# WESTCHESTER PHYSICIAN

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## THINGS I HAVE ONLY SEEN ONCE: A COMPENDIUM OF PEDIATRIC RARA AVI

**PETER ACKER, MD—IMMEDIATE PAST PRESIDENT**

I have been a doctor for almost 40 years. Along the way, I have treated and diagnosed thousands of diseases and conditions. It is very satisfying and I don't mind seeing the same maladies over and over again. The way I look at it, each common malady is in a unique patient and may have subtle differences and I learn something new about the disease each time I encounter it. I have to admit, though, and I am sure many docs share this, but I get a real jolt, a dopamine rush whenever I see something I've never seen before and I think this is what all my studying and experience have prepared me for this moment. It is the grand adventure of medicine to not know what is behind the next examining room door!

I start with a tale from many years ago when I was working a shift in the Bellevue Pediatric Emergency Room. Our quiet morning was suddenly shattered when a parent raced in holding a toddler in his arms who was unresponsive. With any acutely ill patient, we practice the ABC's, airway, breathing and circulation. Acronyms like this are very useful for even highly experienced practitioners can get rattled in an emergency. This way one can simply check the airway to make sure that there is no occlusion and position the chin to optimize it, then look for the rising and falling of the chest and then assess the circulation. If all of these appear stable, then can proceed to an algorithm, ie what are the things that can cause a well toddler to become comatose. Head trauma? His head showed no signs of trauma and his pupillary reactions were normal as well. Then we consider metabolic causes and the easiest one to check quickly is glucose. Within a minute of his arrival I did check of his blood sugar. It was 30! Immediately an IV was place and we infused a glucose solution. Within seconds his eyes bolted open and he screamed, like Lazarus from the dead (I am not comparing myself to Jesus – I know we have big egos but that's a bridge too far!). We breathed sighs of relief while the parents hugged their child and cried. Only for a moment, because the next issue was what caused the low blood sugar. Once the parents calmed down enough to talk, they told us the story. They had found their son comatose in the bathroom and nearby was an empty bottle of mouthwash. Mouthwash! Brightly

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*JEFFREY JACOBSON, MD*
*President, WCMS*

**INSIDE THIS ISSUE**



We would like to wish all of our members and their families a very Happy Thanksgiving!

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*FROM THE EDITOR…*

## THINGS I HAVE ONLY SEEN ONCE: A COMPENDIUM OF PEDIATRIC RARA AVI

**PETER ACKER, MD**

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colored and tasty, a perfect draw for a toddler. Mouthwash though contains up to 26% alcohol. Very young children are very sensitive to alcohol and a major reaction is to become very hypoglycemic. A cautionary tale for all parents. This was child was very lucky. In the 1980's and 1990's deaths occurred finally prompting the use of safety caps and eventually taking alcohol out of mouthwash. The price we pay for sweet breath!

Another tale from my Bellevue days was about a six year old brought in by his very worried parents. He was breathing and conscious, but his body was contorted: his mouth was wide open and fixed, his neck muscles were in spasm as well as his upper and extremities resulting very odd posturing. Luckily acute onset of posturing really has only one cause and is known as dystonic reaction. The treatment is also well known and so we quickly put in an IV and infused diphenhydramine (Benadryl) which within moments resulted in a relaxation of all his muscles. Another quick and good outcome. The next question we had to answer was why. Dystonic reactions are a reaction to certain classes of medications, especially psychiatric meds for treating psychosis. Did he get to some household meds? We turned to parents and asked. There were no such meds in their household. We asked if he was on any medications. Yes, just one, yesterday he started a medication to soften his earwax. He has so much that he can barely hear, his father told me. We were startled. We were not aware of any medication taken orally to soften earwax. I asked him to go home and retrieve the medication. He came back with a bottle of pills. I peered at the bottle – Risperidone – a very potent antipsychotic. What on earth? Then I spotted the name of the patient on the bottle – it was the same last name of my patient, but a slightly different first name. The pharmacy had apparently mixed up the medications. I thought to myself, is some poor psychotic patient trying to silence the voices in his head with ear drops?

Now a change of pace, a young lady of 16 walked in calmly to her examining room in the Bellevue emergency room. She appeared mildly ill. It had started the day before with some mild fever and headache. She had had no exposures to anybody with a febrile illness and had no significant past medical history. Her exam was remarkable only for a rash. She had widely scattered little bumps with a blistery top. It resembled chick pox, but slightly different. What really distinguished from chicken pox was the presence of a raised large lesion almost an inch across with crusty surface on top. I puzzled over it for moment and then went back to our small library in the back of ER and took out some books. I eventually concluded that this was ricketsialpox, an infectious disease caused by a bacterium and transmitted from the bite of a mouse mite. The large

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*FROM THE EDITOR…*

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**PETER ACKER, MD**

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lesion on her chest was the site of the mite bite. The other lesions occur later as the bacterium disseminates through the blood stream. There are other ricketsial disease such as rocky mountain spotted fever but they are all similar in that they are insect transmitted and they respond quite well to tetracycline. I put her that med and was gratified that she was much better by the next day. Two weeks later, the diagnosis was confirmed by a blood test. There was a Rickesial pox epidemic in New York in the forties, but it is now quite rare.

Fast forward some 25 years and I was in my suburban office on a Saturday with another teenage girl with you guessed it, fever, headache and a chicken pox like rash. The only difference was there was not large lesion present. Whenever encountering a disease, it is important to inquire where they have been. Could this be some other type of ricketsial disease? It did look like any that I was familiar with. So, have you traveled anywhere recently? Why yes, I spent a month in South Africa on my uncles farm. I took another trip back to the books and under ricketsial diseases and I found the following – South African Tick Borne Fever! My ability to identify this as a ricketsial disease stemmed from my ER experience so many years ago. Three weeks later I got an excited phone call from the CDC in Atlanta. You have a case of South African Tick Borne Fever! I was tempted to reply, tell me something I don't know, but wisely refrained – hubris is never an attractive quality in a pediatrician.

On another Saturday morning in my office, I walked in an examining room to greet a mother and her two week old baby. This was a mother I knew well since I had taken care of her older two kids. This baby was special – she had been adopted and they recently had gotten back where Texas where she was born. The mother had taken her to the emergency room the night before because "something was not right". This is a description I often hear from worried mothers. The doctors in the ER had reassured her: worried well (there actually is a CPT code for that diagnosis). Apparently she was still worried. I did a careful exam. The temperature was 100.2. The definition of fever is 100.4 or above. The baby looked terrific and resolved to reassure her once again and sent her home. I turned my head to look at her and there was something in her facial expression that gave me pause. I knew this mother well. She also was a nurse. What was she seeing that I wasn't? We talked. She couldn't put her finger on it. Pediatricians often have to use visual cues in their assessment of children, by dint of the fact that many of them can't speak. Veterinary medicine my internist friends will sometimes joke. I have also learned that a mother's furrowed brow can speak volumes. Facial expressions to a pediatrician are like Eskimos and snow – there are many subtle variations. The mother and I stared at each other for long moment. I thought of my waiting room, packed with patients. Finally I took a deep breath. "let's not take any chances. Drive to the hospital and I will call ahead and meet you there. I walked briskly through my waiting room (why don't we have a back exit!) muttering my apologies.

A word about temperature in babies: we take seriously fever in babies under 6 weeks of age. The reason for this is that there is class of bacterial

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## STOP THE TRAIN
## Elliot Barsh, MD

***"What happened to you?"***

Hi everyone.

I hope our column finds you and your families well and flourishing.

The pandemic, both ***evolving*** and ***enduring***, has been a ***stress*** that we have all shared.

***Prolonged activation*** of our stress response affects us like poison.

It ***shortens our lifespan, deteriorates our health***, and our ***well-being*** slips away.

Our brains cannot tell the difference between a stress that directly affects us, like an illness, or the bias we are forced to live with due to the color of our skin or the gender we choose to express, from one that we are living through like the COVID-19 pandemic.

Our ***moods change***, our ***minds close,*** and we feel differently about everything.

We are ***angry***, ***aggressive***, ***apathetic***, and ***avoid contact*** with the world within us and around us.

We feel ***threatened*** and ***unsafe***! We feel like we have ***no control***!

We internalize these feelings and ***blame*** ourselves!

Our feelings of worthiness become feelings of ***shame***!

We develop ***habits*** to hide these feelings, or "***wounds"***, that change our well-being.

The stress adds up, and a stress from our childhood, or our present, can be something we live with for years to come!

In some cases, for the rest of our lives!

***Wellness*** begins with the disruption of this stress response!

Halbert L. Dunn, in his 1961 book "High-Level Wellness." redefined health as…

***"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Wellness, he wrote, was about functioning better over time—having an "ever-expanding tomorrow."***

The idea of an ***"ever-expanding tomorrow"*** is brilliant!

It ***empowers*** us to make our own decisions and take back our sense of control!

We can help ourselves heal by ***realizing*** how we feel, ***recognizing*** the causes and their impact on us, ***connecting*** to others for support, and ***resisting*** the urge to accept the pain!

We can create that safe place for healing!

***No matter what has happened before, or what is happening now, any future is possible!***

As always, thanks for reading.

Happy Thanksgiving!

Be safe.

E

*"It gave me the tools to work on my mental health and spiritual health, and to shift my focus from being out of control and kind of helpless to having more trust in myself and my doctors,"*

**Medicine's Wellness Conundrum**
https://www.newyorker.com/science/annals-of-medicine/medicines-wellness-conundrum?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-new-yorker
*"The pain and suffering of the world are with me in a way they never were before…But I am ready to move forward."*

**Living My Life Again**

**I'm 87, Triple Vaxxed and Living My Life Again**

My life expectancy is six more years. Covid-19 can't prevent me from enjoying the time I have left
https://www.nytimes.com/2021/11/17/opinion/covid-retirement-older.html?unlocked_article_code=AAAAAAAAAAAAAAACEIPuonUktbfqohlSVUaBCbSRdkhrxqAwvPI3r0ww2XzMCmPRDNPyfhQBIyM9l2LZbZmY5F7-QWnc-J7Ee1lQu1unKgYNlZxSgKsr9yOyMtYKntvp8e6BT0_ms-SVOF90TLnYyzncrkkyray5kmIaTT6SeeIhy1aUQVippZi-cV2u32VZhfuWV74ohaQtmKspFZt4Rj8fZCGVvPGOCB92PNqObx-0-RBhEqgCGmmVxYjAnupGJAZCClvGTGd84nI-7L5cOtAQO6X9JnowaWfZu--Qnhs7j8iNmxYEe0A&smid=em-share

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## *THE WESTCHESTER COUNTY MEDICAL SOCIETY SELECTS ALTFEST AS THE PREFERRED WEALTH MANAGEMENT FIRM FOR ITS MEMBERS*

The Westchester County Medical Society (WCMS) is pleased to announce it has selected Altfest Personal Wealth Management as the preferred wealth management provider for its members.

Since 1797, the WCMS has dedicated itself to "improvements in the healing arts as well as the general good of mankind." The Society, among other things, is committed to the advancement of medical science in Westchester County and the improvement of the quality of medical service among the practitioners and hospitals of the County. Moreover, WCMS is focused on the promotion and protection of the rightful and desirable interests of the profession in the County.

"Our relationship with Altfest demonstrates further WCMS' commitment to deliver value to its members throughout their professional lifecycle and beyond," said WCMS' president, Dr. Jeffrey Jacobson. "Our partnership with Altfest enables members to receive custom-tailored financial planning and investment management education as well as complimentary consultations. As the professional and personal demands on our members increase, we find it important to provide needed support and services to promote their education, resilience, and well-being. Our relationship with Altfest underscores this commitment to our members."

Andrew Altfest, CFP®, President of Altfest Personal Wealth Management, said, "We are honored to have been selected by the Westchester County Medical Society. Since its founding in 1983, Altfest has served the distinct financial planning and investment management needs of physicians. As WCMS' partner, we will offer members timely, helpful, and usable financial planning information through a variety of means, including webinars and email communications. We encourage members to take advantage of our educational content, which includes topics such as investments, tax planning, estate planning, creditor and asset protection, and student debt management, as well as our complimentary consultations." "Given our many years of service to doctors," Altfest continued, "we well understand the crucial part financial planning education plays in promoting their personal wellness. Altfest is gratified to have been chosen for this important role."

To learn more about the Westchester County Medical Society, including its benefits for physicians in Westchester County, please visit www.wcms.org. To learn more about Altfest, including its educational webinars, other informative content, and complimentary consultations for physicians, please visit www.altfest.com/physicians or contact Jesse Frehling at jfrehling@altfest.com.


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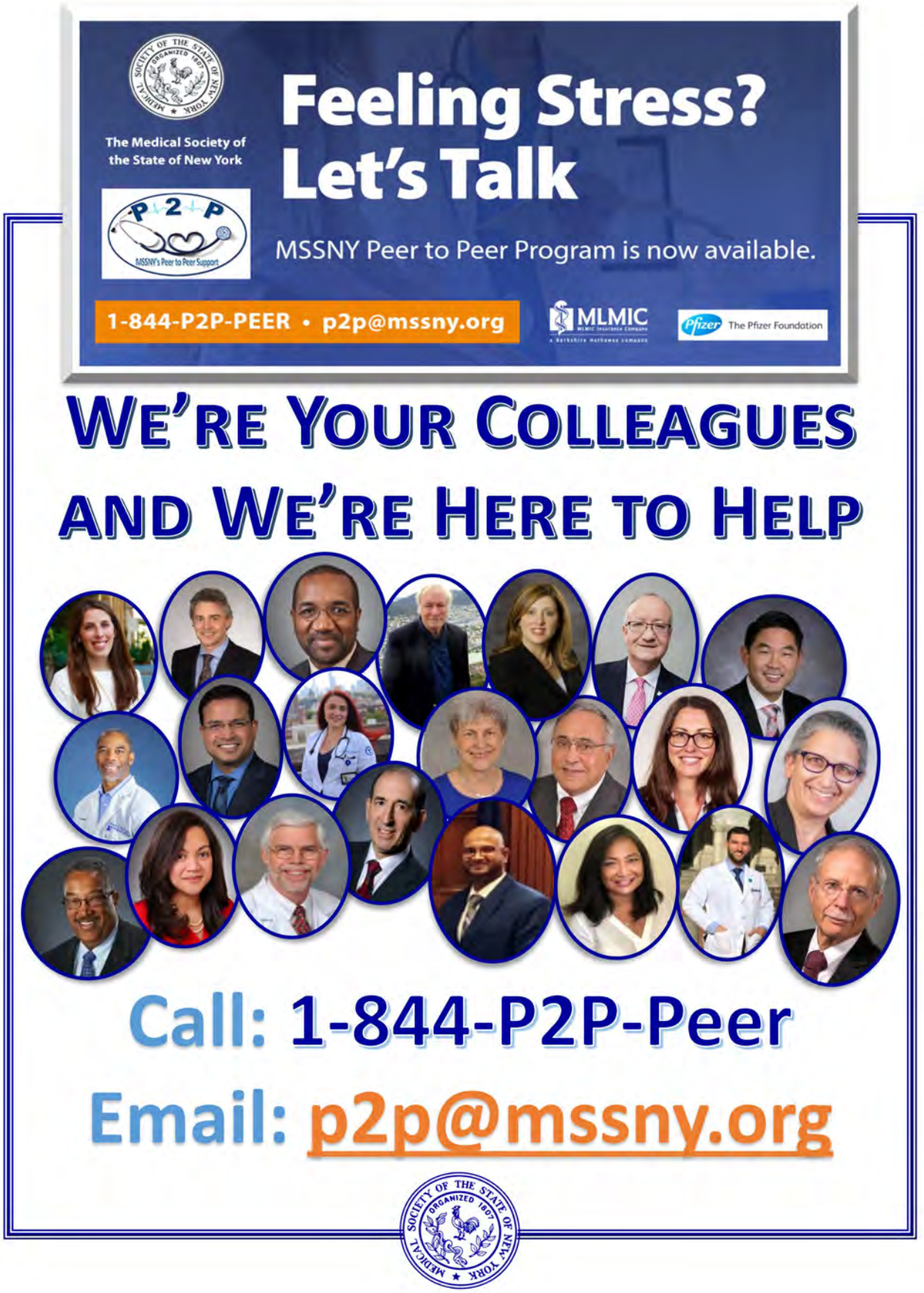
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*FROM THE EDITOR…*

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**PETER ACKER, MD**

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infections that only affect young infants. These are bacteria that colonize the vaginal tract. Usually, these bacteria are harmless, but on very rare occasions they emerge even weeks after they're born to cause a serious infection. The usual course is to do what is known in the trade as a "sepsis" workup and consists of doing a blood and urine culture and via a spinal tap the cerebral spinal fluid. Pediatricans dread this because it means hospitalizing the baby and the parents are usually horrified about the spinal tap. This mother was fine with it, that's how worried she was. The father on the other hand who met me at the hospital argued with me , "you docs are so aggressive, she's only 2 weeks old!" Even the nurse who was preparing the baby for spinal tap gave me a look, "this baby looks well". By the time I sat down to do the spinal tap which involves inserting a needle in between two spinal processes in the lower back, I was wondering what the heck I got myself into. The needle is very slowly because too aggressive a push can result in what is known as a bloody tap ie spinal fluid mixed with blood which is hard to interpret. It is done by feel. I slowly advanced the needle and felt a tiny pop and pulled out the stylet and was gratified to see clear liquid emerging from the hub, like striking oil, a great feeling. I collected the fluid in small test tubes, one for culture, one to look for cells, and one send for chemistries. The culture will take a couple of days to grow, so we rely on the results of the other two tubes to give us a more rapid indication – the tube for chemistry is analyzed for presence of protein and level of glucose. A high protein and low glucose is a sign of meningitis. The cells we look for are white blood cells. Normally there are none in CSF. Presence of cells is a sign of meningitis. In florid meningitis, the CSF will appear cloudy. I held up the tube to the light. Looked quite clear, but waitt a minute, is there a hint turbidity? No must be the lighting. I ordered the antibiotics that we routinely start in this situation and continue them until we get a negative culture. I left the hospital. An hour later, the lab called me, doc, we're seeing some cells here, not a lot but not normal. I went back to the hospital and over the next couple of hours the baby began to look sick and spike an actual fever for the first time. Two days later the culture grew out E. Coli, a bacterium commonly found in humans intestines, a common cause of urinary tract infections, but a rare cause of meningitis. The baby did well having benefited from early antibiotic treatment and now is a healthy young adult. Yet, for months afterward I was horrified by the thought that I came close to sending her home. Mother's worry is a powerful tool.

♦

## STOP THE TRAIN

**Elliot Barsh, MD**

*(Continued from page 5)*

*"My hope for myself and for my fellow doctors is to not lose sight of the small stuff — to always remember to praise a good shower and Sarah's cheeseburgers."*

### The Little Things

https://www.nejm.org/doi/full/10.1056/NEJMp2112424?query=WB&cid=NEJM%20Weekend%20Briefing,%20November%2020,%202021%20DM478097_NEJM_Subscriber&bid=712103871

*"She felt like a stranger to herself, a commodity to her hospital, and an outsider to her own relatives, who downplayed the pandemic despite everything she told them."*

### Why Health-Care Workers Are Quitting in Droves

About one in five health-care workers has left their job since the pandemic started. This is their story—and the story of those left behind. https://www.theatlantic.com/health/archive/2021/11/the-mass-exodus-of-americas-health-care-workers/620713/?utm_source=email&utm_medium=social&utm_campaign=share

**OPTIMISM** *by Jane Hirshfield*

More and more I have come to admire resilience. Not the simple resistance of a pillow, whose foam returns over and over to the same shape, but the sinuous tenacity of a tree: finding the light newly blocked on one side, it turns in another. A blind intelligence, true. But out of such persistence arose turtles, rivers, mitochondria, figs — all this resinous, unretractable earth.

♦

## IMPLEMENTATION OF THE NO SURPRISES ACT IN NEW YORK

While MSSNY continues to work with the AMA and the federation of medicine to raise strong concerns with one aspect of the implementation of the federal No Surprises Act (NSA) that relates to criteria to be considered in the surprise medical bill Independent Dispute Resolution proceeding (Nov. 19, 2021: National Advocacy Update | American Medical Association (ama-assn.org), there are many other very important "below the radar" provisions that will also be taking effect in 2022.

Recently, MSSNY staff participated in a meeting convened by various New York state agencies discussing integrating the provisions of the NSA into New York State law. Several key differences between the state and federal law were discussed that will likely need to be reconciled with New York's law. These provisions include:

- **Exempt CPT Codes.** Claims for out of network emergency services for patients insured state-regulated plans with CPT codes exempted from New York's law will likely need to be resolved through the federal IDR process unless these exemptions are deleted from New York's statute.
- **Assignment of Benefits (AOB).** Federal law does not require an AOB from the patient to be protected from surprise out of network medical bills, while New York's law requires an AOB for patient protection from surprise medical bills.
- **Facility-Based Providers.** Federal law for IDR covers facility-based provider services after an emergency room admission. New York State law only provides coverage for in-patient hospital services, not facility-based providers at those hospitals.
- **Patient Cost-Sharing Limits.** Federal law limits patient cost-sharing responsibility for surprise medical bills to the qualifying payment amount (QPA). New York does not have a similar provision.
- **Continuity of Care-General.** Federal law requiring 90-day continuity of care for patient care when a health care provider leaves a network requires that the health care provider to continue to accept the in-network rate. That is not required in the New York state law.
- **Continuity of Care-Pregnancy.** Federal law requiring 90-day continuity of care for health care providers who leave a network provides for continued coverage through the end of a pregnancy. New York state law requires continued coverage just through the 2d trimester.
- **Updated Information for Directories.** Federal law requires health care providers to provide necessary information to health insurers to have updated provider directory information. New York state law does not.
- **Consequence of Faulty Directories.** Federal law requires patients to be "held harmless" for out of network bills for reliance upon "faulty" provider directory information maintained by a health insurer. New York State law does not.
- **Detailed Insurance ID Cards.** Federal law requires more detailed information on patient insurance ID cards, including applicable deductibles and out of pocket maximums. New York law requires the ID card note whether plan is state-regulated, or ERISA regulated, but not deductible or maximum information.
- **Good Faith Estimates.** Federal law requires much more detailed information in a Good Faith estimate of anticipated charges to be provided to uninsured/self-pay patients than New York law requires.

•Please remain alert for further updates from MSSNY regarding possible regulatory or legislative changes, or DFS circular letters seeking to reconcile these patient protections in the NSA.

# Member Benefit Alert - A New Retirement Plan Solution for Your Business

Are you looking to offer your employees a retirement plan but want to limit expense, fiduciary liability and time commitment? Alternatively, are you looking to find **efficiencies and cost savings** in your current plan by outsourcing certain functions and responsibilities?

## NOW YOU CAN!

Under the SECURE Act, the first significant retirement-related legislation in more than a decade, employers of all sizes can now offer retirement plans to their employees through a Pooled Employer Plan (PEP). A PEP is a new kind of defined contribution plan arrangement similar to the 401(k) plans offered today by individual employers, but with many advantages for you and your employees.

## OVERVIEW AND ADVANTAGES OF A PEP

In a PEP, employers of all sizes, industries, locations, etc. can join together and become an "adopting employer." The PEP is offered by a Pooled Plan Provider (PPP) who is responsible for the establishment, management, and operations of the plan on behalf of all the adopting employers, as well as many of the fiduciary functions.

**In a PEP, adopting employers may benefit from:**

| Cost Efficiencies | Fiduciary Risk Mitigation[1] | Time Savings and Increased Focus |
|---|---|---|
| Costs are generally lower because they are spread across a larger participant and asset base reducing the costs for each employer adopting the plan. | • Fiduciary investment duties are outsourced to a plan advisor serving as an ERISA 3(38) investment fiduciary<br>• Newport as the pooled plan provider (PPP) assumes the role of named fiduciary and manages administrative burdens on behalf of adopting employers including eligibility, beneficiary tracking and plan disbursements | Adopting employers may use fewer resources allowing more focus on growing revenues and profits in their business. |

Newport is a leading independent retirement services provider committed to being a trusted partner in delivering comprehensive financial wellness solutions and expertise that best fit customer needs. Newport is registered as a Pooled Plan Provider with the Department of Labor and offers over 20 years of experience and expertise with similar plan arrangements.

## SUMMARY OF PEP FEATURES

**For Adopting Employers**

- 402(a) named fiduciary
- Add a Profit Sharing or Defined Benefit plan
- Integrated 3(16) administrative fiduciary
- 3(38) advisor support services
- Integrated trust and custody services
- Digital access to all plan functions and information
- Payroll contribution tracking and integration
- Integrated non-qualified plans

**For Individual Employee Participants**

- Full-function participant website and call center
- Spanish website
- Full suite of participant educational materials
- Financial wellness resources
- Integrated managed account services

**A PEP may be right for employers that:**

- Historically, have not sponsored a retirement plan due to costs, time to dedicate to running a plan or concerns over potential fiduciary risk
- Currently sponsor a plan and are seeking to outsource time consuming activities
- Are comfortable utilizing the available plan documents and features in the PEP
- Wish to delegate investment decisions to an investment manager

*For more information please contact:*

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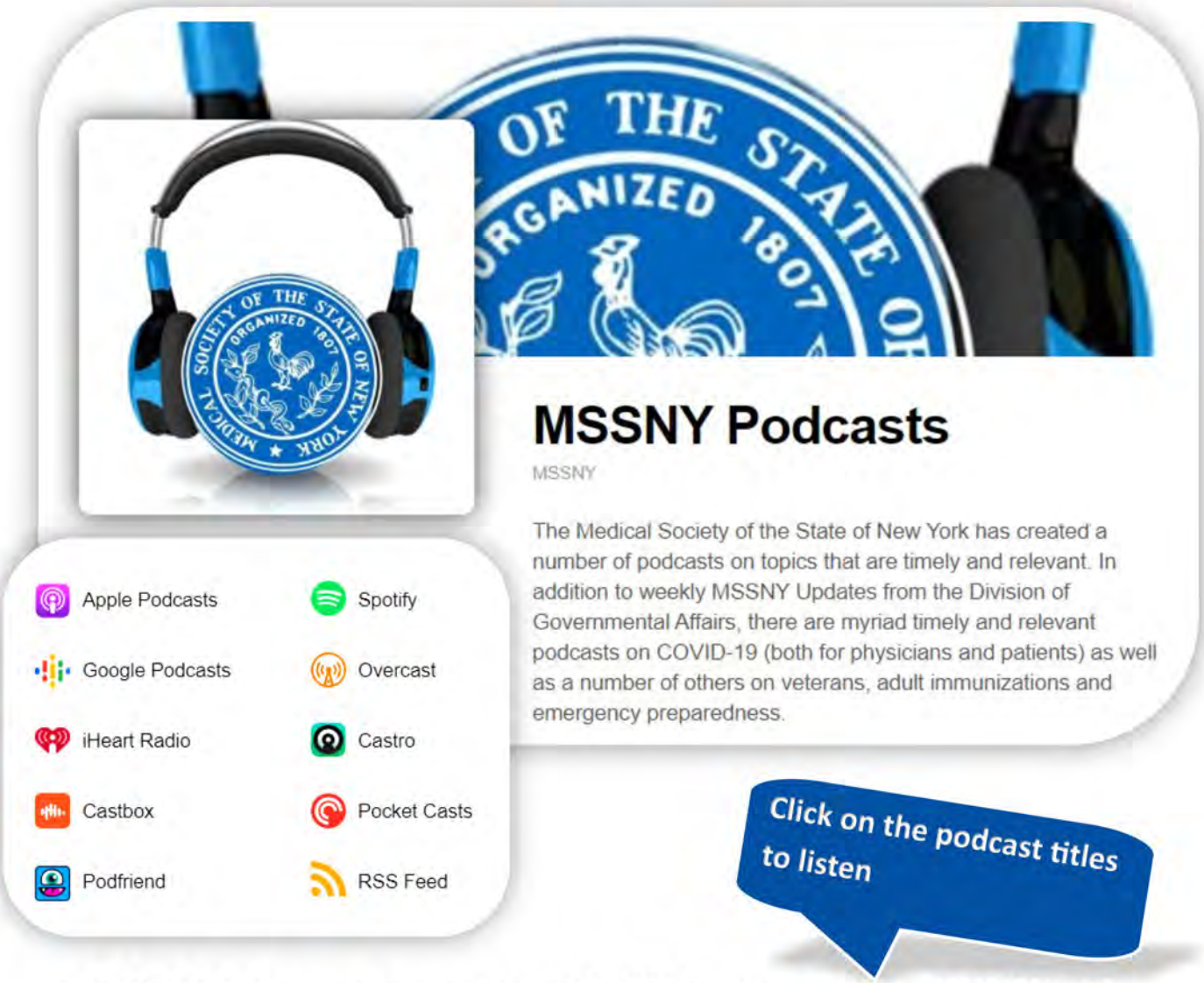


# MSSNY Announces two NEW Podcasts on COVID-19

## ★ A Discussion on COVID Vaccine for Patients ★

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

## ★ How to Talk to Patients About Vaccine Hesitancy ★

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

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