



WESTCHESTER PHYSICIAN

May 2024

Volume 40, Issue 5



PRESIDENT’S MESSAGE

DRUNK WITH LOVE

PETER ACKER, MD PRESIDENT

Several years ago I published in these pages a column with the somewhat jocular title of “It’s Supplementary, My Dear Watson”. I was inspired by a full page ad in the journal news for a “revolutionary” supplement which was purported to enhance memory. Part of the ad featured a picture of a very professorial looking gentleman in a lab coat who gave a full throated endorsement of this product, including that it was FDA approved. I decided to investigate and found that the product in question had been indeed been before the FDA. Their conclusion: probably safe, possibly efficacious.

I was reminded of this column this morning when I attended a fascinating CPC at Maria Farrari Children’s Hospital. It featured a case of a four year old girl who was brought to their emergency room with a two day history of waddling gait and walking into walls. She had been seen by a doctor a few days before and diagnosed with a urinary tract infection. Antibiotics were prescribed. It came out later that the mother had also consulted a naturopath and decided after two days of antibiotics, to stop them and increase the amount of supplements that she had already been giving her over the past year. It was a day or so later that she became symptomatic. An extensive workup was instituted which included an MRI. To everyone’s astonishment, the MRI showed signs consistent with Wernike Encephalopathy. The mother was asked to bring in all the supplements and it turned out that many of them had significant amounts of ethanol. Parenteral thiamine was administered and within 24 hours she showed dramatic improvement.

The supplement industry is huge and unfortunately it is not very well regulated. With the advent of the internet with “Dr. Google” and the strong strains of anti-science rhetoric which have emerged over the past decades has resulted in scores of well-meaning parents diving into the rabbit holes of anti-vaccination and alternative

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PETER ACKER, MD
President, WCMS

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FROM THE GUEST EDITOR...**VALUE CONGRUENCE. MEDICINE OR MATH?
I'M CONFUSED.**

BRUCE MOLINELLI, MD, IMMEDIATE PAST PRESIDENT



Value congruence - the alignment of the value system of the individual employee with the value system of an organization.

I was at a surgical conference about 10 years ago when a chief surgical resident was presenting her research paper on the determinants of choice of specialty of rising surgery residents. Included in the discussion was the concept that the decisions of which sub specialty fields of surgery one chose was based on a newly emerging view of a better work-life balance. The presentation then meandered through so many aspects of lifestyle-related issues, that, in those days, were just becoming into vogue, as the old guard culture of “*This is the way so just do it*” or “*We survived it, now its your turn*” was being questioned.

The previously unheard of concepts of work-life balance, mental health, personal happiness, family values etc. were highlighted as the main motivators for surgical subspecialty choices. The rumblings of the mixed audience of old and young slowly crescendoed to an unsettling divide, not quite as Biblical as a Red Sea phenomenon, but certainly inescapable.

The culmination presenting as the first question was raised by a retired, white haired surgeon who epitomized the essence of a long life of dedication and sacrifice to one’s field with his kyphotic posture and traditional viewpoint. Upon his perdurable shuffling to the central aisle microphone, and a respectful acknowledgement by the young speaker, he started his question with the glaringly mic-enhanced, super-audible piercing words,

“I do not even know what language you are speaking!...”

It went downhill from there.

Today, we do talk a different language with terms of work-life balance, being completely accepted. We have morphed on to further concepts like safe working environments, flexible work hours, work related amenities, paid paternity time off, remote work, ROWE (results oriented work ethic), and, yes, value congruence, to name a few.

Let me establish my perspective now so there is no question from which side of the conference center aisle I sit as I try to straddle the fine line of fairness and acceptance of modern constructs with experience and battle-worn opinion.

Perhaps a way of saying it is that I do not have as much white hair as the aforementioned surgeon (although my motivational gait is slowing), but I do understand his perspective despite being able to concur with the language of that rising chief resident. I cannot take full credit for my open mindedness however, since a significant portion of my education of the inevitable evolving lifestyle focus is coming from my eldest daughter, who is soon to be third year ED resident in NYC. Quite selfishly, I want nothing more for her than happiness in work-life balance in this complex field of medicine. So if things must change, then please do so before she is out in practice.

(Continued on page 9)

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PRESIDENT'S MESSAGE
DRUNK WITH LOVE
PETER ACKER, MD PRESIDENT
(Continued from page 1)

medicine. It behooves all of us as practitioners to counsel our patients in clear unambiguous terms about the possible dangers of unregulated products.

This was indeed a cautionary tale. Despite that, it was hard not get totally fascinated with cases like this and it caused me to think of past experiences I have had. For example, I took care of a toddler who presented to the ER at Bellevue in a coma. The blood sugar was found to be extremely low and the quick infusion of dextrose was like rousing Lazarus from the dead. It turned out that he had wandered into the bathroom and was attracted to the brightly colored bottle of mouth wash which resulted in alcohol induced hypoglycemia. Then there was the time that I treated an 8 year old boy with an acute dystonic reaction. IV Benadryl was administered that reversed the reaction and afterwards we questioned the parents on medications expecting to hear that he had somehow gotten an antipsychotic. To our surprise, the parents knew of no such medications in their household. They were, however, giving him a medicine to soften his ear wax. We were not aware if any oral medicines for ear wax, so we had the parents go home and bring it to us. It turned out that it was a prescription for an antipsychotic which was intended for another patient with the same last name! I could only wonder how the intended patient was doing trying to treat his psychosis with ear drops!



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STOP THE TRAIN
Elliot Barsh, MD

“Time is a precious resource that we can embrace and master.”

Hi everyone.

I hope our column finds you healthy and content.

Time is currency that we **do not own, cannot buy, and will not find.**

Time's **relentless passing** has a profound impact on how we experience our lives and our mortality.

The ticking of the clock, passing of the seasons, and aging are a constant reminder of the **finite** nature of our lives.

We can accept this decree and be at the mercy of time, or we can **sanctify time, or make time, and create** a life full of **purpose** and **beauty.**

Whatever we make the time for is ours!

Time is made of **moments**, and moments can hide in how busy we are, never to be seen again.

We can **choose** to stop to listen and pay attention to each moment before it is gone, and notice **who** and **where** we are.

Every moment we notice is something we do for ourselves.

It is how we start taking care of ourselves.

How we can begin to show ourselves **compassion, kindness,** and much needed **forgiveness.**

So let's ask ourselves...

...does noticing each moment bring us **comfort?**

...can we be inspired by how **alive** we are in the moment?

...are we reassured by how our **presence** in the moment helps us forget how quickly time passes?

...did I use this day to draw **closer** to myself?

Thanks for reading.

Be safe.

Articles :

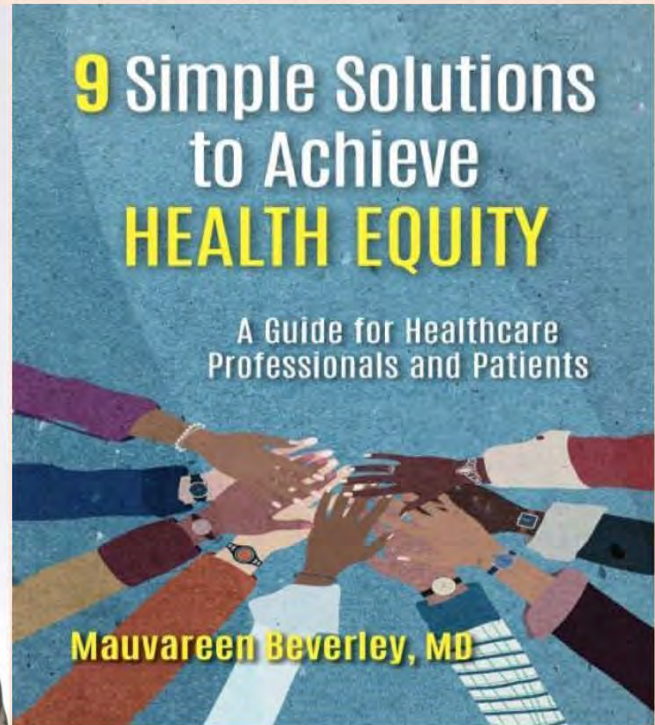
"Frequently,...the caregivers start by listing their burdens and end up expressing gratitude or a sense of accomplishment.

How to Care for Yourself as a Caregiver
 Forget yoga or weekend escapes. There are more realistic tools to put in place, experts say.

(Continued on page10)

BOOK SIGNING EVENT ON JULY 15TH

Join Dr. Mauvareen Beverley, author of *9 Simple Solutions to Achieve Health Equity* for an intimate conversation on improving healthcare outcomes for diverse patient populations.



The New Rochelle Public Library in the Ossie Davis Theatre
Location: 1 Library Plaza, New Rochelle, NY 10801
Date: July 15th, 2024
Time: 6:00pm -7:45pm

Conversation Moderated by:

- Cassandra Dobson PhD, RN-BC.
- Kimberly Judon, BS, MPH.

Acknowledgements: Peekskill Branch NAACP: Dr. Ann Sullivan, NYS Commissioner of Mental Health and Cassandra Dobson, PhD, President of Westchester Sickle Cell Outreach (WSCO)

Agenda:

- Book Signing-6pm-6:30PM
- Discussion about her book with Moderators and attendees

My book, *9 Simple Solutions to Achieve Health Equity: A Guide for Healthcare Professionals and Patients* is my attempt to share boots-on-the-ground simple solutions as well as an outside-the-box innovative approach to moving from tackling health disparities to achieving health equity within healthcare settings. I try to frame a roadmap in stages so that anyone can implement it effectively. I provide stories and examples of scenarios to make it relevant and applicable. I share some of the complex challenges we see within healthcare, resulting from the perception versus the reality of experiences, information, and true perspectives of the population served. The resulting false perceptions and missed communication leads to misunderstanding, contributing to poor health outcomes. I share the need to recognize that there are simple solutions to prevent escalation to the need for complex solutions, if we choose to accept and address them in a non-judgmental, humane, and empathetic manner.

This book is intended to educate all healthcare professionals, practitioners, and patients. It is important to understand that a patient is more than being just an individual with a disease condition. The individual who happens to be a patient may also be a mother, a father, a grandparent, a devoted church member, minister, or an accomplished teacher in their community.

Dr. Beverley will be having an interactive discussion with attendees about her book including book signing. There will be 2 moderators Kimberly Judon, BS, MPH, and Cassandra Dobson PhD, RN-BC.

Admission is free

Date July 15, 2024

Time 6pm to 7:30pm

Place: New Rochelle Library-Ossie Davis Theatre

Address: 1 Library Plaza, New Rochelle, NY 10801

Mauvareen Beverley, MD., PLLC.

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6:00 - 7:00 p.m.

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7:00 p.m.

Buffet Dinner

Installation of 2024-2025 Medical Society & Academy Officers

Remarks of Peter Acker, MD

Outgoing WCMS President

Remarks of Kham Ali, MD, MBA

Incoming WCMS President

Tara Buonocore-Rut, MHA, President & CEO

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Guest non-member Tables of 10 - \$2000

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FROM THE GUEST EDITOR...

**VALUE CONGRUENCE. MEDICINE OR MATH?
I'M CONFUSED.**

BRUCE MOLINELLI, MD

IMMEDIATE PAST PRESIDENT

(Continued from page 2)

So let's start with the title. Why is value congruence a thing? Why is it important? Why do we even care to align an individual employee's values with the establishment's? Don't employees seek out jobs in alignment with what they want to do and where? Isn't there already a pre-selection in the job one chooses?

Well yes, but the benefit of a true or beneficial alignment is productivity of the employee, at least from an employer's viewpoint. Value congruence between life and work-related values is related to well being and perceived accomplishments at work. Those whose personal values were consistent with the commonly shared values of a caring profession experienced lower burnout and higher personal well-being.

Lower burnout...Higher personal well-being...who could dare to be against those? That would be like disagreeing that COVID is a real entity, or patient outcomes is still the ultimate goal of healthcare in the United States (at least at the time of writing of this article).

So this is good that employers are thinking in terms of employee health. It is especially good now that most health *providers* have become employees ("providers" - huh!...the catch all term that has devalued physicians... but that is a curmudgeonly white hairs' rant for discussion at another time). There is also no doubt that the all encompassing, life sacrificing, selflessness of being a physician is no longer the mainstay of our profession, as new physicians will tell you. Perhaps one explanation is that it is harder now to be a physician with the burden of non-focused patient care issues complicating our daily lives, than it was when "selfless care" was the norm. Yes, in "those days", one could sacrifice oneself with total benefit going to the patient, with the cost to the physician worthwhile since the outcome was a sense of accomplishment and value. But today, the sacrifice includes feeding the machine of regulation with less obvious direct benefit of a happy patient and instead, a less satisfying result; just how much "thrill" exists in clicking off all of the boxes of documentation or checking off an item on the long list of regulatory burden— a.k.a. finishing your electronic progress note. What once was, "*I'll be late for dinner since I am managing a complex patient*" is now, "*I'll be late for dinner since I have to finish my charts and billings.*"; not the same rush of satisfaction that would support selfless behavior by our profession.

So to sacrifice today does not impart the same endpoint as in days gone by. Quite possibly, our profession has now come to the conclusion of what's the point? Our patients are no better if we physicians sacrifice our physical and mental health. Or more likely, we cannot make our patients better since our current sacrifice is directed elsewhere. The new generation of physicians sees this clearly and will adapt better. They won't feel that something is being given away or lost. They will feel it is part of the norm and will work with it to achieve the same goals our shuffling predecessors of self sacrifice achieved, good patient care, but perhaps with less personal drain and with a different level of satisfaction.

Although I understand the language being spoken, and hope for a better work-life balance for those starting out and in the height of their medical careers, my white hairs bristle somewhat of the endpoint of a field where the hired provider (I mean physician), has understandably become more self preserving and more focused on their own well being. Work-life balance now certainly monopolizes the employee's values enough that the institutional employer must address it to maintain a congruence since it is this very congruence that leads to productivity. Presumably productivity leads to profit, which promulgates the institutional motivation to supply a setting cognizant of value congruence.

But if the physician employee is more productive and happier, despite the potential for less focus on the patient, then who truly are the beneficiaries? The physician? The institution? What about the patient?

Although as a concept, value congruence is commendable by establishing a bond between employer and employee, and does potentially protect the physician's longevity in practice, the current work environment dictated by a broken reimbursement system is the real obstacle. The necessary survival in today's financial realities of delivering care is more of a setup for the oxymoronic inequality of congruence squeezing out the intended focus — a congruence incongruent with the patient.

♦

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STOP THE TRAIN
Elliot Barsh, MD

(Continued from page 5)

"Our lives are shaped by pain, but more by love"

My Twisted Path to a Meaningful Life

A bad night of partying left my body broken and nearly paralyzed. I let the pain shape me for the better.

"Certain mornings can seem exceptionally beautiful for no apparent reason."

The Cost of the American Dream? Our Intimacy.

A physical relationship is nearly impossible for a hard-working Bangladeshi taxi driver and his wife, who longed for each other.

"We often don't get to know when it's the last time."

We Didn't Know It Was the Last Time

My daughter and I looked at a book together, posed for a picture, and then she left. Forever.

"Something will astonish us."

The Opening of Eyes by David Whyte

That day I saw beneath dark clouds
the passing light over the water
and I heard the voice of the world speak out,
I knew then, as I had before,
life is no passing memory of what has been
nor the remaining pages in a great book
waiting to be read.

It is the opening of eyes long closed.
It is the vision of far off things
seen for the silence they hold.
It is the heart after years
of secret conversing,
speaking out loud in the clear air.

It is Moses in the desert
fallen to his knees before the lit bush.
It is the man throwing away his shoes
as if to enter heaven
and finding himself astonished,
opened at last,
fallen in love with solid ground.

"While we try to make the most out of every moment, let's give one moment to the people and families that have given their lives in wars past and present."

A Sight in Camp in the Daybreak Gray and Dim by Walt Whitman

A sight in camp in the daybreak gray and dim,
As from my tent I emerge so early sleepless,

As slow I walk in the cool fresh air the path near by
the hospital tent,
Three forms I see on stretchers lying, brought out
there untended lying,
Over each the blanket spread, ample brownish
woolen blanket,
Gray and heavy blanket, folding, covering all.


Curious I halt and silent stand,
Then with light fingers I from the face of the nearest
the first just lift the blanket;
Who are you elderly man so gaunt and grim, with
well-gray'd hair, and flesh all sunken about the
eyes?
Who are you my dear comrade?

Then to the second I step—and who are you my
child and darling?
Who are you sweet boy with cheeks yet blooming?

Then to the third—a face nor child nor old, very
calm, as of beautiful yellow-white ivory;
Young man I think I know you—I think this face is
the face of the Christ himself,
Dead and divine and brother of all, and here again
he lies.



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May 8, 2024

Contact: Christina Carroll
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Elizabeth Amato to succeed Rob Hack as President and CEO of HealtheConnections

SYRACUSE, New York – HealtheConnections is pleased to announce that Elizabeth Amato will be succeeding Rob Hack as the company’s president and chief executive officer, effective January 1, 2025.

Earlier this year, Rob announced his intent to retire after nearly 15 years as HealtheConnections’ leader and supports Elizabeth’s appointment.

“Elizabeth is the right person to steer HealtheConnections,” Rob said. “She has the requisite skills, experience, and knowledge of health information exchange that are key to sustain momentum and deliver value to our communities and stakeholders.”



Dr. David Page, HealtheConnections board of directors’ chairperson, echoed Rob’s sentiments on behalf of the Board.

“We are confident in her abilities to provide the leadership needed going forward,” David said.

Elizabeth has been with HealtheConnections since 2022 and currently serves as chief operating officer. She is a 15-year veteran in health information technology, including 11 years with health information exchange at the state level. Her background includes experience in health data, governmental affairs, and policy and compliance, earned through various leadership positions over the years.

“I take great pride in being a part of HealtheConnections alongside such a talented team and its dynamic culture,” Elizabeth says. “My commitment is to build upon the legacy of performance, innovation, and commitment that we are known for.”

Reflecting on the success of the organization and its contributions to regional and statewide health information strategies and goals, Rob said:

“It has been a privilege to lead this team and collaborate with our community partners and participants. I have every confidence that, by keeping our mission at the forefront, HealtheConnections will continue to make a difference for years to come.”

David recognizes the strong partnership between executive leadership and the board of directors.

“Rob has built one of the most successful health information exchanges in the country,” David said. “We are grateful for his committed leadership and wish him well in his retirement.”

Rob will retire on December 31, and Elizabeth will fully step into the role on January 1, 2025.

About HealtheConnections:

HealtheConnections is a nonprofit organization accredited by the New York State Department of Health to operate the regional health information exchange that serves 26 counties across Central, Northern, Southern Tier, and Hudson Valley regions in New York State. With a network of over 12,000 licensed clinicians and tens of thousands of health and care professionals, the organization facilitates the secure flow of patient data between more than 4,500 office locations every day. This diverse and expansive network presents an incredible opportunity to share, understand, and apply clinical data for better healthcare and to support public and population health priorities.

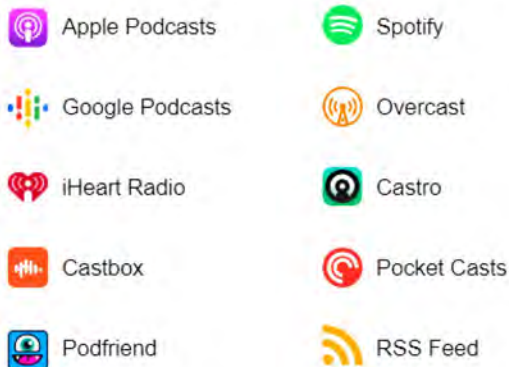
To learn more about HealtheConnections, visit healthconnections.org.



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!★★



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