WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE
HOW PHYSICIANS CAN ADD REAL VALUE BACK TO MEDICINE

When we hear the phase "Value Based Medicine", we immediately picture the big hands of government reaching into out offices and finding another way to burden physicians. Another force slowly pushing us closer to burnout and dropping over the cliff. This visceral reaction is rooted in the recent cooptation of this phrase by insurance companies and regulators to give the impression that they are interested in providing a legitimate service of "value" to our patients. As physicians, we recognize their real motivation is to save money by encouraging the cheapest care option that does not significantly destroy the overall outcome of a medical process.

Until recently, I shared this negative connotation of the search for value in medicine. I was fortunate to have been refocused during a presentation by Senator Bill Cassidy of Louisiana. As a retired Gastroenterologist, he remains one of few true champions for physicians and patients on the Federal level. He opened my eyes to the time-honored methods through which physicians have always helped patients find real value in medical care.

As of 2016, the expenditure on Healthcare represented about 20% of the US GDP. Medical related bankruptcy is the most common cause of personal bankruptcy in the US. It goes without saying that Healthcare is a critical financial matter. But does a focus on cost always equal a better "value" in Healthcare? To understand where we as physician play a role, we need to go back to basic economics. The definition of value is a simple equation of benefit-outcome divided by cost. This cost can be economically measured in dollars, but also may be represented by the more precious commodities of time/ family/ friends/ health and mental wellbeing. How can we as physicians help bring value back to our patients?

I believe that bringing value through the doctor – patient relationship is one of the fundamental reasons why we entered the practice of medicine. It has always been our responsibility to assure that patients feel that they have received a "valuable service" from our interactions.

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DANIEL GOLD, MD
President, WCMS

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WAM ANNUAL GOLF OUTING
Thursday, October 3, 2019
Westchester Country Club
Rye, NY

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FROM THE EDITOR…
PETER J. ACKER, MD
IT'S THE ENVIRONMENT, STUPID!

I attended a very interesting pediatric grand rounds at the Westchester Medical Center the other day. The subject was environmental health and was delivered by Dr. Y. Cathy Kim who is on the faculty of the New York Medical College. She is also the associate director of the Children's Environmental Health Center (Dr. Allan Dozer is its director) She, of course, covered the usual environmental hazards that can affect children such as heavy metals, air pollutants, second hand smoke..... the list unfortunately goes on and on. When she discussed heavy metals I was reminded of a trip I took a few years ago to visit one of my daughters in college. She was premed at the time and invited me to sit in on one of her organic chemistry classes. As we walked to the lecture hall, my daughter beseeched me to behave myself, but once there I found myself, after being introduced to the professor, telling him that I was a primary care practitioner and that I used organic chemistry everyday in my daily practice. He chuckled politely at this sally while my daughter silently groaned at my side. We sat down for the lecture and I squirmed a bit in my seat as I looked at my watch. Then the professor started. The subject was organometalic compounds, and I found myself becoming increasingly attentive, even rapt. He explained the hydrophilic properties of organomecuric and organic lead moieties and in one slide demonstrated the way these molecules interpolate themselves within the lipidinous structure of myelin and thus reeking havoc on nerve transmission. He also reminded me of the important toxicological differences between ethyl and methyl mercury. By the end, I had a much better handle on the neurologic toxicity of the heavy metals. After the lecture, I again approached the professor chagrined and with the figurative hat in hand, to apologize for my joke and to tell him how absolutely relevant his lecture had been to my daily practice. I think I made his day.

Dr. Kim's lecture was another reminder of just how broad our purview as pediatricians is, which on the one hand can seem overwhelming (Dr. Kim gave us a list of possible environmental questions to ask at well checkups to go along well the developmental, nutritional, etc questions we already ask), but on the other, tremendously enriches the texture of our professional lives. I am probably not the only practitioner, ensconced in my office, passively waiting for problems to walk into the door. It is easy to become complacent and not think of all the myriad factors outside my office that affect my patient's health. We are used to handling acute problems comfortably and with alacrity, our training standing us in good stead, but we don't always take the extra step of inquiring in a more than superficial way about what is occurring outside our door. Take the example of childhood obesity. Our youth exist in an environment of food choices which make healthy eating a near impossibility. Schools and supermarkets abound with high fructose, high fat,

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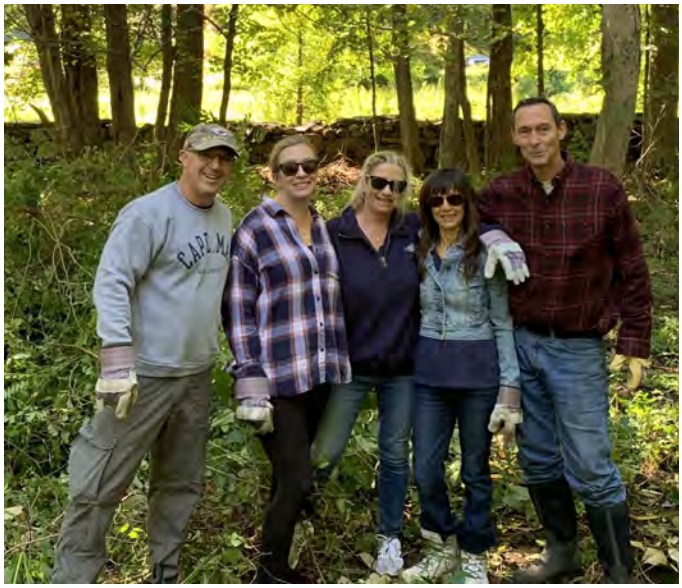
Volunteer New York 9/11 Serve + Remember Event



On Saturday, September 7 the Westchester Academy of Medicine sponsored the Volunteer New York 9/11 Serve + Remember event. WAM participated in revitalizing the trout stream at the Westmoreland Sanctuary in Mt. Kisco. Our team spent the day learning about the effects of warming temperatures on the wildlife in the area, specifically the trout. Our team was tasked with clearing invasive plants and trees to make room for new plantings. We were also treated to a tour of the grounds and even got a history lesson along the way. We would like to thank all those who selflessly gave their time to the event by volunteering for such a great organization (Pictured Left): Marshal Peris, MD; Janine Miller, Executive Director; Mary Ellen Pilkington "Friend of the Academy"; Bella Malits, MD; and Frank Goldszer, MD

STOP THE TRAIN

Elliot Barsh, MD

I love this quote from Ben Rice's book ***Pobby and Dingan.***

"The secret of an opal's color lies not in its substance but in its absences."

We are all guilty of being single-minded about keeping our day, and our lives, moving. We want, and need, to get things done, fix the problem, and move on. We look for the "substance."

Our day, and lives, can become a series of simple transactions. A patient visit can be a simple transaction.

Our patient comes in with a problem, and we have a solution. They want to feel better, and they want us to have the answer. We want to use what we know and solve their problem, and we want them to be happy.

But are we willing to stop and listen for what is "absent'? What isn't obvious? What a patient, or any person, will say with enough conviction to be "alluringly mysterious"?

Something that sparks our curiosity about why it was said, and what it means to the person telling us her story. Something that gets us thinking, asking more questions, understanding another's perspective, and transforms the visit into one that connects us and gets to the heart of what matters to both of us. The good news is that we can make this change. We can connect on many levels.

A patient and her provider are a team. According to Amy Edmondson, from Harvard Business School, successful teams are ***curious, passionate, and empathic.*** They are curious about what the other team members know and what they can bring to the table. They have empathy for one another's perspective, what they need, and what is hard for them. They share a passion for their work. Their passion is contagious, and fuels their effort.

We know what is the matter with our patient, but what do we not know yet? Why is she here today? Why does this matter to her? What is hard for her and what can I do to make this easier for her?

Do we understand her circumstances, needs, and preferences?

https://hbr.org/2013/12/the-three-pillars-of-a-teaming-culture

Maybe a patient is weary like a weary teenager in Lisa Damour's article, "***When Teenagers Bristle at "How Was School?"***

Instead of sharing our knowledge and wisdom, sometimes our patients really want us to be curious without judgment.

They want us to "set aside our terms and consider meeting them on theirs."

From The New York Times: When Teenagers Bristle at 'How Was School?'

Kids may receive the question as adults would a cheerful: "Describe all the tedious things you did today!"

https://www.nytimes.com/2016/09/14/well/family/when-teenagers-bristle-at-how-was-school.html

And maybe the secret in connecting lies in what is difficult to understand and explain. The graphic designer Chip Kidd, in this wonderful TedTalk, explains how important it is to have a balance between ***clarity and mystery***. Believe it or not,, this applies to patients and providers too. According to Mr. Kidd, "clarity gets to the point and mystery demands to be decoded."

The reason for the visit may be clear, or the symptomatology may be clear, but what is underneath the story? What do we need to figure out, or decode, in order to help our patient? All of a sudden, the questions we are asking become more important than what we already know!

https://www.ted.com/talks/chip_kidd_the_art_of_first_impressions_in_design_and_life?utm_campaign=tedspread&utm_medium=referral&utm_source=tedcomshare

I am happy to share these articles and video with you. When it comes to connecting to each other, the questions we ask are more important than what we already know!

Thanks for reading.

"I knock on the door of the universe, asking:

What makes the light of the stars?
What makes the heat of my flesh?
What makes the tear shape of rain?

[…]

So much I've lost,
I have nothing
Except a fierce hunger
To fathom this world.
Naked, I knock on the door,
Wearing only my questions."

Alan Lightman

Westchester Academy of Medicine
2019 Golf Outing & Fundraiser

Thursday, October 3, 2019
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580

Registration, Driving Range & Halfway House Lunch—11:00 AM
Shotgun Start at 12:30 PM
Golf Format: Scramble
6:00 PM—Cocktails
6:45 PM—Buffet Dinner/Awards/Raffles

If you are unable to attend, please consider making a tax-deductible donation. Contact Kalli Voulgaris kvoulgaris@wcms.org or 914-967-9100 for more details.

Individual—$500 ♦ Individual plus Hole Sponsorship—$700
Paid Foursome—$1,500 ♦ Paid Foursome plus Hole Sponsorship—$1,700
Hole Sponsor $300

Additional Sponsorship Opportunities Available
Cocktails/Dinner Only—$150 per person/$250 per couple

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

Golf Reservations are Limited—Please RSVP Today!

Westchester Academy of Medicine
2019 Golf Outing & Fundraiser
Thursday, October 3, 2019

Please Email or Fax: jmiller@wcms.org Fax: (914) 967-9232

Name_____Phone_____ e mail_____

Address_____ City_____ State_____ Zip_____

Golfers_____ x $500 = $_____ Name_____

Golfer + Hole Sponsorship $700_____ Name to appear on sign:_____

☐ **$1,500 Foursome/$1,700 Foursome + Hole Sponsorship**

Name_____Name_____

Name_____ Name_____

Name to appear on sign: _____

☐ **$ 700 Individual + Hole Sponsorship**

Name to appear on sign: _____

☐ **$300 Hole Sponsorship**

Name to appear on sign: _____

☐ **Cocktails & Dinner Only**: #_____ Name(s):_____

$150 per person/$250 per couple; Amount Enclosed: _____

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THE BUSINESS OF MEDICINE

DOCTOR, HOW ARE YOUR PATEINTS DOING?

Rick Weinstein, MD, MBA

Director Orthopedic Surgery Westchester Sport& Spine at White Plains Hospital Center

I was sitting at an ortho meeting recently which included physicians, PAs, nurses and several administrators. We were spending a lot of time and money to decrease the length of stay and make sure our patients are giving us good ratings on evaluation forms. We are asking patients how their stay at the hospital was, how were they treated, was it too noisy, did they wait too long to be seen and did they get appropriate discharge instructions. However, no one asked the real question that we should all be asking, "How are our patients doing?" Several doctors and PAs came up to me after the meeting and thanked me for bringing the conversation back to what I consider rational thinking.

I was surprised and disappointed to find out that we are not tracking this result of patient outcomes. In my opinion this is the most important question doctors and administrators should be investigating. Did your medical care improve/resolve your medical issue? Did your surgery improve/fix what was wrong? Isn't this what we need to know?? Apparently, CMS is coming around to this way of thinking and soon will be asking this same question.

As surgeons we get a feeling that we are doing a good job and our patients are recovering well, but do we really know that? If we don't ask, we will not know. A paradox of being a doctor is that patients who do well don't return, but those who have problems and complications keep coming back (or go somewhere else). This gives us the misconception that more patients are doing badly than they really are. A simple question for the surgeon to ask, "Did the surgery make you better?"

Don't misunderstand my thinking. Healthcare is too expensive and our practices and hospitals need to be profitable to stay in business, so we need to maximize efficiency and eliminate waste. Patient satisfaction is extremely important, but in a free market patients will vote with their feet and go to another practice if you don't treat them well and respectfully. This includes your staff and phone operators. One of the most common reasons you lose patients is because your staff pissed off the patient. A rude check-in person or phone operator will damn your practice to failure.

Our evaluations of patient satisfaction with the hospitals and doctors will become irrelevant if we switch to a single-payer system. In a socialized system, as advocated by Bernie Sanders or Elizabeth Warren, patient choice will be eliminated and rationing of care will be routine. The discussion won't be who is the best doctor or hospital but when can you get an appointment with any physician. We will not ask how was your hip replacement, but rather how were you able to get your surgery in less than 9 months?

♦

FROM THE EDITOR…

PETER J. ACKER, MD

IT'S THE ENVIRONMENT, STUPID!

(Continued from page 2)

low fiber foods. Fast food emporiums are on every corner and we are all subject to the marketing campaigns of the food conglomerates. It is tempting, here in the pediatric trenches to throw up our hands and give up, since our little sermons to the kids on healthy eating do not seem to have much effect. A more impactful approach perhaps would include inquire into the cooking and shopping habits of the parents and to take a detailed nutritional history. Taking it to another level, we could visit schools and get involved in the messy local politics that are behind the cafeteria lunch selections. I could go on and on.

I, for one, felt energized by Dr. Kim's lecture. Of course, it is not practical or possible to tackle every environmental issue that affects our patients health in a twenty minute visit, but it made me want to rethink the issues and try to conceive of new ways crack this nut. Yes we can!

♦

Some Satire For a Good Laugh…

Vaping Company Denies New Breast-milk-Flavored E-Cigarette Targets Newborn

By Poton Pimp—Originally published by Gomerblog.com

SEATTLE, WA—A Seattle-based vaping company has been forced into damage control amidst claims that its new e-cigarette targets newborns. The basis for the claims arises from the fact that the new e-cigarette is breastmilk-flavored and is being sold in vending machines in maternity wards and baby stores.

The vaping company, however, vehemently denies that it is targeting newborns. "The idea that we want precious little babies to smoke our product is ludicrous," said company CEO Fletcher Walker. "Sure, our e-cigarette is designed perfectly for people without teeth because all you need to be able to do is suck and inhale, and thus babies would be perfect consumers for our product. But despite that, we are definitely not marketing it to them."

When challenged about the curious decision to go with a breastmilk flavor, Walker countered, "Well we are quite clearly targeting men. Men love boobs and many men enjoy milk so of course they would love our breastmilk-flavored e-cig!"

Critics, however, say Walker is clearly lying he says the company is targeting adult males. And they have some evidence to back that claim up. They point to the product's packaging, which contain vivid images of popular cartoon characters, including Doc McStuffins, Elmo and Daniel Tiger. They also point out that the vaping company recently purchased Pampers and has been inserting free packages of the breastmilk e-cigs in every box of Pampers diapers.

But perhaps the clearest sign that the vaping company targets newborns is its name: Nicotine Baby. But Walker sees no correlation: "The word 'baby' here is clearly meant as an interjection, as in 'Nicotine, baby!'. The name clearly does not refer to a baby that's addicted to nicotine."

Parents though are very concerned. Said one alarmed mother, "Last week I was making dinner and when I turned around, my baby had gotten into the Pampers box, retrieved an e-cig and was sucking away on it! She was giggling and clearly enjoying the breastmilk flavor. Now when she craves milk, she pushes my boobs away and isn't satisfied until I shove a Nicotine Baby e-cig in her mouth!"

Upon hearing of the above case, Walker said he and the whole Nicotine Baby family felt awful. But later that night, he signed the addicted baby to a multimillion-dollar deal to star in company ads—ads that absolutely, definitely, positively do not target newborns.

Doctor Dies After Lifelong Batttle with Credentialing Process

By Dr. 99—Originally published on Gomerblog.com

DURHAM, NC – Gomerblog is saddened to report that infectious diseases physician, Dr. Ella Mering, has died after finally succumbing to a lifelong battle with her hospital's credentialing process. She was 39 years old.

"She was a very special person: wife, daughter, mother, person, doctor, and friend," said close friend and confidante, Natalie O'Connor, a retired nurse currently on hospice also as a result of the neverending credentialing procedures at Durham Health & Sciences (DHS). Natalie is 35 years old; she was hired 5 years ago but hasn't worked a single day. "Ella was the best. She will be missed."

Mering was a promising infectious diseases doctor, who really and truly thanked everyone for the interesting consult. She went above and beyond the call of duty. She is the one and only known infectious diseases doctor in the U.S. who not only recommends lumbar punctures but also offers and completes them herself at bedside.

Mering interviewed for an open position in the Department of Infectious Diseases at DHS three years ago. Despite "streamlining" the process 5 years ago, Gomerblog has uncovered that the turnaround approval time is still, on average, never. For this reason, Palliative Care is consulted on all new hires.

"It's a necessity," said palliative care chaplain Tyler Williams. "We need to be by their side so they don't suffer through this chronic, progressive, and incurable process alone." According to Williams, 85 health care professionals have perished in the attempt of onboarding at their hospital just this past year alone, and every single one of them needed an opioid PCA in their final moments.

"At least she's in Heaven now," Williams added. "Well, assuming Heaven doesn't have a credentialing process too."

Mering leaves behind a husband, two children, and one unsigned form in her credentialing packet.

♦

PRESIDENT'S MESSAGE
HOW PHYSICIANS CAN ADD REAL VALUE BACK TO MEDICINE

(Continued from page 1)

This can be measured in whether they received the counsel that met their expectations for the encounter. Do they leave better than when they walked in the door. It remains our sacred duty to make sure that our treatments meet the economic, cultural, social and emotional needs of our patients. This may mean finding them the soonest CT scan that answers their nagging concern despite a higher cost; guiding them to a drug that will have an overall better outcome despite significant short term side effects; getting them in for a super early morning appointment so they can make it to their daughters kindergarten play; or simply recognizing when they may not be able to afford the medicines that they desperately need. This can only be accomplished by taking the time to really know our patients and recognizing "what makes them tick".

As physicians, we need to assure that every decision we make is guided by trying to offer the best possible individualized care that we can provide. Value remains a judgement that is in the eye of the beholder and it remains our job to best understand the real "values" of our patients so that we can provide genuine "value based medicine".

Mark Your Calendar!
Board Meeting Dates 2019-2020:

October 10
November 14
December 12
January 9
February 13
March 12
April 2
May 14