

WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

FORCED TO THE FRINGE: WHEN THE INSURANCE SYSTEM LEAVES PHYSICIANS AND PATIENTS BEHIND

Anaïs Carniciu, MD

Dear Colleagues,

As we move through the final stretch of summer, I've been reflecting on a troubling and growing trend that's impacting physicians across the U.S. and here at home in Westchester. Across all specialties and practice models, many of our colleagues are **not choosing** to leave the insurance-based system, but are being **pushed out** of it.

This isn't just a shift. It's an unraveling.

Across our county and beyond, physicians are turning to direct primary care and direct-pay specialty models, not because it was their intention, but because **insurers have made it functionally impossible** to deliver quality care within the traditional framework. We're seeing:

- **Dropped contracts** without negotiation or warning
- **Flat or falling reimbursement** that doesn't cover overhead
- **Prior authorization denials** that delay or derail essential care

And **hours lost weekly** to paperwork and appeals instead of patient care

This pressure is felt by physicians in **private practice and employed roles alike**. Even those within large systems are experiencing the same interference: care plans overruled by algorithms, necessary imaging or medications denied by nonclinical reviewers, and specialist referrals obstructed by network limitations.

National data from 2025 reinforces what we already know:

- Nearly **1 in 5 physicians nationally** has either left or is actively preparing to leave insurance-based practice.
- In New York, **denials for imaging and procedures are up over 20%** year over year.
- **Over 90% of physicians** report that prior authorizations lead to delayed care, and **a third report patient harm as a result**.

In Westchester specifically, we've already seen several independent

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ANAÏS CARNICIU, MD
President, WCMS

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Upcoming Events:

WAM Golf Outing
Tuesday, August 19, 2025
Westchester Country Club
Rye, NY
Details in the newsletter pg 4

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FROM THE EDITOR...**EXCERPT FROM MY NOVEL VALENTINE'S DAY (AVAILABLE ON AMAZON)****PETER ACKER, MD**

The elevator door opened. In the distance, clustered around a chart rack, a large group of people made 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 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 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*, he thought, 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 unflinching questioning from an attending that had years before been given the sobriquet "The Grill-Meister." The gates were opened, releasing the lions into the pit, 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.

(Continued on page 5)

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All references to MLMIC refer to MLMIC Insurance Company, P.O. Box 1287, Latham, NY 12110.

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

**Date—Tuesday, October 21, 2025
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580**



**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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PRESIDENT'S MESSAGE

FORCED TO THE FRINGE: WHEN THE INSURANCE SYSTEM LEAVES PHYSICIANS AND PATIENTS BEHIND *(Continued from page 1)*

ANAÏS CARNICIU, MD, PRESIDENT

physicians unable to re-secure commercial contracts, effectively shut out of networks they helped build.

Let me be clear: this is **not a matter of preference or ideology**. Many of these physicians wanted to stay in-network. They wanted to serve their communities without adding financial barriers. But the system has stopped working *with* us. Now increasingly, it's working *against* us.

So what do we do?

First, we unite.

The barriers created by insurers are a shared burden: whether you're employed, independent, or academic. We are all seeing the downstream effects: patients confused, angry, or delayed; administrative burdens multiplying; professional satisfaction diminishing.

Second, we act.

The Westchester County Medical Society is taking steps to support physicians and protect our patients:

- This fall, we're launching an **anonymous survey** where members can voice concerns, including submitting examples of denials, dropped contracts, or burdensome authorization requirements. These stories will fuel our advocacy efforts in Albany and D.C.

We are partnering with **MSSNY** to advocate for legislation that demands accountability, transparency, and timeliness from insurers.

Lastly, we support one another.

This isn't a time for division. It's a time for connection. Whether you're still working within the insurance system or have had to step outside of it to preserve your ability to care for patients, you are not alone, and you are all a vital part of this medical community.

Following our anonymous survey, I invite you to join us at our **Fall Town Hall (date forthcoming)** to share your experience and hear from others navigating similar challenges. We must learn from each other, advocate together, and remind the public that

physicians are not the problem, but rather the solution fighting to be heard.

Medicine is changing. Not always in ways we would choose. But our values and our commitment to patients, to each other, and to the integrity of our work remain unchanged.

Let's stand together, especially now.

Warmly and in solidarity,

Anaïs Carniciu, MD

President, Westchester County Medical Society



FROM THE EDITOR...

EXCERPT FROM MY NOVEL VALENTINE'S DAY (AVAILABLE ON AMAZON)

PETER ACKER, MD *(Continued from page 2)*

"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 glacial pace. No detail was too minor 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 to the room of the first patient on his list, pulled his blood-drawing tourniquet from his pocket, and entered.



STOP THE TRAIN Elliot Barsh, MD

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

"Play on" - Mick Fleetwood

Hi everyone.

Our summer may be ending, but let's remember that every *ending* is followed by a new *beginning*.

A beginning that we create, and can *"see as a solution, and feel as a faith."*

Our *faith*, not only in the religious sense, becomes our *strength*.

This strength *grounds* us.

It provides a *balance* and gives us a chance to find our *rhythm* and *strive* for whatever *tomorrow* will be.

There is so much here for us to *learn* and *discover*.

There is so much *joy* we can feel along with the *grief* and the *sorrow*.

Our joy arises from our *participation*.

We can cherish the *words* we say and the *steps* we take in all seasons.

Our longing for next summer does not have to keep us from getting lost in the cool breeze and vibrant colors of the fall,

or the solace of a cold, quiet blanket of snow on the ground in the winter.

Like *Mick Fleetwood* says, we *"play on or cease to be."*

Not only are we a part of something we can believe in, we are something to believe in!

Thanks for joining us this month.

Be safe.

E

"We all need something to hold onto."

If I Don't Post About My Vacation, Did It Even Happen?

I know that craving the high of posting, of all those comments and hearts, is lame, but leaving is really hard.

"What beckons us day in and day out?"

ER and Me

"We can make the time to connect and live a more embodied life."

Coming to Terms With Embodied Pleasures

A pack of smokes is the opposite of an Oura ring.

"It's like this now."

Avocado and Salt

"We wake up every day with the chance to be awestruck."

At Times Like These, My Advice: Take a Hike!

We've inherited dazzling public lands because of the vision of long-ago leaders. It's our job to preserve their beauty.

WORKING TOGETHER by David Whyte

We shape our self
to fit this world

and by the world
are shaped again.

The visible
and the invisible

working together
in common cause,

to produce
the miraculous.

I am thinking of the way
the intangible air

passed at speed
round a shaped wing

easily
holds our weight.

So may we, in this life
trust

to those elements
we have yet to see

or imagine,
and look for the true

shape of our own self,
by forming it well

to the great
intangibles about us.





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WCMS Will be holding an online
Town Hall meeting this fall.

Please keep an eye out for an email coming to your inbox in the next few weeks with instructions on how to submit anonymous questions prior to the event.

We want to address your concerns and needs directly, and need your input to do so.

Please email jmiller@wcms.org
with any questions