



WESTCHESTER PHYSICIAN

August 2017

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PRESIDENT'S MESSAGE

ISN'T IT REALLY ALL ABOUT MONEY?

As I have progressed from medical student to resident to fellow and finally a full fledged spine surgeon with 15 years of experience, I have had my eyes opened to the reality of the world of practicing medicine. Growing up in Scotch Plains, New Jersey in the 70's and 80's, my parents introduced me to many physicians in many different specialties. I knew from an early age that I wanted to be a doctor and in fact, I don't recall a time in my life when I dreamed of doing anything else....except maybe playing for my beloved Steelers. As a result of my career aspirations, everyone wanted to tell me about what they did and expose me to medicine at an early age. I was luckily able to work as an OR orderly and ICU nurses aide during my college summers, and those experiences confirmed my decision. One thing was for sure, none of the physicians I met and worked with tried to talk me out of becoming a doctor.

Fast forward to 2017 and I am fairly certain many physicians are telling their children and their friends children and anyone who will listen to choose a different path. Why the change in heart? Why are we so frustrated by our practice environment? Why are so many of us looking for a different career path in medicine? Why are so many thinking about retiring early?

The answer is multi-factorial but at the end of the day, it's all about the money. After paying out of pocket or taking out loans for four years of college and four years of medical school, and then making minimum wage for upwards of 6 years or more of residency, the current wave of practicing physicians is seriously in debt at age 32. Their lawyer and Wall Street counterparts have already been working and earning top dollar for 7 to 10 years. Depending on the number of years one has been practicing at this point, the type of practice and chosen specialty, the return on one's medical education could be abysmal.

The US and state governments add to the problem with unfunded mandates that the physician needs to pay for but for which the physician can't be reimbursed. Examples of this include EMR and E-prescribing software as well as meeting Meaningful Use and quality metrics. The Medicare fee schedule and the private insurance companies that use it as a benchmark have created a situation where

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MARSHAL PERIS, MD
President, WCMS

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UPCOMING EVENTS

WAM Golf Outing
 Tuesday, October 3, 2017
 Westchester Country Club
 Rye, NY

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Westchester County Medical Society
333 Westchester Ave., Suite LN01
White Plains, NY 10604
914.967.9100 / FAX 914.967.9232

PETER J. ACKER, MD
Editor

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FROM THE EDITOR...

PETER J. ACKER, MD
BOOK REVIEW

**BELLEVUE: THREE CENTURIES OF MEDICINE
AND MAYHEM AT AMERICA'S MOST STORIED HOSPITAL**

By David Oshinsky



I was an intern in 1982 at Bellevue hospital working in the pediatric emergency room one Friday night. A one year old boy accompanied by his mother presented to the triage area complaining of fever and a rash. Certainly this, on the surface, did not appear to be a remarkable event. However, it turned out to be anything but ordinary. First off, the mother recounted that she and her son had flown directly from Peru to JFK and then taken a taxi directly to Bellevue. It was her first visit to the United States and she spoke no English. Secondly, the rash was unusual and dramatic, looking like a severe case of seborrheic dermatitis mixed with purpura. Many doctors probably wait decades to see their first case of Histiocytosis X, but I, at the nascence of my medical career, could cross that disease of my list just as a bird watcher may do so upon sighting a rara avis. I remember at the time marveling that this woman from Peru, summoning that maternal energy and resourcefulness that has sustained our species through the ages, had had the wherewithal to travel thousands of miles fueled by the confidence that Bellevue would save her child.

Bellevue occupies a unique place in the pantheon of hospitals. It arguably is America's first hospital and has a number of firsts to its credit such as creation of a civilian ambulance corps, a nursing school, depts. of psychiatry and pediatrics. From yellow fever to Ebola, it has "seen it all". Because of this along with my personal connection, I picked up David Oshinsky's history of Bellevue with alacrity and it fulfilled all my expectations relating cogently the broad sweep of its history over three centuries and skillfully intertwining it with the sociologic and political history of New York City itself. It is Dickensian in its scope and depicts medicine in its cruelest and crudest and has vivid portrayals of the various characters both on the medical side and the patient side. For example Norman Mailer was committed to Bellevue for stabbing his wife while drunk, apparently because she told him that "he couldn't shine Dostoyevsky's shoes". Mailer kept a detailed journal of his seventeen days there.

(Continued on page 4)

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Barry P. Mitchell Jr., CRPC®, CRPS®
Managing Director—Wealth Management
Senior Portfolio Manager, PMP
Retirement Plan Consultant
barry.mitchell@ubs.com

Jennifer G. Piche
Senior Wealth Strategy Associate
jennifer.piche@ubs.com

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

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

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

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

Mitchell WealthCare
UBS Financial Services Inc.
709 Westchester Avenue, Suite 400
White Plains, NY 10604
914-287-6074

ubs.com/team/themitchellgroup



THE BUSINESS OF MEDICINE

WHO IS MAKING THE DECISIONS?

Rick Weinstein, MD, MBA
 Director of Westchester Sport & Spine @ White Plains Hospital Center

One of the keys to any successful business is having a CEO with vision. Businesses either grow or die. A smart leader is a prerequisite for your continued business' success. You don't have to be the visionary, but you better have one at the helm.

Look Up

In a business where everyone is just going to work every day, putting their heads down, pushing forward and not looking up, the business is destined to fail. Most doctors live in a world where they think if they just see lots of patients and do a good job they will have a booming medical practice. This could not be more wrong. Someone needs to consider what is successfully working and what is failing. The business and the environment needs to constantly be evaluated and monitored.

Which insurances are paying well and which ones waste your time? Remember Obamacare and the lies that we were told like you would get paid for your work? Hopefully someone realized these plans were high-risk and low-reward in your business and steered you clear of them.

Changes

Markets change. People change. Your medical practice will change. If you do not adapt your business to this change, it will fail. Every business requires a leader who is able to articulate and implement changes. The practices that adapt to change will survive and thrive. Those that do not adapt will become extinct.

Grow to Survive

In your practice, build and grow what is working. Do not invest more into what is not working. If your laboratory is not generating money and actually losing money, it may be worth discontinuing it. If you're losing money on a service you provide, stop doing it. Don't put money into part of your business that is not doing well. If one of your doctors is very productive and successful, work to grow that doctor more. If one of your doctors is not productive and losing money, don't waste time and money trying to fix a problem that is not amenable to repair.

Driving Eyes Wide Open

We are in the practice of medicine and our practices are businesses. You must evaluate what you have and steer where you are going. Someone must keep an eye on the road ahead to keep your practice going forward. Any business without vision will be blindsided by change.



FROM THE EDITOR...

PETER J. ACKER, MD

BOOK REVIEW

BELLEVUE: THREE CENTURIES OF MEDICINE AND MAYHEM AT AMERICA'S MOST STORIED HOSPITAL

By David Oshinsky

(Continued from page 2)

Bellevue's history is of course full of unique drama. My own time there included 3 years of pediatric residency, two years of fellowship in the pediatric outpatient and emergency departments and several years of moonlighting as an attending in the emergency room encompassing the 80's and early 90's. This coincided with a seminal event in the history of infectious disease, the unfolding of the AIDS epidemic. It was no surprise, with its strong tradition of treating all comers that it was at the center of the effort to identify and treat this epidemic. I remember vividly taking care of pediatric patients in my internship that were quite ill, but without a definitive diagnosis – only in retrospect did we realize that some of them were some of the first pediatric cases of AIDS. Soon after it was characterized as a syndrome, but we did not know the cause. The spirit de corps that infused the medical and nursing staff in confronting this during this scourge remains a point of immense pride in the character of this institution.

Full of novelistic detail, it keeps the reader on the edge of his seat as each story unfolds and it captures the spirit of the institution. I highly recommend this book to anyone with an interest in medicine, history, politics, sociology, public health, epidemiology or just anyone who wants to read a thrilling story. A wonderful read!





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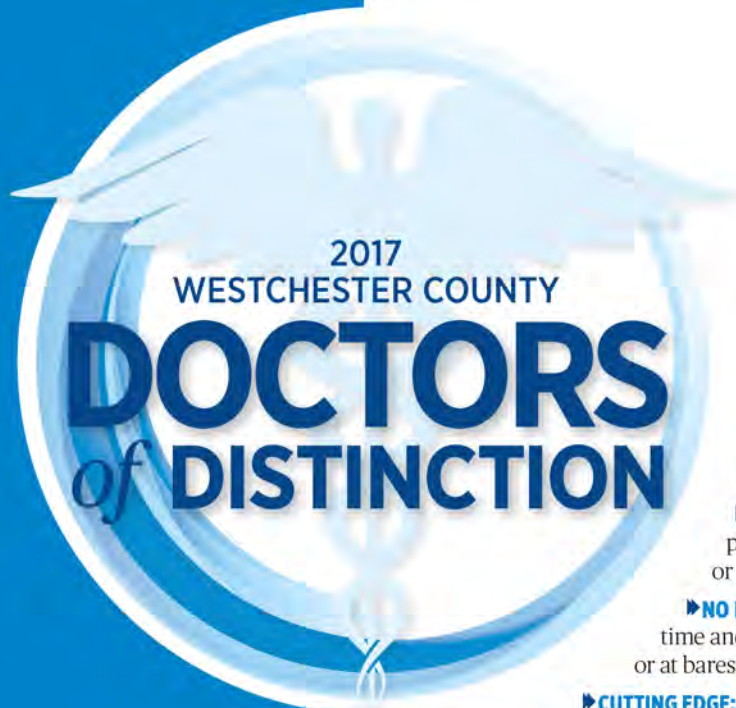
info@agewellnewyork.com | agewellnewyork.com

We're here for your call.

Toll Free 1.866.586.8044 | TTY/TDD 1.800.662.1220

AgeWell New York, LLC is a HMO plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in AgeWell New York, LLC depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. This information is available for free in other languages. Please call customer service at 1-866-586-8044 or TTY 1-800-662-1220 seven days a week from 8:00 am to 8:00 pm Eastern Time or visit www.agewellnewyork.com. AgeWell New York complies with applicable Federal civil rights laws and does not discriminate on the basis of races, color, national origin, age, disability, or sex. AgeWell New York cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. AgeWell New York 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或別而歧視任何人。ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-586-8044 (TTY: 1-800-662-1220). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-586-8044 (TTY: 1-800-662-1220). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-586-8044 (TTY: 1-800-662-1220)。

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2017
WESTCHESTER COUNTY
DOCTORS
of **DISTINCTION**

NOMINATE A DOCTOR
IN THE FOLLOWING CATEGORIES

▶ **ALL IN THE FAMILY:** In recognition of husbands and wives, parents and children or siblings who work together in a practice or separately, dedicating their lives to make other lives better.

▶ **NO LAND TOO FAR:** In recognition of a doctor who donates his or her time and expertise to countries where medical care is either nonexistent or at barest minimum.

▶ **CUTTING EDGE:** In recognition of a doctor who spends endless hours working on research and clinical trials to save lives.

▶ **CARING FOR ALL:** In recognition of a doctor who turns no patient away, but rather devotes time and effort to philanthropic cases.

▶ **FEMALE TRAILBLAZER:** In recognition of a female doctor who has made great strides in empowering other women to advocate for themselves and be aware of their specific medical needs.

▶ **PROMISE FOR THE FUTURE:** In recognition of a medical student who excels in his or her studies and will bring compassionate care and a fresh perspective to the medical profession.

▶ **LIFETIME ACHIEVEMENT AWARD:** In recognition of a physician respected for a lifetime career in the medical profession.

To nominate, visit westfaironline.com/doctors or call Rebecca Freeman at 914-358-0757.

AWARDS PRESENTATION | OCT. 24 | 5:30 P.M.

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SUPPORTER



A UNIQUE AWARDS PROGRAM CELEBRATES THE ACCOMPLISHMENTS OF PHYSICIANS IN WESTCHESTER COUNTY JUDGED BY A PANEL TO BE THE MOST EXEMPLARY IN THE PROGRAM'S CATEGORIES. THIS PRESTIGIOUS FIFTH ANNUAL EVENT IS CO-PRESENTED BY BROWN, GRUTTADARO, GAUJEAN, PRATO & SASTOW ATTORNEYS AT LAW; UBS MITCHELL WEALTHCARE AND THE WESTCHESTER COUNTY BUSINESS JOURNAL AND WESTCHESTER COUNTY MEDICAL SOCIETY.

Open to nominations from the public, this is an opportunity to recognize those physicians who make an impact each and every day on people's lives.

NOMINATION DEADLINE: SEPTEMBER 29



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Medicaid Fee-For-Service (FFS) to Systematically Enforce Legislation Limiting Initial Opioid Prescribing to a Seven Day Supply.

In accordance with New York State Public Health Law, effective August 24th, 2017, the Medicaid FFS program will be implementing a seven (7) day supply limit on initial opioid prescribing for acute pain. This is a change from the current editing, implemented on December 5, 2013, which set the limit to a fifteen (15) day supply on initial opioid prescriptions. Information on this legislation can be found on page 6 of the [July 2016 Medicaid Update](#).

Prior authorization (PA) will be required for claims that do not meet the above criteria.

To obtain a PA, please contact the clinical call center at 1-877-309-9493. The clinical call center is available 24 hours per day, 7 days per week with pharmacy technicians and pharmacists who will work with you, or your agent, to quickly obtain a PA.

The most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization (PA) Programs and a full listing of drugs subject to the Medicaid FFS Pharmacy Programs can be found at: <http://newyork.fhsc.com> & https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf.

Medicaid enrolled prescribers can also initiate PA requests using a web-based application. PAXpress® is a web based pharmacy PA request/response application accessible through <http://www.eMedNY.org>

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CJS 401 6/16

Exp. 12/31/18

CMS UPDATES

NEW MEDICARE CARD: WEBPAGE UPDATES

CMS updates the New Medicare Card pages on a rolling basis. Check the [New Medicare Card](#) homepage and [Provider](#) webpage frequently for changes. This week, we added a new [exception](#) for claim status queries.

IRF QUALITY REPORTING PROGRAM: RECONSIDERATION PERIOD ENDS AUGUST 17

CMS notified facilities that are non-compliant with Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) requirements for CY 2016, which will affect their FY 2018 annual payment update. CMS mailed non-compliance letters and placed them in the Quality Improvement and Evaluation System (QIES) - Certification and Survey Provider Enhanced Reporting (CASPER) system on July 18.

Facilities that received a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59 pm PST, August 17. See the instructions in your notification letter and on the [IRF Quality Reporting Reconsideration and Exception & Extension](#) webpage.

LTCH QUALITY REPORTING PROGRAM: RECONSIDERATION PERIOD ENDS AUGUST 17

CMS notified Long-Term Care Hospitals (LTCHs) that are non-compliant with LTCH Quality Reporting Program (QRP) requirements for CY 2016, which will affect their FY 2018 annual payment update. CMS mailed non-compliance letters and placed them in the Quality Improvement and Evaluation System (QIES) - Certification and Survey Provider Enhanced Reporting (CASPER) system on July 18.

Providers that received a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59 pm PST, August 17. See the instructions in your notification letter and on the [LTCH Quality Reporting Reconsideration and Exception & Extension](#) webpage.

HOSPICE QUALITY REPORTING PROGRAM: RECONSIDERATION PERIOD ENDS AUGUST 17

CMS notified hospice providers that are non-compliant with Hospice Quality Reporting Program (HQRP) requirements for CY 2016. Any hospice determined to be non-compliant may be subject to a two percentage point reduction in their FY 2018 annual payment update. Non-compliance letters were dated July 18, 2017, and sent by mail and via the Quality Improvement and Evaluation Systems (QIES) - Certification and Survey Provider Enhanced Reporting (CASPER) system.

Check your CASPER folder to determine if your hospice received this letter. If so, you may submit a request for reconsideration to CMS no later than 11:59 pm PST on August 17. See the instructions in your notification letter and on the [Hospice Reconsideration Requests](#) webpage. Failure to submit a reconsideration by the deadline means acceptance of your non-compliance with HQRP requirements.

EHR INCENTIVE PROGRAM HARDSHIP EXCEPTION APPLICATION DUE BY OCTOBER 1

Eligible professionals (EPs) who are first-time participants in the Medicare Electronic Health Record (EHR) Incentive Program in 2017 are eligible to apply for a [one-time hardship exception](#) by October 1, 2017. A first-time EP may apply for this one-time significant hardship to avoid a 2018 payment adjustment if:

- The EP is a first-time participant in the EHR Incentive Program in CY 2017 and intends to participate in the Medicare EHR Incentive Program in CY 2017
- The EP is transitioning to Merit-based Incentive Payment System (MIPS) for the 2017 performance period
- The EP intends to report on measures specified for the Advancing Care Information performance category under the MIPS in 2017

For More Information:

[Hardship Exception Instructions](#)
[EHR Incentive Programs](#) website

- Quality Payment Program Service Center at 866-288-8292 (TTY 877-715-6222) or QPP@cms.hhs.gov
- EHR Information Center at 888-734-6433 (press 1)



Calling all WCMS Members—Volunteers Needed for 9/11: Serve and Remember Event

The Westchester Academy of Medicine is proud to sponsor Volunteer New York's 9/11: Serve and Remember event. We have reserved 15 volunteer spots for our organization to participate on Sunday, September 10. If you would like to be a part of this community volunteer effort please contact our office to reserve your space.

ORGANIC GARDENING AT THE HILLTOP HANOVER FARM & ENVIRONMENTAL EDUCATION CENTER

[Hilltop Hanover Farm](http://www.hilltophanoverfarm.org) <http://www.hilltophanoverfarm.org>

Hilltop Hanover Farm is a nonprofit working farm and environmental education center dedicated to the development and advancement of sustainable agriculture, environmental stewardship, community education, and accessible food systems for all. A minimum 10% of produce grown is donated to food pantries and soup kitchens. Join us for the 2017 Days of Service as we remember those who served and those who were lost. We will be weeding gardens, grooming the common areas of the farm and possibly harvesting some crops. Water & sunscreen will be provided for volunteers. Inclement weather may cancel an event so please sign up so we may contact you if this happens. Make sure you come dressed to get dirty, bring some gloves and your reusable water bottles. Afterwards, take some time to relax and reflect in unity with others. Bring a picnic lunch and enjoy our scenic property or go for a hike on our 3.5 miles of marked woodland trails. Parking is in a white fenced lot across the street from the farm. Entrance to the lot is by the yellow crosswalk sign. Wear work clothes. Bring gloves and your reusable water bottle. This is a family friendly event. If you are interested in signing up as a family, please choose Sign up with a team. Volunteers must be 18 years old or 13 with an adult to participate in this event. This project is a part of 9/11: Serve + Remember.

SUNDAY, 9/10/2017 1:00 PM - 3:00 PM

LOCATION: Yorktown Heights, NY 10589

EVENT: [9/11: Serve + Remember 2017](#)

VOLUNTEER LIMIT:15

OPPORTUNITY LEADER: Wendy Pearlroth

Full opportunity address and directions will be sent to you by e-mail after you sign up.

ISSUE AREAS

Environment,

POPULATION SERVED

N/A

ACTIVITY TYPE

N/A

REQUIREMENTS

Age Minimum (with Adult) - 13, Minimum Age - 18+, Skill Category - N/A

Please contact Janine Miller at jmiller@wcms.org or 914-967-9100 to register.

YOUR ANNUAL RETIREMENT CHECK-UP -- IN 3 EASY STEPS

If you're like most people, then once a year, you head to your doctor, regardless of whether you think you may need it at the time. He or she pokes and prods you, gives you a number of tests and asks -- and answers -- any potential questions you may have. All of this is de rigueur for a regular check-up.

Many may not realize it, but when you're old enough to start saving for retirement -- which should be as soon as you start working -- the best course of action for maintaining a healthy retirement plan is to schedule an annual check-up for it as well.

So to get you started on your annual savings diagnostic, here are three easy steps that you and your financial professional can take together and use as starting points for your own annual retirement check-up -- with no shots necessary:

Step 1: Review your life circumstances and retirement goals.

Just like with a doctor, you'll want to review your current situation with a Retirement Program Specialist: Has anything significant changed for you since your last review? Newly married, perhaps -- or newly divorced? Maybe you've had a child -- or are now sending said "child" off to college. Or you may be on the verge of retiring and collecting retirement income. As for your retirement goals: Have they changed at all? Perhaps you're anticipating retiring sooner or later than you'd originally planned, or your vision of what you'd like to do in retirement has in some way changed. The answers to such questions can definitely have an effect on your retirement planning and how much you'll need to save.

Step 2: Review your investment strategy, and, if necessary, rebalance.

Your portfolio's mix of investments should be reflective of your goals, tolerance for risk and how much time is left before you'll turn those assets into income. If you haven't revisited your asset allocation (i.e., your investment mix) in a while, some degree of adjustment may be necessary.

But even if your life and goals have not changed significantly, the markets, as you are no doubt aware, are constantly fluctuating, so your particular combination of investments can still become unbalanced. In which case you could take this opportunity to rebalance your portfolio and bring your allocations back in line with your overall strategy.

Step 3: Ask yourself: "Can I afford to save more?"

Even if you feel like you're saving enough as is -- it never hurts to save more. Especially when you stop to consider the range of unforeseen circumstances that could arise in your future. Do you have enough set aside for retirement -- *plus* a new roof for your house, or to cover medical expenses in the event of an illness? What if the market declines just before your retirement -- and you don't have time to make up the difference?

By planning ahead and saving more each year, you'll help your assets grow and compound more quickly -- and improve the odds that you can financially compensate for potential curve balls down the road.

So is it time to give your retirement plan a check-up?

If so, contact a Retirement Program Specialist now, and together, you can review the specifics of your situation and ensure that your current savings strategy is still on track to providing a comfortable and secure retirement.

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Executive Deputy Commissioner

Medicaid Fee- for- Service Providers Dispense Brand Name Drug when Less Expensive than Generic Program

Effective 8/24/2017, the following changes will be made to the Dispense Brand Name Drug when Less Expensive than Generic Program:

- **Vigamox** will be **added** to the program.

In conformance with State Education Law which intends that patients receive the lower cost alternative, brand name drugs included in this program:

- Do not require 'Dispense as Written' (DAW) or 'Brand Medically Necessary' on the prescription.
- Have a generic copayment.
- Are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).
- Do not require a new prescription if the drug is removed from this program.

IMPORTANT BILLING INFORMATION

Prescription claims submitted to the Medicaid program **do not require** the submission of Dispense as Written/Product Selection Code of '1'; **Pharmacies can submit any valid NCPDP field (408-D8) value.**

List of Brand Name Drugs included in this program* (Updated): 8/07/2017

Adderall XR	Focalin	Tazorac cream
Aggrenox	Focalin XR	Tegretol suspension
Alphagan P 0.15%	Gleevec	Tegretol XR
Benzaclin pump, gel	Hepsera	Tobradex suspension
Butrans	Kapvay	Trizivir
Catapres-TTS	Myfortic	Valcyte tablet, solution
Cellcept suspension	Pataday	Voltaren Gel
Copaxone 20mg SQ	Patanase	Vigamox
Diastat	Protopic	Xeloda
Differin	Pulmicort Respules	Xenazine
Edecrin	Retin-A cream, gel	Zyflo CR
Exelon Patch	Strattera	

*List is subject to change

Please keep in mind that drugs in this program may be subject to prior authorization requirements of other pharmacy programs, promoting the use of the most cost-effective product.

PRESIDENT'S MESSAGE ISN'T IT REALLY ALL ABOUT MONEY?

(Continued from page 1)

each year you must work harder to earn the same living. Physicians and healthcare organizations must hire and pay more staff and physician extenders in order to meet all the requirements and still continue to see all their patients efficiently with high quality and high patient satisfaction. Lastly, malpractice insurance rates continue to be exorbitant and the plaintiff bar continues to push for legislation extending the date of discovery which if passed will only raise our rates even higher.

For those die-hard future doctors that see all these facts and for many current dissatisfied practicing physicians, the answer for many is to choose a career of employed medicine, which includes: shift work, lack of patient continuity, infrequent call nights, guaranteed vacation and guaranteed (lower) salary. The healthcare conglomerates and many in the US government WANT this to happen for all physicians. It is the ultimate cost control mechanism. The employed physician can be forced into

submission to order fewer tests, operate on fewer patients, see more patients per day, and ultimately accept a lower salary. They can also be fired if they don't practice in the way their employer mandates. If 100% of physicians were employed, the corporate and hospital executives would laugh at us in the board rooms for paying our own way through higher education and then letting them keep all the money.

Would patient outcomes improve or life expectancy improve as a result? Not a chance.

Would patients be forced into following protocols and accepting delays in care? Absolutely yes.

For those reading this article in medical school or residency or even 20 years into practice, think long and hard about whether you will choose a fully employed position in medicine or not. If all physicians sell out and succumb to the pressure to completely give up our autonomy, not only will we lose out on our investment in ourselves, but our patients and families will lose out on seeing our true potential in caring for them.



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WCMS Board Meeting Schedule

2017-2018

September 7

October 12

November 9

December 21

January 11

February 8

March 8

April 19

May 10



Have an idea for a story, a topic you want to see covered or information that you feel is important to share with your fellow WCMS members?

Please submit them to our office:
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Westchester Academy of Medicine 2017 Golf Outing & Fundraiser

**Tuesday, October 3, 2017
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.

**Individual—\$400 ♦ Individual plus Hole Sponsorship—\$575
Paid Foursome—\$1,400 ♦ Paid Foursome plus Hole Sponsorship—\$1,525
Hole Sponsor \$275**

**Additional Sponsorship Opportunities Available
Cocktails/Dinner Only—\$150 per person/\$250 per couple**

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

Golf Reservations are Limited—Please RSVP Today!



Westchester Academy of Medicine 2017 Golf Outing & Fundraiser Tuesday, October 3, 2017

Please Fax to 914-967-9232

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