



President's Message

By Thomas T. Lee, MD

What follows is letter written by Thomas T. Lee, MD, President, WCMS in response to an online article in the Journal News.



The recent online article in the *Journal News* titled "Families say heroin victims started with painkillers" highlighted the grief and anguish of the Christiansen family because of the recent loss of their son Erik to heroin use. The Westchester County Medical Society and its more than 860 physician members would like to express their condolences to the Christiansen family for their loss at this difficult time. We have heard of other similar heart wrenching stories locally in Westchester, Long Island, and other parts of the country. This tragic story and other similar ones bring the issue of the use of narcotic painkillers to the forefront.

Tragic stories like this one should help our society refocus attention on the causes of prescription painkiller overuse and potential solutions. In the past few decades, society has changed its views on narcotic prescription pain medication drastically. Narcotic pain medication was frowned upon 30 years ago because of potential dependence and abuse, and was reserved mostly for cancer pain and other extraordinary circumstances. More recently however, society at large, health care institutions, governmental agencies and regulatory agencies such as the Joint Commission have promoted and mandated pain assessment programs, and advocated immediate and complete pain relief. The physicians were blamed initially for not being sympathetic to their patients and for not prescribing an "adequate" amount of pain medication to control their patients' pain. In response to the regulatory, institutional, and patient demand, the physician community started to prescribe narcotic pain medication more frequently. The pharmaceutical industry in turn focused their R & D and marketing/advertising efforts on various narcotic pain medications. The prevalence of such narcotic pain medications partially contributed to the prescription pain medication diversion. While drug dependence and tolerance have been known for decades, the wider availability of such medication increased the incidences of these problems. The true causes of the narcotic over-utilization are the combination of the societal pressure for instant gratification (or pain relief), widely available medication supply and pharmaceutical marketing, and governmental/ regulatory requirements. While there may be some out there writing pain medication prescriptions for improper reasons, the absolute majority of physicians prescribe these medications based on their patients' legitimate complaints of pain and medical conditions. Recent comments by federal (DEA), and NY State Department of Health had focused in on physicians as suppliers of prescription narcotic and sedative drugs. Such characterizations are inaccurate and unfortunate. Physicians are prompted to treat pain aggressively as a medical condition, and at the same time chastised for prescribing medications to treat pain. All this is occurring at a time when many states are trying to legalize marijuana for supposed pain control. Health

(continued on page 9)

A Look Inside . . .

Upcoming Events.....	2
<i>From the Editor: Letter from Holland.....</i>	<i>3,9</i>
Disability Income Program.....	5-6
New Members/In Memoriam.....	7
News from MSSNY.....	8
Legislature Banning Smoking on Playgrounds.....	10
Pool Party.....	11
Board Highlights.....	12
Using a Scribe.....	13
Massachusetts General Faculty Series.....	15
Health Search Update.....	17

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Upcoming Events Mark Your Calendar

Monday, October 1st - 5:00 pm
CME Committee Meeting

Thursday, October 11th - 6:30 pm
Board of Directors Meeting

Thursday, November 1st - 6:30 pm
Board of Directors Meeting

Friday, December 14th -
6:00-9:00pm
Annual Holiday Party

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
October 2012 issue is September 27th.**

Please email your submissions for review to
Karen Foy, Managing Editor @ kfoy@wcms.org

FROM THE EDITOR

Letter from Holland

By Peter Acker, MD



I suppose I can blame it on summer lassitude – I don't have a column ready. I did want to publicly thank Bob and Kira Geraci-Ciardullo for hosting a fantastic pool party. I still contend that it would have been even more festive if I had managed to throw our executive director, Brian Foy, fully clothed into the pool, but he demurred. Next year! In the meantime, I have included one of my favorite columns from several years ago. It is a worst nightmare.

Letter from Holland

As I write this I am, I think, in the company of many who are bemoaning the end of summer and the return of our normal grind. Luckily, there is a spare moment or two to recall the summer's highlights, the escape from the daily medical routine. The highlight of my summer was a trip to Holland and from the moment we landed I felt transported from my ordinary life into a different culture and life style. We, of course, did the usual sort of sight seeing – the Van Gogh Museum, the Red Light district, leisurely walks by canals, and a trip to Edam were just a few examples. We were fortunate to stay with friends, a Dutch family consisting of a husband and wife and three kids aged 13, 10 and 9. They live in a house that by Westchester standards is extremely small, yet our family of five was able to settle in comfortably. The staircase to the second and third floors curved upward in a narrow spiral. Each bedroom was closet sized, with efficient uses of space. Outside were parked 5 bicycles and one small car that would just about fit into the back of an average SUV. On a daily basis, one of the family members would bike to the market to get some groceries. Each morning all ten of us would crowd around a small table and feast on several kinds of bread and cheese. Daily grooming and toilet were carried on apace as we were cognizant of sharing just two bathrooms and one shower. I began to feel a bit abashed as I made some mental comparisons between my spacious New York abode and lifestyle and that of our Dutch friends.

My observations of Dutch life continued in a similar vein as I wandered outside my first morning. Bicycles were everywhere – being ridden by people of all ages. People pedaled with an ease and comfort that is seldom witnessed here, wearing ordinary clothes, such as suits for the work-bound business men. I could not but help contrast this with the accoutrements of the serious Westchester cyclist (aerodynamic helmet, sleek biking outfit, special shoes). Many times I would see a young woman riding with another woman comfortably seated sideways on the back. People's expressions carried none of the intensity or anxiety that is usually displayed on the New York biker's visage (especially when being narrowly passed by one of those behemoths we call cars which typically give no quarter to the smaller road denizens). No wonder – bikers in Holland have their own designated space to ride in. Bike lanes are ubiquitous. In downtown Amsterdam each intersection has special traffic signals specifically for bike riders.

Though I was on vacation and making strenuous efforts to "relax", I found that my medical mind was never far away and I began to make some fairly obvious public health observations. First off, despite what appeared from my own limited sample that the Dutch do not mind lingering at the dinner table, there was very little obesity or even slight middle age spread evident among the populace. It doesn't take a public health genius to immediately make a connection between this observation and the prodigious amount of biking people do. It is, of course, closely interwoven into their culture and thus would be difficult to incorporate here overnight, but wouldn't it be nice to have a few bike paths leading to our workplaces and markets? For the Dutch, physical exercise is incorporated into all the routine daily activities, whereas here we rush to gyms, and personal trainers to burn calories that could have been consumed during a daily commute.

(continued on page 9)

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Your Medical Society Endorsed Disability Income Program: A Valuable Member Benefit

By: Kathleen Sellers, JD, CLU, Assistant Vice-President & Counsel of Sellers & Co.



As a physician, you are probably approached frequently by insurance salespeople. (Aren't you lucky!) There are many insurance policies on the market. It is therefore important to be familiar with the benefits of the Disability Income Protection program endorsed by your County Medical Society and available in this area only to Society members, through Charles J. Sellers & Co., Inc. This policy is underwritten by Life Insurance Company of Boston & New York (New Rochelle, New York).

First, a note about why Disability Income Protection is such an important part of any physician's financial planning. If you were unable to work because of an accident or an illness, how would you pay your bills? How would you provide a college education for your children, or fund your retirement? Unfortunately, disability is a real threat to all of us. In fact, "over 51 million Americans are classified as disabled (18% of the population)." (*U.S. Census Bureau, Public Information Office, November 2008*).

Disability Income Protection helps you safeguard against this threat. The Disability Income Protection program endorsed by your County Medical Society provides high quality protection, as follows:

1. **Security of Renewal:** With this program, your coverage will renew as long as you are a Physician under age 75, you are active in the profession, and your Medical Society sponsors this program. Further, there is a conversion option available if you leave the Medical Society or if the Medical Society sponsors another program. This policy is also portable and can be taken with you if you move.
2. **Total Disability Coverage:** Total Disability benefits are paid if you are unable to perform the substantial and material duties of your own occupation, so long as you are not performing the duties of any gainful occupation for which you are reasonably fitted by education, training, or experience. If your Occupation is limited to a recognized specialty within the scope of your degree or license, the Insurance Company will deem it to be your Occupation.

For example, a surgeon is unable to do surgery because of an injury to his/her hand. This surgeon may be able to do some other work for which he/she is "reasonably fitted by education, training or experience" but he/she elects not to do so. This surgeon would be paid the full total disability benefits as per the policy. Even if this surgeon performed some of his/her duties or other duties for which he/she is "reasonably fitted by education, training or experience" then he/she would be entitled to Residual Disability Benefits (see #3 below).

3. **Residual (Partial) Disability Coverage:** The policy includes Residual Coverage to age 65. This pays a percentage of Total Disability benefits according to a loss of income formula, when you are unable to perform one or more of the substantial and material duties of your occupation, or you are unable to perform the substantial and material duties of your occupation for as much time as is normally required to perform them. A net income loss of 80% or more results in payment of full benefits. Unlike the residual benefit found in some disability programs, no prior period of Total Disability is required.

continued on page 6)

(continued from page 5)

4. **Amount of Coverage Available:** When you purchase Disability Income Protection, you should try to purchase the maximum amount of coverage available, so that if you need it, your benefits will be sufficient. The amounts of coverage available in the County Medical Society endorsed program have recently been increased by the Insurance Company. Now, up to \$15,000/month in coverage is available to physicians under age 50, and physicians age 50-59 may apply for up to \$10,000/month. The amount of coverage that is available to you will depend upon your income, other coverage in force, and your health history. We have found that physicians are generally able to obtain higher levels of coverage from the County Medical Society endorsed program, based on the financial guidelines applicable to this program, than with other programs on the market.
5. **Advantageous Optional Benefits:** You can customize your Disability Income Protection policy to best suit your needs by adding optional benefits. For example, there is a Recovery Benefit option available, which pays a lump sum benefit upon return to work following a disability, to help with cash flow. A Cost of Living Adjustment (COLA) option is also available, which adjusts the monthly benefit after one year of disability based on the increase in the Consumer Price Index, with a 6% cap, up to two times the monthly benefit amount, to temper the effects of inflation. And, an option popular with younger physicians is the Guaranteed Purchase Option, which permits you to increase the monthly benefit by 25% of the original amount on the second, fourth, sixth, and eighth annual renewal dates of the policy, regardless of future medical insurability. This option is available to applicants under age 40.
6. **Personalized Service:** Your Medical Society-endorsed Disability Income policy is issued and billed by Sellers & Co., located in Western New York. There's no need to deal with a computerized telephone maze – our phones are answered in person and you will deal with a knowledgeable individual who can help you. Most importantly, in the event that you need to file a claim, that claim is processed by Sellers & Co., giving you personalized, local claim service that cannot be matched by other disability income policy carriers.
7. **Reasonable Rates:** Because of the group purchasing power of Society members, the rates for the Disability Income Protection program sponsored by your Society are lower than the rates of many comparable programs.

For all of these reasons, your Medical Society-endorsed Disability Income Protection program is a wise choice for protecting your income against the effects of disability.

Charles J. Sellers & Company, Inc. has been providing New York professionals and their families with insurance services since 1920. For more information, please call our office at 716-627-5400 or at 1-800-333-5440 for outside the Buffalo area or email us at charles.sellers@sellersinsurance.com, and we would be happy to provide you with more information.

Sellers & Co. has provided insurance benefits to Members of the County/District Medical Societies since 1941 and is the Administrator of Endorsed Insurance Programs for the Westchester County Medical Society.

This policy provides DISABILITY insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 55%. This ratio is the portion of future premiums which the company expects to return as benefits when averaged over all people with this policy. See Policy Form DIC-N (0900) NY.

Welcome to our Newest WCMS/Academy Members

Join us in welcoming the following new members who were elected into membership of the Westchester County Medical Society and the Westchester Academy of Medicine by the Board of Directors in September.

New Members

David E. Asprinio, MD	Orthopedic Surgery	Valhalla
Robert N. Belkin, MD	Cardiovascular Diseases	Hawthorne
Neelofar K. Butt, MD	Pediatrics	Tarrytown
John Contacessa, MD	Internal Medicine	Armonk
Alain De Lotbiniere, MD	Neurosurgery	White Plains
Sherif Sabry El-Masry, MD	Urology	Yonkers
Rafael Enriquez Magana, MD	Plastic Surgery	Yonkers
Sonny E. Ideozu, MD	General Practice	Mamaroneck
Kumud Jindal, MD	Internal Medicine	New York
Anthony Provenzano, MD	Internal Medicine	Bronxville

In Memoriam

Williams S. Rosenthal, MD, died on July 30, 2012.
Dr. Rosenthal had been a member since January, 1978.



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News from MSSNY

Final Rule on Stage 2 of EHR Incentive Program Issued

The Stage 2 meaningful use requirements that providers must satisfy to receive payments under the program that provides incentive payments to Medicare and Medicaid providers that adopt qualifying EHRs will go into effect in early 2014.

The program had **previously planned** for providers to satisfy Stage 2 requirements in 2013. The rule outlined the certification criteria that electronic health record makers must satisfy for their products to meet the program's standards. The new rules modified the certification program to "cut red tape and make the certification process more efficient," according to an agency release.

The final rule adds two new "core objectives" to the Stage 2 reporting requirements for physicians and hospitals. The first requirement, for physicians, is to use secure electronic messaging to communicate relevant health information with patients. The second requirement, for hospitals, is to automatically track medications from order to administration using "assistive technologies in conjunction with an electronic medication administration record." Also, the final rule modifies the definition of "hospital-based" physicians to create an application process for physicians to demonstrate that they alone fund their EHR systems and are eligible to receive the incentive payments directly.

MSSNY Directory Needs Your Updated Information

The Medical Society of the State of New York is updating its 2013-2014 New York State Medical Directory. Please review your data and revise as necessary for our next edition.

For your convenience we have created a few ways for you to do this:

1. Modify your data online. Click on "Directory Questionnaire" at the top of the MSSNY homepage, www.mssny.org. In order to login you will need your MSSNY ID number.
2. Request that your questionnaire be mailed, faxed or emailed by calling MSSNY at 516-488-6100.

Please update your data ASAP so that your biographical information will be correct for the 2013-2014 Medical Directory. Contact Annette Dobson at adobson@mssny.org with any questions.

(continued from page 1) President's Message

care policy deserves more thoughtful and methodic consideration in lieu of diametrically opposed requirements.

Knee-jerk reactions are all too common, and frequently lead to detrimental and unintended consequences. The recently passed New York State I-STOP (Internet System of Tracking Over-Prescribing Act) legislation requires physicians to check an online prescription database for every controlled substance prescription they write, is one such example. While well intended, the law places the burden of these additional requirements squarely on the prescribing physicians without addressing the root cause of the problems outlined above. The mass media, government, educational system, and physicians all need to educate the public on the appropriateness of narcotic pain medication use, and its potential problems of addiction and dependence. The "zero pain tolerance" policies at healthcare institutions expected by patients and their families needs to be modified. We also need to rethink the wisdom of pharmaceutical mass advertising and marketing. The New York State Health Department Bureau of Narcotic Enforcement has its sole focus on physicians prescribing narcotic medication. A more reasonable and effective control is at the level of the pharmacy prescription database and prescription drug dispensing. All pharmacies are already required to maintain and submit accurate data on controlled substances and have the existing apparatus and software to do so. The point where medication is actually dispensed and distributed would be the most effective way to control access. Duplication and over-prescription can be best countered at the pharmacy level. The I-STOP law has the chilling effect of discouraging physicians from prescribing any narcotic pain medications. By virtue of tough criminal penalties and overwhelmingly time-consuming prescription research required of physicians under I-STOP, legitimate access to these medications will be significantly diminished. Once again, it is the expectation of patients and government regulations which are driving the upward narcotic prescription trend. Another reality is that due to the close proximity of New York to New Jersey, Pennsylvania, and Connecticut, patients who desire pain medication without restrictions imposed by I-STOP can simply travel to these neighboring states which do not have similar I-STOP laws for their medical care.

Physicians treat patients for their medical conditions. We hold the physician-patient relationship sacred and the prospect of turning medical professionals into law enforcement officials is untenable. Physicians are the ultimate advocates for patients. The society must understand that narcotic medication is merely one treatment modality for pain control. The physician cannot be put in a position where patients are afraid to see them for fear of reprisal or prosecution. When patients, the public, and government recognize that pain cannot be completely eliminated at all cost, and change their expectation of pain treatment programs, the narcotic medication prescription level will decrease substantially as a corollary. ♦

Sincerely,

Thomas T. Lee, MD, FACS, MBA
President
Westchester County Medical Society

(continued from page 3) Letter from Holland

On the flight home, seated next to us was a Dutch rheumatologist (enviably thin) who was en route to a conference in New York and she confirmed my hunch that diabetes is not rampant in Holland as it is in the US. I also asked about bicycle helmets which simply do not exist in the Netherlands as far as I could tell. The Dutch doctor had no statistics at her fingertips comparing rates of head trauma among bikers. Made me wonder – how tragic to lead a life of enviable fitness only to have it end wrapped around a tree, head unprotected. I guess we can all learn from each other. ♦

Dr. Thomas Lee joins Senator Carlucci and Assemblywoman Galef to Announce Legislation Banning Smoking on Playgrounds



WCMS President Thomas Lee, MD, and Executive Director, Brian Foy joined Senator David Carlucci (D-Rockland/Orange) and Assemblywoman Sandy Galef (D-Westchester/Putnam) and anti-smoking advocates and officials to urge immediate action on state legislation (A6451/S7627) that will prohibit smoking at public playgrounds where children under twelve are present during the hours between sunrise and sunset. This legislation would not preempt local municipalities which have enacted more stringent anti-smoking policies.

“The effects of second-hand smoke have proven dangerous to all who are surrounded by it, and especially harmful to children,” said Assemblywoman Galef. “These children are still growing and the second-hand smoke they inhale is a danger to their physical and mental growth. Allowing smoking on playgrounds sends the wrong signal to our kids.”

“Medical experts agree that second-hand smoke can cause serious health defects and our goal is to do everything we can to prevent this from happening,” said Senator Carlucci. “This does more than keep our air clean, but also sets in place a uniform standard so that all New Yorkers will benefit.”

Although this legislation has consistently passed the Assembly, the bill stalled in the Senate from the lack of an active sponsor until recently. Senator Carlucci became a sponsor of the bill in June, 2012.

Dr. Lee said “The physicians of Westchester County are in support of A6451/S7627, the proposed legislation to ban smoking in playgrounds. Tobacco use and second-hand smoke are associated with significantly increased risks of cancer and cardiovascular disease. Nonsmoking infants and children who are chronically exposed to environmental tobacco smoke have an increased risk of respiratory disease and malignancy. The individual health cost and societal cost of taking care of such medical problems and lost productivity must be considered when addressing a smoking ban. We need to protect our children and our future by passing this legislation.”

According to the CDC, more than 126 million nonsmoking Americans continue to be exposed to second-hand smoke in homes, vehicles, workplaces, and public places. Almost 60% of U.S. children 3 – 11 years old, or 22 million children, are exposed to second-hand smoke.

POOL PARTY



Ann Cea, MD, MSSNY & WCMS Past President, Charlie Sellers, Malcolm Reid, MD, MSSNY Secretary, Robert Ciardullo, MD



Frank Taliercio, MD, Noberto Torres-Otero, MD, Patrick Maloney, MD, Anne Sellers



Enjoying the beautiful pool!



WCMS President Thomas Lee, MD with his wife Margaret and their children.



Gila and Peter Acker, MD, Kira Geraci-Ciardullo, MD, Charlie Sellers



Joseph Wojcik, MD, Christine Sapka, MD, Laure Lauriston, MD

On Saturday, August 18th, despite the weather reports, almost 70 WCMS members, their families and guests enjoyed a wonderful day at the home of Drs. Robert and Kira Geraci-Ciardullo for the Annual WCMS Pool Party. A delicious barbeque was enjoyed by all and many took a dip in the beautiful pool.

We extend a big thank you to the Ciardullos for once again graciously opening their home and to Charles J. Sellers & Co., Inc. for their very generous sponsorship.

WCMS Board Highlights - September 2012

At its meeting on September 6, 2012, the WCMS Board...

- Welcomed **Nick Preddice, CEO, The Affinity Group**, a Preferred Business partner of the WCMS, who provided an update on the partnership with WCMS and discussed several tax issues and case examples of how his group has been able to help WCMS member physicians. He thanked the Board for their continued support and welcomed feedback on how The Affinity Group may increase awareness of its many services to physicians. The Board thanked Mr. Preddice and his company for their generous support of WCMS and Academy events the past 2.5 years.
- **Received the Report of the Executive Committee and the President, as presented by Thomas Lee, MD. Dr. Lee reported that the Executive Committee:**
 - Recommended, *and the Board approved* extending an invitation to the President and CEO of the Fairfield County Medical Association to attend the October meeting of the WCMS Board to discuss joint membership between the two contiguous county societies and other opportunities for collaboration.
 - Discussed the current WCMS Lease at 333 Westchester Ave., and tentative plans in anticipation of the lease expiring in August 2012.
 - **Recommended, and the Board approved that the date for next year's Annual Meeting be set for June 7, 2013 at Westchester Country Club.**
 - **Recommended that all Board members make every effort to attend the WCMS Biennial Legislative Brunch on Sunday, September 23rd at Knollwood Country Club in Elmsford.** A good turnout of incumbent legislators, both state and federal, is expected and a strong turnout of physicians is necessary.
 - Confirmed that the **Annual Holiday Party will be held on Friday, December 14, 2012** at Knollwood CC in Elmsford (see page 15).
- **Reviewed and approved a draft Memorandum of Understanding which will define a collaborative relationship between the WCMS and Putnam County Medical Society.** This MOU will be sent to PCMS leadership for their review. If approved, PCMS members will be invited and able to attend and participate in many WCMS activities/events as the equivalent of a WCMS member.
- Expressed its appreciation to Drs. Kira and Robert Ciardullo for once again graciously hosting the Annual Membership Pool Party at their home.
- Heard an update from the Executive Director, Brian Foy, regarding the **Academy of Medicine's Third Annual Golf Outing, Dinner and Fundraiser on Thursday, September 20, 2012 at Westchester Country Club, in Rye.** This event is the primary fundraiser for the Academy in support of its CME and philanthropic efforts.
- **Approved the Report of the Membership Committee welcoming ten (10) new members to the WCMS and Academy.** The Board also approved three new MLMIC-sponsored resident members *and held a moment of silence in recognition of the passing of William S. Rosenthal, MD, age 87, who had been a member since 1978.*





*Late breaking news on medical-legal development
affecting physicians and health care professionals*

StatLaw Q&A

Using a Scribe

Question: I know the emergency department at my hospital allows the use of unlicensed persons to enter information into the medical record for the physician and there is talk of expanding this throughout the hospital. Can I utilize such a person in my practice?

Answer: You are referring to the use of what is known as a “scribe.” The Joint Commission (“JC”) recently issued a new FAQ entitled “Use of Unlicensed Persons Acting as Scribes.” It states that a scribe is an unlicensed person hired to enter information into the electronic medical record (EMR) or chart at the direction of a physician or practitioner (defined by the JC as a Licensed Independent Practitioner, Advanced Practice Registered Nurse or Physician Assistant) and who can be an employee of the healthcare organization or of the physician/practitioner or can be a contracted service. The JC does not endorse nor prohibit the use of scribes, but acknowledges that scribes can be used in the ER or elsewhere in the hospital “with the goal of allowing the physician/practitioner to spend more time with the patient and have accurate documentation.” The FAQ goes on to state that the scribe “may not act independently but can document the previously determined physician’s or practitioner’s dictation and/or activities . . . and assist in navigating the EMR and in locating information such as test results and lab results. They can support work flow and documentation for medical record coding.” To read the entire JC guidance on scribes, go to their Standards FAQ Details webpage: www.jointcommission.org.

Before utilizing a scribe in your practice, however, you must be aware of any edicts from your licensing board, from your hospital, and from the applicable payor. For example, National Government Services published documentation requirements when a scribe is used: www.ngsmedicare.com and Novitas recently updated its Provider Bulletin on scribes: www.novitas-solutions.com. Within your office, you must ensure that the scribe has adequate skill and training and is subject to the same confidentiality obligations as any other employee or contractor. And you must have clear, written protocols in place, including but not limited to outlining physician authentication requirements and prohibiting the scribe from entering physician/practitioner orders into the record. Remember that you ultimately are responsible for documentation in the medical record, which may be why Novitas has also just released a new Sample Signature Attestation Statement: www.novitas-solutions.com.

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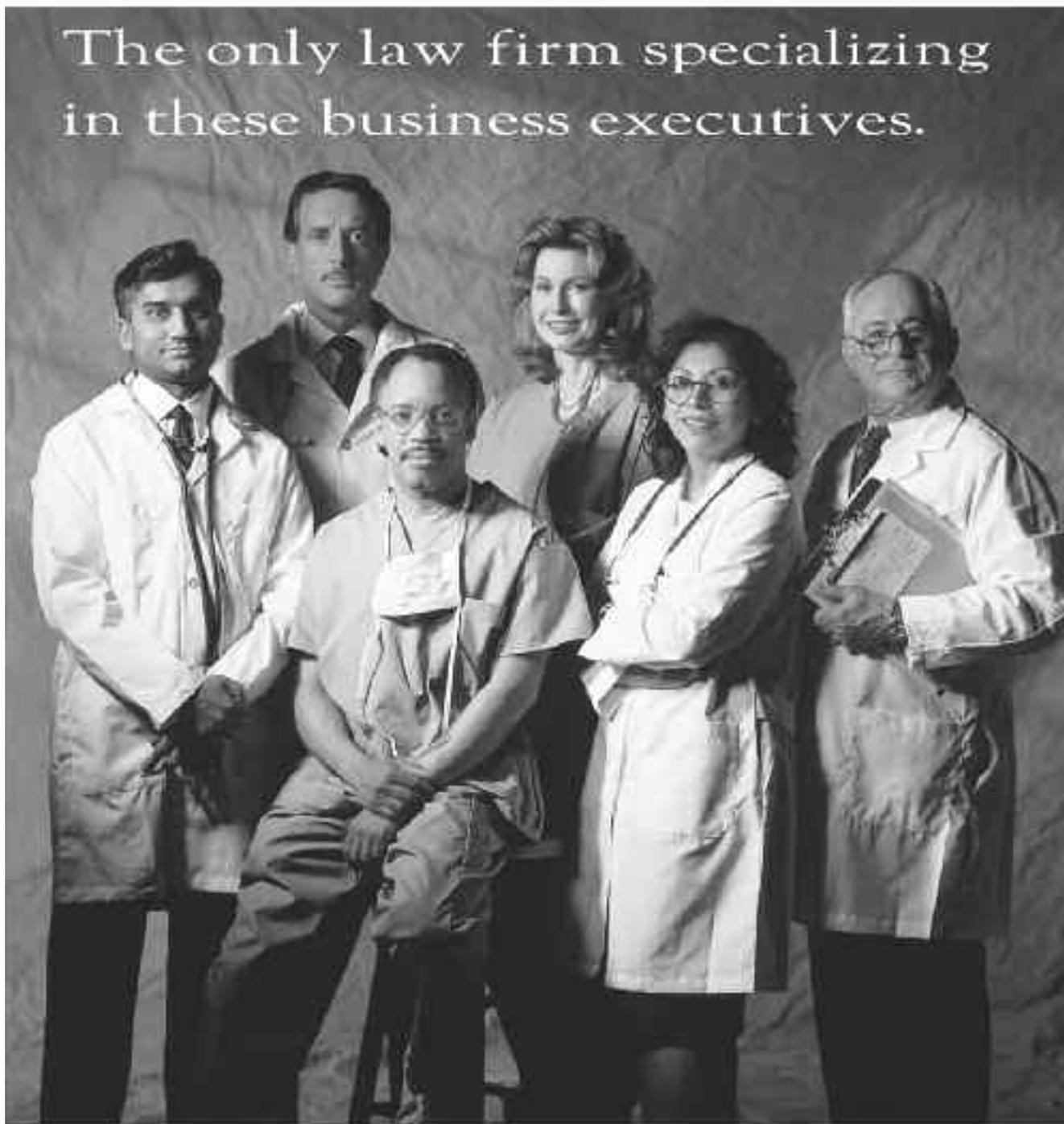
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Seventh Annual Massachusetts General Hospital Faculty Lecture Series

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Stereotactic Radiosurgery for Spinal Metastases - Joseph H. Schwab MD, MS and John H. Shin MD

To review the standard treatment options for patients with metastatic disease to the spine. To learn the new technique of stereotactic radiosurgery which may be the most appropriate option for selected patients.

Cervical Myelopathy Treatment Updates - John H. Shin MD

To learn how to diagnose cervical myelopathy. To discuss new treatment options for this group of patients, which may be less invasive and more effective.

Evaluation and Management of Youth Sports Concussions - Walter Panis MD and Richard D. Ginsburg PhD

To review the evaluation and treatment of young athletes with concussion. Evidence based guidelines will be reviewed and a standardized protocol will be presented.

Dietary Management of Epilepsy in Children - Elizabeth A. Thiele MD

To review the diagnosis and pharmacologic therapy of seizures in children. To review the scientific evidence that changes in diet can alter the frequency and severity of seizures.

Plastic Surgery and the Treatment of Migraine Headaches - William Gerald Austen Jr. MD

To review the diagnosis and standard medical therapy for migraine headaches. To learn the use of plastic surgical techniques to treat migraine headaches. To choose appropriate candidates for these new therapeutic techniques.

Why Less is More in GYN Oncology Surgery - David M. Boruta MD

To discuss the standard therapy for GYN oncologic problems. To learn newer less invasive surgical options for selected patients.

Dinner will be served.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of the State of New York (MSSNY) through the joint sponsorship of the Westchester Academy of Medicine and Mount Kisco Medical Group. The Westchester Academy of Medicine is accredited by MSSNY to provide Continuing Medical Education for physicians. The Westchester Academy of Medicine designates this live activity for a maximum of 3.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. The Westchester Academy of Medicine adheres to ACCME Standards for Commercial Support™ of continuing medical education. All speakers participating in Continuing Medical Education activities are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentations.

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HealthSearch Update

For many years I have been able to use the HealthSearch quoting system to help WCMS members navigate the maze of health insurance plans on an apples to apples basis. In today's small group marketplace, HealthSearch has lost some of its use as a fair indicator of the available plans.

The health insurance marketplace is now essentially three carriers who have changed their interest in offering unlimited plans to all comers. The carriers are now more interested in weeding out groups rather than offering quality coverage at affordable premiums. For example, where we were once able to offer Oxford to any group that met the definition of a two to fifty employee group, now we can only offer their plans to groups that have 51% participation (the number of people on the plan divided by the number of full time employees must be greater than 51%) and at least two employees on the plan.

This change makes the HealthSearch function less valuable as many members will receive the HealthSearch quote and feel that they must be able to purchase the plan that is on the quote. The reality is quite different. Some groups will qualify, but many groups will not.

There are limited options available to groups that don't qualify. One option may be an Empire Blue Cross/Blue Shield HMO plan that is still available for groups of two to fifty employees but who have only one enrollee.

Unfortunately, my function as a broker has also been diminished as our compensation on these plans has been drastically reduced. Some companies will only pay us \$5 per member per month, which makes even the most basic service hard to deliver on when the tolls on the bridges could easily eat up two months of commission!

I remain ready to help the membership as we navigate the health care changes that will affect all Americans in the next two years; however, I felt it was important to let you know that there are significant challenges in obtaining the best product at the best price, especially for smaller groups. Please feel free to reach me at medsave@aol.com with any comments or concerns.

Sincerely,
Kevin Lynch
WCMS Preferred Partner &
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Neurostimulation Systems for Pain Therapy Brief Summary: Product Technical Manuals and Programming Guides must be reviewed prior to use for detailed disclosure.

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