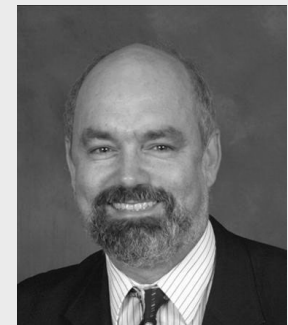




WESTCHESTER PHYSICIAN

March 2021

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*PETER J. ACKER, MD
President, WCMS*

PRESIDENT'S MESSAGE COVID MUSINGS

Like many of us during this interminable pandemic, I have found myself exploring new activities that can help ease the tedium of long hours at home with little social interaction. I have resurrected my piano playing and am currently working on Beethoven's Pathetique (seemed to me appropriate during the angst of a pandemic). I am also doing more reading. Of course, there are some activities that many are simultaneously taking up, like bicycle riding or chess which has resulted in a huge demand and subsequent shortage of bikes and chess sets.

Another one is jigsaw puzzles, for which sales of have gone through the roof. As it so happens, I was a jigsaw fiend many years ago and therefore had a trove of them in my basement. Probably should have sold them on eBay and made a fortune! There is considerable satisfaction in finding that elusive piece and having it slide into just the right place. It occurred to me when I was turning over a fresh box and allowing the pieces to spill out over the table that there are some definite pandemic parallels. A year ago the world as we knew it was shattered almost literally into pieces, just like that pile. Putting it all together seems like an impossible task, but regardless we set out to do so. There are times of great discouragement. I'm sure every puzzler gets to the point when it seems absolutely certain that there are pieces missing. Inevitably and with grim determination we slowly put all the pieces together.

I have also, I confess been watching way too much television. My wife and I spend many late evenings watching streamed movies and series. Of course like everyone, we watched **The Queens Gambit** and more recently **Behind Her Eyes** and **The Sinner**, all absolutely addictive. During smaller stretches of time or when I'm working on a puzzle, I have the news on. I am hearing the same commercials over and over again. How many times can they play that Liberty Mutual ad? There is however on ad that actually infuriates me. It starts out with a tense scene around a dinner table. Two parents are standing over a distraught girl sitting before a plate of food and they are yelling at her to eat. Suddenly soft music plays and it is all smiles as the

(Continued on page 6)

INSIDE THIS ISSUE

From the guest Editor.....	2
Stop the Train.....	5
Student Corner.....	8
Governmental Updates.....	10
Annual Meeting & Outing Info.....	13

UPCOMING EVENTS

ANNUAL MEETING & GOLF OUTING

June 22, 2021
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FROM THE EDITOR...**GUNPLAY****PETER J. ACKER, MD**

This is a column from the past which seems appropriate to reprint in light of recent events

A few years ago I wrote an essay published here with the provocative headline "It's the Environment Stupid". It was inspired by a talk from Dr. Y. Cathy Kim, associate director of the Pediatric Environmental Health Center at the Maria Fareri Children's Hospital. I wrote about the environmental factors that influence the health of children and argued that it was well within our purview as pediatricians to get involved in community issues such as the type of food readily available in our schools. Of course, every doctor should want to know about environmental influences, but I think it is of particular moment in pediatric care because we pediatricians are charged with advocacy for a group that does not have the clout of adults.

I thought of this piece while digesting all the articles I have been reading about the current gun control debate. Unfortunately, it is loaded (excuse the use of this verb!) with hyperbole, myopia and absurdity. For example, does anyone really believe that we need to have assault rifles in our homes to protect ourselves from the government? Does it make sense to cite that statistically the mass murders are a very small number and shouldn't govern a policy debate, yet after 9/11 we invaded countries, instituted drone attacks, condoned torture and generally turned our country upside down for a loss of life dwarfed by the ten times larger number of fatalities each year on our nation's highways? I get it – I know that there is a much greater emotional and dramatic impact about a terrorist attack, but shouldn't reason prevail so we focus on the quotidian and more common risks to our lives?

The American Academy of Pediatrics has been accused by the far right of having a leftist agenda, on many issues, but especially on gun control. This is where the myopia comes in. Looking at guns purely from a public health perspective, the statistics are simply overwhelming. Here's one: a person between the ages of 15-24 is 35.7 times more likely to commit suicide if he or she lives in a house that contains guns. Adolescents, we know, are subject to impulsive acts. What would usually be a suicidal gesture involving a bottle of pills (2% mortality), with a gun available would almost always result in death (90% mortality). Furthermore, those suicidal gestures involving nonlethal means usually results in treatment and the great majority of those do not go on to have a successful suicide. Would anyone buy a house if they were told, oh, by the way, this house is 35.7 times more likely to burn down than your neighbors? Yet in article in the New York Times a couple of months ago, chronicling the heartbreaking story of a Wyoming family in which the teenage son committed suicide, the father clung to his strong pro gun stance.

(Continued on page 6)

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STOP THE TRAIN

Elliot Barsh, MD

"It's no use going back to yesterday, because I was a different person then."

-- Lewis Carroll, Alice's Adventures in Wonderland

Hello everyone.

As Leslie Johnson writes, "This pandemic is simultaneously something "we are all going through" and "something we are all going thorough so differently."

Despite our grief and losses it has shown us how interdependent our life and lives are to each other. We need to take care of one another, and have the courage to trust and count on each other in order to have a chance for the life we imagine for our children, our families, and ourselves.

The pandemic has illuminated the racial and social inequalities, and the institutional disparities that fail all of us by failing the most vulnerable.

We can make what happens next whatever we want it to be. Love, kindness, and maturity will allow us to live fully and equally, despite our different experiences, to "courageously inhabit the past the present and the future all at once." We can walk into the waiting arms of our future together, build a true community that will not have to choose between what has happened, what is happening now, and what is about to occur.

According to David Whyte, "Maturity beckons us, asking us to be larger, more fluid, more elemental, less cornered, less unilateral, a living conversational intuition between the inherited story, the one we are privileged to inhabit and the one, if we are large enough and broad enough, movable enough, and even, here enough, just, astonishingly, about to occur."

Thanks for reading.

Be safe.

"And for those like Ms. Luna, the care they give to coronavirus patients has come to be

shaped by the beloved healer they lost to the virus."

A Year of Risk, Fear and Loss for Families in Medicine

For many nurses and doctors, medicine was an inherited calling and one that bound couples. Then the virus threatened the ones they love.

<https://www.nytimes.com/2021/03/12/health/covid-health-care-workers-stress-death.html?smid=em-share>

"When Americans are nostalgic for the Before Times, we aren't nostalgic for a time before a disease crisis, but nostalgic for a time when that crisis was largely happening elsewhere."

The Past Year Has Taught Me a Lot About Nostalgia

Yearning for the Before Times as a mythic era risks obscuring the ways in which the Before was really many different kinds of before.

<https://www.nytimes.com/2021/03/11/opinion/covid-isolation-narrative.html?smid=em-share>

"What do people talk about when they don't have a global disaster to talk about all the time?"

Late-Stage Pandemic Is Messing With Your Brain

We have been doing this so long, we're forgetting how to be normal<https://www.theatlantic.com/health/archive/2021/03/what-pandemic-doing-our-brains/618221/>

"Biological and social, our interdependence is a defining feature not only of our civilization, not only of our species and all living species, but of life itself — life the physiological process and life the psychosocial phenomenon."

Immunity, Interdependence, and the Shared Root of Our Safety and Our Sanity: Eula Biss on the Science and Social Dynamics of Health as Communal Trust

<https://www.brainpickings.org/2021/03/19/eula-biss-on-immunity/>

(Continued on page 6)

PRESIDENT'S MESSAGE COVID MUSINGS

PETER J. ACKER, MD
(Continued from page 1)

mother gently lowers a plastic container with highly processed out of a box mac and cheese. Then a soft voice intones, "It's the easiest because it's the cheesiest." Of course, this negates all the advice we pediatricians dole out on a daily basis, to make meals relaxed, don't nag or bribe, offer a variety of healthy foods and allow kids to choose from them and lastly don't immediately offer highly processed "junk" food. Clearly, it is quite appropriate that we focus most of our attention on the pandemic induced health crisis, but we cannot ignore the silent "pandemic" of the last few decades: childhood and adult obesity, also resulting in many premature deaths.



FROM THE EDITOR...

GUNPLAY

PETER J. ACKER, MD

Now to the absurdity part. In June of 2011, Governor Scott of Florida signed in to law a bill prohibiting physicians from asking about the presence of guns in the household. It is perfectly ok to inquire about any other household risk such as swimming pools, containers with toxic liquids, seatbelt use, but not about the one item which is most likely to harm a child or an adult. This echoes the contretemps that arose recently when the Journal News published the locations of household guns in which gun owners complained that was an intrusion, an invasion of privacy. I can't help but think a paranoid element is clouding our thinking. As a parent, I think knowing whether a household has a gun would be important to know before sending one's child for a play date.

To my mind, physicians need to be cognizant of the public health disaster that has been perpetrated upon us by largely the National Rifle Association which, let's be clear, are lobbyists for a hugely profitable business – the makers of guns. Our country has by far the highest rates firearm related deaths of any of the developed world and, in my view, it is a disgrace.



STOP THE TRAIN

Elliot Barsh, MD

(Continued from page 5)

"Many of the images evoke combat imagery, honoring health care workers and armed forces and blurring the distinction between them as essential to combating the pandemic."

COVID-19 Postage Stamps—Messages in a Message

https://jamanetwork.com/journals/jama/fullarticle/2777922?guestAccessKey=0c56d86b-94fe-4f9a-801d-6195923e70a3&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jama&utm_content=olf&utm_term=032221

"Covid was hard on everybody, but you can't even think of the emotional toll in this group. They haven't gone out. They want to have the complete experience. It is just joyful to see them again."

Fully Vaccinated and Time to Party: If You Are 70

Older Americans still make up a majority of those who have been inoculated, and many are taking advantage and venturing out.

<https://www.nytimes.com/2021/03/21/health/older-residents-covid-vaccine.html?smid=em-share>

"You can understand why some people may have seen this as an opportunity to try something big."

A Home Away From the Virus, However You Can Find It

Whether hitting the road or sailing out to sea, restless families are packing up and 'slow traveling' to new destinations.

<https://www.nytimes.com/2021/03/19/realestate/a-home-away-from-the-virus-however-you-can-find-it.html?smid=em-share>



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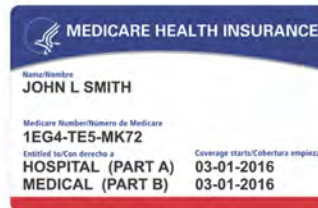


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STUDENT CORNER...**Reevaluating the Incorporation of Race in GFR Equations****Faris Katkhuda, Eric Bailey, Ida Dhanuka, Kyle Dannenberg**

Glomerular filtration rate (GFR) is a standard measure used to evaluate kidney function. Because true GFR is extremely difficult to measure, in practice, estimated glomerular filtration rate (eGFR) is calculated using the Modification of Diet in Renal Disease (MDRD) Study equation or the Chronic Kidney Disease Epidemiology Study Collaboration (CKD-EPI) equation. These equations are based on plasma creatinine and other variables such as age, sex, and race.

Using race in these equations is often justified by past studies which identified higher creatinine levels in Black patients in comparison to white patients (Hsu et al. 2008). Although these studies have recently been criticized as outdated, non-rigorous, and based in the racist belief that Black people have more muscle mass, the MDRD and CKD-EPI equations continue to be a part of our standard practice (Grubbs 2020). This results in the kidney function of Black patients being currently evaluated with a 16-18% higher eGFR value than non-Black patients.

In August 2020, the National Kidney Foundation and the American Society of Nephrology formed a joint task force to reassess the inclusion of race in eGFR, and although they are still drafting a final report, the presidents of both organizations released a statement in March 2021, stating that “race modifiers should not be included in equations to estimate kidney function” (ASN 2021). The University of Washington, Beth Israel Deaconess Medical Center, and Mass General Brigham have all also removed race from eGFR calculations, and some are instead opting for other measures of kidney function that don’t include race, such as cystatin C.

This change acknowledges that race is a social construct rather than a biological one and that a simple multiplier in the eGFR equations cannot account for the genetic diversity within self-identified Black patients or for mixed-race individuals. Furthermore, even if it was true that different ethnicities have different baseline levels of creatinine, the MDRD and CDK-EPI variables for race only single out Black patients, instead of having different values for all other ethnicities.

eGFR values are used to inform numerous clinical decisions, such as when to refer to nephrology, when patients can be listed for kidney transplants, the timing of dialysis initiation, and inclusion in clinical trials. Therefore, it is not surprising that Black patients are four times more likely than white patients to develop kidney failure and are overrepresented in the end stage renal disease population. Despite making up 13% of the US population, Black patients make up 32% of the end stage renal disease population (US Renal Data Systems 2016; Choi et al 2009). This may suggest that lapses exist in diagnosis and treatment, and these eGFR equations may play a significant role in these large-scale racial health disparities.

For example, a recent study found that removing race as a factor in eGFR resulted in one-third of Black patients being reclassified to a more severe stage of CKD, which had implications for management, kidney transplant specialty care, and dialysis access planning (Eneanya 2019). We should always favor practices that alleviate health inequities, and to not investigate the usefulness of these equations could be a major disservice to our patients.

The complicated knot of race based practices in medicine is one that will take a multipronged approach to solve. Establishing benchmarks for “normal” and pathologic renal function requires research that gives us a more complete picture of GFR in the US, and how it varies based on racial identification, socioeconomic status, access to healthcare barriers, and comorbid conditions, as well as a stronger understanding of the progression of renal disease in various populations and its relationship to early diagnosis and management. Until we understand *why* GFR varies across populations, we should be hesitant to accept that variation as natural, and we should push back against our home institutions’ automatic use of outdated and harmful practices. In our individual practices, how we choose to manage patients should take into account the quantitative data of eGFR and other measurements of renal function, as well as the more qualitative factors of social context, history, comorbidities and personal life that may affect the presentation and progression of renal disease in our patients. Approaching GFR more critically, and with a more multifaceted perspective, serves both our patients and ourselves, allowing us to practice both the science and the art of medicine.

(Continued on page 9)

STUDENT CORNER...

Reevaluating the Incorporation of Race in GFR Equations

Faris Katkhuda, Eric Bailey, Ida Dhanuka, Kyle Dannenberg

(Continued from page 8)

References

ASN. (2021, March 6). N/A. Retrieved from <https://www.asn-online.org/g/blast/files/NKF-ASN-eGFR-March2021.pdf>

Choi AI, Rodriguez RA, Bacchetti P, Bertenthal D, Hernandez GT, O'Hare AM. White/black racial differences in risk of end-stage renal disease and death. *Am J Med.* 2009;122(7):672-678. doi:10.1016/j.amjmed.2008.11.021

Eneanya, N. D., Yang, W., & Reese, P. P. (2019). Re-considering the consequences of using race to estimate kidney function. *JAMA*, 322(2), 113. doi:10.1001/jama.2019.5774

Grubbs, V. (2020). Precision in GFR reporting. *Clinical Journal of the American Society of Nephrology*, 15(8), 1201-1202. doi:10.2215/cjn.00690120

Hsu J, Johansen KL, Hsu CY, Kaysen GA, Chertow GM. Higher serum creatinine concentrations in black patients with chronic kidney disease: beyond nutritional status and body composition. *Clin J Am Soc Nephrol.* 2008;3(4):992-997. doi:10.2215/CJN.00090108

U.S. Renal Data System, USRDS 2016 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2016.



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STATE BUDGET NEGOTIATION CONTINUE – KEEP UP PHYSICIAN GRASSROOTS!

After passing their respective one-House Budget proposals last week, the Assembly and the Senate are now having negotiations with the Governor's office to complete a State Budget before next week's April 1 deadline. Below is a summary of the most pressing Budget issues where MSSNY has been advocating, as well as the continued need for physician grassroots efforts.

Excess Insurance

Both the Assembly and Senate Budget proposals recommended the rejection of the \$51 million cut to the Excess Medical Malpractice Insurance program and 50% physician cost share imposition that had been proposed in the Executive Budget. Physicians can send a letter to legislators urging that they continue to fight to prevent this cut from being included in the Budget: [Don't Balance the Budget on the Backs of Physicians](#)

OPMC Changes

The Assembly Budget proposal recommended the rejection of the "OPMC Modernization Act" provisions from the Executive Budget including several provisions that would substantially curtail physician due process rights when a complaint has been filed against them with the OPMC. The Senate Budget proposal recommended the rejection of almost all of the "OPMC Modernization Act" provisions but left in components related to background checks for new licensees and expanded information on the physician profile.

Physicians can send a letter urging the Legislature to continue to fight to preserve due process protections for physicians and rejecting these seriously unfair proposed changes: [Reject Governor's Physician Disciplinary Proposal](#)

Pharmacy Scope

The Assembly Budget proposal recommended the rejection in its entirety of the pharmacy scope expansion provisions from the Executive Budget proposal. The Senate Budget proposal recommended the rejection of Executive Budget proposals to greatly expand the physician-pharmacy Collaborative Drug Therapy program and pharmacist self-ordering of lab tests, but mostly accepted the proposal to expand the immunizations that can be performed by pharmacists.

Please urge your legislators to continue to fight to reject these short-sighted proposals that would empower big box chains at the expense of community-based physician-led medical homes: [Oppose Uncoordinated Siloed Care to be Provided by Pharmacists](#)

Telehealth

The Assembly Budget proposal recommended the rejection of almost all of the Executive Budget telehealth Budget proposal except for a provision that expands the locations where telehealth services can be provided. The Senate accepted the Governor's telehealth Budget proposal, but importantly added language supported by MSSNY that would require equitable payment for telehealth services as compared to in-person services.

Please send a letter urging that equitable payment for telehealth services be included in the final Budget; and ensuring out of state telehealth service providers are not prioritized over community based New York physicians for providing telehealth services: [Urge Legislators to Support Payment Parity in Telehealth](#). (More info below)

Committee for Physicians Health

The Senate Budget proposal restored the nearly \$200,000 cut that had been proposed to CPH in the Executive Budget. While the Assembly Budget proposal did not affirmatively restore the cut, there have been indications that they will support the restoration of this cut.

E-Prescribing Waivers

Both the Assembly and Senate Budget proposals recommended the rejection of the Executive Budget proposal to eliminate the right of prescribers to apply for a year to year waiver of e-prescribing requirements.

Medicaid "Prescriber Prevails"

Both the Assembly and Senate Budget proposals recommended the rejection of the Executive Budget proposal to remove the statutory protection for the prescriber's determination (not State Medicaid's) to prevail for a medication prescribed to a patient covered by Medicaid.

Nurse Practitioner Collaborative Practice

The Assembly Budget proposal included the Governor's proposal to extend the existing modified nurse practitioner independent practice statute for another 6 years. The Senate Budget proposal did not include these provisions.

(Continued on page 12)



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STATE BUDGET NEGOTIATION CONTINUE – KEEP UP PHYSICIAN GRASSROOTS!

(Continued from page 9)

Medicaid Cuts

Both the Senate and the Assembly rejected the 1% Across the Board Medicaid cut.

Recreational Use Marijuana

This was excluded from both one-House Budget proposals but there are numerous reports a separate bill will be enacted.

(DIVISION OF GOVERNMENTAL AFFAIRS)



NYS LEGISLATURE APPEARS TO HAVE REACHED AGREEMENT ON LEGALIZING RECREATIONAL MA- RIJUANA

According to news reports the New York State Legislature and the Governor's office, appears to be close to agreement on legislation that would legalize recreational marijuana use and purchase for adults at least 21 years old. The legislation would also license dispensaries and impose special taxes on marijuana. News articles report that this legislation would include a 13% sales tax, 9% of which would go to the state and 4% to the localities.

Localities are also given the discretion to opt out of allowing a dispensary in a county. News reports also indicate that some of the resulting annual proceeds are going to low-income, mostly minority neighborhoods under a "community reinvestment" program to assist communities that have been subject to disparate enforcement of marijuana laws. With preventing against impaired driving a significant concern for many groups, the legislation is also expected to allow police to use marijuana odor to help determine if a driver is impaired but would ban odor from being a reason to search a vehicle. It should also be noted that there was still discussion whether driving while ability impaired by marijuana would be treated as a violation or as a misdemeanor. **(CLANCY)**



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7:00 P.M.

BUFFET DINNER

INSTALLATION OF 2021-2022 MEDICAL SOCIETY & ACADEMY OFFICERS

NO COST FOR WCMS MEMBERS & SPOUSE OR GUEST; ADDITIONAL GUESTS OF MEMBERS
\$125; NON-MEMBERS & GUESTS \$250/PER PERSON
TABLES OF 10 - \$2000

RSVP TODAY TO JANINE MILLER, 914-967-9100, BY EMAIL TO [JMILLER@WCMS.ORG](mailto:jmiller@wcms.org)
OR FILL OUT THE FORM BELOW AND FAX TO 914-967-9232 OR MAIL TO 40 SUNSHINE COT-
TAGE ROAD, VALHALLA, NY 10595. CHECKS SHOULD BE MADE PAYABLE TO THE
WESTCHESTER COUNTY MEDICAL SOCIETY.

GOLF OUTING

REGISTRATION, DRIVING RANGE & HALFWAY HOUSE LUNCH—11:00 AM

*IF YOU ARE UNABLE TO ATTEND, PLEASE CONSIDER MAKING A
TAX-DEDUCTIBLE DONATION. CONTACT*

KALLI VOULGARIS [KVOULGARIS@WCMS.ORG](mailto:kvooulgaris@wcms.org) OR 914-967-9100 FOR MORE DETAILS.

SPONSORSHIP OPPORTUNITIES AVAILABLE
ADDITIONAL INFORMATION ON GOLF FEES TO FOLLOW

ALL PROCEEDS WILL BENEFIT THE WESTCHESTER ACADEMY OF MEDICINE
FOR MORE INFORMATION AND OTHER SPONSORSHIP OPPORTUNITIES,
CONTACT JANINE MILLER AT 914-967-9100 OR [JMILLER@WCMS.ORG](mailto:jmiller@wcms.org)