



WESTCHESTER PHYSICIAN

November 2022

Volume 38, Issue 9



PRESIDENT’S MESSAGE

PART III—GIVE ME SOMETHING

BRUCE MOLINELLI, MD PRESIDENT

“If you want something you’ve never had, you must be willing to do something you’ve never done”

Thomas Jefferson

It’s still ok to read this installment even if you missed parts I and II. Here’s a quick synopsis:

Part I — We are really really busy as doctors.

Part II —We really really don’t have time to help ourselves but now we have knowledge of a group like the Westchester County Medical Society (WCMS) that exists to help all us physicians.

There! You’re caught up. (*Group thought from those who read the previous articles: “We wish you had spared us the time it took to read the previous two articles. How about a quick synopsis on this one and we can call it a day?”*).

Not so fast. So here goes —Part III — Give Me Something

(Hold on for a sec.....Before you start, let us tell you what we want, which is to know in simple terms what exactly are we getting as members? What specifically does this so called support society do? What meaning does physician advocacy have in real terms? We remain a profession highly regulated, meticulously scrutinized and often denigrated, heading expeditiously towards the corporately controlled precipice. As far as we can see, there really is no value in these medical societies.)

Wrong!

Here it is laid out plainly with tangible, perhaps even palpable details in an easy concise, Cliff-notes, sort of way.

You need a CPA (lawyer, banker, health insurer, etc) for your practice and could ask your friends, colleagues and Google,or phone the WCMS and see if they have a recommended list of professionals who have been vetted by others members and perhaps even provide discounted rates exclusively to WCMS member.

You need to obtain CME credits or need CME accreditation for your presentation and will pay for a course online or travel to attend a conference in person, ... or tap into the WCMS to obtain these credits through free educational opportunities on a wide variety of topics provided by the WCMS’s Academy of Medicine arm and through our business partners.

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BRUCE MOLINELLI, MD
President, WCMS

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WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
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FROM THE EDITOR...

CRYBABY
PETER ACKER, MD



A normal baby cries on the average about 2 hours a day. Every new parent knows that baby's cry but that simple knowledge is no preparation for the sheer agony that can ensue when a baby cries for prolonged periods for no discernable reason and defies all strategies to provide comfort. I still remember vividly our first born 32 years ago wailed away each evening, my wife looking askance at me the pediatrician who had no answer despite years of training to that simple question, why.

Dealing on a daily basis with newborns, it is no surprise that an article in the science section of the New York Times caught my eye a couple of weeks ago. It described some recent research into the neurobiology of a baby's cry. One study with mice identified a small cluster of brain cells that were known to be in charge of fast, active respiration. It also controls the behavior of crying. When these neurons were obliterated (only 17,000) in baby mice, they could only breathe very slowly. If they opened their mouths to cry, nothing came out. More important was the behavior of the mother mouse which was to completely ignore the pups who would die. There is no question that a baby's cry exerts a galvanizing affect upon the parent and ensures that progeny are well cared for.

Another study involved recording the cries of various mammalian infants: bat, eland, sea lion, marmot, goat and kitten. There were remarkable similarities across all these species. The cry is a clear fundamental tone which falls and rises in unpredictable ways, similar to a police siren which simply cannot be ignored. Within 49 thousandth of a second from that start of the baby's cry, the periaqueductal gray matter in the midbrain of the parent lights up quickly rousing him or her out of the deepest of sleep. What was fascinating that all the infant cry's elicited the same response in parents regardless of the species.

Researchers have also attempted to characterize the different cries in response to different situations. The baby that is simply hungry produces an angry cry, eyes have closed, head turned to one side, full throated and escalating. The frightened baby instead hesitates, the facial muscles tense before emitting the cry and the eyes are wide open. The response to pain as is observed when a shot is administered is immediate, full force with the eyes tightly closed.

This subject though important for every practicing pediatrician, has for personal reasons of particular interest for me: to wit my oldest daughter who taught me so much in her infancy is due to have her own baby next month. Similarly she is also a pediatrician and I have no doubt despite all preparation, the reality will be full of surprises: the sheer worry that descends upon a new parent, the cacophony of sounds that the precious bundle produces even when not crying, snorts, grunts and explosions of gas, and most importantly the power of a baby's cry. I look forward with intense anticipation to this grand event and of course want to help in any way I can, though I have a feeling I will be as inept as I was so many years ago!



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PRESIDENT'S MESSAGE**PART II—GIVE ME SOMETHING****BRUCE MOLINELLI, MD PRESIDENT***(Continued from page 1)*

You have an insurance claims issue with a carrier. They are once again denying, reducing, disputing your clean claim, so you could fight the insurer on your own (the David and Goliath approach unlikely resulting in the biblical ending version),

...or call WCMS which has unlimited access to the Medical Society of the State of New York (MSSNY) personnel who deal specifically with insurers on behalf of physicians and have been able to recoup payments and clarify policy to correct plan indiscretions.

You need to bounce something off of legal so you can contact your lawyer incurring the usual expense

... or as a parsimonious approach, call WCMS who would reach out to their counsel with a potentially equally worthy resolution.

You can find some free time, some day maybe, to research a way to give back to your community and perhaps establish a scholarship program or influence students to consider a medical career,

...or call WCMS and see which scholarship and mentorship opportunities they have for High School, College and Medical Students

You could lodge a complaint to an insurance company about the time consuming burdensome preauthorization processes for studies or procedures which you have never been refused,

...or ask the WCMS to present an act to WCMS's delegation to MSSNY to develop policy and promote recommendations and petitions to the New York State legislatures to enact laws forcing insurance companies to abrogate burdensome impediments of preauthorization for standard tests and treatments.

You can peruse the internet to discern the positions of your local legislature on various medical issues,

...or ask WCMS for their succinct "report card" on how the various legislatures voted on past and present medically related topics.

You can set up your own office disability policy (good luck with that),

... or tap into the WCMS resources for processing.

You want to expand your network of colleagues for exchanging ideas and growing your practice, and could send out letters, cards, take out ads, refurbish your website, LinkedIn, Instagram page, hire skywriters and advertising banner twirlers,

...or call the WCMC to see what networking events are coming up.

You could bemoan to no one in particular about non-physician medical entities encroaching on your practice without the same level of expertise or training (and who would listen anyway)

...or call WCMS to see what scope of practices issues are being petitioned to Albany by MSSNY on behalf of the physicians in the state (we would listen).

You can endure the incessant repetitive work-home, home-work cycle neglecting a social outlet, with no motivation to initiate plans,

...or simply access the free social events sponsored by the WCMS (golf outings dinners, happy hours, wine tastings, etc) to interact with your friends and colleagues.

You need health insurance for you, your family and maybe staff, and suffer the annual carom from plan to plan based on costs and services,

.... "AND you can be assured that MSSNY is investigating and implementing a fledgling program that may develop into a viable option for members some day (but not yet.... stay tuned)."

(We think you are missing the mark for many of us. As employed physicians compromising greater than 50% of NY State physicians, we are employed physicians and part of a much larger institution or medical group entity that protects us from many of these issues. All we needed was to relinquish full autonomy of how we practice. So why should we bother to be part of the WCMS? Come on let's face it, the WCMS is really only pertinent for the independent practitioner.)

Wrong again!

Perhaps your employer provides much of what you need in regards to the operations of a practice, a salary, and benefits, but what are your rights with regards to restrictive covenant, and employment compensation? What about the legislative issues that may benefit medical institutions but perhaps may not be beneficial to physicians.. such as insurance reimbursement and scope of practice.

Remember that although physicians are a necessary component of medical care, we come at a cost to institutions. We tend to have the higher salaries when compared to mid level providers who can provide some basic services, at a lower cost. Are we replaceable? You bet!

Plus, as the reimbursement for professional fees decline, so does our potential clout to the institution. So perhaps the mid level provider who can perform the same tasks are more cost efficient to the institution. Could this translate to fewer MD/DO jobs available? Ask your ED colleague.....Just a thought.

And ultimately, what benefits physician productivity and reimbursements will benefit the employer.

(Come on now, you think the small WCMS, albeit 900

(Continued on page 11)

STOP THE TRAIN
Elliot Barsh, MD

“We don’t just need each other, we are each other.” -Yung Pueblo

Hi everyone.

Happy Thanksgiving!

Some people equate **thankfulness** with **gratitude**.

Being grateful is more than being thankful.

It is an **understanding**.

It arises from, how we approach, pay attention to, or as David Whyte writes,

“...being awake in the presence of everything that lives within and without us.”

We **understand** that we are **part of something**, even though **grief, disease, and illness** can make us feel like **nothing**.

We **understand** that while **time is scarce**, our **capacity for love and compassion is abundant!**

There is so much for us to be **grateful** for!

Mary Oliver’s **Gratitude Poem** is beautiful, thought-provoking, and a great writing exercise.

I am grateful to all of you for the work you do and the loving kindness you bring to the world.

Again, Happy Thanksgiving!

Be safe.

Mary Oliver – Gratitude Poem

What did you notice?

The dew-snail;
 the low-flying sparrow;
 the bat, on the wind, in the dark;
 big-chested geese, in the V of sleekest performance;
 the soft toad, patient in the hot sand;
 the sweet-hungry ants;
 the uproar of mice in the empty house;
 the tin music of the cricket’s body;
 the blouse of the goldenrod.

What did you hear?

The thrush greeting the morning;
 the little bluebirds in their hot box;
 the salty talk of the wren,
 then the deep cup of the hour of silence.

When did you admire?

The oaks, letting down their dark and hairy fruit;
 the carrot, rising in its elongated waist;
 the onion, sheet after sheet, curved inward to the pale green wand;
 at the end of summer the brassy dust, the almost liquid beauty of the flowers;
 then the ferns, scrawned black by the frost.

What astonished you?

The swallows making their dip and turn over the water.

What would you like to see again?

My dog: her energy and exuberance, her willingness,
 her language beyond all nimbleness of tongue,
 her recklessness, her loyalty, her sweetness,
 her strong legs, her curled black lip, her snap.

What was most tender?

Queen Anne’s lace, with its parsnip root;
 the everlasting in its bonnets of wool;
 the kinks and turns of the tupelo’s body;
 the tall, blank banks of sand;
 the clam, clamped down.

What was most wonderful?

The sea, and its wide shoulders;
 the sea and its triangles;
 the sea lying back on its long athlete’s spine.

What did you think was happening?

The green beast of the hummingbird;
 the eye of the pond;
 the wet face of the lily;
 the bright, puckered knee of the broken oak;
 the red tulip of the fox’s mouth;
 the up-swing, the down-pour, the frayed sleeve of the first snow—
 so the gods shake us from our sleep.



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U.S. Department of Health and Human Services

ASPR Administration for Strategic Preparedness & Response

Awardee Guide

Single-Dose Vial Presentation for Pfizer (12+) Updated COVID-19 Vaccine

On **November 14**, HHS will open ordering to jurisdictional and federal entity administration partners for a limited amount of the updated (bivalent) Pfizer-BioNTech COVID-19 vaccine for people 12 years of age or older in single-dose vials. Deliveries will begin several days later. This vial presentation is in response to widespread requests from our vaccine administration partners for the greater flexibility this presentation provides.

This limited introduction of single-dose vials is designed to allow partners to offer the updated COVID-19 vaccines in more places, such as physicians' offices or mobile clinics that may not have the capacity or demand to keep multi-dose vials of COVID-19 vaccine on hand. It is the latest step in improving ease of access for COVID-19 vaccines and creates the potential for more equitable availability of this lifesaving product.

The U.S. government will continue distributing multi-dose vials of the updated Pfizer vaccine for people 12 years of age or older through our distribution network that reaches more than 70,000 vaccine administration sites.

Ordering and Distribution

The introduction of single-dose vials will provide administration partners with greater flexibility in their vaccine distribution strategy. This limited rollout is intended to expand the number of locations that offer the updated vaccine. Partners are encouraged to direct their orders of single-dose vials to sites where they will most increase access and availability of the updated vaccine to people. For example, administration partners could use single-dose vials to expand access at doctors' offices or community health centers that have consistently low or irregular patient traffic and/or might not otherwise offer the COVID-19 vaccine. Administration partners can also use this opportunity to engage providers who have never offered COVID-19 vaccines, and provide any support they need to enroll.

As always, partners are strongly encouraged to consider equity and consult resources, such as [national data published by CDC](#) on updated vaccine uptake by race and ethnicity, as well as maps of providers and high social vulnerability index (SVI) locations on the Tiberius platform.

Single-dose vials will be available at a minimum order quantity of 50 doses. Awardees will be limited to not more than 150 single-dose vials per order.



Single-dose vial of the updated Pfizer COVID-19 vaccine for people ages 12 and older.

Quick Facts:

Single-Dose Vial Pfizer Bivalent Booster (Ages 12+)

- **NDC:** 59267-1404-02
- **Configuration:** 10 single-dose vials/carton
- **Minimum quantity per order:** 50 doses
- **Maximum quantity per order:** 150 doses
- **Product dimensions:** 1.457 in length × 1.535 in width × 3.504 in height
- **Storage and handling:** Same as other Pfizer tris products (e.g., store at ultra-low temperature until expiry, may refrigerate up to 10 weeks within expiry period)
- **No ancillary kits included** with single-dose vial orders

Strategy and Considerations when Placing Orders

- Single-dose vials should be prioritized to expand site footprint and access to the bivalent booster
- Single-dose vials are a one-for-one match for potential customers.

Questions? Reach out to:

- Pfizer (1-800-666-7248, Option 8; cvgovernment@pfizer.com) or your ISD Project Officer/CDC Vaccine Distribution Support Officer.

No Kits with Single-Dose Vial Orders

Ancillary kits will not be distributed with orders of single-dose vials. Single-dose vials do not require the use of low-dead-volume (LDV) syringes. If supply concerns exist, it is recommended that providers use surplus appropriate onsite materials for vaccine administration.

OPINION LETTER FROM MSSNY PRESIDENT - DR. MEHTA 11/28/2022

Colleagues,

As we approach the end of 2022, we anticipate that the Wrongful Death lawsuit expansion legislation passed by the Legislature earlier this year will be sent to Governor Hochul for her consideration within a few weeks. Thank you to the many of you who have sent her letters raising concerns about the huge adverse impact to patient care in our communities if this bill would be signed into law, but we are now at a critical juncture where many more physicians must take this step. Our advocacy on this issue has included working with other groups similarly concerned with the adverse impact of this bill, as well as working with county medical societies on op-eds in newspapers across the State regarding the patient care consequences of a 40% increase in your liability premiums. Please visit [wrongful death liability issues](#) to urge the Governor to VETO this legislation. Here you can send letters and tweets to Governor Hochul and share this campaign with your colleagues. Rejecting this legislation is the right thing to do for the patients of New York State. Profoundly untenable consequences to patient care will result, if signed by the Governor into law.

**Become a force for change in healthcare policy.
Join MSSNYPAC today.**

Please join with MSSNY, various local government associations and business groups to actively oppose this legislation.

Enactment of this legislation, if it is not vetoed, will have far-reaching impact on patient access to healthcare.

Thank you.

Parag Mehta, MD

MSSNY President



Wishing

All of our Members and Your Families a

Joyous

Holiday Season! Thank you for all you do.

WCMS Staff and Board of Directors

MSSNY HOD

The MSSNY House of Delegates will take place on Saturday, April 22, 2023 with CME events to be held on Friday, April 21, 2023. The HOD will be held at the Tarrytown Marriott in Tarrytown, NY. The house will open at 8:00am on April 22.

If you are considering writing a resolution to the HOD you must submit it to our Delegate Chair, Dr. Bonnie Litvack for review and approval by the entire delegation.

Resolution Deadline

Resolutions will be due no later than **Wednesday, March 1 2023**. Resolutions can be submitted at any time but will be **considered late if submitted after close of business (5 PM) on that Wednesday**. Information regarding proper style and other criteria will be posted to the MSSNY website. Please follow those instructions and most importantly *be sure to research the subject matter* thoroughly, citing your research and existing MSSNY policy at the end of the resolution.

Please contact our office if you plan to submit.

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Happy Holidays!

PRESIDENT'S MESSAGE**PART II—GIVE ME SOMETHING****BRUCE MOLINELLI, MD PRESIDENT***(Continued from page 5)*

strong, are even close to being cohesive on any topic, no less effective in countering such complex issues?)Yes! (Maybe.) Here's where you come in.

How does the WCMS achieve cohesiveness? By protecting physician rights, reimbursements, and lifestyles, perhaps we stave off the waning pertinence of our profession in the eyes of the mega institutions and thwart the exodus from our state. Perhaps small gains garner a cohesive front and a developing momentum or little successes (which we already have achieved) flourish into a greater unification . Maybe, just maybe, your participation is the nidus of that cohesion.

So you see there are truly practical services your local Medical Society can provide for both private practitioners and employed physicians. Perhaps running a practice is no longer your focus, but practicing as a physician still is.

We need physician friendly entities to protect our profession against intervening obstacles from unfriendly legislated policies, obstructive insurance practices and even profit guided corporations and private equity.

But I am overstepping the purpose of this Part III news-

letter- which is what can you get from the society - the nitty gritty, here and now, today and tomorrow - to lighten costs, angst, workload and stress.

The list above is a start. The additional amenities come with physicians like you who have ideas and needs. What drives these initiatives are physician champions. Do you have a particular gripe? Utilize the resources of the WCMS to help effect change. You are not alone in your endeavor, and, for now , still have a resource. But perhaps, you may be called to lead the charge. Are you willing?

'To the dumb question, 'Why me?' The cosmos barely bothers to return the reply, 'Why not?'

Christopher Hitchens



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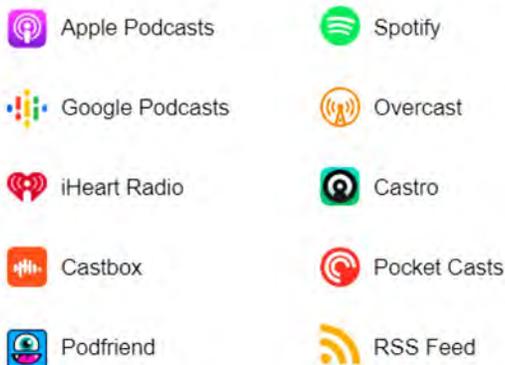
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MSSNY Podcasts

MSSNY

The Medical Society of the State of New York has created a number of podcasts on topics that are timely and relevant. In addition to weekly MSSNY Updates from the Division of Governmental Affairs, there are myriad timely and relevant podcasts on COVID-19 (both for physicians and patients) as well as a number of others on veterans, adult immunizations and emergency preparedness.



Click on the podcast titles to listen

MSSNY Announces two NEW Podcasts on COVID-19

★ A Discussion on COVID Vaccine for Patients ★

MSSNY President, Dr. Bonnie Litvack, President-elect, Dr. Joseph Sellers and Dr. William Valenti, Chair of MSSNY's Committee on Infectious Diseases discuss vaccines currently available for COVID-19 and answer many questions patients may have about the vaccines.

★ How to Talk to Patients About Vaccine Hesitancy ★

Dr. William Valenti, Chair of MSSNY's Committee on Infectious Diseases discusses the history of vaccine hesitancy and offers sage advice to listeners on talking to vaccine hesitant patients.

★★The additions of these podcasts marks 100 podcasts published on the MSSNY Podcast website!★★



UPCOMING

WEBINARS

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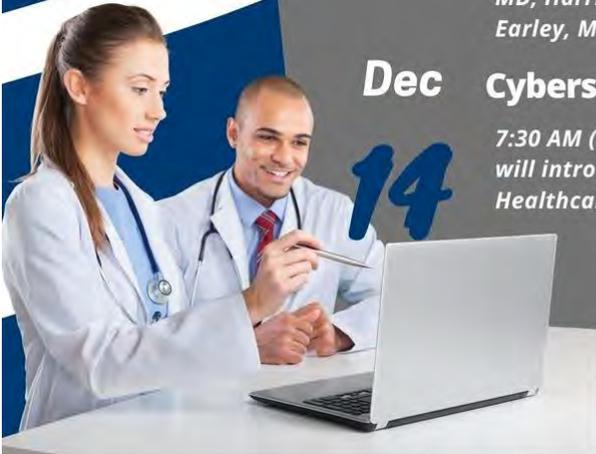
Nov 30 **Spoil the No Surprises Act**
7:30 AM (EST) Edyne Zephirin from CMS will be presenting specifics to the No Surprises Act.

Dec 6 **Salary Data and Contract Review: What You Need to Know**
12:00 PM (EST) Kyle Claussen, the CEO of Resolve, has empowered over 10,000 physicians in their employment agreements leading to national recognition.

Dec 14 **Physician Addiction: A Health Care Crisis**
6:00 to 7:00 PM (EST) with Steven Mandel, MD, Jill Baron, MD, Harris Stratyner, MD, Stuart Gitlow, MD, Paul Earley, MD, Jeffrey Selzer, MD, and Chris Bundy, MD.

Dec 14 **Cybersecurity: Locking the Back Door**
7:30 AM (EST) STI Director of Technical Services Al Toper will introduce you to cybersecurity trends affecting the Healthcare industry.

Register Below



1. [Spoil the No Surprise Act Webinar](#)
2. [Salary Data and Contract Review: What You Need to Know](#)
3. [Grand Rounds: Physician Addiction - A Health Care Crisis](#)
4. [Cybersecurity – Locking the Back Door](#)