WESTCHESTER PHYSICIAN

September 2018 **Volume 34, Issue 8**

PRESIDENT'S MESSAGE

TRUST

I recently had to take a patient with a large cerebral hemorrhage for emergent surgery. Given his clinical state, I met with his family who gave consent and shortly thereafter I was taking their loved one to the operating room for "life-saving surgery." I was particularly moved after my interaction with this family, struck by their kindness and the look on their faces, and by the fact that I was there in the ER thrust upon them on what was supposed to be a day like any other. I knew I was on call and may be going to the hospital that day; they did not know they would be there too. In this case, I had only a short time to try to get this family to trust that this doctor who was on the call schedule for this hospital on this day cared and knew what he was doing.

Fortunately, I usually have more time in a calmer setting to build the trust that the physician-patient relationship is based on. I like to meet with patients more than once (if not many times!) before surgery in order to establish rapport and a relationship with that patient and family. This time communication is key to engendering trust. This allows for true *informed* consent when a patient signs a paper acknowledging that he or she knows "the indications, risks, benefits, and alternatives to surgery," and that "all questions were answered." Experiences from the "other" side of medicine as a family member have also made it clear that a doctor that does not have a pleasant manner, does not take the time to communicate, or seems bothered by questions, is not one that comes across as trustworthy, as brilliant as he or she may be.

"Try your best," that is something I find myself saying to my young son and I have a good sense of when he is doing so. Patients also expect us to try our best and when they trust that we are doing so, they can be understanding even when things

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OMAR SYED, MD
President, WCMS

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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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FROM THE EDITOR…

PETER J. ACKER, MD

WORKING IN THE DARK

Note: This is a column I wrote 15 years ago many power outages ago.

I confess I am not writing this longhand by candlelight, having a much more forgiving deadline than professional journalists. I was planning to write something on Thursday, the day of the blackout, having wielded and coaxed an extension from Carol Greene, our director of communications (who by the way, we welcome back from a three month hiatus recovering from surgery). My problem was that being the dog days of summer, my thoughts were preoccupied with vacations and getting out of the office a bit early on nice days and I just was having trouble shaking my lassitude in order to sit a write my column. Finally I resolved, tonight's the night. Then the lights went out, which solved my problem in an instant: first presto an extension and second I now had something to write about. After all virtually every syndicated journalist wrote something about the power outage, usually starting out with the difficulties of getting it down without computers, lights, etc. None of that for me. I waited calmly for the lights to come back on and then sat down to write and here follows one physician's experience and musings during the great blackout of 03.

I was in my office at 4:11 when everything shut down and of course once we had determined that this was not just local, the specter of terrorism dominated our thoughts. There seemed little we could do but push all that out of our minds and just keep working and we did a brisk business for the next two hours. At six my last appointment of the day came which was a scheduled hour long conference with parents and their son about school difficulties. At 7, I headed home and finally my fears of that this was terror were assuaged by reports on the car radio.

I was happy to get home, but felt unsettled and vaguely uneasy. The kids I knew were fine, but my wife was in Queens and I couldn't get her on the phone. I decided my first priority was of course dinner. I emptied the freezer of various frozen foods, and placed all of it in the barbecue grill, closing the cover to create an outdoor over. Just then my neighbor with the generator stopped by to gloat. He did at least hand over an ice cold beer and I completely forgot about the food on the grill. Next in rapid sequence I with a start noticed thick black smoke emanating the grill and right afterward my wife arrived home safe, but hopping mad as she discovered me covered with black sot putting out the grease fire. Oh well, peanut butter is quite nutritious. We somehow muddled through the rest of the evening and unlike many in NYC, we woke up to find power restored.

(Continued on page 7)

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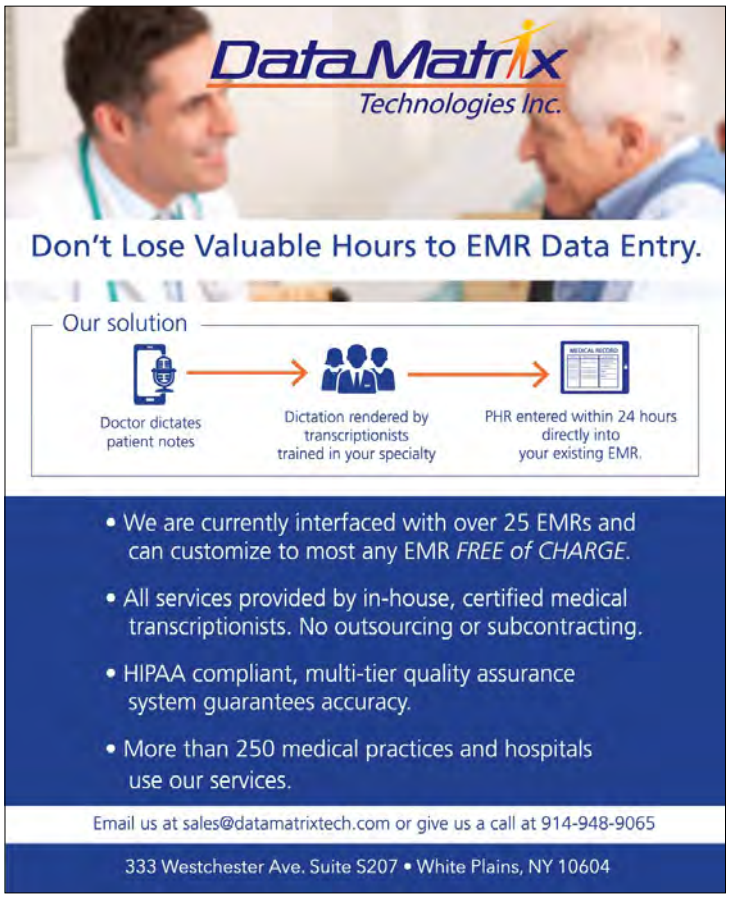
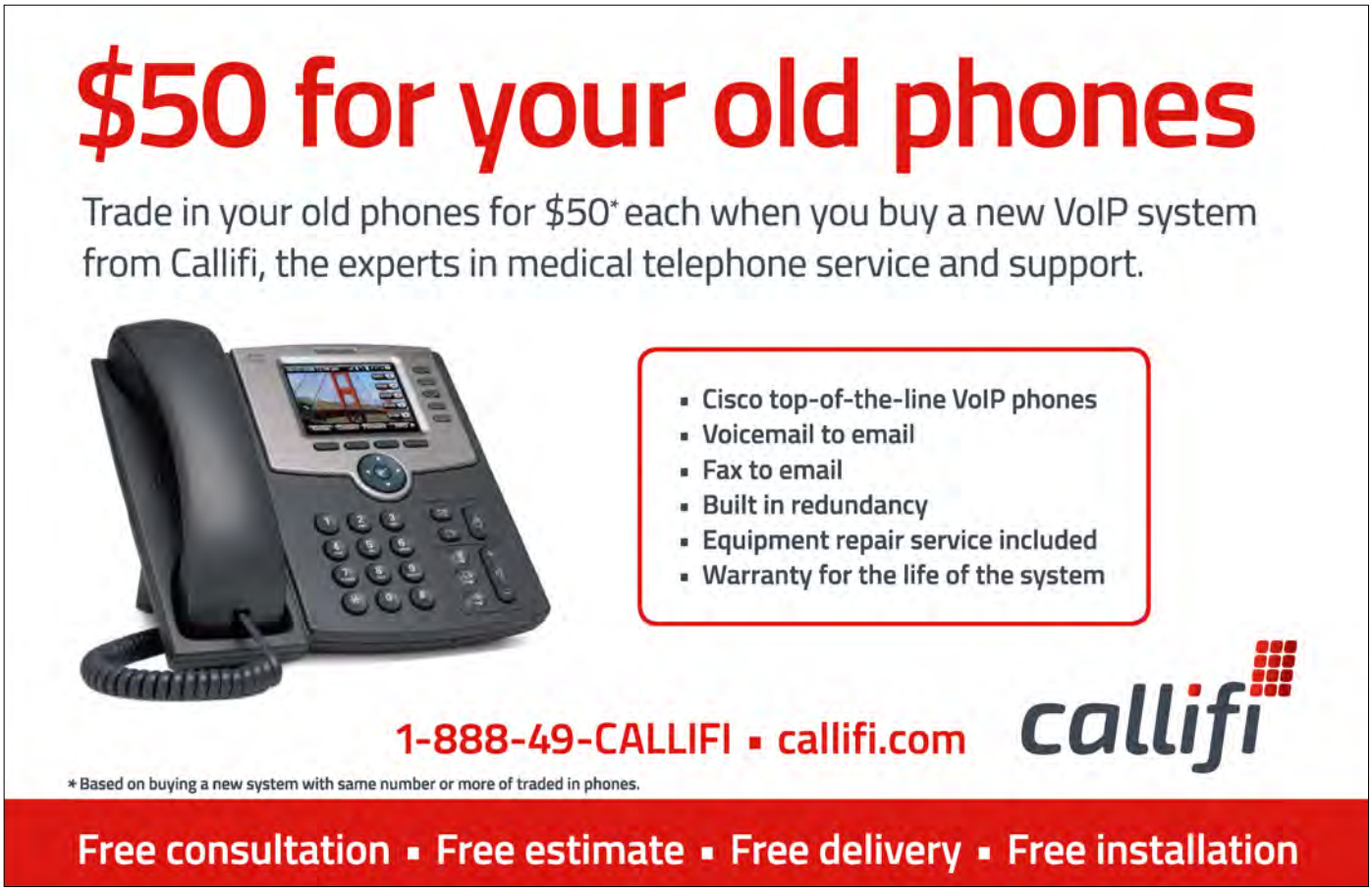
manhattanmd.com





THE BUSINESS OF MEDICINE
THE LONELY DOCTOR

Rick Weinstein, MD, MBA

Director of Westchester Sport & Spine @ White Plains Hospital Center

Doctors are intrinsically isolationists. We study for the most part alone and compete with our fellow students in high school, college and medical school. We believe we need to do better than the person next to us to get the residency or job we want. Once we are in practice we feel like we are competing with the doctors around us for patients. Many doctors never learn to work with others. We have been programmed to put our heads down and grind through our days seeing our patients. If you don't look up you will be walking on pirate's plank to your death and not even know it until you have drowned.

However, the best doctors are the ones who know what is going on outside of their practices.

Doctors lounges are barely used except to use the EMR at work stations. Previously, industry-sponsored dinners were a place to meet with other doctors and discuss strategies used in each other's practices and improve how we practice. Those dinners are nearly gone and poorly attended because we feel there is not enough time to be social with our crazy daily schedules. I suggest bringing back the industry-sponsored dinners.

In business school you learn in order to be successful on projects you need to work with others. It's is true that rising tides help all boats. In your practice and in the business of medicine, you need to learn and teach the other practices what is working and not working in your practice.

It is important to know the doctors you work with. It is also important to know who you send patients to or who sends you patients. When you have a pressing question about one of your patients or even a personal issue it is best to call the other doctor on his/her cell and have a real conversation. Organize dinners and meetings with doctors not just in your practice but in your community. Help your medical staff at your hospital organize social events and attend. Get involved with your local medical society and work together with the other doctors on projects that will improve your professional life.

Although we were taught to compete with each other in our training, in practice we need to think like business people and get our heads out of the sand. Interact with the other doctors in your group and just as importantly interact with doctors in your community. We all have similar problems and others have figured out solutions that will help you. You also have come up with answers to questions that others have. Bring back the collegiality that is disappearing among the medical community.

♦

PRESIDENT'S MESSAGE
TRUST *(Continued from page 1)*

do not turn out as hoped. If you reflect on any of your relationships, communication is likely the cornerstone.

It certainly is with the physician-patient relationship, at all stages and under all circumstances. Patients and their family's trust are based on what and *how* we communicate. Research has shown that in the setting of untoward clinical outcomes, patients and families that pursue medical litigation do so not necessarily for adverse outcome but causes rooted in the breakdown of physician and patient communication and trust. So I am humbled by the trust that patients and families put in me, and I am thankful and grateful for the role that I have in my patients' lives.

♦

How Medical Societies can Save American Medicine

Steven Levine
Originally published on KevinMD.com September 3, 2018

American medicine is in trouble, and the men and women who run our country's medical societies are just the ones to save it.

Think about the trouble, the confusion, the upheaval. Some call it reform. Some call it progress. Some call it just more damn, unnecessary change. Health care is such a politically volatile phrase that it's tough to have a civil conversation about what's working and what isn't. In Texas, "Obamacare" is a four-letter word, a label and a curse politicians use to kill ideas they don't like.

Everyone's telling our doctors what to do: Government agencies and insurance companies and big hospitals and big pharma.

Patients are paying more and getting less — except they're getting more fine print and more denials and more runarounds and more bills. They want their medical care fast and convenient and cheap. And they're right. We need more well care and less sick care. We need less spending and fewer bills. We can't afford to take off a whole day to sit for hours in the waiting room with a feverish child.

American medicine needs and is heading toward a big disruption. It's up to America's medical societies to make sure that disruption is good not just for some antiseptic Silicon Valley corporation. It's up to us to make sure that disruption is good for patients and for the physicians who care for them.

Disruptions are already rattling the foundations of our health care system. For example, the number of retail health clinics in this country grew by 445 percent from 2006 to 2014. It's not surprising. Overhead is low. They're open late. And the insurance companies and pharmacy chains reap all the profits.

If Uber and Lyft can disrupt transportation, if Warby Parker can disrupt eyeglasses, if Amazon can disrupt bookstores and then a whole lot more, lots of folks are going to continue to try to really shake up medicine. That's going to happen — but medical societies need to make sure it happens right.

Disruptors rarely care about the destruction they leave in their wake. Aaron Montgomery Ward and Richard Sears didn't worry about the general store proprietors who lost business to their newfangled mail-order catalogs. Taxi drivers? They can slap Uber decals on the windows of their private cars — or be left in the dust.

But is that how we want to treat our physicians — with years and years of education and training and expertise?

Plenty of people — especially millennials, government types, and insurance companies — think technology can make our health care system more efficient and effective and affordable. That's probably so. But the so-called automation that's being shoved down our physicians' gullets today is making health care less efficient, less effective, and less affordable.

Physicians despise the electronic health records that take them away from patient care for more than half of their workdays. Now consider this. A recent Texas Medical Association survey found that 78 percent of physicians — men and women with a college degree and a doctoral degree and another three-plus years of specialized training — do their own data entry.

According to payscale.com, the mean hourly pay for data entry clerks in the U.S. this year is $12.52. Jim Madara, MD, the CEO of the American Medical Association, was right when he said, "American physicians have become the most expensive data entry workforce on the face of the planet. What a waste. How frustrating."

Imagine the value medical societies would provide to our physicians if we devised a way to correct that. Imagine the loyalty we would build.

For everyone involved, it comes down to value. The consumers of health care — patients, employers, insurers, and taxpayers — demand value from physicians for their time and their money. Our member physicians demand value, in turn, from their medical societies.

Value, though, is in the eye of the beholder, or the shareholder, or the patient, or the member. Give them what they want — or pay the price.

But can our docs really do that?

Once it was pretty easy. When I was a kid, our pediatrician provided the value my parents expected with a house call and a frigid stethoscope laid on my fevered chest.

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HOW MEDICAL SOCIETIES CAN SAVE AMERICAN MEDICINE
Steven Levine
Originally published on KevinMD.com September 3, 2018 *(Continued from page 6)*

Insurance companies and government agencies today have a different expectation. They call it value-based care.

Our physicians can and should play the central role in setting that value equation. Individually, most of them can't. They don't have the clout to define value in a way that makes sense for their patients' health — and for everyone's money. They don't have the time or the training or the equipment or the capital to redesign their practices so that they always deliver that value and can vouch for it.

That's where medical societies come in. We can, we should, and we often do organize those individual doctors into cohesive blocks that have the clout. Clout to stop the idiocy being imposed on them by elected officials, judges, bureaucrats, bean counters, and hospital administrators who have no idea how a physician's practice can and should run. Clout to bring the physicians' and patients' voices to the forefront of the health care value debate.

Plus, we teach our physicians how best to adjust to those changes. We provide them services that they trust to help them make those changes. We offer them guidance on the changes that are coming next so that they are ready and able to deliver physician-designed, patient-centric, value-based care.

And as medical society executives, that's our challenge. Be relevant. Be authoritative. Be effective.

That's how we provide value that overcomes the obstacles posed by physician employers who have usurped our traditional roles. That's how we overcome obstacles posed by a generation of physicians who seem association-averse. That's how we overcome obstacles posed by hordes of consultants and e-services that are nimble enough to move quickly into the space we have inadvertently abandoned.

If every county, state, and specialty society provides that value consistently, diligently, doggedly, they will come. The members will come. We will no longer have to fight for our survival. We will be the disrupters who blaze a better path for our physicians.

We will be the disruptors who save American medicine.

Steve Levine is vice-president of communication, Texas Medical Association, and president, American Association of Medical Society Executives. This is an adaptation of his installation address, delivered at the AAMSE Annual Conference in July, 2018.

♦

FROM THE EDITOR…
PETER J. ACKER, MD
WORKING IN THE DARK *(Continued from page 2)*

Like most of us I imagine, I was struck just how dependent we are on electric power and how easily flummoxed we become when suddenly deprived. I thought back to my end of the day conference about school problems, which is decidedly low tech medicine not even requiring an overhead light. It occurred to me that the trajectory of my career has veered more and more to counseling; school problems, dealing with chronic disease and how satisfying it has become. Earlier in my career, I used to live for the acute emergencies, ICU care and reveled in the latest technological advances. A lot of good can be accomplished just sitting in a dark room listening and talking. No power required.

I welcome comments. Peter.acker411@gmail.com

♦

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 or 914-967-9100 for more details.

Individual—$400 ◊ Individual plus Hole Sponsorship—$575
Paid Foursome—$1,400 ◊ Paid Foursome plus Hole Sponsorship—$1,575
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

Golf Reservations are Limited—Please RSVP Today!

Westchester Academy of Medicine
2018 Golf Outing & Fundraiser
Thursday, October 4, 2018

Please Email or Fax: jmiller@wcms.org Fax: (914) 967-9232

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Golfers_____ x $400 = $_____ Name_____

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$150 per person/$250 per couple; Amount Enclosed: _____

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MARIJUANA LEGALIZATION DEBATE - THE FORGOTTEN PUBLIC HEALTH PERSPECTIVE

Thomas Lee, MD

Last week, I had the pleasure of attending one of the listening sessions in the Bronx for "regulated marijuana" sponsored by NY State Department of Health. The event was well attended by local politicians, the DA's office, press, marijuana producer (and interested small producers), associated business vendors, criminal justice reform proponents, community activists, and interested general public. DOH published a fact sheet outlining the findings of the Study on Regulating and taxing Marijuana, listing health, economic, and criminal justice realms and the impacts for New York's legalization in neighboring states and jurisdictions. The NY State Legislature and Governor's office have all voiced support for legalization of marijuana, so this was in all reality, a done deal, before the public sessions began. Public speakers at this particular listening session were passionate but generally respectful. The majority of speakers favor marijuana legalization. Their comments focus on criminal justice fairness and smaller grower/vendor rights to grow and market marijuana under regulation yet to be proposed.

Many speakers brought up the disproportionate impact of present and past law enforcement efforts on marijuana possession and use against minorities in certain communities. They also spoke about the discriminatory process or selective enforcement against folks in lower socio-economic strata. While physicians agree with the goal of decriminalizing minor drug offenses and for a fair criminal justice system, the American Medical Association (AMA), the Medical Society of the State of New York (MSSNY) and the absolute majority of medical professionals have grave concerns with broad legalization of marijuana from the public health perspective.

Marijuana is a mind-altering substance, with relatively few objective scientific studies available. One may hear anecdotal reports of benefits of marijuana legalization from legitimate end users or social justice standpoint. These results could be achieved with criminal justice system reform stated below, and comprehensive medical treatment protocol, including possibly medical marijuana, which is already legal in NY. While marijuana offers potential benefits, one must always balance them against intoxication, carcinogenic effects, respiratory illnesses, altered mental status, depression, anxiety, and addiction. We remain in the midst of a nation-wide epidemic of narcotic/opioid dependence, associated catastrophic outcome, and crack down on prescription narcotic painkillers. Ironically, the State of

New York, which spearheaded mandatory electronic prescription for controlled substance (EPCS) and reduced prescription time period/pill counts barely 2 years ago to combat opioid the epidemic, is now seeking to legalize this mind altering substance. This is not an internally consistent nor scientifically sound public health policy. Simply because other states have legalized marijuana and have benefited from increased tax revenue from legalized marijuana sales does not make it the correct policy for New Yorkers. Especially because of the effect on our inner city and rural citizens, where the controlled substance epidemic remains a grave concern.

Many physicians are extremely concerned about the long-term effects of marijuana use, especially legalizing its use without adequate study and authorization/monitoring by the FDA. Recognizing that there could be potential benefits, we very much support additional research into the use of cannabinoid products in the treatment of illness and the relief of pain. The AMA's Council on Science and Public Health developed position statements regarding the use of marijuana, noting that studies which found evidence that cannabis or cannabinoids to have some therapeutic benefits, but also encountering statistical association between cannabis smoking and health harms. Data from jurisdictions such as Colorado which legalized cannabis in 2012 demonstrated unintentional pediatric exposures resulting in increased calls to poison control centers and ED visits, as well as an increase in traffic deaths due to cannabis-related impaired driving. AMA therefore adopted a position that: (1) cannabis is a dangerous drug and a serious public health concern; (2) the sale of cannabis for recreational use should not be legalized; (3) cannabis use should be discouraged, especially by persons vulnerable to the drug's effects and in high-risk populations such as youth, pregnant women, and women

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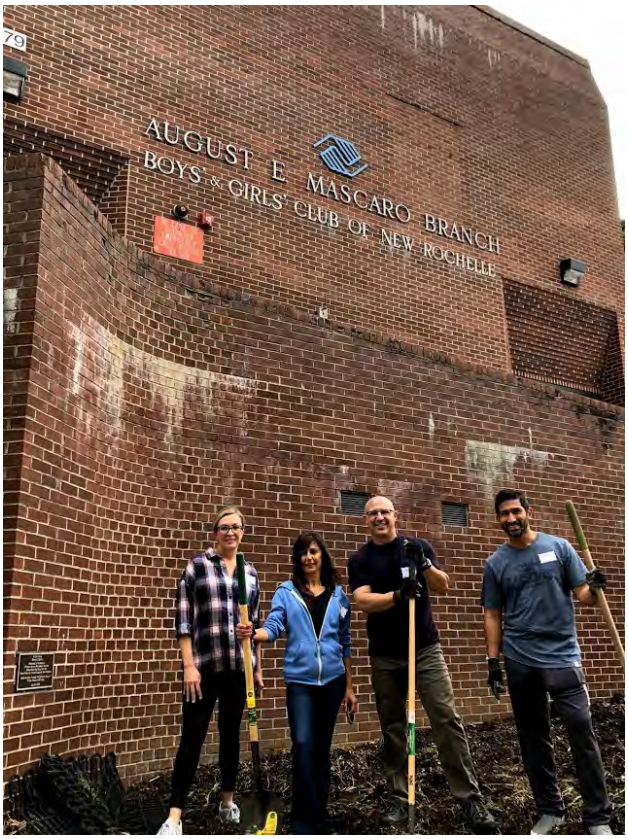
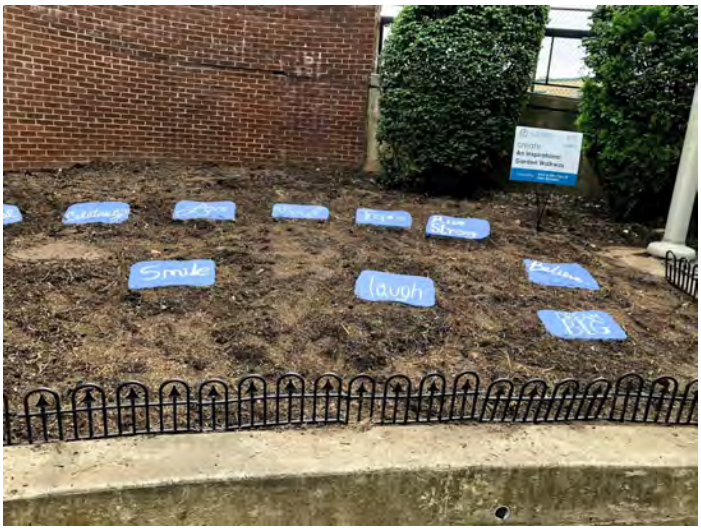
Volunteer New York 9/11 Serve + Remember Event



On Saturday, September 8 the Westchester Academy of Medicine sponsored the Volunteer New York 9/11 Serve + Remember event. WAM participated in creating an inspirational walkway for the Boys and Girls Club of New Rochelle. Over the course of the day the members who participated cleared a portion of overgrown land right above the walkway toward the entrance of the building. Others spent time designing and painting words of inspiration on the stones that would be placed in the area that had been cleared. The result was a beautiful garden/walkway with newly painted stones. The club plans to plant flowers and add other decorative elements throughout the year. We would like to thank all those who selflessly gave their time to the event by volunteering for such a great organization: Marshal Peris, MD; Omar Syed, MD; Bella Malits, MD; Kay Kyaw, MD and Janine Miller, Executive Director. We hope to participate in more of these events in the future and encourage our members to give back to their communities by participating as well.

Photo: Janine Miller, Bella Malits, MD; Marshal Peris, MD; Omar Syed, MD



Inspirational words: Dream Big; Diversity; Think Big; Touch Hearts; Compassion; Joy; Stay Real; Smile; Laugh; Believe; Inspire; Be a Friend; Love; Rise Strong; Creativity; Discover; Respect; Be Kind; Hope; You're Special; Be Happy; Miracles; Explore; Forgive. These are all great reminders of positivity to the children who attend the Boys and Girls Club of New Rochelle. Thank you again to all who made this happen!

The Deadline to Submit a MIPS Targeted Review Request is 20 Days Away

If you participated in the Merit-based Incentive Payment System (MIPS) in 2017, your MIPS final score and performance feedback are available on the Quality Payment Program website. The payment adjustment you will receive in 2019 is based on this final score. A positive, negative, or neutral payment adjustment will be applied to the Medicare paid amount for covered professional services furnished under the Medicare Physician Fee Schedule in 2019.

MIPS eligible clinicians or groups (along with their designated support staff or authorized third-party intermediary), including those who are subject to the APM scoring standard, may request for CMS to review their performance feedback and final score through a process called targeted review if they believe an error has been made in the 2019 payment adjustment calculation.

Please note, on September 13, 2018, CMS updated MIPS 2017 performance feedback for clinicians affected by scoring issues previously identified through the targeted review process. Additionally, to ensure that we maintain the budget neutrality required by law under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), some clinicians will see slight changes in their payment adjustment. **If you believe an error exists in your 2019 MIPS payment adjustment calculation, you can request a targeted review by the extended deadline of October 15 at 8:00 PM EDT**. To learn more, view this 2017 MIPS Performance Feedback Statement.

When to Request a Targeted Review

The following are examples of circumstances in which you may wish to request a targeted review:

- Errors or data quality issues on the measures and activities you submitted
- Eligibility issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment)
- Being erroneously excluded from the APM participation list and not being scored under APM scoring standard

Not being automatically reweighted even though you qualify for automatic reweighting due to the 2017 extreme and uncontrollable circumstances policy

This is not a comprehensive list of circumstances. CMS encourages you to contact the Quality Payment Program if you believe a targeted review of your MIPS payment adjustment (or additional MIPS payment adjustment) is warranted. We'll help you to determine if you need to submit a targeted review request.

How to Request a Targeted Review

You can access your MIPS final score and performance feedback and request a targeted review by:

Going to the Quality Payment Program website

Logging in using your Enterprise Identity Management (EIDM) credentials; these are the same EIDM credentials that allowed you to submit your MIPS data. Please refer to the EIDM User Guide for additional details.

When evaluating a targeted review request, we will generally require additional documentation to support the request. If your targeted review request is approved, CMS will update your final score and associated payment adjustment (if applicable), as soon as technically feasible. CMS will determine the amount of the upward payment adjustments after the conclusion of the targeted review submission period. **Please note that targeted review decisions are final and not eligible for further review**.

For More Information

To learn more about the steps for requesting a targeted review, please review the following:

How to Request a Targeted Review Demo Video

Targeted Review of 2019 MIPS Payment Adjustment User Guide

Targeted Review of the 2019 Merit-based Incentive Payment System Payment Adjustment Fact Sheet

Questions?

If you have questions about your MIPS performance feedback or final score, or whether you should submit a targeted review request, please contact the Quality Payment Program by:

- Phone: 1-866-288-8292/TTY: 1-877-715-6222; or

Email: QPP@cms.hhs.gov

OLDER DRIVER SAFETY SURVEY

The Older Driver Coalition of the Westchester County Department of Senior Programs and Services is an alliance of diverse Organizations and representatives in Westchester County dedicated to the welfare and safety of the senior driving community.

Our goal is to keep seniors driving safely for as long as possible, and if that is no longer feasible, to help them transition to not driving.

We put together a brief 5 minute survey with the help of Kathleen Golisz OTD, Mercy College (Westchester County Physicians' Practices on Counseling Older Drivers). The hope is to identify the issues medical professionals see every day with regard to the older driver.

Information and resources will follow to address your concerns.

Please complete the survey by October 12, 2018.

Below, please find the survey link. Just press ctrl and click on the link below or cut and paste the link in your web browser.

https://www.surveymonkey.com/r/6K2VHNP

Thank you or your time and valuable input.

Sincerely,
Beverly D. Carter, DM

Westchester County Department of Senior Programs and Services

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

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

MARIJUANA LEGALIZATION DEBATE - THE FORGOTTEN PUBLIC HEALTH PERSPECTIVE

Thomas Lee, MD *(Continued from page 10)*

who are breastfeeding; (4) states that have already legalized cannabis should be required to take steps to regulate the product effectively in order to protect public health and safety and that laws that legalize cannabis use should consistently be evaluated to determine their effectiveness; (5) local, state, and federal public health agencies improve surveillance efforts to ensure data is available on the short - and long-term health effects of cannabis use; (6) support public health based strategies, rather than incarceration, for individuals possessing cannabis for personal use.

While the American Society of Addictive Medicine (ASAM) supports decriminalization of marijuana, by reducing penalties for marijuana possession to civil offenses linked to contingencies, such as mandated referral to clinical assessment, educational activities, and, when indicated, formal treatment for addiction, ASAM does not support the legalization of marijuana. Instead, it recommends that jurisdictions that have not acted to legalize marijuana not do so until more can be learned from the jurisdictions that have legalized marijuana. ASAM also recommends numerous limitations, including prohibiting sale to those under 25, prohibiting marketing and advertising to youth, assuring that non-FDA approved products contain appropriate warning labels, and limiting purchase to state operated outlets.

As a society, we need to honestly call marijuana for what it is, a drug. Most medical professionals advocate further definitive scientific studies before legalizing recreational marijuana. If the State of NY chooses to legalize recreational marijuana, then it must accept the societal and medical consequences, and set aside adequate funding for education, research, monitoring, medical treatment, and law enforcement. User warning labels for marijuana must be mandated, like any pharmaceutical and potentially harmful consumer items. A state eager to legalize marijuana to make up for tax revenue shortfall should absolutely take logical steps to protect and be responsible for its citizens.

♦

STOP THE TRAIN

Elliot Barsh, MD

According to the Constructionist Principle of AI, Appreciative Inquiry, our words create the world we live in.

So is the language we use with our patients creating a caring and kind world?

And if it does, then who do we care more about? Do we care more about our patients and how we can ease their suffering, or ourselves and our patient experience scores and what we need to get done today?

This article talks about consent in a romantic relationship between two people, and even though the context is different then what we do at work, it makes me think about our language, our focus, and what we make time for.

Are we making enough time for our patients in our overwhelming task filled day? Are we putting them first? Are we considering them and their diagnosis, or just their diagnosis?

Like the author says at the end of the piece,

"I wish we could view consent as something that's less about caution and more about care for the other person, the entire person, both during an encounter and after, when we're often at our most vulnerable.

Because I don't think many of us would say yes to the question "Is it O.K. if I act like I care about you and then disappear?""

https://www.nytimes.com/2018/09/07/style/modern-love-he-asked-permission-to-touch-but-not-to-ghost.html

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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

New Edit to Validate Submitted Procedure Codes and Associated National Drug Codes (NDC's)

Effective September 20, 2018, enhancements will be added to the eMedNY System to validate submitted procedure codes and their associated NDC's. A new edit will ensure that the submitted NDC code reported on a professional claim is associated with the submitted procedure code.

New claims edit 02280- (Procedure Code and Drug Code Not Associated) will be set to deny when a procedure code is submitted with a NDC and they are not associated for the following claim types:

- Referred Ambulatory
- Practitioner

If providers have any questions regarding the association of the Procedure Code to the NDC, refer to the following:

- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2018ASPFiles.html
- https://www.dmepdac.com/crosswalk/2018.html

Note: Medicaid only reimburses for those drugs which are in the federal rebate program.

Please contact the eMedNY Call Center at (800) 343-9000 for questions regarding this billing requirement or any billing issue.

Preparation: