



# WESTCHESTER PHYSICIAN

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## PRESIDENT'S MESSAGE LETTING GO

I have been practicing Medicine for 30 years. It is hard to believe. I remember when I entered practice in 1986, on meeting a colleague who was in practice for decades – I would wonder: Did he keep up? How much does he read the literature? Does he know what he is doing? Is he practicing medicine based on evidence long since discredited? It is not easy to give up what we know, and are comfortable with. It takes practice.

I remember my kids riding the bus to school for the first time. I was tempted to ride with them to be sure all would go well. I remember the year my wife and I decided we could no longer help our children with their homework. We couldn't do it any more, and it was painful to let it go. We decided our job was to provide them with a large table, excellent lighting, and quiet time to work. And they were on their own. I also remember our trip home from leaving them at college for the first time. We were lost, but it was one of the best decisions we ever made.

Recently a colleague came to me distraught over his upcoming retirement. I tried to reassure him, asked him to think about all of the things he used to love to do, that had been set aside for his busy Obstetric practice. I told him he had done his share, and it was time to move on. He was insulted, and told me he was as good as ever, and still had years of productive work ahead of him. Another colleague asked my advice about a project she was designing for her son to submit for a school project. I was surprised to learn that the "child" was in Medical School. She was having trouble letting go.

December was my last month seeing patients in the Cancer Center at Northern Westchester Hospital. I have assumed an administrative role in the group I work for. I will continue to recruit young physicians, mentor them in their early years out of training, and monitor patient safety and quality in our practice. I have to admit, giving up caring for patients is not easy. It has defined who I am, and what I do, for the past 30 years. But I know it is time. I need to move on. I have to let go.

Wish me luck...



**THOMAS J. LESTER, MD**  
*President, WCMS*

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### UPCOMING EVENTS

**MSSNY Legislative Day**  
Tuesday, March 8, 2015  
Albany, NY

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

**WHAT DO YOU SEE?**

[THIS IS AN EXCERPT FROM A NOVEL IN PROGRESS – ABOUT AN INTERN’S 24 HOUR ULYSSEAN JOURNEY WHILE ON-CALL ]



Now the abdomen was a large cavity and Sean stared into its depths. Shadows lurked in the deeper recesses and serosanguinous fluid sat in the very lowest portions, filling in depressions between the lower ribs of the back and on either side of a central longitudinal ridge that was the vertebral column. Dr. Mutter’s attention was now focused on a minute inspection each organ and peppering and cajoling the students. “What do you see? With your own eyes, what do you see?”, but Sean couldn’t take his eyes away from the abyss before him. He felt a sense of vertigo as if he were staring down from a great height and he placed his hand on the edge of the autopsy table to steady himself. He began to feel a sense of strangeness, of alienation. What do you see, he thought – is it the same thing that everyone else sees? His own eyes embedded in their sockets peering out at the world – were they seeing the same things others were seeing? This man before him had been living and breathing and seeing just the day before. He himself had been one of the group bearing witness to his demise despite what some would term heroic, and perhaps others, grandiose, attempts to delay his journey to the other side, across the river Styx to the pathologist’s table. Now Sean was bearing witness to a dismemberment, like putting away groceries after a trip to the market.

He reached into one of the basins and pulled out the liver which had been nestled comfortably in its new, but alas, not final resting place and held it aloft reminding Sean of a movie, a Western he had seen as a child in which an Indian had triumphantly hoisted a freshly cut scalp high into the air.

“What do you see, Budd, what do you see?”

The surface was pocked with small poppy seed sized spots of brown, each surrounded by the normal maroon color of the liver. It looked so familiar. It lapped tantalizingly at the edges of his mind. What was it? He was distracted briefly by imagining what a functional MRI of his brain would look like now, lighting up various points in his brain as neurons worked into overdrive trying to ferret out the visual memory that was stored somewhere among billions of synapses. That distraction was all that was needed, because the answer suddenly came to him unbidden. Sean raised his eyes from the liver to Dr. Mutter’s jowls that were vibrating like a rooster’s crop from the action of his risorius muscle.

“Nutmeg liver.”

(Continued on page 16)

## OPEN LETTER TO MR. SCOTT PELLEY OF 60 MINUTES—A RESPONSE TO “A NEW DIRECTON ON DRUGS” ESPISODE AIRED ON DECEMBER 13, 2015

BY GINO BOTTINO, MD, PRESIDENT-ELECT

*While watching 60 minutes I was compelled to write the following letter.*

*What surprised me was that they wrote back and want to read my letter aloud in a follow up piece to respond. See Below:*

Mr. Scott Pelley,

Your piece on Mr. Botticelli and what he is doing about opioid abuse and treatment Sunday night 12.13.2015 was interesting, but contains a politically driven inaccuracy that government officials perpetuate.

Unfortunately, it seems that the current norm for reporters does not include investigating the truth in depth, but just repeating what they have been told by governmental officials.

I am a physician of over 40 years and have a good memory.

Physicians are and have always been well schooled in the issues of pain management and opioid drugs. We are highly aware of the drawbacks of opioids and the problems with addiction.

Twenty years ago the government launched its campaign to end pain in patients. Doctors were vilified as they were averse to giving out opioids and letting people suffer. This was driven politically. Hospitals developed pain teams, and doctors were told that we had to address pain and treat pain adequately. At that time the Joint Commission mandated pain as the "fifth vital sign", and physicians were forced to comply with treating pain aggressively. These teams exist in all hospitals today, and adequate pain management is still a main focus of "metrics" looking at quality of care.

Now, we are again being vilified as one of the main causes of opioid addiction in the US. Yes, the curves generated by government showing the increased use of opioid drugs (not corrected for population growth) are impressive.

But, this doesn't mean that we physicians are the problem, or the cause, or need "remedial education" to correct the problem (why not add yet again another mandated course and testing increasing the cost of medicine; which will accomplish nothing).

The practice of medicine is continuously under attack. Right now for every doctor there are 10 people in oversight positions trying to control what we do. In all instances this has just lead to skyrocketing costs with no other benefit. Politicians and ever-mounting bureaucracies trying to control the practice of medicine will not, and can never work.

Now government is legalizing Marijuana for "medicinal" purposes. What do you think is going to happen? Why not just start blaming doctors now for the problems that will incur!

Gino Bottino, MD, President-elect  
Westchester County Medical Society



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**8:30 AM New Judge Registration/ Complimentary Light Breakfast**

**9:00 AM Returning Judge Registration/ Complimentary Light Breakfast**

**Judges May View Posters until 9:15 AM**

**9:30 AM Judge Briefing**

**10:00 AM Judging Sessions Begin**

**Complimentary Lunch Available after 12:30 PM**

**Please pass this information along to a colleague or friend.**

Thank you for taking the time to review this memo.

*Michele Sugantino, Ph.D.*

Judge Coordinator

[Wesefjudges1@gmail.com](mailto:Wesefjudges1@gmail.com)

## WHAT YOU SHOULD KNOW ABOUT THE HIPAA PRIVACY RULE

BY JONATHAN KRASNER

### Make sure your practice is compliant

Headlines about data breaches draw attention to the Health Insurance Portability and Accountability Act's (HIPAA) Security Rule. However, its companion—the HIPAA Privacy Rule—is just as important.

Although the two rules work hand-in-hand, they are based on different concepts. The Security Rule oversees the mechanisms used to protect the privacy of electronic patient health information (ePHI), while the Privacy Rule focuses on the use and disclosure of that information. It is meant to ensure that PHI is properly protected while still allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.

### Getting started

The first step in implementing the HIPAA Privacy Rule in any practice is to designate, in writing, a privacy officer—the person responsible for enforcing the Privacy Rule in the office. For many practices, the privacy officer will be the same person as the HIPAA security officer.

Perhaps the most common encounter with the Privacy Rule is the Notice of Privacy Practices (NPP) that all patients sign when they are first seen in the practice. Practices should review their NPPs regularly to ensure they are up-to-date; the online version of this article provides links to [model NPPs](http://www.hhs.gov/hippa) (www.hhs.gov/hippa) prepared by the Department of Health and Human Services that should be fine for most practices.

Under the Privacy Rule, patients have the right to obtain a copy of their medical records; patients may also request an amendment to the information in that record. Any amendment should be submitted in writing by the patient. The privacy officer can accept or deny the amendment. If the amendment is denied, the reason for the denial should be stated in

writing and communicated to the patient.

Providers may not withhold access to records simply because a patient is behind in bill payments. Practices, however, may charge reasonable fees for the provision of records to patients.

### The designated record set

When a patient requests his or her medical records, that does not mean that the practice must release all the information it has on the patient. The information that is released is called the designated record set (DRS). The DRS is a consistent standard of information that can be released and must be carefully defined. For example, the practice may submit information to patient registries. Although that information may be in the patient's file, it may not be in the DRS. Some electronic health record systems (EHRs) may even be programmed to recognize the DRS.

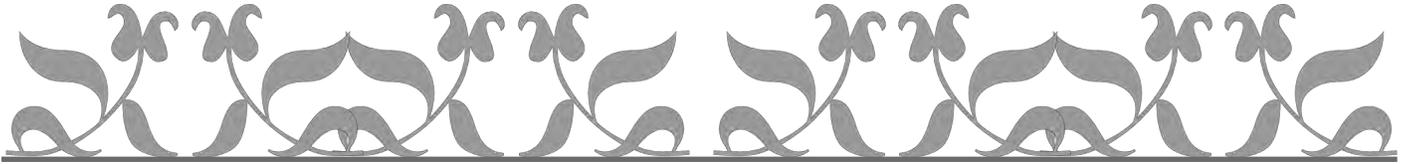
### Sharing information

The Privacy Rule governs who can receive a copy of a patient's medical record. A patient has the right to restrict, in writing, who may receive his or her medical records, and how they would like to be contacted (phone number, where statements are mailed, etc.). In the following situations, a patient's records can be released without patient authorization:

- Treatment, payment, and operations. Although this is a routine part of practice operations, practices should make reasonable efforts to minimize the use and disclosure of PHI. For example, a biller should only disclose to an insurance company the information necessary to bill for an encounter.
- Conversations with the patient's authorized representative (parent, guardian)
- Working with a business associate (such as computer technicians, billing services, and anyone a practice hires who might have access to protected information)

*(Continued on page 14)*

# Annual Holiday Party 2015



The Westchester Academy of Medicine held its Annual Holiday Party on Friday, December 11th at the Orienta Beach Club. About 100 members and their guests enjoyed great food, conversation and fellowship. The Academy would like to thank the following for their generous support of this event and our educational activities:

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Drs. Joseph & Antonella Tartaglia



## Holiday Party Highlights...



Dr. & Mrs. Bottino, Dr. Litvack & family,  
Dr. & Mrs. Lee & Family



Drs. Joseph & Antonella Tartaglia &  
Dr. & Mrs. Abenavoli



Dr. & Mrs. Malcolm Reid & family and  
Dr. & Mrs. Kleinman



Omar Syed, MD, Amie Dave and Dr. & Mrs. Peris



Dr. Bottino, President-elect WCMS welcoming all the  
members and their families to the gathering.



Dt. Tartaglia, President WAM and Haly & Carly Penn  
calling out the raffle winners.

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DON MOY: NYS COURT OF APPEALS DECISION  
EXPOSES PHYSICIANS AND OTHER  
HEALTH CARE PROFESSIONALS TO LIABILITY  
TO NON-PATIENT MEMBERS OF THE  
GENERAL COMMUNITY**

The majority's decision in Davis v. South Nassau Communities Hospital must be viewed as alarming to physicians and other health care professionals. Physicians who administer or prescribe medication to patients must be prepared to document that they advised the patient of the foreseeable side effects of the medication, and, in particular, if the medication could foreseeably impair the patient's ability to safely operate an automobile. Physicians must be prepared to document that they advised the patient not to drive while taking the medication.

These are the facts in Davis v. South Nassau Communities Hospital (issued on December 16, 2015): Patient W was treated by Dr. H at the ER of a hospital. As part of the treatment, the doctor intravenously administered to W an opioid narcotic painkiller and a benzodiazepine drug, and, allegedly, failed to warn W that such medication could impair her ability to safely operate an automobile. Shortly thereafter, W drove herself from the hospital and, while allegedly impaired by the medication administered to her, she crossed a double yellow line and struck a bus driven by plaintiff Davis.

The NYS Court of Appeals reversed an appellate court and held that under these facts, the doctor had a duty to warn the patient about the patient's ability to drive safely, and the failure of the doctor to fulfill this duty to the patient could subject the doctor to liability to any member of the general community who is harmed as a result of the patient's driving. The Court of Appeals opined that the "cost" of the duty imposed upon physicians and hospitals is a "small one" because the "duty"

requires the doctor to do no more than simply warn the patient of the dangers of driving. The Court emphasized that the doctor had no obligation to prevent the patient from driving.

The Court further held that its ruling does not create a new obligation on doctors because a doctor who administers prescribed medication already has a duty to advise the patient of the foreseeable side effects of the medication. Rather, stated the Court, the ruling "merely extends" the scope of persons who may sue the doctor for failing to fulfill that responsibility to the patient.

The Court sought to limit the reach of its decision by stating that this decision should not be construed as an erosion of judicial precedent that courts need to proceed cautiously and carefully in recognizing a new "duty of care". Judge Leslie Stein issued a scathing dissenting opinion and rebuked the majority decision as "precipitous" and contrary to the firmly established judicial precedent of the state that, in general, a physician's duty is to the patient, and the corresponding liability may be extended to a non-patient only in rare and narrow circumstances, such as to an immediate family member where the physician knew or should have known that treatment provided to the patient could create risk of harm to immediate family members. To her knowledge, stated Judge Stein, there has been no precedent in the state that has held that a physician's medical treatment of a patient could expose the physician to liability to an unidentified class of members of the general community.

Judge Stein stated that despite the majority's attempt to limit the reach of its decision, she feared a "slippery slope" and that the decision could be precedent to expand liability to doctors in other areas of treatment.

◆

## Westchester Academy of Medicine & New York Medical College Student Wine Tasting Event

On Tuesday, November 17, the WAM sponsored a Member Wine Tasting with the Medical Students at New York Medical College. The event, held at the Basic Science Building on the New York Medical College campus, was attended by over 100 medical students and WAM doctors and guests.

Our own WCMS vintners, Dr. Joseph Tartaglia, President WAM; Dr. Paul Gerardi; and Dr. Tancredi Abenavoli along with Alfredo Veronese of Prospero Winery in Pleasantville, brought their own wines for the guests to sample and explained the wine making process. The event was sponsored by the Westchester Academy of Medicine.

The students enjoyed meeting the physicians and talking to them about their specialties. The Westchester Academy of Medicine would like to thank the student organizers for all their help with planning and executing such a successful evening, and NYMC for hosting the event.



Dr. Tartaglia with student organizer Mike McCauly and fellow NYMC students.



Drs. Petrucco, Gerardi, Abenavoli, Tartaglia, Goyal and Mr. Veronese



Dr. Lerner speaking with a NYMC medical student



Dr. Tartaglia explaining the wine-making process to students



Dr. Lee speaking with several NYMC medical students

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## WHAT YOU SHOULD KNOW ABOUT THE HIPAA PRIVACY RULE

*(Continued from page 5)*

- Public health activities (such as reports aimed at preventing or controlling diseases)
- Health oversight activities such as audits
- A subpoena in a judicial or administrative proceeding

The Privacy Rule allows covered entities (i.e. a medical practice) to share PHI with other individuals on behalf of a patient if it is in the best interest of the patient or the patient would not object. The following examples are instances in which the exercise of professional judgment may permit the sharing of PHI:

- A patient brings a friend, family member, or interpreter to the appointment and into the treatment room.
- A friend or family member will be caring for the patient at home after a procedure.
- A doctor or nurse may discuss an incapacitated patient's condition with a family member over the phone.

Professional judgment should be used in conjunction with experience and common practice to make the proper decision in each situation.

### Exceptions

An exception to the Privacy Rule exists with regard to de-identified information. For example, a practice that is participating in a study may disclose PHI as long as the information has been properly de-identified. With regard to pharmaceuticals, the following rules apply:

- Practices may provide refill reminders to the patient and receive reimbursement from the pharmaceutical company equivalent to the cost of the communication.

- Practices can also distribute marketing materials of nominal value, such as brochures, business cards, or pens.
- However, practices may not provide patient lists to pharmaceutical companies for drug promotions without the patients' authorization.

### Don't forget employees

Improper use of health information by a medical practice's employees is the second most common cause of a HIPAA data breach and may result in significant fines and penalties. Medical records are worth a lot of money on the black market. Dishonest employees can use medical records for direct personal financial gain (illegally obtaining credit, for example) or can sell them to a third party. Both are egregious HIPAA violations.

To discourage this type of fraud and abuse and minimize its impact, the HIPAA privacy/security officer in each practice should regularly check the logs of employee access to the practice management and EHR systems to look for any abnormal patterns. Any HIPAA violation—security, privacy, or both—can result in substantial fines.

The HIPAA privacy rule comes into play every day in a medical practice. Administration and enforcement of HIPAA privacy is not overly difficult, but practices must take appropriate steps to ensure proper practice compliance.

### Is your practice HIPAA compliant?

The HHS Office for Civil Rights (OCR) has found many physician offices that do not comply with the HIPAA Security Rule. Consequently, OCR is conducting random HIPAA audits to assess not only provider compliance with the Security Rule but also compliance by their business associates. Lack of a proper risk assessment is the leading reason why practices fail Meaningful Use.

*(Continued on page 15)*

## WHAT YOU SHOULD KNOW ABOUT THE HIPAA PRIVACY RULE

*(Continued from page 5)*

In addition, the Office of Inspector General has started its own security audit program to determine if organizations attesting for EHR meaningful use are as compliant with HIPAA as they contend. The AAOS has developed a HIPAA Security and Risk Assessment Manual to assist orthopaedic practices with achieving and documenting HIPAA security compliance.

*If your office has questions about HIPAA please contact Jonathan Krasner ([jonathank@hipaasecurenow.com](mailto:jonathank@hipaasecurenow.com)). Mr. Krasner is the Director of Business Development for HIPAA Secure Now! HIPAA Secure Now! provides a cost-effective and easy-to-use HIPAA compliance service for small and mid-sized practices.*



## PHYSICIANS DROPPED FROM EMBLEM SHOULD CONTACT THEIR STATE & FEDERAL LEGISLATORS TO SUPPLEMENT MSSNY'S ADVOCACY

Physicians who have been unfairly dropped from Emblem's participating physician network are urged to contact their state and federal legislators from MSSNY's Grassroots Action Site [here](http://cqrcengage.com/mssny/app/onestep-write-a-letter?o&engagementId=151293) (<http://cqrcengage.com/mssny/app/onestep-write-a-letter?o&engagementId=151293>) and ask for them to take action to push Emblem to reverse its decision.

As has been widely reported, Emblem is dropping these physicians reportedly as part of its efforts to increase the use of value-based payment arrangements. Because of extensive physician outrage over these arbitrary and unfair actions, MSSNY has asked for an investigation by the [New York Department of Financial Services](#), as well as the NYS Department of Health and Attorney General's office.

this issue affecting continuity of care for patients, and urging legislators' assistance in reversing Emblem's arbitrary and unfair decision. MSSNY's request to state legislators asked them to a) urge the New York Department of Financial Services to prevent Emblem from taking its action to drop the contracts of these 750 physicians; b) urging the State Legislature to enact legislation (A.1212, Lavine/S.4751, Hannon) that passed the Assembly in 2015 that would provide physicians and other health care practitioners with necessary due process protections where health insurers seek to terminate a physician from its network by failing to renew the physician's contract; and c) urging the adoption of legislation that would better assure more comprehensive physician networks by preventing health insurance companies from dropping physicians from its network based upon an inability to enter into a value-based payment arrangement.

Importantly, New York State Senate Health Committee [Chair Kemp Hannon wrote to Emblem CEO Karen Ignani](#) last week to ask for "further clarity on this issue." Senator Hannon's letter to Emblem notes that "further information must be made available to enable the physicians you have chosen to drop from your network to properly be reconsidered." In particular, Senator Hannon expressed concern whether these 750 physicians "were granted an opportunity to enter value-based payment arrangements prior to them being dropped from Emblem's network of providers" and "whether the providers will be favorably reconsidered if they are capable and willing to enter such arrangements in a timely manner, or what other factors may be taken into account upon reconsideration."

Please continue to let us know if you have been impacted by these actions. MSSNY and county medical societies are seeking to further identify physicians who have been impacted, as well as patients who may be willing to share their stories. With assistance from MSSNY's General Counsel, we have drafted a template "[Dear Patient](#)" letter for impacted physicians to customize to use for their discussions with their patients.



*FROM THE EDITOR...*

**PETER J. ACKER, MD**

### **WHAT DO YOU SEE?**

[THIS IS AN EXCERPT FROM A NOVEL IN PROGRESS – ABOUT AN INTERN’S 24 HOUR ULYSSEAN JOURNEY WHILE ON-CALL ]

*(Continued from Page 2)*

“Excellent, Budd, you do yourself proud. And what is its etiology?” Pop, another smile.

“I believe it’s from chronic passive venous congestion most likely secondary to mild heart failure.”

“Right you are!” “OK, nutmeg liver and an outstanding example of it. You don’t see this every day. Of course it has probably very little to do with the cause of death, but it’s one little piece of the puzzle and something we can see with our own eyes! Now, if I may digress. Luckily, it’s a Saturday afternoon and we can all stay as long as we want. Nutmeg liver! Now students and residents, let’s see how many medical conditions are named in some way after food.”

“Sausage fingers in rheumatoid arthritis.” Offered one of the students.

Then, as if a dam had burst, the group came to life and answer after answer spewed: Cayenne pepper spots in Shamberg’s Dermatitis, Fish odor Syndrome, Peau D’ Orange in Hereditary Mastocytosis, Port Wine stain, Strawberry tongue, Café au Lait spots, and finally Currant jelly stools. A medical smorgasbord.

The diener began to place the organs back into the abdominal cavity while Dr. Mutter inspected the lungs and the heart. “The heart is a bit enlarged and the lungs are somewhat congested, but not enough to seriously compromise his health. So we still do not have a cause of death. So onward, to the brain!”

Dr. Mutter nodded to the diener, who matter of factly picked up a small circular electrical saw and turned it on. Sean was amused at the startled reactions of the med students. Yet another small piece of their initiation into this profession, he thought. Dr. Mutter held the base of the corpse’s head while the diener applied the whirling blade to

the forehead just at the hairline and began to slowly advance it around the head’s circumference. Small specks of bone sawdust collected on either side of the cut skull. Finally the blade completed its journey around the head finishing at its starting point. Dr. Mutter lifted the top part of the skull like the top of pumpkin when making a jack –o – lantern. The gray glistening brain lay beneath.

For some minutes, Dr. Mutter worked in silence as he carefully dissected a small portion in order to have a window to look at the great vessels.

“There we have it.” He exclaimed suddenly.

Sean peered in and saw a large collection of blood, a hematoma, deep in the brain.

“Students, here is one food related item we left off our list. He died of a ruptured berry aneurysm. Sean felt the sense of vertigo returning as he stared at the hematoma. It really had been hopeless. His fate had been settled at birth and a long fuse had been lit that inevitably burned until it exploded. Like the thread of fate that the ancient Greeks believed in.



### **WCMS LAUNCHES NEW WEBSITE: WWW.WCMS.ORG**

The Westchester County Medical Society, along with Kern Augustine Conroy & Schoppmann and MLMIC has finally launched its new website. We invite all of our members to visit [www.wcms.org](http://www.wcms.org) for the most up-to-date information regarding legislative issues, upcoming meetings, relevant news matters, the latest newsletters and so much more.

We have also updated our “Physician Search” section to provide all of our members and the public with the quickest possible resources available. This tool should help serve you and your patients.

Our Academy CME documents are also now available on our website under “CME”. Anyone who wishes to submit an application for CME accreditation can now visit our site and download all relevant documents.

We would appreciate member feedback on our new site. If there is something missing that you would like to see, please reach out and let us know!



# MSSNY 11<sup>th</sup> Annual Poster Symposium April 15, 2016

for Residents, Fellows and Medical Students



## Enter your poster in

- Clinical medicine (includes clinical research, health policy, quality improvement, medical education)
- Clinical vignettes
- Medical student research

Submit entries in abstract form to [sbennett@mssny.org](mailto:sbennett@mssny.org) by **Jan 25, 2016, 4 pm**

## Submission eligibility

*All entrants must be*

- Active in a residency/fellowship training program, or medical students
- Current MSSNY members. Join at [www.mssny.org](http://www.mssny.org)
- Able to attend 2016 MSSNY House of Delegates meeting to present and discuss entry
- Entrants are responsible for travel and related costs

## Deadline for abstract submission

4 pm, January 25, 2016

## Presentations will take place at

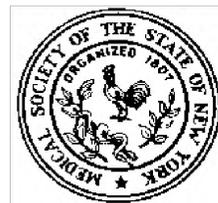
MSSNY House of Delegates  
Friday, April 15, 2016, 2 – 4:30 pm  
Westchester Marriott  
Tarrytown, New York

## For detailed guidelines



[sbennett@mssny.org](mailto:sbennett@mssny.org) or 516-488-6100 ext 383

## Medical Society of the State of New York



**A CALL FOR STUDENT MENTORS**

Joseph Tartaglia, MD, FACC

Dear Colleagues,

The Westchester Academy of Medicine is seeking to encourage medical research activities amongst our members. As President of the Academy of Medicine I wish to announce that the Academy is creating a data base of physicians willing to mentor a high school student from Westchester for research activities. It doesn't matter if you do not conduct research in your practice at this time, you only must express an interest in allowing a student to undertake a research project with you. The project could be as simple as reviewing the research protocol and allowing the student to collect the data from records or surveys in your area of expertise. Many of the students already have an area of interest or proposed research and we are seeking to make a match up with appropriate mentors.

If you express an interest in this activity, The Academy may be able to find assistance with statistical software or other expertise.

We are also seeking physicians interested in judging the annual Westchester science and Engineering fair, to be held one Saturday morning march 12th at the Tarrytown high school.

I assure you that these endeavors are well worth the time. the students are very appreciative and it is a mutually gratifying experience to push the envelope of medical science in an area of medicine you have devoted your life to. Furthermore, we should all find it in our hearts to give back something to the community of young scholars who often look up to us for advice and as examples to follow. What better community service is there than to share your wisdom for your chosen field with a young enthusiastic student.

Sincerely,

Joseph Tartaglia MD FACC



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IN MEMORIAM

## William J. Heidenberg, MD

1936-2015

### WELCOME NEW MEMBERS

At the Board of Directors meetings held in December, the following were elected to membership in WCMS and the Academy:

Deniz Zeynep Olgun, MD  
Orthopedic Surgery  
Hawthorne, NY

Karen Mathewson, MD  
Psychiatry  
White Plains, NY

The Staff and Board of Directors of the Westchester County Medical Society and the Westchester Academy of Medicine would like to wish all of our members and their families a Happy & Healthy New Year!



Kalli Voulgaris, MPH, CME Coordinator; Rhonda Nathan, Accounts Manager & Janine Miller, Executive Director

### UPCOMING WCMS/WAM MEETINGS & EVENTS

**9th District Delegate Meeting**  
Tuesday, January 19, 2016—6:00pm  
WCMS Offices

**WCMS Board Meeting**  
Thursday, January 21, 2016—6:00pm  
WCMS Offices

**9th District Delegate Meeting**  
Thursday, February 4, 2016—6:00pm  
WCMS Offices

**WCMS Board Meeting**  
Thursday, February 18, 2016—6:00pm  
WCMS Offices

**MSSNY Legislative Day**  
Tuesday, March 8, 2016  
Albany, NY

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