



WESTCHESTER PHYSICIAN

July/August 2014

Volume 29, Issue 7



PRESIDENT'S MESSAGE

The following remarks were given by Louis F. McIntyre, MD, at his installation as WCMS President on June 20th.

So why a county medical society? Why should we meet and organize as physicians and surgeons and to what end?

Well, we have been doing it for over two hundred years. The WCMS was formed in 1797 by eight physicians who wanted to make sure that the people of Westchester were ministered to by competent and caring doctors. They wanted to ensure the quality of medical care in the county and credential their colleagues. They wanted to disseminate the latest medical information and be able to interact with others around the state concerning medical issues that affected their patients and practices. They were an accomplished bunch and many had participated in the War of Independence on both the American and British sides. They were scholars and patriots and they passed this great tradition down through the years to us. That's all well and good but what have we been doing lately?

“Thanks to the support of everyone here, a dedicated leadership and staff, we will ensure that the Westchester County Medical Society continues its important work on behalf of the people of our County.”

Well, today the WCMS is a vibrant and growing organization thanks to the leadership of many dedicated volunteer physicians.

Dr. Andy Kleinman has been a very effective advocate on behalf of patients and doctors in identifying fraudulent practices of insurance companies attempting to limit patient access to care. Together with then Attorney General and now Governor Cuomo, Andy shepherded legislation in Albany outlawing these practices. This is a huge success for all the people of the State of New York. Andy now serves with great distinction as the President of the Medical Society of the State of New York.

Dr. Tom Lee has been the essential person in alerting the legislative and executive branches in Albany to limits placed on patients

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LOUIS F. MCINTYRE, MD
President, WCMS

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UPCOMING EVENTS

Legislative Reception
Thursday, September 18th, 5-8 p.m.
NY Medical College
Hawthorne, NY

Academy Golf Outing
Thursday, October 2nd at 11:30 a.m.
Westchester Country Club
Rye, NY

Doctors of Distinction Awards
Thursday, October 30th at 5:30 p.m.
The Bristol
Armonk, NY

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FROM THE EDITOR...**MUSINGS****PETER J. ACKER, MD**

Advances in the technology as well as of the basic science of medicine has created stunning progress in the treatment of many conditions and diseases. But there comes a point when a doctor needs to put down his prescription pad, his x-rays, his lab results, his lap top and brush them aside and face his patient: "I have done all I can. How can I help you now?"

For years I was the only physician in my extended family. I have rather enjoyed this distinction; fielding questions of a medical nature around the dinner table at family gatherings, peering at a rash on an aunt's shin, or taking a late night call from a cousin who I have not heard from in years. I confess that it is gratifying to my ego to get this kind of attention and that I can arrive at family reunions unperturbed by any concern of needing to impress anyone or stoop to engage in various competitive family dynamics. Simply, by dint of my medical title, I can remain above the fray. I may hear a hint of sarcastic disdain when I enter from a cousin calling "the doc is here" but I barely notice it, knowing that someday he will probably need me. It must be similar for priests, who with collar and celibacy, stand apart. Doctors, with our white coats and stethoscopes as our vestments and our privity to patient's secrets, also stand apart. Our patient rooms and bedsides are our confessionals and we possess a strange alchemy of simultaneous respectful aloofness and deepest intimacy. Our motives are similarly convoluted; yes, we enter medicine with ideals and a desire to help others, but we also enjoy the societal approbation and respect, and yes, the power, over nature and man. Yet, we are burdened by our inadequacies and suffer silently as we obsessively review the circumstances of "unfavorable outcomes" and we brood endlessly over our mistakes. Those of us in primary care particularly feel a connection with our patients, often over spans of years or even decades. We see our patients in regular check-ups, in the midst of illness, during emotional crises and at times when we are off duty, say in the grocery or at the gym. We are privileged and burdened by our knowledge of our neighbor's inner lives, their secret fears and foibles. We see our patients undressed and peer with impunity into bodily orifices. We are charged to treat our patients with all our knowledge and technology but then ministering to them once we have reached our limits; comforting them during illness, whether it be mild and temporary or serious and final.

Yet, we are still human and each time we encounter a patient we bring our own personal narratives along which affect and color our interactions and responses. I once was startled when a mother of a patient (I am a pediatrician) told me of a family tragedy that had occurred when she was a teenager. I found myself telling her of a similar event that darkened my high school years. We never talked about it again, but there has existed since that time an unspoken mutual sympathy and greater comfort in our communications about her family. Self-revelation, I have found, can be a powerful medicine, though like any powerful medicine it must be used judiciously and with full knowledge of its impact or "side effects." In my early twenties, I suffered from panic attacks which resulted in hurried trips to the emergency room. I remember to this day, the casual dismissive reassurances I was given. I

(continued on page 6)

PRESIDENT'S MESSAGE *(continued from page 1)*

and their ability to access important specialty care that is out-of-network. Because of his tireless efforts, there is now legislation in place making sure that the patients of Westchester County and all of New York State have continued access to these vital services. This effort took several years, considerable fund raising and organizational challenges, but in the end will service as a model for us in advocating for our patients at the state level.

Dr. Abe Levy spearheaded the effort to bring the entire medical staff of Northern Westchester Hospital into our Medical Society through an institutional membership program. We will use this as a model to work with other hospitals to bring on more doctors to ensure the health and vibrancy of our Society. This will be especially important as practice paradigms shift and more physicians and surgeons become employees of larger institutions.

Dr. Joe Tartaglia along with Karen Foy, Director of Membership & CME, and Dr. Tom Lester, CME Committee Chair, have built the Westchester Academy of Medicine into one of the largest providers of Continuing Medical Education credits in the state. This has been a great shot in the arm for both the finances and reputation of our Society.

Outgoing President Robert Lerner has worked to strengthen the relationship with New York Medical College, which is a very important one for us as the students of the College are the future of our profession. Together with Chancellor & CEO Dr. Edward Halperin, Dr. Lerner has insured that the collection of antique medical artifacts of our Society will be housed in a permanent exhibit at the Medical School.

All of these efforts would of course be impossible without the efforts of Brian Foy, Executive Director, and Karen Foy, who organize and coordinate all of these projects with great skill and dedication.

As physicians and patient advocates we face enormous challenges at this time for various reasons. Membership in organizations like the WCMS is changing. As doctors move toward employed positions, they are less likely to become involved with their peers in protecting the rights of their patients in groups like this. Financing a medical society is becoming more difficult with changes in membership, laws that limit the financial support by industry, and negative pressure on physician incomes.

Thanks to the support of everyone here, a dedicated leadership and staff, we will ensure that the Westchester County Medical Society continues its important work on behalf of the people of our County.



Robert Lerner, MD, Immediate Past President “passes the gavel” to Louis F. McIntyre, MD, the 208th President of the WCMS.

EXCHANGES

SCOTT BREIDBART, MD

Since I've been working on Exchanges for over a year, and am considered somewhat of an expert, I thought I'd dash off this article to share my knowledge. Of course, as I started to put together a clear explanation of Exchanges, I realized how little I knew. Basically anything I set forth below might have an arcane exception, but the gist is correct. I think. Today, I'll address a frequently misunderstood aspect of the Exchanges. Please let me know if there are other aspects of the Exchanges you would like discussed in a future article.

What are the 3 Rs? You've heard the 3 Rs mentioned in the news media. Depending on who was speaking, they were explained as either "part of the plan to stabilize premiums and make sure that the Exchanges run properly," or as "a 'giveaway' to insurers to make sure they participate in the Exchanges."

The first R is Reinsurance. NY has had community rating and "mandatory issue" in the individual market for years, which has meant that insurers cannot refuse to insure someone or charge someone more because he or she is ill or likely to sustain high health care costs. As a physician who cared for children with diabetes, I'm well aware of the importance of this mandate. Exchanges expanded this principle to all states. An individual might have very high costs which may or may not have been predictable. Reinsurance covers a portion of the costs of these high cost claimants. The money for Reinsurance comes from a pool of funds contributed by the insurers themselves and managed by the state or federal government.

The second R is Risk-Corridor. This program applies to both the individual and small group Exchanges. The federal government, through Health and Human Services, understands that Exchanges are new. This means that the insurers may not be able to reasonably estimate the likely medical costs of this newly insured population for purposes of setting premium rates. For this reason, there is the likelihood that the rates may be inaccurate to the extent that an insurer may suffer unacceptable losses or make an unacceptably high profit. Both of these situations are intended to be prevented by the Risk-Corridor. Under this program, if claims exceed the amount targeted for pricing by a certain percentage, the health insurer will receive an amount to make up for a portion of the losses. On the other hand, if the claims are lower than the amount targeted by a certain percentage, the insurer will pay a portion of the unanticipated gains to the federal government.

Both the Reinsurance and Risk-Corridor programs are temporary. They end in 2016, by which time the Exchanges will have been running for a few years and insurers should be able to price their products with more accuracy based on the available data.

The third R is Risk Adjustment. The Risk Adjustment program, run either by the state or federal government is designed to transfer funds from plans that enroll lower risk individuals to plans that enroll higher risk individuals. The program mitigates any advantage a plan would have in preferentially marketing to healthier individuals. It allows plans to compete on the basis of price, network, formulary, customer service, etc. This program is designed to be permanent to ensure that the marketplace has continual "spreading of risks."

I'd be interested in hearing your thoughts on the 3 Rs and the efforts being made to keep health insurance affordable for low income people.

Dr. Breidbart has been a member of the WCMS for over five years. He is the Chief Medical Officer for Empire BlueCross BlueShield.

Westchester County Medical Society Legislative Reception

Thursday, September 18, 2014
5-8 p.m.

New York Medical College
Dining Room - Lobby Level
19 Skyline Drive
Hawthorne, NY 10595

Come listen to and chat with your elected representatives and their challengers as they share their views on issues important to physicians and the practice of medicine prior to the very important Fall elections.

RSVP TODAY to Karen Foy, 914-967-9100 or by email to kfoy@wcms.org.

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CJS 214 2/14

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NEW & NOTES FROM NEW YORK MEDICAL COLLEGE

Edward C. Halperin, MD, MA, Chancellor/CEO

DEADLY MEDICINE: CREATING THE MASTER RACE

The College will host a traveling exhibit from the US Holocaust Museum from July 15, 2014, to September 3, 2014, at our Skyline Building, 19 Skyline Drive, Hawthorne, NY. The entire Westchester medical community is invited to view the exhibit. The exhibit will be open to the public Sundays through Wednesdays from 11 a.m. to 4 p.m. and Thursdays from 11 a.m. to 8 p.m.; plenty of free parking is available.

From 1933 to 1945, Nazi Germany carried out a campaign to “cleanse” German society of individuals viewed as biological threats to the nation’s “health.” Enlisting the help of medical students, physicians, geneticists, psychiatrists, and anthropologists, the Nazis developed racial health policies that began with the mass sterilization of “genetically diseased” persons and ended with the slaughter of the mentally ill, Roma, Gays, political opponents, and the near annihilation of European Jewry.

Deadly Medicine traces the connection of American and English medicine to Nazi views of racial superiority. Eugenics, the concept that human intervention leading to human selective breeding and forced sterilization, was conceived and developed, in large part, in the US and England. Sterilization without patient consent, under medical supervision, was widespread in the US. Concepts developed and honed in this country were transferred to Germany and, in their sinister and ultimate conclusion, lead to the death camps.

Deadly Medicine: Creating the Master Race inspires reflection on the continuing attraction of biological utopias promoting human perfection. From the early twentieth-century eugenics movements to the present-day dreams of eliminating acquired and inherited diseases and disabilities through genetic manipulation, the issues remain timely.

I first viewed this exhibit at the US Holocaust Museum in Washington, DC and, again, when it visited Cleveland. I was appointed to a committee formed by the Holocaust Museum to evaluate how the exhibit might be employed in medical education. The Museum developed a shortened, traveling version of the exhibit which has been making the rounds of medical libraries throughout the country. New York Medical College applied to host the exhibit in 2012, was approved, and is pleased that it is finally arriving. The exhibit was, most recently, at Central Michigan University and moves, after Valhalla, to Reading, Pennsylvania and Sarasota, Florida.

If you’d like to schedule a private group tour call 914-594-4200.

FROM THE EDITOR *(continued from page 2)*

have since had the opportunity to treat teenagers and young adults with panic disorders and I often reveal my own history. It has an almost magical effect; an immediate expression of relief. This perhaps breaks some of the traditional rules governing “clinical distance” and indeed it is a slippery slope: our objective is often crucial in our ability to diagnose. One possible pitfall is leaping to the diagnosis of panic disorder when there is a long list of (albeit rare) conditions that can mimic, like pheochromocytoma or thyrotoxicosis. Still, with any medicine, we are cognizant of risk - that penicillin that we dispense so liberally has the power to kill in rare circumstances.

Clearly, our personal experiences affect our empathy and understanding. A cancer surviving physician is apt to be a particularly sensitive purveyor of information to a fellow sufferer. Obviously, we cannot expect physicians to treat only patients with conditions that they have personally experienced. But we can dip into the well of our own personal experience to try and approximate what our patients are going through.





**2nd Annual
Doctors of Distinction Awards**

THIS ANNUAL AWARDS PROGRAM CELEBRATES THE ACCOMPLISHMENTS OF FIVE PHYSICIANS IN WESTCHESTER COUNTY. THE NOMINEES WILL BE JUDGED BY A PANEL OF THEIR PEERS AND COMMUNITY LEADERS TO BE THE MOST EXEMPLARY IN THE PROGRAM CATEGORIES. THIS UNIQUE AWARD PROGRAM IS SPONSORED BY ACCOUNTING AND CONSULTING FIRM CITRIN COOPERMAN, THE WESTCHESTER COUNTY BUSINESS JOURNAL, AND THE WESTCHESTER COUNTY MEDICAL SOCIETY.

OPEN TO NOMINATIONS FROM THE PUBLIC, THIS IS AN OPPORTUNITY TO RECOGNIZE THOSE PHYSICIANS WHO MAKE AN IMPACT EACH AND EVERY DAY ON PEOPLE'S LIVES.

NOMINATIONS will be open until September 17th. To nominate a physician visit westfaironline.com for instructions and nomination forms. For more information contact Holly DeBartolo at (914) 358-0743.

NOMINATE A DOCTOR

IN THE FOLLOWING CATEGORIES:

- **HUMANITARIAN AWARD:** In recognition of a physician whose project or service significantly enhanced the quality of life for people in the region, nation or the world.
- **LIFETIME ACHIEVEMENT AWARD:** In recognition of a physician respected for a lifetime career in the medical profession.
- **LEADERSHIP IN MEDICAL ADVOCACY AWARD:** In recognition of a physician who has provided exceptional leadership in the form of advocacy on behalf of the medical profession at the local, state, or national level.
- **COMMUNITY SERVICE AWARD:** In recognition of a physician for providing pro bono medical services for people in need.
- **EXCELLENCE IN MEDICAL RESEARCH AWARD:** In recognition of a physician whose ingenuity or clinical research significantly contributed to the advancement of medical practice.

AWARD PRESENTATION

The winners will be honored and presented with their awards at a ceremony followed by a reception.

OCTOBER 30, 2014 - 5:30 P.M.

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August 4, 2014

TO: Healthcare Providers, Hospitals, Local Health Departments, Laboratories and Emergency Medical Service Providers**FROM: NYSDOH Bureau of Communicable Disease Control****HEALTH ADVISORY:
EBOLA VIRUS DISEASE (EVD) UPDATE****For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.**

This message is to clarify and address coordination regarding suspected cases of Ebola Virus Disease (EVD), between the New York State Department of Health (NYSDOH), New York City Department of Health and Mental Hygiene (NYCDOHMH), Local Health Departments (LHDs), health care facilities, laboratories and emergency medical service (EMS) providers.

Outside NYC: When considering EVD in the differential diagnosis of patients who meet criteria set forth by the Centers for Disease Control and Prevention (CDC) at <http://emergency.cdc.gov/han/han00364.asp>, providers and facilities who are located outside of NYC (regardless of the jurisdiction of the patient's usual residence), should immediately contact the LHD in the county where the facility/provider is located, to discuss the case and to seek approval for testing at CDC, if appropriate. LHD contact information is available at <http://goo.gl/wfRgjb>. Providers who are unable to reach their LHD can contact the NYSDOH Bureau of Communicable Disease Control at (518) 473-4439 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends and holidays. In these situations, NYSDOH's Wadsworth Center will assist with testing logistics between the healthcare facility and the CDC, since testing for EVD can only occur at CDC labs.

Within NYC: Providers and facilities located in NYC (regardless of the jurisdiction of the patient's usual residence), should immediately contact the NYCDOHMH at 1-866-692-3641 to discuss the case and to seek approval for testing at CDC, if appropriate. In these situations, the NYCDOHMH Public Health Lab will assist with testing logistics between the healthcare facility and the CDC.

EMS Providers: All EMS providers, regardless of jurisdiction of origin, should alert the receiving emergency department of suspected EVD cases as soon as possible, so that appropriate infection control procedures can be put in place in advance.

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2014 Annual Meeting Westchester County Medical Society Westchester Academy of Medicine

On Friday, June 20th, the Westchester County Medical Society and the Westchester Academy of Medicine held their Annual Meeting at Orienta Beach Club in Mamaroneck. Over 125 members and guests enjoyed an evening of fellowship with colleagues and family, great food, networking, and the opportunity to interact with WCMS preferred business partners and sponsors. Once again, the winners of the Academy-sponsored awards at Westchester Science and Engineering Fair (WESEF) and their parents received recognition as "Future Leaders in Medicine." MSSNY President and WCMS member, Andrew Kleinman, MD, made remarks on the state of medical practice in New York and what MSSNY has and will continue to do on behalf of all physicians. Outgoing WCMS President Robert Lerner, MD, was thanked for his outstanding leadership. Newly installed President Louis F. McIntyre, MD, an orthopedic surgeon practicing in White Plains, spoke about the history of the WCMS and why it is still important today. Outgoing Academy President Joseph J. Tartaglia, MD, was thanked for his two years of dedicated service to the Academy and Thomas T. Lee, MD was installed as the Academy President.

2014 Friend of Medicine Award

The 3rd Annual "Friend of Medicine" Award was presented to Michael J. Schoppmann, Esq., in recognition of a career devoted to serving medical professionals. Mr. Schoppmann is a Managing Partner of the firm Kern Augustine Conroy & Schoppmann, PC, general counsel to the WCMS and MSSNY, and is regarded nationally for his defense of healthcare professionals in actions brought before state licensing authorities and hospital review boards; audit disputes with managed care companies/health plans; and in actions by OSHA, the Office of Inspector General (Medicare and Medicaid), the DEA, the Office of Civil Rights (HIPAA) and other state and federal authorities regulating physicians. Through his law firm, Mr. Schoppmann has strongly supported the activities of the WCMS for over 15 years.

The physicians in Westchester are fortunate to have Mr. Schoppmann as an ally and Friend of Medicine.



MSSNY President Andrew Kleinman, MD
and WCMS President Louis McIntyre, MD
present the
2014 Friend of Medicine Award to
Michael J. Schoppmann, Esq.

2014 Annual Meeting
Westchester County Medical Society
Westchester Academy of Medicine



Newly Elected WCMS Officers (l-r) Gino Bottino, MD, Vice President; Howard Yudin, MD, Treasurer; Louis McIntyre, MD, President; Thomas Lester, MD, President-elect.



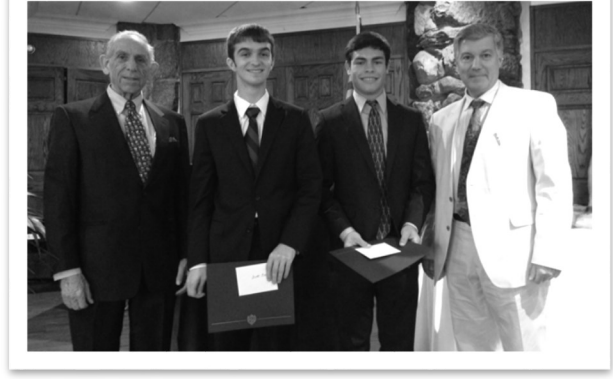
Thomas Lee, MD, WCMS Immediate Past President, thanks Outgoing President Robert Lerner and his wife, Helen, for their year of service.



Louis F. McIntyre, MD gives his Inaugural remarks.



Dr. Lerner thanks Outgoing Academy President Joseph Tartaglia, MD and his wife, Antonella, for their years of service to the Academy



Dr. Robert Lerner & Dr. Joseph Tartaglia present the WESEF Students with their "Future Leaders in Medicine" awards.

Congratulations to the Newly Elected WCMS Officers & MSSNY Delegates!

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(Term July 1, 2014 - June 30, 2015)

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(Term ending 2016)

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(To fill unexpired term of Abe Levy, MD; term expiring 2015)

THOMAS J. LESTER, MD

ALTERNATE DELEGATES TO MSSNY HOUSE OF DELEGATES

(Term ending 2016)

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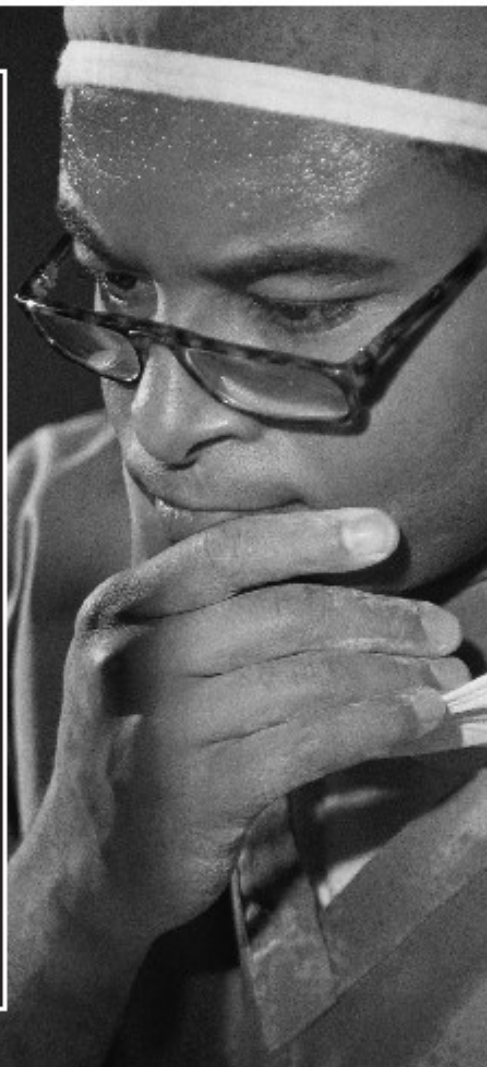
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LEGAL CORNER

NEWS ON MEDICAL-LEGAL DEVELOPMENTS

Question: What do the conflicting appellate court rulings on the Affordable Care Act mean and will they have an immediate impact on my practice?

Answer: Within a span of two hours the U.S. Court of Appeals for the District of Columbia Circuit and the U.S. Court of Appeals for the Fourth Circuit issued conflicting rulings concerning insurance subsidies that help millions of Americans pay for insurance under the Affordable Care Act (ACA) that provides subsidies to those Americans who purchase their insurance through an exchange “established by the State.” The ACA does not expressly mention, however, the federal exchange. The challengers to the ACA argued, and the U.S. Court of Appeals for the District of Columbia Circuit agreed, that the language is clear and the tax credits are available only for purchases through the state exchanges. The Fourth Circuit, however, disagreed with that interpretation and held that Congress clearly intended to make subsidies as widely available as possible to make insurance more affordable to all Americans.

Based on the potential impact of these conflicting rulings at the Appellate level, it is widely expected that the U.S. Supreme Court will grant *certiorari* and hear this case as soon as this fall. If the Supreme Court upholds the District of Columbia’s Circuit’s ruling, then insurance subsidies to Americans in as many as 36 states would end, which would deal a serious blow to the Affordable Care Act.

These conflicting rulings will not have any immediate impact on consumers or practices as the judges have allowed time for an appeal, and Obama administration officials have stressed that people receiving subsidies will continue to do so as the cases are sorted out in the courts. We will continue to monitor this vital issue and provide updates in the future.

If you have any questions please contact Michael J. Schoppmann, Esq. at 1-800-445-0954 or via email at MSchoppmann@DrLaw.com.

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If you have not been receiving WCMS blast Faxes and emails we may not have your correct fax number or email on file. This is how we communicate with our members on important and timely issues, including legislative alerts and upcoming events. Please update this information by sending it to Karen Foy at kfoy@wcms.org. Your information will not be shared with third parties.



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The objective of the Afya Foundation is to recover surplus medical supplies, hospital equipment, medical furniture and humanitarian provisions from healthcare systems and private physicians in order to develop categorized inventory to support ongoing health initiatives in Africa and Haiti.

We recover supplies in four general categories:

1. Equipment and Durables that work, but are being replaced with newer technology.
2. Dead inventory/Consumables that are still within expiration date and not damaged.
3. Operating Room or Medical Floor consumables that were not contaminated during surgery or medical care (e.g. those that were on the back table in surgery and never used or bedside unused medical supplies)
4. Medical equipment/furniture from physician offices that are closing or replacing outdated medical equipment.

We have created criteria to ensure that Afya can guarantee working and appropriate equipment/consumables, upon donation, to the recipient health center.

To Donate Durables/Equipment

1. All donated items must be in decent working order, safe for use and acceptable physical appearance.
2. Provide accessory parts/products for the equipment, if available and if in inventory.
3. Provide manual, if available, for equipment donated. Any schematic illustrations of product assembly or maintenance is appreciated.
4. Afya may not be able to accept all durable/equipment donations. We try to match donated inventory to needs of recipient hospitals abroad.

To Donate Consumables

1. Items must be within expiration (1 yr.+).
2. We cannot accept any pharmaceuticals
3. Supplies must not be contaminated by body fluid or blood.
4. All items being donated may be combined into one box/bag.

Benefits

By working together, we can make a significant difference in reducing unnecessary waste locally while building access to health care abroad.

Afya arranges pick-ups and collection efforts to the needs of each donor hospital and provider. We coordinate pick-up logistics with Facilities/Material Management and local physician offices.

Afya will provide a tax donation letter to the donor, acknowledging the contribution.

Please contact Sarah Schuyler, sara.schuyler@afyafoundation.or with any questions or concerns.

AFYA Foundation
140 Saw Mill River Road
Yonkers, NY 10701
914.920.5081 ~ FAX 914.920.5082



Westchester Academy of Medicine 2014 Golf Outing & Fundraiser

**Thursday, October 2, 2014
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580**

**Registration, Driving Range & Halfway House Lunch—11:00 AM
Shotgun Start at 12:30 PM
Golf Format: Scramble
6:00 PM—Cocktails
6:45 PM—Buffet Dinner/Awards/Raffle***

If you are unable to attend, please consider making a tax-deductible donation. Contact Karen Foy at kfoy@wcms.org or 914-967-9100 for more details.

**Individual—\$400 ♦ Individual plus Hole Sponsorship—\$550
Paid Foursome—\$1,400 ♦ Paid Foursome plus Hole Sponsorship—\$1,500
Hole Sponsor \$250**

**Additional Sponsorship Opportunities Available
Cocktails/Dinner Only—\$150 per person/\$250 per couple**

**All proceeds will benefit the Westchester Academy of Medicine
For more information and other sponsorship opportunities, contact Brian Foy
at 914-967-9100 or bfoy@wcms.org**

Hospice Is About Living

Doctors throughout the county can depend on Hospice & Palliative Care of Westchester to provide their patients with exceptional end-of-life care. As an essential resource for individuals with any life-limiting illness – offering the highest level of medical care, pain management and symptom control while enhancing quality of life – Hospice & Palliative Care of Westchester welcomes your early referrals. We are proud to continue to be “Westchester’s Hospice of Choice” and invite you to contact Hospice & Palliative Care of Westchester to take advantage of its full spectrum of health care programs and services.



Mark Fialk, MD
Medical Director
Hospice & Palliative Care of Westchester



Gary Tatz, MD
Pediatric Medical Advisor
Comfort Crew

The Hospice Advantage

- Dedicated team of physicians, nurses, and social workers providing expert medical care and support to patients of all ages and diagnosed with any life-limiting illness
- Patient care, wherever they reside: private residences, assisted living facilities or skilled nursing facilities
- Fulfilling complementary programs including therapeutic massage, music therapy, art therapy, reflexology, pet therapy and reiki
- Expanded Pediatric Palliative Care Program, “Comfort Crew,” the first formalized palliative care program for children in Westchester
- Bereavement services supporting patients’ families for up to 13 months following the loss of a loved one
- Hospice & Palliative Care of Westchester continues to work with the patients’ personal physician to keep them involved with their patients’ care

Hospice

& Palliative Care of Westchester

914-682-1484

Hospice & Palliative Care of Westchester

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