WESTCHESTER PHYSICIAN

November/December 2019 **Volume 35, Issue 10**

PRESIDENT'S MESSAGE
IS PHYSICIAN "DISEMPOWERMENT" AN INFECTIOUS DISEASE?

The current trends in medicine have led many physicians to give up their autonomy and subjugate the care of their patients to the whims of outsider forces such as hospital systems and insurance companies. We have let ourselves be undermined as the experts in clinical medicine. Physicians are now likely to second-guess themselves at every turn. This may not only be in the clinical sphere but may find itself extending into other parts of the physician's life.

The classic physician was an innovative entrepreneur. He was an explorer in medical treatment and topics outside the typical healthcare sphere. We have always recognized medicine to be an art which is practiced. There are frequently no right answers and much of what we do is reasoned upon through educated guess and trial and error. Although scientific method is a valuable tool in clinical medicine, it frequently gives an incomplete answer in the care of the individual patient. The reliance on others and outsiders can shift a physician's will to think outside the box and explore new directions of care. If not recognized and segregated from the rest of our lives, we run the risk of losing this entrepreneurial spirit and not being true to the original reasons that we chose to practice medicine.

> *"We need to continue to get the message out and remind physicians that we are one community that is strongest when we are united."*

The lack of reasonable medical liability reform has left physicians looking over their shoulders at every turn. Even when backed by the latest research or accepted medical treatment, we are always concerned that someone may find fault in our medical care. This can open us up to both emotionally and financially damaging legal action. Many of us, therefore, close ourselves off to all aspects of risk and attempt to play it safe in our interactions. Not only does this defensive

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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
DRUNK WITH LOVE

Several years ago I published in these pages a column with the somewhat jocular title of "It's Supplementary, My Dear Watson". It was inspired by a full page ad in the journal news for a "revolutionary" supplement which was purported to enhance memory. Part of the ad featured a picture of a very professorial looking gentleman in a lab coat who gave a full throated endorsement of this product, including that it was FDA approved. I decided to investigate and found that the product in question had been indeed been before the FDA. Their conclusion: probably safe, possibly efficacious.

I was reminded of this column this morning when I attended a fascinating CPC at Maria Fareri Children's Hospital, with intriguing title "Drunk on Love". It featured a case of a four year old girl who was brought to their emergency room with a two day history of waddling gait and walking into walls. She had been seen by a doctor a few days before and diagnosed with a urinary tract infection. Antibiotics were prescribed. It came out later that the mother had also consulted a naturopath and decided after two days of antibiotics, to stop them and instead to increase the amount of supplements that she had already been giving her over the past year. It was a day or so later that she became symptomatic. An extensive workup was instituted which included an MRI. To everyone's astonishment, the MRI showed signs consistent with Wernike Encephlopathy. The mother was asked to bring in all the supplements and it turned out that many of them had significant amounts of ethanol. Parental thiamine was administered and within 24 hours she showed dramatic improvement. It then became apparent the meaning of the title: that the child actually was drunk because of a mother who caused it, however misguided, and who thought she was helping her child (out of love).

The supplement industry is huge and unfortunately it is not very well regulated. With the advent of the internet with "Dr. Google" and the strong strains of anti-science rhetoric which have emerged over the past decades has resulted in scores of well-meaning parents diving into the rabbit holes of anti-vaccination and alternative medicine. It behooves all of us as practitioners to counsel our patients in clear unambiguous terms about the possible dangers of unregulated products.

This was indeed a cautionary tale. Despite that, it was hard not get totally fascinated with cases like this and it caused me to think of past experiences I have had. For example, I took care of a toddler who presented to the ER at Bellevue in coma. A blood sugar was found to be extremely low and as quick infusion of dextrose was like rousing Lazarus from the dead. It turned out that he had wandered into the bathroom and was attracted to the brightly colored bottle of mouth wash which resulted in alcohol induced hypoglycemia. Then there was the time that an 8 year old boy with an acute dystonic reaction presented to the ER. IV Benadryl was administered that reversed the reaction and afterwards we questioned the parents on medications expecting to hear that he had somehow gotten an antipsychotic. To our surprise, the parents knew of no such medications in their house hold. They were, however, giving him a medicine to soften his ear wax. We were not aware if any oral medicines for ear wax, so we had the parents go home and bring it to us. It turned out that it was a prescription for an antipsychotic which was intended for another patient with the same last name! I could only wonder how the intended patient was doing trying to treat his psychosis with ear drops.

And so it goes in medicine, an amazing potpourri of unexpected stories and startling presentations.

STOP THE TRAIN

Elliot Barsh, MD

Hi everyone.

We spend time thinking about how we can help address "what matters" to our patients while we are trying to take care of "what is the matter" with them.

We try to work with ***family members*** to help us understand our patients circumstances.

We collaborate with ***social workers*** to help our patients make sure that they get "what they need", such as housing, food, water, and medications.

These are what Maslow, in his "Hierarchy of needs" called our basic physiological and safety needs. The base of his hierarchy.

This is what we know how to do. We can treat what we see, what we can diagnose. We are good at taking care of a person's tangible needs.

What about what we cannot see?

What about our ***spirit***?

Our need to be seen and understood? Our sense of belonging and need to be loved? The next levels of Maslow's hierarchy.

What are we able to do to help someone thrive and flourish?

How often have we thought about working with our ***faith communities*** to help with healing?

Can we harness the strengths of the health-care and faith communities and build a bridge to healing that takes care of our body and spirit?

How can we connect a person's health goals and their life goals?

This is a new way of thinking for me, and it makes sense!

This is not religious, it is spiritual.

Can a Chaplin be part of our health-care team? Round with us in the hospital? Be a referral that we discuss in the office?

Take a look at this article.

https://nam.edu/faith-health-collaboration-to-improve-community-and-population-health/?utm_source=Dr+Wayne+Jonas+Newsletter&utm_campaign=db5089a0e1-EMAIL_CAMPAIGN_2019_12_09_03_34_COPY_01&utm_medium=email&utm_term=0_057eba29e7-db5089a0e1-500008299

Watch this video and learn about Maslow's Hierarchy and see why it matters

https://youtu.be/L0PKWTta7lU

As always, thanks for reading.

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THE BUSINESS OF MEDICINE
MIDLIFE CRISIS

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

There are milestones in our lives by which time we try and reach certain goals. One of these milestones is midlife. Is 50 years old mid-life? It is if you plan on living 100 years, which I am sorry to state is extremely unlikely. The average life span in the U.S. is 78 so midlife was actually at 39 years old. For most doctors that age has come and gone. However, as a physician who started in practice at around 30 years old and plans on practicing until around 70 years old, fifty is actually the midpoint in your professional life.

By this midpoint in your professional career you should be well on to your way to planning for your retirement. Because of our delayed time to earning income, doctors are behind most of the rest of the world in saving. Most people started earning a real income in their young twenties. One of my classmates from high school who became a police officer right out of high school was halfway to retirement at 30 years old. I had not even finished residency at that point. As physicians, we have to play catch up to make sure we have enough stocked away for our golden years. The miracle of compounding interest is based on time so we start behind the eight ball. As a physician, time is not on our side. The little bit we could sock away as residents definitely helped but the heavy lifting starts when you are in practice.

Let's look at the effect of time on savings. If you put $460 a month into stock market starting at 22 years old and earn 7% annually through the age of 67, you will have $1,755,000. However, if you don't start putting money away until 42 years old and put $830 a month into the market, then at the age of 67 you will have only $676,000. That's over a million dollars less available to spend in retirement because your saving was delayed. The financial moral of the story is save early, save a lot, and invest it.

So, in the midpoint in your medical career you should be smarter about your professional decisions. This means not buying into the fads. You know better than to suggest treatments that are not proven or based on science. CBD products are something I consider to be the latest snake oil with limited proof of efficacy. It is being touted as the cure for everything from depression and anxiety to heart disease and acne. Doctors are smart enough to not believe the hype. Avoiding the fads also goes for investing. Don't buy into individual stocks or companies that are touted as the next Google if good research is not there to back it up.

Also, at your professional midpoint don't invest your money into something that is too risky unless you can afford to lose that investment. Diversify your investments so that you have some money in bonds or bond funds but most of your money absolutely must be in the stock market. I love the low-cost index funds and ETFs. Remember you are not saving and investing to cash out at retirement because you will live past this age. Even after you retire you still need to invest your money and allow it to grow. You need to keep some money in the stock market forever.
Midlife does not necessarily mean crisis. However, you need to always asses how you are doing. I suggest quarterly analysis and work with a financial advisor every year or two. By midlife you should be well on your way to saving for retirement. The best way to deal with a crisis is to prevent it. All doctors are intelligent but you have to be smart with your money too.

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Westchester County Medical Society

BankCard USA
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Take Advantage of this GREAT New Member Benefit through BankCard USA

Independent surveys of the medical industry indicate that 78 percent of businesses are overpaying for their credit and debit card processing fees.

The Westchester County Medical Society recently formed a strategic partnership with one of the leaders in the credit card processing service industry. BankCard USA has been a direct processor of credit cards for over 25 years. By eliminating the "middleman", BankCard USA is able to pass along the savings, and the company has arranged for special pricing for members of the Westchester County Medical Society which includes:

- Processing charge of 1.00 percent on **regular** credit and debit Visa and MasterCard; 1.69 percent on Discover, as opposed to the industry standard of 1.50 percent and over 2.50 percent, respectively.
- Service fee of only $5.00 per month as opposed to the industry standard of $10.00-$19.00 per month.
- No charge for state of the art, PCI compliant credit card processing machines.
- Free paper supplies.
- Cash available for use within 24 hours of the card being processed.
- Online custom portfolio manager that helps track all credit and debit card transactions.
- Dedicated around-the-clock customer service.

BANKCARD USA representatives have experience working with groups of all sizes from individual medical practices to large hospitals.

Beginning in January 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. EMV is the new standard set of specifications for smart card payments and acceptance devices. The new EMV policy places the onus on the medical practice rather than the credit card processor if any fraud is committed. Therefore, it is imperative to be EMV compliant before January 2020. Come January 2020, all card processing terminals must be EMV compliant.

The United States is one of the last countries to migrate to EMV chip technology due to the tremendous cost to upgrade merchant terminals, POS systems and ATM machines. American Express, Discover, MasterCard and Visa have all announced plans to be ready for January's deadline.

The biggest benefit of EMV is the reduction in card fraud resulting from counterfeit, lost and stolen cards. EMV technology supports enhanced cardholder verification methods and, unlike magnetic stripe cards, EMV payment cards can also be used to secure online payment transactions. Switching to the new payment technology is inevitable to provide a more secure environment for your patients to pay for appointments, medications and other services.

What Happens if I Don't Adopt EMV Chip Technology?

Practices that have not adopted EMV chip technology by January 2020 **may be liable for any possible losses linked to card fraud, if EMV chip technology could have prevented the fraud. Physicians' offices and all other healthcare providers that accept credit or debit cards for payment are strongly urged to upgrade their equipment at some point before the liability shift.**

How Do I Get Ready for EMV?

Now is the time to begin to adopt EMV protocol. EMV compatible terminals are currently available and can be implemented in your medical practice. Start planning to replace your current terminal, whether hardware, virtual or computer-based systems.

If you have had the same terminal or software longer than two years, you are probably not compliant. Your processing representative or bank should have contacted you by now. **Remember, come January the merchant card companies will be off the hook if there is fraud committed in your office—and the cost of fraud may become your responsibility.**

Call our office for BankCard USA contact information: (914) 967-9100
Or Daniel Start at BankCard USA: (818) 540-3403

Annual Holiday Party 2019

The Westchester Academy of Medicine and The Westchester County Medical Society held its Annual Holiday Party on Friday, December 6th at the C.V. Rich Mansion in White Plains. About 75 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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AgeWell New York

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Medical Liability Mutual Insurance Company

Thank you to all of our 2019 Raffle Donors!

MLMIC; Joseph Tartaglia, MD & Antonella Tartaglia, MD; Kalli Voulgaris, CME Director;

Janine Miller, Executive Director and The Westchester Academy of Medicine

Holiday Party Highlights...

Thomas Lee, MD; Elaine Healy, MD; Kira Geraci, MD; Joseph Tartaglia, MD; Antonella Tartaglia, MD

Paul Pechman, MD; Jeff Jacobson, MD

William Zurhellen, MD; Marshal Peris, MD

Emily Reid; Malcolm Reid, MD; Noela Kleinman

Robert Ciardullo, MD; Kira Geraci-Ciardullo, MD

Joseph Tartaglia, MD calling the winning raffle numbers with our volunteers Milania; Maeve & Patrick

HONDURAS SPINE SURGERY BRIGADE
MARSHAL PERIS, MD

Recently I spent a week in Honduras performing spine surgeries and seeing clinic patients. Having never participated in anything similar in my career, I did not know what to expect. I spoke with other doctors and watched videos but nothing really prepared me for what I was to experience. The trip began at 6am from JFK when we flew to Atlanta for our connection to Honduras. The flight into Tegucigalpa is harrowing similar to landing on an aircraft carrier. We awaited the arrival of all our teammates on other flights and then in two buses and an army truck carrying our luggage with security guards traveling with us, we made our way into the mountains about 90 minutes north of the capital. The ride revealed the tremendous amount of poverty in the country. Many were living in shacks with no plumbing or running water.

We arrived at the NPH orphanage site through a sliding security gate and there we stayed for a week. The Nuestros Pequenos Hermanos/Hermanas site has teamed up with One World Surgery to create an outpatient clinic and surgery center for different surgical specialties to come and offer services that aren't normally offered in Honduras. The group I traveled with was organized through the Nuvasive Spine Foundation. We had three orthopedic spine surgeons, one neurosurgeon, one anesthesiologist/pain management doctor, two CRNA's, a few perioperative nurses, OR nurses, scrub techs, and physical therapists as well as a few non clinical volunteers.

We were able to interact with some of the children on site and play a pick-up game of basketball one night and we took a couple hikes on the property which had a small farm, animals and was very hilly and beautiful. Our rooms were clean and more than basic. Our showers were sometimes cold and sometimes scalding. Our food was mostly based on eggs, rice and beans with dinners often including chicken or meat or pasta. Every night we had a different speaker discussing the orphanage, the clinic/surgery center or the country. We also gave shout outs and awards to standout volunteers of the day and everyone took turns serving and cleaning up after meals. Bedtime was usually around 10pm so that everyone was well rested for an early start the next morning.

Our days started at 5:45 am wake up. We walked from our sleeping quarters through a field and past the orphanage school buildings to the clinic arriving around 6:30am. Pre-op patients were seen and all the normal consents and marking of the patients was performed. Interpreters were with us every step of the way to confirm no confusion on techniques and expectations and recovery. The first surgeries of the day were in the room by 7am and surgery started by 7:30. The facility's goal is to get all patients out the same day or early the following morning no matter how large the surgery. The clinic started at 8:30 and we saw as many patients as showed up in conjunction with our interpreters. Charting was a pleasure with no electronic medical records or dictating, just simple and relevant record keeping.

One patient story comes to mind as what you can do for someone when insurance companies and OR time and employees shifts aren't an issue. A 35 year old man in great shape presented to clinic around 11am Thursday morning with his MRI(films) in hand. The MRI was ordered by a local orthopedic surgeon. He was a farm hand and hadn't been able to work for 2 months because of severe pain in his leg from 2 herniated discs in his lumbar spine. I

HONDURAS SPINE SURGERY BRIGADE

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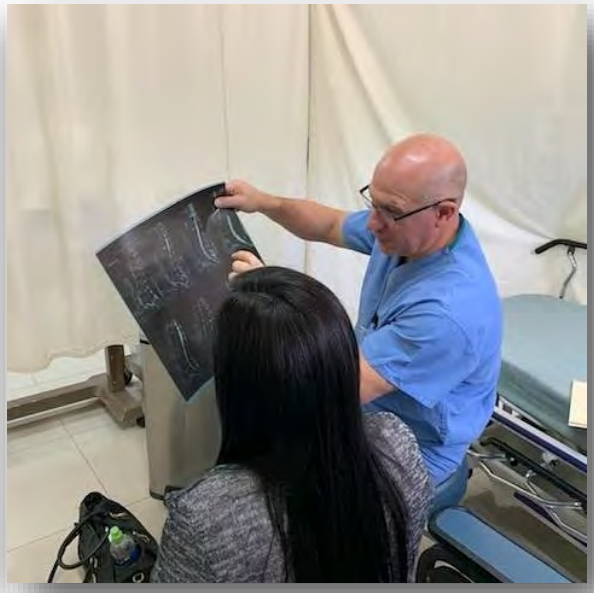
told him that he was a surgical candidate and that we could set him up for surgery in January when the next brigade was coming(In the US, this is a routine problem that I typically see in the office and book for a couple weeks down the road and we must get insurance approval and medical clearance preoperatively). He gave me a desperate look and told me that he didn't eat or drink anything after midnight in the hopes that we could operate on him that day or the next day. He needed to get back to work for his family's well-being. After a quick discussion with the anesthesiologist and clinic workers, we decided to add him on to the OR schedule that afternoon. Within 4 hours of showing up with his MRI, he was asleep in our OR where I performed an elective 2 level microdiscectomy surgery. He was home that evening with no pain in his leg and would return to light duty work 2 weeks later and full duty 6 weeks later. To think that this very healthy man with a very painful but routine problem may never have had this surgery is inconceivable but that is the reality in Honduras.

By the end of the week we performed 24 surgeries and saw over 180 patients. Our anesthesiologist performed around 50 injections as well. I was truly amazed at the efficiency of the clinic and the surgery center. I was more impressed with the patients who walked, got dressed and left hours after surgeries that if they were performed in the US, would have stayed for 1-3 nights in the hospital.

I have already signed up for Honduras again next year and will likely make a trip like this somewhere in the world a yearly event for the rest of my career. I encourage everyone reading to look into doing this. It will help so many unfortunate people and make you remember why we went to medical school to begin with.



Westchester Academy of Medicine & New York Medical College Student Wine & Beer Tasting Event

Joe Tartaglia, MD demonstrating the wine making process to NYMC students

On Thursday, November 21, the WAM sponsored a Member Wine & Beer Tasting with the Medical Students at New York Medical College. The event, held at the Alumni 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 and Paul Gerardi, MD brought their own wines for the guests to sample and explained the wine making process and joined Alfredo Veronese of Prospero Winery and the representatives from Captain Lawrence Brewery. 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.

Some Satire For a Good Laugh…

Updated Levels of Evidence for 2019—By Naan Derthaal—Originally published on Gomerblog.com

Cupertino, CA – The internet and social media particularly are ripe areas for debates about topics from dress colors to whether or not a hot dog is a sandwich. Medicine, like children of idiots, is not immune to this. In an effort to help clarify and settle arguments, we've compiled the updated Levels of Evidence for 2019.

This is to be considered the definitive ranking and is usable for all arguments henceforth.

Level 1: Randomized Controlled Trials/ Meta-analyses of high quality studies
Level 2: Prospective Controlled Trials
Level 3: Cohort Study
Level 4: Case Series
Level 5: Expert Opinion
Level 6: Social media statement posted by a Physician with a real name
Level 7: Social media statement by an anonymous account
Level 8: Gomerblog Articles
Level 9: Gomerblog Memes
Level 10: Memes without the Gomerblog seal of approval
Level 11: Anyone who says "Ive done my research" aka did a google search
Level 12: Anything from anyone named Karen/Kyle/Carol or any "Mom's group" on Facebook
Level 13: Doc McStuffins
Level 14: Fortune Cookies
Level 15: Dr. Oz
Level 15: Chiropractic/ Naturopathic/"Functional neurologist" websites/social media pages
Level 16: Jenny McCarthy

Social Media Doula Latest OB Trend

EVANSTON, IL—In one more push to offer fresh amenities to their patients, Labor and Delivery units are now employing Social Media Doulas to assist in the delivery of real-time birthing posts. Chelsea Malcolm, OB nurse administrator at St. Isidore Hospital, says the skills of the Social Media Doula allow new parents to focus on getting to know their baby while ensuring that their entire social network can, too.

Since they began offering the benefit earlier this year, Social Media Doulas at St. Isidore have created over 300 posts, including four Facebook Live events, for a pilot group of two dozen L&D patients.

Social Media Doula Micaela Green guarantees her posts will generate likes, comments, and shares. "I captured a crowning Boomerang video last week that went viral on all the mommy blogs," Ms. Green noted cheerfully. As of press time, the video had over 100,000 views on YouTube. When asked for comment, Vanessa Burren, the mother in the viral video, said, "They told me I couldn't use my selfie stick because it was in the doctor's way. I'm really glad Micaela was there to preserve the moment by getting it online immediately. She even came up with our birthing hashtag: #burrenbabyburren."

Those concerned with their appearance while giving birth may delegate their worries to the doula. "Rest assured that the Social Media Doulas on staff are trained in flattering lighting and portrait angles," Ms. Malcolm said. "You may not feel your best after labor, but you can look your best." According to Ms. Malcolm, the doulas also perform light makeup retouching and hair styling, as well as any necessary garment adjustments.

The Social Media Doulas are part of St. Isidore's burgeoning post-natal care team which also includes an in-house newborn photographer, lactation consultants, early childhood education coordinators, baby masseurs, and personal shoppers with expertise in infant gadgetry.

Patients interested in the services of the Social Media Doula simply need to include their usernames and passwords in their birth plan. Facebook, Twitter, Instagram, LinkedIn, Snapchat, and YouTube are included amongst the variety of supported platforms according to the St. Isidore Labor and Delivery Perks web page. Expectant parents are advised that peak social media browsing time is midmorning on weekdays and should plan delivery accordingly.

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medicine balloon the cost of healthcare, it undermines the attitude necessary for physicians to do their best for their patients.

The rise of social media has led physicians to be overly conscious of others opinion of their medical care. This can lead us into a trap of treating a patient's expectations rather than following what we know to be the best medical treatment. It becomes more important to get a 5 star rating than to ask a patient to do something which is hard and undesirable to them. This rating system is reinforced by the insurance companies and CMS and feeds into the fallacy of others opinion being equivalent to good, valuable medical care. Sometimes it is our responsibility to do the unpopular thing just because we know it is the right thing to do.

So where do we go from here? It is our responsibility, as the engaged physicians, to protect the fellow members of our profession. Even if our peers are not aware of what is happening to them, or the bullets they have dodged, it remains our role to stand up for what we know is right. We need to continue to get the message out and remind physicians that we are one community that is strongest when we are united.

Mark Your Calendar!
Board Meeting Dates 2019-2020:

January 9
February 13
March 12
April 2
May 14

MSSNY Physician Advocacy Day
March 4, 2020
Albany, NY

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

REMINDER:

STARTING JANUARY 1, YOU MUST USE ONLY THE NEW MEDICARE NUMBERS!

December 31 is the last day you can use the old numbers. Start getting ready now.

As you know, every Medicare Beneficiary has been issued a new Medicare number, the Medicare Beneficiary Identifier (MBI).

Starting January 1, 2020, only the new number can be used on claims and transactions. (What's going away is the old Health Insurance Claim Number or HICN, which was based on the patient's Social Security number.)

Patients have been sent all-new Medicare cards, and CMS has been reminding them to bring the new card to all their physician visits.

Right now we're in a transition period, but that period will end on December 31, 2019. **All claims and transactions MUST use the MBI as of January 1, 2020.** Providers must start using the MBI as soon as possible; CMS wants no leftover issues once the transition period ends.

WHAT YOU SHOULD DO RIGHT NOW:

Start talking to patients now about their new Medicare numbers, to get them used to the idea. Get in the habit of asking patients for their new Medicare card, at the time of service.

Start your own procedures for locating the new numbers when needed:

- Check the remittance advice (formerly the Explanation of Medicare Benefits). From now through December 31, when a claim is submitted with a valid HICN, the MBI will be shown on the remittance. (Caution: That doesn't tell you anything about the patient's Medicare entitlement. Be sure to check eligibility your usual way, too.)

- Do you use NGSConnex? It has a secure MBI lookup tool. You enter your own NPI, plus the patient's first and last name, date of birth, and actual Social Security number - not the old Medicare number, or HICN. (If you're not already an NGSConnex user, go to NGSConnex to register for a free account.)

If patients don't have their new cards with them at time of service: Remind them to use MyMedicare.gov to get their new Medicare number.

If patients say they haven't received their new cards yet: They need to contact 1-800-Medicare to update their home addresses, to make sure that another card can be mailed to the correct address.

If you need a visual aid to reinforce what you're telling your patients: Use CMS's good flyer, available at Get Your New Medicare Card. Make lots of copies and have them ready to give to patients.