



WESTCHESTER PHYSICIAN

January

Volume 34, Issue 1



PRESIDENT'S MESSAGE PAWNS IN THE GAME OF MEDICAL LIABILITY

If you have ever been named in a lawsuit, you know that sinking feeling you get in your stomach. If it's a surgical complication patient, you look at your calendar to confirm that it is less than 2.5 years. If it's a surprise, you look through your medical records to review the history and try to figure out what the suit is related to. You may share the lawsuit news with your family and your partners or you may keep it bottled up. You may get angry with partners or colleagues that dragged you into the case. You may not sleep well for many nights.

For the physician, the issue in the front of his/her mind is the patient and what he/she could have done differently. It is also extremely embarrassing, and although discussing it with colleagues or family would help reduce stress, we usually keep it bottled up inside initially and figure out the facts before opening up to anyone. We go through seminars on the "anatomy of a lawsuit" but until it is you, you do not truly understand what is going to happen and how long it will take to finish.

It may be years from the time the physician becomes aware of the lawsuit to the date of the examination before trial (EBT). There may be multiple preparatory meetings with an attorney before the EBT, usually after hours so as not to disrupt a busy medical practice. The day of the EBT can be extremely stressful. A case can never be won by the physician during an EBT, but it can certainly be lost. Even in cases where the physician truly was an innocent bystander, the EBT is important and should never be treated nonchalantly.

Once all of the information gathering has been performed and all the parties deposed, the lawyers and judges go back and forth trying to find a settlement because going to trial is very expensive for both the plaintiff's attorney and the defendant's insurance company. Reaching the point of the case going to trial is usually due to one of three scenarios: (1) the physician refuses to settle, (2) the malpractice carrier refuses to settle, or (3) the settlement offer from the carrier and the plaintiff attorneys' demand are too far apart.

(Continued on page 13)



MARSHAL PERIS, MD
President, WCMS

INSIDE THIS ISSUE

| | |
|-------------------------------------|----|
| From the Editor..... | 2 |
| Business of Medicine..... | 4 |
| Letter to the Editor..... | 6 |
| DOH Update..... | 7 |
| Healthy Recipe of the Month..... | 8 |
| Collective Negotiation Article..... | 9 |
| NYACP MOC Sessions..... | 11 |
| 'BSN in 10' Law..... | 12 |
| Classified Ad..... | 13 |

UPCOMING EVENTS

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

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
333 Westchester Ave., Suite LN01
White Plains, NY 10604
914.967.9100 / FAX 914.967.9232

PETER J. ACKER, MD
Editor

OFFICERS

MARSHAL PERIS, MD
President

OMAR SYED, MD
President-elect

DANIEL GOLD, MD
Vice President

GINO C. BOTTINO, MD
Immediate Past President

HOWARD S. YUDIN, MD
Treasurer

ELAINE HEALY, MD
Secretary

JOSEPH TARTAGLIA, MD
President
Westchester Academy of Medicine

STAFF

JANINE MILLER
Executive Director

Kalli Voulgaris
Membership/CME Director

RHONDA NATHAN
Accounting

Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.

FROM THE EDITOR...**PETER J. ACKER, MD****THE MIDWIFE—A MOVIE REVIEW**

Readers of this column may remember that I have occasionally written about movies that have some sort of connection with medicine. There is no question that medicine contains all the elements of compelling cinema: drama, humanity, intricate narratives and at times larger than life personalities.

The Midwife (Sage Femme is the French title which literally means wise woman – an old term for a midwife) which stars two stalwarts of French cinema, Catherine Deneuve and Catherine Frot, depicts a stolid, dedicated midwife (Frot) whose abstemious and ordered life is invaded by the boozy reappearance of a woman (Deneuve) from her distant past. The early scenes: show very realistic scenes a midwife plying her trade, newborns in all their messy glory placed pell-mell on the chests of their mothers seconds after joyful extraction. She is clearly devoted to her work. Indeed her life is consumed by it and the twin joys depicted on the faces of the midwife and the mother clearly show the emotional connection that she brings to her profession. Her life becomes upended by two events: 1. The hostile takeover of her small clinic by a large impersonal conglomerate (sound familiar?) and 2. The reappearance of the Deneuve character who thirty years before was the mistress of the midwife's father before deserting both of them (the midwife was a child at that point). She is the exact opposite of the widwife. The tension plays in fascinating cinematic detail and the denouement is artfully portrayed.

I recommend this film highly. It is a compelling depiction of one slice of French medicine and how it is changing that parallels those occurring in America.

**WCMS Board Meeting Schedule****2017-2018****February 8****March 8****April 19****May 10**

What is WealthCare?



Too often many folks neglect their physical health and seek their physician's assistance too late. Our team has found that many successful, busy professionals do the same with their financial health. **Mitchell WealthCare** can help create a plan to improve your financial health so you can ultimately live life on your terms. Achieving true financial fitness allows you to spend your time doing what you love.

**For some of life's questions, you're not alone.
Together, we can find an answer.**

Barry P. Mitchell Jr., CRPC®, CRPS®
Managing Director—Wealth Management
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
White Plains, NY 10604
914-287-6074

ubs.com/team/themitchellgroup



THE BUSINESS OF MEDICINE END GAME

Rick Weinstein, MD, MBA

Director of Westchester Sport & Spine @ White Plains Hospital Center

A hot topic in medicine for the past 2 years has been quality over quantity. However, this is actually a fallacy. Quantity is extremely important as, of course, is quality. If you see 8 patients per day in the office and provide the absolute best care obtaining all the metrics being forced upon you, your practice will not survive. You will not bring in enough income to cover your overhead. Our goal as physicians is to make patients happy, treat their medical condition and to do what is medically and ethically appropriate. However, you must always remember that you are in business as well and need to bring in enough income to support that business. This is a balancing act and when you feel rushed or pressured not only will patients be unhappy, but you will become burned out.

I see many doctors' notes that are electronically generated endless dribble that serve no purpose but to satisfy some insurance company's administrative requirements to get paid. Who are the notes really for? The notes are for the treating physician to recall the patient's history, what was done and observed, and what the plan is. Yes, the notes do have secondary purposes to be reviewed by other doctors or health care providers who may also see the patient. The notes can help keep us out of trouble when lawyers or insurance companies need to review them. But keep in mind the notes you write are primarily for you the treating doctor. We cannot forget this.

When I was in soccer camp at Adelphi as a 13-year-old, I learned a valuable lesson. The first day we had to complete an obstacle course that involved dribbling around cones, juggling a ball 10 times, sprinting to the 18-yard line and then scoring a goal. If you missed a cone there was a 3 second penalty and if you could not juggle the ball 10 times, there was a 10 second penalty. If you missed the goal it was a 30 second penalty. The object of this contest was to see

how good you were at various soccer skills including ball handling and speed. Well, I put myself last in the line. After watching everyone else getting times around 1 minute completing the course it was my turn. I sprinted to the 18-yard line and scored the goal. I bypassed all the cones and juggling. The coaches calculated my time and even with all the penalties I easily beat all the other kids. The coaches were pissed and made me do the course the "right way" and this time I did not win.

When CMS required doctors and hospitals to document what they called meaningful use (affectionally termed by others meaningless abuse) to avoid a 1% penalty, everyone jumped to change how they were working. Doctors' offices and hospitals paid much more to comply with the new "requirements" never calculating that the penalty would cost much less than compliance. From an economic standpoint, the government could only benefit from the penalties by not paying us as much. Doctors and hospitals could at best not lose money. However, jumping through all the hoops required is not only a large financial investment but also a large cost to our most valuable asset - our time. It would require more work and worst of all was not proven to benefit the patients at all.

It is important to evaluate what is being requested of you by the payors. Make decisions based on what is best for your patients, for you, and for your business. Do not change your practice until you decide that this is the right move. You should do a cost analysis and ROI (return on investment) to make an intelligent decision. Just because you are told to do something don't be sure it is the right thing until you do a thorough evaluation.

Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.





High quality and affordable plan options

Medicare Advantage Prescription Drug Plans

For those with Medicare and those with both Medicare and Medicaid

Plan options and access to a large network of providers and hospitals

Managed Long Term Care Plans

Health and long term services at home or in the community for those who are chronically ill or disabled

Personal care manager to help you coordinate your benefits

A WELL-MADE
PLAN
A WELL-MADE
CHOICE

Contact us for eligibility and enrollment

info@agewellnewyork.com | agewellnewyork.com

We're here for your call.

Toll Free 1.866.586.8044 | TTY/TDD 1.800.662.1220



AgeWell New York, LLC is a HMO plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in AgeWell New York, LLC depends on contract renewal. This plan is available to anyone who has both Medical Assistance from the State and Medicare. This information is available for free in other languages. Please call customer service at 1-866-586-8044 or TTY 1-800-662-1220 seven days a week from 8:00 am to 8:00 pm Eastern Time or visit www.agewellnewyork.com. AgeWell New York complies with applicable Federal civil rights laws and does not discriminate on the basis of races, color, national origin, age, disability, or sex. AgeWell New York cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. AgeWell New York 遵守適用的聯邦民權法律規定, 不因種族、膚色、民族血統、年齡、殘障或 別而歧視任何人。ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-586-8044 (TTY: 1-800-662-1220). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-586-8044 (TTY: 1-800-662-1220). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-586-8044 (TTY: 1-800-662-1220)。

H4922_AS_4002 Accepted 09062016



Don't Lose Valuable Hours to EMR Data Entry.

Our solution



- We are currently interfaced with over 25 EMRs and can customize to most any EMR *FREE of CHARGE*.
- All services provided by in-house, certified medical transcriptionists. No outsourcing or subcontracting.
- HIPAA compliant, multi-tier quality assurance system guarantees accuracy.
- More than 250 medical practices and hospitals use our services.

Email us at sales@datamatrixtech.com or give us a call at 914-948-9065

333 Westchester Ave. Suite S207 • White Plains, NY 10604

Letter to the Editor:

To the editor:

Rick Weinstein makes excellent points in his editorial against a Medicare for all proposal (*Westchester Physician* October 2017). I would take issue though with one of his comments. He stated that "...socialized medicine will be bad for everyone..." I think it is important to realize that there are a great number of uninsured Americans. Research has shown that while well-insured Americans with cancer live longer than their Canadian counterparts, the uninsured (and those on Medicaid) do worse than Canadians. So while I agree with Rick's conclusions, I think we should remember that our health system does not serve everyone well. I strenuously oppose single payer, and I also work to expand our health system so that all Americans can have excellent care.

Scott Breibart, M.D., M.B.A.

\$50 for your old phones

Trade in your old phones for \$50* each when you buy a new VoIP system from Callifi, the experts in medical telephone service and support.



- Cisco top-of-the-line VoIP phones
- Voicemail to email
- Fax to email
- Built in redundancy
- Equipment repair service included
- Warranty for the life of the system

1-888-49-CALLIFI ▪ callifi.com



*Based on buying a new system with same number or more of traded in phones.

Free consultation ▪ Free estimate ▪ Free delivery ▪ Free installation



Department of Health

ANDREW M. CUOMO
Governor

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

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

New Values have been added to the NCPDP Submission Clarification Field for Long Term Care Pharmacy Providers to Report Short Cycle Billing

Effective December 21, 2017, the Department of Health intends to implement system enhancements to improve the submission of Medicaid FFS pharmacy claims for Long Term Care (LTC) pharmacy providers by the addition of supplementary Submission Clarification Codes in field 420-DK. This aligns with federal requirements for short cycle dispensing, which are intended to reduce wasteful dispensing of outpatient prescription drugs in LTC facilities.

When this system enhancement is implemented, LTC pharmacy providers should indicate via an appropriate submission clarification code, when they are submitting claims for medications with short days' supply. Additionally, values 22-35 will have a prorated dispensing fee applied. **The Department will provide a follow up/confirmation notice just prior to the implementation. Likewise, a notice will be sent if the implementation date changes.**

The following list of values reported in field 420-DK will now be available for claim submission for LTC pharmacy providers:

| Valid Values | Short Name Description | Long Name Description |
|--------------|------------------------|--|
| 21 | LTC14DAYLS | 14 DAYS OR LESS (is not applicable due to CMS exclusion and/or manufacturer packaging may not be broken or special dispensing methodology (i.e. leave of absence, ebox, splitter dose). Medication quantities are dispensed as billed. |
| 22 | LTC7DAY | 7 DAY SUPPLY |
| 23 | LTC4DAY | 4 DAY SUPPLY |
| 24 | LTC3DAY | 3 DAY SUPPLY |
| 25 | LTC2DAY | 2 DAY SUPPLY |
| 26 | LTC1DAY | 1 DAY SUPPLY (pharmacy or remote (multiple shifts) dispenses medication in 1 day supplies |
| 27 | LTC43DAY | 4 THEN 3 DAY SUPPLY |
| 28 | LTC223DAY | 2 THEN 2 THEN 3 DAY SUPPLY |
| 29 | LTCDAILY3D | DAILY AND 3 DAY WEEKEND (pharmacy or remote dispensed daily during the week and combines multiple days dispensing for weekends) |
| 30 | LTCSHIFT | PER SHIFT DISPENSING |
| 31 | LTCMED | PER MED PASS DISPENSING |
| 32 | LTCPRN | PRN ON DEMAND |
| 33 | LTC7ORLES | 7 DAYS OR LESS (cycle not otherwise represented) |
| 34 | LTC14DAY | 14 DAY DISPENSING |
| 35 | LTC814DAY | 8-14 DAYS DISPENSING (cycle not otherwise represented) |
| 36 | LTCOUT | OUTSIDE SHORT CYCLE (Claim was originally submitted to a payer other than Medicare Part D and was subsequently determined to be Part D) |

The Department will review claims post go-live to ensure compliance to our policy.

Contact the eMedNY Call Center at (800) 343-9000 for questions regarding claim submission for short cycle billing or any billing issue.

January's Healthy Recipe:

Turkey Zucchini Meatloaf with Apricot Dijon Glaze

Epicurious.com



Ingredients:

Meatloaf:

- 1 1/4 pounds ground turkey
- 1 cup coarsely grated zucchini
- 3/4 cup finely chopped onion
- 1/2 cup dry seasoned breadcrumbs
- 1/4 cup chopped fresh parsley
- 1 large egg
- 1 teaspoon salt
- 1/2 teaspoon ground black pepper
- 1/2 teaspoon garlic powder

Glaze:

- 1/4 cup apricot (or peach) preserves
- 4 teaspoons Dijon mustard

Preparation:

Preheat oven to 350°F. Combine first 9 ingredients in large bowl and mix well. Shape mixture on rimmed baking sheet into 8 x 4 x 2-inch loaf. Bake meat loaf 45 minutes. Remove from oven. Stir preserves and mustard in small bowl to blend. Spread glaze over topmeat loaf. Return to oven; bake until thermometer inserted into center registers 165°F, about 20 minutes longer.

Transfer meat loaf to platter. Cut crosswise into slices and serve.

This is a great weeknight recipe full of flavor. It takes one of our most beloved comfort foods and kicks is up a notch while maintaining a healthy nutritional value. This can be served with roasted vegetables, mashed cauliflower, or roasted sweet potatoes, but it is plenty filling on its own.

Nutrition Information:

| | CALORIES | CARBS | FAT | PROTEIN | SODIUM | SUGAR |
|---------------------|--------------|-----------|-----------|------------|--------------|-----------|
| Total: | 1,318 | 86 | 51 | 126 | 1,236 | 38 |
| Per Serving: | 165 | 11 | 6 | 16 | 155 | 5 |

DOCTORS DESERVE THE RIGHT TO COLLECTIVELY NEGOTIATE

Joseph Tartaglia, MD, President WAM

Marshal Peris, MD, President WCMS

Are you concerned about the availability of physicians in your community? You should be.

A recent report from the Healthcare Association of New York State noted that [86% of upstate hospitals] [57% of hospitals across the State] indicated that there are times when they have to transfer patients from their emergency departments because of insufficient specialty care availability. Over 70% of hospitals noted their lack of primary care capacity.

New York State is notorious for its hostility to doctors. With its exorbitant liability costs, practice mandates, high overhead costs, and low reimbursement for patient care delivery, New York recently received the dubious distinction from WalletHub as being the worst state in the entire country to be a physician.

No wonder New York States loses more than half the medical residents we pay to train to other states with more favorable practice climates. We used to retain a much higher percentage of these residents. The average medical student has \$189,000 in debt on graduation.

Thankfully, legislation has been introduced by Senator Kemp Hannon and Assemblymember Richard Gottfried to help reverse these disturbing trends. It would encourage physicians to remain in communities across New York State by permitting them to negotiate collectively with health insurers, especially in regions of the State where certain insurers have a dominant market share.

At first glance it might seem this would increase overall healthcare costs, however, many of these professionals provide services at a significantly lower cost and with much more efficiency than larger institutions, but because of inability to collectively negotiate many are paid below cost of doing business and to survive are folding their practice merging into hospitals. According to Crain's only 7% of primary care physicians owned a stake in a single-specialty practice down from 12% in 2012.

Such joint negotiations are now strictly prohibited by law. The Hannon-Gottfried bill would allow these negotiations to occur on a limited basis, provided that the negotiations are closely monitored by the State to assure the outcome is in the public's best interests.

Collective negotiation rights would be the first big step in pushing back against the huge administrative barriers imposed by health insurers that interfere with patient care. For example, a recent study by Milliman noted that insurers' (over)use of burdensome prior authorization and step therapy requirements for many prescription medications nearly doubled in New York State between 2010 and 2015.

And a recent Annals of Internal Medicine study reported, astoundingly, that physicians spend two hours on administrative work for every hour spent with a patient.

Moreover, collective negotiation rights would help to assure that our patients have a much broader choice of physicians in their insurance networks. Many patient's enjoy the personalized service of a small practice and are loath to give up knowing their personal physician who they see in the office and in the hospital and whom they can speak to on most occasions. Many of these practices as a direct result of shrinking reimbursements are becoming "concierge practices" where to survive they see very few patients for an extra fee.

Over 25% of physicians responding to a MSSNY survey noted that, in the past 2 years, they were completely dropped from an insurer's network; of greatest concern, nearly 80% of physicians reported situations where their patients could not receive care promptly because the insurer lacked an adequate network of physicians.

We are often powerless to challenge insurers when we have been unceremoniously dropped from a health insurer's network, ignoring the obvious hardship to patients who want to stay with their preferred physician. In these cases, although the patients are covered by an insurer, they have no rights either.

Physicians must be given a realistic opportunity to negotiate these patient care delivery terms with insurers. The Hannon-Gottfried legislation is a good start. We urge the Senate, Assembly and the Governor to work together to enact this measure into law.

New York residents deserve to have comprehensive health care options available for them in their own communities.

Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.



Allstate.

ALWAYS IN YOUR CORNER

▶ **Don Dietrich**
Call Toll Free: 1-866-996-4242
Nyack, NY

GW

GARFUNKEL WILD, P.C. ATTORNEYS AT LAW

General Counsel to THE WESTCHESTER COUNTY MEDICAL SOCIETY



Garfunkel Wild attorneys can advise and represent you in matters including:

- OPMC
- compliance issues
- employment disputes
- real estate leases and purchases
- wills and estate planning
- corporate transactions
- litigation and arbitrations
- audits and investigations
- payor disputes

Great Neck, NY
516.393.2200

Hackensack, NJ
201.883.1030

Stamford, CT
203.316.0483

Albany, NY
518.242.7582

garfunkelwild.com



Winter-Spring 2018 NYACP Hosts MOC Learning Sessions



Earn up to 10 ABIM MOC points and 10 CME Credits™ per topic!

NYACP is hosting Maintenance of Certification (MOC) Learning Sessions at four locations throughout New York

Please select which session(s) you plan to attend by checking the boxes below.

| | |
|---|---|
| <p>Saturday, January 20</p> <p>Fishkill: Ramada Conference Center • 542 Route 9 • Fishkill, NY 12524 Registration begins at 7:30am</p> <p><input type="checkbox"/> 2017 Update in Hospice & Palliative Medicine - 8:00am -10:00am <i>Daniel Pomerantz, MD, FACP</i></p> <p><input type="checkbox"/> 2017 Update in Geriatric Medicine - 10:30am - 12:30pm <i>T.S. Dharmarajan, MD, MACP</i></p> | <p>Saturday, February 3</p> <p>Bronx: St. Barnabas Hospital Auditorium • 4422 Third Ave • Bronx, NY 10457 Registration begins at 7:30am</p> <p><input type="checkbox"/> 2017 Update in Hospital Medicine - 8:00am -10:00am <i>Jitendra Barmecha, MD, FACP</i></p> <p><input type="checkbox"/> 2017 Update in Hospice & Palliative Medicine - 10:30am -12:30pm <i>Daniel Pomerantz, MD, FACP</i></p> |
| <p>Wednesday, March 7</p> <p>Staten Island: Regina M. McGinn, MD Medical Education Center 475 Seaview Avenue • Staten Island, NY 10305 • Registration begins at 6:00pm</p> <p><input type="checkbox"/> 2017 Update in Geriatric Medicine - 6:30pm -8:30pm <i>Donna Seminara, MD, FACP</i> <i>Anita Szerszen, MD, FACP</i></p> | <p>Saturday, March 31</p> <p>Buffalo: Buffalo Garden Hilton • 4201 Genesee St • Buffalo, NY 14225 Registration begins at 7:30am</p> <p><input type="checkbox"/> 2017 Update in Internal Medicine - 8:00am -10:00am <i>Ed Stehlik, MD, MACP</i></p> <p><input type="checkbox"/> 2017 Update in Geriatric Medicine - 10:30am - 12:30pm <i>Leslie Algase, MD, FACP</i></p> |

ADVANCE REGISTRATION IS REQUIRED - Complete and return the following information:

Name: _____ ACP Member - ID # _____

Office Address: _____ City: _____ Zip: _____

Office Phone: _____ Fax: _____ Email: _____

Registration Fees

| | |
|--|--|
| <p>Jan 20 ACP Members: <input type="checkbox"/> 1 Session \$125 <input type="checkbox"/> 2 Sessions \$200 Non-ACP Members: <input type="checkbox"/> 1 Session \$175 <input type="checkbox"/> 2 Sessions \$300</p> | <p>Feb 3 ACP Members: <input type="checkbox"/> 1 Session \$125 <input type="checkbox"/> 2 Sessions \$200 Non-ACP Members: <input type="checkbox"/> 1 Session \$175 <input type="checkbox"/> 2 Sessions \$300</p> |
| <p>Mar 7 ACP Members: <input type="checkbox"/> 1 Session \$125 Non-ACP Members: <input type="checkbox"/> 1 Session \$175</p> | <p>Mar 31 ACP Members: <input type="checkbox"/> 1 Session \$125 <input type="checkbox"/> 2 Sessions \$200 Non-ACP Members: <input type="checkbox"/> 1 Session \$175 <input type="checkbox"/> 2 Sessions \$300</p> |

Payment Method Visa Mastercard American Express Discover Check - Payable to New York Chapter ACP • 744 Broadway • Albany, NY • 12207

Name on Card _____ Credit Card # _____ Expiration Date _____ V Code # _____

Billing Address (if different than mailing address) _____ Signature _____

MOC Credit: You can earn **10 MOC points** for **EACH** MOC Learning Session that you attend.

CME Credit per session: The Perelman School of Medicine at the University of Pennsylvania designates this activity for a maximum of **10 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. You will receive instructions for CME Credit on-site.

FAX REGISTRATION FORM & PAYMENT INFORMATION TO: (518) 427-1991 • REGISTER ONLINE AT WWW.NYACP.ORG
FOR QUESTIONS OR RESERVATIONS BY PHONE CALL: (518) 427-0366

'BSN IN 10' BECOMES LAW IN NEW YORK

Jennifer Thew, RN
Senior Editor, Nursing
Originally published on Healthleadersmedia.com

EMPIRE STATE BECOMES FIRST IN THE NATION TO REQUIRE THAT NURSES OBTAIN A BACHELOR'S DEGREE.

New York State starts the new year with a newly passed nursing law. Governor Andrew Cuomo last month signed into [law](#) a bill that requires new nurses to earn a bachelor's degree within 10 years of initial licensure.

The legislation takes effect immediately though the requirement that nurses obtain a baccalaureate degree or higher within 10 years of licensure begins in 30 months.

The new education requirement does not affect nurses already in practice.

There has been a push toward this legislation, commonly known as "BSN in 10," for years, but its passage makes New York the first state to pass this type of law.

BSN-PREPARATION AFFECTS PATIENT OUTCOMES

Research, particularly that by [Linda H. Aiken, PhD, FAAN, FRCN](#), of the University of Pennsylvania School of Nursing, has shown that having more nurses with bachelor's degrees improves patient outcomes. For example, her [research](#) has found that for each 10% increase in nurses with BSN degrees, there was a 5% decline in risk-adjusted patient mortality.

Additionally, when it released the 2010 report, [The Future of Nursing: Leading Change, Advancing Health](#), the Institute of Medicine (now the [National Academy of Medicine](#)) recommended 80% nurses should have at least a BSN by 2020 (though new [research](#) has found that while progress is being made, this goal will not likely be reached within the next two years).

In a news release, [Eileen Sullivan-Marx, PhD, RN, FAAN](#), dean of New York University's [Rory Meyers College of Nursing](#), says she is pleased about the bill's passage.

"NYU has been a strong supporter of "BS in 10" legislation, given its implications for improving patient care. Research shows that patients benefit

from baccalaureate-prepared nurses—in fact, several large studies show that it saves lives. Earning bachelor's degrees also creates opportunities for career mobility and leadership among all nurses," she says.

Kimberly Sharpe, RN, MSN, president of the [Council for Associate Degree Nursing in New York State, Inc.](#), says the law will help facilitate education progression among nurses.

"The Council supports the BS in 10 law. We believe it recognizes and values the contributions of associate degree graduates. We as educators have always encouraged our graduates to continue their education to the BSN degree and beyond," she says in a news release. "This law further expands the strengths of our graduates to meet the increasingly complex healthcare needs of the citizens of New York State. The Council is confident that associate degree nursing programs in New York State will continue to provide high-quality curricula that successfully prepare a diverse pool of graduates for both entry to professional RN practice and seamless academic progression."

NURSE EXECUTIVES SUPPORTIVE OF LAW

Those in education are not the only ones supportive of the new law. Nurse executives also issued favorable statements about the move to BSN in 10.

"As nurse leaders, we support advancing registered nurse education to improve the health of our communities throughout the state. Residents will be better cared for in their homes, expensive hospitalizations can be avoided, and—as validated by research—health outcomes will improve," say Ann Harrington, MPA, BSN, BA, RN, NEA-BC, executive director of the [New York Organization of Nursing Executives and Leaders](#), and Joanne Ritter-Teitel, PhD, RN, NEA-BC, president of the organization in a press release. "Registered Nurses will have the same academic credentials whether they practice in homes, hospitals, nursing homes or other settings where care is provided. And baccalaureate preparation will ensure that RNs are able to move into nursing faculty, nurse practitioner and administrative positions to continue to advance the profession."

In addition, the bill establishes a temporary commission to evaluate and report on barriers to entry into the nursing profession and make recommendations on increasing availability and accessibility of nursing programs.



PRESIDENT'S MESSAGE

PAWNS IN THE GAME OF MEDICAL LIABILITY

(Continued from page 1)

While settling a case feels like caving in, even in the case of no wrongdoing or being an innocent bystander, it is much less stressful than going to trial and risking a jury settlement against you. A trial can be one of the most trying and anxiety producing periods in a physician's life. Opening arguments by the plaintiff's attorney can seem to render you the worst physician of all time, completely negligent and incompetent. Expert witnesses may bend the truth to enhance the plaintiff's case all in the name of money and not in the name of justice. The physician must put his practice on hold for a number of weeks in most cases adding loss of income to the stress and embarrassment. Closing arguments and the jury deliberation add to the anxiety. Of course a win in a trial can be better than winning the Super Bowl or the Stanley Cup, but at the end, win or lose, the majority of the time, the physician is just concerned about the patient.

Taking a step back and looking at the big picture of the lawsuit industry, isn't the physician merely a pawn in the game? The amount of money being earned and at stake via lawsuits is staggering. The plaintiff's lawyer is taking a case on contingency with the knowledge that most lawsuits are settled. The defense attorneys are paid for many hours of grueling work, research, and preparation time. The malpractice carrier or risk retention group is charging huge premiums and surcharges and is trying to pay out as little as possible. For all the other players in the game, this is their career and they go home every night with no more stress than usual, while the physician is left to deal with embarrassment, loss of income, and anxiety. Even with a victory, the doctor stands to gain nothing financially.

So I leave you with this thought. Why in the world would all physicians not band together to help draft legislation to limit our liability and create a better system? The plaintiff lawyers are not our friends, but they are former classmates and colleagues with all of our legislators. We must truly stick together to continue to push for liability limits and faster justice for patients that are truly injured. Any further changes in the healthcare

laws must include liability reform. Lastly, please take out your checkbooks and donate generously to political action committees (PACs) that push our state and federal government for liability reform. Happy New Year to all! Let 2018 be the start of change for the better.



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

Save the Date

MSSNY Legislative Day

Wednesday, March 7, 2018

Albany, NY

Please consider joining us as we head up to Albany to meet with our legislators to discuss the important issues affecting physicians in New York State.

This is a great opportunity to have your voice heard!

**Please contact Janine Miller
jmiller@wcms.org if you plan to attend..**



MLMIC STANDS BEHIND YOU

Choosing medical liability insurance is about trust. Knowing that you have the resources, guidance and expertise to support you...today and tomorrow. So, at a time when others are struggling, MLMIC stands strong, and you can count on this:

Commitment to responsible pricing *at cost*, with a history of providing dividends

Unparalleled claims, risk management and legal services

The experience and expertise of the largest malpractice carrier in New York State

GET A QUOTE TODAY.

visit
MLMIC.com

Put your trust in MLMIC.
Visit MLMIC.com/physician
or call (888) 996-1183 today.



Proudly endorsed by more than 60 state, county medical and specialty societies

