



# WESTCHESTER PHYSICIAN

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## PRESIDENT’S MESSAGE

### OUTGOING REMARKS—DELIVERED JUNE 22, 2021

Thank you all for coming tonight. A little less than a year ago I gave my inaugural speech at the beginning of my term via Zoom. This beats the heck out of that – it is so nice to be here in person and see all of you. Before I begin I like to acknowledge and thank a few people for helping me along the way. Janine Miller our executive director who worked behind the scenes and patiently coached me on procedural matters. Often when leading a zoom meeting, she would gently interject “doctor, we need to vote on that before we proceed.” Kalli Voulgaris who worked tirelessly behind the scenes managing our membership and CME coordinator. And Rhonda Nathan our account manager –guiding and working with a room full of docs is no easy task! I’d also like to thank all the board members from whom I have learned so much from. Bonnie Litvack, whose command of all the legislative issues is awesome. Tom Lee another fount of information, Dan Gold, whose leadership the previous years provided a great example to follow, and all past presidents and officers. Dr. Jeffrey Jacobson will be taking over and I pledge to help him master social media and any technical problems such as managing the apps on his iPhone.

Well, what a year this has been. I got an email from one of my patients in February, 2020, - “I am terrified about what is coming, please send scripts for my son’s asthma medicine, I want to stock up on his meds and I am planning now to home school him.” I was not too surprised to get this email because she of virtually all the worried mothers I have dealt with over the years, she was near the top. I tried to calm her down, with reassurance, etc. In retrospect, she had it right and I had it wrong. This has been a humbling experience for all of us. I am reading a book right now *The Premonition* by Michael Lewis which I highly recommend which chronicles the various missteps, many of them honest mistakes, that we made along the way. Yet, all of us collectively marched into the fray and did our best in very difficult circumstances and I’m feeling much more optimistic now, though I don’t think I will ever drop my guard.

One of things that sustained me during this era was the day to day contact with patients. Somehow walking into an exam room to greet two parents and a new baby, proved to be a powerful restorative.

*(Continued on page 6)*



**PETER J. ACKER, MD**  
*Immediate Past  
President, WCMS*

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#### UPCOMING EVENTS

**WAM ANNUAL  
GOLF OUTING**  
October 21, 2021  
Westchester Country Club  
Rye, NY

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*FROM THE EDITOR...***LAPTOPS AND THE MUTANT MANTIS****PETER J. ACKER, MD***Note: This is a column from 12 years ago*

It was a story bound to get a lot of press: Airline Pilots, Distracted by Laptops, Overshoot Airport. Perhaps it doesn't quite rise to the level of some of the classic National Enquirer headlines of yore such as "Man Pulling Weeds Attacked by Giant Mutant Preying Mantis" or perhaps more currently: "Elvis, Hendrix and Jackson Spotted Jamming Together in North Dakota Speakeasy". Nevertheless, it's an attention getter and has the added advantage over the other two headlines of actually being true. Our first reaction is incredulity, followed by shock (my god, I'll never feel safe on an airplane again), then indignation (how can professionals act that way) and finally a bit of schadenfreude (glad I'm not in the pickle those pilots are in).

So why am I discussing airline pilot mishaps (and mutant preying mantises for that matter) in a periodical going out to the membership of the WCMS? Well, there're a few reasons which I will elaborate on forthwith. First off, when I read of the incident I was reminded instantly of an excellent op ed I read in the New York Times a few months back (March 9, 2009) written by Dr. Ann Armstrong-Cohen entitled "The Computer Will See You Now". She, an Assistant Clinical Professor of Pediatrics at Columbia, bemoaned the depersonalization that electronic medical record keeping injects into the physician patient relationship. I remember picturing in my mind's eye as I read the piece of a young newly minted doctor hunched over his laptop frantically typing in the information while missing the nuanced information contained in the patient's furrowed brow.

Now don't get me wrong: I may be a child of the 60's, but I'm not a total Luddite: I welcome the myriad benefits that computers bring to our profession. It's just that we have to recognize that there is a significant learning curve embedded in this process. It is one of the great ironies of modern medicine (and of the modern world, for that matter) that we are the recipients of too much information. Such as a small shadow on a prenatal ultrasound that inspires great angst and an extensive work up for naught. We all run the daily gauntlet of avoiding distraction: ie putting down that blackberry when our daughters are trying to tell us something, not answering our cells while hurtling down a highway at the command of two ton hunks of steel, of not looking at our patients in the eye when we are listening to their histories.

*(Continued on page 12)*



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## KFF REPORT FINDS SOME WHO WERE HESITANT TO GET A VACCINE IN JANUARY SAY THEY CHANGED THEIR MIND BECAUSE OF FAMILY, FRIENDS AND THEIR PERSONAL DOCTORS

A new [KFF COVID-19 Vaccine Monitor report](#) finds that people who were initially hesitant to get a vaccine in January but ultimately did so often say that family, friends and their personal doctors helped change their minds.

The report features a second round of interviews with a nationally representative sample of adults six months after they first shared their vaccine intentions in January, early in the nation's vaccine distribution effort. The new survey assesses whether or not they got a COVID-19 vaccine, the reasons behind their choice, and how they feel about their decision.

Half initially told KFF that they planned on getting vaccinated as soon as possible or had already received at least one dose. Now two-thirds say have been vaccinated, including the vast majority (92%) of those who had planned to get vaccinated "as soon as possible" in January, along with slightly more than half (54%) of those who wanted to "wait and see." At the same time, three quarters (76%) of those who previously said they would get vaccinated "only if required" or would "definitely not" get a COVID-19 vaccine remain unvaccinated.

*(Continued on page 16)*

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**STOP THE TRAIN**

Elliot Barsh, MD

***“How will we remember the pandemic?”***

Hi everyone.

Nature has always found a way to open its own path and adapt to adversities.

Can we do the same?

*Katherine May*, in her beautiful book ***Wintering***, writes that...

***“if we don’t allow ourselves the fundamental honesty of our own sadness, then we miss an important cue to adapt.”***

The pandemic has opened our eyes to a darker part of our human experience.

There has been death, fear, disappointment, lies, despair, helplessness and distrust.

***We cannot let that be the only pandemic story we tell!***

We need to ask ourselves...

...what did we lose and maybe gain?

...what did we find that matters more to us, and what matters less?

...how have we changed?

...who are we now?

We find ourselves prevailing, along a tough road, towards what feels like an “uncertain” tomorrow.

***“We can return to friends and family not only restored but capable of bringing more than we brought before: greater wisdom, more compassion, and increased capacity to reach deep into our roots and know that we will find water.”***

*-Katherine May (Wintering)*

Thanks for reading and be safe.

E

*“What pandemic story will you tell?”*

**We Want to Travel and Party. Hold That Thought.**

**How to grieve 16 months of sickness, death and isolation.**

<https://www.nytimes.com/2021/06/24/opinion/covid-pandemic-grief.html?smid=em-share>

*“How we tell our stories can transform how we move forward from hard times.”*

**You Won’t Remember the Pandemic the Way You Think You Will**

**The stories you hold on to will be colored by your own experience—but also by the experiences of those around you.**

[https://www.theatlantic.com/magazine/archive/2021/05/how-will-we-remember-covid-19-pandemic/618397/?utm\\_source=email&utm\\_medium=social&utm\\_campaign=share](https://www.theatlantic.com/magazine/archive/2021/05/how-will-we-remember-covid-19-pandemic/618397/?utm_source=email&utm_medium=social&utm_campaign=share)

*“What if we’re scared to go back to normal life?”*

**The Age of Reopening Anxiety**

[https://www.newyorker.com/culture/dept-of-returns/the-age-of-reopening-anxiety?utm\\_source=nl&utm\\_brand=tny&utm\\_mailing=TNY\\_Recommends\\_060521&utm\\_campaign=aud-dev&utm\\_medium=email&bxid=5be9cbcf3f92a40469de03a&cid=54987255&hasha=a3b1eeaad9d7694f1b3006ed554e9a05&hashb=d9005b1e00f301824dd69d78c2f9483c884aa4de&hashc=644345da72c6a1d283343f83ffb7f145d8511d8fe800be81b3f8f38390a001f&esrc=OrderConfirmation&utm\\_term=TNY\\_Recommends](https://www.newyorker.com/culture/dept-of-returns/the-age-of-reopening-anxiety?utm_source=nl&utm_brand=tny&utm_mailing=TNY_Recommends_060521&utm_campaign=aud-dev&utm_medium=email&bxid=5be9cbcf3f92a40469de03a&cid=54987255&hasha=a3b1eeaad9d7694f1b3006ed554e9a05&hashb=d9005b1e00f301824dd69d78c2f9483c884aa4de&hashc=644345da72c6a1d283343f83ffb7f145d8511d8fe800be81b3f8f38390a001f&esrc=OrderConfirmation&utm_term=TNY_Recommends)

*“Can we choose curiosity over comfort?”*

**Don’t Approach Life Like a Picky Eater**

**Try new things. Not too much. Mostly experiences.**

[https://www.theatlantic.com/family/archive/2021/05/neophilia-novelty-happiness/618998/?utm\\_source=email&utm\\_medium=social&utm\\_campaign=share](https://www.theatlantic.com/family/archive/2021/05/neophilia-novelty-happiness/618998/?utm_source=email&utm_medium=social&utm_campaign=share)

*(Continued on page 10)*

**PRESIDENT'S MESSAGE**  
**OUTGOING REMARKS**  
**PETER J. ACKER, MD**  
*(Continued from page 1)*

Now I want to pivot and talk about some of the humorous things that happened over the years which serve enliven the often staid days of a primary care physician.

I was once counseling a teenage girl who appeared quite depressed. I was talking to her alone while her mother waited outside. She entered the room with a mournful expression and sat down on the examining table. I was standing and talking with her and in an attempt to show empathy I maintained eye contact while backing up a few steps which caused me to misjudge where my stool was positioned behind me and I fell flat on my rear end. This elicited peals of laughter from my patient. Her mother hearing the commotion, burst in and when she saw me also started to laugh. Even my staff got into the gaiety. I have discovered the cure for adolescent depression, I thought, an accomplishment akin to Alexander Fleming's aha moment over a petri dish. Bit hard on my backside, but worth it nevertheless.

Here is another example: years ago I was administering an injection to a girl. Her younger brother who was about three years old hurled himself at my back, pounding me with his tiny fists, obviously outraged at what I was doing to his older sister. I saw him not too long ago, now a strapping 19 year old. As he entered the room I held my hands in a protective way and told him I was going to be very careful and not turn my back on him, lest I encourage another stealth attack. He laughed, "are you ever going to forget that?" No, some things are unforgettable.

Then there was the time I chased a preschooler who had bolted from my office in order to escape a shot. I caught him outside dashing towards the peril of the parking lot. I heaved a sigh of relief as I carried my wiggling charge back into my office. "Child hit by car while being chased by pediatrician" was the headline I was imagining – wouldn't be good for business! That child by the way is now an adult with two kids. Whenever they come in I make sure I am position at the door to block any escape attempts.

And one more: after examining a child who had a common cold, the father asked me, "Doc to you

mind looking at this rash on my leg?" Not an uncommon query in my experience. It so happened that this particular father was not any father, but was employed as an editorial writer for the New York Times. He pulled up his trouser leg and I leaned forward to peer at what was really a non-descript eczematoid eruption of no real consequence. I gave it a careful look and wondered, should I? - I may never have this opportunity again. Finally I lifted my head and intoned, "Sir, I believe this is creeping liberalism." He looked at me for a few seconds and then got the joke and burst into laughter. Indeed, in all the 25 years that have passed since then, I have yet to see another rash on the leg of an employee of that august institution.



Dr. Peter Acker & Gila Acker

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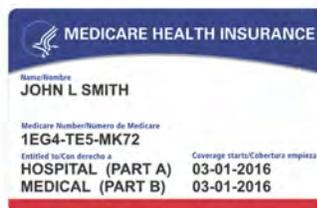


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## 2021 Annual Meeting

### Westchester County Medical Society Westchester Academy of Medicine



Passing of the gavel—Dr. Peter Acker & Dr. Jeffrey Jacobson

On Tuesday, June 22<sup>nd</sup>, the Westchester County Medical Society and the Westchester Academy of Medicine held their Annual Meeting at the Westchester Country Club in Rye, New York. About 80 members and guests enjoyed an evening of fellowship with colleagues and family, great food, networking, and the opportunity to interact with WCMS preferred business partners and sponsors. Outgoing WCMS President Peter Acker, MD, was thanked for his outstanding leadership and gave remarks on his time as President of the medical society, which can be found on page 1 of this publication. He also thanked his colleagues for all of their support throughout one of the toughest years as a physician yet. Newly installed President Jeffrey Jacobson, MD, a plastic hand surgeon practicing in Armonk at his White Plains Hospital practice, gave his inaugural remarks and spoke about the importance of physician advocacy and involvement with the medical society. Please join us



Dr. Daniel Gold, Past President & Dr. Peter Acker, President

in welcoming Dr. Jacobson as our next President who began July 1, 2021. We wish him all the success of our previous Presidents.

We were also joined by several special guests from around the state. Dr. Joseph Sellers, President of MSSNY was on hand to deliver remarks about his goals and vision for the upcoming year and spoke to some of the challenges physicians around the state face coming out of a year-long pandemic. We were also joined by Try Oechsner, our new MSSNY EVP. Mr.

Oechsner spoke about the accomplishments of MSSNY over the past year and touched on the direction that MSSNY will take moving forward under his leadership. We look forward to working with both Dr. Sellers and Mr. Oechsner this year.



Dr. Andrew Kleinman presenting Dr. Bonnie Litvack with a special gift from all of us in Westchester

A special presentation was made by Dr. Andrew Kleinman to Dr. Bonnie Litvack in appreciation for her service to MSSNY as President over the past year. Dr. Kleinman gave Dr. Litvack one of the highest compliments in saying that she is by far the “best President to have served MSSNY thus far” and he included himself in that remark. Dr. Litvack spoke to the membership about her year as MSSNY President and the challenges she faced serving in such an unprecedented year. She also spoke of how proud she was to represent physicians around the state of New York and what a privilege it was. We thank Dr. Litvack for her tremendous leadership in a year unlike any other. She has always been a superb leader in Westchester and we were happy to see her leave her mark on the entire state of New York through MSSNY.



*Congratulations to the Newly Elected WCMS Officers & MSSNY Delegates!*

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*(Term July 1, 2021- June 30, 2022)*



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*Delegates to the MSSNY House of Delegates*

*(Four for two years; term ending 2023)*

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*(Two for two years; term expiring 2023)*

Kham Ali, MD, MBA

Samia Sayegh, MD

## OSHA ISSUES EMERGENCY RULES FOR HEALTHCARE EMPLOYERS AND UPDATED GUIDANCE FOR ALL EMPLOYERS

On June 10, 2021, OSHA issued an Emergency Temporary Standard (the “Standard”) specific to COVID-19, including health screening mandates and COVID-specific protocols, and paid leave requirements for certain healthcare providers. The Standard generally enforces CDC protocols that have been recommended during the pandemic. On the same day, OSHA also issued “Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace” for all other employers (the “Guidance”). The Guidance focuses on protections for unvaccinated or otherwise “at-risk” workers, who are described as those that “cannot be protected through vaccination, cannot get vaccinated, or cannot use face coverings.” The Guidance notes that, unless otherwise required, most employers no longer need to take steps to protect fully vaccinated workers who are not otherwise at-risk from exposure to COVID-19 in the workplace, or well-defined portions of the workplace, where all employees are fully vaccinated.

In addition to the Standard and Guidance, it is important to confirm with state and local requirements as well.

### Guidance For Health Care Employers

The Standard broadly applies to workplaces that provide healthcare services, such as hospitals, nursing homes, assisted living facilities, and federally qualified health care centers. However, the Standard exempts certain settings:

- employers performing healthcare services on an outpatient basis in a non-hospital setting, *if* non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not permitted to enter;
- well-defined hospital ambulatory care settings where all employees are fully vaccinated, all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not allowed to enter;
- home health care settings where all employees are fully vaccinated, all non-employees are screened prior to entry and people with suspected or confirmed COVID-19 are not present;
- pharmacists dispensing prescriptions in retail settings;
- healthcare support services not performed in a healthcare setting (e.g., off-site laundry or medical billing); and
- telehealth services performed in a setting where no direct patient care occurs.

If not exempt, the Standard mandates that healthcare providers adopt the following:

- Develop and implement a written COVID-19 plan which includes a hazard assessment and policies to minimize COVID-19 transmission;
- Require social distancing of at least six feet apart when indoors and, in instances where employees cannot be separated at least six feet, install barriers at work stations in non-patient care spaces;
- Impose health screening and reporting requirements on employers and employees, including:
  - Screening employees before each work day or shift;
  - Requiring employees to notify their employer when they are experiencing symptoms or have tested positive for COVID-19; and
  - Notifying certain employees within 24 hours when a COVID-19 positive employee has been in the workplace.
- Provide reasonable time and paid leave for employees to receive COVID-19 vaccinations and recovery from vaccine side effects, if necessary (remember to check your local and state law for requirements);

## Garfunkel Wild Alert

- Create a log of all employee instances of COVID-19 and report all work-related COVID-19 fatalities and in-patient hospitalizations to OSHA; and
- Paid leave requirement: if an employee is required to be out of the workplace due to positive or suspected positive COVID case, employers are responsible for continuing to provide the employee with benefits and pay at the employee's regular rate of pay, up to \$1,400 per week, until the employee meets the return to work criteria. This does not apply to employers with 10 or fewer employees. Employers with less than 500 employees must pay a removed employee up to \$1,400 per week, but beginning in the third week post-removal, this amount is reduced to only two-thirds of the employee's pay, up to \$200 per day. These payment obligations are reduced by compensation that removed employees receive from any other source (i.e., from a publicly or employer-funded compensation program such as paid sick leave). Importantly, employers are not required to remove employees that do not experience symptoms and have been fully vaccinated against COVID-19 or had COVID-19 and recovered within the past 3 months.

The Standard will be effective immediately upon its publication in the Federal Register. Once published, employers must comply with most provisions within 14 days, and with provisions involving physical barriers, ventilation, and training within 30 days.

### Guidance For All Other Employers

The Guidance provides examples of measures that can be taken to protect unvaccinated and at-risk workers, which include:

- Providing paid time off for employees to obtain vaccinations;
- Instruct workers that are infected, have been exposed, or present symptoms of COVID-19 to stay home from work;
- Implement physical distancing measures for unvaccinated and at-risk employees in communal work areas, limit the number of unvaccinated and at-risk workers that can be in one place at any time, and install barriers at work stations where unvaccinated and at-risk workers cannot be six feet apart;
- Require unvaccinated and at-risk and wear face coverings and provide PPE and face coverings to them, unless their task requires a respirator or other PPE;
- Suggest that unvaccinated customers, visitors, or guests wear face coverings, especially in public-facing workplaces such as retail establishments;
- Educate and provide accessible training workers on COVID-19 policies and procedures;
- Record and report COVID-19 infections and deaths;
- Follow CDC routine cleaning and disinfection guidelines and maintain ventilation systems; and
- Create an anonymous reporting process for workers to voice COVID-19 related concerns and implement protections against retaliation.

The Guidance also contains an Appendix which describes best practices for "higher risk" workplaces, such as manufacturing, retail and grocery, seafood, and meat and poultry processing workplaces, that have workers with mixed-vaccination status working in close contact for longer durations of time.

\* \* \* \* \*

Should you have any questions regarding the above, please contact the [Garfunkel Wild attorney](#) with whom you regularly work, or contact us at [info@garfunkelwild.com](mailto:info@garfunkelwild.com).

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FROM THE EDITOR...

## LAPTOPS AND THE MUTANT MANTIS

### PETER J. ACKER, MD

There is another element of the pilot story. There are many similarities between pilots and doctors. We both require extensive knowledge and training. We also share a work environment that is often characterized by long periods of routine punctuated by sudden challenges that demand all our training and skill. Anesthesiology is often compared to piloting. In fact, the revolution in improving anesthetic safety had its origins in the failsafe redundancy systems that modern jets employ. In addition, both professions are in general respected and, I don't think I'm overstating it, there is a certain mystique among the populace towards us. This can sometimes serve as a barrier towards good doctor patient communication which is only worsened by the insertion of a laptop. After 9/11, the cockpit doors were locked creating a barrier which allowed the pilots to keyboard away in peace. For every change, there usually is an unintended consequence of which we should be mindful.

I hope I have answered the question that heads the second paragraph of this piece. Oh, what's that? The giant mutant preying mantis? That's just to get your attention. It works for the National Inquirer.

♦

## STOP THE TRAIN

Elliot Barsh, MD

(Continued from page 5)

*"After more than a year of masks and social distancing, the idea of overnight returning to mostly normal was a shock to the system."*

## The Quiet after the Storm

<https://www.scientificamerican.com/article/the-quiet-after-the-storm/>

*"If anything, she became more fearful of infection."*

## 'Cave Syndrome' Keeps the Vaccinated in Social Isolation

<https://www.scientificamerican.com/article/cave-syndrome-keeps-the-vaccinated-in-social-isolation/>

*"... homes have increasingly become havens of safety from a pathogen infested outside world."*

## Life in a post-pandemic world: What to expect of anxiety-related conditions and their treatment

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7252157/pdf/main.pdf>

*"There is beauty everywhere and the children know how to find it."*

## Where Are All the Wild Things, Daddy?

**A father worries that his favorite children's books promise his daughter a vibrant natural world that will no longer exist.**

<https://www.nytimes.com/2021/06/18/style/modern-love-fathers-day-where-are-all-the-wild-things.html?smid=em-share>

*"Are we ready to be seen again?"*

## Coming Out in a Pandemic: 'We Really Don't Have Time to Waste'

**'In a time of total upheaval came the opportunity to affirm something beautiful and authentic.'**

<https://www.nytimes.com/interactive/2021/06/26/opinion/pride-2021-covid-coming-out.html?smid=em-share>

*"What is the most cautious we can be?"*

## The Dos and Don'ts of Hot Vax Summer

A vaccinated American's guide to traveling this summer  
[https://www.theatlantic.com/health/archive/2021/06/vaccinated-travel-guide/619283/?utm\\_source=email&utm\\_medium=social&utm\\_campaign=share](https://www.theatlantic.com/health/archive/2021/06/vaccinated-travel-guide/619283/?utm_source=email&utm_medium=social&utm_campaign=share)

♦

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Dear Nursing Colleague,

We are happy to inform you of a new RN to BS program in the Westchester area. Touro College opened an RN to BSN on the campus of the New York Medical College (NYMC).

Touro offers you the opportunity to achieve your BSN degree within two years (or less) in a primarily face-to-face classroom. Our baccalaureate program in nursing is accredited by the Commission on Collegiate Nursing Education and grants a Bachelor of Science degree. Students work at their own pace, with faculty available at all times for consultation and advising. All classes had been held in the Nursing Department at the NYMC Skyline Building, using the hybrid model of course delivery.

Touro offers all nurses within the Westchester County Medical Society network a 25% tuition scholarship and waives the application fee when applying. An application for enrollment for Fall 2021 classes can be completed by accessing: <https://shs.touro.edu/programs/nursing/>.

If you have questions, concerns, or need further clarification about the program, please feel free to contact Dr. Meredith King Jensen, Assistant Professor, Touro College, Valhalla campus. Though usually reached at the Valhalla campus, she is available on cell phone at 845 224 7174. Thank you for your interest in the RN to BSN program at Touro College, NYMC campus, and we look forward to hearing from you in the near future.

Sincerely,

Sandra Russo, RN PhD  
Faculty & Chair  
Touro Nursing Program  
Brooklyn, NY

Meredith King Jensen, RN PhD  
Assistant Professor, Touro Nursing  
Valhalla Campus

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## Westchester Academy of Medicine 2021 Golf Outing & Fundraiser

**Rescheduled Date—Thursday, October 21, 2021**  
**Westchester Country Club**  
**99 Biltmore Avenue**  
**Rye, NY 10580**



**Registration, Driving Range & Halfway House Lunch**  
Tee times will begin at 12:00pm

**Golf Format: Scramble**  
**6:00 PM—Cocktails**  
**7:00 PM—Dinner and Raffles**

*If you are unable to attend, please consider making a tax-deductible donation. Contact Kalli Voulgaris [kvoulgaris@wcms.org](mailto:kvoulgaris@wcms.org) or 914-967-9100 for more details.*

**Individual—\$500 ♦ Individual plus Hole Sponsorship—\$700**  
**Paid Foursome—\$1,500 ♦ Paid Foursome plus Hole Sponsorship—\$1,700**  
**Hole Sponsor \$300**

**Additional Sponsorship Opportunities Available**  
Please contact Janine Miller for details

**All proceeds will benefit the Westchester Academy of Medicine**  
**For more information and other sponsorship opportunities,**  
**contact Janine Miller at 914-967-9100 or [jmiller@wcms.org](mailto:jmiller@wcms.org)**

**Golf Reservations are Limited—Please RSVP Today!**

*Please note that proof of COVID vaccine OR a negative COVID test within 72 hours of the event are required. Contact tracing measures will be taken, so please be prepared to provide all necessary information ahead of the event or upon arrival.*

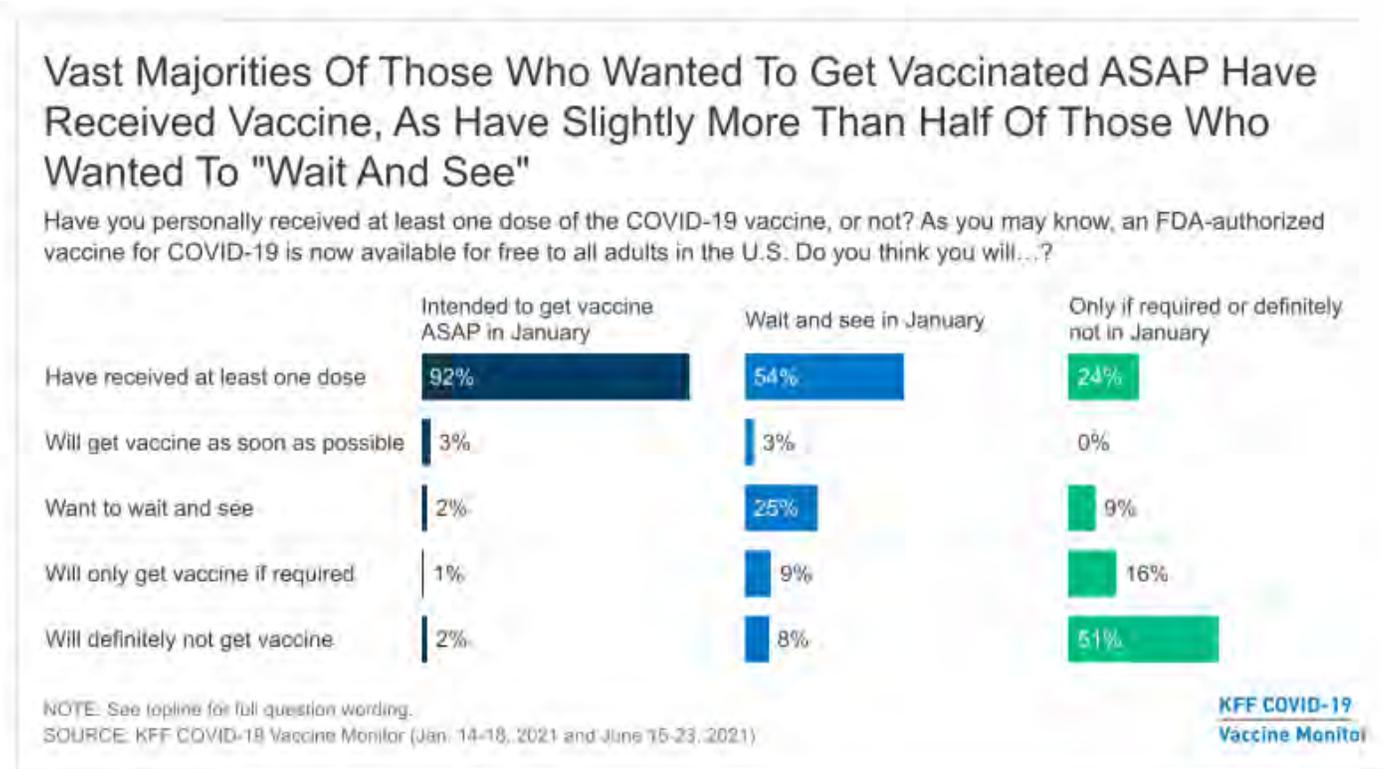
*[RSVP to jmiller@wcms.org](mailto:jmiller@wcms.org)*

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## KFF REPORT FINDS SOME WHO WERE HESITANT TO GET A VACCINE IN JANUARY SAY THEY CHANGED THEIR MIND BECAUSE OF FAMILY, FRIENDS AND THEIR PERSONAL DOCTORS

(Continued from page 4)



Importantly, one in five (21%) of all adults are now vaccinated after expressing some level of hesitation in January, saying then that they planned on waiting to get vaccinated, would only get it if required, or would definitely not get vaccinated. Many in this group cite friends, family members, and their personal doctors as influencing their decision to get a vaccine. This includes seeing friends and family members get vaccinated without serious side effects (25%), pressure from friends and family (8%), being able to safely visit family members (3%), and conversations with their personal doctors (11%). Another one in ten (9%) say that easing of restrictions for vaccinated people was a factor.

In fact, some vaccinated adults cite protecting or being able to see their friends and family members as the main reason why they decided to get vaccinated. And two-thirds (65%) say they have personally tried to persuade friends and family members to get a shot.

One-third of all adults remain unvaccinated, including 16% of adults who had previously said they planned on getting vaccinated "as soon as possible" or wanted to "wait and see" see before getting a vaccine. When asked why they changed their minds, many cite the side effects of the vaccine as a key reason.

Available through the Monitor's [online dashboard](#), the new report also quotes the open-ended responses given by many of those surveyed reflecting the diversity of their views and experiences related to their views and decision around vaccination.

The [KFF COVID-19 Vaccine Monitor](#) is an ongoing research project tracking the public's attitudes and experiences with COVID-19 vaccinations. Using a combination of surveys and qualitative research, this project tracks the dynamic nature of public opinion as vaccine development and distribution unfold, including vaccine confidence and hesitancy, trusted messengers and messages, as well as the public's experiences with vaccination.



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## AS STATE ENDS EMERGENCY DECLARATION, WHAT DOES THAT MEAN FOR TELEHEALTH COVERAGE?

With Governor Cuomo announcing last week an end to the state's "emergency" declaration and an ending of the many Executive Orders waiving portions of New York laws and regulations, it has prompted several questions from physicians and their staff as to what coverage will continue to exist for telehealth services for their patients.

The following is a brief update on the range of issues regarding access to telehealth services that MSSNY will continue to address over the summer, and fall, as well as during the 2022 legislative session.

- **Coverage Parity Continues** Existing state law requires New York regulated health insurance companies to provide coverage for Telehealth services for care that is covered on an in-person basis. NY state law also requires Telehealth coverage by Medicaid. These policies do not address payment levels for physicians and are not affected by suspension of the public health emergency, so "coverage parity" for Telehealth services will continue. These policies do not apply to ERISA regulated plans.
- **Waiving of Cost-Sharing Ends** DFS recently ended its emergency regulation that required insurers to waive cost-sharing requirements on patients for services delivered via Telehealth. MSSNY raised concerns with regulators, but it may be harder to justify given the very significant drop in COVID cases over the last two months.
- **Audio-Only Coverage** The latest emergency regulation from DFS continues coverage for Telehealth services delivered via audio-only until July 5, but it is unclear if DFS will renew, making clarifying legislation potentially necessary. Please note that last year a statute was enacted that requires Medicaid to cover audio-only Telehealth. The New York State Department of Health recently issued a guidance document for how Medicaid will continue to cover tele-

health services, including through audio-only [COVID-19-Telephonic-and-Telehealth-06-25-21.pdf](https://www.hca-nys.org/COVID-19-Telephonic-and-Telehealth-06-25-21.pdf) ([hca-nys.org](https://www.hca-nys.org)).

- **Telehealth thru FaceTime?** At this time, it is unclear whether DFS guidance from last March ([Coronavirus \(COVID-19\) information: Information for Insurers and Providers on Coverage for Telehealth Services | Department of Financial Services \(ny.gov\)](https://www.hca-nys.org/COVID-19-Telephonic-and-Telehealth-06-25-21.pdf)), regarding the approved use of simplified modalities for delivering Telehealth services will be continued. MSSNY is seeking clarification.

However, the DOH notice referenced above does suggest that approved use of simplified technologies will continue as they note that: *"during the COVID-19 federally declared public health emergency, the Department of Health and Human Services Office for Civil Rights (OCR) has issued a Notification of Enforcement Discretion for telehealth remote communications. OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the emergency"*.

- **Continued Push for Payment Parity** Some health insurers made the decision to increase telehealth payments to match in-person payments. However, many insurers did not follow the same path. MSSNY will continue to work with other patient and physician groups in support of legislation such as A.6256/S.5055 that would require health insurers to ensure payment for Telehealth services are equal to similar services provided in-person.

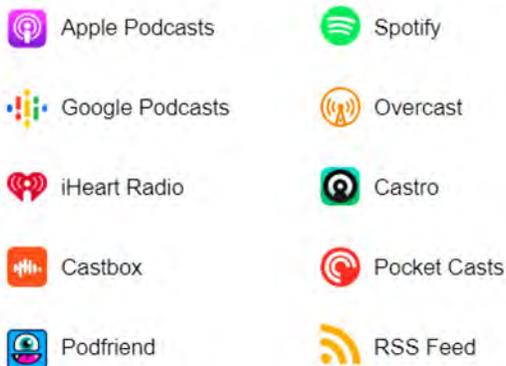
We understand that the pandemic significantly transformed the use of telehealth services, creating new options for patients to receive care and their physicians to deliver care. To that end, MSSNY will continue to advocate for measures that remove barriers to patients receiving Telehealth services from their physicians, including ensuring fair payments for these services.



## 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!★★