WESTCHESTER PHYSICIAN

September 2009 Vol. 20 No. 1

It's Good to be Back

Brian O. Foy, Executive Director

I am delighted to be onboard and serving as your new Executive Director! I officially assumed the position on September 8th and I want to extend my sincere appreciation to the WCMS Board of Directors for their collective trust and confidence in offering me the job. I also want to extend additional thanks to Dr. John Stangel and Dr. Thomas Lee for their leadership of the Board and Search Committee respectively.

As many of you know, I previously served as your Executive Director from 1995-1998, when the headquarters were located in the Carl and Lilly Pforzheimer Memorial Building in Purchase. I left WCMS in January of 1998 to accept the position of Executive Director of the Oklahoma State Medical Association in Oklahoma City, where I served until the end of 2006. After 18 months of consulting for a national health information company, followed by a year in Florida working with a medical association management firm, I was excited about the chance to return to Westchester and resume my career in organized medicine in the great State of New York.

With over 21 years of association management experience with county, state and specialty medical societies around the country, I believe I have the broad experience and understanding of the health care system to, in partnership with elected leadership, guide the direction and efforts of the WCMS on behalf of its members and the patients they care for. I'm sure many of you listened to President Obama's speech to Congress on September 9th and realize that some form of change in the health care delivery and payment system is just around the corner. What that reform will look like and exactly when and how it will take effect depends upon many factors. However, rest assured that **your** WCMS, working closely with the Medical Society of the State of New York (MSSNY) and the American Medical Association (AMA), will be at the forefront of that debate. Your voice and input into this process will be critical. We want to hear from you! Your WCMS Board, in collaboration with its various committees (legislative, membership, public relations) will be formulating position statements, or "guiding principles," if you will, to be used in our discussions with key policy leaders at the local, state and national levels. **Please join us in this effort!** How, you may ask? Call the Society at (914) 967-9100, write us, email me at **bfoy@wcms.org**, or agree to serve on one of our committees. It will take a small amount of your time but your efforts will certainly benefit your WCMS Leadership Team, your profession and your patients. This is not the time for apathy. It is time for action.

I look forward to meeting many of you in the weeks and months ahead. Feel free to call me or stop by our office in White Plains to say hello. I promise you a fresh cup of coffee or a cold soda. Thank you for your membership and support of the WCMS. ✦

A Look Inside . . .

The Westchester Physician
Published by the
Westchester County Medical Society

333 Westchester Avenue
Suite LN-01
White Plains, NY 10604
(914) 967-9100 / FAX (914) 967-9232

Mark Your Calendar

September 30, 2009
Pediatric Section Meeting
Westchester Medical Center

October 1, 2009
WCMS Board Meeting—6:30 pm
WCMS Offices

October 6, 2009
Ophthalmology Section Meeting
Graziella's, White Plains

October 28, 2009
Fourth Annual Massachusetts
General Hospital Lecture Series
Mount Kisco Medical Center

November 12, 2009
WCMS Board Meeting—6:30 pm
WCMS Offices

March 9, 2010
MSSNY State Legislative Day
Albany, NY

April 16 – April 18, 2010
MSSNY House of Delegates
Westchester Marriott, Tarrytown

Member News

New Members

Anthony D. Mercando, MD
(Internal Medicine/Cardiology)
Scarsdale, NY

Patrick Maloney, MD
Allergy and Immunology
Scarsdale, NY

Life Members

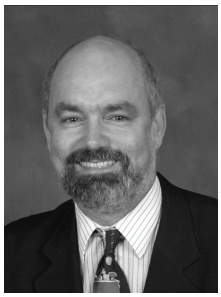
Melvin Brown, MD
WCMS member for 49 years

Jack Eisert, MD
WCMS member for 44 years

Eric Zitzman, MD
WCMS member for 41 years

From The Editor

By Peter Acker, MD



My pediatric office has been humming recently.

Ironically, the swine flu pandemic has breathed new life into my group practice which quite frankly had fallen into a state of lassitude along with the economy during the winter and spring. In June, it was a lot of the real thing. Now it is worried phone calls, long conversations with each and every parent who has brought their child in for a check up, on the current status of the epidemic. It is fun to be busy again, but I can't quite shake off the feeling that it is a guilty pleasure. In fact, to add to my disquiet of extracting some enjoyment from a situation that will undoubtedly cause suffering on a massive scale, I find my self fascinated, even enthralled to be participating in the continuing education that is mandatory for every primary care physician during this time of an unfolding of a pandemic with all its twists and turns and updates.

At our local hospital, we are engaged in discussions of preparation that include seeking volunteer docs to get a quick update on ventilator management. Call me crazy, but I want be one of the first in line. I suppose it's like a fire fighter heading for a fire. Part of the feeling must be, "this is what I trained for" and not, "I'd rather be back at the firehouse, playing cards and petting a spotted dog."

Of course, it is not all fun as tensions rise in our slightly downsized and now overworked staff and yesterday I found myself besieged by waiting patients, phone calls, and urgent questions from staff. Right now, people are pouring in for seasonal flu shots, and our staff is knee deep in all the logistics that the giving of massive numbers of immunizations entails. And added to their burden is the constant hum of anxiety. There is tremendous misunderstanding among many of our patients about the difference between the seasonal flu and the H1N1 flu and our staff members are repeatedly and patiently explaining while a long line forms. Like old times, I thought, and I began to think longingly back to the quiet days when I had time to sit down with the newspaper.

Discussions are also ongoing here at the Medical Society and plans are in the works to send emails with information on the pandemic in conjunction with the County Health Department. Please, if any of you have the time, I would love to see some written accounts of how you are dealing with it.

Any comments can be sent to my email at **Peterrba@aol.com** ✦

ATTENTION WCMS MEMBERS

The WCMS welcomes "Letters to the Editor" regarding the content in this publication. Please email or fax your letters to **bfoy@wcms.org** or fax to **(914) 967-9232.**

The Search for Common Ground

John J. Stangel, MD, WCMS President

I've been attempting to reconcile the information I'm hearing and reading about the developing health care legislation. I watched the president's speech to Congress and have re-read the text many times. It hurts me to see a medical system that I consider one of the best in the world being threatened. What I see is a battle for the major portion of our federal budget and for political power. The current proposed plan, HR3200, will be enormously expensive at a time when we are desperately trying to recover from the worst recession since the Great Depression. Unemployment is high, approaching 10 percent. A White House fact sheet states that the proposed legislation will cost $948 billion over 10 years. These costs will be offset by cuts of $622 billion from Medicare and Medicaid over 10 years. The plan is to cut waste and abuse, although there is a question as to what constitutes each. The bill will remove funds from Medicare and Medicaid, which will make it more difficult to treat millions of older Americans, and funds for hospitals and physicians will be reduced. Contrary to repeated reassurances from Washington, I anticipate federal spending will increase at a time when we as a nation cannot afford it. The federal budget deficit at 5 p.m. on September 11, 2009, was $11.7 trillion. It's even higher now.

I appreciate the fact that Massachusetts has experimented with universal health care for three years. It would be wise for us to examine its experience before we embark on this national health care experiment. During the three years of its health care program, the state has incurred a 70 percent increase in health care costs. Analysis has shown that once the state provided health insurance to the previously uninsured, utilization increased significantly. The state has balanced this increase by reducing payments to hospitals. Boston Medical Center responded by filing a lawsuit against the state because its reimbursement has been reduced to 64 cents on the dollar for low-income patients. The Massachusetts experience shows us that with universal health care, one can anticipate increased utilization and an increase in costs. This appears to be an example of the law of unintended consequences. I anticipate that universal health care will further increase health care costs far beyond projected estimates and will do little to improve the quality of care for our patients.

Since the plan being discussed speaks only in generalities, Americans really don't know what this plan ultimately will mean for them. Many of those who publicly and honestly have disagreed with the proposed reforms have been accused of spreading lies. Others suggest that since this will affect our society and country in a profound way, perhaps we do need to move more slowly. These people are called obstructionists. This does not seem like the inclusive language of compromise.

When listening to the president's speech, I found a number of things disturbing; I also felt his tone was combative for someone who is looking for common ground. There were parts that I found pleasing, such as the possibility of tort reform. There was one particular sentence at the beginning that struck me as being so significant that I returned to the published text to re-review it. On page four of the White House text, in the middle of the page, is the following sentence: "We will place a limit on how much you can be charged for out-of-pocket expenses, because in the United States of America, no one should go broke because they get sick." That sentence appeared in a paragraph of the speech clearly directed toward insurance companies. However, if this proposed legislation were to pass, it would set a dangerous precedent, as it would only be a small jump to go from insurance companies to physicians. *(continued on page 15)*

It's the Liability, Stupid

Joseph McNelis, MD, WAM President

It does not matter if the cat is black or white, so long as it catches mice.
-Deng Hsiao Ping

I've been tempted/Lord, I've been tried.
I've been discouraged/On every side.
While traveling/Through this land, Lord
I will do/The best I can
Just on the Jordan/Sweating and tired, Lord have mercy
I see Canaan/On the other side
When I get there/I'll take my stand
Lord I'll do/The best I can
I'm a Pilgrim/Nothing but a stranger
Everyday I'm traveling/This old barren land
But I'm not worried, I got a home/Somewhere in yonder City
I will do/The best that I can.
-Paul Foster

(This article is being re-run in its entirety since the ending paragraphs were inadvertently left out of its first run in the August 2009 issue.)

On June 15, 2009, President Obama delivered a speech to a national meeting of AMA delegates. This was quite timely as the AMA leadership had publicly expressed reservations with the proposed health plan. The President focused on the economic imperatives behind the plan. "Make no mistake: the cost of our health care is a threat to our economy. It is a ticking time bomb for the federal budget and it is unsustainable for the United States of America." The President then cited the examples of uninsured individuals, physicians assaulted by insurance bureaucracy, and strains on small and large businesses by escalating health bills."If we fail to act, one out of every five dollars we earn will be spent on health care within a decade. In thirty years, it will be about one of every three - a trend that will mean lost jobs, lower take home pay, shuttered businesses, and a lower standard of living for all Americans."

The President enumerated several initiatives for cost savings including electronic records, more preventive care, and eliminating excess treatments that patients don't need. In the last category, the President discussed Dr. Guwande's article in The New Yorker on care in McAllen, Texas, using it as an instrument to deride physician-owned specialty hospitals. The President furthermore extolled the pay for performance formulas to reward quality over quantity of care and promoted directing more young physicians toward primary care medicine.

President Obama then threw a haymaker which stunned even the most grizzled and cynical physicians."Now I recognize that it will be hard to make some of these changes if doctors feel like they are constantly looking over their shoulder for fear of lawsuits. Some doctors may feel the need to order more tests and treatments to avoid being legally vulnerable. That's a real issue."After a short pause, the cynics had their faith restored by the President."And while I'm not advocating caps on malpractice awards which I believe can be unfair to people who've been wrongly harmed, I do think we need to explore a range of ideas about how to put patient safety first, let doctors focus on practicing medicine, and encourage broader use of evidence-based guidelines. That's how we can scale back the excessive defensive medicine reinforcing our current system of more treatment rather than better care." Some, nonetheless, saw this as a very promising development. Tort

(continued on page 6)

It's the Liability, Stupid *(continued from page 5)*

reform had barely been mentioned as an issue by the Republicans, and certainly not by the Democrats. Professional societies such as the AMA had decided long ago to keep it on the very bottom of its list of talking points. Maybe the President has a few physician friends with whom he has been talking. Some pondered whether this would become a Nixon in China moment. Bad news arrived for the President in July as he was starting the legislative battle. On July 16, the Congressional Budget Office estimated a ten year cost of $1.1 trillion for the health plan, adding significantly to previous projections. On the afternoon of Friday, July 17, President Obama delivered a 'rally the troops' talk, rejecting the CBO's estimates and recapitulating some of the salient points of his AMA talk. He once more focused on the economic benefits of the health plan."Let me repeat: Health insurance reform cannot add to our deficit over the next decade and I mean it. Already, Congress has embraced our proposal to cut hundreds of billions of dollars in unnecessary spending and unwarranted giveaways to insurance companies in Medicare and Medicaid. So we actually believe that two-thirds of the cost of reforming health care could be achieved through these savings alone, without any new revenue."

The President possesses a glass two thirds full attitude and not a glass one third empty attitude. Nonetheless, he recognizes the need to fill the void."Of course, that still leaves one third of the costs in order for us to cover all Americans that we're still going to have to find a way to pay for it. And the key committees in Congress are working diligently with the White House to see if we can come up with an agreement on that remaining one-third."A significant part of the savings would be determined by an advisory panel."That is what we mean when we say that we need delivery system reform. I've proposed to Congress, and I am actually confident that they may adopt these proposals, that independent -- an independent group of doctors and medical experts will oversee long-term cost-savings measures. While he did mention this council of advisors in the AMA speech, it was not as clearly emphasized as in his shorter exhortation. Of note, he did not mention malpractice reform in the July 17 address.

A prime time Presidential press conference was convened on July 22 in order to stimulate momentum for the health care program. The President reviewed much of the discussion from the previous two talks. Talking to a general audience, he seemed to deemphasize economic figures and stressed straightforward principles. President Obama stumbled uncharacteristically when expounding on a rather nonthreatening question on insurance benefits and coverage."Right now, doctors a lot of times are forced to make decisions on the fee payment schedule that's out there. So if they're looking and you come in and you've got a bad sore throat or your child has a bad sore throat or has repeated sore throats, the doctor may look at the reimbursement system and say to himself, 'You know what? I make a lot more money if I take this kid's tonsils out. Now, that may be the right thing to do, but I'd rather have that doctor make those decisions just based on whether you really need your kid's tonsils out or whether it might make sense just to change-maybe they have allergies. Maybe they have something else that would make a difference." The President applied Gawande's article on limited overuse of services at physician run hospitals in McAllen, Texas in a general fashion. As a result of his tone deafness, he alienated more than the otolaryngologists. Once more, up to that point and for the remainder of the press conference, malpractice reform was not mentioned.

Perhaps tiring of the health care repartee, the President ended the conference with a planted question from Lynn Sweet regarding his good friend, Professor Henry Louis "Skip" Gates. The hemi-Hibernian Gates recently had demonstrated the royal Celtic rite of "fronting "to Sgt. James Crowley, a long lost relation from the Auld Sod. The softball becomes a beanball for the President and, as a result, much needed momentum was lost. *(continued on page 7)*

It's the Liability, Stupid *(continued from page 6)*

The behavior of the AMA thus far has been curious. Shortly before his initial remarks in June, the AMA had expressed doubts about the President's proposals. By the time of the July 22 conference, they were on board with the plan. The prospect of being part of the "independent" group of advisors must outweigh lobbying for tort reform, the number one concern of the rank and file. One could advance the argument of a PricewaterhouseCoopers' study that about 10% of health care costs is related to medical malpractice lawsuits, with 2% caused by direct costs of the lawsuits and 5-9% from defensive medicine. Oddly enough, President Obama has been the only major player to discuss tort reform, for the AMA and the other societies have abandoned the issue. As Lord Acton stated, "Power corrupts, and absolute power corrupts absolutely."A more contemporary saga would have given some Godfathaly advice to the AMA leadership that such a sellout would eventuate the Big Payback of mass membership desertion.

President Obama grabbed the attention of the medical community by broaching the topic of malpractice reform, much as he lit a fire in the Middle East after his June 4 Cairo address. Likely emboldened by Obama's words of hope and change, the beautiful, diffident, yet suddenly bold Neda Soltan reportedly shouted "Death to the Dictator" moments before her web-transmitted martyrdom. The President preferred not to "meddle" and remained silent as the bloody repression continued. One certainly could argue that this is the proper response to the millenialist machinations of Khameini, Ahmadinejad and the entire Khomeiniac cabal, as the regime may be in the process of imploding. As for malpractice reform, a little more meddling may be the needed ingredient to save his health care program.

President Obama possesses an uncanny ability to turn lemons into lemonade, and sometimes pungent urine into the smoothest lager. Regardless of the fear of 'pumping up the volume', one must ask just how much this charismatic President is obliged to follow the dictates of the trial lawyers lobby. He was their third choice behind Sen. Edwards and Sen. Clinton. If everything had gone as they planned, he would have been Commerce Secretary right now. He can continue to Rahm unsuccessful legislation down our throats or he can make the requisite changes and reach for greatness.

Much has been made about the wall erected by those dressed in blue and even by those dressed in white, but little is heard about the exponentially more impenetrable wall constructed by those dressed in weasel. The President can strive to earn a deserved bust for posterity on Rushmore. He also can commence preparations for a somber legacy-ending bust of a speech, done in staid, yet fashionable cashmere. These are the times, in borrowing a phrase, to act stupidly. President Obama, tear down that Wall! ✦

2010 Membership Dues Statements

Your 2010 Dues Statement is in the mail.

The strength of the WCMS comes from the support of our membership. Please remit your dues as soon as possible so that we can continue to work on your behalf.

Commissioner's Corner

2009 (H1N1) INFLUENZA *(formerly novel H1N1)* Physician Guidelines

Yonhee Cha, MD, Director,TB and Communicable Diseases
Ada J. Huang, MD, Deputy Commissioner, Disease Control
Joshua Lipsman, MD, JD, MPH, Commissioner of Health

As winter approaches, Westchester healthcare providers can expect to see an increase in the number of patients with influenza-like illness (ILI). Some of these patients may be infected with 2009 H1N1 influenza A, formerly referred to as "2009 H1N1 or swine flu". Many others will be concerned that they may have "swine flu."

The guidelines for response to 2009 H1N1 may change quickly as our knowledge of this virus develops. We urge all Westchester physicians to monitor the Professionals' Corner section of the Westchester County Health Department website at: **www.westchestergov.com/health/physicianscor.htm** for updates on these guidelines. Information also is available at the websites for the CDC at **www.cdc.gov/h1n1flu/**, the New York State Department of Health at www.**health.state.ny.us/**, and the Medical Society of the State of New York at **www.mssny.org**.

Vaccination

A vaccine for 2009 H1N1 is in production and the first doses should be available by late-October or early November. Westchester County Executive Andy Spano has asked that all obstetricians, pediatricians and other primary care providers register with New York State to receive free 2009 vaccine for their patients. In order to avoid overwhelming hospitals and emergency services, it would be beneficial for as many healthcare providers as possible to distribute this free vaccine to their own patients. Providers may charge patients for the cost of administering the vaccinations.

To register, please visit **https://hcsteamwork1.health.state.ny.us/pub**. It is recommended that first priority for vaccination be given to the following populations:

- Pregnant women.
- Household contacts and caregivers for children younger than 6 months.
- Healthcare and emergency medical services personnel.
- All people six months to 24 years of age, with priority given to any child between 6 months through 4 years, and also for children between 5 and 18 years of age with chronic medical conditions.
- Persons aged 25 through 64 who have health conditions associated with higher risk of medical complications from influenza

Although infants less than 6 months of age have the highest risk of complications from 2009 H1N1, neither seasonal flu nor H1N1 vaccines are licensed for their use. 2009 H1N1 vaccine does not protect against seasonal influenza.

The safety profile of the 2009 H1N1 vaccine is likely to be the same as with seasonal influenza vaccine. Early test results do not suggest significant adverse effects.

(*continued on page 9)*

2009 (H1N1) INFLUENZA *(formerly novel H1N1)* Physician Guidelines

(continued from page 8)

Whether patients are vaccinated or not, frequent hand washing and respiratory etiquette are extremely important means of preventing infections of many kinds. We urge health care providers to remind all patients to protect themselves with good hand hygiene and covering coughs and sneezes.

Symptoms and Epidemiology

The incubation period for 2009 H1N1 is most likely estimated one to four days, possibly out to seven days. The symptoms of infection are similar to those of seasonal influenza A, except that vomiting and diarrhea have been more common in 2009 H1N1 cases. 2009 H1N1 is likely to affect a higher number of individuals than seasonal flu because a greater number of younger people have no immunity against 2009 H1N1, but to date, has been no more severe and resulted in fewer complications and deaths.

Based on available data, infants and children under age 4 are most likely to suffer complications from 2009 H1N1. Pregnant women are 4 times more likely to be hospitalized with 2009 H1N1 compared with the general population. The largest number of 2009 H1N1 cases have been in children and young adults between the ages of 5 and 24 years old. To date, 2009 H1N1 has made more young people ill, whereas seasonal flu continues to make more older people ill.

Patient Triage

- Patients who are not at high risk of flu complications and have a fever ≥100° F, plus a cough or sore throat, should generally be advised to stay home until they feel completely well for a day. Patients should be advised **to call your office first** for any questions. They should generally be advised **not to go to a hospital or your office**, where they might be exposed to sicker people or infect others.
- Patients who are high risk of flu complications should be advised **to call your office first** to discuss whether they need medication or to be seen, and not go to a hospital unless they have severe symptoms.
- Patients with severe symptoms such as difficulty breathing, dizziness or confusion, bluish skin color, or intractable vomiting should be referred to an emergency room or hospital.

Testing

In contrast to most clinical laboratory testing, specific laboratory testing for 2009 H1N1 flu is being done for epidemiological purposes to establish the characteristics of the infection for a population, or monitor the development of resistance to antiviral medications. The testing capacity for 2009 H1N1 flu remains limited and expensive and **is not indicated for most patients** because the results of such testing should have limited or no impact on patient management, infection control, or recommendations for camps, schools, workplaces or other settings. The sensitivity for rapid flu testing is 40%-69% for 2009 H1N1 and 60%-80% for seasonal flu. **Decisions to initiate treatment with specific antiviral agents, infection control measures, etc. should be made based on clinical findings, and not rapid or other flu testing results.**

(continued on page 10)

2009 (H1N1) INFLUENZA *(formerly novel H1N1)* Physician Guidelines

(continued from page 9)

Surveillance

A priority for 2009 H1N1 testing is to monitor for changes in severity of illness, unusual presentations, or the development of resistance to antiviral medications compared with seasonal flu.

Routine surveillance systems, which have been in place for years and are the basis for reports published regularly in the CDC's MMWR, or posted on the NYSDOH website, will be used to monitor mild and most 2009 H1N1 disease. **Specific laboratory testing for 2009 H1N1 is planned only from selected hospitals throughout New York State.** These are currently being identified and additional information will be provided as soon as available. Monitoring of flu activity in schools also is being done.

Treatment

Most individuals with influenza will recover without complications and without antiviral treatment. The Centers for Disease Control (CDC) recommends prioritizing antiviral use for patients who are severely ill (hospitalized), and patients ill with ILI **AND** who are at high risk for influenza-related complications. For these high risk patients, antiviral treatment should begin immediately. These high risk patients are listed below:

- Patients with suspected or confirmed 2009 H1N1 who medically require hospitalization
- Patients with suspected or confirmed influenza who are at higher risk for complications, including:
- Children younger than 5 years old (children under 2 years old are at higher risk for complications than older children)
- Adults 65 years and older
- Pregnant women
- Asthmatics
- People with certain chronic medical or immunosuppressive conditions
- Persons younger than 19 years on long-term aspirin therapy
- Residents of nursing homes and chronic-care facilities.

When treatment is indicated, the CDC currently recommends two neuraminidase inhibitors for both chemoprophylaxis and treatment of 2009 H1N1. These are oseltamivir (Tamiflu) and zanamivir (Relenza). Inhaled Zanamivir is indicated only for patients seven years of age and older while oral Oseltamivir may be given to patients 1 year of age and older. See **www.cdc.gov.cdc.gov/h1n1flu/recommendations.htm** for detailed antiviral recommendations.

Chemoprophylaxis

Chemoprophylaxis should only be used in limited settings, such as when flu activity or transmission is identified in healthcare settings, and following consultation with local or state public health authorities. **It should not be used for healthy children or adults**. Clinicians are advised to counsel individuals at increased risk for flu-related complications on early flu signs and symptoms and to immediately telephone the office/doctor for evaluation and possible early treatment if these signs and symptoms develop. ✦

Fourth Annual Massachusetts General Hospital Lecture Series
Wednesday October 28, 2009

4:00-8:30 pm

Mount Kisco Medical Group—110 South Bedford Road—Mt. Kisco, NY

Founders Conference Room

DINNER WILL BE SERVED FROM 6:00—6:30 pm

General Sessions *(Room #1)*

4:00 – 6:00 pm

Bruce Rosengard MD
"Advances in Heart Transplantation"

Moussa Mansour MD
"New Advances in the Treatment of Atrial Fibrillation"

6:30-8:30 pm

Ami Bhatt MD
"Current Diagnosis & Treatment in Adolescent Cardiology"

Emad Eskandar MD
"Functional Neurology: Current and Future Directions"

Oncology *(Room #2)*

6:30 – 8:30 pm

Marcela del Carmen MD
"Update on the Diagnosis & Treatment of Ovarian Cancer"

Christopher Morse MD
"Minimally Invasive Esophagectomy"

Gastroenterology *(Room #3)*

6:30 – 8:30 pm

Cristina Ferrone MD
"New Advances in Pancreatic & Liver Surgery"

Daniel Pratt MD
"Management of Hepatocellular Carcinoma"

Radiology

6:30 – 7:30 pm

Mary-Theresa Shore, MSM, CIIP, RT(R)(CT)(MR)
"Understanding Image Quality in the Digital Environment"

There is no charge to attend this program.
For further information contact Dawn Dambach at (914)242-1301

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of the State of New York (MSSNY) through the joint sponsorship of the Westchester Academy of Medicine (WAM) and the Mount Kisco Medical Group. The WAM is accredited by the MSSNY to provide continuing Medical Education for physicians. The WAM designates this educational activity for a maximum of 4.0 AMA/PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. The Westchester Academy of Medicine adheres to ACCME Standards for Commercial Support℠ of Continuing Medical Education. All speakers participating in Continuing Medical Education activities are expected to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentations

A September '09 Snapshot of Health Care Policy Evolution

Amy Newburger, MD

On August 25th, the White House attempted to reach out to physicians nationwide with a teleconference on health reform. I was one of about 1,000 listening in to what many later agreed was a vague, overly optimistic review of what developing reform plans were expected to achieve. The theme was aggressive consumer protection. Every American would receive health care insurance, and there would be no exclusions for pre-existing conditions. There would be no lifetime cap on insurance costs spent for an illness, no doughnut hole for citizens on Medicare, and the major emphasis would be on preventive care. Nobody can argue with these goals, but the devil is in the details. When asked, "What will you do about the crisis in medical malpractice insurance liability costs?" the response was "Oh, we won't have to do anything! Focusing on improving safety measures will reduce malpractice costs." This comment was uninformed and naïve at best, and biased toward the tort industry at worst.

There is no basis for assuming that safety measures, even should they indeed reduce errors, will translate into an actual reduction in malpractice claims. One need only look at New York State history for evidence. According to MLMIC, one of the three malpractice carriers in the state, over $1.2 billion was spent in the last decade defending doctors and hospitals in malpractice actions who were found innocent of wrongdoing, with no award made to the plaintiff. And this was just in ONE state! More than 6 out of every 7 actions conclude without an award in NY State. Claims lacking merit abound.

Other countries have clear consequences for filing frivolous claims, including having the losing side pay the legal costs of the winning side. In the US, however, there is no disincentive or risk to the plaintiff for filing incautiously, creating a feeding frenzy of suits which count on physicians being too busy or dedicated to their practices to be able to properly defend themselves. Innocent defendants may choose to settle, and the frivolous plaintiff wins. The number of malpractice suits in the US dwarfs other countries. Three percent of our GDP is accounted for by tort claims, half of which are in medicine. The tort lawyers' lobby is affluent and active, many legislators happen to be attorneys (as is our President), and they have incentives to maintain the status quo.

President Obama's September 9th address to Congress reiterated and updated the briefing call. Having heard from all sides the importance of including tort reform in the package, he added a zinger about physicians over utilizing resources, perhaps due to the pressures of practicing defensive medicine. Recognizing that this may contribute to increased costs of care delivery (but not alluding to settlements, jury awards, and premiums), he suggested it is time to move forward on some of Bush's local pilot projects regarding Certificates of Merit, "early offers" , and improving safety.

(continued on page 13)

(continued from page 12)

The AMA's decision to support these proposals and HR3200 and then to work to shape them through lobbying, education, and the amendment process common to all developing bills, has been viewed as inadequate by many physicians who are concerned about impending change. Consequently, other organized physician groups have sprung up and have been having impact on the conversation. One such group is Docs 4 Patient Care (**www.Docs4PatientCare.org**), a group of practicing physicians who want to protect the integrity of caring for their patients without government interference in the doctor patient relationship. During their "White Coats to Congress" rally in DC on September 10th, 1,200 physicians who attended from across the US felt they had excellent access to Senators, Congressmen, and their health staffers, and were invited to attend a Congressional subcommittee meeting on healthcare reform, where they were allowed to express their opinions.

A Westchester colleague who attended the rally observed:

> ***Just about everyone we talked to was quite supportive. In fact, it seemed like they were glad we came. They seemed genuinely interested in our perspective (in fact some implied - - What took you so long?). Numerous people on the street stopped us (we all were wearing white coats and therefore stood out) and expressed encouragement. In my opinion, the AMA does not express my views. For instance, I am not in support of HR3200. According to this group (docs4patientcare), the AMA represents approx 17% of US physicians. Those in Senate and Congress were not aware of this.***
>
> ***To me, it is critically important that physicians have a voice in the healthcare reform debate. Even those of us who are completely uninformed know much more about healthcare than our elected representatives making policy decisions. Senators and Congressmen/women in support of HR3200 believe that all objections to the bill are contrived and meant only to derail this legislation. One Congressman from Michigan (John Conyers, 14th District) told us that those opposing HR 3200 were motivated by a desire to embarrass the first African-American President. One Senator told us that legislation is likely to be passed by Thanksgiving. He also told us that it was not too late to influence the outcome of this legislation. He urged us to write our representatives and especially have our patients contact respective Congressional Representatives and Senators. He believes (and I agree) that Congressional Representatives and Senators want to be re-elected and respond to their constituents."***

Within our medical community, I hear differing views of how to best approach this debate. I hear disaffection with the American Medical Association, and have heard comments that the AMA is engaging in the "politics of placation," which has not worked in the World Wars, nor in the Middle East. I have heard AMA supporters say "if you are not at the table, then you are the meal," and change needs to be created in cooperation with Congress so that a bill can pass. Whatever organization is closer to your own ethic, it is critical that legislators hear from physicians TODAY to tell them the impact of the Health Care Reform proposal details on your professional life and the lives of your patients.

If you're not part of the answer then you are part of the problem! ✦

(Please call or email your Senators or Congresspersons so that your opinion will be counted. You can contact the Medical Society office at (914) 967-9100 for their contact information. Let them know how much you care and of your concerns!)

SECTION CME MEETINGS
Westchester Academy of Medicine

PEDIATRIC SECTION

Presents

"Fall Update on H1N1"

on

Wednesday, September 30, 2009 - 8:00 AM

at the

Maria Fareri Children's Hospital—Westchester Medical Center
(1st floor Conference Room)

Speaker

Jose Munoz, MD
Chief, Pediatric Infectious Diseases
Professor of Pediatrics
Maria Fareri Children's Hospital
New York Medical College

OPHTHALMOLOGY SECTION

and the

New York Medical College
Department of Ophthalmology

on

Tuesday, October 6, 2009 - 6:00 pm

at

Graziella's Restaurant —White Plains

Topics and Speakers

"Diabetic Macular Edema: Current Issues in Management"
Gaetano Barile, MD

"Retinal Prosthesis: Techniques and Preliminary Clinical Results"
Lucian Del Priore, MD

"Enzymatic Vitreolysis for Macular Holes and Epiretinal Traction"
Reza Iranmanesh, MD

For further information regarding the Academy Section Meetings, please contact the Medical Society at (914) 967-9100.

The Search for Common Ground

(continued from page 4)

Today, a patient may choose to go out of network for health care services and that out-of-network physician has the right to balance bill the patient for any fee that is above and beyond what is reimbursed by the insurance company. This ability to charge more than the insurance company's rate, referred to as "private contracting," is important to many specialties and has been a right long recognized. For example, an anesthesiologist may come to an agreement with a patient to provide anesthesia for a procedure for $140. The insurance fee is $40, but the anesthesiologist cannot do the procedure for that fee. Through private contracting, the anesthesiologist charges $140 for the procedure, with the insurance company paying $40 and the patient paying the balance of the bill. If this type of agreement happens repeatedly over time, there may be an incentive for the insurance company to raise its reimbursement rate. If private contracting is outlawed — a possible consequence of this legislation — physicians will lose all ability to negotiate fees and there would be no incentive for insurance companies to raise their reimbursements. We are in the process of alerting the AMA to follow this proposal carefully.

On another front, Medicare reimbursements are being threatened. Currently, physicians in Westchester County are paid a higher reimbursement than physicians in lower-cost areas such as Minnesota. Legislators are attempting to eliminate or minimize this geographic adjustment for high-cost areas. This would result in significant reductions in Medicare reimbursements for physicians in Westchester County and would be devastating not only for physicians but for Westchester's hospitals as well, making it almost impossible to provide quality health care.

Medicare reimbursements may face further reductions. On the September 13 edition of ABC's "This Week" with George Stephanopoulos, Sen. Jay Rockefeller (D-W.Va.) mentioned the government's previous record of reducing Medicare payments to certain specialists when it felt those specialists were overpaid compared to other physicians. These types of payment reductions have been taking place since the late 1980s, setting the precedent for the future. These are the facts that physicians must understand when considering any proposal before Congress. If these facts are unacceptable, then we, your medical society, must hear this from all physicians, and especially our members. In a moment, I will discuss how you can share your views with us.

At the end of the day, some form of legislation will be passed with or without our cooperation. Americans need the greater availability of affordable health care coverage and physicians need an end to our constant battles with insurance companies. We must play a role in shaping that legislation. At the same time, we must remain vigilant to ensure that we and our patients are treated fairly.

As your medical society, we are gathering views, both in support of and in opposition to the legislation under consideration, and we plan to present those views to you. We have heard your frustration and agree with much of what you are feeling. The Society will soon be setting up a blog where members can present their views publicly. Most importantly, we will continue following the negotiations and will keep you informed of their progress. We want to ensure that your views are heard. ✦

The WCMS offices will be closed for the following holidays:

Columbus Day—Monday, October 12, 2009
Veterans' Day—Wednesday, November 11, 2009

Dr. Jane Petro Receives MSSNY 2009 President's Citizenship Award

On September 17, 2009, at the MSSNY Council Meeting in Westbury, NY, WCMS member Jane Petro, MD was presented the "2009 President's Citizenship Award" by MSSNY Immediate Past President, Michael Rosenberg, MD.

The President's Citizenship Award is presented to a physician who engages in long term pro bono community service beyond the responsibilities related to their own medical practice.

In 1980, Dr. Petro founded the burn center at Westchester Medical Center and has trained many international graduates who have returned to their countries to practice medicine, and some have since opened a burn hospital in their own country. She has made unending missions of mercy to heal the needy children of the world beginning with Kenya and has journeyed to Ghana, Beirut, Colombia, Ethiopia, Egypt, Honduras, Zambia, Zimbabwe and Australia. Her work with Healing the Children has allowed her to perform many surgery missions to correct cleft palates and treat burns, cancer and trauma in Central and South America.

As stated in Dr. Rosenberg's award presentation, "Dr. Petro is a gifted surgeon, an inspiring teacher, an ambassador to all children in need, an advocate to eliminate healthcare disparities for all, and a mentor to physicians in New York and around the world . . ." ***Congratulations, Dr. Petro!*** ✦

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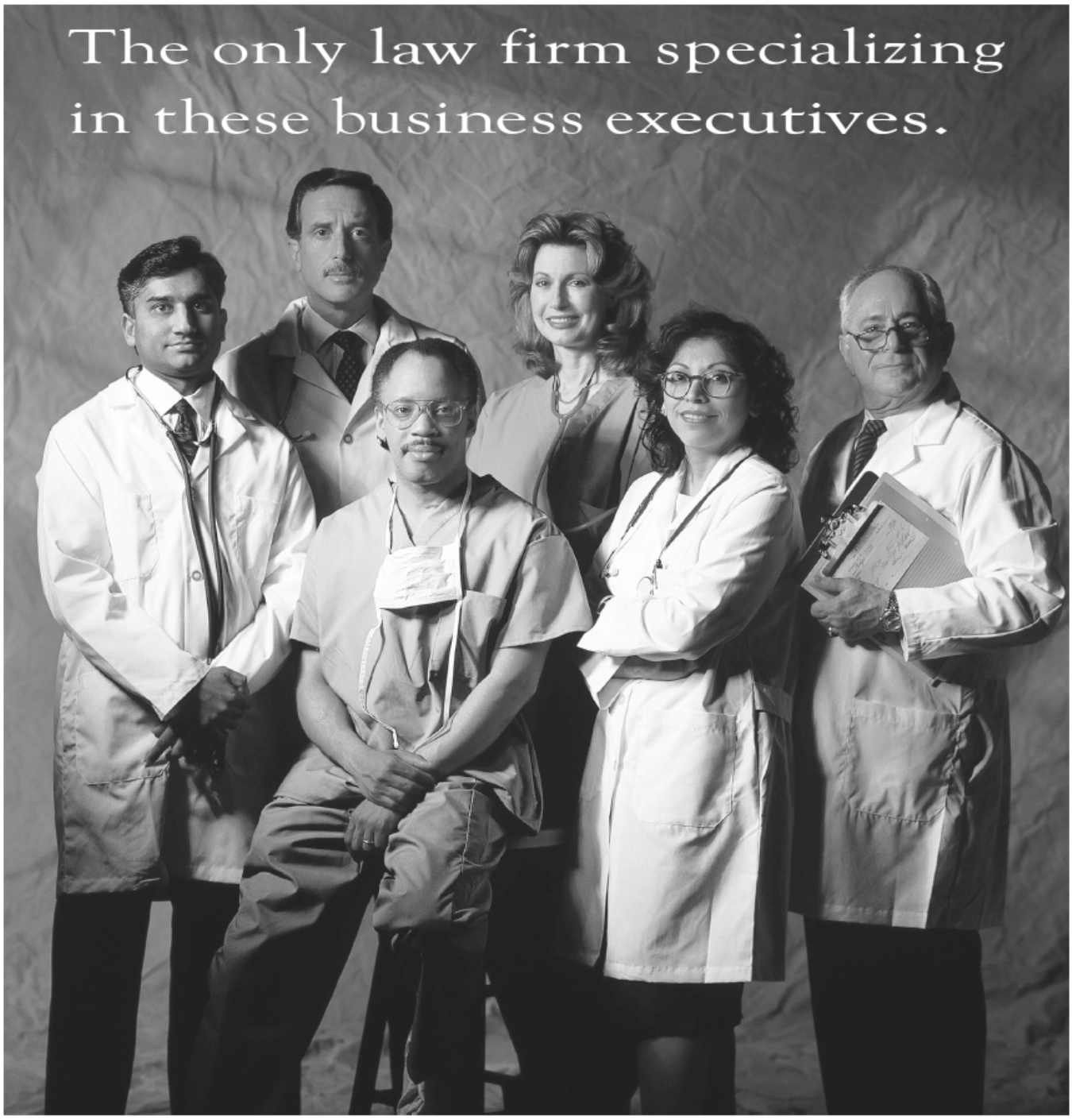

WESTCHESTER COUNTY MEDICAL SOCIETY
333 Westchester Avenue
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