Good Evening and thank you for allowing me to represent you as President of WCMS for the upcoming year. I would like to be the final one to recognize your attendance at the Annual Meeting of the WCMS – the individuals in attendance tonight are representative of those physicians, and our support network, who continue to recognize the important role of physician leadership in guiding healthcare for the residents of Westchester County. So please turn to those seated around you and thank them for joining you in our important mission.

Let me begin by recognizing all those physician leaders who came before me and upon whose “shoulders of giants” I now stand. Special Thank you to Drs. Kleinman, Litvak, Lee, Syed and Peris who have helped me appreciate that physicians need to be involved to protect the welfare of patients and our fellow physicians. A special thank you to our staff led by Janine Miller without whom this event (and our daily functioning) would not be possible.

So what brought me to this junction in my life - standing before you as your newly elected leader of the WCMS. I was born and raised in Brooklyn NY and remained in NYC until finishing Med School in 2002. I moved to Brookline Mass for my ENT training at Tufts University. While in Mass, I joined the Mass Med Society and began to see first hand the critical role that physicians play outside the exam room. I travelled to DC each year with the Mass delegation - meeting with members of US Congress to discuss issues important to physicians and patients. These included some classic issues like the SGR extensions (now supplanted by MIPS/MACRA) and persistent issues such as Medical Liability Tort reform. I moved back to White Plains in 2002 and joined the White Plains community as a member of ENT and Allergy Associates. Over the past 12 years back in NY, I have had active roles in the local hospital as a section chief for WPH and in the local business and hospital community as a managing partner for ENTA. I remain an active member of the Academy of Otolaryngology- Head and Neck Surgery (say that 3 times fast) and currently serves as the chair of their membership committee working to increase engagement on a specialty level. Over the past few years, under Drs. Lee, Litvak and Kleinman – I have taken an increasing
FROM THE EDITOR...

PETER J. ACKER, MD
PRIDE MONTH

The summer of 1969 was indeed packed with events. Woodstock and the moon walk are two notable examples. The most significant event, though was the Stonewall Riots which occurred on June 28 and 29 and represented the spark that that set off the modern gay rights movement. The Stonewall Inn at the time, was a small establishment owned by the Mafia. It was popular among the most marginalized: drag queens, transgender, male prostitutes and homeless youth. It also was frequented by more well-to-do gays from the financial district. At 1:20 AM on June 28th, four plainclothesmen arrived announcing, “Police, we’re taking the place!” There was no tip off as was the custom at the time. The Stonewall owners had been blackmailing their wealthier clients mainly from the financial district and made more from extortion than from liquor sales. According to historian David Carter, (author of Stonewall, the Riots That Sparked the Gay Revolution, 2004) the police were unable to get kickbacks and decided to close the establishment. Police raids of gay bars were common at the time, but for various reasons that night the officers lost control of the situation. Perhaps in a dynamic similar to that which induced Rosa Parks to stay in her seat at the front of the bus, the patrons collectively said enough is enough, this shit has to stop. The next evening large numbers from the community showed up to protest and riots ensued. Within 6 months two gay activist organizations had been created. One June 28, 1970, the first Gay Pride Parades took place in New York, Los Angeles, San Francisco and Chicago.

I grew up in the 1950’s, that quiet prosperous decade when blacks “knew their place”, women stayed at home and gays lived in quietly desperate concealment. There were tremors though from deep underground like pre volcanic vibrations that presage violent eruptions. In the sixties my older sister went off to college and quickly became embroiled in the nascent anti-war movement. I remember her first Christmas home when I was 14, creating an elaborate “protestors kit” which included signs and banners as a Christmas gift. In high school (New Canaan, a virtually all white school), I became interested in the Civil Rights movement, even organizing a “Black Awareness Week” during my junior year. I graduated in 1969, but I was blissfully unaware of what was brewing in NYC after the Stonewall Riots.

My 2 years younger brother, David, though, may have taken notice. He, as I later learned, had quietly determined that he was attracted to males.

(Continued on page 19)
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Alternate Delegates to the MSSNY House of Delegates
(Two for one year; term expiring 2020)
Ana Aronova, MD         Christos Stavropoulos, MD
Westchester Academy of Medicine
2019 Golf Outing & Fundraiser

Thursday, October 3, 2019
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580

Registration, Driving Range & Halfway House Lunch—11:00 AM
Shotgun Start at 12:30 PM
Golf Format: Scramble
6:00 PM—Cocktails
6:45 PM—Buffet Dinner/Awards/Raffles

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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All proceeds will benefit the Westchester Academy of Medicine
For more information and other sponsorship opportunities, contact Janine Miller at 914-967-9100 or jmill@wcms.org

Golf Reservations are Limited—Please RSVP Today!
Hi everyone.

When was the last time somebody really listened to you?

How did that make you feel?

Every good conversation starts with good listening.

How good is our listening when we are with our patients?

What are we listening for?

Are we listening for what we need to do in order to make the diagnosis, treat the medical condition, complete the electronic record, and get out of the room so we can see our next patient? This is called Internal Listening.

It is when we listen to the sound of our own voice. We may hear the other person, but our minds are closed and we are primarily aware of our own opinions, feelings, and needs.

Focused Listening is something we need in order to diagnose and treat the problem at hand. This is essential to do our job, but we are oblivious to whatever else is happening in the room.

Or are we listening for something else in the room? Are we listening for something that helps us understand our patient’s state of mind, mood, change in health, or reasons to continue to live?

What about our patient’s caregiver? What is her facial expression saying? Does she look hopeful and enthusiastic, or is she looking “weighed down, tired, and sad”? How hard is this for the caregiver? Why is she agitated? irritable? aggressive?

How is she doing managing the “chaos” of her loved-one’s illness? As Audrey Ferber writes in her article, Out To Lunch, she can feel.. “so overwhelmed, so weary, it's as if his disabilities have become my own.” This is Global Listening. This is when we are hearing everything that is happening in the room. We become aware of the mood, emotions, and the impact we are having on each other. Our intuition kicks in. We understand the underlying impact of the moment.

So let’s try to listen. Listen for what we know we need. Listen for what we don’t know yet. Listen to how we feel in the moment.

Sometimes listening can be the most therapeutic thing we can give to one another.

Enjoy the articles.

Thanks for reading.

From The New York Times: Getting to Know Our Patients
Listening to patients is a critical part of a doctor’s education.

From the Washington Post: Compassion Fatigue Hits Not Only Professional Caregivers. Other people get it, too.
https://wapo.st/2IED2Lp?tid=ss_mail&utm_term=.fc16cd1b8bb7

From The New York Times: Out to Lunch
In a brief respite from the draining routines of caregiving, an affinity for a man at another table sparks a certain hunger.

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role in the advocacy and legislative process within New York State.

So why back to NY? - like most people its all about family – I am a 3rd generation NYer on my father’s side – but my mother was an immigrant to NY at the age of 3 yrs. I have had the opportunity to see the great things that can be accomplished in this state. Like most New Yorkers - some days I love NY and other days I dream of leaving – but where would I go that would feel like home. So I stay – living in White Plains with my wife and 3 children.

Attending local events and being part of a wonderful community.

So what are our current issues as a medical society – seemingly diverse and all over the map.

- We are interacting with increasingly engaged and informed patients – using WebMD and Google to diagnose and treat themselves- we do our best to help them see through the noise
- We have marginalized and at-risk physicians - loss of autonomy, poor job satisfaction, shifting expectations
- How do we get a younger generation of physicians engaged? The loss of autonomy has translated into: A sense of helplessness – “why get involved?” – “I cant make a difference anyway” – “my HealthCare System will take care of me”.
- A sense of entitlement – “What has WCMS/MSNNY/AMA done for me recently?”.
- The legal landscape always seems to be working against us – extensions of statues of limitations for claims and lack of meaningful malpractice and Tort reform are making NY one of the most unfavorable states for physicians to practice.
- Public Health “Emergencies” – vaccines, marijuana
- Regulatory/Legislative – its hard to keep up with which direction the wind is blowing in Albany and DC
- Anti Trust issues – hospital and pharmacy mergers. Health system mergers. Are we better off under the new system or the old?
- Shifting Payment Models – its was capitation, then HMO – now Single Payer – will it be NYS alone or the whole US?
- And finally - Changes in modes of delivery of healthcare- EHR replacing paper charts, Tele-mved instead of face to face, Patient portals – there is an art to looking a person in the eyes and reading their responses to your medical advice and care – how do we know we are really reaching someone.

As rapidly as the landscape is shifting, healthcare still remains local. In our communities, our hospitals and our offices. It is our neighbors and our friends. To protect those around us we must maintain a strong voice in our county, and NYS, while keeping an eye on the national landscape for trends that could affect us today and into the future. Sometimes the best interests of physicians are aligned with our local business leaders, our hospitals, our pharmacies, our legislators in government and even sometimes our Insurers dependant on the specifics of the situation. In an ever complex landscape - organized medicine gives individual physicians the strength of voice to stand up against seemingly larger forces for what we believe in. We may not all agree on the finer details of how to best manage insurance payers or what specific tests to order - but we all agree that the same goals that brought us into this noble profession still guide us today – the goals of protecting our patients and delivering for them the best possible health outcomes.

Our role at WCMS is to remain the physicians guiding healthcare. Thank you all for all you have done to this point and committing to continue to protect us all in the future. It is an honor to stand among you.

♦

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The MSSNYPAC Executive Committee
Thomas J. Madejski, MD
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Cordially invite you to

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Saturday, July 27, 2019
11:30am-6:30pm

Saratoga Race Course
“The Rail at the 1863 Club”
Saratoga Springs, NY

$500/physician & $300/guest

Ticket price includes clubhouse admission, post parade programs, a gourmet buffet lunch at your own trackside table (11:30 am - 2:30 pm), open bar, private viewing of the horses as they bring them from the paddock and private betting windows with a 1:00 pm post time.

Saratoga Stakes Races: Jim Dandy, Alfred G. Vanderbilt, Bowling Green, and Amsterdam are scheduled for this date.

https://www.nyra.com/saratoga/racing/stakes-schedule/jim-dandy/
https://www.saratogaracetrack.com/event/stakes-race-74892/

Dress: Neat casual attire. Gentlemen require collared shirts. Ladies require dresses, skirts or slack outfits. Jeans, shorts, sneakers, flip-flops or abbreviated wear are not permitted at the venue. Non-members of MSSNY are also welcome.

Visit www.mssnypac.org/events for further details.

Contact Jennifer Wilks at 518-465-8085 to secure tickets.
On Thursday, June 13th, 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 140 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 Omar Syed, MD, was thanked for his outstanding leadership and gave remarks on his time as President of the medical society. He also thanked his colleagues for all of their support throughout the year. Newly installed Daniel Gold, MD, an otolaryngologist practicing in White Plains with ENT and Allergy & Associates, gave his inaugural remarks and spoke about the importance of physician advocacy and involvement with the medical society. Dr. Gold’s opening remarks can be found in this issue on the front page. Please join us in welcoming Dr. Gold as our next President beginning July 1, 2019. We wish him all the success of our previous Presidents.

Robert Andrew Wild is a founding member of Garfunkel Wild, P.C. He has and continues to serve as its chairman since the Firm’s inception. The firm, which maintains offices in New York, New Jersey and Connecticut, represents an array of national and regional health care provider institutions, companies, practitioners, and not-for-profit groups, as well as clients in other industries.

Mr. Wild’s practice primarily focuses on addressing the legal, regulatory, business and financial needs of the firm’s clients. His principal activities include: complex transactions for health care providers, including regulatory, compliance, mergers and acquisitions, antitrust, reimbursement, professional conduct issues, patient issues, real estate, graduate medical education, and many other areas.

Mr. Wild is a frequent lecturer and author in the field of health law, and has addressed a broad variety of groups, organizations and health care providers.

Mr. Wild was formerly an Adjunct Professor of Health Law, Hofstra University Law School. He has also served as Assistant Clinical Professor of Health Law at Stony Brook University, Long Island, New York, and is currently a member of the New York State Bar Association Health Law Section, is current General Counsel and past Chair of the Board of United Way of Long Island, is on the Advisory Board of United Cerebral Palsy of Nassau County, the Board of the St. John’s Law School Alumni Association, the St. John’s University Board of Governors, the Board of New York Institute of Technology and a past Board Member of NIFA (the Nassau County Interim Finance Authority). Mr. Wild received his B.A. in 1964 from the State University of New York at Buffalo and his J.D. in 1967 from St. John’s University School of Law.
David “Dave” Gray was a procurement specialist at Owens Corning, in Feura Bush, N.Y., where he worked for 37 years. In 2015, he was struck by viral cardiomyopathy, which compromised his heart, and he was told he would need to be evaluated for heart transplant. Dave was accepted and placed on the organ recipient registry on Dec. 4, 2015, and received a left ventricular assist device, or LVAD, a surgically implanted mechanical heart pump, in March of 2016.

On Aug. 20, 2016, after a year-long battle that included 177 days in the hospital, Dave received his life-saving gift of life: a new heart from a 30-year-old organ donor. Since that time, Dave has been a devoted organ and transplant advocate, raising awareness about the importance of organ and tissue donation, and supporting patients anxiously waiting for a transplant or who are going through the donation/recipient process.

Dave has always been an active volunteer. Prior to his transplant and work as an organ donation advocate, Dave was an active community champion, working with teams at Owens Corning as part of its Fiberglass Club, insulating homes for elderly and rural residents in need and coordinating children’s holiday parties, picnics and other events. He co-chaired the company’s local annual United Way campaigns for over 20 years and worked with Habitat for Humanity. In 2008, he was involved in a home make-over, coordinating thousands of man hours with local unions and more than $40,000 of donated materials to remove and renovate the home of a young leukemia patient, becoming a lifelong friend of the girl and family. He also coached his local baseball and girls’ softball teams for over a decade.

Now focusing on his volunteer activities on organ and tissue donation and patient care, Dave is active throughout New York, traveling regularly to Westchester Medical Center visiting patients and advocating for them on the patient family council. He volunteers with The Center for Donation and Transplant, Donate Life New York State, LiveOnNy and the American Heart Association.

Dave has been a guest on television and radio shows, sharing his personal story and raising awareness about the need for organ donation. He has participated in countless events and activities to increase organ and tissue donation, including participating with the UAlbany Communication class campaign and student organization and with lawmakers, including New York State Assemblyman Felix Ortis (D-51) about organ and tissue donation awareness. In 2019, Abbott Cos., appointed him its patient ambassador for the Abbott Heartmate 3 LVAD.

Dave has been recognized with several awards. In 2019, he received the Westchester Medical Center Leadership Award. In 2018, he received the Owens Corning Global Volunteer Award 2018, which included a $10,000 donation to the charity of his choice, Westchester Medical Foundation: Heart Transplant patient support fund.

Dave is a lifetime resident and native of East Greenbush, N.Y., where he and his wife of 40 years, Cathy, built their own home. They have two children, Jodi and Matt; and two grandchildren, Jesse and Lucy. He is an avid fisherman, hunter and an enthusiastic hobbyist, raising bees; harvesting honey and making maple syrup; canning jellies, jams, pickles, salsa, tomatoes, chili sauce; and making his own beer, wine, balsamic vinegar, horseradish, and lip balm.

Dave is truly a man with heart; committed to giving back for his gifts and ensuring others can receive the gift of life as well.
2019 Annual Meeting

Marshal Peris, MD, Immediate Past President; Amie Dave, MD; Omar Syed MD, President WCMS

Andrew Kleinman, MD, MSSNY Past President; Phil Schuh, MSSNY CEO; Barry Cepelewicz, MD, Esq., Garfunkel Wild

Maggie Smith; Gary Raniolo & Phil Johansen from UBS—Mitchell Weathcare team

Mark Fox, MD, WCMS Past President; Bonnie Litvack, MD WCMS Past President, MSSNY President-elect; Andrew Kleinman, WCMS Past President, MSSNY Past Pres

Cathy Gray; “Friend of Medicine” Dave Gray; and Susan Bartolomucci

Thomas Lee, MD, WCMS & WAM Past President, MSSNY PAC Co-chair; Omar Syed, MD, WCMS President

Omar Syed, MD, WCMS President; Liana Haigis, WESEF Future of Medicine Award Winner; Thomas Lee, MD, WCMS & WAM Past President MSSNY PAC Co-chair

Natalia Fel, WESEF Future of Medicine Award Winner & Omar Syed, MD, WCMS President

Cheryl Gold & WCMS President-elect Dr. Daniel Gold
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MSSNY: LEGISLATIVE SESSION WRAPS UP; BRINGS SEVERAL POSITIVE OUTCOMES FOR PHYSICIANS

The State Legislature worked through the night to wrap up its 2019 Legislative Session, one of the most memorable in recent years given the breadth of issues the Legislature decided to address following the power-shifting election which occurred last November. Despite the many threats we faced, the Session produced several “wins” for physicians and their patients, though some adverse bills were also passed that will require MSSNY and others to request vetoes from the Governor.

Your DGA staff thanks the many physicians and county society staff who took the time to make phone calls, send tweets and personally meet with their local legislators on the myriad of issues which we prioritized our advocacy. Moreover, we thank the numerous specialty societies we regularly partnered with to help achieve these outcomes. Among the highlights of the last few weeks of Session:

- Enactment of legislation supported by MSSNY which ensures that medical contraindications are the only acceptable exception to vaccine requirement;
- Passage of legislation supported by MSSNY which significantly curtails health insurers making mid-year changes to their prescription formularies;
- Passage of legislation supported by MSSNY which will provide extensive new regulation of Pharmaceutical Benefit Managers (PBM);
- Passage of legislation supported by MSSNY that permits a prescriber to arrange with a pharmacist to “partially fill” a patient prescription for opioid medication;
- Passage of legislation supported by MSSNY to reduce insurer prior authorization (PA) requirements when a PA for a related procedure has already been received;
- Defeat of legislation opposed by MSSNY that would have legalized adult use marijuana, as well as proposals that would have significantly expanded the medical marijuana program. Instead legislation was enacted supported by MSSNY that provides further “decriminalization” of small amounts of marijuana;
- Defeat of every major scope of practice expansion bill opposed by MSSNY, including pushing back against aggressive efforts by podiatrists and optometrists;
- Defeat of numerous trial lawyer backed bills opposed by MSSNY which could have greatly expanded lawsuits or damage awards against physicians, or made it much more difficult to defend a lawsuit. It should be noted that the Legislature did pass a couple of smaller measures opposed by MSSNY and many other groups that will affect certain cases involving multiple defendants and where an adverse judgment has been reached;
- Defeat of several bills opposed by MSSNY that would have overridden physician clinical judgment and added even more requirements on physicians prior to prescribing opioid medications to patients.

For further information or more specifics on any of these issues please visit: [http://www.mssnyenews.org/enews/062119/#eol](http://www.mssnyenews.org/enews/062119/#eol)
I was appointed to the NYS Advisory Board for Workers’ Compensation IMEs. We are tasked with giving recommendations to the Governor by the end of the year to help fix a broken system. I am the only orthopedic surgeon on this board despite the fact that over 80% of all these exams are done by orthopods. Out of the 12 people on this board only 3 are doctors: one is a 67-year old physician and the other does not perform IMEs. Guess who the majority of the members are? Lawyers. Lawyers who represent unions/claimants and lawyers who represent employers. The meetings are during the day for 3 hours and require me to give up time from my busy practice sacrificing not only my time but my income. It is disappointing but not surprising that I could not get another orthopedist to make the same sacrifice and help out.

One of the issues we are tackling on the IME Board is that 84% of all IMEs are being done by 4% of the doctors. Also, 10 doctors do over 5,000 IMES annually. Does this seem reasonable? It seems almost mathematically impossible to perform that many exams if you are still practicing. All orthopedists are aware of the hired hitman doctors who generate the garbage reports that have little do with the actual exam or history. I can tell what the report will say before even reading it from these few bad doctors. It is difficult to police these bad players, but if we don’t then we are providing a disservice to the injured workers and the treating physicians.

A major issue we have identified is the endless paperwork that the current system requires physicians to complete. This discourages doctors from doing IMEs or even treating comp patients. We want to do our jobs without being strangled with unreasonable extraneous work. This can be improved but not well by attorneys who spend their days swimming in paperwork.

Doctors need to stand up for ourselves. We need representation in our government as well as in our hospitals and practices. We must be willing to give up some time and some income to make things better for ourselves and our fellow physicians. It is no surprise that many of our representatives are retired physicians since they have time to give up. However, if we do not sacrifice some time now, we will be the ones sacrificed by the powers that govern. Practicing busy doctors are needed to speak up. You need to volunteer your time. Not a lot, but just a few hours each month. We are fortunate to have our county medical society and state societies standing up for us. If you are not a member, you are shooting yourself in the foot. We all need to step up to the plate or we will be on the plate.

Mark Your Calendar!
Board Meeting Dates 2019-2020:

- September 5
- October 10
- November 14
- December 12
- January 9
- February 13
- March 12
- April 2
- May 14
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FROM THE EDITOR...
PETER J. ACKER, MD
PRIDE MONTH
(Continued from page 2)

It was only years later, as he was just completing his undergraduate studies as a dual Art and Biology major, that he confided in me that he was gay. It was our secret for the next few years and as I think back on it, what a torture it must be to have to conceal the most important parts of your identity. Finally, he come out, and my father, while quite shaken, to his credit made his way to the library, as was his wont, to educate himself and the following Christmas we had very nice (though not without some awkward moments) Christmas at my father’s place with David and his black boyfriend.

I started my pediatric residency at Bellevue in 1982. In 1981, the CDC reported a cluster of 5 cases of pneumocystis carinii pneumonia in young gay men. It was initially termed GRID (Gay Related Immune Deficiency) but as it became apparent that not only gays were affected, it was changed to AIDS. I remember vividly, the rampant speculation on the cause of this new malady and the palpable fear that emerged among the gay community, my brother included. Sadly, his fears were well founded and he passed in 1986 at Columbia Medical Center. He showed extraordinary strength those last few days while flat on his back with a hose sized tube ensconced in his trachea. He wrote frequent notes on a little pad with the same frenetic energy that so characterized him. He wrote “I’m optimistic” among other things and was careful to equally divide his attentions among the circle of friends and relatives around his bed.

The AIDS epidemic in the 1980’s before the advent of the first effective medications, also had a galvanizing impact on the Gay Rights Movement. Growing anger at the bureaucratic paralysis of the government and Reagan Era apathy in addressing this health care crisis, inspired intense, outraged activism. Perhaps the exemplar of this was the playwright Larry Kramer who cofounded both the Gay Men’s Health Crisis (GMHC) and the Aids Coalition to Unleash Power (ACT UP). (For an excellent history of this era, see And the Band Played On: Politics, People and the AIDS Epidemic, Randy Shilts, 1987).

Now fifty years after that seminal event, it is clear that a lot of progress has been made. Yet we still have a long way to go as anti-LGBTQ sentiment is still prevalent in our own country and around the world. Let’s celebrate Pride Month while we also resolve to continue the fight for LGBTQ dignity and rights.

We would like to thank all of our 2018-2019 officers for a great year. All of your hard work and dedication to the advocacy for and promotion of the physicians and medical professionals within the state and county are unmatched. We are looking forward to another great year.

-WCMS Staff