

Remarks

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Thank you for entrusting me with the opportunity to lead this great organization. We have done some amazing work, and I look forward to the opportunity to help steer this talented group of physicians toward greatness over the next year. And I have to say, it is so great to see so many of you in person. I also want to thank those of you who are joining us virtually. New York City just lowered its COVID-19 level to Medium – this means that our case numbers are heading in the right direction, but we still need to take the necessary precautions. While we aren't quite there yet, I look forward to a time, hopefully in the near future, where we can all meet and celebrate in person.

As I start my presidency, I would like to focus on three main areas: **recognizing physicians as the heroes we are, building strategic partnerships, and advancing health equity.**

Two years ago, we were just winding down from the first wave of the COVID-19 pandemic. While New York City was not the first place to be impacted, we were clearly the epicenter. As an emergency physician encountering a new disease for which there was no play book, I remember having to answer difficult questions. How long can we re-use the same N95 mask if we can't get any more? What do we do if we run out of ventilators? How can we tap into the skillset that is uniquely held by physicians to assist in a crisis, even if it means taking on roles beyond their traditional duties, where surgeons became hospitalists and cardiologists became intensivists. We deployed a ship, opened a hospital in Central Park, and asked physicians from all over the country to help us in a time of need. New York physicians stood up. And our patients and communities stood up for us. Literally. Every day at 7 pm. We finally started to see some forward movement on important issues like payment parity for telemedicine. But

as we begin the transition back to normal activities, some of the old players are up to their old tricks. Insurance companies create extraordinary burdens for physicians, requiring a prior authorization process that does not reduce costs, that delays care, and that intrudes in the relationship between a patient and their physician. At the same time, we need to fix the way physicians get paid for the work they do. When we finally overturned the Sustainable Growth Rate or SGR of Medicare, we were promised a new system of MACRA and MIPS that offered more equitable payments as long as we could demonstrate quality. What we have seen is a lot of sticks, no real carrots, and reimbursement that remains flat when hospitals and big pharma see their annual pay increases year over year. We have to make the practice of medicine easier for physicians. We have also noticed significant scope creep across the country, including here in New York State. Having worked in the emergency department throughout this entire pandemic, I am well aware that we could not have gotten through this without a team. And teams are vital, even when we aren't facing a pandemic. But the team needs to be led by a physician. My dear friend Monica Sweeney taught me a great lesson. She had first trained to become a nurse. But when she decided that she wanted to be the leader of the team, she went to medical school. We need great people to lead our team as we move forward into the future, but I invite my colleagues who want to lead our teams to follow Dr. Sweeney's example and go to medical school. Physician training is intense, grueling, and no doubt challenging. But it is also by design. We made it this way because we have an obligation to provide the best care possible to our patients. None of us are asking for people to stand and cheer for us every day at 7 pm. But we need to demand to respect physicians deserve for the hard work we do.

The next area of focus during my presidency will be strategic partnerships. In the same way that we rely on teams to care for our patients, we need to build the right teams to advocate for the physicians of New York. I want to take a minute to thank all of our sponsors who helped to make this evening possible. In particular, I want to thank The Doctor's Company. As many of you know, the Doctor's

Company has been the endorsed malpractice carrier for the New York County Medical Society for several years. When our previous agreement with them expired, our Board of Directors explored all opportunities when choosing an endorsed carrier. When we heard their proposal, it was clear to us that the Doctor's Company was not just looking for an endorsement, they were looking for a strategic partner. The follow up conversations we have had with their leadership have reinforced this, and we have already started to work together to see how we can grow our membership across New York County Medical Society and also improve liability coverage for all of our physicians. We look forward to continuing a strategic partnership with the Doctor's Company. At the same time, our strategic partnerships have to focus on our advocacy efforts as well. Last month, our hearts went out to our brothers and sisters in Buffalo when a shooter killed 10 Black people and injured 3 while shopping in a supermarket. Just days later, someone killed 19 students and two teachers, wounding an additional 17, at a school in Uvalde, Texas. We even saw a shooting in our own backyard just a month earlier, when a shooter injured 10 people on the subway during the morning commute. Gun violence is a public health crisis. We as physicians have to respond accordingly. We need to talk to our patients about guns and ensure that our patients and communities are safe. We are also seeing an unprecedented assault on women's health. Nearly 50 years after Roe v. Wade was passed, we find that the ability for a woman and her physician to make the best decisions about healthcare is at risk. Regardless of where we stand on the issue of abortion, no one should have the ability to invade the patient-physician relationship when providing care that meets the standards that we, the physician community, have set. And no physician should have to fear criminal prosecution for providing care that meets these standards. Our communities look to us for guidance on public health issues. We have to continue to foster the strategic partnership needed to help us care for our communities and keep our patients safe.

Lastly, we need to do more to end health disparities. I'll never forget seeing the musical Rent for the first time in the mid-nineties as a high school student in Wisconsin. Watching the plight of these

amazing characters in the East Village, struggling with financial hardship during the HIV/AIDS epidemic literally struck a chord with me. When I moved to New York City at 22, I gravitated toward this amazing community and all that it has to offer. But now, that same area is no longer fabled mythology, it is my reality. The characters in *Rent* could have been or may someday be patients who I care for in the Emergency Department. And the people who live in this community deserve the same access to healthcare and the same ability to live their best lives as all other New Yorkers. But we in organized medicine have to double down on our commitment to end health disparities. It starts with us. Last year, for our CME lecture for the MSSNY Committee on Health Equity, Wade Norwood from Common Ground Health reminded us of the importance of having diversity of thought, ideas, and experience is when running an organization that cares for patients and communities. We know that patients often get better care when they can see themselves in the physicians who care for them. As a gay man, nothing bothers me more than going to a medical appointment where I spend an inordinate amount of time answering LGBTQ-related questions that don't pertain to the reason for my seeking care in the first place. I don't want to waste valuable educating someone about my lived experience when seeking expert advice about a medical condition. And many of our patients are looking for the same thing. Making the commitment to pursue health equity starts with the pipeline. New York County is home to 5 medical schools, and we are uniquely positioned to influence the process to make sure that our physician workforce reflects the diversity that we see in our communities. We also need to make organized medicine an inclusive environment, and we need to call out racism, sexism, homophobia, and all other discrimination when we see it. Even when it is uncomfortable. Especially when we see it in our own leadership. And we will see it. But failing to stand up and call it out when it happens becomes a tacit endorsement that allows it to persist. Our patients are looking to us to lead in this space. We are finally making traction in advancing health equity, and we need to continue moving forward on this journey.

Again, I thank you for the opportunity to lead you on this journey for the next year. I thank Dr. LaScalea for his incredible leadership over this past year, his wisdom, his insight, and his friendship. I hope to live up to the high bar that he has set as President. No doubt, he will serve us well as a trustee. I am so honored to be a part of this team, and I look forward to the amazing year we have in front of us.