

# WESTCHESTER PHYSICIAN

August 2018

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## PRESIDENT'S MESSAGE

### AN IMPORTANT LESSON FROM THE PAST

This is my first newsletter as your 173rd President of the Westchester County Medical Society. The things I have learned from the book *The History of the Westchester County Medical Society* by neurosurgeon and historian of the society, Dr. Thomas Lansen, are fascinating. I am humbled to know that this society is one of the oldest in the country. It is evident how much medicine has evolved; we have gone from a lack of antibiotics to antibiotic overuse and resistance, from doctors traveling to their patients to virtual visits. There was a time when doctors would die of infections caught from the patients they were trying to cure. Dr. Lansen noted in his book that there was a lot of “hands on empathy” with doctors coming to a patient’s house, by horse and buggy! When no medicine or treatment was available, all a physician could give was time and comfort. The reality was that during those times, science and research was very limited. What can I learn from these physicians who practiced 200 years ago in our County?

The practice of medicine has certainly changed and surely for the better most would agree. Science, of course, is driving medicine forward as it should. I think the themes of the annual neurosurgery conferences, for example, reflect this: “The Science of Practice,” “A World of Innovation,” “Expanding Neurosurgery.” The theme of my upcoming meeting in Houston is “Mission, Neurosurgery” with a picture of a big rocket going into space on the cover of the program. A great deal of the advancement in medicine is a result of us, the physicians. At the clinical interface, observations are made, patterns are observed, ideas of how something can be done differently or better come to mind. Technology has been a great asset as we have come forward to treat diseases and ailments that were once deemed incurable.

Most of us have likely experienced, however, how technological advancement in medicine has also introduced challenges to our day-to-day practice making demands of our limited time. In such a setting, I have found that we must actively remind ourselves that the ultimate goal is to help each *individual* patient.

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OMAR SYED, MD  
President, WCMS

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### UPCOMING EVENTS

#### Volunteer NY 9/11 Serve and Remember Event

Saturday, Sept 8  
Boys & Girls Club  
New Rochelle

#### Legislative Breakfast

Sunday, Sept 30  
Hilton Westchester  
Rye Brook, NY

#### WAM Golf Outing

Thursday, Oct 4  
Westchester Country Club  
Rye, NY

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**PETER J. ACKER, MD**  
*Editor*

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***FROM THE EDITOR...***

**PETER J. ACKER, MD**  
**A NURSE'S GUT**



There was an excellent op-ed piece on in the New York Times Sunday Review section on August 12 by Theresa RN. The author is a practicing nurse whose columns appear regularly in the Times. It triggered a multitude of memories. I have been a practicing pediatrician for more than 30 years. I learned early as a resident at Bellevue Hospital that to ignore the 'gut' instincts of a nurse only at my peril. As I corollary to this, later in my primary care pediatric practice I learned to take seriously the inchoate concerns of a parent especially mothers. It is all fine to assess the history, physical and lab data and develop a differential diagnosis, but many times reams of information is concealed in the furrowed brow of a worried mother. Years ago, I almost sent a young baby out of my office who by all criteria was fine, but I was stopped cold by the mother's facial expression (she was not just a mother, but a nurse as well). I began to wonder if I was missing something. In the end, I decided to look further and it turned out that the infant had the very beginnings of bacterial meningitis. A mother's facial expression can be a barometer of what has transpired over the previous 24 hours.

Nurses care for and observe patients over prolonged spans of time in the hospital whereas physicians may come in once a day. They are therefore privy to a vantage point that allows them observe minute changes in a patient's condition over time. A few years ago, long after residency, I admitted an infant to the hospital with fever. As per protocol, blood tests and cultures were obtained and antibiotics started. After 48 hours, the blood work looked benign, the cultures were negative, and the fever was gone. I came in on a Sunday morning to do a routine discharge. I did my exam, reviewed all the data, talked to the parents and sat down to do the discharge. I got up to leave and a nurse stopped me. She had misgivings about sending the baby home, but had trouble articulating why. She had been with the baby all night and she could not shake an uneasy feeling. I decided to observe for another day.

That afternoon, the baby had a seizure and we transferred the baby to a children's hospital. There an extensive workup ensued that did not reveal a specific diagnosis. Three days after the transfer, the medical team was no closer to solution. It was a third year medical student who noticed a faint pigmented swirly rash on the upper thigh and after a prolonged stint in the medical library proffered what turned out to be the correct diagnosis of a rare genetic disorder known as incontinentia pigmenta which often presents with seizure.

This brought to mind a wonderful bit near the beginning of Dicken's **Oliver Twist** shortly after his birth: "for some time he was gasping on the little flock mattress, rather unequally poised between this world and the next: the balance being decidedly in favor of the latter. Now if, during this brief period, Oliver had been surrounded by careful grandmothers, anxious aunts, experienced nurses and doctors of profound wisdom, he would have most inevitably and indubitably been killed in no time."

*I welcome comments. Peter.acker411@gmail.com*

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Senior Portfolio Manager, PMP  
Retirement Plan Consultant  
barry.mitchell@ubs.com

**Jennifer G. Piche**

Senior Wealth Strategy Associate  
jennifer.piche@ubs.com

**Maggie B. Smith**

Senior Wealth Strategy Associate  
maggie.smith@ubs.com

**Edward A. Bugniazet**

Financial Advisor  
ed.bugniazet@ubs.com

**Gary J. Raniolo II**

Senior Wealth Strategy Associate  
gary.raniolo@ubs.com

**Jennifer Galli**

Client Service Associate  
jennifer.galli@ubs.com

**Mitchell WealthCare**

UBS Financial Services Inc.  
709 Westchester Avenue, Suite 400  
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# Westchester & Putnam County Medical Societies Legislative Breakfast

**Sunday, September 30, 2018**

9:00am - 12:00pm

Hilton Westchester

John Halsted Room

699 Westchester Avenue

Rye Brook, NY

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

RSVP TODAY to save your place:

Janine Miller, 914-967-9100 or by email to [jmiller@wcms.org](mailto:jmiller@wcms.org)

There is no charge for members and their spouse to attend this event  
Non-member - \$40



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**Has Partnered Up With**  
**Park Avenue Benefit Planning, Inc.**  
**To Bring Top Health Insurance Programs To You...**

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**For more information please contact:**

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## THE BUSINESS OF MEDICINE THOUGHTS ON DEMOCRATIC SOCIALISM

Rick Weinstein, MD, MBA

Director of Westchester Sport & Spine @ White Plains Hospital Center

First, let me talk about my own bias. I am a strong believer in capitalism and competition. I am annoyed when I see children, including my own, getting trophies and awards for showing up or just being on a team. It will always be my firm belief that if you want to achieve and be successful, you must work hard and work smart. You may not be the strongest or smartest, but your hard work must be rewarded. What is the point in fighting for something if you get the same result as someone who applies minimal or no effort?

That being said, I also feel that every person has the right to health care. I don't want someone having a heart attack or fracturing their tibia and not receiving care. People with infections need to be treated for their personal wellbeing as well as the benefit of society to prevent widespread disease transmission. Vaccines that will prevent disease and death need to be mandatory. However, Medicare for All is a great concept that will destroy healthcare in this country. Medicare, like every other government run program is a wonderful ideal that when implemented leads to financial disaster and extreme inefficiencies.

A recent report from the Medicare Trustees states that Medicare will be out of money by 2026 (<http://www.nydailynews.com/news/national/ny-pol-medicare-going-broke-20180605-story.html#>). There is no business that our government has run well. Private businesses run smarter and more efficiently or their competition beats them and takes over their business. When a government run program screws up, there is no competition allowed and more money is dumped into the program creating a growing vortex of wastefulness. We blindly increase taxes to pay for these poorly run programs making the working person responsible for bureaucratic incompetence.

The proposal by socialist/Marxist politicians for universal healthcare is such a nice idea. However, the reality is that this will increase our national debt by \$18 trillion dollars over the next decade (Tax Policy Center, <https://www.taxpolicycenter.org/publications/analysis-senator-bernie-sanderss-tax-and-transfer-proposals/full>). Was trillion even a number when we were growing up?? Let's tax everyone more and discourage hard-work and earning income. Socialist systems end up bringing everyone down to a very low level and do not bring anyone up to an acceptable level. Winston Churchill said, "Socialism...is the equal sharing of misery..."

In contrast, capitalism is founded upon personal responsibility and the right to private property. In healthcare this means that one is responsible for his own behavior. When people must personally contribute to their own healthcare costs, they have an interest in not raising those costs when avoidable. While we cannot avoid many medical conditions, we have some control over our diet, smoking, exercise and risk-taking behaviors. I believe that many people who currently pay nothing for healthcare would be more conscientious of their behavior if a small token expense were attached to their medical needs. Insurance companies would go broke if they did not stratify by risk, so when a government program promises everything to everyone for free, the laws of economics are violated. Disaster will inevitably ensue.

Look at Venezuela. When that government promised its citizens everything, there was no way to cover the bills. Taxes went up. Businesses fled the country and those who did not had their companies seized by the government. Soon out of money, the government had no choice but to print more. This devalued the Bolivar so much that people had no means to buy staple goods including food. The Bolivar has lost 98% of its value!

Switzerland is a country that has a nationalized system that works, but the country is comprised of a high percentage of producers who contribute broadly to the overhead. In fact, the public does buy healthcare there and it is not a one-payor system. (<https://www.forbes.com/sites/theapothecary/2011/04/29/why-switzerland-has-the-worlds-best-health-care-system/#283f55c7d743>). That country's success is based on incorporating capitalist strategy into their system.

I believe we have some of the best healthcare in the world with great doctors and great hospitals. Universal Healthcare would make every doctor's office a Medicaid Mill and every hospital a Bellevue or Cook County. Bad for doctors and really bad for patients. Everyone should have some form of health care but if everyone is given the same socialist Medicare-type program, it will be run poorly and lead to a bankrupt system that will pay doctors and hospitals less than they require to survive.

"The problem with socialism is that you eventually run out of other people's money." — Margaret Thatcher



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# **Westchester Academy of Medicine 2018 Golf Outing & Fundraiser**

**Thursday, October 4, 2018  
Westchester Country Club  
99 Biltmore Avenue  
Rye, NY 10580**



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

*If you are unable to attend, please consider making a tax-deductible donation. Contact Kalli Voulgaris [kvoulgaris@wcms.org](mailto:kvoulgaris@wcms.org) or 914-967-9100 for more details.*

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Hole Sponsor \$275**

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

**All proceeds will benefit the Westchester Academy of Medicine  
For more information and other sponsorship opportunities,  
contact Janine Miller at 914-967-9100 or [jmiller@wcms.org](mailto:jmiller@wcms.org)**

***Golf Reservations are Limited—Please RSVP Today!***





# Westchester Academy of Medicine

## 2018 Golf Outing & Fundraiser

### Thursday, October 4, 2018

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## **Calling all WCMS Members—Volunteers Needed for 9/11: Serve and Remember Event**

The Westchester Academy of Medicine is proud to sponsor Volunteer New York's 9/11: Serve and Remember event. We have reserved volunteer spots for our organization to participate on Saturday, September 8. If you would like to be a part of this community volunteer effort please contact our office to reserve your space.

### **INSPIRATIONAL GARDEN WALKWAY**

Boys & Girls Club of New Rochelle | <http://www.bgcnr.org>

TO FURTHER BEAUTIFY OUR GARDEN AREA AND MOTIVATE OUR MEMBERS WE WANT TO CREATE AN INSPIRATIONAL WALKWAY IN OUR GARDEN BETWEEN OUR FLOWER PLOTS. WE WANT TO PUT DOWN SLATE ROCKS BETWEEN THE PLOTS AND PAINT THEM AND DECORATE THEM WITH INSPIRATIONAL QUOTES AND WORDS. THIS PROJECT IS PART OF 9/11: SERVE + REMEMBER DAY OF SERVICE.

**SATURDAY, SEPTEMBER 8, 2018 FROM 9:00 AM - 1:00 PM**

LOCATION: NEW ROCHELLE, NY 10802

SPECIAL EVENTS: **9/11 SERVE + REMEMBER 2018**

VOLUNTEER LIMIT: 2

OPPORTUNITY LEADER: STEVEN SONET

Please contact Janine Miller at [jmiller@wcms.org](mailto:jmiller@wcms.org) or 914-967-9100 to register.

## PRESIDENT'S MESSAGE

(Continued from page 1)

I have to constantly remind myself that **my focus** is the patient that is sitting in my examination room who is waiting to be seen. First thing in the morning, my computer shows the list of 20-30 patients (I know some of my partners see twice as many in a day); questions start going through my mind...How far behind schedule will I be? Will I have time for a lunch break (eat food– dragon dictate – drink water– dragon dictate)?, Will the computer program freeze or the network go down? How many peer-to-peer call backs do I have to do? How many physical therapy prescriptions do I have to write?, How many employer forms do I have to fill out?, How many medications do I have to re-fill? What time will I go home? Will I see my kids before they go to sleep?

Amidst all these thoughts, however, there is a patient in a room waiting to be seen. What questions are going through his or her mind? I continually try to remind myself that this patient has probably been waiting weeks for an appointment with me, took time off from work to see a neurosurgeon and is likely nervous about what I have to say. He or she may be sitting there thinking: Will I be okay? Do I need surgery? Do I need to stop working to treat this? What will happen to my job? What should I tell my family? Is it covered by insurance? Can I go back to the things I love to do? Is it cancer? Could I die? When I think about what questions may be going through my patient's mind, it reframes my thinking and the questions going through my mind. I am reminded of why I *need* to spend time and give comfort and that 'hands on empathy' is probably one of the best things I can do for my patients. There will be no technological advancement that will replace or reduce the need for empathy in medicine. One can argue that in this fast paced day and age, prioritizing and maintaining empathy in medicine is more important than ever.



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## ALL EMPLOYERS MUST ACT BY OCTOBER 9, 2018 TO COMPLY WITH THE NEW YORK STATE MANDATE REQUIRING SEXUAL HARASSMENT TRAINING

On April 12, 2018, New York State Governor Andrew Cuomo signed into law new measures aimed at preventing sexual harassment which require prompt action by all New York State employers, regardless of the number of employees they have. Notable highlights include:

- **Required Sexual Harassment Training.** By October 9, 2018, all employers must comply with a requirement of conducting annual sexual harassment training. Training must be in-person and interactive, and computer training will no longer be deemed sufficient to meet the requirement.
- **Mandatory Sexual Harassment Policies.** By October 9, 2018, employers must adopt a written sexual-harassment prevention policy and distribute it to employees. New York City will be mandating similar requirements that will be effective in April 2019.

We want to be sure you are aware of this requirement and that **it applies to medical societies, hospitals, group practices and to every independent physician who has even one employee.**

We have asked attorneys from Garfunkel Wild, P.C., MSSNY's General Counsel, to be available to help members in meeting the requirement. Garfunkel Wild has a history of providing clients with sexual harassment training, handling internal investigations, litigating sexual harassment cases as well as drafting and reviewing sexual harassment policies.

Call **516-393-2200** to help your practice meet the requirements.





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AND**

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**EVENING LECTURE  
WEDNESDAY, SEPTEMBER 26, 2018  
19 SKYLINE DRIVE  
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**6:30 P.M.**

**EVENING LECTURE**

Come join us for an evening of learning. We will be discussing asset protection as it pertains to physicians. Topics will include:

- Estate Planning Strategies
- Malpractice, Cyber Insurance & HIPAA Compliance
- Financial Planning Strategies

**Speakers:**

Doris Martin, Esq.  
Garfunkel Wild, P.C.

Wes Merritt  
Merritt Insurance Services

Ilyas Akbar, CFP®  
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Dinner will be served.

Please RSVP to Janine Miller  
[jmiller@wcms.org](mailto:jmiller@wcms.org)

No Cost for WCMS Members & Spouse or Guest.

RSVP by Monday, September 24, 2018

Janine Miller, 914-967-9100 or by email [jmiller@wcms.org](mailto:jmiller@wcms.org)  
Space is Limited.

New York State

## **Workers' Compensation Board**

OFFICE OF THE CHAIR

328 State Street Schenectady, New York 12305

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### **Board Announces Technical Specifications for CMS-1500 Initiative**

Date: July 16, 2018

As announced on April 17, 2018, in [Subject Number 046-1058 Proposals to Improve Medical Care for Injured Workers](#), the New York State Workers' Compensation Board (Board) will replace the current Board treatment forms: Doctor's Initial Report (Form C-4), Doctor's Progress Report (Form C-4.2), Occupational/Physical Therapist's Report (Form OT/PT-4), Psychologist's Report (Form PS-4), and Ancillary Medical Report (Form C-AMR) with the CMS-1500 to help reduce paperwork and lower provider administrative burdens. This initiative will leverage providers' current medical billing software and medical records while promoting a more efficient workers' compensation system. It is expected that the initiative will roll out in three phases, as follows:

#### **PHASE 1: COMMENCING JANUARY 1, 2019:**

Providers may voluntarily transmit CMS-1500 medical bills (and required medical narratives, and/or attachments as applicable) through an approved XML Submission Partner ("clearinghouse") to workers' compensation insurers/payers. [Guidance on required medical narratives and attachments](#) is available on the Board's website. As previously conveyed in Subject Number 046-785, if a CMS-1500 is submitted without the detailed narrative report or office note, it is not a valid bill submission. A listing of approved clearinghouses for the CMS-1500 will be posted on the [XML Forms Submission](#) section of the Board's website after each entity successfully completes testing and executes an XML Submission Partner agreement with the Board.

- Workers' compensation insurers/payers will accept CMS-1500 medical billing files from clearinghouses and electronically return acknowledgments of receipt of CMS-1500 files. Such acknowledgments (including receipt date) will be forwarded from the clearinghouses back to providers and the Board.

THE BOARD WILL RECEIVE CMS-1500 FILES, NARRATIVE ATTACHMENTS AND ACKNOWLEDGEMENTS OF RECEIPT FROM CLEARINGHOUSES IN A DESIGNATED XML FORMAT. THE CMS-1500 FORMS AND NARRATIVE ATTACHMENTS WILL BE COMBINED AND DISPLAYED IN THE APPLICABLE CLAIMANTS WCB CASE FOLDERS.

*(Continued on page 17)*

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## **Workers' Compensation Board**

OFFICE OF THE CHAIR

328 State Street Schenectady, New York 12305

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### **Board Announces Technical Specifications for CMS-1500 Initiative**

*(Continued from page 14)*

#### **PHASE 2: ON OR ABOUT JULY 1, 2019:**

- Workers' compensation insurers/payers will electronically transmit Explanations of Benefits (EOB) to their clearinghouses upon adjudication of the associated electronic CMS-1500 medical bills. Such EOB data will be forwarded from the clearinghouses back to providers and the Board.
- The Board will receive EOB data from clearinghouses in a designated XML format.

THE BOARD PLANS TO ELIMINATE THE REQUIREMENT FOR THE INSURER/PAYER TO FILE FORM C-8.1B OR C-8.4 FORM (TO OBJECT TO FULL OR PARTIAL PAYMENT OF A MEDICAL BILL) WHEN AN EOB FOR THE MEDICAL BILL WAS TRANSMITTED THROUGH THE CLEARINGHOUSE AND THE PROVIDER MAY FILE HEALTH PROVIDER'S REQUEST FOR DECISION ON UNPAID MEDICAL BILLING (FORM HP-1) (BASED ON RECEIPT OF EOB).

#### **PHASE 3: ON OR ABOUT JANUARY 1, 2020:**

- Providers will be required to submit electronic CMS-1500 medical bills (and required medical narratives, as applicable) through their clearinghouses to workers' compensation insurers/payers and to receive EOBs back through their clearinghouse.
- Providers will be required to electronically transmit any disputes for unpaid medical bills to their clearinghouse using the Board-prescribed form. The clearinghouses will electronically transmit medical disputes to the Board in a designated XML format. The Board will eliminate Forms C-4, EC-4, C-4.2, EC-4.2, C-4.1, PS-4, C-4AMR, EC-4AMR, OT/PT-4, EOT/PT4 and EC-4NARR forms. Web submission and XML submission of these forms will no longer be available.
- The Board will establish a hardship exception process for providers who are unable to meet the mandatory electronic reporting requirements.

Visit the [CMS-1500 Initiative](#) section of the website to access [technical specifications](#) for the CMS-1500 medical billing and associated acknowledgement data and to find periodic updates.

Please direct questions to [CMS1500@wcb.ny.gov](mailto:CMS1500@wcb.ny.gov).

Clarissa M. Rodriguez  
Chair

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### **MSSNY President's Message, Thomas J. Madejski NYU's Bold Step**

When NYU School of Medicine announced last week that it will offer full tuition scholarships to all new, current and future students, it signaled a potential game-changer for the future of medical education in this country.

NYU Medical School students will graduate and move into residency with the ability to choose a path based on their passion—which might include research, family medicine or pediatrics—rather than choosing a more lucrative specialty in order to pay back loans. NYU will also benefit from an increasingly competitive applicant pool. Hopefully, this will translate into new research initiatives and improved access and health outcomes for patients in the years ahead.

Presently, some residents may choose a specialty based on future income potential because of their massive loan debt. I don't think that is a consideration for most students when they enter school, but has to be part of the equation for choosing a specialty as the bills pile up. According to the [Association of American Medical Colleges](#), three out of four medical school graduates in 2017 graduated in debt—with the median amount at \$192,000.

MSSNY and the American Medical Association both have concerns about the indebtedness of medical school graduates affecting their choice of specialty, as well as practice location. While it is reasonable to postulate that reduced or no tuition will free medical students to follow their passion, the impact of loan forgiveness programs to date is less than compelling.

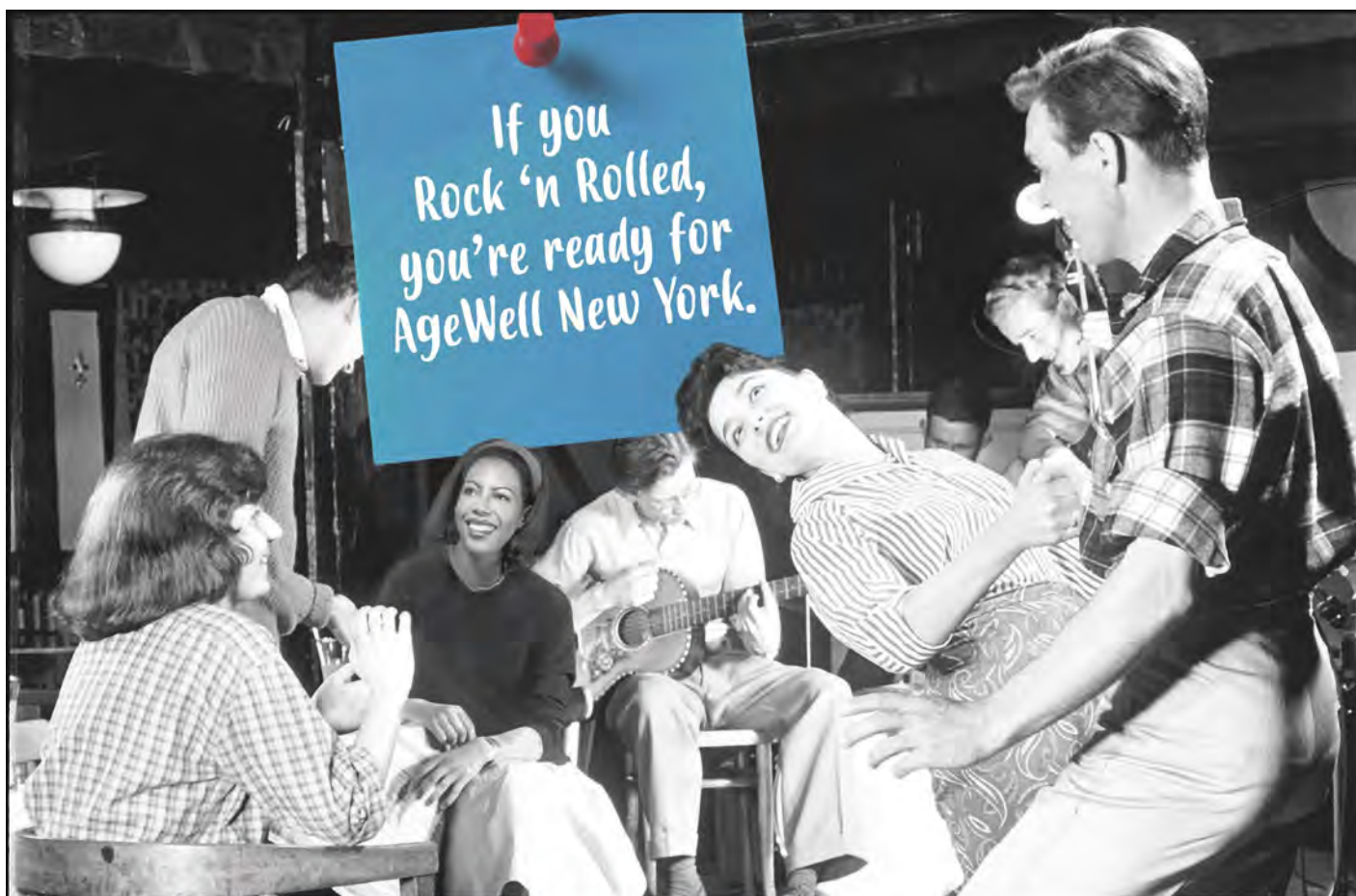
I practice in a rural, underserved area in upstate New York. While New York State and the Federal government have a number of programs to entice physicians to practice in underserved areas, it is unusual to have a participant in those programs stay long term.

[Studies](#) that look at the long term effects of loan forgiveness are challenged to demonstrate any long term positive effect. Having some of these gifted clinicians practicing in underserved areas is good for the community but, as demonstrated by the decline in practitioners and small hospitals in rural areas in upstate New York, has not had a long lasting impact. Nonetheless, every one of these physicians who stays long term is critical to maintain access and improve the health of their community.

The NYU initiative is a bold step in the right direction towards solving the long-standing issue of onerous and out-of-control medical school debt. Personally, I am skeptical that it will have a major effect on specialty choice as debt is just one of many factors in choice of specialty. Will it help to improve access to care and health of our communities? Is the \$600 million cost of the program money well spent? How will other medical schools respond to the NYU initiative?

Please share your thoughts and comments with me at [comments@mssny.org](mailto:comments@mssny.org).

**Thomas J. Madejski, MD**  
**MSSNY President**



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