



WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

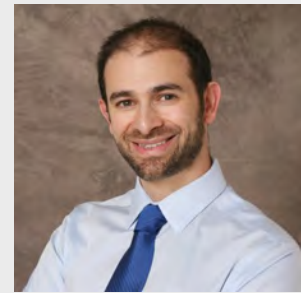
Merriam-Webster defines “hero” as “a person who is admired for great or brave acts or fine qualities.” There is no question that physicians have earned that accolade over the past 18 months. Seemingly overnight, physicians were called on to care for patients and protect the public more than they had been in a generation. Many practices faced financial uncertainty. Personal protective equipment (PPE) was in short supply. Diagnostic testing was scarce and treatments were evolving daily. Yet, with great courage, physicians answered that call and shepherded America’s population through a dark and fearful time.

Yet while America relied on its heroes and hundreds of physicians gave their lives, America’s health insurers reaped record profits and ultimately won a potentially crippling legislative battle against physicians and hospitals. Most physicians have no idea that this last part ever happened.

This is why we need our medical societies and advocacy groups now more than ever. The practice of medicine requires long hours and great focus. We often live in our silos with our blinders on, which makes us easy targets. Our medical society’s primary function is advocating for policies and laws that enhance our ability to do our job and serve our patients. In other words, they try to get that bullseye off of our back. While we care for our patients, our medical societies represent us at all levels of government and guard our patients and our profession against those who would take advantage.

When a state has a strong medical society, patients and physicians win. Take Texas as an example (note: currently unfolding events require the disclaimer: only as an example of regulating their insurance companies!). They have one of the strongest state medical societies in the country. Many legislators in Texas are physicians. Texas just passed their “Gold Card” law against prior authorizations.

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JEFFREY JACOBSON, MD
President, WCMS

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UPCOMING EVENTS

WAM ANNUAL GOLF OUTING
October 21, 2021
Westchester Country Club
Rye, NY

WESTCHESTER PHYSICIAN

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FROM THE EDITOR...
GOOD NIGHT IRENE
PETER J. ACKER, MD

[This is one of my favorite columns from a number of years ago]

In the days leading up to Hurricane Irene, I felt an anticipatory excitement as I followed its course and viewed its gargantuan size on the satellite images. Of course, I was mindful of the potential destruction and suffering that such a behemoth was likely to inflict, but still I could not suppress a boyish enthusiasm at this break from the mere quotidian and dull weather patterns. Part of it was that I wasn't scheduled to be on call and thus would not have to worry about wending my way through thickets of downed trees and loose electrical wires in order to see a patient in the emergency room. I made the usual preparations around the house – gathering loose objects outside and making sure that we had plenty of batteries and candles. On Saturday evening my wife and I settled in to await the storm.

My mind harkened back to the last major hurricane to directly strike New York: Hurricane Gloria in 1985. I remembered it well because that was the year that our first child was born, Karen, who is now a fourth year medical student. She was just 2 months old and as every new parent will attest, once you have a child you learn to worry in a whole new way. I was much less casual about that storm. We taped all our windows of our Queens apartment and placed our infant daughter in the hall way to avoid any possible broken glass.

I wanted to stay up and watch the storm, but alas I fell asleep and missed the brunt of the high winds that my neighbors later told me were quite fierce at about 3 – 4 in the morning. I woke to find that we had lost power, but the winds had already abated somewhat, though the rain was coming down in buckets. We ventured out around midday, and walked up our small street, encountering fallen trees and neighbors who similarly were out assessing the effect of this rare event. There is nothing like a storm to bring out neighborly bonhomie and we chatted amiably, comparing notes and generator capacities.

Memories from even further back were stirred. Hurricane Donna struck Miami in 1960 where I spent most of my boyhood (and interestingly, barreled up the East coast to hit New York dead on). The atmosphere of my street today was redolent of that in Miami with branches and debris strewn everywhere. A large tree fell into our swimming pool and I remember vividly the boyish pleasure of swimming under the water weaving my way through the branches until my father spotted me.

As the winds receded, so did the excitement and it was replaced with the more sobering practicality of living without power. Many, I'm sure, had an initial feeling of "that wasn't so bad" until over the next days news trickled in of the awful destruction in the Catskills, Vermont and

(Continued on page)



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PRESIDENT'S MESSAGE**JEFFREY JACOBSON, MD***(Continued from page 1)*

If a Texas physician has 90% of their prior authorizations approved for a certain imaging study or drug, they get a "Gold Card" and insurers are prohibited from requiring that physician to get prior authorization for that imaging study or drug.

Where is our "Gold Card" law in New York? Imagine a world without prior authorizations! With a stronger medical society, we would have a louder voice and could accomplish that and more. This is where each physician who reads this has a critical role. If you recruit 3 physicians to join the medical society, our advocacy efforts would become far more effective. If every member, including the new ones, contributed a small amount of time, money, or both, we would become the dominant voice on healthcare in New York, improving care for our patients.

That would be heroic.



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STOP THE TRAIN

Elliot Barsh, MD

“...we only exist, after all, as eyewitnesses of our own lives.”

Our memories, and our memory recall, are a mix of facts and personal experiences. We would like to think that we remember things exactly as they happened, but this is not the case. We remember events biased by previous experiences, and we recall memories biased by what we have experienced since the memory was formed.

The Rashomon Effect, based on Japanese filmmaker Akira Kurosawa's award winning film *Rashomon* (1950), has become the name for the *unreliability of eyewitness accounts*. The story is about the murder of a samurai and its four witnesses who each recount a radically different reality, each equally believable, thus undermining our most elemental trust in truth.

What else plays with our brain and how we remember?

Age and **illness** affects our memories and memory making abilities.

Chronic stress, both personal and work related, flood our brains with neurotransmitters that results in a loss of brain cells and an inability to form new ones, which makes it more difficult to remember new information.

Depression also leads to problems with memory in two ways. Low serotonin levels, and focusing on sad events from the past, may make it more difficult for a person to focus on new information.

Isolation, with or without depression, can also contribute to memory loss.

What can we do to keep our brains healthy and memories intact?

Staying physically active will help blood flow to our brain. **Dancing** is the best exercise for us because it is social, cognitive, and physical, all at the same time.

Getting **restful sleep, eating healthy food, staying social, remaining curious and learning new things** will all help keep our brains ready to be healthy as we age.

Knowing this can help us understand why our patients have so much trouble remembering what we do with them in the office.

How many ways can we help them remember?

Summarize the visit before you say goodbye.

Write it down and give them the summary for them to refer to when they get home.

Teach back and ask them to tell you what you just told them. A great way to do this is to ask them how they are going to explain our visit to their family when they get home.

Handouts and links to websites are opportunities for further reminders and learning.

Calling them the next day to go over things with them will help them remember what to do, and remind them that we care about them, and **when we know someone cares about us it is easier to remember to care about ourselves!**

The Rashomon Effect

<https://youtu.be/xg5y6Ao7VE4>

How Do Some Memories Get Lost?

<https://youtu.be/yOgAbKJGrTA>

Thanks for reading and watching.



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FROM THE EDITOR...

GOOD NIGHT IRENE

PETER J. ACKER, MD

(Continued from page 3)

and Northern New Jersey. And then, worse, the loss of life. In particular I was moved by the death of a local psychiatrist, Dr. Peter Engel who drowned while rafting on the Croton River. He was by all accounts a beloved and admired physician and a highly skilled whitewater rafter. It stirred yet another memory – of me body surfing in the Pacific coast of El Salvador last January (at the end of a medical mission there). Similarly, I am an experienced body surfer (in my early 20's, I spent 4 weeks camping out on Pie de La Cuesta, a small Mexican village north of Acapulco and riding monster waves day after day). Also, I was a champion competitive swimmer. Yet one wave caught me and I was powerless to change my tumbling trajectory which ended with me being slammed head first into the sand. My shoulder took the brunt of the impact and left me with an AC separation which took 2 months to heal. As I thought back on the experience, I felt a chill as I thought about how the slightest shift could have resulted in a fatal cervical fracture. I felt a sense of chagrin about my casual attitude toward the coming of the storm. In the words of Dante, “And as he, who with laboring breath has escaped from the deep to the shore, turns to the perilous waters and gazes.”



URGE YOUR MEMBERS OF CONGRESS TO PUSH BACK AGAINST STEEP MEDICARE CUTS FOR 2022

Physicians are urged to contact their Representatives in Congress to urge them to join a letter demanding action to prevent a nearly 10% cumulative cut to Medicare physician payment in January 2022. [Ask your representative to sign-on NOW!](#) Reps. Ami Bera, MD (D-CA) and Larry Bucshon, MD (R-IN) recently circulated a “[Dear Colleague](#)” letter to send to US House leadership highlighting the financial uncertainty within the Medicare payment system and the dangers facing the physician community if Congress fails to enact legislation to address these problems.

In what amounts to a “perfect storm” of payment cuts going into effect on January 1, 2022, physician practices face the following stack of Medicare financial hits:

- Expiration of the current reprieve from the repeatedly extended 2% sequester stemming from the Budget Control Act of 2011. Congress took action earlier this year to prevent the 2% cut but that authorization expires 1/1/22.
- Imposition of a 4% Statutory “PAYGO” sequester resulting from passage of the American Rescue Plan Act. Should lawmakers fail to act, it will mark the first time that Congress has failed to waive Statutory PAYGO.
- Expiration of the Congressionally enacted 3.75% temporary increase in the Medicare physician fee schedule (PFS) conversion factor to avoid payment cuts associated with budget neutrality adjustments tied to PFS policy changes.
- A statutory freeze in annual Medicare PFS updates under the Medicare Access and CHIP Reauthorization Act (MACRA) that is scheduled to last until 2026, when updates resume at a rate of 0.25% a year indefinitely, a figure well below the rate of medical or consumer price index inflation.

This would result in a combined **9.75 %** payment cut on January 1! And all of this comes at a time when physician practices are still recovering from the emotional and financial impact of the COVID-19 public health emergency. It's time to give New York's and our country's physicians the peace of mind they deserve as they continue to fight on the front lines of the COVID-19 pandemic without having to worry if their practices will survive these potentially catastrophic cuts.

MSSNY has been working together with the AMA and other state and specialty medical associations to prevent these cuts from going forward. A strong collection of bipartisan cosigners to the Bera-Bucshon letter will help demonstrate to House and Senate leadership that this confluence of payment cuts needs to be prevented via legislation ASAP. [Please contact your Representative today](#) and urge them to show their support by signing on to Reps. Bera and Bucshon's “Dear Colleague” letter.



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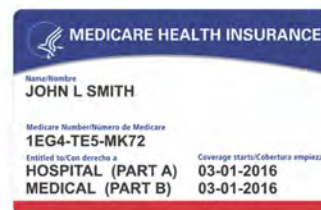


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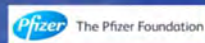
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Westchester Academy of Medicine 2021 Golf Outing & Fundraiser

Rescheduled Date—Thursday, October 21, 2021
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580



Registration, Driving Range & Halfway House Lunch
Tee times will begin at 12:00pm

Golf Format: Scramble
6:00 PM—Cocktails
7:00 PM—Dinner and Raffles

If you are unable to attend, please consider making a tax-deductible donation. Contact Kalli Voulgaris kvoulgaris@wcms.org or 914-967-9100 for more details.

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All proceeds will benefit the Westchester Academy of Medicine
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Golf Reservations are Limited—Please RSVP Today!

Please note that proof of COVID vaccine OR a negative COVID test within 72 hours of the event are required. Contact tracing measures will be taken, so please be prepared to provide all necessary information ahead of the event or upon arrival.

[RSVP to jmiller@wcms.org](mailto:jmiller@wcms.org)



Dr. Elaine Healy Honored With Lifetime Achievement Award

Our heartiest congratulations to **Elaine Healy, MD**, who will be honored with the 2021 Lifetime Achievement Award presented by the Westchester Fairfield County Business Journals at its upcoming Doctors of Distinction award ceremony. Dr. Healy, our medical director and vice president of medical affairs, will be recognized for her extraordinary career as a geriatric clinician, health care administrator, and medical educator, as well as her

national leadership and advocacy in long-term and post-acute care.

In addition to her exceptional work at United Hebrew, Dr. Healy holds leadership positions in the American Medical Directors Association (AMDA) and New York Medical Directors Association (NYMDA), has presented at dozens of state and national industry conferences, and has authored white papers and book chapters on a range of topics in geriatric medicine.

“We couldn’t be prouder of Dr. Healy’s achievement,” said Rita Mabli, president/CEO. “For over 35 years, she has dedicated herself to the field of geriatric medicine – caring for our most vulnerable residents with the utmost dedication, compassion, and skill. We are so fortunate to have her on our team.”

From the very beginning, Dr. Healy has worked tirelessly at United Hebrew to improve the care experience for our 300+ residents. Since 2014, she has served in a leadership role, working closely with our interdisciplinary care teams to create, monitor, and ensure implementation of resident care policies including admissions, transfers, discharges, medications, infection control, and wound care. She also cares for individual residents, including those in hospice and palliative care, and ensures that individual and family needs are met with care and compassion.

Her expert recommendations have led to quality improvement in infection control, pharmacological practices, and disease management. Dr. Healy has also shared her expertise as a clinical assistant professor/instructor at New York Medical College since 1986; in her work across medical administration, medical education, and clinical practice, she has made invaluable connections between health professionals and residents and their families.

Most recently, Dr. Healy became a national spokesperson on managing COVID-19 in nursing homes. She not only oversaw the management of the virus response at United Hebrew, she helped to lead the national conversation on COVID in nursing homes by presenting lessons learned and best practices at the AMDA’s national conference in 2020. Throughout the pandemic, as acting president of NYMDA, she communicated closely with the New York State Department of Health and championed the concerns of seniors and their families. Dr. Healy also authored a chapter in the Hospice Foundation of America’s “Living With Grief” book series, published April, 2021.

“I’m honored and humbled to receive this recognition,” said Dr. Healy. “I’ve been dedicated throughout my career to helping seniors to remain healthy and independent for as long as possible. I’m really fortunate to be able to do this work at United Hebrew, where there is a top-down commitment to helping our residents lead a better quality of life.”

Adds Mabli: “Dr. Healy’s lifetime dedication to the health and well-being of older adults in Westchester and the region is unparalleled. She is truly deserving of the lifetime achievement honor.”

GW

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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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Click on the podcast titles to listen

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!★★

INFO FOR PHYSICIANS ON HEALTH CARE WORKER VACCINATION MANDATE

The New York Public Health and Health Planning Council (PHHPC) approved an emergency regulation to be adopted by the NYS Department of Health requiring health care workers in all Article 28 regulated settings – hospitals, nursing homes, clinics, Ambulatory Surgery Centers, dialysis facilities, etc. – to be vaccinated against Covid. This includes physicians and other care providers who may not be employed directly but who provide care at these health care settings (such as a physician with privileges at a hospital or who sees patients at a nursing home). There is an exemption for health care workers for documented medical contraindications, but after objection from various groups including MSSNY, the proposed “religious exemption” to this vaccination requirement was dropped from the regulation.

Based upon the recommendation of MSSNY’s Emergency Preparedness and Infectious Disease Committees, MSSNY President Dr. Joseph Sellers recently issued a statement supporting mandatory vaccination of health care workers as one important step to increase our vaccination rate and reduce the spread of Covid: [MSSNY Applauds NYS COVID-19 Vaccination Mandate for Healthcare Workers](#)

The regulation will require health care workers at hospitals and nursing homes to have a first dose by September 27, and for other Article 28 regulated settings, by October 7. The regulation will be effective for 90 days.

According to the regulation, an acceptable medical exemption to the required vaccine is where a “licensed physician or certified nurse practitioner certifies that immunization with COVID-19 vaccine is detrimental to the health of member of a covered entity’s personnel, based upon a pre-existing health condition”. It further provides “the requirements of this section relating to COVID-19 immunization shall be inapplicable only until such immunization is found no longer to be detrimental to such personnel member’s health.” Furthermore, it instructs these covered health care entities that “the nature and duration of the medical exemption must be stated in the personnel employment medical record, or other appropriate record, and must be in accordance with generally accepted medical standards, (see, for example, the recommendations of the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services), and any reasonable accommodation may be granted and must likewise be documented in such record”.

Moreover, as with other mandatory vaccinations, physicians or other care providers risk disciplinary sanction for certifying a medical exemption without an adequate medical justification for doing so.



CDC HEALTH ALERT FOR PHYSICIANS RE ANTI-PARASITIC DRUG IVERMECTIN FOR COVID-19

The Centers for Disease Control and Prevention (CDC) has issued a [health alert](#) warning physicians and the public about the rise in prescriptions for the anti-parasitic drug ivermectin for use in the treatment or prevention of COVID-19. The CDC also cautioned about the risk of severe illness caused by ivermectin, which was seen in increased calls to poison centers.

[Current NIH Treatment Guidelines](#) state that there is insufficient evidence to recommend either for or against the use of ivermectin for the treatment of COVID-19 outside of clinical trials. This recommendation is consistent with the Infectious Disease Society of America’s [Guidelines on the Treatment and Management of Patients with COVID-19](#), which suggests against the use of ivermectin in hospitalized patients and ambulatory persons with COVID-19, outside of the context of a clinical trial. Additionally, there is no evidence to suggest that ivermectin can prevent you from becoming infected with COVID-19.

After receiving multiple reports of people who have been hospitalized after self-medicating with ivermectin intended for animals, the FDA recently reminded the public that:

- FDA has not approved or issued an Emergency Use Authorization for ivermectin for use in treating or preventing COVID-19 in humans. Ivermectin tablets are approved at very specific doses for some parasitic worms, and there are topical formulations for head lice and skin conditions. Ivermectin is not an antiviral.
- Taking large doses of this drug is dangerous and can cause serious harm.
- If you have a prescription for ivermectin for an FDA-approved use, get it from a legitimate source and take it exactly as prescribed.
- Never use medications intended for animals on yourself. Ivermectin preparations for animals are very different from those approved for humans.

For additional information see the [FDA Information Page](#) and the [FDA Ivermectin FAQ](#).