

WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

Healthcare's Future: Decentralizing Care and Reinventing Hospitals

Kham Ali, MD, MBA, MPH, FACEP, President

The landscape of healthcare is undergoing a seismic transformation. Over the next decade, we are likely to see the traditional hospital system—a monolithic institution where everything from births to bypasses happen under one roof—radically evolve. The forces shaping this change are manifold: technological innovation, shifting reimbursement models, public health demands, an aging population, and consumer expectations for convenience, personalization, and cost transparency. Taken together, these pressures point to a future where care is increasingly decentralized—delivered not within hospital walls, but in homes, communities, and digitally connected ecosystems.

Hospitals of the Future? Not Quite Hospitals

Executives interviewed by Becker's Hospital Review anticipate that hospitals will no longer serve as the one-size-fits-all solution for medical care. Instead, they will be specialized hubs—handling only emergencies, high-acuity procedures, and complex post-operative recovery. As Mark A. Schuster, MD, PhD, put it, "The future of hospitals might not actually unfold in hospitals."

California based Kaiser Permanente's Care-at-Home initiative proves this is no sci-fi fantasy. With hospital-at-home models already showing reductions in readmissions and increases in patient satisfaction, healthcare systems have real-world evidence that decentralized care can meet or exceed the quality of care provided in traditional settings.

Telehealth Boom: Pajamas Over Gowns

McKinsey & Company estimates telehealth could account for up to \$250 billion in healthcare spending—about a quarter of all outpatient and office visit volume. This is not just a shift in modality; it's a tectonic redefinition of access. Virtual visits eliminate geographic and logistical barriers. For chronic disease management and routine care, telehealth may soon be the default, not the alternative.

As STAT News observed, hospitals are already trimming down their real estate, investing instead in digital tools and outpatient satellite centers.

(Continued on page 5)



**KHAM ALI, MD, MBA,
MPH, FACEP**
President, WCMS

INSIDE THIS ISSUE

From the Editor.....	2
MLMIC Discount Info.....	3
Member Spotlight.....	8
Stop the Train.....	9
MSSNY Peer-to-peer info.....	12
Veterans CME Info.....	13
Golf Outing Info.....	14

Upcoming Events:

WCMS/WAM

Annual Meeting
Thursday, June 19, 2025
Westchester Country Club
Rye, NY

WAM Golf Outing

Tuesday, August 19, 2025
Westchester Country Club
Rye, NY

Details in the newsletter

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FROM THE EDITOR...**VALENTINE'S DAY**

PETER ACKER, MD



Note: This is an excerpt from a novel I just published. It is 24 hours in an intern's shift which occurs on Valentine's Day. Shawn Budd leaves his small lower East side apartment after an argument with his wife and spends the next 24 hours working and ruminating over his marriage.

Chapter 4

The elevator door opened, and Shawn could see in the distance clustered around a chart rack, a large group of people making its unwieldy way slowly down the corridor, like a Bedouin caravan. It stopped in front of a room and one in the group, a tall white bearded man with a professorial air, Dr. Robert Richman, took a chart from the rack. Shawn moved quickly, but quietly down the long corridor. Dr. Richman's head was bent over the chart in deep meditative concentration and he was surrounded by a group of residents and medical students. Shawn tried to slip unobtrusively into the group, straining to keep his breathing slow and silent, but Dr. Richman sensed his presence and spoke without lifting his head.

"Dr. Budd, we are on our third patient. The first two patients were highly instructive." He paused and turned his head and locked his flinty eyes on to Shawn's before continuing. "Highly instructive, that is, to those who were actually here."

"Sorry, sir."

"Now, Dr. Budd, we were just talking about the sodium requirements of this child of twelve kilos who is six percent dehydrated. Perhaps you could for all our edification, elucidate the calculations involved."

All eyes were now upon him. He scanned the group. The med students were attentive, so young, and so innocent. The other residents' expressions were of relief with a hint of schadenfreude for they knew that Shawn was to be today's sacrificial lamb and would slake the appetite of an angry attending. He felt like a gladiator in the pit with jeering spectators. The edges of Dr. Richman's lips began to rise ever so slightly, though not into an actual smile and Shawn saw something anticipatory in his expression. He kept his own expression blank as he calculated in his head: not the trivial sodium problem, for Shawn, despite the opinion of his chief resident, prepared meticulously, but instead he pondered a subtle problem of roundsmanship—whether he should falter a bit in his answer, so as not to appear arrogant. *What the hell, I'm in no mood for this* so instead, he outlined the steps of the calculation with economy of language and exactitude. His reward was Richman's highest praise, a guttural harrumph. His punishment he knew would be unstinting questioning from an attending that had been given years before the sobriquet "the grill meister". The gates, releasing the lions into the pit, were

(Continued on page 9)

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The Westchester Academy of Medicine

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Thursday, June 19, 2025

Westchester Country Club

99 Biltmore Avenue

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6:00 - 7:00 p.m. Networking Reception

7:00 p.m. Buffet Dinner

Installation of 2025-2026 Medical Society & Academy Officers



Remarks of Kham Ali, MD, MBA, MPH, FACEP

Outgoing WCMS President

Remarks of Anaïs Carniciu, MD

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PRESIDENT'S MESSAGE

Healthcare's Future: Decentralizing Care and Reinventing Hospitals

Kham Ali, MD, MBA, MPH, FACEP, President
(Continued from page 1)

When even post-operative follow-ups can happen via a tablet on your kitchen counter, the need for expansive inpatient facilities naturally contracts.

Beyond convenience, telehealth can provide an equity bridge. For patients in rural and underserved urban areas, access to specialists used to mean long drives or deferred care. Now, broadband and mobile integration have brought pediatric cardiologists and dermatologists into family living rooms. The key challenge will be ensuring this digital bridge doesn't turn into a moat for populations without reliable internet access.

Healthcare: Coming Soon to a Grocery Store Near You

Shireen Ahmad of CommonSpirit Health envisions a near-future where MRIs and vaccinations are as convenient as picking up your groceries. From Walmart to CVS, the retailization of healthcare is already underway. These localized micro-clinics reduce strain on hospitals and embed healthcare within the routines of daily life.

Retail-based health centers also allow for expanded access in areas that have been historically underserved. Walgreens Health is has partnered with VillageMD to open hundreds of co-located primary care practices. These offer full-scope family medicine services and connect with telehealth platforms and EMRs, bringing the concept of "healthcare everywhere" to scale. Transparently, this partnership has not been successful and Walgreens is looking to exit their position with VillageMD but this is one of the first major starts with this type of venture, so we expect some hiccups and corrections.

Paramedicine: The New Healthcare Heroes on Wheels

Perhaps no innovation is more emblematic of the new healthcare frontier than community paramedicine. EMS World reports that paramedics now deliver home-based assessments, medication adherence checks, wound care, and chronic disease monitoring. These efforts reduce preventable ER visits and costly admissions.

According to the Rural Health Information Hub,

programs in states like Minnesota and Texas have shown that community paramedics can improve health outcomes while reducing per-capita healthcare spending. By using existing emergency personnel more broadly, we close care gaps without new infrastructure.

In Canada and Australia, advanced community paramedicine programs are even taking the place of rural health clinics, offering routine home visits, telehealth facilitation, and in some cases, minor urgent care interventions. These efforts show promise for U.S. regions grappling with provider shortages and hospital closures.

Hybrid Hospitals: Bricks and Clicks

Virginia Mason Franciscan Health is an exemplar of the hybrid model. CEO Ketul J. Patel has implemented virtual hospital strategies, including remote ICUs and home-based recovery pathways. Their hybrid emergency room/urgent care center is a perfect manifestation of patient-centered care: no more guessing whether symptoms merit urgent or emergent treatment—both are available under one roof.

Training Tomorrow's Health Workforce

Decentralized care requires a decentralized mindset. Medical schools and health systems must train clinicians in telehealth etiquette, digital diagnostics, and cross-platform collaboration. Future physicians may learn to manage patient panels remotely, aided by AI that synthesizes real-time data to support clinical decisions.

Virtual reality simulations may replace some in-hospital rotations. Students could "shadow" clinicians in remote consults or observe AI-assisted triage protocols. The stethoscope won't vanish, but it might soon share its place in the white coat pocket with a multi-patient monitoring app on your smartphone and portable ultrasound wand.

Interdisciplinary training will also be key. Nurses, social workers, community health workers, and paramedics will all have overlapping roles in managing population health. Competency-based education and new licensure pathways may emerge to reflect this evolving landscape.

Policy Catch-Up: CMS, Reimbursement, and Risk Models

None of this works without policy alignment. CMS has already begun reimbursing home-based care

(Continued on page 6)

PRESIDENT'S MESSAGE**Healthcare's Future: Decentralizing Care and Reinventing Hospitals****Kham Ali, MD, MBA, MPH, FACEP, President***(Continued from page 5)*

through programs like Acute Hospital Care at Home. But state licensure laws, malpractice coverage, and payment models must continue evolving to accommodate care beyond traditional settings.

As Forbes recently highlighted, value-based care—especially capitation models—makes decentralization economically feasible. If providers are paid for keeping patients healthy (rather than billing for each test), there's financial incentive to meet patients where they are—home.

At the state level, Medicaid waivers are being explored to cover more home-based services and support care delivery by non-physician providers. If successful, these initiatives could serve as blueprints for nationwide policy shifts.

Aging America: Demography Demands Decentralization

The demographic reality is stark. By 2034, older adults will outnumber children in the U.S. for the first time in history, according to the U.S. Census Bureau. Many of these adults live with multiple chronic illnesses. Hospitals are ill-suited for long-term disease management. But homes—with a bit of retrofitting and tech support—are ideal.

A recent study in JAMA Internal Medicine found that home-based palliative care programs reduced Medicare spending by 36% in the final year of life. These are not only cost-saving measures but deeply human ones—respecting patients' wishes to age in place.

The rise of smart home technology—voice-activated assistants, fall detection sensors, remote medication dispensers—is making it easier to provide safe, continuous care in the home. With Medicare Advantage plans increasingly covering these supports, we may soon see the living room overtake the hospital ward as the primary site of elder care.

Digital Divides and the Risk of Two-Tiered Care

Let's be honest: not every home is equipped for high-speed internet and digital health devices. If decentralization becomes a luxury good, we potentially risk

inadvertently deepening disparities. Broadband infrastructure, subsidized tech programs, and culturally competent virtual platforms are essential.

Moreover, data privacy cannot be an afterthought. Decentralized care increases the surface area for cyberattacks. Strong encryption, rigorous HIPAA enforcement, and user-friendly patient consent processes must evolve alongside the tech.

We must also consider how automation and AI might replicate existing health inequities if algorithms are not trained on diverse, representative data. Equity must be built in—not bolted on—as decentralized care models scale.

Building the Healthcare Ecosystem of the Future

Hospitals will not vanish—but they will transform. They will be flanked by urgent care centers, retail clinics, community paramedics, virtual platforms, and home-based services. This distributed model promises resilience, flexibility, and efficiency.

Think of healthcare as a decentralized solar system: the hospital is no longer the sun, but one of many orbiting bodies. In its place at the center? The patient.

Conclusion: Less Waiting Room, More Living Room

In the end, decentralizing healthcare isn't just about cost savings or innovation. It's about aligning medical delivery with how people actually live. It's about dignity, comfort, access, and choice.

We have the tools, the data, and the early models. What we need now is the courage to reimagine the system. If we get it right, the future of healthcare won't look like a wing of polished marble and fluorescent lights. It will look like your living room—with a heartbeat monitor on the wall, your nurse on the screen, and the hospital, as we knew it, gracefully stepping back into the shadows.



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**MEMBER SPOTLIGHT:**

A novel by our very own *Westchester Physician* Editor, **Dr. Peter Jeffrey Acker, MD** can be found at Amazon.com or any major book retailer. Congratulations to Dr. Acker on this stellar accomplishment!

Shawn Budd had it all: a successful and lucrative career, a large suburban home and a beautiful wife and baby girl ... but professionally, he was dying inside. Fascinated by medicine, he made a quixotic decision to chuck it all and to pursue a

career saving lives.

Years later, Shawn has become a physician and the changes in his lifestyle have been seismic. It is Valentine's Day and he embarks on a 24 hour shift as an intern at a large NYC hospital. Shawn copes effectively with the overwhelming array of medical crises, but he cannot read the complex, fluctuating vital signs of his own life and marriage.

Shawn's wife, Lily, left her career and now feels trapped and unheard. In the solitude of their drab, lower East Side apartment, while Shawn saves lives, Lily contemplates whether her ailing marriage - once so joyful and full of promise - is worth one heroic attempt at resuscitation .

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WHEN DREAMS COLLIDE

Shawn Budd had it all: a successful and lucrative career, a large suburban home, and a beautiful wife and baby girl ... but professionally, he was dying inside. Fascinated by medicine, he made a quixotic decision to chuck it all to pursue a career saving lives.

Years later, Shawn has become a physician—and the changes in his lifestyle have been seismic. An unexpected 24-hour shift as an intern at a large New York City hospital tests his skill. Shawn copes effectively with the overwhelming array of medical crises, but he cannot read the complex, fluctuating vitals of his own life and marriage.

Shawn's wife, Lily, left her career and now feels trapped and unheard. In the solitude of their drab, Lower East Side apartment, while Shawn saves lives, Lily contemplates whether her ailing marriage—once so joyful and full of promise—is worth one more heroic attempt at resuscitation.

PETER ACKER

Peter Acker has practiced pediatrics in New York and Connecticut for 37 years. He is the editor of the *Westchester Physician* and author of the novel *Blood Brain Barrier*. He received his MFA from Manhattanville College in 2016. He is very interested in the confluence of medicine and writing. Outside of these two pursuits he enjoys tennis, gardening, and hiking in the woods. Acker lives in Northern Westchester with his wife, Gila, and two dogs, Leo and Tommy.



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FROM THE EDITOR...

VALENTINE'S DAY

PETER ACKER, MD

(Continued from page 2)

opened and Shawn steeled himself for the onslaught.

Three patients later and they were in front of another young patient with fever and swollen joints who had been admitted the night before. Richman took a long look at the chart, did a meticulous physical exam and turned toward the group, his eyes shining. Now Shawn felt catapulted from the Roman colosseum to seventeenth-century France, sword in hand taking on the king's musketeers in a Parisian alleyway for both the third- and second-year residents had entered the fray. Each time he parried a question successfully, another came from behind him. Jones criteria for rheumatic fever? Carditis, polyarthritis, chorea, erythema marginatum, and subcutaneous nodules. What presents as a lower extremity rash with kidney and gastrointestinal manifestations? Henoch Schonlein Purpura. Finally, he was tripped up by a question on the insect etiology of Chagas disease—he could not summon from the depths of his cerebral cortex the name of the reduviid bug. Shawn felt the steel blade penetrate and wanted to shout, “Oh my liege, I am smote.”

“Well, Dr. Budd, I see you need to review the insect-borne diseases of South America.”

“Yes, Dr. Richman, I will give it my full attention.”

Richman and the two senior residents turned their attention to weaker prey. Rounds preceded at a glacier-like pace. No detail was too minor not to be brought out and examined in the light from every angle. Finally, they reached the last patient and lingered interminably. *Good God, will he ever leave?* At last Dr. Richman strode off. Shawn stood looking at his clipboard on which each patient was listed. Beside each patient he had listed to do items suggested by Dr. Richman. Shawn looked at the list with the dismay and disbelief of a person checking his monthly credit card statement. Bloods to draw, EKGs to perform and read, IVs to start, X-rays to arrange, orders to write, patients to examine, and chart notes to write. Wearily, he walked down to the room of the first patient on his list, pulled out his blood-drawing tourniquet from his pocket and entered.



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STOP THE TRAIN

Elliot Barsh, MD

(Links to articles mentioned are found in the body of this piece)

“Raise your head, hear your calling, you matter.”

Hi everyone.

Welcome back.

It seems like we, and our patients, spend a lot of time at work in **conflict**.

Conflict with the phone center, the schedule templates, insurers, sometimes each other, and mostly **ourselves**.

The day speeds by.

Moments pass without connection.

We are left feeling emotionally and physically **exhausted, lost, and alone**.

And worst of all is that we may feel like we are too busy to do anything about it.

When have we felt most that we mattered?

According to Zach Mercurio in his new book *The Power of Mattering*, mattering is...

“...the experience of feeling significant to those around us because we feel valued and know that we add value.”

The truth is that we do matter...to each other...our staff...and ourselves.

Mattering arouses our **essence**.

We are awake, worthy, capable, and motivated.

We have purpose!

How do we cultivate this feeling at work?

First we have to truly **notice** each other.

(Continued on page 10)

STOP THE TRAIN Elliot Barsh, MD

(Links to articles mentioned are found in the body of this piece)

(Continued from page 9)

Noticing is not just knowing.

It is **seeing** and **hearing** each other.

Seeing means **acknowledging** who we are and paying **attention** to how we feel.

Hearing means having a real **interest** in not just in what we do and say, but why.

So how do we stop time, and make sure our patients know that they matter to us?

Let's **make time** for each other, in person, with telemedicine, or on the phone.

Saying yes to see or talk to a patient is never wrong.

Turn our visits into **relationships** by remembering who are patients are, their names, families, and lives.

We all know how good it feels when someone remembers something about us.

Listen deeply to hear what they are saying and understand why they are saying it.

Tone of voice, eye contact, and posture say so much.

Respond with **compassion** and **kindness**.

None of us can do this alone.

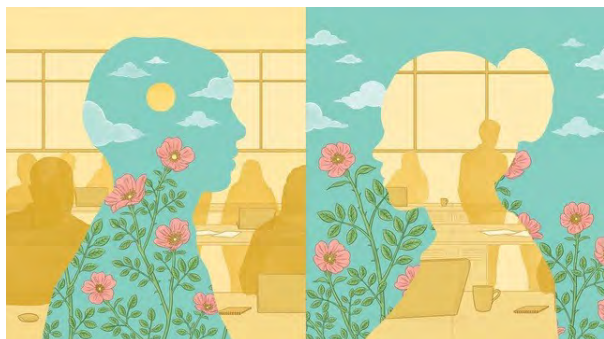
Thanks for reading.

See you next time.

Be safe.

E

"Mattering is an even more fundamental need than belonging."



"The Power of Mattering at Work"

"Patients not only want us to give them the chance to hope, they want us to hope with them."

The Last Dose

"taking patient care to the next level, whether calling patients on their birthdays or visiting them in the hospital, not only improves outcomes for patients, but adds meaning to our lives."

Driving Jackson

"It may not feel personal when we start, but over time we understand how personal or work is."

A Good Innings - A Tale of Hope, Heartbreak, and Healing

Wild Geese by Mary Oliver

You do not have to be good.

You do not have to walk on your knees
for a hundred miles through the desert repenting.
You only have to let the soft animal of your body
love what it loves.

Tell me about despair, yours, and I will tell you
mine.

Meanwhile the world goes on.

Meanwhile the sun and the clear pebbles of the rain
are moving across the landscapes,
over the prairies and the deep trees,
the mountains and the rivers.

Meanwhile the wild geese, high in the clean blue air,
are heading home again.

Whoever you are, no matter how lonely,
the world offers itself to your imagination,
calls to you like the wild geese, harsh and exciting -
over and over announcing your place
in the family of things.



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Faculty: Frank Dowling, MD

Educational Objectives:

- ★ Identify diagnostic criteria for PTSD
- ★ Discuss medical and psychiatric comorbidities of military related PTSD
- ★ Discuss evidence-based treatment modalities for PTSD including medications and psychotherapy
- ★ Discuss strategies to help veterans overcome stigma to seek and accept treatment for military related trauma

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Funding provided through the New York State Office of Mental Health from a NYS Senate Legislative Grant.

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Westchester Academy of Medicine hosts The Third Annual Bertrand-Pilkington Golf Outing & Fundraiser

**Date—Tuesday, August 19, 2025
Westchester Country Club
99 Biltmore Avenue
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**Registration, Driving Range & Halfway House Lunch
Tee times will begin at 11:00am & will be assigned
6:00 PM—Cocktails
7:00 PM—Dinner and Raffles**

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