



# WESTCHESTER PHYSICIAN

March 2024

Volume 40, Issue 3



## PRESIDENT'S MESSAGE SPRING

**PETER ACKER, MD PRESIDENT**

Finding myself very tired of the long winter and its accompanying flu epidemic, I decided I needed a respite. A long weekend in Puerto Rico seemed like just the ticket. Not only were the weather reports quite favorable, it was also on my mind that spending some Yankee dollars in the hurricane ravaged island would be a good thing. Consequently, on my last day of work, I frantically scurried around trying to stay on time mindful of 7 PM flight. Luckily, the stars were aligned and my wife and I arrived at JFK with ample time to check our bag, go through security and have a preflight cocktail. Aah!

It was while waiting in the gate security line, that I began to shake of the franticness of my busy day, trying to complete all the myriad tasks that are a part of the primary caretaker's burden that could not wait until I got back after weekend: medication refills, returning patient phone calls, filling out forms and while mindful of my packed schedule. I took some nice easy breaths and thought about beach, pool and sun. Then, as it is wont to do, my mind began to wander as I looked around and observed other people around me, wonderingly idly where they were going, what their pre-vacation day had been like and other random thoughts.

As our line closer to the security personnel, it occurred to me how similar a primary care physician's job is. Just as the great majority of seeking to board an airplane pose no threat, most of the patients we see who are ill have commonplace, treatable illnesses. Similarly we also employ screening methods. The security agents use metal detectors and x-ray to screen the passengers and baggage, while pediatrician checks lead levels and STDs, the great majority of which are negative. The more serious cases usually do not present a diagnostic challenge, like the serious asthmatic or extreme trauma. It's seriously ill patient who presents very subtly that keeps us pediatricians awake at night.

The trick for both the airport screener and the pediatrician is to be eternally vigilant, to treat each person as if they could be sneaking in with a bomb (airport screen) or with the early not obvious signs of a serious illness. We have to employ all our faculties, including intuition and close observation. I have been impressed with the thoroughness of

*(Continued on page 5)*



**PETER ACKER, MD**  
*President, WCMS*

### INSIDE THIS ISSUE

- From the guest Editor.....2
- MLMIC Discount for Members.....3
- MSSNY Peer-to-peer Info.....4
- Stop the Train.....5
- Dinner Event 4/25 Invite.....7
- MSSNY Podcast Info.....8
- Annual Meeting Save the Date.....9
- Lobby Day Recap.....10
- AHRQ Safety Course Info.....13

**WESTCHESTER PHYSICIAN**

Published by the  
Westchester County Medical Society  
45 Beekman Avenue, Unit 727  
Sleepy Hollow, NY 10591  
914.967.9100

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

**OFFICERS 2023-2024**

**PETER ACKER, MD**  
*President*

**KHAM ALI, MD**  
*President-elect*

**ANAIS CARNICIU, MD**  
*Vice President*

**BRUCE MOLINELLI, MD**  
*Immediate Past President*

**THOMAS LEE, MD**  
*Treasurer*

**TOBI KLAR, MD**  
*Secretary*

**DANIEL GOLD, MD**  
*President*  
*Westchester Academy of Medicine*

**STAFF**

**JANINE MILLER**  
*Executive Director*

**Kalli Voulgaris**  
*Membership/CME Director*

**RHONDA NATHAN**  
*Accounting*

Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.

*FROM THE GUEST EDITOR...***TEST YOUR "MEDICAL" IQ****BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT**

- Which group is responsible for the ruin of the practice of medicine?  
**A.** Insurance Companies **B.** Government. **C.** Doctors. **D.** Patients **E.** Administrators **F.** All of the above
- Define the word "ruin"  
**A.** Crumbled remnants of what once was a majestic structure **B.** Destruction of a solid core **C.** Crippling of a functioning body to the point of dysfunction **D.** Siphoning the life source out of a beautiful entity. **E.** Dismantlement of a noble and respected presence to the point of non recognition **F.** All of the Above
- Define "the practice of medicine"  
**A.** a majestic structure **B.** a solid core **C.** a functioning body. **D.** a beautiful entity **E.** a noble and respected presence **F.** All of the above
- Which group is actively **and** effectively reformulating and reconstructing the practice of medicine?  
**A.** Doctors **B.** Nurses **C.** Administrators **D.** Politicians **E.** Lawyers **F.** Private Equity funds **G.** Social Media Influencers **H.** All of the above (except A).
- Which group should be taking on the responsibility for the reformulating and reconstruction of the practice of medicine?  
**A.** doctors **B.** doctors **C.** doctors **D.** doctors **E.** All of the above
- Which group has a poor track record of agreeing on anything to formulate effective change?  
**A.** Doctors. **B.** Politicians **C.** Dictators. **D.** the Walking Dead (not to be confused with choice A). **E.** All of the above
- Which group is more likely to be herded and funneled into oblivion and non consequence without a concerted unified cumulative effort?  
**A.** Doctors **B.** Ants **C.** Fungi **D.** Bees. **E.** All of the Above.
- Define "funnel into oblivion and non consequence"  
**A.** Allowing market forces to continue to shatter any semblance of physician control of their own destiny across many parallel realities including financial viability, medical decision making, patient care control, self governance, independent authority, while ultimately trying to protect the patient physician bond. **B.** All of the Above. As for choices **C. D. E.**, let's face it, there really aren't any other explanations.

*(Continued on page 9)*

## Attention Westchester County Medical Society Members



**SAVE 10%**  
on your medical liability  
insurance




Acadia Professional, Doctor.com, A Press Ganey Solution, and MLMIC Insurance Company are working together to offer you bigger savings. This is an opportunity for qualifying physicians to get the highest quality liability insurance at an even lower cost - thanks to an **exclusive 10% discount for Doctor.com members.**

For more information on this program, please contact MLMIC's Doctor.com Program Administrator, Acadia Professional, at [info@acadia.pro](mailto:info@acadia.pro) or (862) 325-5929. You may also contact MLMIC at (800) ASK-MLMIC or your broker.

**MLMIC offers a range of discounts that when combined, can yield potential savings of up to 30%.**


The RPG discount amount is reviewed annually and is subject to upward or downward adjustment (including removal altogether) pending approval by the NYS Department of Financial Services, and is based on the overall loss experience of the RPG's members.

All references to MLMIC refer to MLMIC Insurance Company, P.O. Box 1287, Latham, NY 12210.



The Medical Society of  
the State of New York


# Feeling Stress? Let's Talk




MSSNY's Peer to Peer Support

MSSNY Peer to Peer Program is now available.

1-844-P2P-PEER • [p2p@mssny.org](mailto:p2p@mssny.org)



MLMIC  
MEDICAL MALPRACTICE INSURANCE COMPANY  
A SEITZBERG HANCOCK COMPANY



Pfizer The Pfizer Foundation

## WE'RE YOUR COLLEAGUES AND WE'RE HERE TO HELP



Call: 1-844-P2P-Peer

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



**PRESIDENT'S MESSAGE**  
**UP CLOSE AND PERSONAL WITH PATIENTS**  
**PETER ACKER, MD PRESIDENT**  
*(Continued from page 1)*

Israeli security. They not only employ all the standard methods, but rely on brief interviews from experienced personnel who ask probing questions and look carefully for subtle signs of agitation or nervousness. Sometimes it is just feeling or hunch and there is the ever present uncertainty whether to act on it or not.

My mind continued to wander and I thought of a young four week old infant I saws years ago who had a rectal temperature of 100.2. This technically is not true fever. The baby appeared quite well on exam and my initial thought was to just stay in close touch with the mother and reexamine if true fever developed. I then looked over at the mother and there was something in her facial expression that disquieted me. Finally, to make a long story short, I elected to admit the baby to the hospital and do a workup for sepsis. The father who was not there initially, intercepted me at the hospital and complained that he thought I was being way too aggressive. Then the nurse looked at me oddly when I told her of my plan to do a spinal tap. I began to question myself, but I was already committed. The spinal fluid appeared clear, but per protocol I started antibiotics pending cultures and I left the hospital. An hour later the lab called to say the spinal fluid had a small number of leukocytes. That evening the fever spiked and the spinal fluid grew out E. Coli. This was my first and only case of e. coli meningitis. I shuddered at the memory, remembering that I came close to sending the baby home.

My reverie was interrupted. "Sir, I need to see your identification and please place all the items in your pockets in the bin....." Definitely need a vacation, I thought.



Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.

**STOP THE TRAIN**  
**Elliot Barsh, MD**  
**"I can't wait!"**

Good morning everyone.

I hope our column finds you well.

Imagine how good it would feel if we were to wake up every morning and "see" the day ahead in an excited way!

Healthcare, like *Ed Young* says about birding at its worst, has turned our day into,...

*"an empty process... that turns living things into abstract numbers on meaningless lists."*

We run through our day caught up in what we cannot control and how much we have to do.

Maybe we can make our day something more?

How about getting caught up in the "ordinary miracle" of waking up and getting another crack at it?

Instead of feeling *unfulfilled* because of what we are *not getting*, how about feeling *thankful* for what we *get to give*.

Our patients invite us to get to know them, to "see" them.

We get to sit with them, face them, and listen to their stories.

As David Whyte writes, we become "*welded (to each other) by the heat of full attention*".

We can focus on the moment we have with them, *close, accessible, quiet, maybe thrilling*, and sometimes *sublime*.

Treating disease is *what* we do.

We can thank our patients for giving us the chance to remember *why*.

Bye for now.

Be safe.

*"To find the birds, you have to know them. And in the process of knowing them, much else falls into place."*

**When I Became a Birder, Almost Everything Else Fell Into Place**

To find the birds, you have to know them.

*(Continued on page 6)*

**STOP THE TRAIN**  
**Elliot Barsh, MD**

*(Continued from page 5)*

*"...it gets easier, but it never gets easy."*

*"...don't we all deserve to age?"*

**Our Last, Impossible Conversation**

When technology offered me the chance to celebrate my dead husband's 27th birthday, I took it.

*"My responsibility is no to understand every person's experience, my responsibility is to remember that I can never understand any person's experience better than they do."*

**Please Stay, Baby. Please?**

The grief of miscarriage is largely invisible. And with each loss, the longing multiplies.

*"Ours is a tacit understanding that we've got each other's backs.*

**My Father's Quiet Love Speaks Louder Than Words**

Ours is a tacit understanding that we've got each other's backs.

**VISION ON THE HILLS** *by David Whyte*

That full view of the world seen as a child, barely understood, a flight of half-remembered doves and red leaves in violent rustle from the wind that followed.

Stone walls climbed the hilltops through thunder and sleeting rain, entering the mist that drew me on paths where every stone stood single, opening like eyes

to other worlds, the black-faced sheep snaking out of moss and the stone-barns buttressed by old stones and an older time to which I knew,

by seeing this, by seeing *now*, belong to me as I to them, welded by the heat of full attention sustained by time, held up for all by youth

too caught in the ordinary miracle to worry what was past and what was present, or beyond it

whether the bright vision itself could fade. It could, it did. It seems we slide down the long curve of years falling through time until we wake

or dream like this: the window open to find us, brazen miracle, momentary fresh, before we lose our faith again. Almost desperate, searching through the crowded years, we meet ourselves a final time, try to touch him, hold him by the shoulders, teach us how to see again.

Our hands climb bewildered to our eyes, too late we see everything, we ask everything. Who lost that vision? Who? Who lost that vision?




**no faxing.  
no calling.  
no waiting.**

HealtheConnections puts the information you need right at your fingertips. We can provide you with access to patient records from 80% of the physicians in your community – at no cost. You'll be able to:

Access community-wide records

Receive customized automatic clinical alerts

Send and receive visit notes securely

Identify gaps in care across your patient panel

As a high-volume practice, connection to HealtheConnections can provide crucial information when it's needed most – at the point of care.



PLEASE JOIN US IN-PERSON



**Westchester County  
Medical Society**

Presents

# Physician Payment & Practice

Presented by

**Heather K. Lopez**

Vice President, Payment & Practice,  
Medical Society of the State of New York

PLUS

**Fraud & Abuse Investigations**

presented by MLMIC Insurance Company

**Thursday, April 25, 2024  
6:30 PM - 9:00 PM**

Sam's of Gedney Way  
52 Gedney Way,  
White Plains, NY 10605

RSVP to [jmiller@wcms.org](mailto:jmiller@wcms.org)

For more information, contact Janine Miller at 914-967-9100 or [jmiller@wcms.org](mailto:jmiller@wcms.org)

Sponsored by:

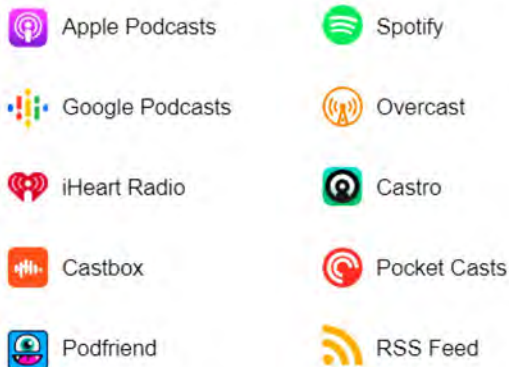




## MSSNY Podcasts

MSSNY

The Medical Society of the State of New York has created a number of podcasts on topics that are timely and relevant. In addition to weekly MSSNY Updates from the Division of Governmental Affairs, there are myriad timely and relevant podcasts on COVID-19 (both for physicians and patients) as well as a number of others on veterans, adult immunizations and emergency preparedness.



Click on the podcast titles to listen

## MSSNY Announces two NEW Podcasts on COVID-19

### ★ A Discussion on COVID Vaccine for Patients ★

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

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

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

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



FROM THE GUEST EDITOR...

## TEST YOUR "MEDICAL" IQ

**BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT**

*(Continued from page 2)*

9. Which of the following are **NOT** solid options to avoid a universal funneling into oblivion and non consequence.

**A.** Putting your head down, going to work and just hoping the next paycheck comes equal to what's it was before. **B.** wanting to be left alone and not bothered by anything hoping someone else will take care of it. **C.** fighting among ourselves **D.** Pushing through the current state of affairs further driving yourself into deeper and darker corners of dissonance, despondency and helplessness. **E.** Dropping out of the profession altogether abandoning those who remain in the profession to face these burdens and tasks. **F.** All of the above.

10. Define constructive ways to effectively "face these burdens and tasks"

**A.** Join physician run medical societies (county, state, specialty, national). **B.** Push your society leaders for identification of common burdens and tasks hampering all physicians and be sure your society is working in concert with other societies to effect a unified voice. **C.** Awake from your forced slumber to realize that physician input into the practice of medicine should not be an "input" but more of a "directive" and "expertise". **D.** Realize that market forces will determine outcomes, and that a shortage of access (fewer physicians, fewer physicians on plans, fewer physicians in geographical locations, fewer physicians available at all ) is the disastrous endpoint to which we are headed with current policy **E.** Understand that as a highly regulated profession, any concerted effort by physicians to "boycott" any insurer or governmental agency is illegal, but the slow dismantling of viability to remain in a plan will succumb to the market force of non participation thereby spiraling towards that disastrous endpoint of decreased access for care. **F.** Understand that the rise in num-

bers of the employed physician does not protect physicians from the smothering market forces hampering practices, since the cost of the physician will be on the employer, who will not continue to be a deep pocket as they lose income and value of paying for their hired physicians. **G.** Pass onto to the next generation of physicians the importance of physician advocacy in order to achieve the recovery of physician importance in this country's method of delivery of care **H.** Heed All of the Above.

◆



**Save the Date  
WCMS/WAM  
Annual Meeting &  
Election of  
Officers and Delegates**

**Tuesday, June 4, 2024  
6:00pm  
Westchester Country Club  
Rye, NY**

**Details to follow**

## MSSNY PHYSICIAN LOBBY DAY RECAP



On Tuesday, March 12, 2023 MSSNY held its annual Legislative Day event. The Westchester County Medical Society represented the physician membership with a group from Westchester. MSSNY held an informational session for the morning program that included a legislative update by Morris, Auster, Esq., Senior Vice President and Chief Legislative Counsel MSSNY. Other speakers included Paul Pipia, MD, President MSSNY; Jerome Cohen, MD, President-elect MSSNY; David Jakubowicz, MD, MSSNY Vice President; Mark Adams MD, Chair Leg & Physician Advocacy Committee MSSNY; William Latreille, MD Speaker, MSSNY House

of Delegates & Troy Oechsner, MSSNY EVP. The group was joined by James McDonald, MD Commissioner of Health; Senate Minority Leader Robert Ortt; Deputy Senate Majority Leader Michael gianaris; and Assembly Minority Leader Will Barclay who all addressed the attendees. There were two panels that also took place: Specialty Society Leaders Panel and the Health and Insurance Panel.

The Westchester physicians along with Janine Miller, Executive Director were able to meet with many of



our local legislators and their staff people including Senators Shelly Mayer; Pete Harckham; Nathalia Fernandez; Jamaal Bailey and Senate Majority Leader Andrea Stewart-Cousins; along with members of the Assembly that included Steve Otis; Mary Jane Shimsky; Dana Levenberg and Chair of the Assembly Health Committee Amy Paulin. Our group spoke about the importance of some of the items in the Governor's budget along with some of the items on MSSNY's Legislative Agenda including

- Protecting Patients through Preserving Physician-led Team Care—Scope
- Promoting Physician Wellness and Resiliency
- Promoting Health equity
- Gold Card Bill—prior authorization hassles
- How to keep physicains in New York

We appreciate all of those physicians who took time away from their patients to join us in Albany. The work that they do on behalf of all the members of WCMS and New York State physicians is invaluable.



# Garfunkel Wild

GENERAL COUNSEL TO THE  
**WESTCHESTER COUNTY MEDICAL SOCIETY**

**NAVIGATE THE COMPLEX  
REGULATORY ENVIRONMENT  
WITH MORE THAN 85  
HEALTH CARE ATTORNEYS  
ON YOUR SIDE.**

Our health care focus allows us to deliver unparalleled experience and cost effective solutions to your most intricate problems and opportunities, including:

- OPMC Defense
- Compliance Issues
- Employment Disputes
- Real Estate Leases and Purchases
  - Corporate Transactions
  - Litigations and Arbitrations
  - Audits and Investigations

**LEARN MORE AT [GARFUNKELWILD.COM](https://www.garfunkelwild.com)**

**FULL-SERVICE, ONE FOCUS: HEALTH CARE**



## Become a participating provider.

### PACE offers a whole new level of care for your patients.

Partnering with CenterLight Healthcare PACE offers benefits to your practice, while helping your patients live safely and independently in their own homes and communities.

Culturally diverse Interdisciplinary Team (IDT) includes, but is not limited to, nurses, rehab therapists, social workers, dietitians, and therapeutic recreation specialists.

- ✓ One payor source for all Medicare, Medicaid, prescription drugs and over-the-counter (OTC) items.
- ✓ Improved engagement with patients encourages regular preventive care visits to your practice.
- ✓ Collaboration with IDT to facilitate same day urgent care access and transition of care services.
- ✓ Pharmacy team assists with medication review and reconciliation.
- ✓ Chronic illness management through targeted programs.
- ✓ My Needs Card to help with basic needs, including food, grocery items, toiletries and more.
- ✓ Transportation coordination helps reduce no-shows.

**1-833-252-2737 | TTY 711 MON-FRI 8AM-8PM [centerlighthealthcare.org](https://centerlighthealthcare.org)**

**For more information, contact [ProviderRelationsRequest@centerlight.org](mailto:ProviderRelationsRequest@centerlight.org)**

Service area: Bronx, Brooklyn, Manhattan, Nassau, Queens, Staten Island, Westchester and Western Suffolk. Sites include adult-day centers.



# Have You Adapted Your Antibiotic Prescribing Approach for Telemedicine?

**ENROLL NOW**

## Join the AHRQ Safety Program for Telemedicine: Improving Antibiotic Use!

Join a NO COST, cutting-edge program to improve patient safety and antibiotic use in telemedicine

**One-third of outpatient antibiotic prescriptions and half of the prescriptions for acute respiratory infections are unnecessary.<sup>1</sup>**

### Benefits of participating

- Learn evidence-based strategies from nationally-renowned experts in telemedicine diagnosis and antibiotic prescribing
- Earn CEU/CME and ABIM MOC points
- Improve efficiency and patient satisfaction with antibiotic prescribing in YOUR practice with scripting for live and patient portal interactions
- Perform better on antibiotic-related quality measures (HEDIS, MIPS)
- Practices participating in a prior similar program saw a 9% decrease in antibiotic prescribing overall and a 15% decrease for acute respiratory infections<sup>2</sup>

**LEARN MORE!**



[safetyprogram4telemedicine.org](https://safetyprogram4telemedicine.org)



[safetyprogram4telemedicine@norc.org](mailto:safetyprogram4telemedicine@norc.org)



Attend an informational webinar

1. Fleming-Dutra KE, Hersh AL, Shapiro DJ, et al. Prevalence of inappropriate antibiotic prescriptions among U.S. ambulatory care visits, 2010–2011. *JAMA* 2016;315:1864–73. PMID: 27139059

2. Keller SC, Caballero TM, Tamma PD, et al. Assessment of Changes in Visits and Antibiotic Prescribing During the Agency for Healthcare Research and Quality Safety Program for Improving Antibiotic Use and the COVID-19 Pandemic. *JAMA Netw Open* 2022;5:e2220512.