



WESTCHESTER PHYSICIAN

October 2017

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PRESIDENT'S MESSAGE OPEN TABLE OR VIRGIN AIRLINES?

As our medical practices mature through this next decade, many of us will need to decide whether the practice of medicine should look like the restaurant industry or the airline industry. Do we want our office appointments to be scheduled and cancelled online with no penalty? Do we want patients to be able to choose their specialist based on what they think is wrong without any triage? In a world of value, won't the primary care doctors want to direct care in the best and most economical way? Are we an industry that wants to promote a "customer is always right" motto?

On the other hand, should we promote correct physician selection for patients? Should patients be triaged to utilize the correct caregiver for their specific problem rather than letting the patient make an uninformed guess? Should we look at our appointment slots as commodities like a seat on an airplane? Should there be a penalty for cancelling within 24 hours or even within the hour? Should there be a change fee if the slot cannot be filled? Can we ramp up our patient care experience to make patients want that appointment slot and respect our time as much as we respect theirs?

The answers to all these questions have many varied responses and reasoning depending on who you ask. Administrators tend to lean toward the "patient is always right" and "Open Table" mentality as that theoretically should produce fewer complaining phone calls from patients and tends to promote a "volume over value" type business plan. Primary care doctors in busy practices would probably agree with this as well especially if physician extenders are used to their fullest value.

Medical and surgical specialists would likely side with the "Virgin Atlantic" viewpoint. They want to see patients that they can actually help that have been correctly referred. This increases the value of each of their appointment slots. Those specialists that spend 50-75% of their

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MARSHAL PERIS, MD
President, WCMS

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UPCOMING EVENTS

Networking Event
November 16, 2017
Sam's of Gedney Way
50 Gedney Way
White Plains, NY

Annual Holiday Cocktail Party
December 1, 2017
C.V. Rich Mansion
305 Ridgeway
White Plains, NY

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FROM THE EDITOR...

PETER J. ACKER, MD
GOLF OUTING



An ophthalmologist, a plastic surgeon, a cardiologist and a pediatrician walked into bar. I know, it sounds like the beginning of a joke. Sorry there will no punch line. It actually happened on October 3 at the Westchester Country Club. The four of us had just completed a round of golf as part of the Westchester Academy of Medicine's annual golf outing. It was an absolutely gorgeous day, the sun bright, numerous trees just starting to show hints of fall color.

I had not participated in this outing for a number of years, but I had strong memories of the last time. I was with a foursome of very good golfers. My own skills as duffer were decidedly more modest. But in a twist that occasionally happens to even the worst ball striker, I ended up winning the closest to the pin contest. Here's how it unfolded. We arrived at the 16th hole, a par 180 yard par three. By this point my playing partners had ample opportunity to assess the state of my game. The other three pulled out their irons. I paused and then figured what the heck and pulled out my driver. There were amused snickers all around. I took a full swing and the ball flew way off to the left but then midflight began to work its way back and landed three feet from the cup!

Well, lightning doesn't strike twice so I must report on this recent outing I came nowhere near winning anything. That did not diminish the sheer pleasure of being outdoors with my medical colleagues. Golf is a very companionable sport allowing plenty of time for conversation and banter. The foursome consisted of Dr. Ameet Goyal, ophthalmologic and plastic surgeon, Dr. Joseph Tartaglia, cardiologist and Dr. Douglas Senderoff, plastic surgeon. I spend a lot of my time professionally with pediatricians so it was nice to mingle with colleagues from other branches of medicine. Dr. Tartaglia and I shared one of the golf carts and we talked a lot about the state of medicine. He bemoaned the fact that membership in the medical societies in general have been diminishing as our younger colleagues tend to eschew the joining of such societies, not appreciating what a medical society does looking out for our interests. Dr. Tartaglia has worked tirelessly in support of the medical society, organizing the golf outing, hosting wine tasting events, all to try and get more physicians involved.

While a principle mission of the medical society is to work with political bodies such as the county and New York state legislatures, I believe the social activities of the society are hugely beneficial. Getting different types of doctors together allows us to appreciate our different perspectives. I hope that we can be more successful in attracting our younger physicians to join us next year. Anyway, I know I'll be there next year and with any luck I'll be in the same foursome. Thanks Ameet, Douglas, and Joe for being such boon companions! Warning you, though, between taking care of sick children, I'll be practicing – I can already visualize my certificate - 2018 Closest to the Pin Award!



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News from the Pediatric Section

The pediatric section of the Westchester County Medical Society collaborates on many events with the Maria Fareri Children's Hospital a member of the Westchester Medical Center Health Network and New York Medical College. This year we are again a sponsor for the 16th Annual Regional Perinatal Public Health Conference. It will be Wednesday, November 15 in Tarrytown. Its topic is, "An Eco-Bio-Developmental Approach to Perinatal Health". Topics include post-partum depression, racial equity and social justice in health, parents behind bars and helping the families of NICU graduates prepare for discharge.

A second program is, The Dine Around. The Dine Around is an informal evening attended by three pediatric sub specialists, primary care pediatricians and school nurses. During dinner, each pediatric specialist sits with a small group for thirty minutes and answers the participant's questions. By the end of the meeting, each participant has spent time with the three faculty. Speakers are chosen from suggestions of the previous dine around participants.

The Medical Society holds joint pediatric grand rounds at the Maria Fareri Children's Hospital and New York Medical College. These are Wednesday mornings 8 AM at the hospital conference center. About half of the speakers are from local institutions and half come from institutions outside of the metropolitan area. I am on the Grand Rounds Committee and welcome suggestions for future programs.

Finally community pediatricians help with student and resident teaching by participating in morning report and family centered rounds at the Maria Fareri Children's Hospital. This program was started fifteen years ago by a group of members of our medical society.

If you have suggestions for future programs, or want information about participating in any of these programs do not hesitate to contact me.

Glenn Belkin, DO, FAAP
Pediatric Chair
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glenn_belkin@nymc.edu



THE BUSINESS OF MEDICINE MEDICARE FOR ALL AND NONE

Rick Weinstein, MD, MBA
Director of Westchester Sport & Spine @ White Plains Hospital Center

There is currently a proposal in Congress to make all private insurances illegal and force every American citizen to use Medicare. Some people think this is a good idea, even some doctors. But, the fact is that socialized medicine will be bad for everyone but especially our patients.

Let's look at how Medicare is currently doing. This was a law passed in 1965 and was implemented to cover Americans who are older than 65 or younger people who receive Social Security Disability.

Medicare is currently 15% of the total federal spending and covers 57 million people. The total benefit payments in 2016 for Medicare was 675 billion dollars. Medicare is projected to go bankrupt and have no money left to pay for anyone's healthcare by 2029. (<http://www.kff.org/medicare/issue-brief/the-facts-on-medicare-spending-and-financing/>)

There are currently 323 million people in the US. How much will it cost to cover an additional 266 million people more than Medicare currently covers?? Medicare is currently only covering 17.6% of the US population, how will we afford to cover 100%???

I believe in America and capitalism. Socialism lead to the collapse of Russia. Medicare for all means a true monopoly and elimination of all competition in healthcare. How has this worked in other countries? Well in Canada if you need elective neurosurgery, you will have to wait 46.9 weeks. Orthopedic surgery in Canada, you will have to wait 38 weeks. Plastic surgery 25.9 weeks and ophthalmology 28.5 weeks. 2016 has seen longest wait times ever in Canada since they began their socialized system. (<https://globalnews.ca/news/3084366/qa-how-long-are-medical-wait-times-in-canada-by-province-and-procedure/>) As for diagnostic studies, the average wait time for an MRI in our northern neighbor is 24 weeks. (<http://vancouver.sun.com/storyline/wait-times-for-mri-in-bc-longest-in-canada-fraser-institute>) If your son may have torn his ACL, he would have to wait 6 months to get an MRI and then over 9 months to get the surgery. That would not work for me or my family. I don't want that for my patients.

(Continued on page 7)

MEET OUR WINNERS!



DATE AND LOCATION
OCTOBER 24
5:30 P.M.

C.V. Rich Mansion,
 305 Ridgeway, White Plains

CUTTING EDGE
Dr. Ashutosh Kaul
 Greenwich Hospital

ALL IN THE FAMILY
Dr. Jared Knopman
 Weill Cornell Medicine/New York
 Presbyterian

Dr. Brian Levine
 Colorado Center
 for Reproductive Medicine

Dr. Jaime Knopman
 Colorado Center
 for Reproductive Medicine

NO LAND TOO FAR
Dr. Rifat Latifi
 Westchester Medical Center

PROMISE FOR THE FUTURE
Michael Tarr
 New York Medical College

CARING FOR ALL
Dr. AnneBeth Litt
 Westchester Institute
 for Human Development

FEMALE TRAILBLAZER
Dr. Cynthia Chin
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Dr. Anthony Febles
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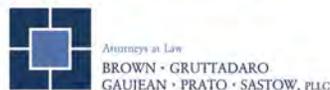
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ANNUAL HOLIDAY COCKTAIL PARTY

Friday, December 1, 2017
7:00 p.m. to 10:00 p.m.

C.V. Rich Mansion

305 Ridgeway
White Plains, NY

Please consider donating an item for our Raffle, to be held in conjunction with our Holiday Party. All proceeds from the Raffle benefit the Westchester Academy of Medicine and our Scholarship Fund activities.

Please RSVP to Janine Miller at jmiller@wcms.org,
call (914) 967-9100 or by fax by filling out below:

Name _____ # of Adults: _____

Email: _____ # of Children: _____



THE BUSINESS OF MEDICINE MEDICARE FOR ALL AND NONE

(Continued from page 4)

In England, approximately four million people are waiting for appointments to see a specialist for hip or knee evaluation. Over 369,000 people had to wait over 18 weeks to just see a specialist for evaluation. This does not include the wait time afterwards to have surgery performed. (<http://www.telegraph.co.uk/news/2017/08/10/nhs-waiting-lists-longest-decade/>) One in 14 people in England are currently on a NHS waiting list to see the doctor. In a socialized system, you are better off making the appointment to see the doctor *before* you get hurt! The old joke that the abortion waiting list in England is 10 months is not far from the truth.

A single payer system will result in rationing of healthcare. These have historically been called “death panels” because if the government decides some treatment is too expensive, they will not pay for it. New treatments will not be approved unless these new treatments are less expensive than current treatments.

If Medicare is exceeding its budget, a government panel will decide what care will not be covered or

who will no longer get some types of care. There will be age limits for certain treatments such as surgery for cancer and certain medications because they will be deemed “experimental” or just too expensive.

Of course, as we have seen in our current Medicare system, when the government has budgetary problems the payment to doctors will be cut. Doctors will be paid less to do the same work or doctors will be limited as to how much they can be paid. In the socialized medical system of China, people go to medical school because their grades were not good enough to get into other schools like engineering. (<https://www.ft.com/content/35a081ae-2653-11e3-8ef6-00144feab7de>) As the salaries for doctors decreases, so will the quality of the doctors decrease.

Medicare for All will be the downfall of healthcare in the United States if we choose to go down that vacuous path. Anyone who supports socialized medicine really does not understand the business of medicine and the nature of capitalism. Free markets and capitalism has made us one of the greatest countries ever to exist and socialized medicine would be the end of our dominance as a healthcare superpower.

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Westchester County Medical Society



***Come join us for our
“REFERRAL ROUNDS”
Networking Event***

Thursday, November 16, 2017

Sam’s of Gedney Way

**50 Gedney Way
White Plains, NY**

7:00pm

Is your referral pool too shallow? Have you been wanting to meet new referral
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Come Join us for our REFERRAL ROUNDS Networking Event

This is a great opportunity to meet physicians in primary care and different specialties to build your
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Food and Beverages will be served

Members are encouraged to bring a non-member physician to this event as their guest!

All members and guests are welcome at no charge.

RSVP in advance. Email Janine Miller, Executive Director at jmiller@wcms.org

Please provide Name, address, Email & Telephone number of the attendee/s.



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**Westchester Academy of Medicine
8th Annual Golf Outing & Fundraiser
Tuesday, October 3, 2017—Westchester Country Club—Rye, NY**

On Tuesday, October 3rd, forty golfers took advantage of the beautiful fall weather and enjoyed playing in the *8th Annual Westchester Academy of Medicine Golf Outing & Fundraiser*. The Outing was held at Westchester Country Club in Rye. Following the golf, an additional group of members and guests joined the golfers for dinner, fellowship, and prizes. Joseph Tartaglia, MD, President of the Academy, welcomed everyone, thanked the Golf Committee, recognized and thanked all sponsors, and presented John Pilkington, Esq. with the 5th Annual “Friend of the Academy” award. All proceeds directly benefit the Academy’s very busy CME activities and its scholarship fund, which annually contributes toward events which foster student interest in careers in medicine.

The Academy would like to thank the following sponsors and participants for their generous support of this year’s outing:

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2017 Golf Committee:

Joseph Tartaglia, MD, Chair, President Westchester Academy of Medicine •

Robert Ciardullo, MD • Ameet Goyal, MD • John SanFilippo • Steve Malfitano • Mary Ellen Pilkington • Janine Miller, Executive Director

“Friend of the Academy” Award

Presented to

John Pilkington, Esq.



Dr. Joseph Tartaglia, President of the Westchester Academy of Medicine, presented John Pilkington, Esq. with the 5th Annual “Friend of the Academy” award at the Golf Outing Dinner on Tuesday, October 3, 2017. Mr. Pilkington was honored with this award for his many years of support and service to the Westchester Academy of Medicine. John Pilkington has dedicated his time and resources to Academy and Society events for many years, and is a continuous support system for the physicians of Westchester. The Westchester Academy of Medicine would like to thank John Pilkington,, Esq. for his unwavering dedication to our organization. **Photo: Joseph Tartaglia, MD & John Pilkington, Esq.**



Mark Fox, MD; Phil Schuh, CEO MSSNY; Charles Rothberg, MD, President MSSNY



Joseph Tartaglia, MD, WAM President with representatives from Age-Well New York



Joel Greenspan, MD; Elaine Healy, MD



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Antonella Tartaglia, MD; Joe Guarino; Ameet Goyal, MD; Barbara Malfitano; Richard Koestler, MD; Steve Malfitano; Joseph Tartaglia, MD



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ANNOUNCEMENT OF JOB OPPORTUNITY

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PREFERRED QUALIFICATIONS	Eight years of post-licensure experience practicing medicine, at least one of which is in an administrative or supervisory capacity. Demonstrated clinical and/or administrative leadership in health care delivery, including policy-making and/or quality assurance/quality improvement experience. A strong understanding of the medical misconduct process as well as excellent communication skills, strong decision-making capability and effective collaborative skills are valued.
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CONDITIONS OF EMPLOYMENT	Permanent, non-competitive, full-time.
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Issued: October 6, 2017

PRESIDENT'S MESSAGE
OPEN TABLE OR VIRGIN ATLANTIC?

(Continued from page 1)

week in the operating room need their office patient visits to be streamlined because they only have a relatively small number of office visit slots available per week. If forced into an "Open Table" type practice, the surgeons will end up doing fewer surgeries. Those patients with actual surgical problems will be forced to wait longer for an open slot or go elsewhere due to patients self-referring inappropriately into their schedules. If a busy surgeon chooses to practice in an "Open Table" type practice, he/she will likely have to sacrifice lifestyle, family time and personal health time in order to maintain a steady volume of surgical patients.

Patients certainly would want an "Open Table" type practice of medicine because they pick who they see and when and there is no penalty to them if they choose wrong or cancel at the last minute. Patients also want a "Virgin Atlantic" type experience and often want a "Virgin Atlantic" type doctor who is hard to get in to see but absolutely worth the wait. In the next 10 years, we physicians will need to decide and figure out how to balance these types of practices involving patient access, satisfaction, and appropriate care by appropriate physicians. I have my preference....Do you have yours?



Have an idea for a story, a topic you want to see covered or information that you feel is important to share with your fellow WCMS members?

Please submit them to our office:

admin@wcms.org

WCMS Board Meeting Schedule

2017-2018

October 11
November 9
December 21
January 11
February 8
March 8
April 19
May 10



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MSSNY 13th Annual Poster Symposium March 23, 2018

for Residents, Fellows and Medical Students



Enter your poster in

- Clinical medicine (includes clinical research, health policy, quality improvement, medical education)
- Clinical vignettes
- Medical student research

Submit entries in abstract form to sbennett@mssny.org by **Jan 5, 2018, 4 pm**

Submission eligibility

All entrants must be

- Active in a residency/fellowship training program, or medical students
- Current MSSNY members. Join at www.mssny.org
- Able to attend 2018 MSSNY House of Delegates meeting to present and discuss entry
- Entrants are responsible for travel and related costs

Deadline for abstract submission

4 pm, January 5, 2018

Presentations will take place at

MSSNY House of Delegates
Friday, March 23, 2018, 2 – 4:30 pm
Adams Mark Hotel
Buffalo, New York

Medical Society of the State of New York

For further information contact

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Department of Health

ANDREW M. CUOMO
Governor

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

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

**Medicaid Fee- for- Service Providers
Dispense Brand Name Drug when Less Expensive than Generic Program**

Effective 10/19/2017, the following changes will be made to the Dispense Brand Name Drug when Less Expensive than Generic Program:

- **Differin, Strattera, and Tazorac cream** will be **REMOVED** from the program.
- **Fosrenol chew tablet** will be **ADDED** to the program.

In conformance with State Education Law which intends that patients receive the lower cost alternative, brand name drugs included in this program:

- **Do not require 'Dispense as Written' (DAW) or 'Brand Medically Necessary' on the prescription.**
- Have a generic copayment.
- Are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).
- Do not require a new prescription if the drug is removed from this program.

IMPORTANT BILLING INFORMATION

Prescription claims submitted to the Medicaid program **do not require** the submission of Dispense as Written/Product Selection Code of '1'; **Pharmacies can submit any valid NCPDP field (408-D8) value.**

List of Brand Name Drugs included in this program* (Updated):10/5/2017

Adderall XR	Focalin XR	Tegretol XR
Aggrenox	Fosrenol chew tablet	Tobradex suspension
Alphagan P 0.15%	Gleevec	Trizivir
Benzaclin pump, gel	Hepsera	Valcyte tablet, solution
Butrans	Kapvay	Voltaren Gel
Catapres-TTS	Myfortic	Vigamox
Cellcept suspension	Pataday	Xeloda
Copaxone 20mg SQ	Patanase	Xenazine
Diastat	Protopic	Zyflo CR
Edecrin	Pulmicort Respules	
Exelon Patch	Retin-A cream, gel	
Focalin	Tegretol suspension	

*List is subject to change

Please keep in mind that drugs in this program may be subject to prior authorization requirements of other pharmacy programs, promoting the use of the most cost-effective product.