are caring, inquisitive, and appropriate. Unfortunately, no one ever responds.

My friend, the practice advisor, felt it was important to identify these situations and try to further identify the author of each review. He recommended, and I wholeheartedly agreed, it would be important to have a conversation with each of them to gain a better understanding of the situation, apologize and make any appropriate practice changes.

Since my staff and I are not able to put the pieces of these puzzles together, I am at a loss for identifying the authors. Furthermore, these online sites do not typically allow a physician to confirm the author was, in fact, a patient and then respond to their review.

That’s a problem since 80 percent of patients who are seeking a new physician search online. My advisor has shared with me countless examples of negative physician reviews where there was nothing to indicate the author had ever even been a patient of the practice.

A few years ago I experienced that myself on Angie’s List. Fortunately, I was able to track down and contact the author, and they admitted they and their spouse had never been my patients. It was an error on their part which reflected poorly on me. It took time and effort, but we were eventually able to have the review removed. That rarely happens.

If you are a patient who feels you have a gripe with your doctor, I urge you to call that physician or write that doctor and express your concerns and give them a chance to respond. Do that even if you wish to move

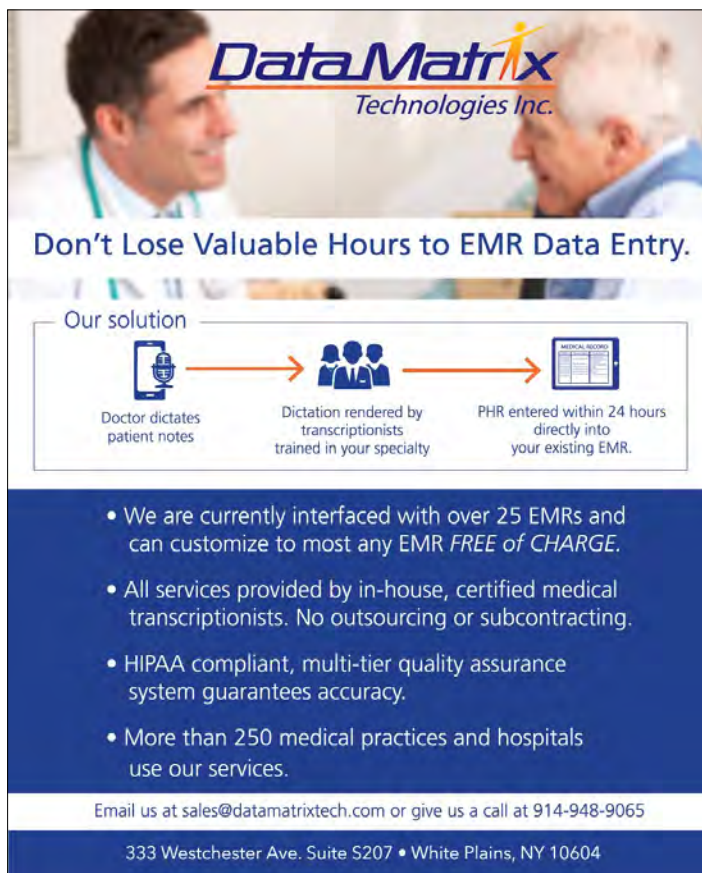
on. It’s the only way a practice and doctor can improve. We really do care.

And, if you are seeking a new physician, do not take online reviews at face value. Gather as much information about the physician as possible and ask if you can have a short meeting with the doctor before making your choice. That’s something I make available at my practice for anyone interested in concierge medicine.

Steven Reznick is an internal medicine physician and can be reached at [Boca Raton Concierge Doctor](#).



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