



WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE ON CALL

My workweek is split between days in the operating room and days in the office. On my operating days, I have one typical routine and on my office days I have another. It works for me and I am generally content, as I know what to expect. As with many of you, I am sure having the right expectations about the upcoming day is important to having a good day. Then there is “call.” For me, this usually involves a patient in the emergency room or admitted to the hospital. While taking call is a fundamental part of my job, it can be very disruptive to the day. It is easier if I am already in the hospital. But what if I am in my office? In a meeting or another hospital? If it is a true emergency, I have to stop what I am doing and cancel a half-day of patients to take care of a sick patient. I have to deal with the challenges this can sometimes present and it is just part of the job.

As times are changing, many hospitals are having difficulty finding certain specialists to take call – precisely for the reasons above. I recently had a conversation with a colleague who practices neurology. She was telling me that since she stopped taking call, her monthly collections have actually increased. She has been able to focus on her outpatient practice and increase her outpatient volume because she no longer had to cancel patients at the last minute, or ‘block out’ time just to give extra time for call. If reimbursement and quality of life both improve without taking call, why would a provider want to? Our individual practice patterns and reimbursement models, such as collections or an RVU based system, can impact how we prioritize our day. Certainly patient care is first, but we cannot ignore these other factors.

As hospitals are trying to address challenges such as relative physician shortages in certain specialties, they have turned to newer options like telemedicine. It is becoming more common in fields like neurology to have emergent consultations by a physician on a screen. It can be very valuable in certain situations like a stroke, particularly during night and weekend hours. While the numbers are still small overall, there is a clear increasing trend in the use of telemedicine – ranging from outpatient care to ICU level care, and this is happening right here in our own county.

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

PETER J. ACKER, MD
Editor

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FROM THE EDITOR...**PETER J. ACKER, MD****PEDIATRIC MUSINGS**

As physicians, we tend to remember the dramatic and unusual, the great pickup. It is very satisfying to recognize the subtle signs of an oncoming potentially serious illness and to intervene. In my field, primary care pediatrics, I see a large volume of patients who have self-limiting illnesses that most likely would run its course without my ministrations. Yet it is important work, since hiding among the throngs, like a wolf in sheep's clothing, is that rare incipient serious life threatening illness. Part of the art and skill of the primary doctor is to not become complacent and be ever alert, like an airport security agent never knowing who may be concealing a weapon.

I sometimes joke when my wife calls while I'm at work, "Sorry honey, can't talk too long, busy saving lives." But here's the truth – I am saving lives every day – I refer to the fact that I give vaccinations. I spend considerable amounts of time counseling recalcitrant parents who are "vaccine hesitant". It is, in my opinion, time well spent. There is a distinct learning curve in offering this sort of counseling. The aggressive, direct approach is rarely successful. This is where the fact we see our patients repeatedly for minor illness allows us to develop a relationship of trust which yields dividends in our ability to convince them to vaccinate.

The recent upsurge of Acute Flaccid Myelitis is reminiscent of the community fear of polio in the pre-vaccination era. I am old enough to remember the sense of panic in the summer when polio was around. Of course, vaccinations have virtually eliminated that threat. It also illustrates the need for vigilance on the part of the primary care doc since it starts looking just like the mild viral illnesses that fill our schedules day after day, before it shows its true colors as a serious paralytic illness.

Speaking of my age, I have reached that stage of my career as a pediatrician, where I now am taking care of a number of babies in which the mother or the father were previously patients of mine. It is quite satisfying to see in my office three generations – the grand parents who I have known for years, the parent who I have watched grow and the newborn. These visits, of course, turn my schedule on its ear as we spend far too much time reminiscing.

Recently, I started taking care of such a baby, the mother having been my patient. At the two month checkup as per routine, administered the appropriate shots which included the one against rotavirus. As always, we handed out a sheet of paper with a description of the vaccine and what to look out for. One of the very rare associations with this vaccine is the development of intussusception within a few days. I was startled few days later to learn that in the middle of the night they had rushed their ailing baby to the Maria Farrari Childrens Hospital for projectile

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Maggie B. Smith
Senior Wealth Strategy Associate
maggie.smith@ubs.com

Edward A. Bugniazet
Financial Advisor
ed.bugniazet@ubs.com

Gary J. Raniolo II
Senior Wealth Strategy Associate
gary.raniolo@ubs.com

Jennifer Galli
Client Service Associate
jennifer.galli@ubs.com

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2018-2019

January 10

February 7

March 7

April 4

May 9



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**Would like to wish our members, family, friends
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all of you and hope for a Happy Healthy New
Year!**

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THE BUSINESS OF MEDICINE THE TRUTH ABOUT PRESS GANEY

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

You scored in the bottom 30% of doctors in a national ranking survey. How is this possible since almost all your patients love you and you have an insanely busy practice? Most of your patients come from referrals from other patients so how can you be so poorly rated? One answer is from the survey itself. Namely, what questions are being asked, who is completing the surveys, and who are you being compared to. However, the real answer is that the study was probably not significant and random chance generated erroneous data giving you an inaccurate low rating.

The people at Press Ganey state if less than 30 surveys are being evaluated, they will not stand behind statistical significance of the results. (<http://epmonthly.com/article/227-seven-things-you-may-not-know-about-press-ganey-statistics/>) They do not state that more than 30 surveys do make a significant study, but if you have less than 30 completed surveys throw the results out. Don't even look at it. It is garbage.

We are scientists and we must hold ourselves to scientific standards. If you see 1,000 patients, how many patients do you need to complete the survey to be statistically significant? According to statisticians at survey monkey, you need to have 285 completed surveys to have a margin of error +/- 5%. You can get 90 surveys if you are satisfied with a margin of error of +/- 10%. Fewer than this minimum number of surveys completed are not statistically valid so should not even be considered. (https://help.surveymonkey.com/articles/en_US/kb/How-many-respondents-do-I-need)

If you practice in New York, you are held to a higher standard than those practicing in the Midwest. New Yorkers are high-demand patients and demand to be catered to more than a farmer from Iowa. Expectations are different. Studies have shown that New Yorkers are "grumpier" than people from other parts of the country. A Press Ganey study done in 2011 showed that New York

patients were 10% less likely to recommend their doctor than patients from New England states.

Dennis Kaltenberg, chief science officer for Press Ganey, says it's unclear why survey responses vary so much by region but does confirm that surveys done in New York are lower than the rest of the country. (<https://www.healthleadersmedia.com/strategy/patient-experience-scores-skew-region-providers-say?page=0%2C1>). This means if you want to compare Press Ganey survey results to other doctors, you must do a local comparison to New York doctors and not to the rest of the U.S.

Focusing on getting better survey results in increased healthcare costs and inappropriate use of healthcare resources. If a patient wants an MRI and you tell them it is not needed, they will be upset with you and give you lower survey scores. The same is true for patients seeking pain medications. If you don't give a drug-seeker their opioids you are guaranteed a bad survey result.

Forbes published an article, "Why Rating Your Doctor is Bad for Your Health," (<https://www.forbes.com/sites/kaifalkenberg/2013/01/02/why-rating-your-doctor-is-bad-for-your-health/#7839443d33c5>). They found that doctors will "overprescribe and overtest" just to get high ratings on the survey. Patients are more satisfied with more tests and stronger medicines even though they may not be getting the right medical treatment. In fact, the Press Ganey survey does not evaluate medical results at all. Getting appropriate medical treatment or patients getting better has **NOTHING** to do with Press Ganey scores.

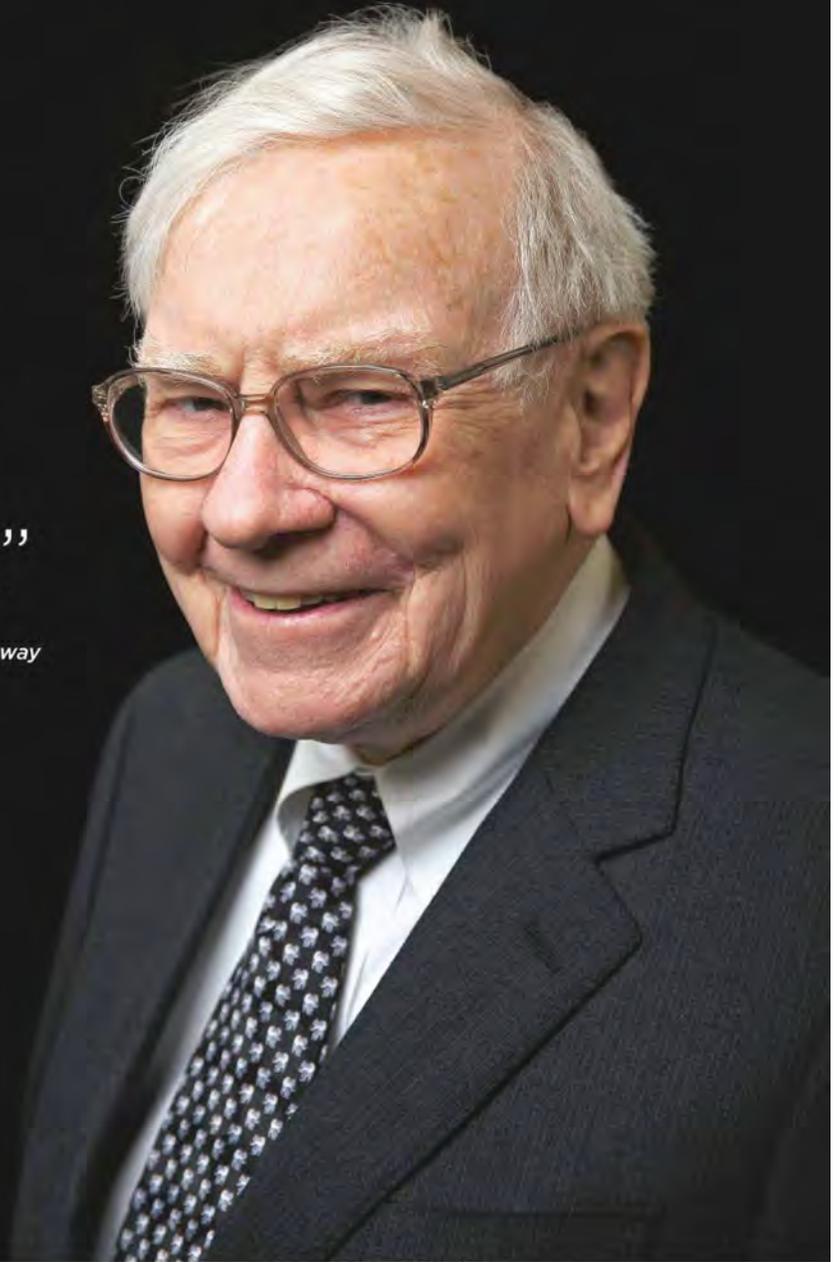
An important question is who fills out surveys? Patients dissatisfied with their treatment are much more likely to complete a survey. As with social media, people view these surveys as an anonymous opportunity to voice their complaints. The average person who is satisfied will choose to not waste time filling out the survey. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4972948/>)

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THE BUSINESS OF MEDICINE THE TRUTH ABOUT PRESS GANEY

Rick Weinstein, MD, MBA
Director Orthopedic Surgery Westchester
Sport & Spine at White Plains Hospital Center
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I do believe that we need to continue getting better as physicians not only in our medical treatment but also in making patients happy. We can all communicate better. Our staff can be nicer at times. However, the real test we need to be doing is looking at our clinical results. Are your patients getting better compared to other doctors? Patient satisfaction is important but in America with a free-market economy, patients will go to the doctors with better reputations and better published **medical** results.

So if you are only concerned with getting excellent Press Ganey results on patient surveys, give the patients whatever they ask for whether it is medically appropriate or not. Get as many patients to fill out the survey as possible. Oh, and move your practice to Minneapolis.



FROM THE EDITOR...

PETER J. ACKER, MD

PEDIATRIC MUSINGS

(Continued from page 2)

for projectile vomiting. In the ER, pyloric stenosis was suspected and an ultrasound was done revealing a normal pylorus but with incidental finding of an intussusception! It was successfully reduced and the baby is doing fine, but a harrowing experience for all.

Then, in the type of juxtaposition that seems to defy statistical probability in a pediatric practice, I saw a new patient who was 15 months old. In taking the past medical history, I learned that the baby had been hospitalized while visiting Russia (their native country) with severe rotavirus and had almost died. I reviewed the immunizations from the previous clinic and saw that the child had received all the vaccinations except the one for rotavirus. I looked up at the parents. "Yes, doctor, he didn't get it, hence our

switch to you."

It was a stunning back to back illustration of the rare risks of vaccination, but the very real potential consequences of not vaccinating. This job is never boring.



PRESIDENT'S MESSAGE ON CALL

(Continued from page 1)

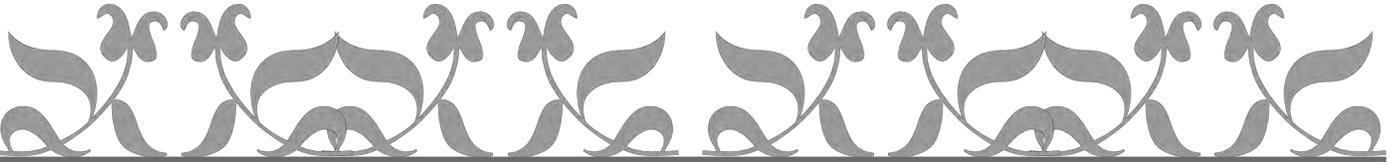
Telemedicine is part of the evolution of medicine. As is often the case with things that are novel, I meet this with a mix of skepticism while also seeing the potential value. How do I feel about performing neurosurgery in a hospital without an in-house neurologist or intensivist? What will follow-up be like? Will there be more work for me? What happens if I can no longer have a "face to face" conversation – in person? Some studies have shown quick access to a physician as well as physician access to a wealth of clinical information afforded by telemedicine has improved outcomes in ICUs, for example. But at this point in time, I am far from comfortable with the idea of telemedicine in certain settings. For critical things, just as it is important for me to be at the bedside face to face with a patient, I feel that it's important to be able to communicate face to face with other critical specialists and have him or her at the bedside. I do recognize, however, that in a decade or two, telemedicine may be the new normal in certain settings. As with all progress and change, routines and norms will change, and we all evolve and adjust.

"The Only Thing That Is Constant Is Change" - Heraclitus



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Annual Holiday Party 2018



The Westchester Academy of Medicine and The Westchester County Medical Society held its Annual Holiday Party on Friday, November 30th at the C.V. Rich Mansion in White Plains. About 100 members and their guests enjoyed great food, conversation and fellowship. The Academy and Society would like to thank the following for their generous support of this event and our educational activities:

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Holiday Party Highlights...



Drs. Marshal Peris; William Zurhellen & Omar Syed



Drs. Peter Liebert & Thomas Lee



Dr. Andrew Kleinman & Noela Kleinman



Noela Kleinman; Mary Ellen Pilkington; Dr. Karen Pechman; Dr. Antonella Tartaglia



Drs. Tancredi Abenavoli & Luciano DeMarco and Elaine DeMarco



Dr. Joseph Tartaglia; Alexandra Tartaglia & Nicole Baschinsky

Westchester Academy of Medicine & New York Medical College

On Wednesday, December 5, the WAM sponsored a Member Wine Tasting with the Medical Students at New York Medical College. The event, held at the Basic Science Building on the New York Medical College campus, was attended by over 50 medical students and WAM doctors and guests.

Our own vintners, Dr. Joseph Tartaglia, President WAM; Paul Gerardi, MD; Tancredi Abenavoli, MD and Ameet Goyal, MD brought their own wines for the guests to sample and explained the wine making process. The event was sponsored by the Westchester Academy of Medicine.

The students enjoyed meeting the physicians and talking to them about their specialties. The Westchester Academy of Medicine would like to thank the student organizers for all their help with planning and executing such a successful evening, and NYMC for hosting the event.



L: Joseph Tartaglia, MD with Med Students

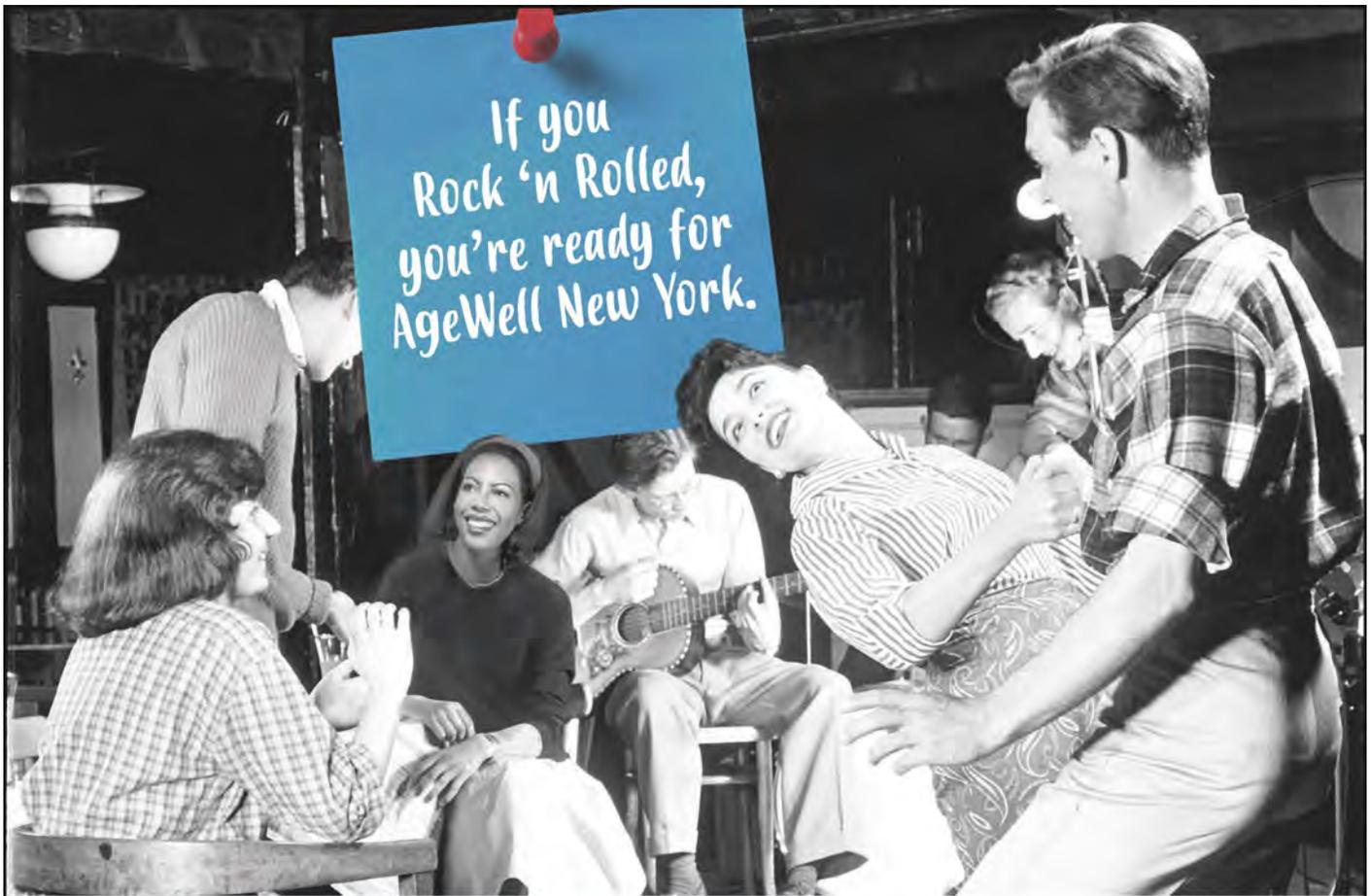
R: Drs. Gerardi, Abenavoli, Goyal & Tartaglia



L: Drs. Tom Lee and Robert Lerner with Med Student Boyi Li

R: Dr. Tartaglia & Med Students





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STOP THE TRAIN

Elliot Barsh, MD

Vulnerability is something we hear about and/or think about often.

By definition, it is when someone is capable or susceptible to being wounded or hurt. Brene Brown describes vulnerability as the core of all emotions. It is where we “struggle for worthiness.”

It is hard to allow ourselves to be vulnerable and easy to numb ourselves to feeling it. Our medical training teaches us how to “stitch” ourselves into being all-knowing and powerful. It teaches us to feel invincible. Illness has its own power over us. We feel alone and afraid. It becomes easier to be defensive and angry. I look at medical training and illness like dark magic! They make a person, a courageous, compassionate and authentic person disappear.

Now put the invincible provider together with the defended patient. What happens next? This is part of the problem with health care today. Providers and patients are having a similar experience. At a time when a human connection is needed the most, it is not there!

So how can we transform what is happening now from a simple transaction into the relationships we need?

Let’s ask ourselves, how can we...

...create a safe and courageous space where our vulnerabilities can meet and we can share our limitations?

...feel comfortable being present together with compassion for each other and ourselves?

...allow a patient to go to where they are afraid, and go there with them?

...see and understand each other?

...awaken our authentic selves and begin healing?

...come out of this space together?

Thank you for your time and interest.

Elliot

Pediatrics

Director of Patient Experience, the Mount Sinai Health System at CareMount Medical



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WCMS/WAM ANNUAL MEETING

THURSDAY, JUNE 13, 2018

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.