



WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

PANDEMIC BLUES/REFLECTIONS

Pandemic Blues

We are now in the sixth month of the pandemic. Thankfully, the local situation is fairly quiescent and it gives us time to mobilize for the next surge which will certainly come. We are better prepared than we were back in March. The phase we are in right now is quite different than the early days. We were in crisis mode and there was no sense that it would go on for long time. Now, while less crisis, we are in the stage of realizing that our lives will not normalize probably for at least a year. There is feeling of isolation and ennui. I watch my colleagues walk grimly to their next patient, ensconced in personal protective equipment. The children I have been seeing lately are not seriously ill, but they come in in droves in order to ensure that they don't have covid. I have tested all of them with symptoms and have had no positives. There is a sense that this is like the eye of the storm. Parents have numerous questions, rightfully so, about what to do about school. At the end of the day I find myself mentally and emotionally exhausted. I keep hearing the term burnout from my fellow health care workers and I carry around an inchoate worry that people will start to leave the profession.

This time has also caused me to be reflective about the past, and remember the many satisfactions that have accrued and the progress we have made in many areas of medicine. I never thought during the AIDS epidemic that it would become a chronic, controllable disease. Rather than write more, what follows was a piece I wrote twenty years ago, just to remind myself and others what a great profession we are in and how fortunate we are.

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

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PETER J. ACKER, MD
President, WCMS

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UPCOMING EVENTS

All Upcoming Events have been Postponed or Rescheduled at this time.

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*FROM THE EDITOR...***GUEST EDITOR JOSEPH TARTAGLIA, MD**
THE MOMENT OF FEAR

The moment of fear
by Joseph Tartaglia MD

His body loomed unrecognizable and abashed in exposure,
White haze illuminated hands unmoving,
Uniformed bodies wrapped in clear plastic hovered over and
around,
No kind touch or gentle expression visible,
Alarms and wisps of vital winds covered the only sounds of voices.

A minute lasted my lifetime wrapped around this moment,
Contagion tsunami was gripping and bending brave hearts,
There was no other side to run to,
The task at hand, a sail cast unto the mighty ocean,
The journey caught up in the battle of the elements,
My own breath loud in N95 and shield across my face inside!

Weariness drawn across his once fat face,
Air pressure stifling words,
Expression of gratitude with the touch of my glove hand,
A smile escaped from his pain stricken parched lips,
There was a moment in time that transcended eternity,
Death inevitable would come swiftly to my darkening heart!



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MSSNY ENEWS: SEPTEMBER 18, 2020 – MSSNY PRESIDENT, BONNIE LITVACK MD, INAUGURATED

Colleagues:

Let me start by saying thank you to our entire House of Delegates, our physician members throughout the state and our county and state staff. You are rock stars and heroes. Your ethics, courage, strength, ingenuity, and resilience pulled this state through a spring like we have never seen before, the roughest healthcare crisis in recent memory. You are role models for the state and the nation and are the reason that New York currently has among the lowest virus levels in the country.

While this year we had to forgo our ceremony of presidents, a moving and meaningful part of our House of Delegates, the spirit of that event lives on. Our leadership is a continuum building from year to year incorporating the best of the past and welcoming the new, the present and the future. I thank all the past presidents that came before me for their service, inspiration, and guidance.

Women in Medicine Month and Mentors

This month is “Women in Medicine” month and therefore a perfect time for our first ever virtual House of Delegates with a female society president. As most of you know, I am the third female president in the history of the Medical Society of the State of NY. However, most of you do not know that the reason I got involved in the medical society was at the behest of Dr. Ann Cea our first female MSSNY president. Watching Ann artfully and seamlessly navigate through multiple land mines and successfully build coalitions to benefit NY was mesmerizing. I am extremely grateful for her mentorship and all that she has given to our entire 9th district delegation. I treasure and admire my 9th district delegation who are incredibly dedicated and thoughtful leaders. I am proud to call all of you my friends and colleagues. In particular, I must single out Dr. Andy Kleinman who continues to mentor me on the “art of the deal”, Dr. Mark Fox and Dr. Kira Geraci who regularly share their expertise on creating effective policy, Dr. Tom Lee for his abounding energy and sharing his financial and legislative prowess and Dr.

Michael Rosenberg for always modeling calm, reasonable and approachable leadership and of course the phenomenal executive directors that I have been privileged to work with throughout the state but in particular, Stuart Hayman, Brian Foy and Janine Miller.

In the wisdom our forefathers, the “Office of the President” construct was erected helping to provide a seamless transition from one year to the next. Our office of the president meets weekly to discuss, strategize and plan our agenda. This group lives the motto: “Together we are Stronger.” It is and has been a true honor to work with and learn from Sam Unterricht, Bob Hughes, Andy Kleinman, Charlie Rothberg, Tom Madejski, Art Fougner, Joe Sellers, Parag Mehta, Bill Latreille and Maria Basile as well as Phil Schuh and our MSSNY Senior Vice Presidents, Moe, Pat, Eunice, Christina, Laurie and Regina. I thank all of you for your friendship and for sharing your time, thoughts, worries and advice. A special thank you to our Executive Director, Phil Schuh who will be retiring in December but who will remain at the forefront of our thoughts after spending 30 years at MSSNY advancing the agenda of the house of medicine and helping to steer us in the right direction. Phil, we owe you debt of gratitude and we salute you.

Victories

Even in the midst of a pandemic the work of medicine and medical advocacy continued. Over the course of the past year we have made great strides forward repealing the religious vaccine exemption, establishing the maternal mortality review board with confidentiality protections, obtaining reforms for insurance parity for mental health conditions, substance use disorders, and autism spectrum disorders, obtaining a 20% tax on the sale of “vapor products”, a defeat of the trial lawyers’ “Wrongful Death” bill, maintaining the excess layer of malpractice coverage and defeating the proposal to bypass existing OPMC due process protections for physicians.

Our success has, in no small part been due to the strong leadership of my dear friend and our immediate past president, Dr. Arthur Fougner. This year we continue to build on those successes and to deal

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MSSNY PRESIDENT'S MESSAGE

(Continued from page 4)

with the new and challenging current practice environment.

Helping Practices During Covid-19

With the pandemic, we have focused on emergency preparedness with our emergency preparedness committee and our infectious disease committee working tirelessly and in tandem to create useful webinars to share information about Covid as well as to provide feedback to our NYS DOH about testing, tracing and vaccine distribution. We have met with legislators, the governor's office, DOH and testified before our NYS legislature, coordinated with the AMA and sent letters to federal legislators highlighting the need for more funds to NYS physician practices, the woefully inadequate PPE supply chain, the high cost of PPE and the need for faster testing turn-around times and community physician access to point of service tests and supplies. We continue to look for ways for our NYS physicians to procure vetted PPE at a reasonable cost and continue to work with DFS, the Health Plan Association and the legislature on solutions to defray the cost of PPE to physician practices. We have procured and distributed 40,000 N95 masks at cost and on Monday will be offering members access to 6,000 face shields donated by the Ford Company. Our Member Benefits committee expects to shortly announce the opportunity for MSSNY members to participate in a Group Purchasing Organization that will give our members access to numerous discounts, including PPE.

During the pandemic, MSSNY has focused not only on our community physicians but has also spoken out on the plight of our employed physician members. We raised concern and objections with the Governor's office, DOH, our NYS legislature and in the press about unacceptable working conditions and protections that put the health and safety of physicians and their families in jeopardy and the despicable practice of imposing gag orders and sanctions. We also objected to enforcement of non-competes on furloughed physicians as well as salary reductions and withheld productivity bonuses. This year a new committee will be formed chaired by Dr.

Arthur Fougner which is charged with empowering our employed members.

Physician Wellness

Physician Wellness has been and remains a priority for our society. This year thanks to the hard work of Dr. Charlie Rothberg, Frank Dowling, Pat Clancy and Cayla Lauder and the entire Physician Wellness and Resilience Committee we have made considerable progress. The MSSNY Peer to Peer Program is now up and running and any physician, resident, fellow or medical student can access the confidential helpline by calling 1-844-P2P-PEER or by emailing p2p@mssny.org to be connected with a trained, empathetic peer supporter who will offer support, provide positive coping skills, or connect physicians to professionals for more focused assistance. In addition, four NYS institutions have now agreed to partner with MSSNY and the AMA in the Practice transformation Initiative in order to enact system level change in a continuous learning collaborative format.

Advocacy

Advocacy is always a MSSNY priority and progressive malpractice reform and collective negotiation remain at the top of the list this year as well as advocating for telehealth payment parity and opposing national surprise medical bill legislation that does not adhere to the tried and true NY model. However, front and center over the past few months has been Scope of Practice. MSSNY has met with the Governor's Office and our legislators and testified at a joint hearing of the Senate and Assembly to express our concern with Executive Orders 202.55 that continues the waiver of otherwise statutorily required physician supervision requirements for various non-physician health care practitioners, including nurse anesthetists, nurse practitioners and physician assistants. We have urged that given our relatively low virus infection rate that statutory supervision and/or oversight requirements be restored as soon as possible. Our MSSNY Scope of Practice committee has been monitoring the legislative scope of practice initiatives of nurse midwives, nurse practitioners, nurse anesthetics and others and is hard at work on strategy for fighting scope of practice creep in our state.

SOME SATIRE FOR A GOOD LAUGH...

“You signed up for this” says admin from home—By: Gomerblog Team—Originally published on Gomerblog.com

Karen, just one of the many admin comprising 34% of US healthcare costs, sent a department-wide email yesterday in response to concerns about PPE shortage and pay cuts. While staff eagerly anticipated news of new masks, hazard pay, and protection of trainees, Karen spent her morning making trendy TikTok coffee at home, organizing her sock drawer, and finally cleaning the garage. Then around 1 pm, she sat in bed to type out her hospital’s much-anticipated response to the COVID-19 pandemic, an excerpt of which is below:

“As you all know, we deeply care for your and your family’s health and wellness through this time. As such, we will be offering free sharpies to write your family name on your mask, which you can then wear until your last breath and pass on to your kin for future use.

We hear your concerns about hazard pay, and to minimize stress through this time, we are here to definitively say you will never receive it — so you can stop worrying about it! If this doesn’t resolve your worries, please view Wellness Module 589 on the intranet for a brief yoga lesson.

Please remember that when you entered the honored profession, you did so at your own choice. We understand your student loans eventually took that choice away from you, and hope that the federal government forgives those or something. Your pay will be deducted for the time it took to read this email, which is a nonessential activity during this pandemic.”

Stay safe!!!!

Karen

Karen prepared a draft email to fourth year medical students with an exciting opportunity for an “unforgettable capstone” experience working in the hospital for free. She decided to send the email tomorrow, as she had worked too hard today. Karen then returned to the comfort of a warm home with her children, while readers of the email continued to care for patients in the hospital.



ONLINE NP PRORGAMS TO ELIMINATE CLINICAL REQUIREMENTS TO MAXIMALLY EXPLOIT COVID19—By: Naan DerThaal—Originally published on Gomerblog.com

Austin, TX – In the past several months while the country has been undersiege from the Coronavirus, numerous political and professional groups have taken full advantage of the crisis to promote their own agendas.

The American Association of Nurse Practitioners has been at the forefront of this pushing for unsupervised NP practice in an unsubstantiated claim that it will improve patient care and access to care ignoring the massive RN shortage caused in large part by the near cottage-industry that the online NP marketplace has become.

AANP President, Sophia Thomas DNP, APRN, FNP, PPCNP, FNAP, FAANP, BSN, GED, BLS, BFD, OPP, EIEI-O today announced a new move to further exploit this crisis. “Many NP programs are entirely online and have been so even before the lockdown. [The paltry requirement of 500 hours of clinicals](#) for most schools is laughable at best. Even [Petco requires more hours of hands on experience for their dog groomers \(600hrs\)](#) before they can work independently. So I decided lets cut the charade and just eliminate the 500 hours altogether” Thomas decried from her personal MySpace page.

“We can make tremendous gains under the guise of COVID relief. Then after the crisis is open, NPs all over the US will be able to practice at the top of their licenses and [provide esthetic care unsupervised to the underserved and wrinkled people across America](#)” Thomas continued.

When asked if she had any concerns about the ability of NPs with 0 clinical hours, Thomas was undeterred, “[We’ve been sending NPs out in independent practice with 5% of the training of actual residency trained physicians. How much of a difference does it really make if they have 95% less training or 100% less training than real physicians?](#)”



THE BUSINESS OF MEDICINE

THE END OF E & M TORTURE?

Rick Weinstein, MD, MBA

Director Orthopedic Surgery Westchester Sport & Spine at White Plains Hospital Center

At some point not too long ago, being a successful doctor meant you could quickly diagnose and appropriately treat your patient. If you could diagnose rare diagnosis and could recall unusual pathology and then know how to cure it, you were considered a brilliant physician. With insurance companies and administrators running much of medicine now, the definition of a successful doctor has changed. Today, a good doctor is one who codes and bills correctly using ICD-10 and CPT numbers while documenting a long note that is deemed acceptable by the insurance payor; patient care and results are not relevant. The documentation requirements which were established in 1995 and modified in 1997 by the AMA and CMS is hated universally by doctors and have allowed physicians to not be paid for the work we do. You can perform miracles and cure the sickest and most injured, but if you did not document to the insurance company's guidelines you don't get paid. What a great and just system!

Now after 25 years, the Trump administration has implemented a new system with CMS that eliminates the need for hitting the ridiculous bullets in the history and physical that determine the coding level and thus how much we are paid. We all owe a huge thank you to Seema Verma the CMS Administrator. You may not agree with some of President Trump's actions, but his "Patients over Paperwork" initiative is the greatest benefit to patients and doctors of any government action since Medicare was implemented in 1965. Think of all the laws and regulations that were implemented that did

nothing but hurt doctors and patients such as the Stark Law, the Sunshine Act, and Certificate of Need (CON) laws.

Furthermore, the new guidelines allow us to only record changes since the last visit in our follow-up notes. We do not have to re-record the history and exam. Until now, we had to re-record the same history for every visit but were told not to cut-and-paste. Busy work that benefited absolutely no one (except the insurance company who could deny payment for your work).

So the new guidelines will base the level of visit on medical decision making (MDM) or total time of the encounter. MDM is based on three criteria: (<https://www.ama-assn.org/practice-management/cpt/how-2021-em-guidelines-could-ease-physicians-documentation-burdens>)

- Number and complexity of problems addressed at the encounter.
- Amount and/or complexity of data to be reviewed and analyzed.
- Risk of complications and/or morbidity and mortality of patient management.

Finally, the government has implemented new rules that will improve patient care. Now doctors will be able to spend less time on our office notes and more time taking care of our patients. On behalf of all physicians, thank you President Trump and Seema Verma!



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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. One example: there is tremendous variability in an individual's response 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.



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MSSNY Peer to Peer (P2P) Program for Colleagues

Today, the Medical Society of the State of New York is excited to offer to physicians, residents, and medical students the opportunity to talk with a peer about some of life stressors.

MSSNY's Physician Wellness and Resiliency Committee has launched the MSSNY Peer to Peer (P2P) program for colleagues to avail themselves and reach out to peer supporters to discuss every daily stressors such as work, school, family, or financial stressors. And, with the advent of COVID-19 pandemic, there may also be some additional stress in our colleague lives.

The P2P program is an opportunity for our colleagues to have a one-time confidential discussion with a peer supporter. The peer supporter is a trained individual who can share experiences, listens without judgment, who can validate your feelings and provide you with Support, Empathy and Perspective.

Peer supporters can also provide information on organizations that can support you and will provide you with positive coping skills. They can also help connect you to organizations and individuals should you need more focused assistance.

Any physician, resident, or medical students who wishes to relate to a peer supporter, may contact the Medical Society of the State of New York in the following ways:

- MSSNY has established a separate email at P2P@mssny.org and requests that you be connected with a peer supporter
- Or you can call MSSNY at 1-844-P2P-PEER (844-727-7337) and request that you be connected with a peer supporter. The line is answered by MSSNY staff during regular business hours (Monday – Friday, 8:30-5 p.m.) and the call will be responded to by an MSSNY staff person. After 5 p.m. the call will be answering by a live answering service who will take down contact information for MSSNY staff to follow up with.

It is well documented that physicians, residents, medical residents have enormous stressors that can range from the emotions arising in the context of patient care to the environment in which we practice medicine. Now, with the COVID-19 pandemic, those stressors may be exacerbated.

Please know that you are not alone. MSSNY has trained peer supporters that are ready to support and take time to talk with you. Please reach out to us and know that we care about you and the issues that you face.

The words “Be Well” apply to all of us.

Bonnie Litvack, MD
MSSNY President

Charles Rothberg, MD, Chair
MSSNY Committee on Physician Wellness and Resiliency

STOP THE TRAIN

Elliot Barsh, MD

"Resilience is the hope we create when we actively engage in what can happen next."

Resilience is the human capacity to adapt to adverse life circumstances.

It is a change in the way we think, opening our minds and imagining our future.

We reach beyond our own experience to heal ourselves and one another.

It reflects our core values, purpose, and our desire to be connected to something that is bigger than us.

A study published in the 2019 Lancet Psychiatry by Michael Unger and Linda Theron, explains that

"resilience is a process of multiple biological, psychological, social, and ecological systems interacting in ways that help individuals cultivate mental well-being. Resilience depends just as much on resources available to stressed individuals in their environments as it does on individual thoughts, feelings, and behaviors."

Adversity, like COVID-19, challenges us to make a choice.

We can choose to wait for our situation to improve and count the time it takes while we suffer, or we can choose to work together, use what is available to us, and create a future that we look forward to, that matters to us, no matter how long it takes.

Be safe and thanks for reading.

"It took imagination to suppose that the sun would rise one day on a different landscape"

From The New York Times:

How Did a Young, Unknown Lawyer Change the World? Ruth Bader Ginsburg took on the obstacles to women's equality incrementally, but she was powered by a larger vision.

<https://www.nytimes.com/2020/09/24/opinion/sunday/ginsburg-supreme-court.html?smid=em-share>

"The COVID-19 pandemic is too big to fight by

yourself."

What One Health Care CEO Is Learning from the Pandemic

<https://hbr.org/2020/07/what-one-health-care-ceo-is-learning-from-the-pandemic>

"You always have the chance to win the point."

From The New York Times:

Lockdown Left My Mind and Body Flabby. Then Came Tennis Camp.

What playing doubles with a Parisian urologist taught me about how to get my life in order.

<https://www.nytimes.com/2020/09/05/opinion/sunday/coronavirus-tennis.html?smid=em-share>

"Instead of embracing my inner Mad Max, I could channel my own mother and grandmother, and a bit of a Survival Mom-to be a nurturer, resourceful, and resilient homemaker ready for anything."

From The New York Times:

I Am Not a Housewife. I'm a Prepper.

Survivalism can be less about guns and ammo, and more about homemaking and community resilience.

<https://www.nytimes.com/2020/09/24/opinion/sunday/i-am-not-a-housewife-im-a-prepper.html?smid=em-share>

"Plans mean little; planning is everything."

Look To Military History for Lessons in Crisis Leadership

<https://hbr.org/2020/07/look-to-military-history-for-lessons-in-crisis-leadership>



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ATTENTION MEMBERS!

**The New Year is here with that said PCI
Compliance and HIPAA Rules for credit card
processing have changed for 2020, don't be
caught off guard with Visa/MasterCard.**

Beginning in February 2020, medical practices must be EMV (Europay, MasterCard and Visa) compliant if they wish to avoid the risk of being 100 percent at fault for any credit card fraud initiated from their office. The new EMV policy places the risk on us the medical practice rather than the credit card processor if any fraud is committed. Therefore it is imperative to be EMV compliant before 2020, with new machines or your current terminal wiped and reprogramed.

In an effort to bring you more benefits here at the society we have a vetted vendor that will not only give you the machines necessary to meet the new requirements, but we have also pre-negotiated medical credit card processing rates as low as 1% based on all of our membership as a whole, **saving you thousands of dollars a year on average.**

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Chris Rebbe at BANKCARD USA (818) 540-3414

Pain Management, Palliative Care and Addiction Coursework Due October 1st: Available at MSSNY CME website

The Medical Society of the State of New York's updated 2020 *Pain Management, Palliative Care and Addiction* modules are now available on-line at: <https://cme.mssny.org>. The three-hour program must be completed by all physicians and providers who hold a DEA license by October 1, 2020. The requirement was delayed from July to October due to the COVID 19 pandemic.

The three one hour modules are being offered free of charge to all MSSNY members. Physicians who are new users to the MSSNY CME site will be required to register as a new user.

These online programs cover all eight topics required in the New York State statute:

- New York State and federal requirements for prescribing controlled substances
- Pain management
- Appropriate prescribing
- Managing acute pain
- Palliative medicine
- Prevention, screening and signs of addiction
- Responses to abuse and addiction
- End of life care

MSSNY developed the program with the NYS Office of Alcoholism and Substance Abuse Services (OASAS). MSSNY is listed as an accrediting organization by the NYS DOH Bureau of Narcotic Enforcement. **These courses are entitled:**

- **PM, PC & A 2020: *Understanding the Current Legal Landscape in New York State***
- **PM, PC & A 2020: *When to Consider Opioid Therapy for Chronic Non-Cancer Pain and in Palliative Care***
- **PM, PC & A 2020: *Patients with Opioid Use Disorders***

Additional information or technical support may be obtained by contacting cme@mssny.org

Attestation Process for Mandatory Prescribers

Prescribers must attest to the completion of the pain management, palliative care and addiction course work or training by July 1, 2017, **and again every three years thereafter**. The prescriber should only attest after completion of at least three hours of course work or training covering all eight topics. The process is described in the Frequently Asked Questions:

https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/docs/faq.pdf

Further information may be obtained by contacting BNE at 1-866-811-7957
or narcotic@health.ny.gov

Or at https://www.health.ny.gov/professionals/narcotic/mandatory_prescriber_education/



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MSSNY PRESIDENT'S MESSAGE

(Continued from page 5)

Health Equity

Achieving health equity and gender equity have long been MSSNY goals. Our committee to eliminate healthcare disparities was instrumental in the creation of the AMA's Center for Health Equity that is working to embed health equity as a part of practice, process, action, innovation, and organizational performance and outcomes and AMA president, Dr. Patrice Harris personally expressed her thanks to MSSNY at our June council meeting. Our MSSNY committee will play a critical role this year in helping our state to work toward greater health equity by identifying and eliminating inequities through advocacy, community leadership and education. Our Women Physicians committee will also continue to play an important role this year in righting gender equity in our organization and our profession.

My Family

This MSSNY house provides shelter, support, and stability for all in the medical profession. It is welcoming and dynamic and I am proud to be a part of it and honored and humbled to be able to serve as your president. I am grateful that my children grew up in the house of medicine as they have learned much from our passion, dedication, ability to share information and even our ability to "argue" respectfully. My girls Sydney, Haley and Carly may not ultimately choose medicine as a career but from us they have learned the importance of leadership and advocacy and they will be better people and citizens for having been exposed to our House of Medicine. I thank them and my husband Craig for allowing me to take time away from our family to be with and lead my medical family.

We as a medical society have learned much and will use our knowledge and leadership skills to guide our state and our country forward, out of the worst global pandemic in a century and into a future that includes a healthy and unified state and nation. We will do this by this by adhering to our core values as physicians and Americans and by honoring our pledge of allegiance to one nation under god, indi-

visible with liberty, justice, and health for all.

Thank you, Mr. Speaker and Madam Vice Speaker for your hard work in developing an online format for our 2020 HOD and for the privilege of addressing this house.

Bonnie Litvack, MD
President



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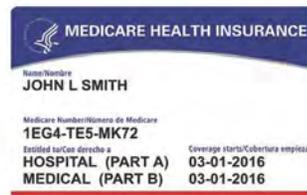
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