



WESTCHESTER PHYSICIAN

February 2019

Volume 35, Issue 2



PRESIDENT’S MESSAGE HOW MANY PUSH-UPS CAN YOU DO?

As a group, we physicians work hard. Some may have a fairly routine schedule with predictable hours and others may have unpredictable hours and schedules; regardless most physicians log in long hours dedicated to work. This often includes evenings, nights, weekends, and can conflict with our personal and family commitments. There are even calls when we are “off,” but we usually take them and do the right thing for our practice, our reputation, and most importantly, for our patients. There are countless physician blogs, essays, books etc. that talk of the numerous burdens that physicians deal with on a daily basis.

There is a wealth of articles on physician burnout and the need to address physician well-being. This a topic that has now become incorporated in medical school and residency curricula. There are books, blogs, on-line courses, webinars, and in-person retreats available. The American College of Physicians suggested some guidelines to reduce burnout and improve physician well being. The number 1 recommendation: “Limit work hours and offer flexible work arrangements.” Honestly, that is the dream, but I don’t know how practical that it is! Actually reading that got me pretty irritated.

A common theme in most of the recommendations focuses on physician health – our health. Fundamentally, how can we take care of others if we do not take care of ourselves? The same principle as something I am sure we have all heard many times: *“If you are travelling with a child or someone who requires assistance, secure your mask on first, and then assist the other person.”*

I went from many years of residency where free time was limited to practice and starting a family and found my time was split between work and home leaving little time for anything else. As a result my personal health and level of fitness declined. There were too many dinners and work events, and the list of excuses why I did not exercise regularly kept piling up. My own primary care physician told me year after year “no excuses.” He would tell me his story of waking up at 5 AM and running for a couple of miles and show me pictures of him completing his first marathon, but I just kept saying “that’s not me.” I joined the gym and was going to spin class

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OMAR SYED, MD
President, WCMS

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UPCOMING EVENTS

WCMS/WAM Annual Meeting
Thursday, June 13, 2019
Westchester Country Club
Rye, NY

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FROM THE EDITOR...**PETER J. ACKER, MD****TRIP TO INDIA 2019**

In January, my wife and I went to Southern India under the auspices of my college (Oberlin) alumni organization. It was a group of twenty which included alums and spouses. I had gone on these alumni trips before traveling to Tanzania, the Galapagos and Cuba and had always found them incredibly interesting and educational. A special feature of these trips is the inclusion of an Oberlin College professor. For our trip to Tanzania and the Galapagos, we were accompanied by a biology professor who was well versed in the local fauna. This trip we had Dr. Jennifer Fraser, an ethnomusicologist who had done extensive field work in Indonesia and was well versed in the musical traditions of Asia.

We started our India experience in the metropolis of Chennai situated on the East coast of India after a 24 hour journey. After 3 days there, we flew to Madurai in the South central area of India. After visiting some spectacular temples there, we went via bus through Kerala and ended up in Cochin on the West coast. It was a spectacular trip with a myriad of sights, smells, music and dance, too numerous to recount here. I will try to describe just a few of my impressions.

We had the opportunity to travel by motorized rickshaws through city streets, an experience not for the faint of heart. The traffic is as chaotic as any I have ever seen. There are very few traffic lights and there was cacophony of honks and shouts as drivers spun in and out of lanes, looking for any possible opening. Amazingly, we did not witness any accidents and the drivers seemed inordinately skilled at avoiding collisions. We did have one minor bump against a motor cycle. Instead of shouted recriminations, the two drivers merely waved their arms at each other, then laughed and we were on our way again. When we traveled by foot, our local India guide kept us tightly together, herding us like goats. We were a compliant group clinging together out of abject fear. Crossing the street involved all of us in formation walking assertively forward causing the oncoming vehicles to screech to a halt. It was truly terrifying at the beginning of our trip, but became the new normal by the end. Crosswalks? Who needs them!

The markets were endlessly fascinating, hectic with activity, replete with smells of spices and the sounds of goats and chickens. Flowers are big in India and the markets were full of garlands of orange and yellow marigold-like blooms. We stopped by one stall where a goat was being butchered in quick confident strokes. There was a live goat next to it, placidly watching, having no idea what was in store.

We had the opportunity to see several music and dance performances. The steady rhythms beat upon tablas was hypnotic. The dance forms varied depending on the region we were in. They differed from Western dance in that they usually featured very ornate costuming, intricate movements of the hands and fingers as well as the muscles of the face.

(Continued on page 6)

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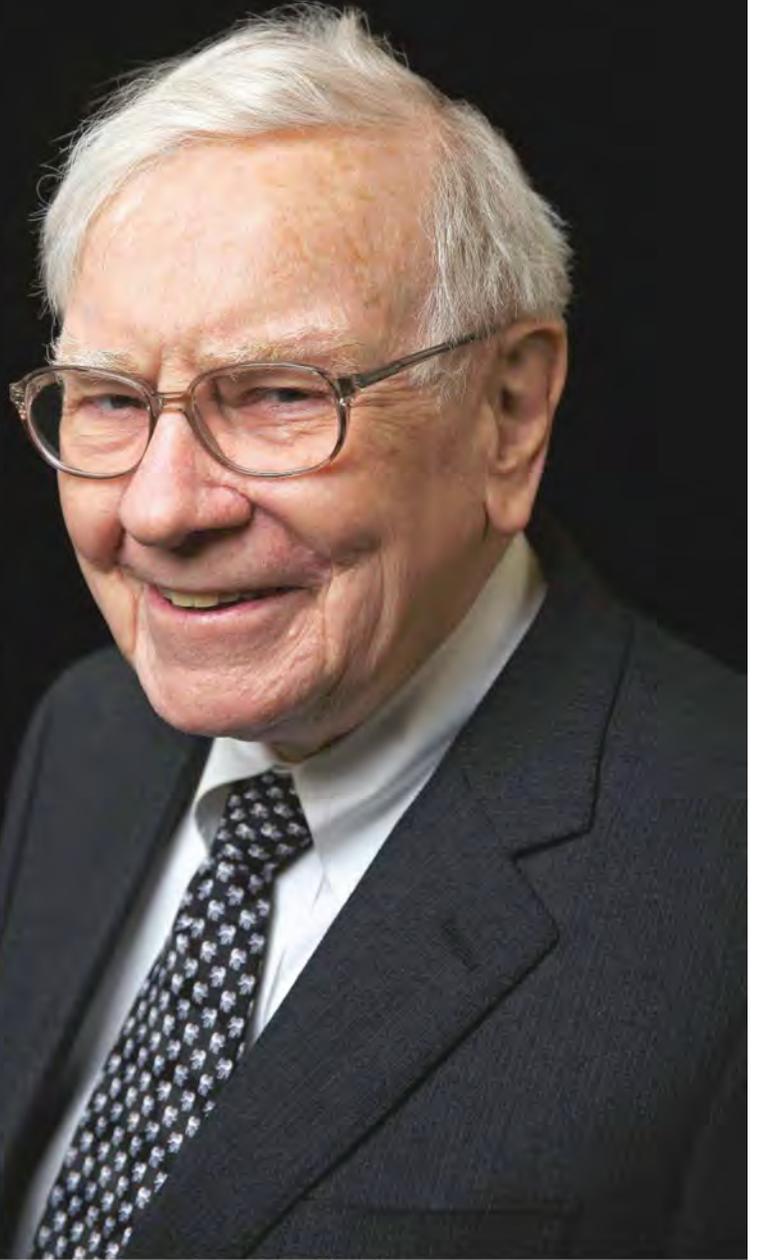
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THE BUSINESS OF MEDICINE HIRING A NEW EMPLOYEE

Rick Weinstein, MD, MBA
Director Orthopedic Surgery Westchester
Sport & Spine at White Plains Hospital Center

In every practice there comes a time where you will need to hire a new doctor or PA/NP. When is that time? It is actually a very simple decision. Are you too busy to handle the volume of patients trying to see you? When the answer is yes, you have a few choices.

1. You can make patients wait days or even weeks to get an appointment. This is a terrible business decision as patients will find alternatives to seeing you no matter how great a doctor you are.
2. You can stop seeing new patients. This is a huge financial blunder unless you are ready to retire. New patient visits pay much more money than follow up patients (30-40% for Medicare and private insurances). Also, new patients keep your practice interesting and growing.
3. You can choose to see more patients which means either extending your hours or becoming more efficient in your office. This is a great option if you can handle it.
4. Hire a new doctor or physician extender (PA or NP). This last choice needs to be a financial decision based on how much income the new employee will generate and you must be certain that their cost does not exceed the income that you will collect for their work. Having an assistant, I guarantee will make you happier. It will relieve some the stresses on you in the office.

If hiring a new doctor, will that doctor offer something different than you currently offer? Does he/she have different training or subspecialty than you have? No doctor will have a busy practice on day one and you need to anticipate time for their practice to grow and develop. There needs to be a marketing plan. This is not a decision to be taken lightly and I suggest consulting your accountant and attorney.

My thoughts on physician extenders is simple. They are invaluable. Although it takes more time to train a new graduate, they learn the way to do things from you and don't bring any bad habits. You need to allocate the time to teach them how you do things and how the office runs. I believe the most important lesson they need to learn is their own limits. They need to know what they don't know and not be afraid to discuss with their supervising physician. If your practice is dictatorial and they are afraid to discuss cases with you, patients will get hurt.

Nurse practitioners are nurses and they think like nurses. PAs tend to think more like doctors. I have hired both and found PAs much more appropriate for my practice. Depending on your practice, you may prefer a NP.

I believe the doctor should see every new patient. Routine follow up care and post-op or simple injections are perfect to be seen by the PA or NP. I prefer to be physically present when my PAs see patients so if there are any issues, I am available. I have no problem with the PAs seeing patients unsupervised if they are adequately trained and experienced. Billing and incident-to is an issue that I will not address in this article, but if you have PAs or NPs you must learn these rules well.

Remember your practice is a business. Businesses either grow or die. Step back from seeing patients periodically and evaluate what you need to do that is best for your business and your patients. Help a growing practice grow and hire a new doctor or extender when the time is right.



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PRESIDENT'S MESSAGE**HOW MANY PUSH-UPS CAN YOU DO?***(Continued from page 1)*

regularly for a period of time and that did not end up being a good fit for me. I was fortunate that, ironically at work of all places - particularly in the physicians lounge during lunchtime, I had coworkers and friends who convinced me that I had to start doing something and really there were *no* excuses not to exercise and get fit. They were members and convinced me to join the local CrossFit affiliate.

CrossFit is a program developed to offer a full-body work out that combines cardio, weight-lifting, and core-training as part of a high-intensity work out. Each class is about 1 hour. Fortunately for me, the CrossFit near the hospital had a 5:30 AM class, and was 10 minutes from my house and 5 minutes from the hospital. I had no excuses. Plus my friends from the hospital went to the same 5:30 AM class (and they were doctors... and they had families at home). I made a commitment for three months. Between changing my diet and going to the gym 3-5x per week, at the end of the 3 months I saw a huge transformation physically which was gratifying.

I have continued this routine and that one-hour class is great. Even though it is physically demanding and I am usually left panting on the floor at the end of class, it has been very fulfilling. There is a sense of community and I have found a group of individuals who share similar goals. It has also been great to get encouragement and reinforcement from colleagues at work. What has been especially fulfilling and refreshing is the disconnect that going to the gym has provided, I found it was one of the only hours of the day where I was *not* thinking about work. It has to be a good fit and this seems to be a good fit for me, like running seems to be the right fit for my internist.

I found myself reflecting on exercise because of the recent study published in JAMA Network Open. The study followed over a thousand healthy men who were instructed to do push-ups in time with a metronome that was set at 80 beats per minute. Participants stopped when they hit 80 push-ups, missed three or more metronome beats, or stopped on their own due to exhaustion. After a follow-up period of 10 years, researchers found that those who were able to do more than 40 push-ups during the test were 96 percent less likely to develop cardiovascular disease than those who could only do fewer than 10. While there are study limitations and limited generalizability, it did suggest that higher baseline push-up capacity might be associated with a lower incidence of cardiovascular events. Interestingly, the push-up capacity test could also be considered a simple, no cost measure to estimate functional status.

While I am happy my push up performance has improved with commitment to going to the gym, I am just as grateful for the mental disconnect I am afforded for that one hour at the gym. And with that now it's time to go back to work...

Association Between Push-Up Exercise Capacity and Future Cardiovascular Events Among Active Adult Men

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2724778>

JAMA New Open. 2019;2(2):e188341.



FROM THE EDITOR...

PETER J. ACKER, MD

TRIP TO INDIA 2019

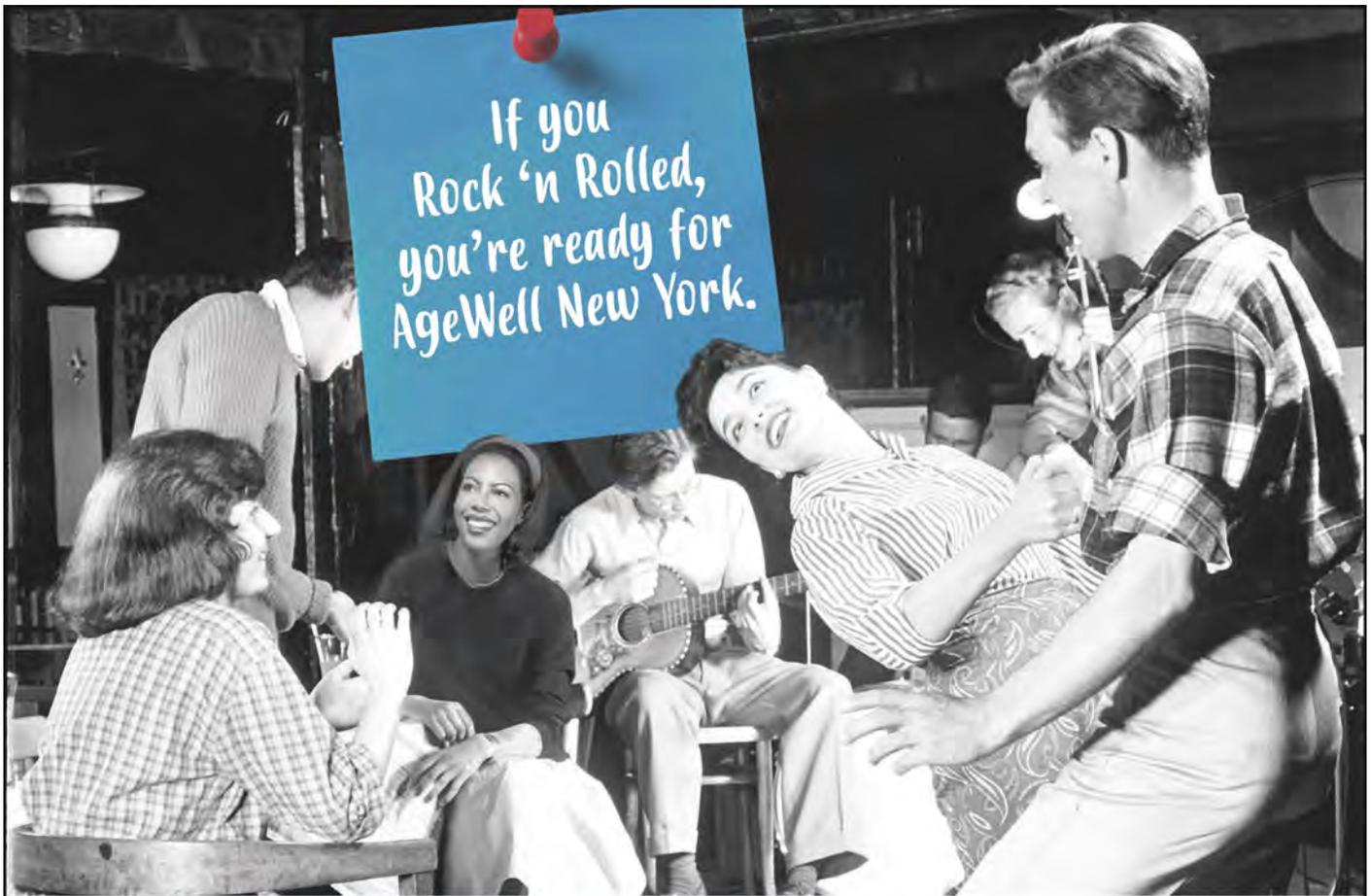
(Continued from page 2)

Our professor explained that one particular form took 8 years of training to master all its intricacies. The facial movements were particularly unusual in conveying the full range of human emotion.

Toward the end of the trip we stayed in a resort on a small island in a part of Kerala known as the "backwater". It was also a spa and featured the full array of Ayurvedic (traditional Indian medicine) treatments. I had the opportunity to spend 45 minutes talking with an Ayurvedic physician who outlined a twenty-one day "cleansing" regimen. It starts with an emetic to flush one out from above and then switches to below with a series of herbal enemas. Then starts a series of herbal massages interspersed with meditation and yoga exercises. The physician, a young woman wearing a sari, described this seemingly arduous ordeal so charmingly, that I was very tempted to give it a go. But alas, my stateside responsibilities beckoned me back and once in my hectic office, the calm backwaters of India seemed light years away.



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WCMS Board Meeting Schedule

2018-2019

February 7

March 7

April 4

May 9



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STOP THE TRAIN

Elliot Barsh, MD

Hi everybody.

We all feel stress. Some of us feel some degree of burnout. Our professional training, the culture of medicine, and an ever growing list of external demands can lead us to feel exhausted, cynical, and ineffective. For our patients, illness, fear of death, financial worries, and grief can leave them feeling hopeless. What are we to do? Can we help each other feel connected, vital, and valued?

I think we can! We already know that the way we experience our feelings mirror the people we interact with. We absorb each other! In this article a breast feeding baby is literally drunk with her mother's stress! What does this lead to? In the best scenario, the baby cries and her mother responds to her crying baby by picking her up and holding her close. This helps both of them feel soothed. They warm each other. They feel calmer. Less stressed. Her crying baby changes the mother's focus from the stress she is experiencing to the empathy she feels for her baby. Nature gave the baby the signal that her mother needed help. It is amazing! It's **empathy** at work!

We are hardwired for empathy. It is a vital way we connect. Our survival depends on it. It is how we hear and are heard by one another. It may be the best remedy for burnout!

Empathy has three stages. They are **Cognitive**, **Emotional**, and **Empathic Concern**.

Cognitive empathy is when we can see that someone is suffering and understand how they feel. We think about their situation and are not emotionally connected yet.

Emotional empathy is when we can feel another's suffering. It is deeper than just understanding them, it is an emotional connection. There is a chemistry that is felt, a rapport.

Empathic concern is the deepest level of empathy. Here, we not only feel another's pain, we spontaneously want to help them. Just like the mother in the article, we change our focus. We

get out of our own heads full of worry and use all of our resources, energy and time to help the other person. Our mind and heart open. We feel connected. We feel energized. We feel a sense of agency. We feel like we belong!

So, in our suffering, we have the potential to lift each other up. In the process of showing someone they are worth our time and effort, they can see how special they are and may begin to care about themselves again.

We all have the power to do this.

Thanks for your time.

Elliot

When Stress Comes with Your Mother's Milk Health: Stress hormones in breast milk may help prepare us for a turbulent world. A few years ago, when my oldest daughter was still nursing, I went through a panicky phase. <http://nautil.us/issue/68/context/when-stress-comes-with-your-mothers-milk-rp>

If you want more information about empathy, please take the time to watch this great TedTalk by Dr. Helen Riess. Dr. Riess is a psychiatrist and research scientist. She is an associate clinical professor at Harvard and runs the relational science program atMGH.

The Power of Empathy by Helen Riess

<https://www.youtube.com/watch?v=baHrcC8B4WM>



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Save the date: April 8
**Alzheimer's Research Forum:
Latest Science Developments**

Family caregivers are invited to this informal discussion with Alzheimer's experts and elected officials.

8:30-11:30 a.m. Monday, April 8
Abigail Kirsch at Tappan Hill Mansion
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With featured guests, including:



Dr. Nicole Schupf
Professor of Epidemiology
at Columbia Medical Center
Recipient of the Margaret
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Dr. Rebecca Edelmayer,
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Alzheimer's Association

Visit alz.org/hudsonvalley or call 800.272.3900
to register by April 1.

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This program is supported in part by a grant from the New York State Department of Health.



February 2019

Dear Fellow WCMS Members,

I am writing to you today to make you aware of an opportunity to shape the destiny of the next generation of Westchester Nurse Practitioner (NP) and Physician Assistant (PA) students. There is a growing need for both types of practitioners in New York State, particularly in the area of primary care. Pace University values its health care partners and the invaluable role they play in preparing our students for clinical practice.

Pace University would like to invite you to become a preceptor for its NP and/or PA students to share your expertise and ensure that graduates have rich clinical experiences that will best serve the community. Precepting is an immensely rewarding experience for both the student and the preceptor. Many patients also enjoy the extra attention that students give to them.

To participate in this educational experience, please contact the following individual/s:

For the Physician Assistant program please contact:

Christine Lazaros Amendola, MS, PA-C
Assistant Program Director, Clinical Coordinator
Associate Clinical Professor
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College of Health Professions
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For the Nurse Practitioner program please contact

Jane Dolan, MSN, RN
Director of Graduate Clinical Placement and Recruitment
Lienhard School of Nursing
College of Health Professions
Pace University
861 Bedford Road
Pleasantville, NY 10570
914-773-3326
jdolan@pace.edu

Each program offers unique [opportunities and experiences for preceptors](#). They also provide continuing education credits, a clinical associate faculty title, and other benefits.

On behalf of Pace University, we sincerely thank you for considering this opportunity. If you are already precepting in either program, we thank you for your contributions to the education of our students and for your support of the College of Health Professions. I would greatly appreciate it if you would kindly forward this letter to colleagues and others who may also be interested.

Sincerely,

A handwritten signature in black ink, appearing to read "Gail".

Gail A. Wilder, MD, FACEP, ESQ
Member, Westchester County Medical Society
Member, Pace University - College of Health Professions
Advisory Board

A handwritten signature in black ink, appearing to read "Harriet R. Feldman".

Harriet R. Feldman, PhD, RN, FAAN
Dean and Professor
College of Health Professions and the Lienhard School of Nursing



MSSNY'S ANNUAL PHYSICIAN ADVOCACY DAY

WEDNESDAY, MARCH 6TH, 2019
LEWIS SWYER THEATER
"THE EGG," ALBANY'S EMPIRE PLAZA
8AM-12PM

 [CLICK HERE TO REGISTER](#) 

Join your colleagues from all around New York State to speak with your legislators and communicate the right health policy solutions for you and your patients!

A luncheon will follow the morning program. Legislators and their staff are invited to join their constituents.

PRIORITY ISSUES:

- Shape the discussion surrounding Single Payor Healthcare
- Discuss health concerns associated with legalizing recreational marijuana
- Prevent inappropriate scope of practice expansions
- Reducing prior authorization hassles
- Rejecting burdensome mandates
- Preserving opportunities for NY's medical students and residents

For More Information Contact:

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Join your colleagues from all around New York State and come to MSSNY's Physician Advocacy Day to speak with your legislators and key policymakers to ensure they're making the right choices for New York's physicians and their patients.

Join us to urge your legislators to:

- Proceed very cautiously on paradigm shifting proposals such as legalization of recreational marijuana (proposed in the State Budget) and creating a single payor health insurance structure.
- Reject proposed unfair cuts to physicians treating patients covered by both Medicare and Medicaid;
- Reject proposals that would add prior authorization burdens for care provided to Medicaid patients;
- Support legislation to reduce excessive health insurer prior authorization hassles that delay patient care.
- Reduce the high cost of medical liability insurance through comprehensive reforms.
- Preserve opportunities for medical students and residents to become New York's future health care leaders.

A brief informal luncheon to which members of each House are invited to speak with their constituents will follow the morning program. County Medical Societies will be scheduling afternoon appointments for physicians to meet with their elected representatives.

If you have any questions/comments, please contact Carrie Haring at charring@mssny.org. (HARRING)

Save the Date

WCMS/WAM ANNUAL MEETING

THURSDAY, JUNE 13, 2019

Westchester Country Club

Rye, NY

**We are now accepting nominations for the "Friend of Medicine" Award
Please contact Janine Miller—jmiller@wcms.org for more information.**

GW

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