



# WESTCHESTER PHYSICIAN

February 2023

Volume 39, Issue 2



## PRESIDENT’S MESSAGE

### THE “A” WORD

**BRUCE MOLINELLI, MD PRESIDENT**

Last month I discussed the “U” word - unions.

This month’s “letter” highlighted is more in line with being a physician. Yes, we mostly are “A” students and yes , this newsletter originates from the WCMS - your “Advocacy” support. But the “A” word I think most appropriate for a physician, which allows us to address patient care with an all-in and unimpeded approach is the precious, although slowly attenuating attribute, of “**Autonomy**”.

We physicians have been autonomous thinkers, decision makers, and contributors to healthcare throughout our history, which has advanced the practice of medicine to new realities of previously unimaginable means of diagnosis and cure.

The benefits of autonomy includes creative thinking which generates development of new groundbreaking treatments.

Autonomy is based on the ability to focus on the important and the interesting. This started in Medical school where one’s sole focus was to learn everything about the human body from anatomy and physiology to disease processes and treatments. We were free of (or in another sense, sacrificed) outside distractions to study, learn, and acquire the necessary knowledge to treat patients. We were then freed from further distraction (or in other words, added to the delay of our own lives further) through residency to hone our skills developing real life experience and knowledge.

Upon completion of our training we set into practice , with the freedom of developing our own version of patient care, which was commensurate with our training, knowledge and personality. I am always amazed by the non-physician’s use of the term “patient centric care”. Is there any other care we physicians intended ? We have always practiced this type of care, at least while still autonomous.

Let me be clear, autonomy is not treating any way you want. It is being free to treat the patient without the distracting measurements of our

*(Continued on page 5)*



**BRUCE MOLINELLI, MD**  
*President, WCMS*

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## Upcoming Events:

**WINE TASTING**  
April 4, 2023 6-9pm  
Prospero Winery  
*More info on page 13*

**NETWORKING EVENT**  
May 4, 2023 6-9pm  
Captain Lawrence Brewery  
*More info on page 13*

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914.967.9100 / FAX 914.967.9232

**PETER J. ACKER, MD**  
*Editor*

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**FROM THE EDITOR...****LE CINEMA****PETER ACKER, MD**

I have since college loved French cinema. My wife gave me as a gift a weekend pass for the Focus on French Cinema, an annual event at SUNY Purchase, sponsored by the Alliance Francaise of Greenwich, which just ran from March 18-20. We had the opportunity to view seven films in 48 hours and participate in discussions afterward which often included the director and/or screenwriter of the film. Why would I bring this up in a column that will be read mainly by physicians? Well, for one thing, being a doctor did preclude enjoying superbly crafted films by masters from across the Atlantic! More importantly, two of the films had direct medical relevance and I hope many of you will seek them out (I'm sure they will be available on Netflix in the future).

The first film was entitled *La derniere fugue* (The Last Escape) which is about an extended family in Quebec which has gathered together for the Christmas holiday. Dominating the atmosphere is the patriarch's rapidly advancing Alzheimer's. In his prime, he had been dominating and even dictatorial. The movie centers on Christmas Eve dinner with the whole family. The father, at the head of table, in the typical state of disinhibition that often characterizes Alzheimer's, continually blurts out comments that range from buffoonish non sequiturs to pointedly cruel barbs. The various family members are in turn sympathetically solicitous, embarrassed, and hurt by the spectacle before them. The film cuts frequently to flashback to slowly reconstruct the narrative of how the family in more halcyon days interacted, particularly on summer trips camping at a lake. Andre, the eldest son, in particular reflects back on the origins of his conflict with his father which stemmed from an incident that occurred on a father-son fishing trip. The details are only slowly revealed throughout the movie, but once fully realized set up the film for an amazing and sad denouement. The lead part is brilliantly portrayed by Andree Lachapelle, in a stunning tour de force that manages to convey pain in a realistic and nuanced way. The rest of the cast is effective in expressing the myriad feelings evoked by the father, especially the actress who plays his wife whose subtle facial expression reveal the deep love she still has for her husband.

The second film couldn't have been more different (*La bruit des glaçons* –The Clink of Ice). The opening scene shows a man of early middle age sitting poolside at a large country estate. Though it appears to be not late in the day, he is considerably inebriated and has a bottle of wine at the ready. He hears the front gate chime and he goes down to greet an unexpected visitor: a younger somewhat dapper man who announces "Hello, I am your cancer. I thought it might not be such a bad idea to get to know each other." I must say, I was taken aback by the premise, but quickly found myself enthralled with this dark, desperate film, shot through with wit and humor. The dialogue between the man (who was once a successful writer, but now dissipated and divorced) and his "cancer" is sharp and original and in a strange way portrays the chronic course of illness with its desperation and hope and like the guest from hell that just won't leave. The discussion afterwards was led by Dr. Barry Boyd, an oncologist from Greenwich Hospital.



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**PRESIDENT'S MESSAGE****THE "A" WORD****BRUCE MOLINELLI, MD PRESIDENT***(Continued from page 1)*

performance based on anything other than patient interactions and outcomes, that is, without the concern for financial remuneration, agency red tape and ever changing regulations. We were paid well, we ran a practice that was forgiving to those who could not pay, we cared for patients regardless of their ability to pay, their demographic or their ideology. Our autonomy freed us to treat our patients with empathic concern - to improve their condition to reduce and remove their suffering.

So what we have today is the loss of the autonomous physicians. We are ruled by administrators, private equity, institutional hierarchies who in turn are further regulated by governmental intrusion, oversight and potentially political motives.

The non-autonomous physician is not free of these entities limitations but further burdened by them. The non-autonomous physician is looking over their shoulders more often, taking their focus away from the patient. It's modern moniker "burnout" is fueled by physicians' loss of autonomy. But is it burnout? Are we truly tired, or are we collectively defeated?

A recent article by Eric Reinhart MD in the New York Times Feb 3, 2023 entitled *Doctors Aren't Burned Out From Overwork. We're Demoralized by Our Health System*, proposes the following:

"We are witnessing the slow death of American medical ideology", he writes. "Hospitals are deliberately understaffing themselves and undercutting patient care while sitting on billions of dollars in cash reserves. Little of this is new, but doctors' sense of our complicity in putting profits over people has grown more difficult to ignore."

"Neither major political party is making universal health care a priority right now, but doctors nonetheless hold considerable power to initiate reforms in health policy. We can begin to exercise it by following the example of colleagues at Montefiore Medical Center in the Bronx who, like thousands of doctors before them, recently took steps to unionize. If we can build an organizing network through doctors' unions, then proposals to demand universal health care through use of collective civil disobedience via physicians' control over health care documentation

and billing, for example, could move from visions to genuinely actionable plans."

The article goes on to discuss a single party payor system which leads towards a whole additional topic of concern, but the point is are we practicing under conditions conducive to achieving the purpose of our profession - patient-centric care - or are we finally pulled away from our patient - having ignored the warning signs for years and just putting our heads down as the structure of delivery of medicine changed? We collectively assumed that honorable focus on patient care would right all wrongs of the changing system, but this was a specious strategy that has fallen woefully short of viable.

We are like the agronomist meticulously inspecting an individual blade of grass one at a time within a huge field not realizing the whole lot has been sold right under our feet. Once we look up, we find ourselves displaced, sheltered no longer by our profession, but rather bought over. We have been pulled away from that freedom of inspecting the one blade, and are now scrutinized by volume of turf inspected. As the combine churns faster, we physicians disappear from the field. We are falling in droves!

"Since 2020, one in five healthcare workers have quit their jobs, and surveys suggest that up to 47% of healthcare workers plan to leave their positions by 2025. The U.S. is suffering from a significant healthcare worker shortage, and early data shows that this is going to have near-term and long-term effects on both patient care and hospital and physician performance." (*Elsevier Health 2022 Report*)

1 in 5 physicians will retire within the next 5 years. 117,000 physicians have retired in 2022 and under 40,000 new physicians have replenished the workforce. Shortages throughout medicine is developing, apparent and real.

So unionizing is probably not the best answer, nor the only answer, since it potentially just displaces one ruling entity for another. Perhaps physician-run entities are better, one may argue, but a physician administrator becomes an administrator simply by necessity since that is the rules of engagement. That is the societies ground rules that need to be followed to be "a successful" establishment. These realities are not ordinarily conducive to autonomous treatment of our patients by those in the front lines- us clinicians.

*(Continued on page 9)*

## STOP THE TRAIN Elliot Barsh, MD

*"It is impossible to cover up anyone who is asleep, without feeling deep tenderness."*

– ELIZABETH TAYLOR

Hi everyone.

I hope this month's newsletter finds you healthy and well.

While we gladly spend our day taking care of others, do we also take care of ourselves?

How often do we feel the "deep tenderness" we get when we give?

Do we let our day, at work or at home, patient load, tasks, errands, and emails, distract us from...

*...caring about what we do,*

*...giving what we can,*

*...feeling good about ourselves?*

Can we allow ourselves to "abandon" the lists we are given to do, and get the most out of doing the things on our lists?

Can we make time for...

*... our feelings, struggles, aches and pains?*

*...what we enjoy, what brings us pleasure, what makes us smile?*

Toshikazu Kawaguchi wrote in *Before Your Memory Fades*,

*"We are not born to be unhappy, in fact the opposite is true. People are always born for the sake of happiness."*

As always, thanks for reading.

Be safe.

*"And what do I risk to tell you this, which is all I know? Love yourself. Then forget it. Then, love the world."*

–Mary Oliver

*"...struggling to comprehend the possibility that a soul I'd untried could find solace online death."*

### Looking After Our Own

*"We are valuable and vulnerable."*

### Doctors Aren't Burned Out From Overwork. We're Demoralized by Our Health System.

The end of medical ideology

*"Can we make the time to listen to our mind and body?"*

### Poem: I Am the Pace of My Body and Not Language


In this visually dynamic poem, form and content are inseparable.

*"And I am in my own lane, I will not let myself down. I am in my own place. I am my own house."*


**Living Room Floor** by Sammy Rae & The Friends



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The Medical Society of  
the State of New York




MSSNY's Peer to Peer Support

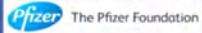
# Feeling Stress? Let's Talk

MSSNY Peer to Peer Program is now available.

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**Email: [p2p@mssny.org](mailto:p2p@mssny.org)**





## 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.

- |                 |              |
|-----------------|--------------|
| Apple Podcasts  | Spotify      |
| Google Podcasts | Overcast     |
| iHeart Radio    | Castro       |
| Castbox         | Pocket Casts |
| Podfriend       | RSS Feed     |

**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!★★**



**PRESIDENT’S MESSAGE**

**THE “A” WORD**

**BRUCE MOLINELLI, MD PRESIDENT**

*(Continued from page 5)*

Right now, the judgement of a successful endpoint of American medicine is currently what it always was, focus on good patient care and outcomes. Right now, entities are still profitable because of good outcomes. However, the day that good patient outcomes does not equate with profit, but instead profit can be achieved regardless of patient outcomes, will be the day the physician-driven patient-centric medicine of yesterday has finally disappeared. The complete loss of physicians autonomy will be replaced by statistics that determine the standard by which a good profitable outcome is measured, which ultimately will be based on finances and not necessarily good clinical outcomes.

So is physician autonomy to be cherished and preserved? We live in a capitalist society, the type of society most of us agree is the best form of commerce. Our forefathers fostered and protected our culture of freedom. It is American to preserve liberty. We physicians deal with life, we pursue improvement in quality of life (dare I say pursuit of happiness?).

Thus, it would make sense that patient-centric care (life) with preservation of physician autonomy (liberty), will deliver high quality care resulting in reduction and/or removal of patient suffering (pursuit of happiness).

*“Autonomy is the whole thing; it’s what unhappy people are missing. They have given the power to run their lives to other people.” Judith Guest. American Novelist and Screenwriter*

*"Control leads to compliance; autonomy leads to engagement." ~ Daniel H. Pink American Author*



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**Medical/Mental Health Professionals, Scientists, Engineers and Grad Students!**

We need your help on Saturday, March 18<sup>th</sup> to volunteer as judges for the Regeneration Westchester Science and Engineering Fair (WESEF) at Somers High School, Somers, NY.

**Scan the QR Code below to sign up as a judge!**

*Judges must set up a new account on the registration website, even if one was set up last year.*

*Judge registration requires:*

*1)email verification 2)completion of PROFILE tab 3)completion of JUDGE CATEGORIES tab.*

**Volunteer to judge at the  
Regeneration-Westchester Science & Engineering Fair**

**Where:** Somers High School  
120 Primrose St,  
Lincolndale, NY



**When:** Saturday, March 18  
8:30 am - 1:00pm  
(Lunch will be provided)



**A certificate for your volunteer service will be issued upon request. Please see [www.wesef.org](http://www.wesef.org) or contact: [WESEFjudges1@gmail.com](mailto:WESEFjudges1@gmail.com) for more information.**

## Medical Society of the State of New York (MSSNY) 2023-24 Budget Priorities

### MSSNY Supports Range of Health Care Initiatives in Governor Hochul's Proposed Budget; Voices Concern Over Host of Other Potential Changes

Governor Hochul's proposed Budget for FY 2023-24 lays out a roadmap for how New York state will spend approximately \$227 billion in the next year and introduces a number of comprehensive initiatives to help support both New York's health care system, and its health care workers, who are weary from multiple years of responding to the COVID crisis that first overwhelmed the state in March of 2020. The Budget also makes significant investments to guarantee more patients have comprehensive health insurance coverage to access the quality medical care they need and deserved.

MSSNY looks forward to working with the Governor and Legislature as they negotiate the details for the final budget. The following highlights MSSNY's position on a range of these funding proposals.

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#### **MSSNY SUPPORTS**

- Extending the MSSNY Committee for Physicians Health (CPH) program for an additional 10 years with the full \$990,000 appropriation for 2023-24. The program is currently due to expire on June 30, 2023.
- Extending the Excess Medical Liability Insurance program to maintain coverage for the approximately 16,000 enrollees for another policy year.
- Requiring health insurers to pay into a Health Insurance Guaranty Fund to ensure payment of medical claims in the event of a health plan insolvency.
- Maintaining the increased appropriation level from FY23 for Doctors Across NYS (DANYS) program physician loan repayment program, whose budget was significantly increased from \$9 million - \$16 million last year.
- Increasing Medicaid payments for primary care, hospitals, and nursing homes, as well as increase payments for beneficiaries of the Essential Plan.
- Raising the cigarette tax by \$1 per pack and prohibit all flavored tobacco products including menthol.
- Expanding insurance coverage and enforcement for mental health services, and investment in new psychiatric beds.
- Reducing interest on court judgments from 9% to the market-based rate.



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MSSNY looks forward to working with the Governor and Legislature as they negotiate the details for the final budget. The following highlights MSSNY's position on a range of these funding proposals.

#### **MSSNY OPPOSES**

- Elimination of "prescriber prevails" protections prescriptions provided to patients insured by Medicaid.
- Numerous proposed scope of practice changes for Physician Assistants (PA), Nurse Practitioners (NP) & Pharmacists, including allowing independent practice for PAs who have practiced for 8,000 hrs. under Supervision, if they practice in (1) in primary care, or (2) as a hospital employee.
- Permit pharmacists to prescribe and order opioid antagonists and medications to treat nicotine dependence.
- Permit pharmacists to execute a non-patient specific order to dispense HIV pre-exposure prophylaxis.
- Permit pharmacists to order all limited-service laboratory tests as authorized by FDA, not just COVID and flu.
- Permit pharmacists to prescribe self-administered hormonal contraceptives.
- Permit dentists to order HIV or Hep C diagnostic tests.
- Permit NPs and pharmacists to participate in a "collaborative drug therapy management" program.
- Expanding existing mandatory Hep C testing requirements for certain patients, currently applicable to patients born between 1945-1965, to all patients 18 and over for hospitals, clinics and primary care providers.
- Requiring Health Department approval of private equity investment in private medical practice, which could create significant barriers to maintaining choice in healthcare delivery.

#### **MSSNY BUDGET ITEMS OF NOTE**

- Allowing New York to join the Interstate Medical Licensure Compact and Nurse Licensure Compact.
- Transfer of oversight of licensed health professions from the Department of Education (DOE) to the Department of Health (DOH).
- Establishing a new procedure for when a health plan questions the medical necessity of services provided by a hospital, with claims reviewed by a joint committee composed of clinicians representing both the payer and the general hospital. If the dispute prevails, then the claim will be determined by an independent third party.
- Require reviews by health plans into whether a procedure was medically necessary when performed at a hospital-based outpatient clinic, rather than a free-standing ambulatory surgical center, are subject to statutory utilization review protocols, including appeal rights.
- Creation of a new \$1 billion health care transformation fund that doesn't require primary care providers to connect with a licensed entity to apply.





**MSSNY'S**  
**PHYSICIAN**  
**ADVOCACY**  
**DAY**

**TUESDAY MARCH 14<sup>th</sup>, 2023**  
 The Egg — Empire State Plaza  
 100 S Mall Arterial, Albany, NY  
 12242

**PRIORITY ISSUES:**

- Reducing prior authorization and claim payment hassles
- Removing barriers to patient care
- Protecting patient safety by rejecting inappropriate scope expansions
- Promoting comprehensive medical liability reform
- Addressing public health threats
- Shaping the discussion around single-payer healthcare
- Preserving opportunities for NY's medical students and residents

 **CLICK [HERE](#) TO REGISTER** 

Join your colleagues from all around New York State to speak with your legislators and communicate the right health policy solutions for you and your patients!

*For More Information Contact:*  
**Michael Bartlett**  
 MBARTLETT@MSSNY.ORG  
 (518) 465 - 8085



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&  
The Medical Student Section of New York Medical College  
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## *Wine Tasting*

**Tuesday, April 4, 2023  
Prospero Winery  
123 Castleton Street  
Pleasantville, NY 10570  
7:00 – 9:00 p.m.**

Come and listen to our own WCMS Members talk about their wine making experience and sample some of their award winning wines.



If you would like to attend please RSVP to Janine Miller at 914-967-9100 or [jmiller@wcms.org](mailto:jmiller@wcms.org). There is no cost to attend this event

# SAVE THE DATE!

Westchester County Medical Society  
&  
The Westchester Academy of Medicine  
Annual Meeting

All Members are welcome!  
There is no cost to attend this event  
Vendors, Awards, Student Presentations  
Election of Officers



**Thursday June 8, 2023**

Cocktails/Vendors—6:00pm  
Dinner Program 7:00pm

Westchester Country Club  
99 Biltmore Avenue  
Rye, NY