



WESTCHESTER PHYSICIAN

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PRESIDENT’S MESSAGE INCOMING REMARKS—DELIVERED JUNE 29, 2020

Thank you all for being here, virtually. Ah virtually –it’s a strange word. I decided to look this up the actual definition: Virtual – “of relating to or possessing a power of acting without the agency of the matter” - Really didn’t like the “but” in that definition. I can just imagine walking down the street and overhearing two people talking – Hey isn’t that the president of the medical society? No, not quite, he is just a virtual. Oh well, I will try to deal with my own insecurities and serve to the best of my abilities and if ever asked well, did you accomplish anything today, I can state, well yes, virtually.

Anyway, I want to thank our executive director Janine Miller and our administrative director Kalli Voulgaris, as well as our board members for all they have done. I want to thank Dr. Dan Gold who has served admirably over the last year and also the long pantheon of past presidents. It actually is quite a long list. The Westchester Medical Society has been in existence for more than 200 years - 223 years to be exact. I think it would be interesting to mention some of the high points of its long and storied history. In the late 1700’s various types of practitioners were treating patients. A few were actual medical graduates from Europe but many were trained via apprenticeship with practitioners and there were huge differences in the type and amount of training. This somewhat chaotic situation led the local authorities to propose on March 23, 1797 “an act to regulate the practice of physic and surgery” to take effect on October 1 of that year. This idea of regulation made the local docs a bit nervous and thus motivated a small group of Westchester physicians (8 in total) to meet on May 8 1797 in White Plains and they founded the Medical Society stating that “members would combine their genuine concern for the quality of medicine with their own self-interest” The first president was a gentleman by the name of Archibald McDonald. Thus from the beginning was the notion that physicians should be in a position to be at the legislative table to be sure that that regulatory bodies would balance the health needs of the society with the need to provide the practice environment that would enhance physician satisfaction. It is notable that this medical society is one of the oldest, preceding the New York State Medical Society and the AMA by many years.

(Continued on page 8)



PETER J. ACKER, MD
President, WCMS

INSIDE THIS ISSUE

- From the guest Editor.....2
- MSSNY News/Updates.....5
- Satire—For a Good Laugh.....6
- New Officers.....7
- MSSNY Peer to Peer Info.....9
- Stop the Train.....10
- Pain Mgmt Course info.....12

UPCOMING EVENTS

All Upcoming Events have been Postponed or Rescheduled at this time.

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FROM THE EDITOR...**GUEST EDITOR DANIEL GOLD, MD****LESSONS FROM A PANDEMIC: TECHNOLOGY ALLOWED US TO BE PHYSICALLY ISOLATED BUT NOT ALONE**

As I sat at my desk, the office schedule was full of runs of cancellations and no-shows. The date was March 20, 2020. New York State Governor Cuomo had just enacted a general stay at home order. Being an essential industry, my suburban private practice was still fully staffed and open for business. I checked my inbox in the electronic medical record and noted that I had 30 new patient messages. Patients of all ages were calling in for advice over the telephone and canceling their in-person visits. They had isolated themselves at home and were justifiably concerned about traveling to my physical offices. As I tried to manage each patient over the phone, I realized that this method of providing a service was antiquated and incomplete. This was not the kind of medical care I was accustomed to providing. There had to be a better way. I needed to transition my care into the 21 Century to be able to continue to care for patients.

There was certainly a rapid learning curve as the pandemic heightened in our region. Overnight I initiated a telehealth platform and let my patients know that I would be available in this alternative way. I maintained a limited in person capacity to see emergency patients in office, but needed a way to adequately evaluate and triage the patients seeking care. The A/V virtual visit allowed me to "lay eyes" on the patient and manage their medical concerns to the best of our ability. I found that many of these patients could be adequately managed virtually without the need for an in person visit. As our region has transitioned back to "normal", I continue to have patients who seek the benefits of these virtual visits. These include grandparents caring for young children at home, healthy individuals caring for ill elderly family members and those who chose to shelter in areas distant from their primary residence. Although I remain most comfortable managing the patient during a in person visit, these virtual visits are likely to remain a permanent part of my clinical practice.

The uses of teleconferencing, telemedicine and virtual visits were limited to extreme situations over the initial 20 years of their development. They were primarily utilized in locations and situations where physical travel was too far or too dangerous for practical face-to-face communication. With improving digital technologies, these modalities of communication were slow to evolve. In response to the recent immediate need, these technologies have now been expanded to be accessible and easily usable by physicians and patients across the US. This rapid expansion was in no small part due to recognition by the regulatory and insurance industries that liability, reimbursement and privacy restrictions would

(Continued on page 7)



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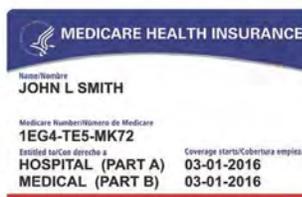
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INTERESTED IN ADMINISTERING COVID-19 VACCINE WHEN AVAILABLE? TAKE NYS DOH SURVEY

If you are a physician located in New York State, outside of New York City, and are interested in administering COVID-19 vaccine when it becomes available and/or in receiving supplemental publicly-funded seasonal influenza vaccines for adults, [click here to take this NYS DOH survey](#).

Completing this survey does not enroll you to receive vaccine with the New York State Vaccine Program, but it does give DOH information about practices who are interested in receiving vaccine, capacity to reach priority populations, and contact information to help them communicate with you throughout the process.

The DOH is gathering practice information in advance to help expedite the process and is planning to enroll practices who serve adults with no health insurance to improve influenza vaccination rates this season. At the same time, they are anticipating availability of vaccine(s) against COVID-19 at no cost for all.

This survey collects the information for one provider at a time. If you wish to submit information for multiple organizations, you can submit multiple surveys or request a form for capturing all your sites. The form can be requested by emailing Covid19Vaccine@health.ny.gov.

This is a quick survey to capture your likely interest and ability to vaccinate eligible adults in the upcoming influenza season and your entire population in the anticipated Covid-19 vaccine response. If your practice is already part of the Vaccines for Children, Vaccines for Adults or Hepatitis B Birth Dose programs, the DOH would still appreciate you completing the survey to give them an indication of priority groups that you serve and whether you plan to vaccinate populations other than those listed on your current provider agreement.

[Click here to start the survey](#). Any questions you have regarding this survey may be sent to Covid19Vaccine@health.ny.gov.

PLEASE URGE GOVERNOR CUOMO TO VETO MANDATORY OPMC SIGNAGE LEGISLATION

All physicians are [urged to contact Governor Cuomo](#) to request that he **veto legislation (S.6678-A/A.7991-A)** requiring every physician's office to post a sign regarding how a patient can file a misconduct complaint with the OPMC. Let the Governor know that this proposal would create unnecessary distrust in the physician-patient relationship and unfairly singles out physicians. This legislation is also unnecessary because this information is already easily available through a simple internet search. With nearly 10,000 complaints already made each year to OPMC (resulting in only a few hundred actual disciplinary actions), it is clear there is already strong public awareness of this oversight body. [Send a letter and tweet to the Governor opposing this baffling legislation](#).



MSSNY PRESIDENT PARTICIPATES IN FORUM TO DISCUSS IMPROVING PATIENT CARE

MSSNY President Dr. Bonnie Litvack participated in a [conference sponsored by the Home Care Association of New York State](#), along with the Presidents of the NY Health Plan Association, Healthcare Association of New York State, Leading Age, to discuss efforts among various healthcare stakeholders to collaborate both before and during the pandemic to improve patient care. Dr. Litvack took part in the August 26 forum entitled *Implications for Post-Acute Care in a Post-COVID Environment*.



SOME SATIRE FOR A GOOD LAUGH...

THE JOINT COMMISSION, USELESS IN THE TIME OF COVID, TO MANDATE N95 TIMERS—By: Gomerblog Team—Originally published on Gomerblog.com

The Joint Commission's executive team, fresh off a socially-distanced golf retreat at Pebble Beach, reiterated its commitment to patient safety and unreimbursed hospital spending by instituting a new initiative. "Given the pervasive practice by healthcare workers of reusing N95 masks between patients, the Joint Commission seeks to make the practice as safe as possible for hospitalized patients."

To that end, the accrediting body has encouraged the use of wearable stopwatches attached to the N95 masks as a way to keep track of how long one has worn their PPE. "Ever seen Harry Potter? It's sort of like a time turner, but much more annoying and not very functional," said Dr. UnsafetoPractice Clinical-Medicine, a lead author of the regulations.

"Unfortunately, given the fact that sick patients are currently in hospitals, we can't actually enforce the regulations in any way because we don't do site visits. But if we hear that hospitals are not complying with our regulations, we'll have no choice but to designate them COVID Centers of Excellence in order to increase their exposure to these patients for better practice."

When confronted with the daunting realities of caring for patients with inadequate PPE, Joint Commission administration staff encouraged physicians and nurses to do their best while making clear not to violate any existing standards. "IV bags need to be dated and timed. Use closed-loop communication at all times, especially in time-sensitive emergencies. And remember to always use two patient identifiers when performing procedures."

Asked about the difficulty in communicating through the use of a PAPR hood or respirator mask, the official replied "while not yet completed, we are in the process of certifying megaphones for clinical use. However, only one brand of megaphones will be certified, and they are manufactured in a young man's basement in Iowa. In the meantime, I suggest shouting while maintaining the strictest of patient

confidentiality."

Asked about additional upcoming regulations, another official clearly stated that his aim was to augment patient safety by contributing as many MRRs as possible. When asked for clarification on the definition of MRR, it took four beers for the official to conclude that it stood for meaningless rules and regulations – because "how else are we going to keep our jobs now? And I could really use some pizza."

Reached for further comment, the Joint Commission official was unable to answer as he was swimming in his backyard grotto. His wife reported that business has never been better. "Instead of spending all day in suits walking around trying different hospitals' cafeteria food and ensuring the salaries of armies of compliance monkeys, now he spends his time in the pool and by the beach. And he's making the same salary. We're so proud of him, keeping the country and its patients safe during the pandemic. What a national hero."

Dr. Anthony Fauci, member of the White House Coronavirus Task Force, issued the following statement in response to the Joint Commission's most recent regulation: "I love the moon landing, and I'm going to borrow one of their phrases that best sums up my response. That's one small fuck you for Dr. ClinicalMedicine, and one giant fuck you for the Joint Commission."



THOUSANDS OF SURGEONS DYING DAILY OF WEARING MASKS—By: Naan DerThaal—Originally published on Gomerblog.com

Chicago, IL- The American Association of Orthopaedic Surgeons announced today that the nation is running out of orthopaedic surgeons.

"We're losing 1,500-2,000 surgeons everyday. They're just dropping like flies due to wearing masks in the OR." AAOS President Dr. Joseph Bosco III told Gomerblog.

"It's clear that rebreathing exhaled carbon dioxide

(Continued on page 7)

THOUSANDS OF SURGEONS DYING DAILY OF WEARING MASKS—By: Naan DerThaal—
Originally published on Gomerblog.com

due to mask wear is the cause. It was never a problem until COVID experts from Facebook University pointed out the dangers of mask wear.”

Dr. Bosco explained, “When I saw a Facebook post by a high school dropout from my home town educating me on the risks of mask wear, I immediately feared the worst. Sure enough, once surgeons read about these risks in unsourced memes on social media, they started feeling the impact.”

After seeing 2,000 Orthopaedic surgeons drop dead from “carbon dioxide poisoning” as warned by social media-based medical experts, Bosco knew it was time to do something to alert the sheeple.

A similar number of General surgeons have succumbed to mask related deaths since the awakening. Nurses seem somehow immune to the effects of wearing masks. RNs across the country have been able to soldier on adding mask wearing without dying to their impressive skill set that already included ignoring their bladders for entire shifts.

When asked what the plan is going forward to prevent more surgeons from dying from wearing masks, Dr. Bosco revealed that he had started doing some actual scientific research. “I wore a pulse ox on my earlobe for an entire day of surgeries while wearing an N95 mask and a regular mask over that. Turns out, the fear of hypoxia from mask wear is on par with fears of a unicorn apocalypse. My sats never got below 97%.”

After learning that deaths from mask wear were not actually possible, all of the “dead” surgeons got up and went back to work like the non-hypoxic sheeple that they are.



FROM THE EDITOR...

GUEST EDITOR DANIEL GOLD, MD

LESSONS FROM A PANDEMIC: TECHNOLOGY ALLOWED US TO BE PHYSICALLY ISOLATED BUT NOT ALONE

(Continued from page 2)

need to be temporarily relaxed to prevent a col-

lapse of the national healthcare system. Now that the height of the emergency has passed (for now), we will need some of these restrictions to be permanently modified to allow virtual visits to become an enduring part of our new healthcare reality.

The expansion of these technologies has also helped bring us together as a community. Across the US, many towns and states used these communication methods to keep their citizens informed and coordinate a widespread effort against the pandemic. This widespread coordination has been one of the factors believed to have rapidly helped control the spread of the disease. Being part of the larger community allowed us as physicians, and our patients, to effectively manage health concerns during the height of the pandemic.

The recent advances in communication technologies have helped to shape a new form of medical care across the US. The new reality is one in which physical face-to-face medical care is supplemented with diverse digital medical platforms to meet the specific needs of each patient. We must work together to maintain and continue to grow this new paradigm of medical care. Currently, the Medical Society of the State of New York and the AMA are working on to enact legislation to protect the gains we recently made with telemedicine and continue to foster the new practice environment in which we have found ourselves. We welcome all physician of NY to participate in this evolution and have a voice in this new future of medicine.



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PRESIDENT'S MESSAGE INCOMING REMARKS

(Continued from page 1)

I don't want to belabor the history, but I thought I would touch on a few points. Early on a resolution was passed that any member who missed the annual meeting, would pay a fine of \$8, a hefty sum at that time. Then a note about a Dr. Peter Moulton, president in 1836. He was an excellent obstetrician and surgeon and in addition a skilled botanist who developed numerous medicines from plants he gathered on his daily walks. Then at the age of 79, on December 1, 1873 he rose early, visited various patients, traveled to NYC and back on professional business and in the evening visited sick patients in East Chester, Cooper's Corner's, Mamaroneck and Scarsdale, in the teeth of an easterly storm. When he finally reached his home late at night he was too exhausted to ascend to his bedroom and remained in his office in his wet clothing all night. As a consequence, he developed pneumonia and died a week later. So I hope this will put own daily travails in perspective!

A couple of other notables – in 1884 Dr. Elizabeth Bates became the first female member of the society. By 1922 the society was 98% male and 2% female. Finally in 1922 Dr. Margaret Lorder became the first female president of the society.

It goes without saying that today is an extremely hard and challenging time for our county, state, country and the world at large and I think it helps to remember our history of dealing with past crises like small pox epidemic in the late 1700's, the Civil war, the 1918 influenza pandemic, the world wars, the polio epidemic of the late forties and the AIDS epidemic of the 80's, in which we as physicians have worked shoulder to shoulder to practice and heal to the best of our ability and promoting science and fact. We need more than ever to keep our medical society strong in order to be able in an organized fashion to be a force of influence in government and society to ensure best practices. Today's world is fraught with misinformation and perilous practices and we need to energetically combat this. Unfortunately, our membership is declining and I think it is important to face this problem head on. I think it is incumbent on our leadership to make the case on an individual basis to nonmember docs about the value of the medical society. Just as we are instructed on an airplane, that if an oxygen

mask drops down a parent needs to put on his own mask before attending to his kids, physicians have to take care of themselves so they remain strong and able to handle the myriad medical problems we face. To this end, our society is vigilant about looking at legislative agendas that affect us and exerting our influence. As our numbers increase, so will our influence.



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MSSNY Peer to Peer (P2P) Program for Colleagues

Today, the Medical Society of the State of New York is excited to offer to physicians, residents, and medical students the opportunity to talk with a peer about some of life stressors.

MSSNY's Physician Wellness and Resiliency Committee has launched the MSSNY Peer to Peer (P2P) program for colleagues to avail themselves and reach out to peer supporters to discuss every daily stressors such as work, school, family, or financial stressors. And, with the advent of COVID-19 pandemic, there may also be some additional stress in our colleague lives.

The P2P program is an opportunity for our colleagues to have a one-time confidential discussion with a peer supporter. The peer supporter is a trained individual who can share experiences, listens without judgment, who can validate your feelings and provide you with Support, Empathy and Perspective.

Peer supporters can also provide information on organizations that can support you and will provide you with positive coping skills. They can also help connect you to organizations and individuals should you need more focused assistance.

Any physician, resident, or medical students who wishes to relate to a peer supporter, may contact the Medical Society of the State of New York in the following ways:

- MSSNY has established a separate email at P2P@mssny.org and requests that you be connected with a peer supporter
- Or you can call MSSNY at 1-844-P2P-PEER (844-727-7337) and request that you be connected with a peer supporter. The line is answered by MSSNY staff during regular business hours (Monday – Friday, 8:30-5 p.m.) and the call will be responded to by an MSSNY staff person. After 5 p.m. the call will be answering by a live answering service who will take down contact information for MSSNY staff to follow up with.

It is well documented that physicians, residents, medical residents have enormous stressors that can range from the emotions arising in the context of patient care to the environment in which we practice medicine. Now, with the COVID-19 pandemic, those stressors may be exacerbated.

Please know that you are not alone. MSSNY has trained peer supporters that are ready to support and take time to talk with you. Please reach out to us and know that we care about you and the issues that you face.

The words “Be Well” apply to all of us.

Bonnie Litvack, MD
MSSNY President

Charles Rothberg, MD, Chair
MSSNY Committee on Physician Wellness and Resiliency

STOP THE TRAIN

Elliot Barsh, MD

“Nothing is more difficult, and therefore more precious, than to be able to decide.”

—*Napoleon Bonaparte*

I hope the end of the summer is finding you healthy and staying safe.

Care is what patients and providers create together.

We collaborate. We are companions.

We draw each other into a space where we demonstrate our competence and compassion, and as patients feel understood and validated, we both find healing.

How do we heal when we don't have answers?

How do we listen without solving?

The ambiguity and uncertainty we are living with makes us feel **anxious, uncertain,** and **threatened.**

We cannot predict what will happen next, so we cannot plan.

It can feel like our lives lose their “meaning”.

How do we make sense of what is happening, reclaim meaning, and decide what to do next?

Sense-making is “**organizing our surroundings and the events occurring around us.**”

It is a process where “**we try to understand and make sense our of unexpected and confusing events.**”

We can change our **mindset**, and **language**, and draw on our strengths, values, and interests instead of looking for the answers we don't have yet.

We can **respond with resilience** and, with using what we do know, construct a new narrative to decide on what action we will take.

This new narrative, or reality, gives us back a sense of **control**, which will help us **predict and plan**

so **we can decide** and **live with** the ambiguity and uncertainty.

We can **recover with purpose**, and heal each other with the patience it takes for our empathy, curiosity, and kindness to be the answers we are look big for.

Thanks for reading and please don't forget the poem at the end.

Preparing Your Mind For Uncertain Times

What ancient philosophers can teach us about embracing the unknown.

https://www.theatlantic.com/family/archive/2020/08/how-embrace-uncertainty-pandemic-times/615634/?utm_source=newsletter&utm_medium=email&utm_campaign=atlantic-daily-newsletter&utm_content=20200828&silverid-ref=MzIxODYxNjE1MTI4So

From The New York Times:

When It Comes to Covid-19, Most of Us Have Risk Exactly Backward

We aren't very good at discussing trade-offs, but we need to make some during this pandemic.

<https://www.nytimes.com/2020/08/28/opinion/coronavirus-schools-tradeoffs.html?smid=em-share>

How To Make Rational Decisions In The Face Of Uncertainty

"We'll never know the future, but by examining our data and our thinking we can develop and ask great questions that will allow us to more confidently make decisions amid uncertainty."

<https://hbr.org/2020/08/how-to-make-rational-decisions-in-the-face-of-uncertainty?ab=hero-subleft-1>

How To Create A Climate Of Care In School This Fall

"This teacher will more likely be motivated to meet his challenges with confidence because he felt appreciated and supported, rather than told how to quickly “fix” everything."

https://greatergood.berkeley.edu/article/item/how-to-create-a-climate-of-care-in-school-this-fall?utm_source=Greater+Good+Science+Center&utm_campaign=5c240c642e-EMAIL_CAMPAIGN_GG_Newsletter_August_20_COP_Y_01&utm_medium=email&utm_term=0_5ae73e326e-5c240c642e-60680919

From The New York Times:
How to Set Pandemic Boundaries for Relatives

You'd do anything for them in a crisis, but the crisis isn't going away. Here's how to get your life back.

<https://www.nytimes.com/2020/08/22/well/family/boundaries-pandemic-family-relationships.html?smid=em-share>

Surrendering To Uncertainty

<https://www.theatlantic.com/ideas/archive/2020/05/surrendering-uncertainty/611446/>

Start Close In by David Whyte

"it reflects the difficult act we all experience, of trying to make a home in the world again when everything

has been taken away; the necessity of stepping

bravely again, into what looks now like a dark wood, when

the outer world as we know it has disappeared, when the world has to be met and in some ways made again

from no outer ground but from the very center of our being."

<https://www.stevenkharper.com/startclosein.html>



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ATTENTION MEMBERS!

The New Year is here with that said PCI Compliancy and HIPAA Rules for credit card processing have changed for 2020, don't be caught off guard with Visa/MasterCard.

Beginning in February 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. The new EMV policy places the risk on us the medical practice rather than the credit card processor if any fraud is committed. Therefore it is imperative to be EMV compliant before 2020, with new machines or your current terminal wiped and reprogramed.

In an effort to bring you more benefits here at the society we have a vetted vendor that will not only give you the machines necessary to meet the new requirements, but we have also pre-negotiated medical credit card processing rates as low as 1% based on all of our membership as a whole, **saving you thousands of dollars a year on average.**

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Pain Management, Palliative Care and Addiction Coursework Due October 1st: Available at MSSNY CME website

The Medical Society of the State of New York's updated 2020 *Pain Management, Palliative Care and Addiction* modules are now available on-line at: <https://cme.mssny.org>. The three-hour program must be completed by all physicians and providers who hold a DEA license by October 1, 2020. The requirement was delayed from July to October due to the COVID 19 pandemic.

The three one hour modules are being offered free of charge to all MSSNY members. Physicians who are new users to the MSSNY CME site will be required to register as a new user.

These online programs cover all eight topics required in the New York State statute:

- New York State and federal requirements for prescribing controlled substances
- Pain management
- Appropriate prescribing
- Managing acute pain
- Palliative medicine
- Prevention, screening and signs of addiction
- Responses to abuse and addiction
- End of life care

MSSNY developed the program with the NYS Office of Alcoholism and Substance Abuse Services (OASAS). MSSNY is listed as an accrediting organization by the NYS DOH Bureau of Narcotic Enforcement. **These courses are entitled:**

- **PM, PC & A 2020: *Understanding the Current Legal Landscape in New York State***
- **PM, PC & A 2020: *When to Consider Opioid Therapy for Chronic Non-Cancer Pain and in Palliative Care***
- **PM, PC & A 2020: *Patients with Opioid Use Disorders***

Additional information or technical support may be obtained by contacting cme@mssny.org

Attestation Process for Mandatory Prescribers

Prescribers must attest to the completion of the pain management, palliative care and addiction course work or training by July 1, 2017, **and again every three years thereafter**. The prescriber should only attest after completion of at least three hours of course work or training covering all eight topics. The process is described in the Frequently Asked Questions:

https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/docs/faq.pdf

Further information may be obtained by contacting BNE at 1-866-811-7957
or narcotic@health.ny.gov

Or at https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/



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If You Were Disabled, Would Overhead Expenses Put Your Practice Under?

Disability Overhead Expense Insurance

For more information on this

Westchester County Medical Society



PO Box 460
4300 Camp Road

Phone: 1-800-333-5440
Fax: 1-800-462-1121

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***THE BUSINESS OF MEDICINE
FROM HEROES TO ZEROES***

Rick Weinstein, MD, MBA

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

You have been told by politicians and administrators for the past few months that you are a hero. Your bravery in going to work every day and exposing yourself to the potentially infected patients was an act of self-less devotion for the care of others. Your reward is banging of pots and pans in the evening. I hope you enjoyed that.

Our friends at CMS have just released their plans for 2021. For all your hard work and dedication you will receive a pay cut from Medicare. There will be an 11% decrease in the Medicare conversion factor. We are still trying to recover from the financial devastation of shuttering our practices for several months. Patient volume remains decreased and our expenses have increased due to the PPE requirements. As an orthopedic surgeon, I think very simply. Increase my expenses and decrease the amount I get paid for each patient while simultaneously decreasing my volume of patients, and what is the result? We will suffer dramatic reduction of income!

Fortunately we are not in a socialized country (yet?) and there is more than just one payor for health care insurance. This proposed pay cut will only affect your Medicare patients and not your private insurance, work comp and no fault patients. If we had Medicare-for-All, your financial buzz cut of 11% would take off some of your skull along with your hair. The thought of an 11% cut should terrify us all. And this is just the beginning. The next time the economy suffers, I promise there will be more cuts to your income. And when the economy recovers, you

absolutely will not be getting a raise. But, the politicians still want to say, “Thanks for all your selfless dedication!”



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2020-2021 BOD Meeting Schedule



September 10

October 15

November 12

December 10

January 14

February 11

March 11

April 15

May 13

June 10—Annual Meeting



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