



WESTCHESTER PHYSICIAN

February 2020

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PRESIDENT'S MESSAGE

DOCTORS WAKE UP: WE ARE EITHER AT THE TABLE ON MARCH 4TH OR WE ARE ON THE MENU

As physicians, we have been trained to keep the best interest of others at heart during our professional encounters. We, therefore, may falsely assume that others are similarly motivated in such an altruistic manner. This can lead us to be passive in issues that relate to our own personal and professional safety. Every few years, a matter requiring us to wake up from our slumber is thrust upon this. Such a situation is currently occurring in Albany.

Governor Cuomo's Proposed 2020 Budget unveiled on January 4th contains a proposal to expand the powers of the Office of Professional Medical Conduct (OPMC) and the NYS Commissioner of Health in physician disciplinary matters. The proposal would allow OPMC and Department of Health to publicize allegations filed against a physician prior to the completion of a full and adequate investigation. Such an action would strip a physician of the due process guaranteed to other professionals under New York State law. This would enable "The Media" to act as judge, jury and executioner on all complaints filed against a physician. A physician's entire career and professional standing could be ruined by a single disgruntled individual. This could be a patient who did not like the terms of their co-pay or deductible; a former employee who felt that they were wrongfully dismissed; or any other party looking to blackmail a physician. It makes a physician an easy target against which we would have little defense.

The leadership of the Westchester County Medical Society and the Medical Society of the State of New York have been working with the governor's office, the Commissioner of Health and our local legislators to register our concern and strong opposition to this proposal. In addition, many concerned physicians throughout the state have voiced their opposition through written letters and emails to

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DANIEL GOLD, MD
President, WCMS

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UPCOMING EVENTS

MSSNY Physician Advocacy Day
Wednesday, March 4, 2020
Albany, NY

MSSNY House of Delegates
April 24-26, 2020
Tarrytown, NY

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FROM THE EDITOR...

PETER J. ACKER, MD
THE TIMES



Long time readers of my column (and I hope there are a few of you out there!) know about my attachment to the New York Times. There are many reasons for this. First of all, the quality of the writing is top notch. Articles are detailed, organized and comprehensive. Secondly, while the main focus is on the news of the day, it casts a very wide net, extending their purview to all kinds of obscure corners of our global and daily life. I have joked in the past to my long suffering family that I need that quiet time in the morning to peruse the paper in order to be prepared to answer any queries from my patients alarmed at some new development in the medical world. I am reminded of a cartoon in the New Yorker many years ago by the venerable cartoonist George Price of a man sitting among a squalor of kids, animals and the detritus of poverty looking up from the horse racing form he is reading and saying to his wife "I'm only trying to earn a little money for you and the kids."

All kidding aside, though, I quite often will run across an article that is quite relevant to the overarching purview of my profession: the health of all children. The other day I was struck (perhaps a poor choice of a verb) by an article on February 10 entitled "City May Seize Cars of Reckless Drivers Who Fail to Take Safety Course." The first sentence of the article described a Brooklyn driver with an accumulation of 8 violations for speeding or running a red light, who killed a 5 year old girl and 1 year old boy with his vehicle. It went on to describe the scope of the problem and noted that a disproportionate number of pedestrian fatalities were caused by the 1 % of drivers who had had multiple violations. As Amy Cohen, a founder of Families for Safe Streets, an advocacy group stated, "We have a silent killer, an epidemic that is preventable, that people don't recognize." If the same number of New York City fatalities were the result of say a novel corona virus, there would widespread panic and a public clamoring for the government to solve the problem. Of course, it is human nature to fear disproportionately the obscure rather than the commonplace no matter what the statistics say.

New York City has over the years installed an increasing number of cameras that detect both speeding and running red lights which has resulted in a few drivers having the lion's share of violations. Now the city is proposing to put muscle behind this and actually take the cars away from drivers who have multiple violations. From my perspective as an advocate for the health of children it makes imminent sense to take the main perpetrators this epidemic off the streets. Not all agree as was pointed

"(Continued on page 11)"



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STOP THE TRAIN

Elliot Barsh, MD

“I always liked myself better for what I could be than for what I was-especially when it came to my body”

-Lauren Covalucci

We talk to our patients about their health, and sometimes about their bodies, but do we ever talk to them about their **body image**?

Our body image is our perception of our physical self, and the thoughts and feelings which result from our perception.

All genders are objectified and sexualized. Historically, the female body had to be thin, and the male body had to be muscular.

For women, the suppression of food was equivalent to the control of desire, with anorexia representing “purity.” For men, being rugged was replaced by muscularity as a sign of masculinity. During the AIDS epidemic, when so many men were cachectic and dying, being muscular was a sign of health and well being.

How we feel about our bodies are influenced by age, gender, sexual orientation, ethnicity, peer group, family, geography, history of trauma, as well as our medical and mental health.

We know that a negative body image is a risk factor for the development of eating disorders and body dysmorphic disorder.

How can we screen for screen for a negative body image while we try to help foster a positive body image and self-esteem?

According to HMS psychologist Roberto Olivardia, we can start by asking on simple question...

“What do you love or like about your body?”

This one positive question can get our patients to create a new experience for themselves. According to the principles of appreciative inquiry, asking a positive question like this one creates a positive present. As it creates a positive moment, it starts the process of changing how we think and feel, about our bodies, and ourselves. What we focus on grows.

When we focus on what is positive, and what we like about ourselves and our bodies, we have hope, seeing possibilities instead of problems.

Thanks for reading.

Enjoy the links (especially the last one).

E

How can we help our patients not, “feel as little as possible.”

From The New York Times:

The Unhealthy Math of Skinny + Pretty = Good

A young woman struggling with an eating disorder tries to shift from self-loathing to self-loving.

<https://www.nytimes.com/2020/02/07/style/the-unhealthy-math-of-skinny-pretty-good.html>

Our children, teenagers, and college students are all at risk for developing a negative body image.

From The New York Times:

Attention, Teenagers: Nobody Really Looks Like That
Many adolescents use risky products to try to make their bodies more masculine or more feminine, a new study finds.

[//well.blogs.nytimes.com/2016/08/01/attention-teenagers-nobody-really-looks-like-that/](https://well.blogs.nytimes.com/2016/08/01/attention-teenagers-nobody-really-looks-like-that/)

Now men have to be “fat-free and chiseled!”

From The New York Times:

Muscular Body Image Lures Boys Into Gym, and Obsession

It is not just girls these days who are consumed by an unattainable body image. Many boys have begun to take unhealthy measures to reshape their bodies.

<https://www.nytimes.com/2012/11/19/health/teenage-boys-worried-about-body-image-take-risks.html>

Barbie and G.I. Joe are so much more than the toys we think they are.

From The New York Times:

BODY AND IMAGE; One Size Definitely Does Not Fit All

<https://www.nytimes.com/2003/06/22/health/body-and-image-one-size-definitely-does-not-fit-all.html>

From The New York Times:

Drugs, Sports, Body Image And G.I. Joe

<https://www.nytimes.com/1998/12/22/science/drugs-sports-body-image-and-gi-joe.html>

(Continued on page 11)



MSSNY'S ANNUAL PHYSICIAN ADVOCACY DAY

WEDNESDAY, MARCH 4TH, 2020
LEWIS SWYER THEATER
"THE EGG," ALBANY'S EMPIRE PLAZA
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Join your colleagues from all around New York State to speak with your legislators and communicate the right health policy solutions for you and your patients!

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

PRIORITY ISSUES:

- Oppose cuts to Medicaid
- Discuss health concerns with legalizing recreational marijuana
- Reject Unfair Professional Discipline changes
- Reducing prior auth hassles
- Rejecting burdensome mandates
- Shape the discussion surrounding Single Payor Healthcare
- Preserving opportunities for NY's medical students and residents

For More Information Contact:

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SOME SATIRE FOR A GOOD LAUGH...

ONE-DIMENSIONAL CHIROPRACTIC ANATOMIST ONLY DISSECTS VERTEBRAL ARTERIES—By Naan Detheraal—Originally published on Gomerblog.com

Norfolk, NE— Kim Strokemaker was only 3 months into her chiropractic training when she performed her first vertebral artery dissection. “As soon as I cracked his neck, the customer’s entire body relaxed. It was clear I had alleviated all of his pain as well as most of his motor and sensory function.”

“I wanted to do nothing but vertebral artery dissections, I was in love with that specific anatomic region and wanted to dissect vertebral arteries full time!”

“Then I can dissect this artery... maybe its a nerve, but I could probably dissect it too.”

Later that day she did some thorough internet research and made a shocking discovery, “Google couldn’t find a single chiropractic anatomist, I knew right then that I could be the first!”

She set her mind to that goal and worked at it for the entire remaining 27 months of her chiropractic training.

While thousands of chiropractors perform vertebral artery dissections across the country every year, very few lack specific expertise in that area like Strokemaker has.

“Any chiropractor can dissect a vertebral artery and many do every day.” Strokemaker explained, “but I’m an expert in the field. After I dissect a patient’s vertebral artery, they feel like they’ve died and gone to heaven. Some actually have!”



IT DEPARTMENT TO DESIGN NEW, CREATIVE WAYS TO LOCK YOU OUT OF YOUR EMR ACCOUNT—By Livin La Vida Locum MD—Originally published on Gomerblog.com

Regional Samaritan Hospital; Kearney NE. After a long meeting of the IT department at RSH, Jay Koh, VP of Information Technology announced that new and creative ways of locking practitioners out of their EMR accounts are coming soon.

Elaborated, Jay Koh: “Our present schemes are clever, cruel and inflict meaningful annoyance to all EMR users. I mean locking you out after three unsuccessful attempts or forcing you to change passwords every week is solid. Requiring passwords with 12 unique characters, none of which is a vowel was brilliant. And the guy who decided to make you to use a different password for each of the 5 different applications got a raise. Did I mentioned that they all reset at different times? No, you may not use the same password from 10 years ago!”

However, continued Jay Koh, “We can do more. We can create more frustration. We can drive you into pure agony and torment as you get locked out at the start of your shift. We can make you utter expletives you didn’t even know existed while you’re on hold trying to reset you password. We can make you question the decency of the human institutions as you lose access during a code. Yes we can!”

While the full plan is still congealing, the IT people hinted at such intriguing ideas as permanently fixing keyboards in caps, requiring passwords to contain 85 characters, locking out after a single unsuccessful attempt or just using the middle finger emoji instead of a lock out message. Speculations floated that IT could get even more creative by moving the IT help desk to a country where no English is spoken. By the way, if you think that IT people sometimes change your password just to mess with you, you’re NOT incorrect.

At the time of the announcement ANA estimates that 15-20% of a nurse’s time is spent on logging in and resetting and updating passwords.





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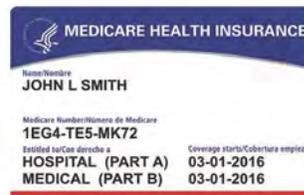
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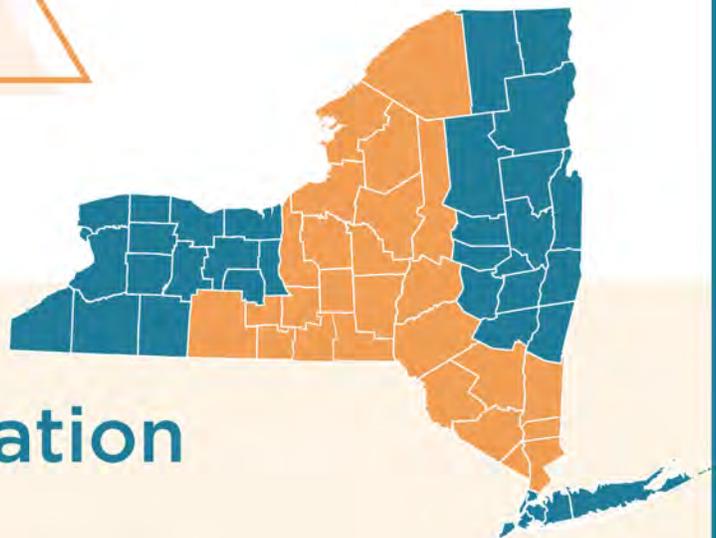
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THE BUSINESS OF MEDICINE

NAKED PATIENTS

Rick Weinstein, MD, MBA

Director Orthopedic Surgery Westchester Sport& Spine at White Plains Hospital Center

I am not a urologist nor am I a gynecologist. I am an orthopedic surgeon. When I am performing surgery on my patients, I don't want to see their private parts. However, it seems that many nurses are trained that patients need to be naked for surgery. Bad as it is for me or the OR staff to deal with unnecessary nudity, it is worse for our patients. They are nervous about their surgery and now they have to worry about their junk hanging out. They tell me they are embarrassed. Why are they being stripped of their clothes and dignity?

Maybe some nurse thought that during a 15-minute knee arthroscopy, we may need emergency access to the patient's urethra. Maybe a supervising nurse instructed them that it is hospital policy that patients cannot have underwear. I don't know where this fallacy originated.

I had spoken to several of the nurses in pre-op for months to no avail. Apparently I am breaking what many considered policy even though nobody could find this policy in writing.

How do you get people to think logically and stop simply doing what they are told when it makes no sense and actually makes conditions worse for patients? Talking to the nurses directly did not correct the problem. Talking to supervisors was another brick wall. Then I found the solution.

Our hospital implemented Midas recently which I was told could be used to report any problem in the hospital. I filed a report on line in less than 5 minutes; my concerns were addressed immediately. The head nurse came and spoke with me directly. She told me they would change the policy for my patients. I was very pleased with the timely response; however, this was not to be applied to all the appropriate patients but just my patients. Midas is an administrative tool that requires someone in administration to give a written response and resolution.

We need to use the tools that are available to us to make changes. We are not living in times where we

can give suggestions to nurses or administration that will be followed simply because they make sense or benefit patients. I am not the kind of person who sees something that is wrong and simply says, "oh well, that's the way it is." Too many of us give up and accept what is not right. Please stand up for your patients and don't be afraid to stand up for yourself.

By the way, my last patient today was a knee scope and had no underwear on. Oh well, that's the way the ball bounces. Another Midas?



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FROM THE EDITOR...

PETER J. ACKER, MD

THE TIMES

(Continued from page 2)

out in the article. It quoted one gentleman in Brooklyn “it’s too much. This will just build another layer of resentment in our drivers that pushes people to leave the city.” It’s interesting to compare it to the contretemps that have arisen from the recent elimination of bail for nonviolent offenders. To my mind, the public safety is threatened far more by allowing a reckless driver to return to the streets, than say someone arrested for shop lifting.

Traffic cameras have been used worldwide and have clearly been demonstrated in numerous studies to lower the incidence of fatal crashes. Yet in this country, the debate rages on. A spokesman for the National Motorists Association which is opposed to traffic camera stated “It’s unconstitutional.” Others complain about the infringement of our rights. Seven states, including New Jersey, have banned the use of the speed or red light cameras. I would argue what about the rights of a child to live in an environment in which there is less risk of being killed or injured?

I would love the opinions of my fellow physicians. Email me at peter.acker411@gmail.com.



STOP THE TRAIN

Elliot Barsh, MD

(Continued from page 4)

Can a woman athlete be a confident player that is proud of her body?

From The New York Times:
Tennis’s Top Women Balance Body Image With Ambition

Issues over self-acceptance among female tennis players persist, compelling many of them to avoid bulking up.

<https://www.nytimes.com/2015/07/11/sports/tennis/tennis-top-women-balance-body-image-with-quest-for-success.html>

From The New York Times:
The Obscenity of Curves
Oversexualizing female athletes is dangerous.
<https://www.nytimes.com/2019/09/14/opinion/swimsuit-rules-body-image.html>

Here is a great handout for us to use in our

office and give to our patients.

<https://blogs.psychcentral.com/weightless/2009/11/7-signs-your-body-image-is-bruised-and-5-solutions/>

The Stones said it best.

<https://open.spotify.com/track/2PzU4IB8Dr6mxV3lHuaG34?si=imViGozfTmCa5IcOBBP5zg>



PRESIDENT’S MESSAGE

DOCTORS WAKE UP: WE ARE EITHER AT THE TABLE ON MARCH 4TH OR WE ARE ON THE MENU

(Continued from page 1)

members of state government. Unfortunately, these efforts may not be enough to protect all physicians in New York from this disastrous plan.

The voice and power of NYS Physicians are strongest when we are united. We have an opportunity on March 4 to join our fellow physicians in Albany to meet face to face with our legislators and voice opposition to this proposal. We can no longer rely on others to protect us and must make the effort to speak up for ourselves.

In addition other issues to be addressed on March 4th include:

- Oppose cuts to Medicaid
- Discuss health concerns with legalizing recreational marijuana
- Reducing prior auth hassles
- Rejecting burdensome mandates
- Shape the discussion surrounding Single Payor Healthcare
- Preserving opportunities for NY’s medical students and residents



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Westchester Science and Engineering Fair

A Regeneron- ISEF affiliated fair

Sleepy Hollow High School

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Saturday, March 21, 2020

We are looking for JUDGES to help at our regional science fair.

Professionals in all fields of Science are needed to lend expertise and advice in selecting the top regional high school science students to represent Westchester and Putnam counties at the Intel® International Science and Engineering Fair. Please pass this on to a friend or colleague. Your help is greatly appreciated.

Please register online at:

<http://wesefreg.org/judges/>

Qualified judges...

- Have a minimum of 2 years related professional experience beyond receiving their B.A., B.S., or Master's degree. This would include school psychologists, social workers, registered nurses, EPA and DEA professionals.
- Have a Ph.D., M.D., or equivalent (D.O., Ed.D., D.D.S., D.V.M., etc.)
- Are current graduate students with more than 2 years of doctoral-level research experience or within one year of doctoral dissertation defense.
- Will be reimbursed for round-trip train fare to and from Manhattan. However, reimbursement for taxis, Uber, Lyft, etc. will **NOT** be covered.



Tentative Schedule of the Day:

9:30 AM Judge Registration/ Complimentary Light Breakfast

10:00 AM Judging Sessions Begin (posters may **NOT** be viewed prior to judging)

Complimentary Lunch Available after 12:30 PM

Thank you in advance and please consider passing this information along to a colleague or friend.

MICHELE SUGANTINO, PH.D.

Judge Coordinator

Wesefjudges1@gmail.com

FREQUENTLY ASKED QUESTIONS ABOUT JUDGING AT WESEF

Q: IS THERE ANY SPECIAL TRAINING NEEDED TO BE A JUDGE?

A: No, we will send a presentation, about a week before the fair, that will review the entire grading rubric and the judging process.

(Continued on page 13)

FREQUENTLY ASKED QUESTIONS ABOUT JUDGING AT WESEF

Q: How many projects will I be asked to judge? A:

Approximately 8.

Q: HOW DO I JUDGE/RATE/SCORE THE STUDENTS?

A: Each student is judged 5 times in one-on-one fashion. Judges use a scoring rubric supplied by WESEF to help guide them.

Q: DO I HAVE TO STAY TO HELP DETERMINE THE WINNERS?

A: No but you are welcome to join us for the award ceremony that starts at 7:00 at the same location as the fair.

Q: CAN I STAY FOR PART OF THE DAY, OR DO I HAVE TO STAY THE WHOLE DAY?

A: We would prefer that you stay for the whole day as we have a definite need for judges but you are welcome to stay for half of the day if you are unable to stay until 2:30. If you can only stay for half of the day, please email our judge chairperson at wesefjudges1@gmail to make arrangements.

Q: DO I HAVE TO JUDGE A PROJECT IF THE PROJECT IS OUT OF MY KNOWLEDGE AREA?

A: No. After seeing the poster, you can just return the grading rubric to the judge table and ask for a different project to judge.

Q: SHOULD I JUDGE A PROJECT IF I HAVE A CONNECTION/CONFLICT WITH THE SCHOOL THAT THE STUDENT COMES FROM OR IF I KNOW THE STUDENT?

A: No. After seeing the poster, you can just return the grading rubric to the judge table and ask for a different project to judge.

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CAPITAL UPDATE: GOVERNOR ANNOUNCES PROPOSED 202 BUDGET

Governor Cuomo this week released his proposed \$178 Billion Budget for the 2020-21 State Fiscal year, including measures to close a \$6.1 billion Budget deficit, through creating a new Medicaid Redesign Team (MRT) to recommend

\$2.5 Billion in Medicaid savings, assuming an additional \$2 billion in new tax revenue, and \$1.8 billion in reduced payments to localities. While we are still poring through the tens of thousands of pages of Budget bills, among the most notable items for physicians upon initial review:

Items of Significant Concern Include:

- As previously announced, expanding the ability of the Commissioner of Health to notify the public that a physician is under investigation and to make it easier for the Commissioner to summarily suspend a physician license during a disciplinary investigation. Send a letter to your legislators here: [Please click here](#)
- Expanding the information on the physician profile to include office hours, whether accepting new patients, insurance participation information, and mandatory completion of a workforce survey.
- Legalizing, regulating and taxing the production, distribution, transportation, and sale of recreational or “adult-use” marijuana.
- Expanding the list of adult immunizations that can be provided by pharmacists to all those recommended by the ACIP.
- Expanding the existing physician-pharmacist collaborative drug therapy program to include nurse practitioners and physician assistants

Positive Items Under the Proposed Budget

- Require the regulation of Pharmaceutical Benefit Managers (PBMs) with the Department of Financial Services (DFS) and to disclose financial incentives they receive
- A comprehensive anti-smoking package including: prohibiting the sale or distri-

bution of e-cigarettes or vapor products that have a characterizing flavor; prohibiting the sale of tobacco products in all pharmacies; expanding the definition of “place of employment” to define indoor space and limit second hand smoke exposure; restricting the advertising of vapor products; requires manufacturers of vapor products to disclose to the DOH Commissioner and the public, information regarding the ingredients, by-products, or contaminants in vapor products; bans coupons and manufacturer discounts and displays in shops; and increases penalties for illegally selling tobacco products to minors.

- Creating an administrative simplification work group to address health insurance hassles and to expedite physician credentialing applications.
- Establishing the Behavioral Health Parity Compliance Fund for the collection of penalties imposed on insurance carriers who violate New York’s Behavioral Health Parity laws, which will be used to support the Substance Use Disorder and Mental Health Ombudsman program
- Significantly reduce the interest rate on medical malpractice and other court judgments, from 9% to a market-based rate
- Reduce the business income tax rate from 6.5% to 4% for businesses with 100 or fewer employees and with net income below \$390,000 that file under Article 9-A.
- \$14.2 million in funding to ensure access to a full array of reproductive services for women due to the loss of Title X funding.
- \$8 million to improve maternal health outcomes and for the implementation bias training and incentives for an expansion of community health workers related to Maternal Mortality.
- Continuation of funding for the Excess Medical Malpractice Insurance Program
- Continuation of funding for the Committee for Physicians’ Health

(Continued on page 17)

CAPITAL UPDATE: GOVERNOR ANNOUNCES PROPOSED 202 BUDGET

(Continued from page 16)

Other Items of Note

- Expanding the scope of New York surprise bill law to include in-patient services following an emergency admission.
- Convene a new Medicaid Redesign Team (MRT) to come up with \$2.5 billion in savings
- DFS will be authorized to investigate pricing of any prescription drug if the price of such drug has increased by more than 100% within a one-year time period.
- Capping the co-payments required of insured patients at \$100 for a one-month supply of insulin.
- Development of

“NYHealthCareCompare”, a website that will allow New Yorkers to look up charges for medical services, the quality of services provided, and access information about financial assistance programs, as well as what to do about a surprise medical bill.

- Local governments will be required to stay within 2% property tax increase, or be held accountable for excess growth in Medicaid costs

Several items of concern from previous Budgets, proposed but rejected, such as cuts to Medicaid payments for treating dual eligible patients, elimination of “prescriber prevails” under Medicaid, and expansion of CRNA scope of practice WERE NOT included (but could be brought up under the new MRT).

(DIVISION OF GOVERNMENTAL AFFAIRS)

ATTENTION MEMBERS!

The New Year is here with that said PCI Compliancy and HIPAA Rules for credit card processing have changed for 2020, don't be caught off guard with Visa/MasterCard.

Beginning in February 2020, medical practices must be EMV (Europay, MasterCard and Visa) compliant if they wish to avoid the risk of being 100 percent at fault for any credit card fraud initiated from their office. The new EMV policy places the risk on us the medical practice rather than the credit card processor if any fraud is committed. Therefore it is imperative to be EMV compliant before 2020, with new machines or your current terminal wiped and reprogramed.

In an effort to bring you more benefits here at the society we have a vetted vendor that will not only give you the machines necessary to meet the new requirements, but we have also pre-negotiated medical credit card processing rates as low as 1% based on all of our membership as a whole, **saving you thousands of dollars a year on average.**



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**Westchester County Medical Society &
Westchester Academy of Medicine
2020 "Friend of Medicine" Award Nomination Form**

Nomination form due to jmiller@wcms.org by Friday, March 6, 2020

<p>WCMS Annual Meeting Thursday, June 11, 2020 Cocktails/Exhibits: 6:00pm Dinner: 7:00pm Westchester Country Club 99 Biltmore Avenue Rye, New York 10580</p> <p>Past "Friend of Medicine" Awardees Include:</p> <ul style="list-style-type: none"> • 2019: Dave Gray, Volunteer & Heart Transplant Recipient Westchester Medical Center • 2017: John Crabtree, Owner Crabtree's Kittlehouse • 2016: Dee DelBello, CEO Westfair Communications, Founder Doctors of Distinction Awards. • 2015: Mary Jane Denzer, Community activist and leader in the fight against childhood diabetes. • 2014: Michael J. Schoppmann, Esq.; Healthcare attorney and advocate. <p>Email jmiller@wcms.org to submit your nomination.</p>	<h2 style="text-align: center;">Call for Nominations</h2> <p>Every year, at its Annual Meeting in June, the Westchester County Medical Society honors a member of the Westchester Community who has been deemed a "Friend of Medicine". Our Society is now taking nominations for the 2019 awardee.</p> <p>The Friend of Medicine Award was established to recognize those upstanding community members of Westchester outside the medical community whose actions contribute significantly to the betterment and/or advancement of medical practice and patient care. *A good candidate may be outlined as follows:</p> <ul style="list-style-type: none"> • Any individual who volunteers his/her time with a local hospital or medical group. • Any individual who donates to a medical charity, the medical community and/or volunteers his/her time to a medical charity and/or the medical community. • Any individual who volunteers to serve on a hospital or charity board. • Any individual who is involved in advocacy centered in medicine or related areas (patient rights, patient care, etc.). • Any individual who effectuates policy for the welfare of physicians and their patients. <p>If you or someone you know possesses these qualities, and you would like to see him/her recognized for the efforts put forth, please visit our website to submit your nomination!</p> <p style="text-align: center;"><i>*Please note that nominees should not be physicians, should not profit from any medical business, and should not be employed by a hospital or medical practice.</i></p> <p style="text-align: center;">Deadline for nominations is Friday, March 6, 2020.</p> <p style="text-align: center;"><i>*Please note that the awardee must be available to attend the meeting on June 11, 2020.</i></p>
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