



WESTCHESTER PHYSICIAN

May 2021

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PETER J. ACKER, MD
President, WCMS

PRESIDENT’S MESSAGE HOPING FOR BETTER TIMES!

This will be my final president’s column, but be assured I will continue to write my regular column. It goes without saying that this has been quite a year. Our lives were upended in all sorts of unexpected ways. We are thankful for modern technology to enable us to continue our regular meetings via zoom, yet we are all hungering for actual personal physical interaction. There optimism in the air as we continue to vaccinate and observe the covid counts going down. It is a cautious optimism, however, because we have felt flashes of better times before only to have our hopes dashed by a new surge. We are watching carefully the rates of vaccination and are often dismayed by the vaccine hesitators and refusers even among our own health care teams. The news around the world is disheartening as well: the catastrophe in India and the paucity of vaccines for the third world.

I am happy that our annual meeting which occurred last year on zoom will be in person and I will be able to greet each of you personally and exchange anecdotes of how this year has been for all of us. I want to take this opportunity to thank all the members of the board for their steadfast participation. I have learned a tremendous amount from all of you, especially about the issues that MSSNY so energetically lobbies for. I am proud that I will be one of the delegates representing our county and the fall legislative session in Albany.

I also want to thank our outstanding staff who work tirelessly behind the scenes to keeps all on track: our Executive Director Janine Miller, Membership and CME Coordinator Kalli Voulgaris, and Accounting Manager Rhonda Nathan. All three are indispensable.

Besides the annual meeting, I am looking forward to the golf outing and I hope to see many of you there. I am sure all you must remember that a few years ago, I won the closest to the pin contest and garnered a 50 dollar gift certificate. Here’s how it went down. Truth be told, my skills at golf a quite mediocre. The other members of my foursome were all regular practitioners of this ancient sport and demonstrating incredible skill as we wended our way around the course. I on the other hand was a total embarrassment and I believe it was painful for the others to witness. But then we arrived at the 16th

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UPCOMING EVENTS

ANNUAL MEETING & GOLF OUTING

June 22, 2021
Westchester Country Club
Rye, NY

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FROM THE EDITOR...
WEEKEND RAMBLE
PETER J. ACKER, MD

[This is a column from a few years ago]

Finding myself very tired of the long winter and its accompanying flu epidemic, I decided I needed a respite. A long weekend in Puerto Rico seemed like just the ticket. Not only were the weather reports quite favorable, it was also on my mind that spending some Yankee dollars in the hurricane ravaged island would be a good thing. Consequently, on my last day of work, I frantically scurried around trying to stay on time mindful of 7 PM flight. Luckily, the stars were aligned and my wife and I arrived at JFK with ample time to check our bag, go through security and have a preflight cocktail. Aah!

It was while waiting in the gate security line, that I began to shake of the franticness of my busy day, trying to complete all the myriad tasks that are a part of the primary caretaker's burden that could not wait until I got back after weekend: medication refills, returning patient phone calls, filling out forms and while mindful of my packed schedule. I took some nice easy breaths and thought about beach, pool and sun. Then, as it is wont to do, my mind began to wander as I looked around and observed other people around me, wonderingly idly where they were going, what their pre-vacation day had been like and other random thoughts.

As our line closer to the security personnel, it occurred to me how similar a primary care physician's job is. Just as the great majority of seeking to board an airplane pose no threat, most of the patients we see who are ill have commonplace, treatable illnesses. Similarly we also employ screening methods. The security agents use metal detectors and x-ray to screen the passengers and baggage, while pediatrician checks lead levels and STDs, the great majority of which are negative. The more serious cases usually do not present a diagnostic challenge, like the serious asthmatic or extreme trauma. It's the seriously ill patient who presents very subtly that keeps us pediatricians awake at night.

The trick for both the airport screener and the pediatrician is to be eternally vigilant, to treat each person as if they could be sneaking in with a bomb (airport screen) or with the early not obvious signs of a serious illness. We have to employ all our faculties, including intuition and close observation. I have been impressed with the thoroughness of Israeli security. They not only employ all the standard methods, but rely on brief interviews from experienced personnel who ask probing questions and look carefully for subtle signs of agitation or nervousness. Sometimes it is just feeling or hunch and there is the ever present uncertainty whether to act on it or not.

My mind continued to wander and I thought of a young four week old infant I saws years ago who had a rectal temperature of 100.2. This technically is not true fever. The baby appeared quite well on exam and my initial thought was to just stay in close touch with the mother and

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the State of New York



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STOP THE TRAIN

Elliot Barsh, MD

“Be as you wish to seem.” -Socrates

Hi everyone.

I hope you are feeling well and that this month’s newsletter finds you enthusiastic for summer.

Medical school teaches us to examine, research, and treat. We are trained to be invulnerable and leave our feelings, our “whole selves”, at the door.

At work we are rewarded for performance, and measured by outcome and output.

Where is our space work to ask ourselves, ***“How am I feeling?”***, ***“Who am I here?”***, or ***“Who do I want to be?”***

David Whyte, poet and author, says that, “to become invulnerable is to become something we are not.

To think that we can have power over all events and circumstances is an illusion.”

He challenges us to make work a ***“poetic space.”*** One where we can, ***“inhabit our vulnerability, without defenses.”***

A place where we can ***“do what we love to do be how we love to be.”***

Jerry Colonna, executive coach and author of Reboot, believes that, “we can bring our whole selves to work”.

He asks us to think about what we, ***“let work do to you and be for you?”***

Work does not have to be depleting and lead us down the path to burnout.

How we bring ourselves to work can make work life giving and affirming and help us grow to become the people we want to be.

Thanks for reading. (Don’t forget the poem at the end.)

Stay safe.

E

“If you think you’re burned out, you’re burned out, and if you don’t think you’re burned out you’re burned out. Everyone sits under the shade of that juniper tree, weeping, and whispering, “Enough.””

Burnout: Modern Affliction or Human Condition?

https://www.newyorker.com/magazine/2021/05/24/burnout-modern-affliction-or-human-condition?utm_source=onsite-share&utm_medium=email&utm_campaign=onsite-share&utm_brand=the-new-yorker

“We write our stories and become the characters we imagine ourselves to be.”

From The New York Times:

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<https://www.nytimes.com/2021/05/24/opinion/sunday/salman-rushdie-world-literature.html?smid=em-share>

“Our personal growth is a journey we take in solitude and in the company of others.”

Jerry Colonna-Can You Really Bring Your Whole Self To Work?

<https://open.spotify.com/episode/OC31drIfskAqwz08KoNpDf?si=c88cc428a9644ea4>

“Everything is waiting for you.”

David Whyte — The Conversational Nature of Reality

<https://onbeing.org/programs/david-whyte-the-conversational-nature-of-reality/>

“The job of a doctor in training is unspeakable.”

From The New York Times:

Doctors Are Human Too

A series of suicides in Australia shows we need to better understand the simmering distress among young doctors.

<https://www.nytimes.com/2017/04/21/opinion/doctors-are-human-too.html?smid=em-share>

“We don’t consider the unavoidable tension between human fallibility and the responsibility to care for people’s lives.”

From The New York Times:

My Human Doctor

Medical school teaches us to examine, to research, to treat. We don’t learn to err and recover.

<https://www.nytimes.com/2018/10/04/well/live/doctors-errors-apologies.html?smid=em-share>

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PRESIDENT'S MESSAGE
HOPING FOR BETTER TIMES!

PETER J. ACKER, MD

(Continued from page 1)

hole, a 180 yard par three. The others pulled out their irons, while I took out my driver. There were snickers all around –“he needs a driver for such a short distance, hee, hee” I was not deterred and simply took a full swing. The ball veered far to the left and I thought I would have yet another adventure in the deep rough, but then to all of our amazement it began to curve back to the hole and landed three feet from the pin! Here is to hoping that a miracle can happen twice!



FROM THE EDITOR...

WEEKEND RAMBLE

PETER J. ACKER, MD

(Continued from page 2)

reexamine if true fever developed. I then looked over at the mother and there was something in her facial expression that disquieted me. Finally, to make a long story short, I elected to admit the baby to the hospital and do a workup for sepsis. The father who was not there initially, intercepted me at the hospital and complained that he thought I was being way to aggressive. Then the nurse looked at me oddly when I told her of my plan to do a spinal tap. I began to question myself, but I was already committed. The spinal fluid appeared clear, but per protocol I started antibiotics pending cultures and I left the hospital. An hour later the lab called to say the spinal fluid had a small number of leukocytes. That evening the fever spiked and the spinal fluid grew out E. Coli. This was my first and only case of e. coli meningitis. I shuddered at the memory, remembering that I came close to sending the baby home.

My reverie was interrupted. “Sir, I need to see you identification and please place all the items in your pockets in the bin.....” Definitely need a vacation, I thought.



STOP THE TRAIN

Elliot Barsh, MD

(Continued from page 5)

Working Together

We shape our self
to fit this world

and by the world
are shaped again.

The visible
and the invisible

working together
in common cause,

to produce
the miraculous.

I am thinking of the way
the intangible air

passed at speed
round a shaped wing

easily
holds our weight.

So may we, in this life
trust

to those elements
we have yet to see

or imagine,
and look for the true

shape of our own self,
by forming it well

to the great
intangibles about us.

— David Whyte
from *The House of Belonging*
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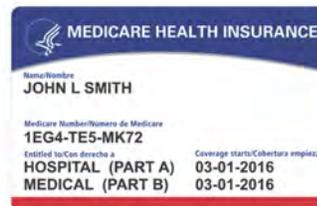


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A PHYSICIAN APPLIES TO LAW SCHOOL. HERE IS HER APPLICATION ESSAY.—Cathleen London, MD—Originally published on KevinMD.com April 7, 2021

I have been a physician for 26 years. I have been a fierce patient advocate throughout my entire career. It never occurred to me that physicians do not have the same rights of citizenship that the very patients I fight for do. I always thought I lived in a democracy. Medicine is not what it used to be. Articles relentlessly speak of physician burnout as though we are responsible for what is happening, but that could not be further from the truth. Other articles look for causes like the EHR (electronic health record). The problems are not the hours we put in – that we signed up for – starting with our third year of medical school, every physician got used to sleepless nights. Every physician has been through call and what post-call days feel like. Regardless of specialty, somewhere in training, there was sleep deprivation. That is not the source of burnout.

It is the progressive demoralization of our hard work to attain our degrees and position. We worked 80 to 100 hour weeks in training absorbing as much knowledge as we could because we knew we were responsible for someone's life, and after training, we would be the final person in charge. That responsibility weighed heavily on us. We wanted to make sure we were optimally prepared.

Meanwhile, businessmen and women invaded medicine. People with no training came along and decided to tell us what we could and could not do. Though we had years of training, these people, essentially practicing medicine without a license, following some arbitrary protocol on a screen in front of them, would deny the medications and procedures and referrals to colleagues, we, with our training, felt necessary.

Legislators have jumped in, practicing medicine without a license, and codified recommendations into law to add insult to injury. Thus creating an atmosphere of fear on top of the demoralization that has already occurred. Boards of Licensure in Medicine (BOLIM), feeling a need to “protect the public,” yield a heavy hand against any such infraction they can find. Mind you, no due process exists with licensing boards, and no one oversees them. What used to be a correction process has become so punitive and arbitrary that entire careers of good, caring physicians have been ruined. This is not burnout.

This is moral injury. This is the denigration of an entire profession. No other higher-level degree profession is put through this kind of scrutiny and questioned at every turn. Demoralization compounds when those who have been through BOLIM processes get dragged through the press – and when BOLIMs continue their onslaught and family ask what you did to deserve this – as though you had to do anything. Even physicians whose complaints are later dismissed find themselves branded when they apply for positions as this information is readily available.

When a BOLIM receives a complaint, they ‘investigate’ it. They act as investigative and adjudicatory arms. They are the investigator, jury, judge, and executioner. There is a huge amount of subjectivity to the process and personal animus is clear. Watching careers ruined has given me a new purpose. This is happening all through the country and needs to stop. Physicians are a balance of empathy and scientific inquiry – the persistent attacks are designed to kill – to demoralize, punish and drive physicians to harm. That makes these licensing boards not only operating outside the law but actually culpable. Driving physicians to suicide is murder. Misusing psychiatry, the press to achieve these ends, violating the right to privacy that everyone else in society has, violating the right to due process, all of these together make them arms of destruction, bodies of harm – not bodies of protection, and they should be held accountable for this harm.

To fix this will take a multi-pronged approach. We need to scrap the current State Boards of Licensure in Medicine and start over. Physicians deserve an open, fair process. We deserve to be innocent until proven guilty. Not every complaint deserves an answer. There needs to be screening. Lay people have no business being on these Boards as there often needs to be careful consideration of complex medical issues. Physicians, like every citizen, deserve due process. Too many physicians have been harmed.

My advocacy now needs to be for physicians, and to do that means I need to go to law school. I am ready for this next phase of my life. I grew up with my fists in the air – I have three older brothers (two of whom are attorneys by training), as is my father. My sons are grown and quite supportive of this next chapter; they, in fact, wonder what took me so long to consider law as a career. I bring my experience, dedication, work ethic, and medical expertise with me.



DEPARTMENT OF FINANCIAL SERVICES (DFS) ANNOUNCES LAUNCH OF “MENTAL HEALTH MATTERS”. NEW INITIATIVES WILL PROTECT PATIENTS WITH MENTAL HEALTH & SUBSTANCE USE DISORDER

For Mental Health Awareness month, DFS announced the launch of “Mental Health Matters,” a series of initiatives to ensure that patients who need mental health and substance use disorder services are not discriminated against when seeking coverage under their health insurance policies. These include a new regulation to protect patients from provider directory misinformation and a comprehensive review of insurers for compliance with parity.

As noted in the DFS press release, every year, more than 1 in 5 New Yorkers has symptoms of a mental health or substance use disorder. Several studies have shown that the ongoing COVID-19 pandemic has worsened mental health and substance use disorders, especially for people of color and low-income New Yorkers. In response, DFS has proposed the following:

- *Regulation to Protect Consumers from Provider Directory Misinformation:* DFS will propose a regulation requiring insurers to hold patients harmless when the insurer’s provider directory lists a provider as participating in an insurer’s network when the provider does not in fact participate in the insurer’s network. Access to providers of mental health and substance use disorder services is especially important now when so many New Yorkers are struggling with mental health issues due to the COVID-19 pandemic.
- *Up-Front Review of Cost-Sharing:* Before policies are sold to New Yorkers, DFS is requiring insurers to prove that those policies meet parity requirements that protect patients from being unfairly charged higher copayments or coinsurance for mental health and substance use disorder benefits than for medical benefits.
- *Comprehensive Review of Biennial Parity Reports:* DFS will initiate a comprehensive review of insurers for parity compliance based on reports from insurers, which are due in July 2021. DFS will also investigate any potential parity violations, including cost-sharing requirements, rates of medical necessity denials and approvals of services, as well as the number and type of mental health and substance use disorder providers who are in network.

New York law requires insurers to cover mental

health and substance use disorder treatments. In addition, under Federal and State law, health insurers must cover care for mental health and substance use disorders at the same level as other health conditions. These “parity” requirements ensure that mental health and substance use disorder services are readily accessed by New Yorkers.

Last year, DFS issued comprehensive regulations which requires insurers to establish parity compliance programs. The regulation strengthens insurers’ obligations under State and Federal law to provide comparable coverage for mental health and substance use disorder treatment. DFS has instructed insurers that they must be in compliance with the regulation by the end of 2021.

MSSNY, working together with the New York State Psychiatric Association and other specialty societies, will monitor the rollout of these important new policies and provide additional details as they are available. Click here: [Mental Health Matters](#) to read the DFS press lease.

(CARY)



NYS LEGISLATURE APPROVES BILLS TO EXPAND MEDICATION ASSISTED TREATMENT

The Legislature passed multiple bills this week to expand the availability and coverage of medication assisted treatment (MAT) to assist New Yorkers suffering from substance use disorder. The first bill (S.1795, Bailey/A.533, Rosenthal) would establish programs allowing for the use of MAT for inmates in state and county correctional facilities. Presently, New York State prisons do not currently have extensive MAT programs, despite more than half of the incarcerated population being diagnosed with a substance use disorder.

With a large number of previously incarcerated individuals overdosing upon release from correctional facilities, it is essential that they are provided with treatment to overcome their addictions while in prison and jail. The second bill (S.649, Harckham/A.2030, Rosenthal) would require the Medicaid program to cover whichever MAT medication is most beneficial to the patient without prior authorization. Similar requirements exist for commercial health insurance plans.

The Medical Society of the State of New York supported both of these measures. **(CLANCY)**



LEGISLATURE PASSES BILL TO RESTRICT MID-YEAR FORMULARY CHANGES; MSSNY CONTINUES TO ADVOCATE FOR OTHER NEEDED HEALTH INSURER REFORM LEGISLATION

This week the Assembly passed legislation (A.4668, People-Stokes) which would significantly limit the ability of health insurers to move medications to higher cost-sharing tiers for their prescription drug formularies during a policy year. The legislation has been revised from the version that passed both Houses 2 years ago, but vetoed by the Governor, to address concerns that had been raised in the veto message. In particular, the legislation now would prohibit the applicability of a mid-year formulary change to a patient who was on the medication at the beginning of the policy year, or suffers from a condition for which the medication is part of a treatment regimen for that condition. Other mid-year formulary changes could still occur. The same -as bill (S.4111, Breslin) passed the Senate earlier this Session.

With only 2 weeks left in the Legislative Session, MSSNY continues to work together with several patient and physician advocacy groups in support of several other pieces of legislation advancing in one or both Houses to address health insurer practices that adversely impact the ability of patients to receive the care and medications they need. Among these bills include:

- **1741/S.5299** – would enable third party financial assistance programs to count towards patients' deductible and out of pocket maximum requirements. Passed Senate and on Assembly floor.
- **4177/S.2528** – would provide needed due process protections for physicians whose network participation contract has been unilaterally non-renewed by an insurance company. On Assembly and Senate floor.
- **7129/S.6435-A** – would enact a number of reforms to address prior authorization hassles including limiting the ability of a health insurer to require a physician and patient to repeat a previously obtained prior authorization. On Senate floor and Assembly Insurance Committee
- **6256/S.5055** – would require parity in payment for delivery of care via telehealth as compared to delivery of care in person. On Senate floor and Assembly Insurance Committee.

(AUSTER, CARY)

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Westchester Academy of Medicine 2021 Golf Outing & Fundraiser

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Registration, Driving Range & Halfway House Lunch
Tee times will vary based on COVID restrictions at the time of the event
Golf Format: Scramble
6:00 PM—Annual Meeting Dinner

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

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ANNUAL MEETING AND GOLF OUTING
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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.

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MSSNY Announces two NEW Podcasts on COVID-19

★ A Discussion on COVID Vaccine for Patients ★

MSSNY President, Dr. Bonnie Litvack, President-elect, Dr. Joseph Sellers and Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discuss vaccines currently available for COVID-19 and answer many questions patients may have about the vaccines.

★ How to Talk to Patients About Vaccine Hesitancy ★

Dr. William Valenti, Chair of MSSNY’s Committee on Infectious Diseases discusses the history of vaccine hesitancy and offers sage advice to listeners on talking to vaccine hesitant patients.

★★The additions of these podcasts marks 100 podcasts published on the MSSNY Podcast website!★★



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