

WESTCHESTER PHYSICIAN

March 2019

Volume 35, Issue 3

PRESIDENT'S MESSAGE THE IMPORTANCE OF KEEPING FRIENDSHIPS

I recently returned from a four-day trip with a big group of friends from residency. To be clear, the stated purpose was to celebrate the upcoming wedding of our last friend to get married. At first, we thought it would never happen to get a big group of us from residency together. The invite went out six months ago: "Tell your scheduler to block out these 4 days." Keep in mind, our neurosurgery program, which was one of the bigger programs, had 2 -3 residents per year for each of the 7 years. We are a very tight knit group, so the fact that we could gather a group of ten was great. My co-resident was there all the way down to my intern, who now eight years later recently started practice a few months ago.

It's remarkable to think how for those six to seven years in our lives, we spent countless hours a week with each other. When reflecting back upon those years, it was largely this group that I was in the trenches with. This long weekend brought back all the memories of that time – and they were remarkable times for us. Even more remarkable, to think that we are now all attendings with our own practices, from less than one year all the way up to eight years out in practice. On top of that, we were all married with small children at home.

Of course, on a trip like this, so much fun was had telling all the old stories – ones we knew well and never forgot, and hearing other stories for the first time. It's as if we were right back in the same call/conference room after rounds just hanging out. As you can imagine, a lot of stuff happens in residency, and honestly it's these folks on this trip that can truly understand it. Not even our spouses know some of these stories! Though some things have not even been mentioned in a decade, just like that the vision of that event was fresh in our heads. Only now we could laugh at the fact that someone was punished with five weekends of call in a row for being late to rounds!

What was also great about a weekend like this is that we got to learn about each other's practices. After residency, we geographically spread out doing various fellowships and taking jobs all over the country. It's amazing how our practices are different and unique.

(Continued on page 15)



OMAR SYED, MD
President, WCMS

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UPCOMING EVENTS

- WCMS/WAM Annual Meeting**
Thursday, June 13, 2019
Westchester Country Club
Rye, NY

WESTCHESTER PHYSICIAN

Published by the
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FROM THE EDITOR...

PETER J. ACKER, MD
VACCINE REFUSAL



Note: This is a column I wrote a few years back, but I think it is relevant for today in light of the measles epidemic.

The recent measles outbreak has brought the issue of vaccine refusal or hesitancy to the forefront of national discussion in the same way that the Newtown killings drew attention to unfettered gun availability. Of course, we know that Newtown, despite the devastation it wrought did not result in any new gun control laws. I am fearful that this epidemic which is frankly more easy to ignore than the massacre of elementary school aged children, will not change many minds among those in the anti-vaccine movement. The two issues are similar in some ways in that they pitch the notion of individual freedom against that of community regulation. Proponents of easy access to guns are persuaded by the feeling that they have right and also that they need to be able to defend themselves. Yet all the statistics show that guns in homes are much more likely to harm the individuals living in the home than any stranger conducting a home invasion. Similarly, people who eschew vaccinations ignore the vast scientific investigation that has been conducted to test and produce effective vaccines and are not mindful of the true risk of remaining unvaccinated.

While the two issues are linked in that public health is affected, they are different in other respects. When a community has a vaccination rate of greater than 90%, the incidence of the disease in question usually is well contained and the unvaccinated can live with little chance of contracting the disease. If that percentage drops as it has in California, these maladies return. Pertussis cases in Northern California have risen precipitously resulting in outbreaks that have resulted in a number of infant deaths. The recent measles outbreak has the potential to cause significant morbidity and mortality. It's like a group of ten men carrying a coffin, if one man drops out, the nine others can carry the load, but three or more drop out, and the coffin will come crashing down. In the former case, what would the attitude of the nine men carrying the load be toward the dropout strolling nearby whistling? No question that vaccinating helps the individual, but just as importantly it helps the community at large. In a very real sense it's like paying taxes, volunteering in a soup kitchen or any other community activity.

An additional feature of vaccine refusal is that the end result is the creation of a higher risk for the most vulnerable in our population. That includes children too young to get vaccinated and people with problems with their immunity. Now that we vaccinate against chicken pox, I am more relaxed about my patients with leukemia. A searing experience early in my career was treating a leukemic child with chicken pox who died despite all our efforts.

(Continued on page 8)



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The 19th Annual Westchester Science and Engineering Fair (WESEF) was held on March 16th at Sleepy Hollow High School. These prizes are made possible by the generous support of the Academy and our members at the Annual Golf Outing and Holiday Party.

This year's winners come from many of the thirty high schools around Westchester and Putnam counties who participated in the Fair. All 650 participating students and their families are aware that the Academy and the physicians of the Medical Society care about furthering the ambitions of budding young scientists, many of whom have their eyes on a career in medicine or medical research. All their letters of appreciation that we have received express utmost gratitude to the Society for recognizing them and their efforts. They realize that if it weren't for our support many of the students would receive no recognition for the many long hours spent over months and years dedicated to research in their particular subject matter.

The Academy presented three "Future of Medicine" prizes to the top scorers in the category of Medicine and Health. The winners of these awards are:

Future of Medicine Award

Donated by the Westchester Academy of Medicine

Three projects will win a plaque, \$50 and a celebration dinner.

Category School Name of Winner

Liana Haigis—Medicine and Health, Mamaroneck High School

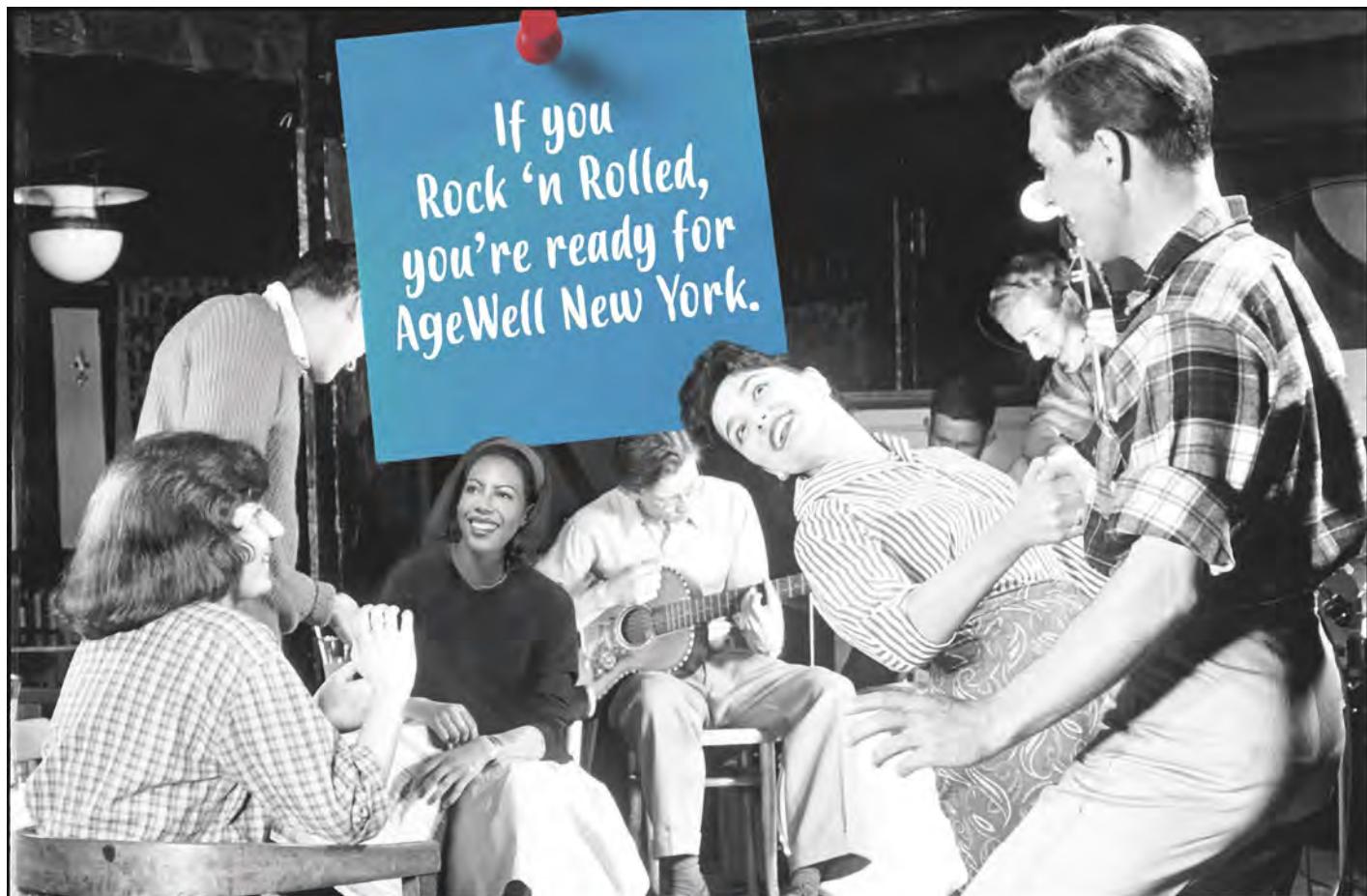
Renner Kwittken—Medicine and Health, Byram Hills High School

Natalia Fel—Neuroscience, Ossining High School

The Academy also gives prizes in Medicine and Health to the next ten top scorers in the "Excellence in Medical Research" category and the 4th place awards in all other categories: Animal Science; Behavioral Science; Biochemistry; Cell Biology; Chemistry; Computer Science; Earth & Space Science; Environmental Science; Engineering & Math; Medicine; Microbiology; and Plant Science.

These children are our future. Their passion to solve the same problems that intrigue us is inspiring. This was the Academy's ninth year of participation in WESEF and it has grown into a very rewarding and fruitful relationship between the physicians who represent the Academy as judges and the communities of Westchester and Putnam counties. I hope more physicians will participate next year as judges and meet some of these prodigious young minds who are stepping up to the challenges of medicine today. **I hope you will make it a point to take a moment and see the projects and speak with the Future of Medicine award winners at our Annual Meeting on June 13th.** You will not regret it.





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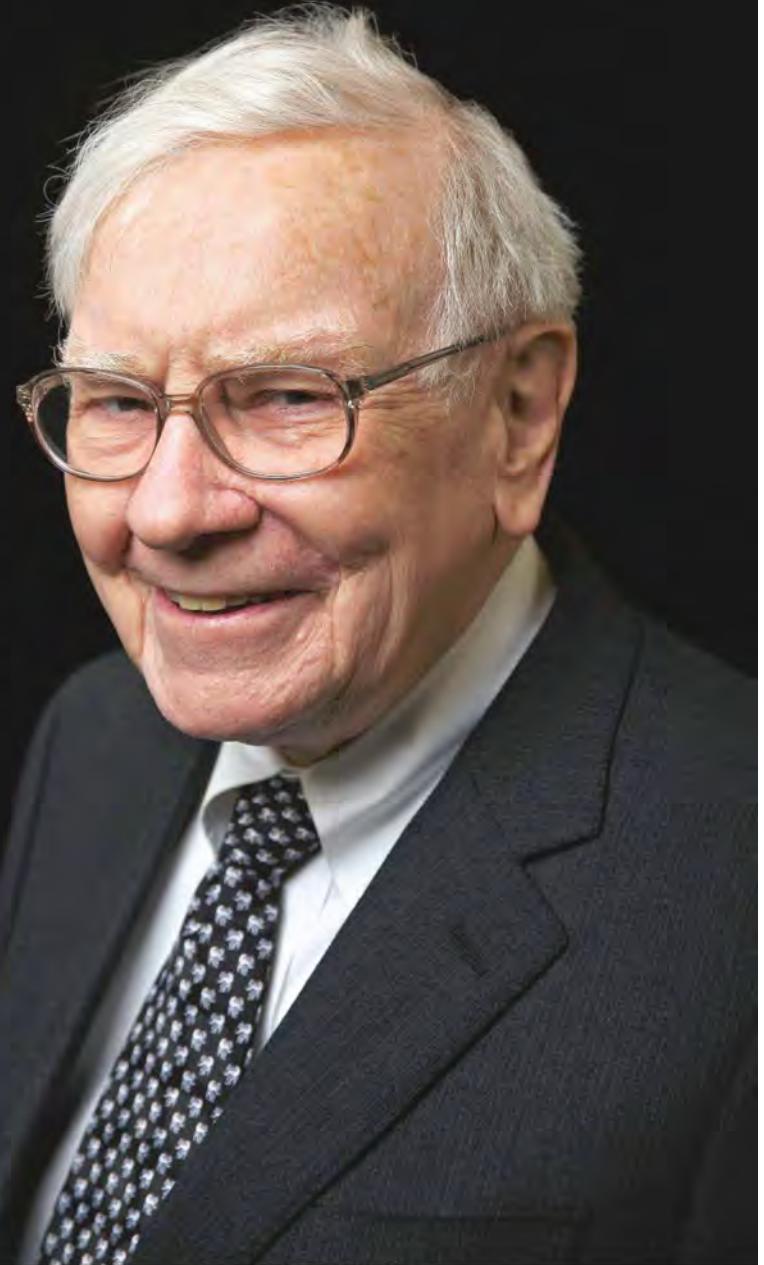
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Pictured: Assemblyman Gary Pretlow discussing legislative priorities with members Robert Lerner, MD, Past President WCMS and Daniel Gold, MD, Legislative Chair and President-elect WCMS

questions submitted via note card to be presented by Thomas Madejski, President MSSNY. The discussion was very informative. Other speakers included Thomas Madejski, MD, President MSSNY; Arthur Fougner, MD, President-elect MSSNY; Bonnie Litvack, MD, Vice President MSSNY; Paul Pipia, MD, Chair Leg & Physician Advocacy Committee MSSNY; Iffath Hoskins, MD; Louis Snitkoff, MD; Vilma Joseph, MD; Michael Delman, MD;

The Westchester physicians along with Janine Miller, Executive Director were able to meet with many of our local legislators and their staff people including Senators Mayer, Serino, Harckham, Stewart-Cousins, Biaggi and Carlucci; Assemblymen Byrne, Pretlow, Abinanti, and Buchwald; and Assemblywoman Paulin. Our group spoke about the importance of some of the items in the Governor's budget including: Support of Excess Medical Malpractice program, regulating PBMs, increasing tobacco purchase age to 21, comprehensive insurance for mental health; opposition of legalization of recreational marijuana, repeal of "prescriber prevails", eliminating Medicaid coverage for dual-eligible patients, and expanding scopes under Workers Comp. Many legislative priorities were discussed as well. Some of those MSSNY supports included: collective negotiations, prior-auth reform, Medical Liability Reform Act, and prohibiting MOC as a requirement. Some of those MSSNY opposes include: expanding use of medical marijuana, expanding scope of practice for PAs and CRNAs. Overall the day was a success, as many of our local legislators were engaged in the discussion of the issues that are most important to not only physicians of Westchester, but New York State as a whole. We appreciate all of those physicians who took time away from their patients to join us up in Albany. The work that they do on behalf of all the members of WCMS and New York State physicians is invaluable.

On Wednesday, March 6, 2019 MSSNY held its annual Legislative Day event. The Westchester County Medical Society represented the physician membership with a group of 16 physicians. MSSNY held an informational session for the morning program that included a legislative update by Morris, Auster, Esq., Senior Vice President and Chief Legislative Counsel MSSNY and a panel to discuss *How Can we Protect the Physician-patient Relationship?* On the panel were New York State Senate Minority Leader John Flanigan; Senator Gustavo Rivera; Senator Neil Breslin; Assemblyman Richard Gottfried; Assemblyman Kevin Cahill. During this panel the audience was encouraged to participate through ques-

tions submitted via note card to be presented by Thomas Madejski, President MSSNY. The dis-

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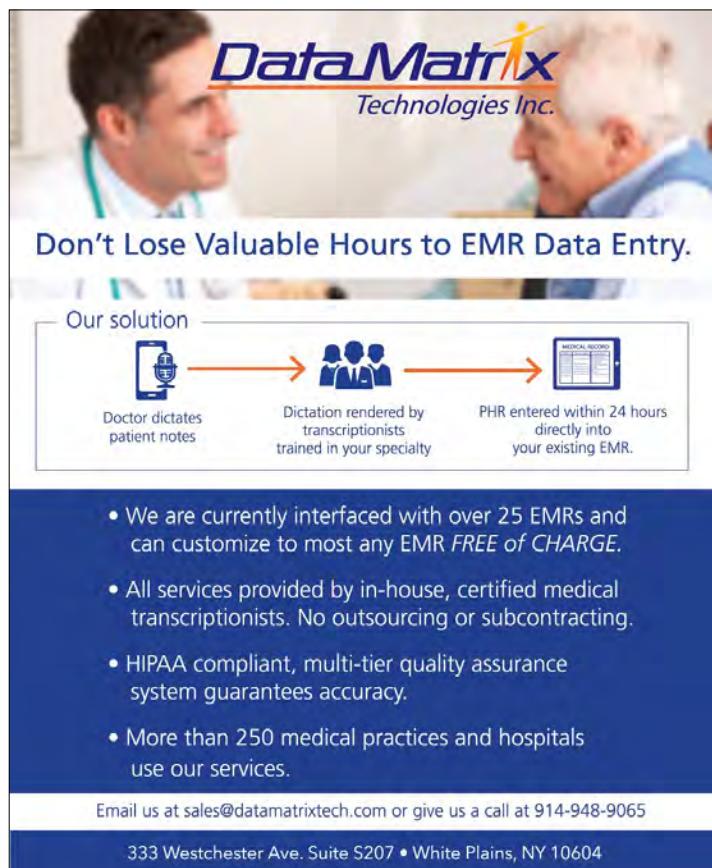
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FROM THE EDITOR...

PETER J. ACKER, MD
VACCINE REFUSAL
(Continued from page 2)

It has been interesting to listen to politicians try to parse this issue in a neutral way so as to not alienate the strong anti-vaccine movement. There is no question, however, that there is a ground swell of people who are witnessing an outbreak with real life consequences to the population at large and are looking askance at those who are not "sharing the load". The question of freedom, of course, enters the argument, so many politicians are "in favor" of vaccines, yet honor the right of parents to not vaccinate their children. I realize this is a contentious issue – can we really force people to vaccinate their kids against their will? Well, let me ask you this: can we really force people to not drive 100 miles per hour on our highways? Shouldn't our most vulnerable citizens have the right to exist in a safe immunized community?



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CJS 496 4/18

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STOP THE TRAIN

Elliot Barsh, MD

Time.

There does not seem to be enough of it!

We gain an hour for daylight savings time and we just lost an hour of time when we moved the clocks ahead recently.

Where did the time go?

This NY Times article is a scientific discussion about time.

I only understand some of the physics, and my head hurts after reading it. I reread the article a few times and am hoping the ibuprofen I took starts to work soon.

Think about this quote....

'It's not so much that there's something strange about time,' Dr. Wheeler said in an interview.

"The thing that's strange is what's going on inside time.

I think about what is going on "inside time" in two very different ways.

One I have an effect on and one has an effect on me!

I can effect time based on the effort I make and how I use the energy I have.

I may run out of time but I don't have to run out of energy!

Compare these two mindsets.

What do I have the time for today?

What do I have the energy for today?

They feel completely different to me!

I can enjoy the time I spend with my patients more when I think about my interest in them and the energy I have for what we are going to do together.

How I use my time, as it passes, is my choice. The effort I make is up to me.

The other thing happening "inside time" is out of our control.

We can think of it as a one-way trip that will one day come to a predictable end.

At the everyday level, physicists believe that the "arrow" of time points always in the direction of increasing disorder (or "entropy").

Natural processes run down, order yields to disorder, information disappears, and people grow old, die and decay. These processes mark the forward passage of time.

Or we can look at how what happens "inside time" leads to our chance to change and grow into something that is new and beautiful. Full of hope. Full of potential.

Time's slippery nature may explain why there was anything left after the Big Bang to build the universe as we know it. Theorists have concluded that there was a slight imbalance in the amounts of matter and antimatter created at the birth of the universe. The matter and antimatter believed to have been created by the Big Bang presumably annihilated each other quickly, leaving only a slight excess of matter -- just enough to

create today's matter universe.

Just like the universe was created by the extra matter left over by the change after the big bang, we are created and recreated by the changes that happen to us moment-by-moment over time.

Just like the particles described in this article are always changing their charge, parity, and time, we are always changing. Every experience, every moment, changes who we are, how we think, what we expect, and how we feel.

There is a new balance of matter and antimatter in all of us. All the time!

Every patient, every conversation, every time we consider someone else's perspective.

The universe we are is always growing and expanding.

We may not want to change, and we may miss the past, so how are we going to look ahead to our future?

Let's remember what is past. That is where we start.

Let's stay in the moment. This is the stuff of creation. Our creation! Who we are going to be. The stuff that will build and broaden who we are, how we think, what we feel, and what will be our new start.

We can get excited about who we are going to be and accept who we were at the same time.

Let's marvel at what comes next!

Elliot

From The New York Times:

Where Does the Time Go? Forward, Physics Shows

Physicists prove that when certain particles go backward in time, their behavior is somewhat different from what it is when they go forward, confirming what Dr James W Cronin and Dr Val L Fitch inferred from indirect evidence in landmark experiment in 1964; new experiments--at Fermilab in Illinois and Cern in Switzerland--measured decay process of rare particles called neutral kaons and neutral antikaons; drawings (M)

<https://www.nytimes.com/1998/12/22/science/where-does-the-time-go-forward-physics-shows.html>

If you would like to read more about managing your energy and time.



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8:30-11:30 a.m. Monday, April 8
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With featured guests, including:



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Professor of Epidemiology
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THE BUSINESS OF MEDICINE

TAXES SUCK

Rick Weinstein, MD, MBA

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I do not like paying taxes. Anyone who enjoys or looks forward to paying taxes is a financial fool. However, I always pay my taxes and I am very conservative in what I claim as deductions.

If you asked a 14-year old how much of the money he worked hard to earn should be given to the government to pay the military, police, or other government services, he would say about 10 cents of every dollar. Not one sane individual, whether they are 14 or 55 would say 50% of their income should be turned over to the government. Some radical members of the Congress are now suggesting taking up 70% of your money away for taxes. There is so much waste in government spending such as the MTA or Medicare that no intelligent person would invest in these services if these were private businesses. In fact, both of these businesses would have gone bankrupt a long time ago if it wasn't for Uncle Sam (actually you and me the foolish tax-payers) footing the bill.

We all need tax strategies to make sure we are not over paying. The first strategy you absolutely need to do is check if your employer/business offers any free contribution to your retirement money. If you get matching funds to your 401k or 403b take it immediately. This is found, free money and you need to grab it with both hands.

While we are talking about retirement money, lets talk about the basics of IRAs. There are 2 kinds of IRAs – Roth and standard IRAs. The standard IRA allows you to contribute pre-tax money and it grows tax free including capital gains and dividends. However, when you cash it out you have to pay taxes on the amount you withdraw. The taxes will be paid at your tax rate when you are withdrawing the money. Theoretically, you will be earning less in retirement and will pay less in taxes than at your current tax rate.

A Roth IRA uses post-tax money and will be withdrawn with no taxes taken out of it. This is advantageous if you anticipate your taxes will be at higher level when you withdraw rather than when you contribute.

I spent a Sunday afternoon running spreadsheets and comparing different tax and income scenarios based on multiple variables and assumptions. I had my accountant review these calculations and she agreed with my conclusions. I was a little surprised with the blatant results and this has altered my retirement contribu-

tions going forward.

Let me walk through some examples of my exciting Excel findings.

First, we need a couple of assumptions. Let's say you currently earn between \$400,000 and \$600,000 and in retirement you will be earning \$300,000 per year. If you contribute \$200,000 to your IRA of pre-tax money and let it grow for 20 years and we assume a 7% return on your investment, then it will grow to about \$800,000. The federal taxes you will pay will be 24% in retirement so you will be left with **\$608,000 for this regular IRA plan.**

If instead we set this up as a Roth IRA and you paid taxes on the money now which would be 35% you would contribute \$130,000 instead of \$200,000 to your retirement money. This would grow to \$520,000 over the 20 years. No taxes would be taken out of it when it is withdrawn leaving you with **\$520,000 for this Roth IRA plan.**

Now let's try a different assumption. Say you put the money in an investment that earns 7% for 20 years and pay long-term capital gains which would be only 15% on your earnings rather than the other federal taxes. Since this is taxed money up front, you would be contributing \$130,000 and it would grow to \$520,000. After paying taxes on your capital gains (not the principal) you would be left with only **\$461,500 for non-IRA investment.**

These results are not even close. The standard IRA leaves you with an additional **\$88,000** over a Roth IRA and an additional **\$147,000** more than non-IRA plan.

Here as second example if you are a higher earner. If you earn over \$612,351 currently your taxes are at 37%. And let's also assume in retirement you earn \$350,000 per year which is a tax rate of 32%. Your standard IRA pre-tax contribution would be again \$200,000 and keeping the above assumptions this would again grow to \$800,000. The amount you get after withdrawing and paying taxes would be **\$544,000 for the standard IRA.**

For the Roth IRA, your post-tax contribution would be \$126,000 and this would grow to \$504,000. Since you pay no additional taxes, you would have **\$504,000 for the Roth IRA.**

If you just invested the money and paid long-term capital gains, you would be left with only **\$447,000 for a non-IRA plan.**

(Continued on page 15)

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- STI UPDATE FOR CLINICIANS* (*ONLY ACCREDITED FOR 1.0 HRS CME)

APRIL 12, 2019

9:00AM-4:00PM

ORANGE COUNTY - EMERGENCY SERVICES CENTER
22 WELLS FARM ROAD
GOSHEN, NEW YORK 10924

To register: <https://rebrand.ly/OrangeDOH>

THIS PROGRAM IS FREE AND RESTRICTED TO NYS PHYSICIANS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, NURSES, NURSE MIDWIVES, PHARMACISTS, AND DENTISTS.

QUESTIONS? CONTACT ROB WALSH
ROBERT.WALSH@MOUNTSINAL.ORG | 212-731-3791



*This course provides 1 CME credit hour.

**This course provides 0.5 CME credit hour.

CME

The University of Rochester School of Medicine and Dentistry is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Rochester School of Medicine and Dentistry designates this live activity for a maximum of 450 AMA PRA Category 1 Credit(s). Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Each course provides one credit hour, you can claim a total of four credit hours.

CNE

The University of Rochester Center for Nursing Professional Development is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. 1.0 Nursing Contact Hours will be provided.



Continuing Pharmacy Education

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. "HIV Screening and Diagnosis in New York State", a knowledge-based live activity has been assigned ACPE #0044-9999-18-061-L02-P and will award 1 contact hour of live continuing pharmacy education credit. No partial credit will be awarded.

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. "From Science to Consensus: Undetectable = Untransmittable", a live knowledge-based activity has been assigned ACPE #0044-9999-18-020-L02-P and will award 1 contact hour or 0.1 CEUs of continuing pharmacy education credit. No partial credit will be awarded.

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. "Syphilis", a live knowledge-based activity has been assigned ACPE #0044-9999-18-037-L01-P and will award 1 contact hour or 0.1 CEUs of continuing pharmacy education credit. No partial credit will be awarded.

What is WealthCare?



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Together, we can find an answer.**

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THE BUSINESS OF MEDICINE TAXES SUCK

Rick Weinstein, MD, MBA
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Clearly the best investment is putting your retirement money in the standard IRA which **beats the Roth IRA by \$40,000** and **non-IRA investment by \$97,000.**

So if you want to skip all nerdy mathematical calculations I do for fun, here are my simple conclusions.

1. Invest as much money as possible in retirement accounts using pre-tax money and let it grow. A Roth IRA is not going to do as well as a standard IRA unless you live in an upside-down world where your income will be greater in retirement than it is presently.
2. Get your money into your retirement accounts ASAP and let the miracle of compounding growth do its magic. When it comes to investing, those who come late to the party will never catch up.
3. Find other ways to invest money using pre-tax dollars such as defined benefit plans and SEPs which will allow you to put much more money away.
4. Talk to your accountant and financial planner and have these discussions now not later. I advise people on how to invest and save and it's the people who wait too long or don't invest wisely that end up suffering in their not so Golden Years.



PRESIDENT'S MESSAGE THE IMPORTANCE OF KEEPING FRIENDSHIPS

(Continued from page 1)

In fact, I was the only one in true private practice! My co-resident and my intern each took hospital-employed jobs, and the rest were rising the academic ranks at their respective institutions. As the sole private practitioner, I shared the issues I had with patient access, insurance, collections and efficiency of running a practice. Others discussed their RVU-based models, which for them, they felt was fair, but could change any moment based on the hospital or a potential hospital merger or acquisition. The rest in academics discussed some of their experiences of finding a balance between building a clinical practice, with establishing their own research programs, publishing papers, and being involved with training the next generation of neurosurgeons.

We got to discuss some of the intricacies of our own employment contracts and better understand some of

the differences. It was eye opening for me to see how different our practices can be, even though we essentially do the same thing. Another great value was just learning about new advances in neurosurgery. Some of my colleagues are on the cutting edge of their respective subspecialties. For example, during residency, which was not that long ago, most patients with deep intracranial hemorrhage were managed conservatively. Patients would be admitted to the ICU, have blood pressure and ICP management, etc. But now my *junior!* resident is developing a procedure being evaluated in a trial on minimally invasive evacuation of cerebral hemorrhage. This potentially would be a complete game changer in the field. Some of us have a narrow scope of practice, so it was nice to learn new things.

Also, since we were all the same generation, we are all going through the same things in our personal lives. In this group, we went from all being unmarried when we started residency to now everyone being married and almost all with children. It offered us a chance to discuss the challenges of balancing family life with establishing and growing our neurosurgery practices. We reflected on everything from new babies, to schools for kids, what sports and hobbies, and to what we could do better, such as supporting our spouses. A very engaging conversation was in response to "what do you say to your spouse and kids when you are supposed to come home at 5-6 PM, and then a intracranial bleed or cauda equina syndrome shows up in the ER?" That garnered up some good conversation! Thank goodness for FaceTime.

At the end of the trip, we sent out a calendar invite to block off the same 4 days next year. Hopefully we can make it happen once a year, but it is a commitment. It goes to show that such an event was great to rekindle old friendships, foster collegiality, learn and exchange patient and practice management advice, and learn about raising a family. Another colleague (and former WCMS President) does the same each year with a small group of his medical school friends – and he's managed to do this ever year for more than a decade! So for all of those who are new to practice, I would encourage you to stay in contact with your colleagues from your training program and for those who are more seasoned, it's never too late to get together with old friends.



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