



WESTCHESTER PHYSICIAN

April 2023

Volume 39, Issue 4



PRESIDENT'S MESSAGE

I SAW MY DOCTOR SENATOR TODAY BRUCE MOLINELLI, MD PRESIDENT

I had the honor of attending the American College of Surgeons (ACS) Leadership and Advocacy Summit in Washington DC this month where the surgical leadership of the ACS discusses their initiatives and goals in affecting health policy. This meeting incorporates visits to Congress, specifically our House of Representative members and Senators from our respective states, allowing us to voice our concerns about the current status of the American health care system. We had a scheduled time (30 minutes) to meet with our Senators/Representatives and staff at their office in the Capitol, plead our cause, exchange information and move on with the promise of some follow up correspondence, if ever.

As we walked the Capitol streets and halls, there were throngs of Americans from all corners of our country, doing the same. Quite a slice of Americana was evident in these halls from trimmed suits to cowboy jeans, from message bearing apparel to American flag raiments. As surgeons, our purpose was clear, but our presence was attenuated, and the setting further verified it. In this visit, we were simply the medical lobbyists, lumped among all the others vying for a moment of attention from our over subscribed legislators. We were just another Congress person's office-hour obligation, stumping for our cause. I do say that we present well. We were well prepared, well dressed, well spoken, but in my opinion , well.... overlooked.

Let me explain.

Picture yourself at 2:30 in the afternoon, knowing you have 15 more patients to see before you need to get to your scheduled 5:00 PM hospital or group practice meeting, patient rounds, or child's after school activity, and each patient has a complaint which is not just real to them but needs your attention. They may have a productive cough or a swollen knee of which is all-consuming of their very being, but in the grand scheme of your day, you still just need to address it quickly otherwise all the other can't-miss sessions you are obligated to attend will be in jeopardy. So essentially they get maybe 5 minutes to plead their symptoms whereby you've already packaged this visit , and depending on how complex the matter is, started the diagnostic workup

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BRUCE MOLINELLI, MD
President, WCMS

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Upcoming Events:

NETWORKING EVENT
May 4, 2023 6-9pm
Captain Lawrence Brewery
More info on page 11

WCMS/WAM
ANNUAL MEETING
June 8, 2023—6pm
Westchester County Club
More info on page 14

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*FROM THE EDITOR...***PERSUASION****PETER ACKER, MD**

The Sunday Time's book review of March 6 contained an interesting review of a book entitled **The Fever of 1721: The Epidemic That Revolutionized Medicine and American Politics** by Stephen Coss. The book, as detailed in the review, describes the myriad events associated with a smallpox epidemic which decimated Boston in 1721. It was a pivotal time in American history when the puritanism of the 1600's was beginning to meld with a growing movement towards independence and separation of religion and state. It also coincided with the emergence of the first independent American newspaper by James Franklin (Benjamin's older brother) and the continuing emergence of modern science. In a tale replete with multiple ironies, it was the Rev. Cotton Mather who learned from one of his African slaves the West African method in which pus from an infected person inserted into another would result in a milder form of the disease and confer in most cases immunity. Despite opposition from the political leaders of the day, he was able to convince a local physician to perform the inoculations and the epidemic abated.

This early account of a nascent vaccination program is fascinating in that it was pushed by a religious person who presumably rested his faith in God, but in a moment of apparent cognitive dissonance was able to trust information from Africa conveyed by a slave who had been brought to this land by force and then align himself with science via collaboration with a physician. It's sort of a reverse of the old aphorism: "there are no atheists in foxholes" in that a man of religious faith in time of stress turns to a different authority.

This story caused me to meditate a bit on the different "authorities" that influence our decisions today. Of course, our particular history with its tradition of free speech and free debate has created a people who are naturally suspicious of authority, and indeed healthy skepticism has served us well in many respects. Our free press vigilantly investigates the powerful institutions and frequently successfully exposes hypocrisy and oppression. A notable example is the Boston Globe's investigation of the Catholic Church in Boston so memorably recounted in the movie **Spotlight**. This in general is a good thing, the notion that everyone has a voice, that all opinions should be expressed and that each citizen can and indeed should "speak to power". However, there is a flip side which I am reminded of every time I have a long discussion with a skeptical parent about vaccinating their children. In this case, I represent the authority. In today's internet age, there is a constant din of countervailing opinions and it is usually an uphill struggle. In addition, we are sometimes wrong – medical "truths" often are reversed as more information becomes available.

Our work as physicians per force causes us to meld fact with judgement, to assimilate medical knowledge in all its complexity and bring it bear in our treatment of our patients. Doctors today, I think it is fair to say, are questioned much more today than ever before. Gone are the days of

(Continued on page 11)



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PRESIDENT'S MESSAGE
I SAW MY DOCTOR SENATOR TODAY
BRUCE MOLINELLI, MD PRESIDENT

(Continued from page 1)

with some remedial testing putting aside a more thorough contemplation of their condition for a later time. You will get to it and do truly want to care for your patient, especially your loyal patient who has seen you for years and sends their family and friends to you, essentially supporting your practice, but you also welcome new patients and want to present yourself well. Also picture that you started the day already behind in your office hours due to either that emergency patient you've squeezed in this morning or even more likely, your choice to utilize those cherished, pre-office minutes to yourself to catch up on yesterday's chart work.

So I essentially just described everyday of our working lives as physicians. (I didn't go into the catch up work *after* hours at night at home, but that isn't the focus of my story today.) And the more staff we have to help us will potentially lessen our inefficiency keeping us closer to being on-time and getting in all that needs to be done in our overpacked schedule.

Well the same can be said of our legislators. They have staff that keeps them on time-ish. They seem to want to hear our woes earnestly-ish. They care more if we are from their voting district, whether established constituent or new supporters of their cause. We have a significant all consuming problem threatening our very being, that we present to them which they seem to attentively and dutifully listen and perhaps even honestly want to understand.

They thank us for bringing it to their consideration and promise to look into it further. Their staff, at all levels of authority, from chiefs to interns, diligently write notes, exchange business cards and move us along so the next visitor can have time with the congressman or congresswoman. I'm sure they have a committee meeting they have to get to at 5:00pm or give a speech or need to get in the car or catch a flight to their home state for more meetings, or possibly family events. Yes, they will likely hear your cause and contemplate it later, or have their staffer investigate it further and perhaps even decide on a course of action. But will there be change favorably to your request-who knows- since that would rely on the more onerous workings of the political process which is often the black box of policy transformation

producing a potentially unrecognizable surprise output... if any output is generated at all! Were the medical system similar when we order a test after seeing the patient, unsure if the result would need to be renegotiated or voted down or ignored without any result reported, we would all suffer in a medical system even more broken than it already is. This would be an unacceptable outcome in the field of medicine but appears to be the norm of our political structure. (I'm not addressing or fixing that in this month's newsletter either, so let me move on).

But meeting with our legislators is still important and necessary, and rather than us just complaining about the status quo, we need to be offering them a resolution to the problem which may help direct their staff to a more focused research. Thus, just stating Medicare is not paying enough and we are losing physicians accordingly, is not going to suddenly infuse more money into the system— a system for which we already have a 31 trillion dollar deficit. Extracting more funds from Government treasuries to Medicare, which has not had an inflationary hike for over 20 years, having remained cost neutral ostensibly just carving the fixed funds among various specialties differently depending on who's lobby is bigger, is not going to go over well in Congress. A budget balance environment is currently the overwhelming topic in Washington as current speaker of the house, Kevin McCarthy, told us surgeons during his gracious surprise visit to our convention. In his 10 minute prepared speech, sandwiched between a secret service laced, through-the-kitchen side entrance appearance interrupting our schedule, followed by a just-as-quick hasty escape via the shiny kitchenware apparati, fielding no questions or interactions, we were nonetheless "blessed" to hear his three top initiatives which are: balancing the budget (***a.k.a. absolutely no room for a Medicare hike***), taking on education and addressing the looming threat of China. This visitation to us was on the same day he came back to Washington from New York having promoted his policy of curbing the national debt to his audience, the NYSE. He also had time to comment to us on the incredibly high crime rate of that dangerous place, New York City, insinuating the cause being the local DAs soft approach to crime. Talk about a busy day! Yet, it is funny how those political jabs always seem to still get done.

But I digress....

(Continued on page 9)

STOP THE TRAIN**Elliot Barsh, MD*****"I don't believe in miracles, but I do believe in the miraculous."* -Alan Lightman**

Hi everyone.

I hope our column finds you well.

We know what we know, what we see, what we do, but do we know what is **true**?Walking may be one way for us to see what is **true**.

We start a walk thinking about ourselves walking. We think about the distance and time. Maybe even think about what we are going to do when we are done.

This quickly changes.

As we walk we become aware our **body**. How our legs are working, and how our lungs are breathing somewhat harder and faster.We sense the **earth** beneath our feet and all around us. The slope of the ground, the sound of our steps, the breeze and temperature.Our **mind** opens and is filled with thoughts, images, and ideas that take on a life of their own.**Past, present, and future** all become **now**.Our thoughts and feelings are **released** from the hold we have on them.For a moment, we are **inside out**As *Alan Lightman* would say, we feel our **"profound connectedness to all living things."**Part of what is **here** and **now**Part of what is **true!**

Quite a trip!

Be safe.

E

Whatever the Problem, It's Probably Solved by Walking

A walk begins to carve out space between my thoughts that allows clarity to rise up through my shoes.

*"...even in a material universe, we are connected to all things future and past."****The Transcendent Brain***

Humans are evolutionarily drawn to beauty. How do such complex experiences emerge from a collection of atoms and molecules?

*"If we can see ourselves as where we are now, instead of who we are, we will see that even as we age, we are always here, it is always now, and we never disappear."***There's No Road Map for an Aging Lesbian**


Where is the script for growing gray and staying gay?

*Maria Popova says that a flower is "a ravishing system of aliveness—a silent symphony of interconnected resilience."**We are also a symphony, as ravishing, alive, and resilient as a flower!***BLOOM***by Emily Dickinson*

Bloom — is Result — to meet a Flower
 And casually glance
 Would cause one scarcely to suspect
 The minor Circumstance
 Assisting in the Bright Affair
 So intricately done
 Then offered as a Butterfly
 To the Meridian —
 To pack the Bud — oppose the Worm —
 Obtain its right of Dew —
 Adjust the Heat — elude the Wind —
 Escape the prowling Bee
 Great Nature not to disappoint
 Awaiting Her that Day —
 To be a Flower, is profound
 Responsibility —



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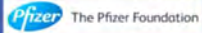
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MSSNY Podcasts

MSSNY

The Medical Society of the State of New York has created a number of podcasts on topics that are timely and relevant. In addition to weekly MSSNY Updates from the Division of Governmental Affairs, there are myriad timely and relevant podcasts on COVID-19 (both for physicians and patients) as well as a number of others on veterans, adult immunizations and emergency preparedness.

- | | |
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MSSNY Announces two NEW Podcasts on COVID-19

★ A Discussion on COVID Vaccine for Patients ★

MSSNY President, Dr. Bonnie Litvack, President-elect, Dr. Joseph Sellers and Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discuss vaccines currently available for COVID-19 and answer many questions patients may have about the vaccines.

★ How to Talk to Patients About Vaccine Hesitancy ★

Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discusses the history of vaccine hesitancy and offers sage advice to listeners on talking to vaccine hesitant patients.

★★The additions of these podcasts marks 100 podcasts published on the MSSNY Podcast website!★★

PRESIDENT'S MESSAGE**I SAW MY DOCTOR SENATOR TODAY****BRUCE MOLINELLI, MD PRESIDENT***(continued from page 5)*

So we sat in our Senator's office, without a sense of any real change in sight, but an understanding that if we do not present ourselves at all, our medical profession would be even more helpless than we already are. Every other group is lobbying their cause- so perhaps we all cancel each other out. So how can we be different and get noticed? The meaningful answer is presenting the solution. The message should read. "We need more money and here is how it can be affordable." But there is a more realistic answer as well. Money!

I applaud the ACS for using the meaningful strategy and being proactive in presenting science based solutions to the health care system — a system which has now converted to a value based payment model, having moved further away from fee for service. Prove your quality and you will get paid. But it is the government that we ultimately need to legislate these changes. So let's suggest (tell them) how. How to tell them how?

Well that's the realistic answer of money. As a start, to actually move the needle on this initiative and be heard, and to get paid fairly which ultimately may protect our viability for providing care, we unfortunately have to pay out ourselves. This comes in the necessary but painful form of financially contributing to your local PAC (MSSNY PAC, specialty PAC, AMA PAC,.. you name it, there are packs of PACS promoting your cause and in so doing, need your funds.)

Yes! Painful..... but necessary.....

This is the oil to the wheel of commerce in the industry we call "Government." The rub lies there. It was noted at our surgical summit meeting, that if even just 10% of the membership of the American College of Surgeons donated \$250/yr to their PAC, it would be the largest lobby war chest surpassing even the trial lawyers lobby. Do you think we would have had *MORE THAN* 30 minutes with our Senators were that the case? Just saying.....

(Also as shocking is that the American Dental Association lobby is one of the most funded PACS. Can't we

physicians do as well as the dentists?)

So rather than this missive being just a long letter ultimately asking for money (which, by the way, is the first and main step for those interested in running for office), I would emphasize that we physicians are built differently. We use science, experience, introspection and honesty to support our altruistic goals as physicians to care for our patients. We are passionate and rewarded multifold for the good service we provide. But make no mistake that the surrounding circles that govern our inner circle of the medical profession is government, which answers to a different set of tenets.

So my takeaway from the interactions with members of congress on that weekend, in their busy office hours, with limited time to converse, was the message clearly denoted, which is :

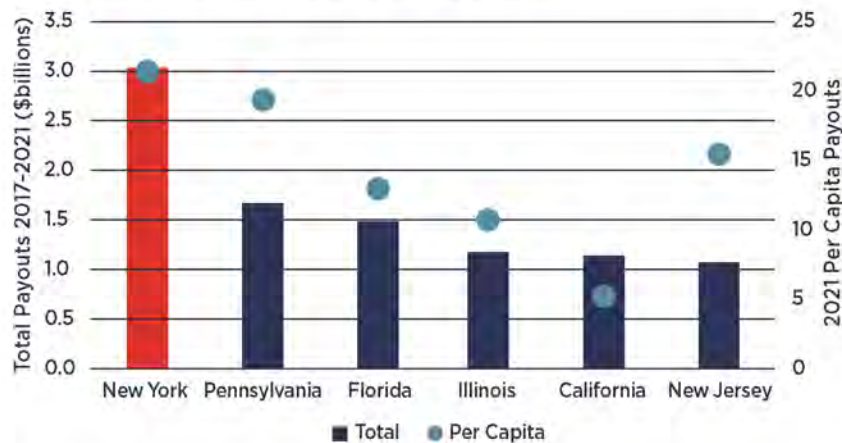
"It's not just the money..... it's only the money."

Stay well, and support your PAC.



Adding New Damages to NY Wrongful Death Lawsuits will Increase Already High Health Care Costs and Lead to Fewer NY Physicians and Hospitals.

Medical Liability Payouts by State¹



As shown by the graph above, New York already leads the nation in medical liability payouts and has for over ten years. As a result, New York lags behind other states in the ability of doctors to practice medicine. According to a March 20, 2023 study by Wallethub², New York’s annual average wage for physicians is among the lowest in the U.S.. Note that Wallethub adjusted the average annual wage of physicians by the applicable cost of living. New York also has fewer hospitals per capita compared to other states. One factor Wallethub cited for these substandard medical conditions is the high level of medical malpractice payouts and extremely high medical liability insurance rates.

S74A/A6770, which passed the Legislature in 2022, would greatly increase damages in wrongful death lawsuits, expand the class of persons who could sue, and allow more time for people to sue. The Governor vetoed this bill in early 2023 (Veto #192 of 2022³). Supporters of

the vetoed bill have vowed to bring back the legislation, whether in the same form as last year or with some modifications. No matter how the new 2023 bill is fashioned, any expansion of damages will still lead to the harmful consequences outlined by the Governor in her veto.

As stated in Veto #192, “it is reasonable to expect that the bill as drafted, would ... further strain already-distressed healthcare workers and institutions. The increased costs would be particularly challenging for struggling hospitals in underserved communities.”

For these reasons, LRANY urges that a comprehensive study of the impacts of any potential changes to NY’s wrongful death law be undertaken by the Legislature and Governor and this study must include consideration of policy and legislation that would at least partially offset any increased costs created by an expanded wrongful death statute.

1. <https://www.diederichhealthcare.com/med-malpractice-payout-analysis-2022/>
 2. <https://wallethub.com/edu/best-and-worst-states-for-doctors/11376>
 3. https://lewisbristol.com/assets/uploads/files/Grieving_Families_Act_Veto.jpg

FROM THE EDITOR...

PERSUASION

PETER ACKER, MD

(Continued from page 2)

“doctor knows best”. This is not always a bad thing – the trick is to respond openly and to be willing to consider other ideas, yet still strongly advocate for the course that our knowledge and judgement take us.

One of our most potent weapons is persuasion – to engage the patient in a human way and try to direct them. I recently did a check up on a 6 month old, one of the most routine and prosaic of tasks for a pediatrician. My interaction with the mother hit that typical speedbump – my advice to immunize the baby against flu was met with a skeptical shrug and a murmured “I don’t think so.” I spent the next 15 minutes, probably more than I would usually devote because my experience with vaccine deniers is that their views are virtually impregnable, but it was my last patient of the morning and I was feeling unrushed. I presented my arguments and included

some of the emotional underpinnings that cause parents to hesitate. It was friendly discussion and after some back and forth, we finally agreed to disagree and I left the room. Ten minutes later, I was standing at a computer terminal writing my notes when the mother approached me. “Doctor, I changed my mind – the nurse just gave him his flu shot. Thank you so much for your time.” It is moments like this that cause me to never rue my decision to go into pediatrics.



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ROCKLAND COUNTY DEPARTMENT OF HEALTH ROCKLAND COUNTY RESIDENCY REQUIRED

The County of Rockland, located in the lower Hudson Valley of New York, is seeking an experienced medical professional to lead the Department of Health as Commissioner and Medical Director. The Department of Health has an operating and personnel budget of approximately \$78M, employs a staff of approximately 230, and is responsible for the delivery of public health services to over 340,000 residents within the County of Rockland. The Commissioner of Health stands at the forefront of all public health initiatives aimed at protecting and promoting optimal health for all residents. These include, but are not limited to, the oversight and direction of clinics, immunization programs, communicable diseases, emergency medical services, emergency and public health preparedness, environmental health, preventative health care and education, and the enforcement of applicable public health laws and sanitary codes.

The work is performed under the general direction of the County Executive and in accordance with obligations and liabilities granted or imposed by established laws and regulations.

Scope of Work (including, but not limited to, the following):

- Plan, direct, and administer local public health programs based on a Community Health Assessment and Community Health Improvement Plan; enforce state and local health laws, regulations and standards; and ensure agency compliance with the above;
 - Interact with federal, state and local government officials, boards and advisory councils, medical, scientific and other professionals, lay groups and individuals;
 - Develop and manage the local health department budget, ensuring appropriate expenditures of public funds through efficient operation of programs; this includes responsibility for contract and grant development and management, including negotiation of service contracts with other government agencies and community organizations, oversight of the reimbursement system and budget forecasting;
 - Develop and enforce department operating policies and procedures in consultation with local governing authorities, the New York State Department of Health, professional staff of the local county health department, federal government agencies and in accordance with all applicable laws, rules and regulations;
 - Oversee hiring, training, assigning work, and supervising staff;
 - As Commissioner, act as medical director for the agency;
 - Provide direct leadership and legal health authority for all local public health policies to address the health care needs of diverse communities;
 - Provide information and consultation on health issues to the county administration, general public and health care providers;
 - Conduct evaluation of the efficacy and efficiency of public health programs;
 - Plan and direct analytic and research studies, as appropriate.
-

**Required Qualifications:**

To be considered, candidates must meet, as a minimum, the following, pursuant to Section 11.11 (a) of the New York State Department of Health Sanitary Code:

1. Possession of a license to practice Medicine in New York State, and
2. Two (2) years of experience in administrative practice; and either
 - a.) A Master's degree in Public Health from a regionally accredited or New York State-registered college or university that demonstrates core competencies of a Master's in Public Health (Biostatistics, Environmental Health Sciences, Epidemiology, Health Policy, and Management, Social and Behavioral Sciences) or a Master's degree in a related field (i.e., comparable curriculum)*; or
 - b.) Certification by the American Board of Preventive Medicine.

NOTE: The Commissioner of Health's qualifications must be approved by the New York State Commissioner of Health prior to appointment.

*Consideration may be given for an incumbent to achieve a Master's degree in Public Health or a related field within four (4) years of appointment.

Other Requirements and Information:

- The Commissioner of Health is a dedicated, full-time employee of the County of Rockland, with no other assigned responsibilities, and is on call 24/7.
- License to practice medicine in New York State must be maintained throughout the course of employment in this title.
- Residency in Rockland County must be maintained throughout the course of employment in this title.
- U.S. Citizenship is required.

Salary and benefits are competitive with the public sector market, and include, but are not limited to the following:

- Annual Salary range of \$163,748 to \$204,255 commensurate with experience;
- New York State Pension eligibility;
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- Voluntary participation in deferred compensation.

Interested candidates should submit a cover letter, resume, proof of qualifications and references to: RocklandHealthCommissioner@co.rockland.ny.us

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OUTGOING WCMS PRESIDENT***

***REMARKS OF PETER ACKER, MD
INCOMING WCMS PRESIDENT***

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Available Programs for 2022-2023

COVID-19 and its Impact on Veterans

Educational Objectives:

- ★ Identify the wide ranging medical and mental health impacts of COVID on veterans
- ★ Discuss post-traumatic growth of veterans who have experienced COVID-related post-traumatic stress
- ★ Recognize the role of physicians in assessing the impact of the pandemic on veteran patients

Military Culture: Everything Physicians Need to Know about Veterans as Patients

Educational Objectives:

- ★ Describe the unique aspects of military culture and how they impact patients who are veterans
- ★ Explain the Dwyer Peer-to-Peer program as a resource to assist veteran patients re-acclimating from a group to an individual mentality
- ★ Review and identify resources to improve physician's ability to fully treat veterans who are transitioning back into civilian life

PTSD in Returning Veterans

Educational Objectives:

- ★ Identify diagnostic criteria for PTSD
- ★ Discuss medical and psychiatric comorbidities of military related PTSD
- ★ Discuss evidence-based treatment modalities for PTSD including medications and psychotherapy
- ★ Discuss strategies to help veterans overcome stigma to seek and accept treatment for military related trauma

The Special Mental Health Needs of Women Veterans

Educational Objectives:

- ★ Review how the increased role of women in the military has impacted their mental health
- ★ Describe mental health concerns unique to women veterans and how to identify and treat them
- ★ Identify the barriers that women veterans face in getting the specific care they need

Substance Use Disorders in Veterans

Educational Objectives:

- ★ Identify Substance Use Disorders (SUDs) in V=veterans
- ★ Discuss evidence-based psychosocial strategies to treat veterans with SUDs
- ★ Discuss Medication Assisted Treatment (MAT) for veterans with alcohol or opioid use disorders
- ★ Identify barriers to diagnosis and treatment of SUDs in veterans and methods to overcome them

Suicide in Veterans

Educational Objectives:

- ★ Address the causes and warning signs of suicide and suicidal behavior among veterans
- ★ Explore evidence-based diagnostic, intervention and treatment options
- ★ Identify barriers to identification and treatment in military culture and methods to overcome them

TBI in Returning Veterans

Educational Objectives:

- ★ Identify signs and symptoms indicative of the spectrum from concussion/mild TBI to severe TBI
- ★ Examine evidence based treatment modalities for TBI and when to refer to a specialist
- ★ Identify red flags that indicate alternate or more severe pathology
- ★ Outline an appropriate management plan for a patient presenting with concussion/TBI including a return to "normal life" protocol

The Impact of Military Sexual Trauma (MST) on Veterans ★ New Program—NOW AVAILABLE ★

Educational Objectives:

- ★ Define military sexual trauma (MST)
- ★ Identify some of the residual effects MST can have on patients
- ★ Prepare providers to treat patients with MST

For more information, contact:

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