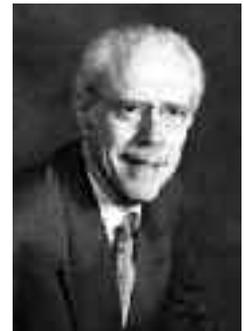




President's Message

"10 Aphorisms for the Practice of Medicine and for Life"

By Abe Levy, MD



1. **E-mail is forever!!** Be careful about putting anything other than good news or neutral information into an e-mail. Affect and facial expression and all the nuance of human communication are missing. E-mail is even more subject to misinterpretation than conversation.
2. **Don't spend so much time looking in the rear view mirror that you hit the object in front of you.** While lessons can be learned from the past, dwelling on the past frequently does not yield proportionately more understanding.
3. **Ready, Aim, Fire.** Be sure to have all of the facts before taking aim at anyone, including verbally. The opposite corollary of this is **Paralysis by Analysis.**
4. **Keep the issue the issue.** When someone makes a mistake, never make yourself the issue by how you respond to their mistake. Many times, the next several days can be spent discussing your response to someone's error rather than the error itself. "He yelled at me in public" or "He insulted me".
5. **When looking for the source of a problem, always begin by looking in the mirror.** Please note the difference from the mirror in #2.
6. **Very few disagreements in life are 100/0 in causation.** In other words, most of the time the cause of the disagreement is attributable in part to both participants, and neither individual is completely at fault. The beginning of the resolution of a disagreement is to acknowledge even the small percent of causation that is your own.
7. **Always defend your patient against the worst possible cause of their symptoms.** Do not take cost effectiveness or anything else into consideration.
8. **Never attribute a somatic illness to psychosomatic factors.** Your patient will not forgive you for implying that they made themselves sick even if they invite the

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Upcoming Events Mark Your Calendar

Friday, June 22nd - 6:00 - 9:00 pm
**WCMS/Academy
Annual Meeting**

Westchester Country Club, Rye, NY

Saturday, August 18th - 1:00 pm
**WCMS Member &
Family Pool Party**

Thursday, September 20th - 1:00 pm
**Academy Golf Outing -
Dinner and Fundraiser**
Westchester Country Club, Rye, NY

Sunday, September 23rd - 10:00 am
WCMS Legislative Brunch
Knollwood Country Club, Elmsford, NY

WCMS Blast FAX & Email Service

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 be used for WCMS communications only and will not be shared with third parties.

Newsletter Submissions

Members are encouraged to submit articles, letters to the editor, classified ads, members in the news, etc. for publication in the Westchester Physician.

**The deadline for the
July/August 2012 issue is July 20th.**

Please email your submissions for review to Brian Foy, Executive Director at bfoy@wcms.org.

FROM THE EDITOR

A Doctor's Lament

By Peter Acker, MD



The last few days have been eventful for me and for reasons that will soon be clear I am writing this past deadline. I'm hoping that Karen Foy, our estimable managing editor, will once again be understanding of this transgression once she reads further!

On Wednesday, May 30, I had the pleasure of attending the graduation from medical school of my oldest daughter, Karen. It was held in Carnegie Hall (apparently, practice, practice, practice is not the only way to get to there). My wife, myself and various relatives occupied a second tier balcony which provided us with an excellent view of the proceedings. One of the speakers delivered timeless advice such as a willingness to say "I don't know" or "I'm sorry". Then, the newly minted physicians received their diplomas. As I watched, I remembered vividly my own graduation from medical school just thirty years ago and how excited I had felt, but also nervousness and trepidation about the challenges ahead. One of the biggest challenges for any physician is the almost daily ingestion of new information with the occasional bombshell that turns conventional wisdom on its head. It is a truism that medical information grows in an accelerating fashion, like hurtling cosmic bodies in an expanding universe. Yet it is equally important to incorporate core information that is immutable – like the diagnostic power of a well taken history, the healing power of empathetic words as well as (equally important) empathetic listening, and the greatest gift we give patients, our time. It is difficult to keep this in mind while riding the bucking juggernaut that is American medicine.

The next morning, I felt a bit dizzy and tired. From the excesses of the previous night's festivities? Seemed probable. I took a brief look at the New York Times before heading off to work. On the front page was an article entitled "For Some Exercise May Increase Heart Risks, Researchers Find". Holy bedrock beliefs being shattered! I have as an article of faith believed in the multiple salvatory benefits of regular exercise. I myself have enjoyed the virtues I get from regularly going to the gym. I have for years counseled my patients that the single best thing they can do is get regular exercise. But apparently, for some ten percent of the population, exercise can increase the chances of a heart attack. It is this sort of added wrinkle of complexity that bedevils all of us physicians. I think it is human nature to cling to beliefs even in the face of incontrovertible evidence. Witness the widespread denial of global warming or the belief that Barak Obama was born outside the United States. After all, we all want constancy in our lives. We want the sun to rise each day and we want to find our house and loved ones to be there at the end of each day.

At work that day, I was too busy and tired to reflect much and at end of the day, my house intact and loved ones present, I crawled into bed and began to shiver. It was soon apparent that I had come down with some sort of illness and I spent two days flat on my back. Strangely, it allowed me time, that great gift, to think. I realized that the delicate dance between truth and untruth is both a challenge and an exhilarating stimulation for the practicing physician and we have to strive to be nimble enough grasp new evidence critically and incorporate it as needed.

Today, I rose from my sick bed, feeling more optimistic, though I'm sure that tomorrow at the gym, there will be that niggling thought: "Am I part of the 10%?"



Robert Hughes, MD, MSSNY President, Inaugural Address

The following is an excerpt from MSSNY President Dr. Robert Hughes' Inaugural Address to the House of Delegates April 21, 2012. You can find the complete Address at www.mssny.org.

This house is the outgrowth of a storied and legendary profession that dates into the unknown history of mankind, but I will begin here with the history of Asklepios, the son of Apollo. Kheiron, the centaur, taught Asklepios in the healing arts. As a result of that guidance, Asklepios became the first great physician, thanks to the knowledge and consent of the gods. Asklepios traveled the halls of the temple with his caduceus, his staff entwined with sacred serpents, and this became his symbol as well as ours. Thus began the Guild of Asklepios.

As is typical of Greek mythology, there are lessons learned that we must remember. Asklepios' prowess and success allowed him to build great temples of worship to thank the gods. In turn, he filled them with beds to become the first hospitals. But his hubris and his greed overcame him. He angered the Fates and Hades by robbing them of their dying and dead. Apollo protected his son from the wrath of these gods, but eventually Asklepios earned the full wrath of Zeus when he took gold for bringing men back from death. It was for this transgression that he was punished. Zeus struck him dead with a thunderbolt. His temples and his teachings live on through us. I suggest we heed the lessons of Greek Mythology. Like Asklepios, we have lost our way. We have developed a deep sense of angst. At least that is what I see when talking to my siblings and physicians all over the nation.

The Irish statesman, Edmund Burke, said, "People never give up their liberties but under some delusion". We have become a deluded profession. What has made us so disillusioned and angst ridden? How did our profession get to this point, where we are under siege? Through complacency, we have become delusional victims of our own virtue. We have been convinced that we serve a public good, a greater calling, and in that conviction, we have been convinced that profit is shameful, that pride in the profession is arrogance, that tradition is old fashioned. Now, others think they know better than we and what our standards should be.

Their mantra—"health system reform is necessary"—we have accepted as our own. With that acceptance, we lost confidence in ourselves. We have accepted that we cannot and should not own hospitals. We have accepted that we are not capable of policing ourselves, and have gone so far as to turn on each other via Sham Peer Review. We have accepted corporate medicine to develop unbridled, without our influence over that corporate culture.

We have sanctioned this through our own actions and inactions. We have willingly— and with our own consent—given our rights of ownership away. We need to recognize this before we can correct the situation. Through inaction— through lack of vigilance, we have lost controls of the profession to others.

Liberty must be fought for and must be fought to protect. We are not owed, are not entitled, to the positions we hold in society, simply because we are physicians. To feel that we are entitled to something without earning it has contributed much to the deterioration of our profession. Abraham Lincoln remarked that "America will never be destroyed from the outside. If we falter and lose our freedoms, it will be because we have destroyed ourselves." We are destroying ourselves through divisiveness and tribal bickering. Division of the house of medicine is our Cain and Abel story.

By our participation in the RVS Update Committee (RUC), mandatory recertification, physician reporting initiatives, turf skirmishes and sham peer reviews, we are reduced to fighting among ourselves. This is not competition – it only serves to destroy our integrity.

We must stop this civil war amongst ourselves. This internal strife—whether it be urban or rural, rich or poor, specialty or primary, business owner or employed, infighting must come to an end. *(continued on page 6)*

(continued from page 1) *President's Message*

comment. In case you hadn't noticed, the unconscious as a factor in human behavior is no longer politically correct to discuss.

9. **Never tell a patient that their wife or husband should stop worrying.** The one time in a hundred that something bad turns up, the spouse will be angry that you dismissed their concern.
10. **Always knock before entering** the exam room whether the patient is dressed in regular clothes or in an exam gown.

With gratitude for the lessons learned to Chris Sclafani, COO at the Mount Kisco Medical Group, and to Dr. Scott Hayworth, CEO.



Looking for Ethics Committee Members

We are looking for interested individuals to become part of the committee. The Ethics Committee discusses current issues and cases that impact the science and practice of medical care and supports and educates members about the ethical aspects of medical care. The committee meets quarterly.

Some of the educational topics we'd like to cover in the future include:

- CME Lectures on Ethics
- New Technologies and Ethics
- Financial Barriers to Health Care Access
- Ethics courses for Hospital Staffs
- Financial Relationships with Industry and Continuing Medical Education

We want some fresh faces and ideas. For more information on this committee or if you are interested in serving please contact Gino Bottino, MD, Chair of the Committee, at gbottino@aol.com or Karen Foy at kfoy@wcms.org.



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MSSNY Inaugural Address *(continued from page 4)*

MSSNY is the House of Medicine. It is the home to all physicians. MSSNY represents the Guild of Asklepios today. We are the coalition, the organization of organizations. Unless we end our own internal civil actions we will have no strength or purpose to fight the onslaught from external forces that will certainly destroy us. The angst we see in all of our colleagues is a crisis at a personal level. Our own children shun our calling! Dwight Eisenhower stated, "Freedom has its life in the hearts and the actions and the spirits of men. And so it must be daily earned and refreshed – else like a flower cut from its life giving roots, it will wither and die." It is time to earn and refresh.

So here is the strategy that I propose to earn back the profession:

First, we must define the purpose and direction of this organization. Who do we serve? Do we serve patients or physicians? I believe that we serve physicians. Only when we ourselves are healthy and strong can we then provide ministry to the patient. We then have to re-define our Mission. Service to our patients, not servitude. We certainly need to change tactics to win back the profession.

1. We need to end the siege mentality. We can only win if we have an offensive strategy. An end to angst. Control the game. You can only recover a fumble if you remain on the field.
2. Unify the army of the profession of medicine! We have great people as leaders and every doctor is a soldier. Our specialties, divided, can become our military divisions in one army.
3. We must be nimble and quick to adapt our strategy and tactics.
4. Collaboration. We must find allies. "In the long history of mankind," Charles Darwin said, "those who learned to collaborate and improve most effectively have prevailed." But...collaboration is not conscription and collaboration does not require capitulation.
5. Saturate the corporate and government structures with our culture.
6. We need to become more versed in communication technology. We cannot win a war without internal communication and external propaganda. In that vein, I am announcing a secure email address that only I will be reading—SO as to hear your concerns, your ideas, and your tactical ideas. And our Commission of Communications has a new purpose!
7. We will become part of the political system. PACs—of course. But also local participation in government, even serving in public office.
8. We need to change our business model.
 - We need to be willing to give up being #1 in volume; we cannot serve all and maintain quality. Quality must take precedence over quantity.
 - We need to maintain #1 in quality. (Nikon and Sony have recently adopted this mission as their focus so as to preserve brand name that is synonymous with quality.)
9. We need to make sure we are fighting the good fight. Take the high ground. Moral and ethical standards will win us the support of the public. I hereby dedicate myself to the ministry and the community of physicians. I will not participate in its destruction or its denigration. I will not participate in medicine's usurpation. This is my profession— mine to protect.

(continued on page 7)

MSSNY Inaugural Address *(continued from page 7)*

And now – to earn it back.

It is okay to be prideful. It is okay to have profit. I will not accept, by action or inaction, the determination of this profession by others. If I am to reclaim this profession, I must earn it. I accept there is a transformation in America. I am ready to adapt my strategy. I recognize that we need to find allies but they must be allies that we can trust. I recognize we must position for the future, but not at the loss of the traditions of the past.

I will reach out and embrace those non-clinical physicians, wherever or whatever their employ, and bring them into this house. Let them know that they are welcome. For they are leaders, too. They are adapters, they are collaborators, and they are cultural attachés. But most of all, they are physicians and they are our colleagues. They deserve to be here. I will bring forth positive ideas and positive attitudes. That is what I will do this year.

Now, I need my troops behind me. To quote Westmoreland in Shakespeare's Henry V leading into the Battle of St. Crispin, "Oh that we now had here but one ten thousand of those men in England that do." To which, King Henry responds — "If we are marked to die, we are enough to do our country loss; and, if we live, the fewer men, the greater share of honor." "We few, we happy few, we band of brothers; for he today that sheds his blood with me shall be my brother; be he ne'er so vile, this day has gentled his condition, and gentlemen in England now abed shall think themselves accurs'd they were not here, and hold their manhoods cheap."

So, my band of brothers and sisters, this is what I ask of you:

- I am tasking every delegate to make their delegate appointment a year-round responsibility. Go home with honor and respect as a MSSNY delegate.
- Go to political activities and make yourself a visible ambassador of this house.
- Get to know your legislators personally. Engage them. Be an advisor to them. Be active in the political system.
- Go forth to your medical staff meetings and be a proud representative of MSSNY-the parent organization of medicine. Let them all know who and what you are. Teach your constituents about out-of-network, fair health, contracting skills and all else that we do here for them. For your service in this white-coated militia is for their benefit. Make them see your relevancy so they will want to join the fight.

So do we have the fortitude and the courage to reclaim our profession as ours? Are we willing to change the paradigm? Are we willing to define rules of engagement on our terms? I say we have no choice. Zeus has warned us with a thunderbolt into your path. We will win this challenge, but not because we deserve it and not because we are entitled to it, but because we are willing to earn it. Let us not give in to a quiet death, marred by unfulfilled potential.

To quote Tennyson in his great poem Ulysses:

"Some work of noble note may yet be done." And then, Ulysses, in spite of his age, was still ready to battle and said, "That which we are we are; one equal temper of heroic hearts, made weak by time and fate, but strong in will to strive, to seek, to find, and not to yield."



Westchester Delegates Debate/Shape MSSNY Policy

By Brian O. Foy, WCMS Executive Director

The Medical Society of the State of New York (MSSNY) conducted its annual policy meeting, April 20-22, 2012, at the Saratoga Hilton and City Center, Saratoga Springs, NY. Physicians from all parts of the state travelled to upstate New York, representing their county or specialty medical societies to debate, amend and ultimately approve MSSNY policy on a wide range of medical issues. The Westchester Delegation to MSSNY met several times prior to the meeting and submitted a total of five resolutions, two of which became Ninth District resolutions.

The Delegation caucused multiple times during the meeting on the issues before the House. The Delegation members in attendance were as follows:

- Bonnie Litvack, MD, Mount Kisco, **Chair**
- Andrew Kleinman, MD, Rye Brook, **Vice Chair**
- Robert Ciardullo, MD, White Plains
- Peter Liebert, MD, White Plains
- Louis McIntyre, MD, White Plains
- Stephen Schwartz, MD, Pleasantville
- Joseph Tartaglia, MD, White Plains
- Mark Fox, MD, Tuckahoe
- Abe Levy, MD, Mount Kisco, **WCMS President**
- Thomas Lee, MD, Tarrytown
- Robert Soley, MD, Scarsdale

Others caucusing with the Westchester Delegation included: Kira Geraci-Ciardullo, MD, Mamaroneck, MSSNY Vice Speaker; William Walsh, MD, representing New York Medical College (NYMC); Kent Duffy, MD, representing the New York State Neurosurgical Society; and Ann C. Cea, MD, MSSNY Past President. *(continued on page 9)*



Picture L -R. Standing: Robert Ciardullo, MD, Robert Soley, MD, Peter Liebert, MD, Mark Fox, MD, William Walsh, MD, Andrew Kleinman, MD, Brian Foy, Kent Duffy, MD, and Stephen Schwartz, MD. Sitting: Bonnie Litvack, MD, Abe Levy, MD, Ann Cea, MD, Joseph Tartaglia, MD, and Thomas Lee, MD. Missing from photo – Louis McIntyre, MD.

(continued from page 8) Westchester Delegates Debate/SHape MSSNY Policy

As listed previously in the April issue of the *Westchester Physician*, here are the resolutions brought forward by WCMS by title and **final House action**:

Expert Witness Program for New York State

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That MSSNY work with the NYS Bar Association and the NYS Court System to develop a system to better assure appropriately qualified witnesses to testify in medical liability actions.

Physicians Should Not Be Penalized For Non-Participation In Government Medicine

SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That MSSNY adopt as policy that medical licensure in New York State shall not require participation in Medicare, Medicaid, or any other governmentally-sponsored health insurance program.

Reimbursement for Cost of Sign Language Interpreters

ADOPTED

RESOLVED, that MSSNY 1) seek legislation and/or regulation to require health insurers to adequately reimburse physicians and other health care providers for the cost of providing sign language interpreters for hearing impaired patients in their care; and be it further

RESOLVED, That the MSSNY Delegation to the American Medical Association (AMA) bring forward a resolution to the AMA House of Delegates asking the AMA to adopt similar policy.

Regulation and Transparency of Imaging Benefit Managers' Contracts

SUBSTITUTE RESOLUTION 253 ADOPTED IN LIEU OF 253 AND 254

RESOLVED, that MSSNY seek legislation that any health plan, or its business partner, conducting prior authorization for non-urgent and non-emergent services or procedures: 1) respond to these requests within two business days; 2) utilize recognized standards of care and comply with any published specialty society-approved practice guidelines; 3) ensure that their authorization criteria conform with their health plan's published policy available to the public for any and all service needing prior authorization; and 4) in the event of denied authorization, an expedited peer-to-peer appeal be conducted within the day (24-hour period) so that no potentially harmful delays befall the patient and that compliance with these rules be monitored by the NYS Department of Health.

Protecting New York State Physicians with Multiple Tax ID Numbers

RESOLUTION 258 ADOPTED AS AMENDED

RESOLVED, That MSSNY seek legislation and/or regulation to prevent managed care organizations from requiring physicians to participate under all of their Tax ID Numbers if they participate under one Tax ID Number; and be it further

RESOLVED, that the MSSNY Delegation to the American Medical Association (AMA) bring this resolution forward to the AMA House of Delegates.

WCMS is proud of its past presidents: Kira Geraci-Ciardullo, MD (2002); and Andrew Y. Kleinman, MD (2003), who were re-elected MSSNY Vice Speaker and elected MSSNY Vice President, respectively. Also, Dr.'s Litvack (2005) and Kleinman were re-elected alternate delegates to the AMA for two-year terms ending in 2014.

More information regarding the MSSNY Annual Meeting can be found on the MSSNY web site at www.mssny.org.





THREE THINGS EVERY PHYSICIAN MUST STOP DOING - RIGHT NOW

By: Michael J. Schoppmann, Esq.
Kern Augustine Conroy & Schoppmann, P.C.

From an admittedly pro-physician, overly “doctor-protective” and openly biased perspective, there has never been a greater need for all physicians throughout the United States to immediately increase their healthy paranoia, eliminate any residual trust they may have had in their state and federal governments, and become completely and relentlessly self-protective. Let me say it directly - No investigator from any office of the federal or state government visits a physician to “help” them, “educate” them or simply “chat” with them. No request for medical records is benign, academic or routine. What is even more disturbing than the use of these deceptions, however, is that physicians continue to fail to recognize them as deceptions and, to make matters worse, blindly cooperate in (and many times, enable) their own destruction.

So, while there are certainly more, here are the three things every physician can, should and must stop doing right now:

1. **STOP TALKING TO INVESTIGATORS:** Any investigator, from any entity and/or agency, is specifically and vigorously trained to deceive the person being investigated. Deceive them into lowering their guard, deceive them into thinking the investigator and/or investigation is harmless, and deceive them into believing that the target will be treated more harshly if they do not speak with the investigator. All of these deceptions are bald-faced lies, nothing more. No investigator is granted a raise, given a promotion or advances their career by announcing that he or she has exonerated the target. Physicians have a duty to cooperate in an investigation but doing so alone, without obtaining all of the information that can be obtained, without proper preparation, and without the protection and guidance of experienced health law counsel, is professional suicide and must stop today.
2. **STOP IGNORING YOUR LEGAL OBLIGATIONS:** Frankly stated, many physicians and medical practices are enabling their enemies (and those enemies are aware of the opportunity) to harm them. Like it or not. Agree with it or not. Find it to be counter to your ability to focus on patient care. You must acknowledge that there are very specific rules that govern you and your practice.

To remain “deliberately ignorant” (a term created to prosecute physicians) of these rules not only fails to protect you, it increases your liability, and the severity of the resulting damage/punishment. As but one example, every “payor” in the United States

(continued on page 11)

(continued from page 10) Three Things Every Physician Must Stop Doing-Right Now

(Medicare, Medicaid, private health plans, union plans, etc.) publishes specific rules on what a physician must do and must provide in order to get paid. Yet most practices remain defiant in refusing to seek out these rules, incorporate them into their practice methods, and comply with their requirements. As a result (bearing in mind, the payors are well aware of this defiance and resulting deficiency), the payors audit the physicians, readily identify violations (whether intended violations or not), and easily demand and obtain monies back from the physician (even though the physician provided the service they billed for). Once again, this must stop today.

3. **STOP TAKING LESS THAN WHAT YOU ARE ENTITLED TO:** There is virtually no other profession or business in this country that provides a critical service to the public, does it at an incredibly high level of success and sophistication, and yet fails to get paid for the services they've provided. That is, however, exactly the current state of most medical practices. Throughout medicine, contracted rates are ignored (or unknown), unpaid bills go uncollected, reduced payments are accepted without challenge or explanation, and co-pays and deductibles are ignored or not acted upon. No physician should accept less than 100% of the monies due them for their services, regardless of the debtor or payor. However, the first step in doing so is for every physician to KNOW the amount to which they are entitled. Every physician and/or medical practice should have the current fee schedule for each payor with which they deal readily available to their staff for cross-checking and payment audits. Accepting the hard reality that virtually everyone who obtains medical care tries very hard not to pay for it is the first step for physicians in getting paid for the services they render. Accepting less than every penny physicians are entitled to must stop today.

Unfortunately, there are many other pro-active, self-protective and positive measures that physicians and medical practices should undertake. However, these are the foundational first three. Taking these three steps will help insure that physicians will no longer enable their enemies, do no harm to themselves financially, and actually see an increase in reimbursement. Certainly such results (counter to every aspect of the current culture of medicine) are worth pursuing – today.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.DrLaw.com, is solely devoted to the representation and defense of physicians and other health care professionals. Mr. Schoppmann may be contacted at 1-800-445-0954 or via email at mschoppmann@drlaw.com.



WCMS Board Highlights - May 2012

At its meeting on May 10, 2012, the WCMS Board...

- Welcomed **Charles J. Sellers, President, and Kathleen Sellers, Vice President and General Counsel, of Charles J. Sellers & Co.** Mr. Sellers was invited to make a presentation regarding the products and services available to physicians through Sellers & Co., professional insurance administrators. Sellers & Co., based in Buffalo, NY, was founded in 1920, and has been administering insurance programs through medical societies since 1941. Currently endorsed by 34 county medical societies in New York, as well 30+ other associations, Sellers is highly experienced in delivering quality service and products to meet member needs, and at discounted rates. Insurance product lines include: disability income; office overhead; accidental death; term and universal life; workers' compensation; long term disability; employment practices liability; homeowners and auto; business owners coverage; and many others. They are experienced in working with and supporting medical societies in attracting and retaining members. Their motto is: **"Membership Doesn't Cost! It Pays!"** Following the presentation and questions, ***the Board unanimously approved adding Charles J. Sellers and Co. as a Preferred Business Partner of the WCMS.***
- **Received the Report of the Executive Committee and the President, as presented by Abe Levy, MD. Dr. Levy reported that the Executive Committee:**
 - Recommended, and the Board approved hosting a leadership Planning Retreat on the evening of June 12, 2012. The purpose of this Retreat, to be led by Thomas Lee, MD, incoming president, will be to discuss priority programs and services in the coming year. A major part of the retreat will also be devoted to membership trends, including how best to improve retention, membership growth and services.
 - Discussed the Institutional membership initiative involving WCMS, MSSNY and the medical staff of Northern Westchester Hospital. If approved, this model may be introduced at other hospitals as a way to increase membership and strengthen advocacy efforts on behalf of all physicians.
- Heard from the Executive Director, Brian Foy, that the **Academy of Medicine is planning its Third Annual Golf Outing, Dinner and Fundraiser on Thursday, September 20, 2012 at Westchester Country Club, in Rye.** A save the date will be included in the newsletter and communicated to the membership in the future via blast email and fax. Mr. Foy also reported on the status of preparations for the **WCMS/Academy Annual Meeting, set for June 22, 2012, 6-9pm, at Westchester Country Club. This meeting will feature the installation of new officers, including Thomas T. Lee, MD, a neurosurgeon practicing in Tarrytown, and special recognition of Mary Ellen and John Pilkington, Esq., as co-recipients of the Society's "Friend of Medicine" award.**
- **Approved the Report of the Membership Committee welcoming one new member to the WCMS and Academy: Michelle Ratau, MD,** a pediatrician practicing in West Harrison. The Board approved membership for four residents sponsored by MLMIC **and offered a moment of silence to recognize the passing of two life members: William Felch, MD; and Henry Marasse, MD.**

(continued on page 15)

Welcome to our Newest WCMS/Academy Member

Join us in welcoming the following new member who was elected into membership of the Westchester County Medical Society and the Westchester Academy of Medicine by the Board of Directors in June.

New Member

Michelle C. Ratau, MD

Pediatrics

West Harrison

In Memoriam

William C. Felch, MD on April 12, 2012

Henry Marasse, MD on May 3, 2012

Milton M. Zaret, MD on May 29, 2012



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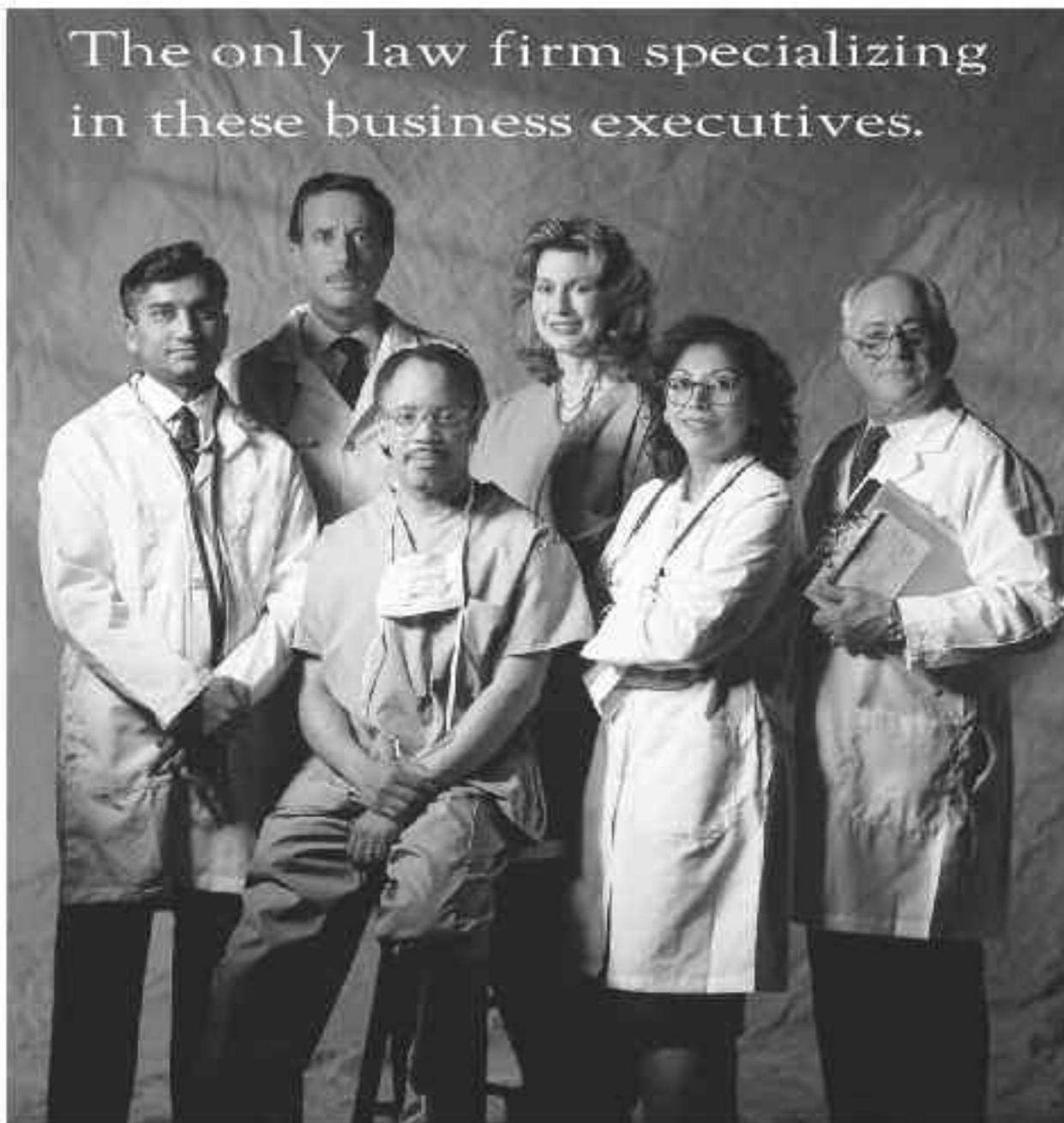
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(continued from page 12)

WCMS Board Highlights - May 2012

- ***Approved the Report of the Budget and Finance Committee*** as presented by Thomas Lee, MD, president-elect, on behalf of Peter Liebert, MD, Chair. Included in this report was ***approval of the 2011 Audit as presented.***
- **Heard from Thomas Lee, MD, President-elect and Chair, Legislative Committee**, regarding the Committee's scheduled meetings with Richard Becker, MD and Joe Carvin on May 11. Dr. Becker, a member of the WCMS, is a democratic candidate for the new 18th Congressional District seat currently occupied by Nan Hayworth, MD, also a WCMS member. Mr. Carvin, a republican, is challenging Congresswoman Nita Lowey for the new 17th Congressional District seat. **Dr. Lee reminded the Board regarding the WCMS Legislative Brunch, set for Sunday, September 23, 2012, beginning at 10:00am, at Knollwood Country Club in Elmsford.** All incumbent congressional and state legislators running for re-election, as well as their challengers, will be invited to address the WCMS membership and answer questions.

SAVE THE DATE

UPCOMING EVENTS

WCMS/Academy Annual Golf Outing,
Dinner and Fundraiser
September 20, 2012
Westchester Country Club

Annual WCMS Members &
Families Pool Party
August 18, 2012



News from the AMA

AMA Protects Physician Hospital Medical Staff

On October 24, 2011, CMS published a proposed rule to revise the Medicare Conditions of Participation (CoPs) for hospitals that included a number of troubling provisions. AMA staff strongly advocated to CMS senior staff that the provisions therein would have the effect of severely diluting the authority of hospital medical staffs and could threaten hospital patient safety and health. On December 22, 2011, the AMA and 81 state and national specialty societies submitted formal comments to CMS that voiced strong opposition to several of the proposals and recommended improvements to ensure the self-governance of the medical staff. On May 10th, CMS published the final rule on CoPs.

As a direct result of AMA advocacy, the final rule makes the following improvements:

- The proposed concept of a single medical staff for a multi-hospital system has been removed.
- The proposed concept of the privileging of physicians without appointment to the medical staff has been removed.
- A hospital's governing body must now include at least one medical staff member.
- The proposed concept of credentialing for medical staff membership in accordance with "hospital policies and procedures" has been removed; the final rule defers to state law and "medical staff bylaws, rules, and regulations."
- The mandatory inclusion on non-physician practitioners on medical staff strongly proposed by several other groups (e.g., American Nurses Association, AARP) was not adopted.

The final rule also retains several provisions from the proposed rule. A number of these, including the elimination of the current requirement that verbal orders be authenticated within 48 hours, were supported by the AMA. However, several AMA-opposed proposals were also finalized, namely, provisions that give multi-hospital systems the option to have a single governing body and permit (but not require) podiatrists to hold a leadership role on the medical staff. AMA staff has renewed our concerns regarding these provisions to CMS senior staff. The AMA staff is still conducting an in-depth review of the rule and will continue to aggressively advocate on these issues. ♦

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Ophthalmology Section Holds Corneal Meeting

By Morris Glassman, MD

The Ophthalmology Section held another successful and well attended educational meeting on May 17th. This meeting brought together 50 ophthalmologists from New York City and Westchester County to learn more about advances in the treatment of corneal disease. The venue, Niko's Taverna, in White Plains, served as a gathering space. The meeting began with some time for the physicians to renew acquaintances, compare patient care, socialize and discuss mutual concerns.

The first speaker was Douglas Lazzaro, M.D., Chair of the Department of Ophthalmology, SUNY Downstate Medical Center. Dr. Lazzaro's discussion was a thorough review of herpes simplex virus and its effect on the eye and adnexa. He mentioned the association with uveitis and trabeculitis as well as that over 15% of recurrences will lead to decreased visual acuity. His take away, although not agreed to by some of the other corneal specialist at the meeting, was that topical therapy is better than systemic in the treatment of this disorder and in preventing recurrence.

The second speaker of the evening was Ira Udell, M.D., chairman of the Department of Ophthalmology at North Shore University Medical Center. Dr. Udell's discussion focused on "conjunctival lumps and bumps." He discussed conjunctival lesions, from cysts and conjunctivochalasis and their therapy to squamous neoplasia and the difficulty differentiating between benign and malignant tumors. He presented examples of a number of lesions of squamous carcinoma of the conjunctival, of lymphoid tumors as well as of melanotic lesions. The troubling fact he presented was that 30% of primary acquired melanosis will transform into melanoma as well as the difficulty making a definitive diagnosis of malignancy, short of biopsy.

The final speaker was, James Reidy M.D., Associate Professor of Ophthalmology at the Ira Ross Eye Institute in Buffalo New York. Dr. Reidy presented a detailed discussion of Corneal Cross Linking. Cross-linking uses an activator and ultraviolet light to strengthen tissue. It has been used in dental procedures as well as heart valve procedures. Presently, it is used in ophthalmology to treat keratoconus using a photodynamic reaction to riboflavin which is used as the activator. The procedure works best in young males with reduced visual acuity.

The success of these meetings was remarkable in that, for many years, each presentation brings at least 30 and upwards of 50+ physicians together in a congenial atmosphere with an academic as well as social goal. The next meeting will be scheduled in the fall. Physicians interested in attending these meetings can either call me at 914-962-5506 or e-mail me at meyeg@verizon.net, or call the Westchester Medical Society at 967-9100.



SAVE THE DATE - Westchester County Medical Society LEGISLATIVE BRUNCH

Sunday, September 23, 2012
10:00 am – 1:00 pm
Knollwood Country Club

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.

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