



WESTCHESTER PHYSICIAN

January 2022

Volume 38, Issue 1



VACCINE MANDATES

PETER ACKER, MD—IMMEDIATE PAST PRESIDENT

My wife has often accused me of being a news junky. Guilty as charged! I give the New York Times a thorough read each day as I eat lunch. In addition, I listen to Morning Joe each morning while eating breakfast. Yes, I know that labels me as a liberal and I freely admit to having biases, yet I do try to remain as open minded as possible and look carefully at all sides of an issue. As a physician I feel an obligation to look carefully at data and to give the best medical advice to my patients. Unfortunately, there are always shades of gray and sometimes I have to give my best judgement. This often involves a risk assessment which a precise and exact result is not obtainable.

As part of the medical community, I rely upon standard sources, rooted in science, ie careful studies that assess the possible outcomes of a course of therapy based on hard data. Medicine is a huge and complicated field and perforce I often rely on authoritative institutions for much of my decision making. The American Academy of Pediatrics is a trusted source, for example. In the early nineties, data accumulated over decades prompted a dramatic change in the recommendation of sleep position for infants. Sudden infant death syndrome, extremely rare and of unknown cause, made it difficult to determine that prone sleeping was a risk factor. As a practitioner, I relied on the recommendation of institutions, rather than doing my own analysis of the complicated and arcane statistical analysis.

Similarly, in regards to my recommendations to my patients on vaccinations, I follow the Red Book: Report of the Committee on Infectious Diseases which is painstakingly put together by committees of experts from around the country. Parenthetically, I am reminded of Senator Joseph McCarthy’s charge in the 1950’s that fluoridation of water systems was a communist plot to poison America. Hopefully the title Red Book will not foment similar conspiracy theories! Vaccinations are quite literally the public heath of miracle of this and the last century.

I am reminded of a cartoon in the New Yorker (yes, I confess I am also a regular reader!) a few months ago. A stewardess is talking on the

(Continued on page 4)



JEFFREY JACOBSON, MD
President, WCMS

INSIDE THIS ISSUE

From the guest Editor.....	2
MSSNY Lobby Day Info.....	5
Stop the Train.....	6
Peer-to-peer Info.....	8
Patient Communication.....	9
Westchester DOH Job Post.....	10
COVID Vax Faq.....	12
MSSNY Podcast Info.....	13

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
40 Sunshine Cottage Road
Valhalla, NY 10595
914.967.9100 / FAX 914.967.9232

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FROM THE EDITOR...**DICKENS DELIVERS**
PETER ACKER, MD

It has been my habit for a number of years to listen to books on tape while riding in my car. This has been facilitated by a move I made some twelve years ago to Northern Westchester, the hamlet of Goldens Bridge specifically, which has served to lengthen my commute from about five minutes to twenty five. I suppose it is possible to listen to a novel in five minute bursts, but I can't imagine it to be an enjoyable experience. Twenty five minutes, on the other hand, is an ideal length of time to get engaged in a narrative, the way a wood screw after a few twists gains purchase and pulls itself into the board. I have been consuming miles and books thusly now for years at a rate of about two per month. It has proven to be an ideal way to shake off the rigors of a day at the office or tension laden breakfasts at home as teenagers rush around looking for things while their mother chases them with proffered items of food. Contrast that with my previous commute: I'd leave an office of screaming children and almost instantly find myself catapulted into a house of screaming children (my kids were young then).

An additional advantage of living further from my office is that I am afforded fewer out of office encounters with the parents of my patients. I don't mean to suggest that I have anything against any of my wonderful patients and their families, but there is no question that a pediatrician bending over a vegetable bin in the market is considered by most to be fair game for an earnest mother's inquiry about her toddler's toilet training. One of the wonderful things about pediatrics is, because of our days spent smiling at young children, people consider us quite approachable, but it can wear one down if it continues into the off hours. Some years ago a mother called me late at night, waking me from a sound sleep, with a question about her son who had had an ENT procedure that day. It was purely a post op type question. I suggested that the ENT might be the best person to consult. Her rejoinder? "I wouldn't dream of disturbing him at this hour."

There are also the awkward situations created by the notion that we should be paradigms of virtue and set an example. I'm not suggesting that I want to be free to careen around the village sated to the gills with gin, but more like the act of simply walking into that den of equity, the local McDonald's - the raised eyebrows followed by the slightly embarrassed cough as they glance at their kids in a feeding frenzy over some big macs, and fries and then a quick return to the offensive - "Doctor, what are you doing here?" Then there was the time in the supermarket with my then three year old to whom I had just delivered the word 'no' when she asked for some ice cream. This word, so unfamiliar to her virgin ears, set off a major tantrum - of the drop to the floor, kicking and screaming variety. The market was crowded that day and several shopping carts had to literally screech to a stop to avoid running over her. As I took steps towards her to deal with the crisis, I couldn't help but notice a number of familiar faces in the crowd that had assembled around us and while my view was focused on my daughter, I could still detect

(Continued on page 4)



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VACCINE MANDATES**PETER ACKER, MD—IMMEDIATE PAST PRESIDENT***(Continued from page 1)*

intercom: “Is there a doctor on board or someone who has done their own research?” I, as a busy primary care doc don’t have the time to “do my own research” because I rely on the thousands of scientists and public health docs who have done the actual research, just as I rely upon the engineers who designed the bridges that I drive on. Almost daily I encounter a vaccine skeptic who “did their own research” with a few clicks of a mouse.

I was quite disheartened today to read about the huge march of in Washington over the weekend demanding the end to vaccine mandates. Robert Kennedy Jr. gave a speech in which he compared vaccine mandates to the holocaust, which I find frankly odious. My wife’s mother was a holocaust survivor whose whole family was wiped out. It should be noted the mandate includes the option to get tested weekly, so nobody is being forced. Mandates have been shown to have a very powerful effect increasing the numbers and thus lowering the risk of transmission at work or in a restaurant. My colleagues who work in America’s ICU’s would benefit tremendously if more people were vaccinated and thus lowering the numbers of admissions which are causing so much of their workplace stress and burnout. Hoping that someday that the covid vaccines will come to accepted as normal just all the other vaccinations that we have been giving for many years.

*FROM THE EDITOR...***DICKENS DELIVERS****PETER ACKER, MD***(Continued from page 2)*

a collective smugness on the countenances around me which seemed to say “Well, let’s see how Mr Big Shot deals with this.” I wanted to retort – “excuse me that’s Dr. Big Shot”.

So I confess that I enjoy my privacy. The changed circumstances that have afforded me the chance to live further from my office are emblematic of the way the practice of medicine is changing. When I started in practice 23 years ago, I had lived close

to the hospital because at that time pediatricians covered the delivery room and performed various neonatal services. Also, the pediatric training of ER physicians was less than it is today, so we were quick to come in to see our patients. Today, neonatologists, and hospitalists have obviated the need for the pediatrician to rush in at a moment’s notice and the experience of call is far different today than it was back then. There is no question that I enjoy the considerable reduced tension and angst, but I must say, in some ways, it is a Faustian bargain. Living in the same community as one’s patients provides a sense of intimacy and connectedness. I occasionally run into a mother whose delivery I attended years ago and inevitably the face lights up and there is no question that my presence there is indubitably etched into her memory.

Currently I am listening to Charles Dicken’s Oliver Twist. There is a wonderful passage near the beginning which recounts Oliver’s birth which reminds me of those days of old in the delivery room. His birth was not an easy one and afterwards “there was considerable difficulty in inducing Oliver to take upon itself the office of respiration.” This transported me back to experiences, often in the middle of the night, when a baby would lay apneic seconds after birth and I’d watch anxiously for that first breath and the collective sigh of relief with the first cry. Then with typical Dickensian humor: “for some time he was gasping on the little flock mattress, rather unequally poised between this world and the next: the balance being decidedly in favor of the latter. Now if, during this brief period, Oliver had been surrounded by careful grandmothers, anxious aunts, experienced nurses and doctors of profound wisdom, he would have most inevitably and indubitably been killed in no time.”



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Make the most of your membership

STOP THE TRAIN Elliot Barsh, MD

"We find it hard to believe our presence is enough"

Hi everyone.

Our work is **daunting, thrilling, and important.**

The sense of **stress** we have been feeling during the pandemic is deep.

It has never been more important than now to know ourselves and our patients.

What is important to our patients? What decisions do they need to make? What gives their lives meaning?

What about us?

Are we taking care of ourselves while we take care of others?

Our work is an **essential** part of our **well-being!**

According to the poet *David Whyte*,

"Work is actually intimacy, the place where the self meets the world."

We are trained to avoid that intimacy.

Trained to distance ourselves from how our work can leave us feeling.

Maintaining that distance from ourselves takes too much from us!

Being seen for who we are and what we value is not easy, but it can give us back some of what has been taken.

That **intimacy**, with ourselves and the world, takes **courage**.

The courage to be **heartfelt** and **vulnerable**.

The courage to say, "I care...", or, "I don't know...", or, **"I need help too!"**

David Whyte goes on to say,...

"With the right work, the right relationship to that work...we find a home in the world that eventually does not need debilitating stress, does not need our exhausted will and does not need enormous amounts of outside energy constantly fed in to sustain it."

We are enough!

Thanks for reading.

"Sitting down to have a conversation with our pa-

tients is still the most that we can offer them, and the most we can do for our own well-being."

The Doctor's Oldest Tool

<https://www.nejm.org/doi/full/10.1056/NEJMp2115832>

"Do we let ourselves be part of the shared stories our patients invite us to be a part of?"

The Benefits of Bickering in Marriage

A relationship is a shared story, even if it's hard to agree on the details.

[https://www.nytimes.com/2022/01/07/style/modern-love-bickering-marriage.html?](https://www.nytimes.com/2022/01/07/style/modern-love-bickering-marriage.html?un-locked_article_code=AAAAAAAAAAAAAAAAACEIPuonUktbfqYhkSVUubBChOOckjo1qDgyTC2rp5gnjgIW2fSD1Bwv4UBYfF_k7Xf6tqaNZ13vieQJUJFo4Tc8F177oVOV1xGU7vq4GYmZ8BLmJl0Nu9AjM4jtedAO9gtGKyNGT8IbZ1n_jitEjaOzHqD6GMonUxN Uoy98seAFKt3nEPwqvBFPckmYUtMkd8WeopAGSldyKlvPL3ChihON3gbxrU6AQ-X-AxSiiE1JfHqOpGKFMOFAqAGHBv4m8868de-OMcXOMv9LBohfcn5iNYBG5jtLws-oUlyUfXvje7jLSI&smid=em-share)

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"What does our work take and take from us?"

Lens-On Aesthetic Distance and Empathy

<https://www.nejm.org/doi/full/10.1056/NEJMms2107241>

"...what people are willing to go through to extend their life might change depending on the context."

When Faced With Death, People Often Change Their Minds

Do advance directives by healthy people actually deliver better care?

[https://www.nytimes.com/2022/01/03/opinion/advance-directives-death.html?](https://www.nytimes.com/2022/01/03/opinion/advance-directives-death.html?un-locked_article_code=AAAAAAAAAAAAAAAAACEIPuonUktbfqYhkSVUubACbSRdkhrxqAwvHD3rU6jXK71CmPRD1ezvoYGM2M9k7RZexje943lXy9deN2DYUOFrZo3_MNeAtkURWpqqZ-J38RZLixot24GzJtg8mIAOgocXrjZDGwbex1nebytb7abGTT-W7fNkiFofHYTqpdhcF2t3XMN1_2FRrYzgo8iqK9nUpNqRj4AZz2Iv-3oDnh8OtaHbxLc7GomSroTGGGTzZPHteV2IEgFAk-nGTXh_W889NpZXdoWN6z9JBUqE9HsKSL515VpUjmLYHb-1wDgXg&smid=em-share)

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"There are no diseases, only patients."

"Please Don't Keep Me"

<https://www.nejm.org/doi/full/10.1056/NEJMp2115096?query=TOC>



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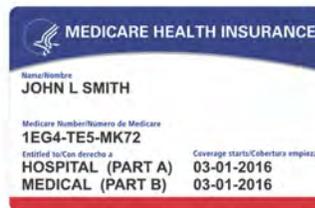


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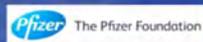
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IMPROVING PATIENT EXPERIENCE THROUGH COMMUNICATION

by Seulye Lena Shin, BSN/RN in oncology

Quantifying the importance of the patient

One cannot simply put a price tag on the importance of human life—it is *immeasurable*. As nurses in the medical profession, similar to swearing by the Hippocratic oath of ethics, we follow the Florence Nightingale Pledge in nursing school:

I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischievous, and will not take or knowingly administer any harmful drug.

To practice faithfully and to not harm truly means doing the best one can do by the patient—for to do otherwise would bring harm to the patient. This is why technological advancements in medicine mean improving the way we care for patients.

Patient experience means everything to the bottom line

It is like the adage that the customer is always right—for without its customers, a restaurant, or any other business, for that matter—would cease to exist. Similarly, a healthcare provider would not exist without its patients. Improving patient experience means that a healthcare provider gains an edge over its competitors and makes patients feel cared for. It all goes toward improving and protecting the bottom line of the healthcare provider.

Do not overlook the importance of the patient's experience

What keeps a patient returning to the same healthcare provider is wanting to have more positive experiences with that healthcare provider. I found the way to keep patient experience in sight is through good communication. Callifi's Patient Experience Oracle (PEO) launched new features, specifically for healthcare providers. The app allows one to listen to a call recording at any time. The supervisor or front desk manager can see the *exact* route any call took on their phone system. This includes: what options the caller selected on menus, how long it took their call to be answered, who answered it, where it was transferred to, how long they were on hold, and by who.

Amplify the value of a medical practice by

amplifying patients experience

As an integral component of healthcare and quality, patient experience includes several aspects of healthcare delivery that patients value highly when they seek and receive care, such as getting timely appointments, easy access to information, and good communication with healthcare providers. Having a PEO dashboard helps doctors help and keep their patients. Gone are the days of inefficiency. With the help of PEO, patients should never include having to go through various transfers, long wait times, nor inconsistent customer experiences.

Callifi's PEO's dashboard is a means by which a medical practice can make itself essential to the most important people—its patients. PEO is configurable, allowing you the ability to choose which data you want to see. The benefits are that one can use these metrics to help with staffing, training, call routing/menu updates, and much more. Some healthcare providers even use Callifi's PEO to see if they should alter lunch hours and operating hours. Having the Callifi PEO is like having a superpower to see into your communications systems and make them work!

Communication is everything

As a registered nurse in oncology, I interact with patients daily and understand that good communication is integral to patient care and the good standing of the hospital. During much of my day, I am on the phone communicating with doctors, pharmacists, technicians, and other nurses—regarding patient care. That is why I have come to enjoy using Callifi's PEO, a HIPPA-compliant app with E-Fax ability, where one can get patient experience metrics about their phone system as soon as the call is hung up.

For more information, visit callifi.com/peo or call (914) 241-4660



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About Westchester County...

Westchester County, located in the heart of the historic Hudson Valley, covers 500 square miles and has a population of just under a million. Originally home to Native Americans, who were members of the Lenape tribe, it is today a rich mix of many cultures and landscapes. The County is a blend of bustling cities, quaint villages and picturesque towns as well as open spaces and a network of beautiful parks. The County is also an intellectual capital, boasting a highly educated workforce, competitive colleges and universities, Fortune 500 companies, world changing non-profits, and cutting-edge research centers.



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George Latimer
County Executive

Department of Health
Sherlita Amler, M.D.
Commissioner

January 27, 2022

Dear Colleagues:

As we enter the third calendar year of the COVID-19 pandemic, I would like to take this opportunity to thank you for your ongoing efforts to prevent and treat the virus in our community. We have faced many challenges along the way, but thankfully, we have now reached a point in time where we have the necessary tools to greatly reduce the transmission of COVID-19. Vaccines, testing and personal protection measures are the pathway out of this pandemic.

Attached, please find a *COVID-19 Vaccination FAQ* for distribution to your patients. This guidance is consistent with CDC vaccine guidance and information. Along with your trusted guidance, you can provide this fact sheet to your patients to address concerns that they may have around vaccination, as well as to direct them to vaccination sites in their area.

Additionally, the Westchester County Department of Health's website lists COVID-19 community testing site locations and links to register for testing appointments. Please refer your patients to <https://health.westchestergov.com/> for these resources.

Once again, thank you for your assistance with ensuring that Westchester residents receive accurate information about the safety and effectiveness of COVID-19 vaccines. The Health Department cannot tackle this issue alone, but together, our efforts can increase the rate of vaccination among Westchester's vaccine eligible population.

Sincerely,

A handwritten signature in black ink that reads "Sherlita Amler MD".

Sherlita Amler, MD
Commissioner of Health

[Printable—COVID-19 Faq](#)

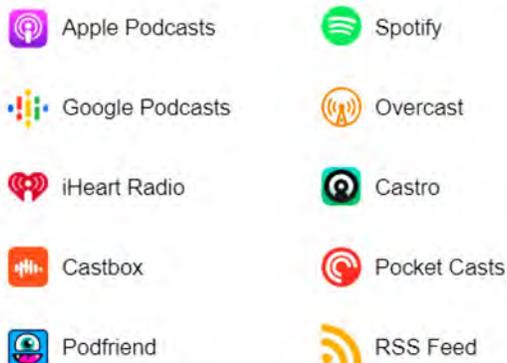
[Printable—6 COVID Facts](#)



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!★★