

WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

PROTECTING ACCESS TO CARE AND MODIFIER 25 IN A CHANGING MEDICARE LANDSCAPE

Daniel Gold, MD

As summer winds down and the fall begins, it is a fitting time to look ahead at the challenges facing medicine and the opportunities to work together on behalf of our patients. The Westchester County Medical Society is fortunate to have dedicated physicians willing to serve our communities, and we need to work together to strengthen collaboration among physicians throughout Westchester, New York, and the country.

One of the most pressing challenges is the continued pressure on physician payment. For decades, Medicare physician payment has failed to keep pace with inflation, while the cost of providing care has steadily increased. Staffing, rent, malpractice insurance, technology, supplies, regulatory requirements, and administrative costs continue to rise. At the same time, physicians are caring for increasingly complex patients and facing growing demands on their time.

Against this backdrop, the FY 2027 CMS Physician Fee Schedule Proposed Rule raises significant concerns. At a time when physician practices need appropriate inflationary increases simply to maintain access and quality, additional reductions in payment move in the wrong direction.

Conversion Factor: CMS proposes a 1.19% decrease in the 2027 Medicare Physician Fee Schedule conversion factor, following years of inadequate payment updates relative to inflation.

Practice Expense: CMS proposes changes to practice-expense methodology that would reduce payments for certain facility-based and procedural services including an E&M and procedure performed on the same day billed with a modifier 25.

Budget Neutrality: Changes that increase payment for selected services will be offset by reductions elsewhere because of the budget-neutral structure of the Physician Fee Schedule.

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DANIEL GOLD, MD
President, WCMS

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Upcoming Events

WAM Golf Outing
Tuesday, October 20, 2026
Westchester Country Club
Rye, NY

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PETER J. ACKER, MD
Editor

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FROM THE EDITOR...
BEETHOVEN & THE MIND
PETER ACKER, MD



This a column from 2005

In the popular imagination, suffering and creativity go hand in hand. The image of the creative artist locked in mortal combat with himself as he engages in the promethean struggle to produce works of genius is one fixed in the consciousness of the lay public. Indeed, it is often the outward manifestations of the suffering that capture the public's interest rather than the work itself. Van Gogh is known by millions who have probably rarely ventured into a museum as the artist who cut off his ear. Still, this question of whether suffering is part and parcel of creative genius is not merely sensationalistic, but is deserving of careful consideration. The development of more effective psychotropic drugs has added a new twist to this debate, though it is easy to trivialize. Peter Kramer, the author of Listening to Prozac, has recounted that on book tours there is inevitably some "wiseguy" in the audience who asks if Van Gogh would have ever painted a starry night if he had had access to Prozac.

Last December, I was at a remarkable lecture entitled "Music and the Mind: Beethoven" which brought the above questions into sharp focus and was part of the grand rounds offered at Four Winds Psychiatric Hospital in Katonah, New York. Richard Kogan MD, has an extraordinary resume. He attended Juilliard and then went on to Harvard Medical School. He is currently a professor of psychiatry at Weil – Cornell Medical School where is co director of the Human Sexuality Program. He also maintains an active career as a concert pianist. He was a first prize winner at a Chopin Competition and he performs regularly with cellist Yo Yo Ma and violinist Lynn Chang.

He began the lecture, which by the way was in a rather small room just big enough to accommodate the 40 or so attendees and thus was an intimate venue, with a self deprecating smile and launched into a recounting of the formative events of Beethoven's life with particular emphasis on the psychodynamic factors. Dr. Kogan has a soft conversational style well suited for the size of the audience and carries himself with utter ease. If he has suffered mightily for his art, he has done a masterful job of concealing it. Beethoven, on the other hand, by all accounts, wore his feelings on his sleeve. He was stubborn, pugnacious and utterly contemptuous of artists less able than he (a rather large group after all). To a prominent violinist who hesitantly asked if he could lower one small passage by one octave, he exclaimed in a typically vituperative explosion his total unwillingness to sacrifice his "artistic vision" because of the musician's incompetence. Dr. Kogan gave a compelling account of Beethoven's suffering. His father was an alcoholic who had dreams of raising another Mozart and would stumble in late after a night of drinking, rouse his son and force him to practice until the morning. Beethoven had numerous unrequited loves. Apparently his criteria for a potential lover was that she already be married and also be a member of royalty.

(Continued on page 9)

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STOP THE TRAIN Elliot Barsh, MD

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

"I don't know what today will bring, but I will meet it."

Hi everyone.

Welcome back for the last few weeks of the summer.

There is something *powerful* about the *first thought* we have when we wake.

As *David Whyte* writes, there is "*a small opening into the new day*" where we can *create the direction* our day will take.

It is an act of *attention*, and what we pay attention to becomes our *reality*.

Will we wake thinking about how much there is to do, what went wrong yesterday, or how worried we are about what may happen later?

Or will we wake being *grateful* for another day, *curious* about what we will see, and *thankful* for what we can give?

Our first thought has the power to turn the *potential* of the day into our *purpose*.

It can help us remember who we want to be.

Our first thought matters.

It can become a *habit* and shape what we notice.

Gratitude makes us more attentive to what is good.

Curiosity makes us more receptive to possibility.

Kindness towards ourselves makes it easier to be kind to others.

We cannot control everything that will happen today, but we can choose the spirit in which we meet it!

Thanks for joining us again this month.

See you next time.

E

"Thankful am I" Last Man Running

"How lucky are we."
Love and Death

"Can we slow our pace, turn down the lights, or stop talking?"

To Find Happiness, I Stopped Talking. It Helped.

A silent retreat turned out to be exactly what I needed.

"...we are human."

Doctor's Dirty Little Secret-The Cost of Silence

What To Remember When Waking by David Whyte

In that first hardly noticed moment in which you wake,
coming back to this life from the other
more secret, moveable and frighteningly honest
world
where everything began,
there is a small opening into the new day
which closes the moment you begin your plans.

What you can plan is too small for you to live.
What you can live wholeheartedly will make plans
enough
for the vitality hidden in your sleep.

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PRESIDENT'S MESSAGE**PROTECTING ACCESS TO CARE AND MODIFIER 25
IN A CHANGING MEDICARE LANDSCAPE**

Daniel Gold, MD *(Continued from page 1)*

Ambulatory Specialty Model: CMS proposes mandatory participation for certain specialties, creating potential downward payment adjustments of up to 9% initially and 12% in later years.

The proposed changes involving modifier 25 are particularly concerning. Modifier 25 allows physicians to report a significant, separately identifiable evaluation and management service performed on the same day as a procedure. The rationale for reducing payment is based, in part, on the premise that physicians are receiving duplicate payment for work already included in the procedure.

That premise deserves careful reconsideration.

The work included in every procedure code is already defined and valued as part of that procedure. When a physician also performs a significant evaluation—taking a history, examining the patient, reviewing information, making clinical decisions, discussing treatment options, and developing a plan—that work is not automatically included in the procedure. In many cases, the evaluation is essential to determining whether the procedure should be performed at all.

Reducing payment for this additional work risks undervaluing the clinical decision-making that is central to safe medical care. It may also create unintended consequences for access, particularly in specialties where procedures and evaluation and management services frequently occur during the same visit.

This issue should be viewed within the larger context of physician payment. The question is not simply whether one particular code or modifier should be adjusted. The broader question is whether Medicare payment is keeping pace with the actual cost of providing high-quality care. After years of payment that have not kept up with inflation, further reductions risk making it increasingly difficult for practices to maintain services, invest in their workforce, and provide timely access to patients.

There is also an important patient safety component. Appropriate evaluation before, during, and after a procedure is not an unnecessary duplication

of services. It is part of responsible medical care. Policies that unintentionally discourage adequate evaluation could ultimately affect quality and safety.

These issues require a unified physician response. WCMS, MSSNY, specialty societies, and the AMA each have an important role in communicating with CMS and federal legislators. Physicians should provide real-world examples and data demonstrating how payment policies affect access, staffing, services, and patient care. The comment period for the CY 2027 Medicare Fee Schedule proposed rule ends on September 14, 2026 – so the time to act is now.

Most importantly, physicians across specialties must collaborate rather than become divided. Primary care physicians, specialists, surgeons, hospital-based physicians, independent practitioners, and employed physicians may have different practice models, but they share the same fundamental responsibility to their patients.

Protecting access to healthcare requires protecting the ability of physicians to provide that care. The goal should not simply be to prevent payment reductions. It should be to build a sustainable Medicare system in which physician payment appropriately reflects the work performed, keeps pace with inflation, and supports the continued delivery of safe, accessible, high-quality care.

Our patients are counting on us—not only to care for them one patient at a time, but also to help protect the healthcare system they depend on.

Click here for the full Medicare Physician Fee Schedule Proposed Rule Summary. Comments are due by September 12, 2026.



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

Talk about setting yourself up for failure. The onset of deafness in his late twenties, of course, was the quintessential coupe to grace and drove him to the brink of suicide. Dr. Kogan was spellbinding in weaving these biographical facts with a discourse on the connection between suffering and artistic expression. Periodically, Dr. Kogan would move over to the piano and play. In the end, about half of his time was at the piano and played entire sonatas from different periods of Beethoven's life.

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

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

(Continued from page 5)

To be human is to become visible
while carrying what is hidden as a gift to others.
To remember the other world in this world
is to live in your true inheritance.

You are not a troubled guest on this earth,
you are not an accident amidst other accidents
you were invited from another and greater night
than the one from which you have just emerged.

Now, looking through the slanting light of the morning
window
toward the mountain presence of everything that can
be
what urgency calls you to your one love?
What shape waits in the seed of you
to grow and spread its branches
against a future sky?

Is it waiting in the fertile sea?
In the trees beyond the house?
In the life you can imagine for yourself?
In the open and lovely white page on the writing desk?

**NYSSDDS 2026 SYMPOSIUM**

2026 Symposium agenda and registration link in hopes that you could share this with the Westchester Society's members.

- All event information can be found on our website: <https://www.nysderm.org/2026symposium>
- To register, please click on the Eventbrite link below.

<https://www.eventbrite.com/e/nys-society-of-dermatology-dermatologic-surgery-annual-symposium-tickets-1976756262193?aff=oddtcreator>

- **Attendance is free for current NYSSDDS members with valid 2026 dues.** If you would like join or have not renewed your membership, you can do so here: <https://www.nysderm.org/payment>.

Full agenda & information can be found on pages 10 & 11

**Garfunkel Wild Presents:****The Peptide Playbook:****A Practical Guide for Clinicians**

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SPEAKERS**David M. Traskey**

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dtraskey@garfunkelwild.com**Kathleen M. Brown**

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kbrown@garfunkelwild.com



New York State Society of Dermatology and Dermatologic Surgery

2026 Symposium
October 24, 2026
Sleepy Hollow Hotel - Tarrytown, NY

7:00am-8:00am	Registration/Poster Set-up/Continental Breakfast Exhibitor Hall Opens
7:10am-7:55am	Regeneron Sanofi Breakfast Product Theater Alexandra Golant, MD
8:00am-8:20am	Opening Remarks / Advocacy Lisa Wickens-Alteri, NYSSDDS Executive Director
8:20am-8:50am	Academy Update M. Laurin Council, MD, MBA, MA, Director of Dermatologic Surgery, Washington University in St. Louis
8:50am-9:20am	Hidradenitis Suppurativa (HS) Michael J. Payette, MD, MBA, FAAD, Dermatologist and Partner, Central Connecticut Dermatology
9:20am-9:50am	Gene Expression Profiling in Dermatology: Current Evidence and Clinical Applications Amy Spizuocco, MD
9:50am-10:00am	Q&A Session
10:00am-10:20am	Coffee Break/Posters/Exhibitors
10:20am-10:50am	Cracking the Code on Alopecia: How low-dose oral minoxidil is changing the hair loss game. Kristen Lo Sicco, MD
10:50am-11:20am	Inside IL-23 Inhibition: Clinical Pearls for Psoriasis Success Mark Lebwohl, MD, Dean for clinical therapeutics and Chairman emeritus Department of Dermatology, Icahn school of Medicine at Mount Sinai
11:20am-11:50am	Keynote Speaker Mathew M. Avram, MD The Treatment and prevention of Skin Cancer with Energy Based Devices and its implications for Regenerative Medicine
11:50am-12:00pm	Q&A Session

~ 5.5 CME Hours



New York State Society of Dermatology and Dermatologic Surgery

2026 Symposium
October 24, 2026
Sleepy Hollow Hotel - Tarrytown, NY

12:00pm-
1:00pm

Lunch

12:00pm-
1:00pm

Abbvie Lunch Product Theater
Brett King, MD, PHD

1:00pm-
1:20pm

NYS Legislator

1:20pm-
1:50pm

Resident / Fellow Clinical Cases

1:50pm-
2:20pm

Skin Cancer Diagnosis: The Roles of Technology and AI
Allan C. Halpern, MD, MSc, Chief, Dermatology Service,
Department of Medicine, Memorial Sloan Kettering Cancer Center

2:20pm-
2:25pm

Q&A Session

2:25pm-
2:45pm

Coffee Break/Posters/Exhibitors

2:45pm-
3:15pm

Atopic Dermatitis Treatment
Alexandra Golant, MD

3:15pm-
3:45pm

Chronic Spontaneous Urticaria: A New Era of Disease Control
Dawn Merritt, DO, MEd, FAAD

3:45pm-
3:55pm

Q&A Session

3:55pm-
4:00pm

Closing Remarks/Giveaway
Lisa Wickens-Alteri, NYSSDDS Executive Director

~ 5.5 CME Hours



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