



# WESTCHESTER PHYSICIAN

October 2019

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## PRESIDENT’S MESSAGE LEARNING TO SPEAK IN MANY TONGUES

As physicians, we have been trained to communicate in a highly technical language that frequently confounds even those physicians outside of our own medical specialty. This can include a mix of unfamiliar Latin, ten syllable words and a bunch of words we just plain make up as we go along. Sometimes it can be difficult to turn off our “doctor speak brain” and switch back to using terms that the everyday nonmedical person can understand. It is frequently easier to do this in conversation than in our written work – especially the medical record.

Years ago, it would have been sufficient to jot down a brief note detailing a patient encounter so that you can pick up where you left off on your next visit. If you needed to communicate with a referring physician, you would dictate a separate consult note that eloquently outlined your ideas. Over the past few years, the medical record has transitioned to replace your pen and paper as both a billing tool and a tool for communication. It has become a skill to strike a fine balance between the keywords required for payment and getting across the thought processes necessary to transmit your ideas to other medical professionals. Confounding this, the chart has also become a tool used for patient education. Many insurance companies require that a patient plan be given to the patient detailing any new instructions prior to leaving the office. The patient plan is frequently generated out of your chart but needs to have components that the patient can easily follow. This frequently requires the ability to “read” your patients and determine which choices of language would be easiest for them to interpret and whether adding too much information may confuse them. If not done right, there may be a flurry of phone calls from the patient or they may just show up on the next appointment having not done anything you recommended.

The medical record has become another component of our practice where getting to know your patients and their needs is necessary for a functional doctor-patient relationship. Although the origins of the medical record are routed as a tool for billing, the ability to extend this as a communication tool with our patients is another opportunity to help our patients even after they have left our offices. While we may wear various hats, connecting with our patients in the most effective fashion remains our most valuable role as physicians.



**DANIEL GOLD, MD**  
*President, WCMS*

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### UPCOMING EVENTS

**WAM/NYMC WINE TASTING**  
Thursday, November 21  
NYMC Alumni House  
20 Sunshine Cottage Rd  
Valhalla, NY

**WCMS/WAM HOLIDAY PARTY**  
Friday, December 6  
C.V. Rich Mansion  
White Plains, NY

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

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**FROM THE EDITOR...****PETER J. ACKER, MD****A DOCTOR'S LAMENT**

Note: This piece is from a few years ago. Karen is now a pediatric infectious disease attending at Cornell.

On Wednesday, May 30, I had the pleasure of attending the graduation from medical school of my oldest daughter, Karen. It was held in Carnegie Hall (apparently, practice, practice, practice is not the only way to get to there). My wife, I and various relatives occupied a second tier balcony which provided us with an excellent view of the proceedings. One of the speakers delivered timeless advice such as a willingness to say "I don't know" or "I'm sorry". Then, the newly minted physicians received their diplomas. As I watched, I remembered vividly my own graduation from medical school just thirty years ago and how excited I had felt, but also nervousness and trepidation about the challenges ahead. One of the biggest challenges for any physician is the almost daily ingestion of new information with the occasional bombshell that turns conventional wisdom on its head. It is a truism that medical information grows in an accelerating fashion, like hurtling cosmic bodies in an expanding universe. Yet it is equally important to incorporate core information that is immutable – like the diagnostic power of a well taken history, the healing power of empathetic words as well as (equally important) empathetic listening, and the greatest gift we give patients, our time. It is difficult to keep this in mind while riding the bucking juggernaut that is American medicine.

The next morning, I felt a bit dizzy and tired. From the excesses of the previous nights festivities? Seemed probable. I took a brief look at the New York Times before heading off to work. On the front page was an article entitled "For Some Exercise May Increase Heart Risks, Researchers Find". Holy bedrock beliefs being shattered! I have as an article of faith believed in the multiple salvatory benefits of regular exercise. I myself, have enjoyed the virtuous feeling I get from regularly going to the gym. I have for years counseled my patients that the single best thing they can do is get regular exercise. But apparently, for some ten percent of the population, exercise can increase the chances of a heart attack. It is this sort of added wrinkle of complexity that bedevils all of us physicians. I think it is human nature to cling to beliefs even in the face of incontrovertible evidence. Witness the widespread denial of global warming or the belief that Barak Obama was born outside the United States. After all, we all want constancy in our lives. We want the sun to rise each day and we want to find our house and loved ones to be there at the end of each day.

At work that day, I was too busy and tired to reflect much and at end of day my house intact and loved ones present, I crawled into bed and began to shiver. It was soon apparent that I had come down with some sort of illness and I spent two days flat on my back. Strangely, it allowed me time, that great gift, to think. I realized that the delicate dance between truth and untruth is both a challenge and an exhilarating stimulation for the practicing physician and we have to strive to be nimble enough grasp new evidence critically and incorporate it as needed.

Today, I rose from my sick bed, feeling more optimistic, though I'm sure that tomorrow at the gym, there will be that niggling thought "Am I part of the 10%?"





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**STOP THE TRAIN**

Elliot Barsh, MD

Hi everyone.

***"For now, let's consider well-being a choice, something you can try on and wear.***

***When we put on the hat and coat of well-being we incline towards joy without special occasion."***

***-Jean-Pierre Weill (The Well of Being)***

We take an oath to **heal patients** and are trained to **cure disease**. This is the mixed message we struggle with right from the start of our careers.

**What matters most?** Is it the **diseases** our patients have or the **dis-ease** that illness brings?

***Is it what is the matter with our patient's or what matters to them?*** We have a **shared humanity**. **What matters to our patients is what also matters to us.** We all want to be noticed, heard and seen, cared about, and listened to.

We want someone to be interested in us, and get to know who we are.

Healing is something that we all need.  
Healing doesn't take time, it takes effort.

Instead of thinking about the time we have, or don't have, let's think about the effort we can choose to make. We can both be heard, seen, and understood.

Finding a cure can be elusive, but together, healing is always possible.

Thanks for reading.  
E

Dr. Wayne Jonas is a veteran and integrated medicine practitioner. Here is a wonderful discussion on the healing powers that we have and can use with our patients.

As Dr. Joans writes,  
***"We can't simply throw pills and procedures at our patients' problems. If we are to help them heal, we must go deeper. We must find out who they are and uncover what matters to them."***

[https://www.healthaffairs.org/doi/10.1377/hp20190802.979560/full/?utm\\_source=Dr+Wayne+Jonas+Newsletter&utm\\_campaign=a70eb9863b-](https://www.healthaffairs.org/doi/10.1377/hp20190802.979560/full/?utm_source=Dr+Wayne+Jonas+Newsletter&utm_campaign=a70eb9863b-500008299&)

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Here is a good audio about lifestyle-based approaches to our health. There are so many ways we can give our patients agency and give them choices. Having **choices** can be highly motivating.

<https://hbr.org/podcast/2019/10/exploring-your-health-functional-medicine-with-will-cole>

Our physical well-being is intimately connected to our emotional state. Why do our patients want to be well? **Why do they want to live?**

**From The New York Times:**

**Why Your Cardiologist Should Ask About Your Love Life**

The heart may not be the origin of our feelings, but it is affected by them.

<https://www.nytimes.com/2018/09/14/opinion/sunday/heart-health-emotions.html>

Our relationships with our patients need to be **mutual, vital, and responsive**. Only then can we have a chance to both be heard and understood. When our mutual needs, as patient and provider, are met we can have a chance to heal.

<https://hbr.org/2019/05/putting-healing-back-at-the-center-of-health-care>

There may be nothing harder for a physician than helping a patient and her family with end-of-life care, and the transition from treatment to end-of-life care. It is hard to listen and understand one another through despair and grief. The end of our lives is part of our lives, and the choices we help a family make in this moment will stay with them forever. Now more than ever, the only thing that should matter to us is what matters to them.

<https://hbr.org/2019/05/managing-the-hopes-of-seriously-ill-patients>



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## CHANGING HEALTHCARE DELIVERY, HOLDING STEADFAST TO HEALTHCARE GOALS AND VALUES

Ira Bedzow

As Daniel Gold, M.D., President of Westchester Medical Society, made clear in his President's Message, healthcare is changing. Patients are more independent, more diverse, and less deferential to medical expertise. Healthcare delivery, in turn, is more corporate and more widely affected by legal and political influence, leaving physicians less efficacious when they rely on previous models to assert authority in matters of medicine and health. The challenge facing physicians today, however, is not in determining what to do given the changing landscape of healthcare. Rather, the challenge is in determining how to continue doing what the medical profession has always aspired to do given new circumstances.

In other words, the goals of caring for patients and curing disease, and the values that undergird those goals of medicine, are a constant that establishes a sense of purpose for professional physicians and that sets the policy agenda for Westchester Medical Society. Yet, when considering how those goals can be effectuated and how physicians can give voice to those values constructively, physicians must account for the various stakeholders that have entered the healthcare landscape. This does not mean kowtowing to social, corporate, or political interests. It does mean understanding what's important to patients and to economic and political interests, and speaking to those interests to achieve professional goals.

For example, when physicians are faced with a patient seeking an ineffective treatment about which they have recently read on the internet, physicians need to recognize that the issue at stake is not simply whether to acquiesce and provide ineffective care or not. In truth, this professional and moral question is easy, and the answer to it has not changed in our new healthcare environment. What is harder is to recognize and to respond successfully to the primary issues underlying this patient's request – a

concern about his or her health and that he or she both trusts the physician enough to visit yet, at the same time, has misgivings about giving that trust. How a physician can show care and trustworthiness, given time and organizational constraints, is a true professional challenge today.

Similarly, when physicians raise public health concerns, such as, for example, those related to vaccinations and vaping, they must realize that those concerns and how one approaches them have real economic, legal, and political consequences. Therefore, to be a successful advocate, it is not enough to propose public health solutions at the expense of personal liberties or barriers to business growth and consumer choice. Effective public health advocacy should incorporate economic, political and legal reasons that explain why mandating vaccines or limiting the availability of vaping products is a good thing socially, politically, and even economically.

At New York Medical College, the leadership and the faculty are committed to training future physicians to hold true to the goals and values of medicine by teaching them how to act on those values in the current healthcare environment. The School of Medicine, School of Health Sciences and Practice, and Graduate School of Basic Medical Sciences train health professionals with the competencies to be successful in various health-related fields as well as prepare them to be the next generation of healthcare leaders. Now that the Westchester Medical Society has a presence on the campus, New York Medical College looks forward to working together with the Westchester Medical Society to protect patients and deliver the best possible health outcomes in Westchester County.



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Westchester County  
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Independent surveys of the medical industry indicate that 78 percent of businesses are overpaying for their credit and debit card processing fees.

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- Processing charge of 1.00 percent on **regular** credit and debit Visa and MasterCard; 1.69 percent on Discover, as opposed to the industry standard of 1.50 percent and over 2.50 percent, respectively.
- Service fee of only \$5.00 per month as opposed to the industry standard of \$10.00-\$19.00 per month.
- No charge for state of the art, PCI compliant credit card processing machines.
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BANKCARD USA representatives have experience working with groups of all sizes from individual medical practices to large hospitals.

**Beginning in January 2020, medical practices must be EMV (Europay, MasterCard and Visa) compliant if they wish to avoid the risk of being 100 percent at fault for any credit card fraud initiated from their office.** EMV is the new standard set of specifications for smart card payments and acceptance devices. The new EMV policy places the onus on the medical practice rather than the credit card processor if any fraud is committed. Therefore, it is imperative to be EMV compliant before January 2020. Come January 2020, all card processing terminals must be EMV compliant.

The United States is one of the last countries to migrate to EMV chip technology due to the tremendous cost to upgrade merchant terminals, POS systems and ATM machines. American Express, Discover, MasterCard and Visa have all announced plans to be ready for January's deadline.

The biggest benefit of EMV is the reduction in card fraud resulting from counterfeit, lost and stolen cards. EMV technology supports enhanced cardholder verification methods and, unlike magnetic stripe cards, EMV payment cards can also be used to secure online payment transactions. Switching to the new payment technology is inevitable to provide a more secure environment for your patients to pay for appointments, medications and other services.

#### **What Happens if I Don't Adopt EMV Chip Technology?**

Practices that have not adopted EMV chip technology by January 2020 **may be liable for any possible losses linked to card fraud, if EMV chip technology could have prevented the fraud.** Physicians' offices and all other healthcare providers that accept credit or debit cards for payment are strongly urged to upgrade their equipment at some point before the liability shift.

#### **How Do I Get Ready for EMV?**

Now is the time to begin to adopt EMV protocol. EMV compatible terminals are currently available and can be implemented in your medical practice. Start planning to replace your current terminal, whether hardware, virtual or computer-based systems.

If you have had the same terminal or software longer than two years, you are probably not compliant. Your processing representative or bank should have contacted you by now. **Remember, come January the merchant card companies will be off the hook if there is fraud committed in your office—and the cost of fraud may become your responsibility.**

Call our office for BankCard USA contact information: (914) 967-9100  
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**Westchester Academy of Medicine  
10<sup>th</sup> Annual Golf Outing & Fundraiser**

**Wednesday, October 23 2019—Westchester Country Club—Rye, NY**

On Wednesday, October 23rd the Westchester Academy of Medicine held its *10<sup>th</sup> Annual Westchester Academy of Medicine Golf Outing & Fundraiser*. After the original date of October 3 was rained out, we got an amazing day with beautiful weather. The Outing was held at Westchester Country Club in Rye. Following the golf, an additional group of members and guests joined the golfers for dinner, fellowship, and prizes. Joseph Tartaglia, MD, President of the Academy, welcomed everyone, thanked the Golf Committee, recognized and thanked all sponsors, and presented Robert Lerner, MD with the 7<sup>th</sup> Annual “Friend of the Academy” award. All proceeds directly benefit the Academy’s very busy CME activities and its scholarship fund, which annually contributes toward events which foster student interest in careers in medicine.

**The Academy would like to thank the following sponsors and participants for their generous support of this year’s outing:**

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**Thank You to all of our 2019**

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Joseph Tartaglia, MD, Chair, President Westchester Academy of Medicine •

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Janine Miller, Executive Director



**“Friend of the Academy” Award  
Presented to  
Robert Lerner, MD Past President WCMS**



Dr. Joseph Tartaglia, President of the Westchester Academy of Medicine, presented Robert Lerner, MD with the 7th Annual “Friend of the Academy” award at the Golf Outing Dinner on Wednesday, October 23, 2019. Dr. Lerner was honored with this award for his many years of support and service to the Westchester Academy of Medicine. Dr. Robert Lerner has dedicated his time and resources to Academy and Society events for many years, and is a continuous support system for the physicians and medical students of Westchester. The Westchester Academy of Medicine would like to thank Dr. Lerner for his unwavering dedication to our organization. **Photo: Joseph Tartaglia, MD & Robert Lerner, MD**



Tom Sellers; Elaine Healy, MD; Phil Schuh, MSSNY EVP; Margaret Yu & Thomas Lee, MD



Eric Sedransk; Joseph Tartaglia, MD; Joel Greenspan, MD; Quentin Bishop & Ken Bishop



Constance Skinner; Ann Marie Zingaro & Mary Ellen Pilkington



Joseph Tartaglia, MD; Tod Fascinella & Michael Grasso

## DOCTORS OF DISTINCTION: SALUTING WESTCHESTER'S TOP PHYSICIANS

By Peter Katz—Originally Published by Westfair Online

Praise for accomplishments of the past and expressions of hope for the future in medicine were the dominant sentiments when Westfair Communications Inc. held its sixth annual Westchester Doctors of Distinction event on Sept. 24 at the Surf Club on the Sound in New Rochelle. Individuals who have influenced health care or medical science in Westchester were honored with a variety of 2019 awards.

The Hudson Valley Accordion Ensemble performed a selection of popular melodies while guests networked and enjoyed the view of Long Island Sound during the cocktail hour.

Welcoming remarks were made by **Janine Miller**, executive director of the Westchester County Medical Society.

“Each year Westfair Communications puts out a call for nominations to the public and each year they receive incredible feedback for some really outstanding physicians and this year was no exception,” she said.

**Gary Sastow**, managing partner of the event's presenting sponsor, White Plains-based law firm Brown, Gaujean, Kraus & Sastow PLLC, praised the honorees for their special contribution “not only to the medical profession but to the citizens of Westchester County where the level of excellence is just terrific and certainly adds to the attraction of Westchester as a place to live and to work.”

Benefiting from the event was the nonprofit American Foundation for Suicide Prevention (AFSP). The foundation was established in 1987 and is dedicated to saving lives and bringing hope to those affected by suicide. Suicide is the third-leading cause of death among people age 15 to 24. The highest overall rates of suicide are for adults from 40 to 59. AFSP funds scientific research, educates the public about mental health, advocates for public policies in mental health and supports survivors of suicide loss and those affected by suicide.

The keynote speaker was **Marina Holz**, dean of the Graduate School of Basic Medical Services at New York Medical College (NYMC) in Valhalla. She is a

professor of cell biology and anatomy and director of the integrated Ph.D. program.

At NYMC, Holz leads a laboratory funded by the National Institutes of Health where complex research has been underway on factors affecting cell growth in breast cancer and the rare lung disease lymphangioleiomyomatosis, also known as LAM. She received her doctorate in cell and developmental biology at Harvard Medical School. Holz graduated from McGill University with a bachelor's degree in microbiology and immunology.

Holz said, “Even though I have a doctorate and I'm a scientist, I do consider myself to be a real doctor even though many of you are actually the real doctors.” Joking about her working in the laboratory rather than treating human patients, she said, “I am a real doctor. I've cured cancer in many, many mice.”

The evening's honorees included **Michael Palumbo**, executive vice president and chief medical officer at White Plains Hospital, who received the award as Health Care Executive of the Year. He was introduced by attorney **Max Gaujean**.

Palumbo recounted his career as a physician before becoming a hospital executive.

“I was very motivated by that one-on-one interaction with the patients and the gratification from feeling like I was able to influence that person's wellness and life and certainly did not envision that I would enjoy the red tape of becoming a health care executive,” he said. “That changed when I made a decision to accept White Plains Hospital's offer.”

All In The Family awards went to **Samantha Rai** and **Jay A. Zaslow** of the Open Door Family Medical Centers.

**Cathryn Devons** of Phelps Hospital/Northwell Health received the Caring For All Award. Twenty-five years ago, she initiated a geriatrics program at the hospital and now devotes two days a week to caring for the homebound elderly, who without her would not have access to medical care.

**Christopher Ahmad** of New York-Presbyterian Lawrence Hospital received the Cutting-Edge Award. He is the head team physician for the New York Yankees and Rockland Boulders and is president-elect of the Major League Baseball Physicians Association.

*(Continued on page 11)*

*(Continued from page 10)*

Ahmad told the audience, “The starting pitcher for the New York Yankees tonight is Jordan Montgomery. Sixteen months ago Jordan Montgomery walked off the mound holding his elbow and he tore his ligament. And, as the team physician for the New York Yankees, I had the privilege to take care of him as I do all the Yankees and diagnosed his elbow injury and was able to perform surgery that rebuilt his ligament, and in about 10 minutes he’s going to be a starting pitcher for the New York Yankees in tonight’s contest against the Tampa Bay Rays. Took him 16 months to get back.”

Montgomery’s Sept. 24 performance in St. Petersburg, Florida, included two shutout innings in which he struck out three batters and allowed three hits as the Yankees lost 2-1 in 12 innings.

There were two awards for Female Trailblazer. The recipients were **Meera Shah** of Planned Parenthood Hudson Peconic and **Alice A. Police** of Northwell Health.

The Lifetime Achievement Award went to **Michael Gewitz**, who is the William Russell McCurdy physician-in-chief and chief of pediatric cardiology at Maria Fareri Children’s Hospital at Westchester Medical Center. He also is a professor and vice chairman of the Department of Pediatrics at NYMC and vice president of Boston Children’s Health Physicians.

“As a pediatrician, it’s really a unique opportunity to influence a life for a lifetime and even beyond,” Gewitz said. “As my patients now have gotten older and have had their own kids, I can really understand the impact on multiple generations that we all have had in pediatrics.”

No Land Too Far Awards went to **Allison Platt** of CareMount Medical and **Thomas Yuen** of Open Door Family Medical Centers.

The Power Couple Award was presented to **Sherlita** and **Robert Amler**. She is the Westchester County commissioner of health and he is the vice president for government affairs at NYMC and dean of the School of Health Sciences and Practice and Institute of Public Health.

“We both feel incredibly blessed to work together and also apart in our own roles to promote health, to ensure a healthy population and to serve this great

community,” Sherlita Amler said. Her husband Robert added, “We all work together, whether as clinicians taking good care of individual patients or public health physicians and other public health professionals taking care of communities and preventing disease, hopefully before it occurs.”

Burke Rehabilitation Hospital’s **Josephine Capocci** accepted the Support Staff Award. She is a registered nurse in Burke’s Spinal Cord Injury Unit.

The Westchester Medical Center’s Heart Transplantation Team was honored with the Team Award. The team has performed approximately 270 heart transplants. Drs. **David Spielvogel** and **Alan Gass** lead the team. Key members include: **Chhaya Aggarwal-Gupta; Gregg Lanier; Elliot Levine; Ramin Malekan; Masashi Kai; Joshua Goldberg; Abhay Dhand; Rajat Nog; Bettina Knoll; and Martha Gamboa.**

Spielvogel asked for a moment of silence to honor organ donors who he termed “the donors of distinction.”

CareMount Medical Urgent Care, which has facilities in Mount Kisco, Thornwood, Yorktown, Carmel, Fishkill, Poughkeepsie, Rhinebeck and Kingston, received the Urgent Care Center Award.

**Jennifer Lindelof** of NYMC received the Promise for the Future Award. She is a member of the class of 2020 at NYMC and hopes to pursue a career in urology.

The Health Care Leader sponsors for the event were: White Plains Hospital; WMCHHealth; New-York Presbyterian Lawrence Hospital; and Columbia Doctors.

The Health Care Partners were: Open Door Family Medical Centers; The Chelsea at Greenburgh; Yale New Haven Health Greenwich Hospital; CareMount Medical; Planned Parenthood Hudson Peconic; Burke Rehabilitation Hospital; Surf Club on the Sound; and Val’s Putnam Wines and Liquors.

Supporters were: Phelps Hospital Northwell Health; Blossom Flower; CR, Rajni Menon; Simone Development Companies; Barnum Financial Group The SKG Team; Jancare; and The Bristol Assisted Living.







**The Westchester Academy of Medicine &  
The Westchester County Medical Society**

Cordially Invites Our Members & Their Families to Our

**ANNUAL HOLIDAY  
COCKTAIL PARTY**

**Friday, December 6, 2019  
7:00 p.m. to 10:00 p.m.**

**C.V. Rich Mansion**

305 Ridgeway  
White Plains, NY

Please consider donating an item for our Raffle, to be held in conjunction with our Holiday Party. All proceeds from the Raffle benefit the Westchester Academy of Medicine and our Scholarship Fund activities.

Please RSVP to Janine Miller at [jmiller@wcms.org](mailto:jmiller@wcms.org),  
call (914) 967-9100 or by fax by filling out below:

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## SOME SATIRE FOR A GOOD LAUGH...

### CDC RECOMMENDS WASHING HANDS FOR 30 MINUTES BEFORE, AFTER EACH PATIENT ENCOUNTER

By Dr. 99—Originally published on Gomerblog.com

**ATLANTA, GA** – Stating that health care professionals can do more to prevent the spread of germs, the Centers for Disease Control & Prevention (CDC) recommends that health care professionals wash their hands for at least 30 minutes before and after every patient encounter.

The CDC prefaced the recommendation after observing that health care professionals wash their hands less than 50% of the time they should, and that 1 in 25 healthcare-associated infections occur as a result.

“Hand hygiene is of utmost importance but we also want to be respectful of our very busy hospital staff, which is why we decided against washing one’s hands for 60 minutes before and after every patient encounter,” explained the CDC Director with clean shiny hands, Robert R. Redfield (RRR). “But 30 minutes? We can all do that and we must do that.”

Assuming health care professionals can meet this [bar](#) by the end of the calendar year, the CDC will likely up the ante in 2020 by recommending every health care professional gets autoclaved before and after every patient encounter.

The [Infectious Diseases Society of America \(IDSA\)](#) applauds the new CDC recommendation, despite the fact applauding is making their raw but microorganism-free hands quite painful.

For everyone used to humming “Happy Birthday” twice based on previous handwashing guidelines, the CDC now recommends humming Beethoven’s Fifth Symphony.



### PATIENT ACCUSED OF VIOLATING HIPAA BY SIGNING HIS OWN NAME

By Gomerblog Team—Originally published on Gomerblog.com

**RICHMOND, VA:** As part of the ever-growing concern for patient privacy, Health and Human Services recently cited a VA patient for signing his own name on the preop consent form prior to his open heart surgery.

“The goal of HIPAA is to promote the highest level of patient care while protecting confidential health information”, HHS told our investigative team. “How can we maintain a culture of privacy if the patient is aware of his own name? That information is going to spread around the hospital on medical documents, get-well cards, and every time he introduces himself! We just can’t allow that to happen”.

HHS has been cracking down on HIPAA regulations in healthcare facilities across the country to ensure compliance by doctors, nurses, staff, students, and now, patients.

The patient in question has been instructed to forget his given name and birthdate, and to refer to himself for the rest of his life as John Doe.

HHS released a statement explaining that this incident is one in a long line of privacy breaches tracing back to the patients themselves, and that they must be stopped.

“At the end of the day, while we take care of the patients, they really are our own worst enemy when it comes to HIPAA regulations”.

John Doe was given a verbal warning, with the threat of losing his license as an SICU patient and demoted to Telemetry should the incident be repeated. He was unavailable for comment as he is currently waiting in line at the DMV to change his name on his drivers license and passport.



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**REMINDER:*****STARTING JANUARY 1, YOU MUST USE ONLY THE NEW MEDICARE NUMBERS!***

***December 31 is the last day you can use the old numbers. Start getting ready now.***

As you know, every Medicare Beneficiary has been issued a new Medicare number, the Medicare Beneficiary Identifier (MBI).

**Starting January 1, 2020, only the new number can be used on claims and transactions.** (What's going away is the old Health Insurance Claim Number or HICN, which was based on the patient's Social Security number.)

Patients have been sent all-new Medicare cards, and CMS has been reminding them to bring the new card to all their physician visits.

Right now we're in a transition period, but that period will end on December 31, 2019. **All claims and transactions MUST use the MBI as of January 1, 2020.** Providers must start using the MBI as soon as possible; CMS wants no leftover issues once the transition period ends.

**WHAT YOU SHOULD DO RIGHT NOW:**

**Start talking to patients now about their new Medicare numbers, to get them used to the idea.** Get in the habit of asking patients for their new Medicare card, at the time of service.

**Start your own procedures for locating the new numbers when needed:**

- Check the remittance advice (formerly the Explanation of Medicare Benefits). From now through December 31, when a claim is submitted with a valid HICN, the MBI will be shown on the remittance. (Caution: That doesn't tell you anything about the patient's Medicare entitlement. Be sure to check eligibility your usual way, too.)
- Do you use NGSConnex? It has a secure MBI lookup tool. You enter your own NPI, plus the patient's first and last name, date of birth, and actual Social Security number - not the old Medicare number, or HICN. (If you're not already an NGSConnex user, go to NGSConnex to register for a free account.)

**If patients don't have their new cards with them at time of service:** Remind them to use MyMedicare.gov to get their new Medicare number.

**If patients say they haven't received their new cards yet:** They need to contact 1-800-Medicare to update their home addresses, to make sure that another card can be mailed to the correct address.

**If you need a visual aid to reinforce what you're telling your patients:** Use CMS's good flyer, available at [Get Your New Medicare Card](#). Make lots of copies and have them ready to give to patients.