WESTCHESTER PHYSICIAN

February 2018 **Volume 34, Issue 2**

PRESIDENT'S MESSAGE
WE CAN'T DO IT ALONE.

Many of our readers remember a time when a physician could finish medical school and residency and then find a place to practice, rent an office and hang a shingle. He/she could even work out of their home. The office manager, medical assistant and phone nurse were all the same person. The nostalgia for that kind of practice setting creates tons of anxiety for those doctors that bridge that period of time to the present. Increasing numbers of large groups of doctors and employed doctors, electronic medical records, insurance negotiations, declining reimbursement, increasing local competition, rising malpractice concerns and liability are all significant factors in practicing medicine now.

As I look at the practice of medicine and surgery now and ahead to the next 15-20 years, the amount of change will be staggering. I am happy to be practicing now and also to have a seat at the table to help mold and adjust to these changes. All physicians need to be part of the movement happening in medicine and should not sit back and be passive. We need to lobby our physician leadership, hospital leadership, and government officials. We need to create a system of healthcare that not only makes our patients healthier at a lower cost but also makes our physicians lives more meaningful, less stressful, healthier and most importantly, happier.

How do we accomplish these goals? We need help. We need to understand that documenting, electronic prescribing, electronic test ordering, coding, and billing will never go away. Electronic communication, virtual visits, increasing volume of ambulatory surgery and home care instead of hospital care will be paramount in the future of medicine. The physician will become the team leader and will need to surround him/herself with nurses, physician extenders, social workers, pharmacists and physical therapists. Doctors will also need expert coders, billers, legal advisors and contract negotiators. The days of bringing the patient into the office, doing all the computer input, medication reconciliation, prescriptions, test ordering, explanations, question answering, and phone call returning by oneself are numbered.

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MARSHAL PERIS, MD
President, WCMS

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MSSNY Legislative Day
Wednesday, March 7, 2018
Albany, NY

Networking Event
Thursday, May 3, 2018
Captain Lawrence Brewery
Elmsford, NY

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FROM THE EDITOR…
PETER J. ACKER, MD
REFLECTIONS

This was my very first column that I wrote for the Westchester Physician published in December 2000. Next month look for a follow-up with more current reflections.

I was asked to write an end-of-the-year type of piece, given a rather loose mandate to comment on medicine, how it's changing, and my role in it. I am actually in a good position to do so --- I am writing this at Chicago's O'Hare airport, just having finished attending the American Academy of Pediatrics Annual meeting. That is to say, I am somewhat removed from the day-to-day toil of my daily practice and have spent the last five days being stimulated by a wide range of talks. I have also had a chance to talk with other pediatricians from around the country. This puts me in a better frame of mind to reflect widely on the state of my profession than, say, if I was in my office attempting to get HMO approval for an MRI. As always when I attend a meeting of this sort, I am awed by the wide range of subjects that are in my purview as a pediatrician, from injury protection, to school and behavior problems, to neonatal intensive care. One session that I attended was a three hour presentation of interesting cases, absorbing from beginning to end, and it affirmed for me the choice I made some 25 years ago to go into medicine.

By my rather perhaps optimistic calculations, I am about midway in my career as a clinician. I suppose that makes it an ideal time for me to look, Janus-like, backwards and forwards. There have been, of course, significant, even revolutionary changes in the decade and a half that I have been in practice --- and the various advances continue apace. I remember as a boy, whenever my father and I were outside together doing yard work or throwing a ball, if a jet flew overhead, my father would stop and look up following its course until it was out of sight. I couldn't quite understand his fascination with something so commonplace, not quite getting his explanation that there were no jets when he was a boy. I suppose my own children, similarly, don't understand my marveling at the Internet. I feel a similar gap sometimes when talking with the medical students who rotate through our office and who accept the near completion of the genome project as natural as seeing water flow out of a faucet when the handle is turned. I doubt that ten years ago even the most wildly optimistic molecular geneticist would have predicted the speed at which this seminal event is being accomplished.

As it so happened, Dr. Francis Collins, director of the genome project, was the keynote speaker of this year's meeting. A packed, silent and I would guess awestruck audience of some 10,000 pediatricians listened to his remarks. He ended his talk with a series of predictions about where we may be at 10, 20 and even 30 years in the future. On example: there is tremendous variability in an individual's response

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THE BUSINESS OF MEDICINE
I AM A DOCTOR NOT A SCRIBE

Rick Weinstein, MD, MBA

Director of Westchester Sport & Spine @ White Plains Hospital Center

Why did you become a doctor? Do you like taking care of the sick and injured? Does it feel good and is it rewarding for you to help others? Can you type at least 45 words/minute?

As a physician, your job is to heal the sick, help the injured, and give emotional strength and support to your patients. Where in our job description does it say you must be able to document your work or you will not be paid? The reality of contemporary medicine is that insurance payors, especially Medicare, determine if you can be paid for your work and how much you will be paid. Being brilliant, hard-working and dedicated does not matter at all if you fail to type in your note what the payors require. Your patients getting better has little to no relevance to you getting paid.

I was in a meeting recently with a brilliant internist. She told me that she spends hours at home every night completing her office notes. There are not enough hours during the day for her to complete her daily work and now she has homework that disrupts what should be her family and down time. This is not what leads to physician burn-out; this is physician abuse.

What are possible solutions? One is physician extenders such as physician assistants (PAs) or nurse practitioners. They can work under your direct supervision, but if you bill under them, Medicare will only pay you 85% of your normal fee. Another solution is bringing a scribe into the room. This works for some but it is introducing a non-medical person into the intimate doctor-patient relationship. They may not be medically intelligent enough to do a great job or they may be so smart they will move on to a better paying and more appropriate job. Unfortunately, it is not infrequent that when you are finally comfortable with your scribe they leave you and move on.

I am glad my mom made me take typing in high school. I didn't like taking it at the time, but now I am very glad I did it. It is the one class from high school I still use every day at work. I consider myself one of the most efficient doctors using my EHR, dragon and PAs but it does not mean I enjoy the process. I don't like insurance companies coming between me and my patients. I type, dictate and allocate the work as is appropriate all while keeping in mind my mantra: Patients Come First. Taking care of our patients is always our priority; let's continue to fight to keep it that way. You are not a scribe. Your job is not data entry. You are a physician.

♦

PRESIDENT'S MESSAGE
WE CAN'T DO IT ALONE

(Continued from page 1)

The physician of the future will be a case reviewer, decision maker, delegator, and supervisor. The surgeon of the future will be super specialized, doing mostly ambulatory surgery outside of the hospital setting. Imagine being the left knee ACL expert or the right eye cataract expert. The patients of the future will need to understand that their point person will not be their primary care physician but will be an extender and the patient will have a team. The patient of the future will not demand to speak with their doctor because the patient of the future will have a team of doctors, extenders, and nurses. These changes are happening now and the physicians of today need to have their eyes open and their voices loud. We have a chance to make our futures brighter so please get involved in decisions, make suggestions and most importantly understand that we can't do it alone!

♦

STATEMENT BY MSSNY PRESIDENT CHARLES ROTHBERG, MD RE: REVISED LAVERN'S LAW

Revised Law Makes Improvements But Still Harmful to Patient Care Delivery

"New York's physicians are very disappointed in the soon to be enactment of a one-sided law that will drive up already exorbitant liability premiums, increase defensive Medicine costs, and discourage doctors from practicing in New York. The amendments to **S.6800** reduce some of the many problems with this legislation but it was a lost opportunity by the Legislature and the Governor to address our longstanding dysfunctional medical malpractice adjudication system. It is shocking that, at a time when New York hospitals and doctors continue to have the highest liability costs in the country, and we have been labeled the worst state to be a doctor, a law has been enacted to increase lawsuits and costs even further.

Even with the amendments, this new law is going to make New York an even more difficult place to keep and retain physicians to deliver patient care, particularly in rural and inner city areas most of need of specialty care physicians. Patients may be recommended to receive more diagnostic testing and more specialty referrals, that the doctor may not believe is clinically necessary, so that the doctor may be better able to defend themselves if a suit were to happen years later.

Again, the final agreement failed to achieve the balance so needed between preserving rights to the courts for injuries caused by negligence while at the same time assuring that our health care institutions and providers will be able to continue deliver the care expected in the communities we serve. We urge the Legislature and the Governor to now work together to take steps to enact needed reforms to help preserve patients continued access to needed primary and specialty physician care in New York."

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FROM THE EDITOR…
PETER J. ACKER, MD
REFLECTIONS

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to a particular drug, which is dependent upon his or her particular genetics. By the kind of detailed information being provided by the genome project, it will be some day possible, via a simple blood test, to determine an individual's precise responsiveness. In effect, pharmacologic treatment will be tailor made to each individual's genetic background. Of course, all sorts of philosophical questions are raised by the increasing amounts of self-knowledge that will become available; do we all really want to know exactly what our medical future holds via a detailed analysis of our individual genomes? The ancient Greeks believed that man's fate was preordained and that even Zeus could not alter it. Today we are positing that fate lies in the genes, but we are not only predicting, we are also intervening. Even more troubling is the area of genetic surgery in which individual genes can be altered. This would certainly be a boon for people with specific genetic disorders such as cystic fibrosis, but it raises the specter of humans directing their own evolution.

Change is exciting and one of the pleasures of medicine is the process of keeping up. Yet, I think it is also exciting to think of the ways in which medicine has not changed. The taking of a careful history, the thrill of coming up with an unusual diagnosis, the fact that we learn something new about a disease each time we encounter it, the human connection we feel when we are helping someone unravel a medical or even a personal problem. This daily feeling of connection to patients and to the community at large is a constant restorative for me. As my plane touches down after some lofty reflecting, I feel comfort in the reconnection with terra firma, look forward to the hustle and bustle of my office and even feel a bit privileged to be a foot soldier in what for me is still medicine's grand adventure: seeking answers to what is behind the next door.

♦

FROM IMMEDIATE PAST PRESIDENT GINO BOTTINO MD: FAKE NEWS: IS IT REAL AND DOES IT AFFECT US?

More and more my patents are coming in and expressing their political views as how they relate to the Medical System. Usually it's about how much it is costing them, or the increase in doctor referrals and visits, the cost of medications, and the lack of time with the doctor as they fill out forms and computer sheets. They present many "facts" about the medical system they have seen on the News or News Web blogs, and for the most part, they have little true understanding of the system as it is working today.

On 1.11.2018 CBS had a new story on the Radio and evening and late-night News shows, which was repeated the next day. It was about a pregnant young woman who was an Ultrasound technician in a Long Island Hospital. They seemed quite disturbed that she had been fired from her job because she refused to take the Flu shot and she claimed to have the support of her doctors. In an interview with her she said: "How can it be in 2018 that a woman doesn't have control of her own body?" The only other thing they said was that they had called the hospital and no comment was made.

Yesterday there was a follow up to the story. The young lady now has a lawyer and is suing the

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LEGAL NEWS: GOMEZ V. CABATIC, ET AL.

DONALD R. MOY, ESQ.
GARFUNKEL WILD, PC

Most doctors are aware that the alteration of medical records can lead to very serious consequences. The recent New York appellate court decision in Gomez v. Cabatic et al. (Appellate Division, Second Department, January 17, 2018) illustrates the serious consequences that may occur if a jury in a medical malpractice case concludes that the doctor altered medical records. In this case, the Second Department unanimously upheld the lower court ruling which held that, in addition to being liable for compensatory damages, the doctor was liable for punitive damages in the sum of $500,000 for alteration of medical records. The jury had originally awarded $7.5 million for punitive damages. MSSNY submitted an amicus curiae brief to the Second Department in support of the defendant doctor, but, unfortunately, the Second Department held that the award of punitive damages is an appropriate deterrent to prevent doctors from altering medical records.

The action arose from the death of a six year old child, who allegedly died, due to the failure of the defendant doctor to diagnose the child's type 1 diabetes. The patient was seen by the defendant doctor for three office visits, the last one on December 12, 2009. On January 21, 2010, on her return home from school, the child complained that she was not feeling well and was taken to a hospital. The child died on January 24, 2010. After the patient died, the attorney retained by the patient's family sent a letter to the doctor to request copies of the medical records. The doctor testified that it was her practice that after each office visit she would prepare hand written "scribble notes", which she would use to prepare typewritten notes afterwards. She testified that she would discard the handwritten scribble notes after the typewritten records were completed. According to the doctor, after she received the attorney's request for records, she used the scribble notes for each office visit to prepare typewritten notes and provided the attorney the typewritten notes. She retained the handwritten scribble notes relating to the first office visit, but discarded the scribble notes relating to the second and third office visits. When asked at trial why she preserved the handwritten scribble notes relating to the first office visit but not the scribble notes for the second and third office visits, she replied that she regarded the first scribble notes as an official registration form. She testified that she had a reasonable excuse for disposing of her scribble notes for the second and third office visits, because, according to her, she merely utilized them to prepare the typewritten notes, and once the typewritten notes were completed, they replaced the scribble notes.

A critical issue addressed at trial was the date that the mother of the child was instructed to bring the patient for a follow up office visit after the December 12, 2009 office visit. The typewritten notes for the December 12, 2009 office visit stated that the mother was instructed to bring the patient back for another office visit in four weeks. However, the mother produced an appointment card that showed that the child was to return on February 13, 2010, that date being roughly nine weeks after December 12, 2010. The doctor testified that she was not involved in writing the appointment card, and that her staff must have written the latter date erroneously. Whether the next appointment was scheduled in four weeks or nine weeks was a critical issue, because if the patient had come back sooner, it was possible that more frequent follow up blood testing would have revealed elevated sugar levels, and would have led to steps that would have prevented the patient's death.

At trial, the plaintiff's attorney alleged that defendant doctor willfully destroyed medical records with the discarding of the scribble notes. The defendant doctor disputed that she had intentionally destroyed records. Defendant's attorney argued that plaintiff had to prove by clear and convincing evidence that the doctor willfully and maliciously destroyed the records, and that plaintiff's counsel failed to establish such proof.

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WCMS Board Meeting Schedule

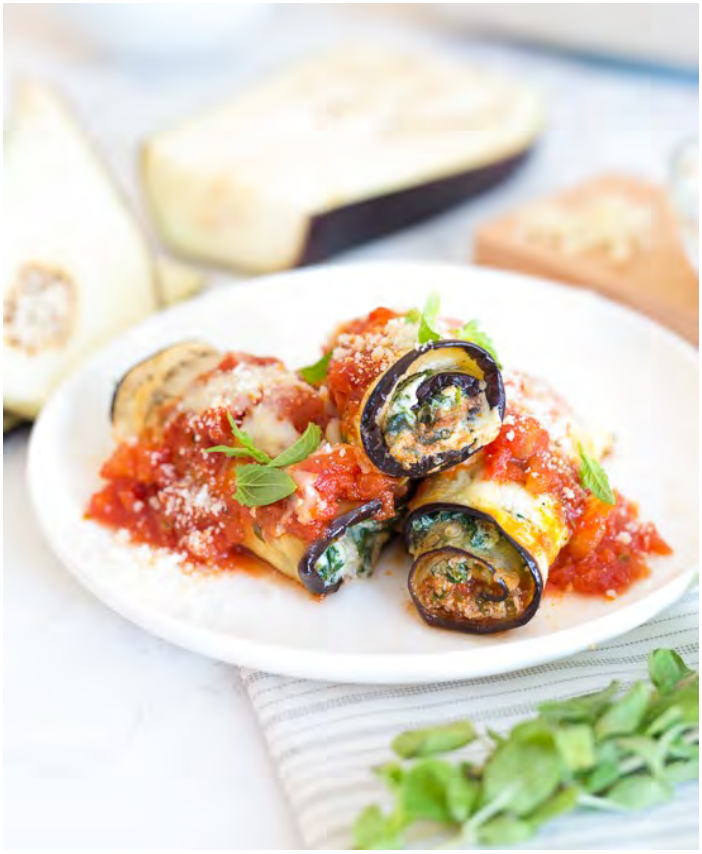
2017-2018

March 8
April 19
May 10

February's Healthy Recipe:

Skinny Eggplant Rollatini

Skinnytaste.com



Ingredients:

- 2 medium Italian eggplants, cut lengthwise into 10 (1/4-inch thick) slices (21 oz total when sliced)
- kosher salt and fresh black pepper, to taste
- 1 1/2 cups quick marinara sauce
- 1 large egg
- 1/2 cup part skim ricotta cheese
- 1/2 cup grated Pecorino Romano cheese, plus more for serving
- 8 oz frozen spinach, heated through and squeezed well
- 1 garlic clove, minced
- 1 cup (4 oz) shredded part-skim mozzarella (Polly-O)

Preparation:

1. Cut the 2 ends off the eggplants. Cut the eggplants lengthwise, into 1/4-inch thick slices until you have a total of 10 slices about the same size. It's easiest to do this with a mandolin. My mandolin is from OXO,
2. Sprinkle the eggplant with kosher salt to help remove excess moisture and bitterness from the eggplants. Set aside for about 10 to 15 minutes. Pat dry with a towel.
3. Preheat oven to 400°F. Season the eggplant with a little more salt and pepper, then arrange on two parchment-lined baking sheets. Cover tightly with foil and bake until eggplant is tender and pliable but NOT fully cooked, about 8 to 10 minutes.
4. Spread 1/4 cup marinara sauce on the bottom of a 13 x 9-inch baking dish.
5. In a medium bowl, beat the egg then mix together with ricotta, Pecorino Romano, spinach, garlic, 1/4 tsp salt and 1/8 tsp pepper.
6. Pat eggplant dry with paper towels. Dividing the ricotta-spinach mixture (about 2 generous tablespoons each) evenly and spoon onto one end of each eggplant slice, spreading to cover. Starting at the short end, roll up slices and arrange them each seam side down in the prepared dish. Top with remaining marinara sauce and mozzarella cheese and tightly cover with foil.
7. Bake until the eggplant is very tender, about 60 minutes. Remove from oven and let cool 5 minutes before serving with additional Pecorino Romano if desired.

Read more at https://www.skinnytaste.com/best-skinny-eggplant-rollatini-with/#kY25dos2WMbJZKks.99

NUTRITION INFORMATION

Yield: 5 servings, Serving Size: 2 rollatini

Amount Per Serving: Calories: 227 calories, Total Fat: 10g, Saturated Fat: g, Cholesterol: 66mg, Sodium: 370mg

Carbohydrates: 18g, Fiber: 5g, Sugar: 0g, Protein: 17g

HEALTH & FITNESS: KULLMAN'S KORNER

My colleague recently asked me to write a short piece about fitness. I responded "no problem" thinking it would be very easy. I've been involved in fitness for the last 40 years of my life including school sports, weightlifting and bodybuilding, martial arts, running, swimming and serving as the battalion surgeon for 2/25 Marines (talk about fitness). Most recently, about 4 years ago, I caught the Crossfit bug. Yes, I became a member of that cult.

I was walking around my house trying to get some thoughts together for this article and I realized that I would first have to define fitness. Is fitness a strong squat and deadlift? Is it the ability to run a marathon or complete an ironman? Is it a professional boxer or soccer player? Is it a bodybuilder with a very low body fat percentage and huge muscles?

I think it is pieces of each. I asked several of my friends to define fitness and no two answers were the same.

"Fitness" has evolved over the years. There was the gym and weight lifting. Then aerobic classes. Then dance classes like Zumba and Hip Hop Abs. Then spinning. The latest buzz words being used are: "functional fitness."

What is "functional fitness?" In my mind it is a program designed to develop strength, agility, and cardio reserve that will enable an individual to perform everyday activities safely, with good body awareness and knowledge, into old age. Workouts should be designed with those goals in mind. They should be done safely, with good form, and under supervision at first.

If you are saying that this sounds like Crossfit, you're absolutely correct. I drank the Crossfit Kool-Aid. I cannot imagine my life without it. In a controlled, supervised environment workouts are done that develop overall strength, endurance, and agility. Crossfit has gotten a reputation for causing injuries. I think any sport done with intensity can result in injuries. Crossfit coaches emphasize good form and core development with movements to reduce the risk of injury.

There's a reason that the winners of the annual Crossfit games are called the "Fittest on Earth." The first step to a fitness lifestyle is to get moving. Walk around the block. Take the stairs.

Get the body used to activity. On that note the WOM (workout of the month) is a little gem known in Crossfit as Cindy:

AMRAP (as many rounds as possible) in 20 minutes

5 pullups

10 pushups

15 air squats

The workout is scalable. Banded pull ups and knee push ups are ok. Air squats need hips to go below parallel and up to full standing position. Cindy works all the muscles and will build endurance. Record your results. We'll do it again in the future.

Happy Fitness!

Michael Kullman MD Anesthesiologist
Northern Westchester Hospital

LEGAL NEWS: GOMEZ V. CABATIC, ET AL.

DONALD R. MOY, ESQ.
GARFUNKEL WILD, PC

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The trial judge instructed the jury that the jury could award punitive damages if it found that the plaintiff proved by clear and convincing evidence that the doctor maliciously destroyed her handwritten notes. The judge further instructed the jury that an act is done "maliciously when it is done deliberately and with knowledge of the plaintiff's rights and with the intent to interfere with those rights". At the conclusion of trial, the jury awarded damages as follows: $400,000 for pain and suffering, $100,000 for monetary loss, and $7.5 million punitive damages. The judge reduced the punitive damages to $1.2 million.

Issues decided on appeal:

MSSNY submitted an amicus curiae brief in support of the defendant physician. The issues raised on appeal were decided as follows:

1. The defendant and MSSNY argued that as a matter of law, the physician could not be liable for punitive damages because the destruction of the scribble notes did not adversely affect the medical care and treatment that was provided, and did not adversely affect the legal rights of the plaintiffs. A number of court decisions were cited that held that punitive damages would be appropriate where the alteration of medical records adversely affected the medical treatment or adversely affected the other party's legal rights. Because plaintiff did not demonstrate any adverse effect of the destruction of the scribble notes, it was asserted that the jury could not impose punitive damages. The Second Department disagreed. The Second Department held that the jury could impose punitive damages if the jury found that the doctor destroyed medical records in an effort to evade potential malpractice liability. There is no requirement, according to the Second Department, for the plaintiff to prove that the destruction of records adversely impacted the plaintiff. The lower court instructed the jury that the jury's finding must be by clear and convincing evidence that the doctor acted maliciously to destroy the handwritten notes, and done deliberately and with knowledge with the intent to interfere with plaintiff's rights. In upholding the ruling of the lower court, the Second Department agreed with the lower court's instruction to the jury.

2. Does New York public policy permit imposition of punitive damages as a deterrent to prevent alteration of records? MSSNY argued that the law already provides serious consequences for a physician who alters medical records and these consequences are sufficient to deter such conduct by physicians. MSSNY's amicus brief explained that a physician is required to maintain accurate medical records and the alteration of medical records could lead to charges of professional misconduct. In addition, the spoliation of evidence could lead to sanctions by the court. The Second Department held, however, that the possibility that there are other serious consequences does not preclude the imposition of punitive damages to serve as a deterrent.

3. Was there sufficient evidence for the jury to impose punitive damages? The Second Department held that there was sufficient evidence to support the jury's findings. In particular, the Second Department noted the discrepancy between the typewritten record for the December 12, 2009 visit, which indicated that the patient was to return in four weeks, and the appointment card retained by the child's mother, which showed that the next appointment was made for February 13, 2010. The Second Department held that this discrepancy plus the fact that the doctor destroyed the scribble notes after she received the letter from the plaintiff's attorney, permitted the jury to make the inference that the doctor acted maliciously.

4. Were the punitive damages excessive? The Second Department agreed that the $1.2 million in punitive damages was excessive, and modified the lower court order to allow punitive damages in the sum of $500,000.

At this time, it is not clear whether the defendant will seek to appeal to the Court of Appeals.

<u>Lessons Learned</u>

It is crucial to make all medical record entries complete and factual and to enter them in a timely fashion. Physicians should know the proper procedure to amend or correct a medical record.

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FROM IMMEDIATE PAST PRESIDENT GINO BOTTINO MD: FAKE NEWS: IS IT REAL AND DOES IT AFFECT US?

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hospital. The hospital told CBS that she had not applied for a waiver and had ample time to do so. They also stated that pregnancy is not a valid reason to obtain a waiver and sited the American Board of Obstetrics and Gynecology, and firm recommendation that all pregnant patients receive the Flu shot.

As someone who has helped run a department in a hospital, I was aware that it was NY State Health Code Law that all hospital Employees with patient contact had to have the Flu shot or wear protective gear throughout the entire Flu Season. This has been law for many years and when it first came up it was challenged by workers that either complied or were fired. Every year since I see several people who get a waiver and choose to wear the protective gear. This year is no different. As for being pregnant there is no indication that the Flu shot is detrimental to the baby or the mother. CDC recommends that pregnant women get a flu shot during any trimester of their pregnancy to protect themselves and their newborn babies from flu, as they are more susceptible and can get more of a severe infection. There is a lot of evidence that flu vaccines can be given safely during pregnancy; and this is the current standard of care in the USA.

Looking at this situation and the story there is no doubt that this is an example of "fake News." First the issue at hand is many years old and has been rehashed many times. Second, for the hospital not to have taken action would have been against the law. Third, the law is to protect the people of NY State. Finally, it was either poorly researched, or on purpose, devoid of the facts and balanced reporting.

By contrast, a well-researched and informative article about progress in measles vaccination in California can be found from the New York Times at: https://www.nytimes.com/2018/01/16/upshot/measles-vaccination-california-students.html

This is the same as Political "Spin" where the pundits tell a part of the truth to make their point seem like it is the whole truth, and their point of view factual and justified. In the case of the News it seems clear that the story is sensationalized for the purpose of selling their organization and their "product."

I may be simplistic, but when you don't tell the whole truth, you are lying! When you on purpose sensationalize a story, you are trying to start a fight or incite people.

In ethical terms this is called maleficence.

When this kind of thing happens, and you know and understand the facts; it then brings into question stories you see in the News where you are not an expert in the matter; and you start to question if you are being told the whole story or not. When it happens multiple times, you begin not to trust the news organizations at all. The News becomes the boy who cried wolf over and over.

The Hospital is now in the position of having to spend time and money defending itself. More importantly it will need to spend time and money reversing the ill will and distrust this will cause in the people that use the hospital for care.

This hurts us all enormously. We, as American citizens, rely on the news and expect it to be well researched and fairly presented. A news organization's independence is insured in our constitution and protected under the Law; but not from them (and their owners), perverting the news.

And here we are in a time of great medical change and upheaval; trying to vote for Politicians that will support what we believe will make the best system for all of us. But how can we do this when the facts being presented are partial truths of a complex, changing field with most Americans caught in the middle? And how do our leaders come to acceptable compromise for the public good, when even they are not fully informed and understand the situation -even worse engage in the sensationalism themselves?

I wish I had an answer for this. I wish the professionalism of the news organizations was more important than their ratings and revenue. Then again; I wish the same for us Doctors!

It is our duty as doctors to teach our patients about not just their medical problems, but all the issues that surround their care and their lives. So at least a beginning to address "truth in Medical Care Systems" is for us to start talking to our patients about what are the issues in our medical System and what we think!

♦

Classified Ad

Mt. Kisco, 666 Lexington Ave, Newly renovated Prime Location crossroads routes 128 & 117. For Lease: 875sf, 995sf, 1,718sf, 2750sf cjrockett@dpmgt.com

MIPS Reporting Deadlines Fast Approaching: 10 Things to Do and Know

Deadlines are fast approaching if you plan to submit data for the 2017 Merit-based Incentive Payment System (MIPS) performance period. Don't wait until the last minute to submit your data. Submit early and often. The two key dates are:

- March 16 at 8 pm Eastern time for group reporting via the CMS web interface
- March 31 for all other MIPS reporting, including via qpp.cms.gov

Now is the time to act. Here are the top 10 things you need to do and know if you are an eligible clinician. This list focuses on reporting via the qpp.cms.gov data submission feature, not on group reporting on via the CMS Web Interface and not on individual reporting on Quality measures via claims submission data.

Note: If you're not sure if you are required to report for MIPS, enter your National Provider Identifier (NPI) in the MIPS Lookup Tool to find out whether you need to report. Additionally, if you know you are in a MIPS APM or Advanced APM, you can use the APM Lookup Tool.

1. Visit qpp.cms.gov and click on the "Sign-In" tab to use the data submission feature.
2. Check that your data are ready to submit. You can submit data for the Quality, Improvement Activities, and Advancing Care Information performance categories.
3. Have your CMS Enterprise Identity Management (EIDM) credentials ready, or get an EIDM account if you don't have one. An EIDM account gives you a single ID to use across multiple CMS systems.
4. Sign in to the Quality Payment Program data submission feature using your EIDM account.
5. Begin submitting your data early. This will give you time to familiarize yourself with the data submission feature and prepare your data.
6. The data submission feature will recognize you and connect your NPI to associated Taxpayer Identification Numbers (TINs).
7. Group practices:
    - A practice can report as a group or individually for each eligible clinician in the practice. You can switch from group to individual reporting, or vice versa, at any time.
    - The data submission feature will save all the data you enter for both individual eligible clinicians and a group, and CMS will use the data that results in a higher final score to calculate an individual MIPS-eligible clinician's payment adjustment.
8. You can update your data up to the March 31 deadline. The data submission feature doesn't have a "save" or "submit" button. Instead, it automatically updates as you enter data. You'll see your initial scores by performance category, indicating that CMS has received your data. If your file doesn't upload, you'll get a message noting that issue.
9. You can submit data as often as you like. The data submission feature will help you identify any underperforming measures and any issues with your data. Starting your data entry early gives you time to resolve performance and data issues before the March 31 deadline.
10. For step-by-step instructions on how to submit MIPS data, check out this video and fact sheet.

If you are in an ACO or other APM, make sure you are working with your ACO or APM to make sure they have any patient information they need to report. Remember you need to report on Advancing Care Information measures on your own.

Questions about your participation status or MIPS data submission? Contact the Quality Payment Program Service Center by:

Email: qpp@cms.hhs.gov, Phone: 1-866-288-8292 (TTY: 1-877-715-6222)

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Come on Along! Come on Along!
Legislators Need to Hear from You One-on-One!

Wednesday, March 7

MSSNY's Annual Physician Advocacy Day Coming Right Up!

Register Today!

MSSNY's "Physician Advocacy Day" will be held on Wednesday, March 7th in the Lewis Swyer Theatre in "The Egg" at the Albany's Empire State Plaza

Join your colleagues from all around New York State to speak with YOUR LEGISLATORS to ensure they're making the right choices for you and your patients!

Join us to urge your legislators to:

- **Reduce excessive health insurer prior authorization hassles that needlessly delay patient care**
- **Reduce the high cost of medical liability insurance**
- **Preserve choice of physician for our patients**
- **Reject burdensome mandates that interfere with patient care delivery**
- **Preserve opportunities for our medical students and residents to become New York's future health care leaders**

Following a morning program, you will have a chance to hear from—and— more importantly—question New York's legislative leaders, followed by an informal luncheon where Assemblymembers and Senators are invited to join their constituents.

Please contact your county medical society to coordinate
Legislative appointments for physicians to meet
with your elected representatives on that day.

Questions/comments? Contact Carrie Harring at charring@mssny.org.

Westchester County Medical Society

Come join us for our
"REFERRAL ROUNDS"
Networking Event
Thursday May, 3, 2018

Captain Lawrence Brewery
444 Saw Mill River Road
Elmsford, NY
7:00pm

Is your referral pool too shallow? Have you been wanting to meet new referral physicians & Vendors?

Come Join us for our REFERRAL ROUNDS Networking Event

This is a great opportunity to meet physicians in primary care and different specialties to build your referral base...

Referral Rounds Physician Networking Night

Food, Drinks, Fun, Networking!

Food and Beverages will be served

Members are encouraged to bring a non-member physician to this event as their guest!
All members and guests are welcome at no charge.

RSVP in advance. Email Janine Miller, Executive Director at jmiller@wcms.org
Please provide Name, address, Email & Telephone number of the attendee/s.

Join us for three talks on HCV, Naloxone, and PrEP!

Presentation Topics:

- ***Hepatitis C Treatment in the Active Substance User***
- ***Naloxone: Preventing Opioid Overdose in the Community***
- ***Pre-Exposure Prophylaxis***

March 15th, 2018
9:00 am – 12:30pm
Ulster County Department of Health and Mental Health
239 Golden Hill Lane
Kingston, New York 12401

These talks are restricted to New York State medical providers, including MDs, DOs, RNs, NPs, CNMs, PAs, pharmacists, and dentists.

Registration begins at 8:30am

Registration is required
https://rebrand.ly/Ulster2018

Questions? Contact Robert Walsh at robert.walsh@mountsinai.org or (212) 731-3791

CLINICAL EDUCATION INITIATIVE

Mount Sinai *Institute for Advanced Medicine*

Continuing Pharmacy Education
The University at Buffalo School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. "Naloxone: Preventing Opioid Overdose in the Community," a knowledge-based live activity, ACPE #0044-9999-16-056-L01-P, will award 1.0 contact hour or 0.10 CEU. of pharmacy education credit. No partial credit will be awarded.

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. "Pre-Exposure Prophylaxis," a knowledge-based live activity, ACPE ##0044-9999-16-032-L02-P, will award 1.0 contact hour or 0.10 CEU. of pharmacy education credit. No partial credit will be awarded.

Continuing Medical Education
The School of Public Health, University at Albany is accredited by the Medical Society of the State of New York (MSSNY) to provide continuing medical education for physicians.
The School of Public Health, University at Albany 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.

Continuing Nurse Education
The University at Albany School of Public Health is an Approved Provider of continuing nurse education by the Northeast Multi-State Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
This offering is approved for 3.0 nursing contact hours.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Medicaid FFS Pharmacy

Change in Early Fill Edit for Controlled Substances

Effective February 22, 2018, per the 2017-18 enacted budget, the pharmacy early fill edit will be adjusted for controlled substances and will decrease early fill parameters based on days' supply on hand in an effort to further reduce overutilization, stockpiling and/or diversion of drugs.

This more stringent edit will deny a claim for a controlled substance, if more than a 7-day supply of the medication is remaining of the cumulative amount that has been dispensed over the previous 90 days. This supersedes previous guidance in the March 2015 Medicaid Update, **for early fills of controlled substances only**.

Section 365-a (2)(g-1) of Social Services law was amended to create this new 7 day supply limit for controlled substances. In addition, this further aligns with Section 3339 of New York State Public Health Law relating to early refill limits on controlled substances

Members will still have the ability to refill their prescription(s) early, allowing for ample supply of their medication(s) on hand.

The determination of an early fill will be applied to all claims for the same drug product and strength, regardless of prescribing provider, billing provider, or prescription number.

Like the current eMedNY claim denial messaging, eMedNY will indicate the reason for denial and specify the date that is the earliest the claim will be accepted for payment in the Response DUR/PPS Segment field 544- FY- (DUR Free Text Message). This can be found in the ProDUR/ECCA Provider manual and is shown below:

New edit 02242 (Early Fill Overuse, 7 or 10-day Supply Threshold)

NCPDP Reject Code- "88"- (DUR Error) and "ER"- (Overuse) will be returned in the rejected Response Status Segment field 511-FB- (Reject Code). The Response DUR/PPS Segment field 544-FY- FY REJECT- DRUG OVERUSE **(DYS)** XX/XX/XX

Existing edit 01642 (Early Fill Overuse, 75% Threshold)

NCPDP Reject Code- "88"- (DUR Error) and "ER"- (Overuse) will be returned in the rejected Response Status Segment field 511-FB- (Reject Code). The Response DUR/PPS Segment field 544-FY- FY REJECT- DRUG OVERUSE XX/XX/XX