



WESTCHESTER PHYSICIAN

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PRESIDENT’S MESSAGE

BRUCE MOLINELLI, MD PRESIDENT

“Is there anybody out there, anybody there?

Does anybody wonder, anybody care?”

...from the song Foolin’ by Def Leppard , 1983

These are my thoughts as I sit in front of my computer after a long day in the office. It is late evening, I am hungry for dinner, yet trying to finish up my office “charting” which in these days means I’m on a computer finishing the electronic notes, checking off meaningful use boxes and finishing key word phrases to create a medical insurance proof note allowing me to someday get paid, albeit at discount prices. *(Avg additional time finishing electronic notes—4.5 hrs/day , Medical Economics 4/21/22).*

I’ve seen my patients and tried to spend enough time with them for the not-yet -forgotten purpose as a physician which is to treat patients with knowledge and empathy. It is still an expectation that we prioritize our energy as professionals, and guardians of the integrity of medicine, in order to diagnose our patients’ conditions accurately and treat them effectively, within our practiced standards.

My “overtime” is allotted to the less important tasks associated with modern patient care— perhaps more appropriately named “aftercare” or “othercare”. These are the innumerable tasks required to support a practice, remain compliant, maintain licensure and submit documentation for payment. These are the proverbial hoops through which we jump, as they seemingly become exponentially numerous and mercilessly higher.

I must meet the metrics of satisfaction, not just from patients but from all directions: hospitals, insurances, state and federal licensing agencies, specialty boards and physician grading internet web sites. How do I keep everybody happy? How do I get 5 stars?

Besides achieving satisfaction, let’s not forget the need to fill out the yearly conflict of interest declaration forms (electronically of course) and the need to remain up to date on fill in the blank..... CPR, ACLS, infection control, shooter on the premises protocols, respectful workplace drills, CME’s, maintenance of certificates requirements, new Government regulations, insurance authorization changes ...

Did I mention cooking dinner for the kids, asking about their day, helping with homework, preparing lunches, sharing time with the family? Did I even acknowledge my spouse?

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**BRUCE MOLINELLI, MD
President, WCMS**

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WAM Golf Outing
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FROM THE EDITOR...**A WALK IN THE WOODS**
PETER ACKER, MD

Yesterday I took a ramble into some woods near our house. The woods began to exert its effect on me. I am an amateur botanist, mycologist and forager and I find my eyes constantly searching, marveling at the diversity of plants, how each leaf is formed differently –ferns with leaves splayed out like a large fan, a sassafras with its 3 leaf forms. I speculate on what is the function of each different type of form, how it enhances the plant. For example, a maple has multiple large lobes whereas an oak has a broader leaf with only small terminal lobes. Is it all random or is there some purpose? I know an aspen's leaf shape allows it to mitigate the effect of a heavy wind by dissipating its energy through multiple quaking vibrations. In addition the flipping of the leaves allows both sides to engage in photosynthesis.

I pass an area near some wetlands, an area where I find ramps in the early spring. There is no sign of them now, but I know in the early fall they will send up a single stem with a flower. I marvel at their strategy, to send its leaves up aggressively in very early spring and command the sunlight since the trees are weeks away from leafing out. Once that happens, the ramp's leaves become useless appendages and wither away, but underground remains a firm bulb with all the early spring sunlight stored up.

Ramps are considered a choice find for any forager. They are quite delicious and though they can exist in large colonies, they are not always easily found. I still remember the excitement when I first spotted this colony. I return each spring and fall to harvest a small amount so as to not deplete it.

I continue on and enter a clearing where a couple of toppled trees have allowed sunlight to penetrate and raspberries brambles have quickly seized the opportunity to grow there. Nature abhors a vacuum! A bit further on near a pond, I pass a cluster of shrubs that are playing host to wild grape vines that are splayed all over it. I check and see that there are numerous bunches of green grapes which in the early fall will turn a deep lustrous purple which will provide the substrate for jars of wild grape jelly and a glaze that I will use on a roasted duck. Wild grape vines are ubiquitous, yet I rarely have seen ones that produce grapes. I often speculate on this and have no satisfactory answer. Is it the amount of sun? Don't think so because I see grape vines in shady and sunny conditions and I only have two spots that bear grapes year after year.

My office is busy now, a pent up demand for regular checkups is fueling part of it, but also we have been seeing the return of common maladies that were either suppressed by the rigid quarantining or parents allowing them to run their benign course out of fear of contracting something worse via an office visit. Just this week I saw several cases of roseola, some strep throat and my first erythema infectiosum of the year.

(Continued on page 10)



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PRESIDENT'S MESSAGE**BRUCE MOLINELLI, MD PRESIDENT***(Continued from page 1)*

Did I answer my siblings medical question that they texted 5 days ago for some medical advice which I keep putting off because they are my sibling and I still haven't answered my own patient's medical question from 2 days ago?

So I sit here, with the angst of no time, trying to finish my notes—yes the all important audited notes that will be scrupulously reviewed by a team of professional insurance auditors, malpractice lawyers and peer reviewing medical committees in the event of an untoward outcome.

I try to distract myself by checking emails- pulling from that pool of the inboxes with excitement for a potential mental candy which magically could change everything for the better- the box of chocolates hope- but in actuality is just more institutional spam advertising unrelated seminars and announcements that are completely irrelevant and unhelpful to anything I need to do now. These useless informational bits further dilute the burdensome but important work-related email deficiency reports requiring more electronic attention to those endless tasks such as resubmission of charges on those three patients whose notes were randomly reviewed by my billing agency and were over charged , or undercharged based on the checkboxes in my note. I need to add a modifier here, and a laterality there, and have to go back to a note which I didn't dictate correctly or wasn't signed, or I just plain out forgot to enter because I was too busy and had to get home to pick up my daughter from swimming practice.

While my angst is at it, I suddenly get thoughts about whether I remembered to check that path report, that lab or that CT scan I ordered (or did I order it... can't remember). Did my staff member remind me to order it? Is staff here today? Who called out sick? Did they call out or did they leave, as we see more of the medical workforce decline due to the pandemic.... Do I have to do it by myself, alone, again today? Remember the endpoint is diagnose accurately and treat effectively... and I , and I alone, am ultimately responsible for my patient, no matter what resources I have, or don't have today.

Did I reconcile my note? Did I meet meaningful use metrics? Speaking of metrics .. did I meet the RVU number for this month, was it busy, did I see enough, bill enough, treat enough?..... Did I miss another meeting.. ..is it zoom or in person...was it about new policy, old policy, new ways to bill, e prescribing, protocols for ordering lab tests, obtaining insurance approvals, change of physician parking spaces? Did I forget to pick up one of my kids from one of their after school events? Did I order the cake for one of their birthdays? How did I get this disorganized

and overwhelmed?

Shall I go on? Of course you feel this pain because ultimately we physicians are the ones responsible for completion of all of these tasks. Sure we can get help from our invaluable office staff and scribes and our healthcare professionals, PA's, RN's, LPN's, MA's—all at a cost— but we still are ultimately responsible for the positive patient interaction, accurate medical record billing and metric meeting tasks to justify our charges , payment and ultimate employment (self or otherwise). We all expect an accurate diagnosis and treatment. Anything less is at the very least a sense of failure , and at its worst, a potential catastrophe for our patient's outcome. But it is these other distractions that can be overwhelming and draining on our physical and mental stamina.

No matter the nomenclature—overworked, busy, burnout— this a not a proven sustainable method of health care delivery. Statistics shows the purge of the profession is upon us as seen by earlier physician retirement, shift working preferences and life-work balance practices.

So what is the plan? Accept our role, just do it? Pick and choose which tasks you wholeheartedly complete? Learned helplessness? Expect less satisfaction from our profession and individual status? Scale back and make even less money?

There is an answer, and one within your grasp. But let me stop here for the moment since the first step to recovery is recognizing the problem. Take a deep breath and recharge.

There is help out there. Tune in next month for the path towards professional restoration.

**“Is there anybody in there?
Just nod if you can hear me.
Is there anybody home?
I hear you're feeling down.
Well I can ease your pain.
Get you on your feet again”**

...from the song Comfortably Numb by Pink Floyd 1979.



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STOP THE TRAIN Elliot Barsh, MD

“...a full day of questioning, and feeling like our patient’s health depends on us, can leave us feeling depleted and exhausted.”

Hi everyone.

Let’s stop and think.

What is our role as physicians?

We treat disease and illness, while we also try to ease suffering.

*But is our “**problem oriented**” focus keeping us from getting more out of the time we spend with our patients, or ease their suffering?*

*What would happen if instead of thinking about the questions we are going to ask, and the solutions we are going to come up with, we focused on being **present**?*

*With our minds open and clear, instead of listening to ourselves ask questions, we can listen to what our patients are saying and asking, and **hear** what we are meant to hear.*

*Instead of watching the clock and the EMR, we can **watch** and notice their body language, the tone of their voice, facial expressions, and gestures.*

We create a space where our patients can generate their own ideas and treatment choices, and join us in the process of healing.

Problems that required solutions turn into possibilities that can truly ease suffering and fill us with hope.

The results are more mutual, more achievable, more meaningful, and more sustainable.

This feels good!

Thanks for reading.

Be safe.

“Are we willing to be with our patients while we wait?”

“If You’re Suffering After Being Sick With Covid, It’s Not Just in Your Head.”

A major new approach is needed to solve many postviral conditions.

https://www.nytimes.com/2022/08/25/opinion/long-covid-pandemic.html?unlocked_article_code=DsEa2U9frSoFEY_9LzH_A4Bv

[QsYQw7LAcXobfJRvyceCDimAqI7jOoVbDq1m5hJulpVzkGhOBwW_xdNBU95sTCadAmEz1CGUXFTo2mA-R9C_kypPFRmb1O3oTQh9VD7LNlFADejSYYOSbOR8GPjo8KSsLxilAFI43crXj-yCogPsGIGQZRrTQeqCymtftp4DHVLj6fT-mgNSocA4HsWeyrt2duvN5nxKnChr6nEGh079x649W-edoJorTiZUAWi3n-voatR4WXa2tWZc6IEi8hmrB_JspAofdbuw2bu9dp4VZGMacxhhBtJmt899VCjiLESY-T8Vlud6xEJscTClw&smid=em-share](https://www.nytimes.com/2022/08/25/opinion/long-covid-pandemic.html?unlocked_article_code=DsEa2U9frSoFEY_9LzH_A4Bv)

“The girl was just a patient to me.”

Code Words

<https://www.nejm.org/doi/full/10.1056/NEJMp2205619?query=WB>

“...no amount of planning stops the inevitable or makes the unknowable knowable.”

Grieving in a Pandemic

<https://www.nejm.org/doi/full/10.1056/NEJMp2204888?query=WB>

“...the weather is always changing. The good weather never lasts as long as I’d like. But the bad isn’t permanent, either.”

Learning to Live with a Broken Heartbeat

https://www.newyorker.com/culture/personal-history/learning-to-live-with-a-broken-heartbeat?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-new-yorker

“My God. The weight of this universe.”

What Happened When My Wife Died

https://www.newyorker.com/culture/personal-history/what-happened-when-my-wife-died?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-new-yorker



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Westchester Academy of Medicine 2022 Golf Outing & Fundraiser

**Date—Wednesday, October 19, 2022
Westchester Country Club
99 Biltmore Avenue
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Registration, Driving Range & Halfway House Lunch
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FROM THE EDITOR...

A WALK IN THE WOODS

PETER ACKER, MD

(Continued from page 2)

As I continue my walk, I increasingly enjoy the quiet, my cell phone is on but out of range functioning only silently recording my steps which I have been compulsively tracking of late. Along this stretch I am on now is a path that circles a large pond the underbrush is lush with myriad plants, all chaotically interwoven competing for space and sunlight. I stop at one point to gaze across the pond, the tall trees on the opposite bank reflected perfectly in reverse fashion of the smooth surface. I spot a large white fish in the shallows near my feet – a large albino carp. I bend forward to get a better look and with a swish of his tail he is gone, leaving stirred up mud from the bottom in his wake.

It is these random sightings that add to the pleasure of these rambles. I have seen that carp before, but not for months despite passing this site multiple times. Or suddenly coming across an unusual insect, or a mushroom. A few years ago, I came across near where I am now a tree covered with white mushrooms, protruding shelf-like from the trunk. Oyster mushrooms! For the next couple of years I had a nice harvest, but then alas the tree died and the mushrooms disappeared. The leafless trunk is still there and I never fail to peer at hoping against hope to see some new mushrooms.

Much has been written about how walking stimulates the mind and allows it wander far afield. It occurred to me on recent ramble how similar the practice of primary pediatrics is to a walk in the woods. My day consists of walking from room to room. In each room is a unique individual patient. My bailiwick, however, is recognize disease. The great majority of time it is something common. There are probably a dozen disease entities that make up 98 % of what I see. The challenge is staying alert and recognizing the occasion *rara avis* or equally important to be able to pick up the common entity disguised as a rarity. There is a certain messiness and seeming randomness to this enterprise. I never know for sure what I may encounter and so it requires a nimble out of the box mind set. Luckily each patient is unique and may manifest the common in slightly different ways. There is a real joy in establishing that brief connection with each patient and despite the commonality it never gets dull. Similarly, a walk in the woods allows me to identify the common plants around me, but to also notice subtle differences from say one briar bush to next.

This is not for everybody. I from a young age have always been distractible and a bit dreamy in demeanor. If I was child in the current time, I would be promptly diagnosed with ADHD and started on meds. Indeed, in medical school it could be challenge to put in the hours of sustained study that was required. However, it is ideal for a primary care doc, since we never have to focus one thing for more than 15 to 20 minutes. Also, there is the realization that we can in many instances not totally solve the problem, but only mitigate and provide comfort. The common cold for example. Now we have to rule out covid with every cold. The surgeon, on the other hand, will enter the OR with a distinct problem to be solved and requires sustained attention and focus over span of hours in some cases. It requires a completely opposite type of temperament. Surgeons are used to sterile orderly environment to work in. The patient is anesthetized and lying very still. My patients, on the other hand, are often screaming, with copious secretions and fighting the examiner tooth and nail.

I return from my walk refreshed and ready for my next foray into the examining rooms of my pediatric office!



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Tell Congress to Stop the Cuts

Stop us if you've heard this before – physicians are facing another round of Medicare payment cuts by the Centers for Medicare and Medicaid Services. Unless Congress acts by the end of the year, physician Medicare payments are planned to be cut by 8.42 percent in 2023 which would severely impede patient access to care due to the forced closure of physician practices and put further strain on those that remained open during the pandemic.

[Tell Congress to protect America's Medicare patients and stop the cuts!](#)

These scheduled cuts will come in three forms:

- **Centers for Medicare & Medicaid Services.** CMS has proposed a 4.42% cut for all physician services in 2023 to offset payment policy improvements in office and facility-based visits.
- **No inflationary update.** Physicians are the only providers whose Medicare payments do not automatically receive an annual inflationary update; during this time of record inflation on the heels of a highly disruptive pandemic, this statutory flaw amplifies the impact of proposed payment cuts.
- **PAYGO.** Congressional Pay-As-You-Go (PAGO) rules have been triggered requiring an automatic 4% cut as a result of new federal spending having nothing to do with physicians. These cuts will kick in in 2023 unless waived by Congress.

Physicians simply cannot afford to operate under the current payment system. Congress must reform the Medicare physician payment system to make it simpler, more reflective of real-world physician practice costs and more predictable for both physicians and CMS before it's too late!

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DEA Warning: Scammers Impersonating DEA Agents

In March 2021 [The Drug Enforcement Administration](#) issued a warning to the public of a widespread fraud scheme in which telephone scammers impersonate DEA agents in an attempt to extort money or steal personal identifiable information. MSSNY has recently been alerted that this scam is still circulating among physicians.

Remember, DEA personnel will **never contact members of the public or medical practitioners by telephone** to demand money or any other form of payment. They will never request personal or sensitive information over the phone and will only notify people of a legitimate investigation or legal action **in person or by official letter**. In fact, no legitimate federal law enforcement officer will demand cash or gift cards from a member of the public. For more information, view the [public service announcement](#) on these scams or check out this [DEA Warning: Scammers Impersonating DEA Agents](#).

MSSNY Recoups Potential Losses and Influences Change in UHC Policy

The following testimony was submitted by MSSNY Member Ross Zeltser, MD, FAAD, FACMS of the Hudson Dermatology group:

“I strongly commend Heather K. Lopez, MSSNY’s Director of Physician Payment & Practice. We first reached out to her earlier this year, asking for help with unfair reimbursement practices by UHC. She replied within minutes and used her connections at UHC to help us recover several thousand dollars and, more importantly, compel UHC to reverse the unjust and unjustified policy. A similar scenario played out more recently with Aetna. It is difficult to imagine a more responsive, proactive, and, most importantly, effective advocate than Heather. **Having the benefit of access to Heather would more than pay for the yearly dues! In the strongest possible terms, I urge all NY physicians to join MSSNY.**”

Lawsuit Reform Alliance of NY Announces

Campaign to Protect New York from Disastrous Lawsuit Expansion Bill

As physicians continue to press [Governor Hochul to veto legislation](#) that would strike a huge blow to New York’s health care safety net, the Lawsuit Reform Alliance of New York released a new ad campaign, “Not One More Cost Hike”, to educate elected officials, local business owners, families, and voters of the costly consequences of A.6770/S.74-A. As written, the bill will radically expand the types of damages recoverable in wrongful death lawsuits – sending insurance premiums skyrocketing.

The first ad of the campaign [ran in the New York Daily News](#) on Thursday, September 15, 2022.

More information can be found at www.NotOneMoreCostHike.org

An analysis from Milliman, Inc. finds that if A.6770/S.74-A is enacted, insurance costs could increase by more than \$2 billion. For medical professional liability insurance, costs are projected to spike a staggering 45%!

As part of a press release [Local governments: wrongful death expansion will hike costs \(nystateofpolitics.com\)](#) announcing the campaign, MSSNY President Dr. Parag Mehta stated:

“New York’s physicians have been fighting on the frontlines of the COVID, Monkeypox and now polio pandemics. This wrongful death bill passed by the State Legislature presents a new crisis for these physician heroes as it imposes new costs in malpractice insurance. This bill will be devastating for patients, as it undermines the financial survival of their primary care doctors, pediatricians, OBGYNs, any specialty doctor they see as well as emergency physicians – particularly those in underserved and diverse communities who are already financially challenged. New York physicians already pay among the highest liability costs in the country. They can’t afford to watch this bill increase those costs by more than 40%, putting the integrity of our healthcare system at risk and chasing many physicians out of the state.”

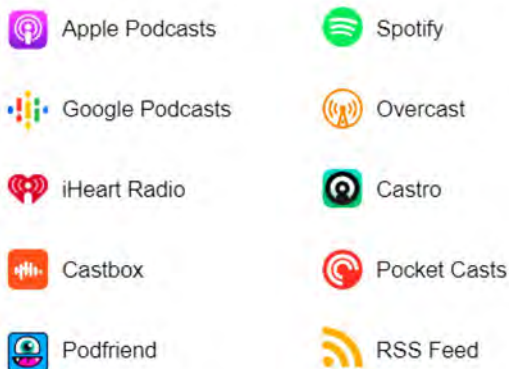
The press release also included quotes from the New York State Conference of Mayors and the New York State Business Council, highlighting the staggeringly adverse impact this bill would have on municipal services and on our business community.



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.



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!★★



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the State of New York



MSSNY's Peer to Peer Support

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