

# WESTCHESTER PHYSICIAN

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## PRESIDENT'S MESSAGE

### AI AND ZERO UI: A VISION OF HOPE FOR PHYSICIANS ON THE EDGE OF BURNOUT

KHAM ALI, MD PRESIDENT

The practice of medicine has always been driven by a singular passion: the desire to care for patients. However, in recent years, physicians—especially the freshly minted—have found themselves overwhelmed by administrative tasks that pull them away from their true calling. Documentation, quality metrics, coding, and regulatory pressures dominate their workdays, leaving little time for the meaningful, one-on-one patient care that defines the heart of the profession.

Among the most significant contributors to physician burnout is the burden of documentation. New physicians often feel as though they are entering not a medical profession, but a world of data entry, where EHRs and performance metrics dictate the flow of their day. Instead of connecting with patients and applying their knowledge, they find themselves chasing an ever-growing list of targets and filling out endless forms. The irony is that these administrative demands, intended to streamline and improve care, often end up eroding the very essence of what it means to be a physician.

## THE WEIGHT OF PHYSICIAN METRICS

Physicians today are expected to meet a litany of performance metrics. These include everything from patient satisfaction scores to clinical outcomes such as the percentage of hypertensive patients whose blood pressure is controlled or the rate of mammography screenings in eligible populations. They are also often required to meet cost-efficiency targets, avoid hospital readmissions, and ensure compliance with value-based care programs. These metrics, while essential for monitoring quality and controlling costs, create an enormous administrative burden. Let's not forget the much misaligned PRESS GANEY scores that hospital based employees have to somehow game in their favor.

Many physicians report that they spend more time in front of a computer than with their patients. A report from the Annals of Internal Medicine found that doctors spend nearly twice as much time on EHR and desk work as they do interacting with patients face-to-face. This disconnect from direct patient care contributes to burnout and dissatisfaction, particularly when administrative tasks intrude on

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**KHAM ALI, MD**  
*President, WCMS*

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## Upcoming Events:

### CME Webinar

October 15, 2024

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### WAM Golf Outing

October 22, 2024

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**FROM THE EDITOR...**

**DICKENS DELIVERS**  
**PETER ACKER, MD**



Note: This is one of my favorite columns from a number of years ago

It has been my habit for a number of years to listen to books on tape while riding in my car. This has been facilitated by a move I made some twelve years ago to Northern Westchester, the hamlet of Goldens Bridge specifically, which has served to lengthen my commute from about five minutes to twenty five. I suppose it is possible to listen to a novel in five minute bursts, but I can't imagine it to be an enjoyable experience. Twenty five minutes, on the other hand, is an ideal length of time to get engaged in a narrative, the way a wood screw after a few twists gains purchase and pulls itself into the board. I have been consuming miles and books thusly now for years at a rate of about two per month. It has proven to be an ideal way to shake off the rigors of a day at the office or tension laden breakfasts at home as teenagers rush around looking for things while their mother chases them with proffered items of food. Contrast that with my previous commute: I'd leave an office of screaming children and almost instantly find myself catapulted into a house of screaming children (my kids were young then).

An additional advantage of living further from my office is that I am afforded fewer out of office encounters with the parents of my patients. I don't mean to suggest that I have anything against any of my wonderful patients and their families, but there is no question that a pediatrician bending over a vegetable bin in the market is considered by most to be fair game for an earnest mother's inquiry about her toddler's toilet training. One of the wonderful things about pediatrics is, because of our days spent smiling at young children, people consider us quite approachable, but it can wear one down if it continues into the off hours. Some years ago a mother called me late at night, waking me from a sound sleep, with a question about her son who had had an ENT procedure that day. It was purely a post op type question. I suggested that the ENT might be the best person to consult. Her rejoinder? "I wouldn't dream of disturbing him at this hour."

There are also the awkward situations created by the notion that we should be paradigms of virtue and set an example. I'm not suggesting that I want to be free to careen around the village sated to the gills with gin, but more like the act of simply walking into that den of equity, the local MacDonalds - the raised eyebrows followed by the slightly embarrassed cough as they glance at their kids in a feeding frenzy over some big macs, and fries and then a quick return to the offensive - "Doctor, what are you doing here?" Then there was the time in the supermarket with my then three year old to whom I had just delivered the word 'no' when she asked for some ice cream. This word, so unfamiliar to her virgin ears, set off a major tantrum - of the drop to the floor, kicking and screaming variety. The market was crowded that day and several shopping carts had to literally screech to a stop to avoid running over her. As

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**PRESIDENT'S MESSAGE****AI AND ZERO UI: A VISION OF HOPE FOR PHYSICIANS ON THE EDGE OF BURNOUT****KHAM ALI, MD PRESIDENT***(Continued from page 1)*

personal time.

For physicians like myself, the burden of documentation was once an almost unavoidable part of the job. I, too, felt the weight of bringing work home, spending hours late at night completing notes or trying to catch up on a day's worth of documentation. But the advent of AI has provided a turning point, allowing physicians to break free from this cycle.

**AI AND ZERO UI: CHANGING THE GAME**

One of the most exciting developments in healthcare technology is the rise of artificial intelligence (AI) and zero-user-interface (zero UI) tools that are designed to seamlessly assist physicians in their daily tasks. We all understand by now what AI is to some degree but a user interface is the method by which we interact with technology (i.e. mouse, keyboard, or touch screen). These tools have the potential to transform the very nature of how doctors interact with technology—and, in doing so, they can return the focus to what matters most: patient care.

Personally, I have experienced the power of AI firsthand. I use an AI scribe every day, capturing the details of patient encounters through the microphone on my phone, which stays in my pocket throughout the day. This AI listens, transcribes, and organizes my notes without me needing to spend additional time on data entry. I haven't had to document from home in over a year. This shift has not only made me more efficient but has dramatically improved my quality of life and allowed me to focus more on patient interactions, rather than on paperwork.

The AI scribe I use employs natural language processing (NLP) to transcribe conversations in real time, capturing all relevant medical details and organizing them into appropriate fields in the EHR. This means that after a full day of patient visits, my notes are complete and ready for review—without me having to spend extra hours in front of a screen. AI systems like this are not a distant vision of the future; they are already changing the game for physicians like me.

**A VISION OF ZERO UI IN PRACTICE**

But this is just the beginning. Enter the concept of zero UI. Imagine an even more advanced scenario of AI scribe usage—one where AI and zero UI technology work in tandem to take the physician's daily workflow to the next level. Picture this: You walk into an exam room where an Alexa-like device is already listening to the conversation between you and your patient. As you speak, the AI transcribes your conversation in real time, flagging key medical terms and noting any changes in symptoms or conditions. You don't have to turn on a device or carry a microphone enabled device.

But that's not all. You're also wearing a pair of augmented reality (AR) glasses that display real-time data about your patient as the conversation unfolds. For instance, as your patient mentions chronic leg pain, the AI cross-references their medical history and flags an event from three years ago—a trip and fall incident during a visit to an emergency room in a different health system. You can immediately see how that previous injury might be related to the current symptoms and adjust your care plan accordingly.

In this scenario, the AI assistant not only records the encounter, but also actively enhances your diagnostic and decision-making capabilities. The zero UI interface means you don't need to interact with a screen, log into an EHR system, or manually search for past records. Everything you need is projected into your field of vision through AR lenses, with AI providing insights that help guide the conversation and improve the quality of care.

**RECLAIMING TIME FOR PATIENT CARE**

This vision of AI and zero UI technology promises to dramatically reduce the time spent on administrative tasks and documentation. Physicians will no longer need to type out notes or remember every detail from past visits. Instead, AI systems will do the heavy lifting, leaving doctors free to engage more fully with their patients.

For example, in the AR-powered scenario described earlier, the AI might also flag relevant clinical studies or new guidelines for managing chronic leg pain, based on the patient's medical history and symptoms. It might suggest a more targeted therapy or provide a reminder that the patient is due for a screening test. By integrating this real-time decision support into the workflow, AI becomes a true

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**PRESIDENT'S MESSAGE****AI AND ZERO UI: A VISION OF HOPE FOR PHYSICIANS ON THE EDGE OF BURNOUT****KHAM ALI, MD PRESIDENT***(Continued from page 5)*

partner in care, helping physicians stay informed and act quickly, all while reducing cognitive load.

The impact of these technologies cannot be overstated. Physicians are constantly under pressure to meet productivity targets, often seeing a plethora of patients a day while also keeping up with clinical documentation, chart reviews, and performance metrics. AI, by automating much of this process, can give physicians back valuable time—time that can be spent doing what they love: caring for patients, engaging in continuing education, or simply taking a moment to breathe.

And the benefits extend beyond individual physicians. AI can improve patient outcomes by ensuring that no detail is overlooked, that preventive care measures are completed, and that treatment plans are more personalized and data-driven. For patients, this means better care, faster diagnoses, and a more engaged and attentive physician.

**RESTORING JOY TO THE PRACTICE OF MEDICINE**

The future of healthcare technology is not one where AI replaces physicians, but one where AI and zero UI tools become powerful partners in delivering care. These technologies will enable physicians to reclaim their time, reduce burnout, and focus once again on the art of medicine. By reducing the administrative burden, AI allows doctors to practice medicine with greater empathy and precision.

For new physicians entering the field today, this is a vision of hope. While healthcare is undeniably complex and the pressures are real, AI offers a path forward. It is already helping physicians like me avoid late-night charting sessions and is beginning to revolutionize how we interact with both patients and the vast sea of data that accompanies modern healthcare.

The future is bright. AI and zero UI technologies are poised to transform the physician experience, allowing doctors to spend less time on paperwork and more time doing what they were trained to do—connecting with patients, solving complex medical

problems, and improving lives. For the next generation of physicians, this is the promise of a new era in healthcare: one where technology serves as an enabler, not an obstacle, and the joy of medicine is restored.



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**STOP THE TRAIN**  
**Elliot Barsh, MD**

***"True medicine, is the awe for life, the desire to see with new eyes, and think with a beginners mind."***

*Hi everyone.*

*Welcome back.*

*Our lives are a true purpose.*

*Our work is part of that purpose.*

*It is a simple pursuit.*

*We strive to give patients our attention, time, effort, acceptance, and understanding.*

*We try to make an authentic connection, and may awaken a connection to ourselves.*

*We bear witness at a time of great vulnerability, when a space is opened that can bring so much to the surface.*

*Feelings shared with us.*

*Feelings we are entrusted to hold with tenderness and grace.*

*Let's remember...*

***Empathy*** enables deep, meaningful connections that nourish us.

*(Continued on page 7)*



**STOP THE TRAIN****Elliot Barsh, MD***(Continued from page 6)**Our **attention** shapes our relationships.**Every word shared is **worthwhile**.****Hard** conversations can bring out the best in us.**We can meet fear and vulnerability with **mercy** and **grace**.****Biases** change the way we see others.**Our flawed perspective can keep us from seeing what is **good** and **true** in others.**The **guidance** we offer needs to be grounded in the **love** and **respect** we have for ourselves and our patients.**Thank you for reading.**Be well.**"The hardest thing about her long hospitalization was that no one was in charge."**"I was amazed at the intricacy and clarity of the world"***What a Blind Photographer Saw at the Paralympics***The athletes' stories help her understand her own.**"...the key to a longer, healthier life is no mystery."***The Key to Longevity Is Boring***The best supplements are exercise, a good diet and strong relationships.**"The connection we create with our patients is what the **"art"** of medicine is."***I'm Just a Human Sitting in Front of a Stack of Blank Paper, Sketching as Fast as I Can***My nine months as a generative art model.**"For the most part, our patients come to see us because they care about themselves, and maybe about us too."**(Continued on page 9)*

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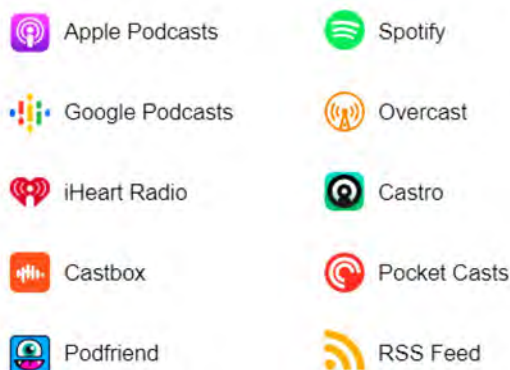
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## MSSNY Podcasts

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!★★



*FROM THE EDITOR...***PETER ACKER, MD***(Continued from page 2)*

I took steps towards her to deal with the crisis, I couldn't help but notice a number of familiar faces in the crowd that had assembled around us and while my view was focused on my daughter, I could still detect a collective smugness on the countenances around me which seemed to say "Well, let's see how Mr. Big Shot deals with this." I wanted to retort – "excuse me that's Dr. Big Shot".

So I confess that I enjoy my privacy. The changed circumstances that have afforded me the chance to live further from my office are emblematic of the way the practice of medicine is changing. When I started in practice 23 years ago, I had lived close to the hospital because at that time pediatricians covered the delivery room and performed various neonatal services. Also, the pediatric training of ER physicians was less than it is today, so we were quick to come in to see our patients. Today, neonatologists, and hospitalists have obviated the need for the pediatrician to rush in at a moment's notice and the experience of call is far different today than it was back then. There is no question that I enjoy the considerable reduced tension and angst, but I must say, in some ways, it is a Faustian bargain. Living in the same community as one's patients provides a sense of intimacy and connectedness. I occasionally run into a mother whose delivery I attended years ago and inevitably the face lights up and there is no question that my presence there is indubitably etched into her memory.

Currently I am listening to Charles Dicken's Oliver Twist. There is a wonderful passage near the beginning which recounts Oliver's birth which reminds me of those days of old in the delivery room. His birth was not an easy one and afterwards "there was considerable difficulty in inducing Oliver to take upon itself the office of respiration." This transported me back to experiences, often in the middle of the night, when a baby would lay apneic seconds after birth and I'd watch anxiously for that first breath and the collective sigh of relief with the first cry. Then with typical Dickensian humor: "for some time he was gasping on the little flock mattress, rather unequally poised between this world and the next: the balance being decidedly in favor of the latter. Now if, during this brief period, Oliver

had been surrounded by careful grandmothers, anxious aunts, experienced nurses and doctors of profound wisdom, he would have most inevitably and indubitably been killed in no time."

**STOP THE TRAIN**  
**Elliot Barsh, MD***(Continued from page 7)****Mysteries, Yes*** by Mary Oliver

*Truly, we live with mysteries too marvelous  
to be understood.*

*How grass can be nourishing in the  
mouths of the lambs.*

*How rivers and stones are forever  
in allegiance with gravity*

*while we ourselves dream of rising.*

*How two hands touch and the bonds will  
never be broken.*

*How people come, from delight or the  
scars of damage,  
to the comfort of a poem.*

*Let me keep my distance, always, from those  
who think they have the answers.*

*Let me keep company always with those who  
say  
"Look!" and laugh in astonishment,  
and bow their heads.*



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#### Larger Issues Handled

We take a comprehensive approach to addressing larger systemic issues that affect multiple healthcare providers. These issues often significantly impact the operations of doctors' offices. They can include challenges such as excessive requests for medical records, prepayment reviews that impede cash flow, errors in system uploads leading to unjustified claim denials, and inaccuracies in the uploading of provider data. We prioritize these systemic concerns due to their widespread effect, working diligently to identify, address, and resolve these challenges to ensure smoother operations for all affected healthcare providers.

#### Interactions with Regulators

Our interactions with regulatory bodies are an integral part of our operations, especially when addressing issues that cannot be resolved directly with insurance companies. We maintain active communication with several key regulators, including the Centers for Medicare & Medicaid Services (CMS), the National Government Services (NGS), the Department of Financial Services (DFS), the Department of Health (DOH), and the Department of Labor (DOL). Engaging with these agencies allows us to seek updates, guidance, and resolutions to complex issues, ensuring compliance and advocating for our member's best interests.

#### Licensing Issue Assistance

We assist with licensing issues and offer comprehensive guidance. This includes directing the appropriate channels and resources to address their licensing concerns. We aim to ensure that those seeking assistance receive the necessary support to navigate the complexities of licensing requirements effectively.

#### Business Side of a Practice

We provide comprehensive assistance with day-to-day operational questions and concerns, ensuring that practices can run smoothly and efficiently. In offering guidance, we prioritize a conservative approach, adhering to industry best practices. This approach provides reliable, tried-and-tested strategies for optimal management and operational success.

#### Regulatory Side of the Practice

We are committed to providing timely and informative responses to inquiries. Upon receiving a question, we thoroughly access our resources to offer relevant links and supporting documentation tailored to the specific query. Our expertise encompasses various regulatory topics, including billing, claims processing, compliance issues, and HIPAA regulations. We aim to ensure that practices are well-informed and equipped to navigate the complex regulatory environment effectively.

#### Contact Us

Our experts are on hand to provide you with the guidance and support needed to resolve your concerns effectively. Whether you are facing challenges with claims, seeking advice on compliance, or have questions about the administrative aspects of healthcare provision, we are here to assist you.

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to attend our virtual CME Event:

## BEST PRACTICES FOR ENHANCING EMPLOYEE ENGAGEMENT AND MINIMIZING RISK AND LIABILITY

Tuesday, October 15, 2024

5:00PM



Presented by:

Andrew L. Zwerling, Esq. and Marianne Monroy, Esq.,  
Garfunkel Wild, P.C., General Counsel to the Westchester  
County Medical Society



Scan the QR Code to Register or email

[jmiller@wcms.org](mailto:jmiller@wcms.org)

For various reasons, the pressures on medical practices and their employees to respond effectively to the demands for high quality medical care have increased exponentially over the last five to ten years. With this added responsibility comes the need to ensure that, from both a management and employee perspective, workplace dynamics are functioning at their highest capacity. Specifically, it is critical that supervisors employ best practices to maximize employee engagement, because doing so will concomitantly increase morale, productivity and patient safety.

### Among the topics that will be addressed in this webinar:

- Implement best practices with regard to employee social media use
- Recognize leadership pitfalls and practical pointers
- Incorporate effective communications
- Identify steps for maintaining confidentiality
- Employ strategies to respond to employee performance issues and provide constructive feedback
- Recognize traps for the unwary to be avoided

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The Westchester Academy of Medicine designates this live activity for a maximum of **1.0 AMA PRA Category I Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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## **Westchester Academy of Medicine hosts The Second Annual Bertrand-Pilkington Golf Outing & Fundraiser**

**Date—Tuesday, October 22, 2024  
Westchester Country Club  
99 Biltmore Avenue  
Rye, NY 10580**



**Registration, Driving Range & Halfway House Lunch—12:00pm  
Tee times will begin at 1:00pm Golf Format: Scramble  
6:00 PM—Cocktails  
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**All proceeds will benefit the Westchester Academy of Medicine  
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## VETO Latest Wrongful Death Bill and Preserve Patient Access to Healthcare

On December 29, 2023, Governor Hochul again vetoed legislation that would have greatly expanded damages awardable in wrongful death actions and dramatically increased our already high liability insurance premiums.

Thank you for your previous grassroots contacts urging a veto. Unfortunately, the Legislature has again passed a substantively similar bill (S8485-B/A9232-B) that would dramatically increase damages awardable in wrongful death actions, and produce a staggering increase in liability premiums. Therefore, we are asking physicians to contact the Governor to again veto this one-sided legislation and urge that any legislation to update New York's wrongful death law be balanced to also bring down our extraordinary medical liability costs.

Please remind the Governor that this legislation is fundamentally at odds with the policy efforts of many who seek to protect and expand patient access to care.

Ask Your Legislators to **OPPOSE** the passage of the Wrongful Death liability expansion bill and ask them to work for measures which balance the needs of grieving families with maintaining access to our health care system through reduction in medical liability insurance costs. Actions you can take today:

1

2 Send a [letter](#)

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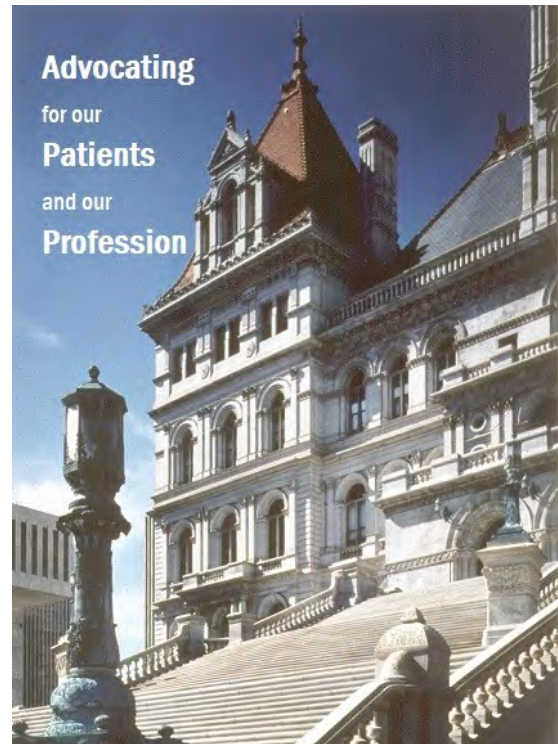
1. Call your legislators
2. Assemblymember: District 92 Assemblymember Maryjane Shimsky at (518) 455-5753
3. **Senator:** District 35 Senator Andrea Stewart-Cousins at (518) 455-2585

NY Assembly switchboard [518-455-4100](tel:518-455-4100).

NY Senate switchboard [518-455-2800](tel:518-455-2800).

To see the full list of advocacy items, visit the [Grassroots Action Center](#).

Thank you for being part of our grassroots advocacy team.




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Partnering with CenterLight Healthcare PACE offers benefits to your practice, while helping your patients live safely and independently in their own homes and communities.

Culturally diverse Interdisciplinary Team (IDT) includes, but is not limited to, nurses, rehab therapists, social workers, dietitians, and therapeutic recreation specialists.

- ✓ One payor source for all Medicare, Medicaid, prescription drugs and over-the-counter (OTC) items.
- ✓ Improved engagement with patients encourages regular preventive care visits to your practice.
- ✓ Collaboration with IDT to facilitate same day urgent care access and transition of care services.
- ✓ Pharmacy team assists with medication review and reconciliation.
- ✓ Chronic illness management through targeted programs.
- ✓ My Needs Card to help with basic needs, including food, grocery items, toiletries and more.
- ✓ Transportation coordination helps reduce no-shows.

**1-833-252-2737 | TTY 711 MON-FRI 8AM-8PM [centerlighthealthcare.org](https://centerlighthealthcare.org)**

**For more information, contact [ProviderRelationsRequest@centerlight.org](mailto:ProviderRelationsRequest@centerlight.org)**

Service area: Bronx, Brooklyn, Manhattan, Nassau, Queens, Staten Island, Westchester and Western Suffolk. Sites include adult-day centers.