Westchester Physician

February 2010 Vol. 20 No. 6

MSSNY Legislative Day
March 9, 2010

An Invitation from your President, John J. Stangel, MD

TOGETHER…WE ARE STRONGER!

The Massachusetts election has taught us that together we can change the world. This is a time when your presence in Albany can reshape medicine in New York. The need is now! On Tuesday, March 9th, your Westchester County Medical Society (WCMS) will join hundreds of other physicians from around the state in our annual, organized pilgrimage to Albany. Will you be joining us?

Why Do We Go?

While some of us have made the time over the years to get to know our elected leaders both professionally and personally, this day offers us the opportunity to collectively speak as **ONE LOUD VOICE** on behalf of our profession, our practices, AND most importantly, our patients and their families!

What Is My Commitment?

Just one day away from your practice…that is all we ask.

What Can I expect?

Here are just a few things we have in store for you this day:

- A free bus ride to/from our State's Capitol *(buses will leave WCMS at approximately 6:30 am and return at approximately 7:00 pm)*.
- Refreshments on the bus and lunch courtesy of MSSNY.
- A Rally on the Steps of the Capitol to show physician unity *(bring your lab coat)*.
- Talking points to prepare you for meetings with your Legislators both in Albany and back home.
- Legislative briefings from both MSSNY Leaders and Legislators *(including the Governor)*.
- A day of collegiality and education amongst friends and "friends-to-be".
- The opportunity to make a difference.

OKAY…I'm Going! Now What?

Complete all the tasks below and contact the WCMS at (914) 967-9100 or via email at ***doneill@wcms.org*** to reserve seats on the buses **TODAY!**

- ☑ **I have saved the date**
- ☑ **I have RSVP'd with WCMS (914) 967-9100**
- ☑ **I have invited a colleague, staff and/or spouse to join me**

And finally, ***don't forget your Lab Coat!*** ✦

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

February 23, 2010
WCMS Delegates Meeting—6:00 pm
WCMS Offices

March 1, 2010
CME Meeting—5:00 pm
WCMS Offices

March 4, 2010
WCMS Board Meeting—6:30 pm
WCMS Offices

March 9, 2010
MSSNY State Legislative Day
Albany, NY

March 23, 2010
WCMS Membership—6:00 pm
Pleasantville Country Club, Pleasantville

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

YOUR NEWSLETTER SUBMISSIONS ARE WELCOME

We encourage our members to submit articles, letters to the editor, announcements, classified ads, members in the news, etc. for publication in the ***Westchester Physician.*** The deadline for the February issue is **Monday, March 1st**.

Please email these to Peter Acker, MD, *Editor* at **Peterrba@aol.com** and Lori Van Slyke, *Newsletter Coordinator* at **lvanslyke@gmail.com.**

From The Editor . . .
Book Review: The Measure of Our Days

by Jerome Groopman MD, published 1997 by Viking Penguin

By Peter Acker, MD

(I reread a book recently that I reviewed almost ten years ago, Jerome Groopman's The Measure of Our Days. I suppose I was drawn to it because the seismic changes that have been rocking medicine over the past decade. I found just as compelling and relevant as the first time and I think that this, his first book, is still his best. My review is reprinted below.)

Today's climate of HMO's and increasing patient demands causes some of us at least to harken back to the days when medicine was less technological and at least in our memories more pure. Central to this yearning is the feeling that that we perhaps are not experiencing, to the same extent, the kind of fulfilling relationships with patients in which we make a substantial difference in their lives. A compelling argument that practicing medicine the way it *should* be practiced is still possible even in a major medical center and in two of the toughest of fields, oncology and AIDS, is found in the collection of clinical tales by Jerome Groopman, MD, entitled The Measure of Our Days. Dr. Groopman, a Professor of Immunology at Harvard, a leading researcher in both cancer and AIDs, has written a remarkable and moving account of his work with eight different patients.

I first encountered Dr. Groopman's writing several years ago in the ***New Yorker***, which has traditionally offered articles about medicine under the rubric Annals of Medicine. I have been an avid reader of these articles for many years and remember vividly those written by the late Berton Rouche who while not a doctor, wrote fascinating accounts of unusual medical cases (collected in a volume called The Ten Blue Men). So I generally pounce on these articles as I did Dr. Groopman's though I wondered if he would come close the great Berton Rouche. I quickly became enthralled with the tale (which was to become the lead chapter of The Measure of our Days) of a venture capitalist with terminal cancer who has come to Dr. Groopman as a last resort and who treats his own illness as just the latest in a string of high risk enterprises. Groopman is an uncommonly skillful and sensitive writer and is able to achieve what evades so many doctor writers: a compelling narrative. The inherent drama of medicine draws many of us into writing about it, but many that try are humbled by the task of transporting that drama to the printed page. This particular narrative has some truly astonishing twist and turns involving self discovery, though this is decidedly different than your standard Reader's Digest account of cancer treatment. It delivers all the punch of a finely honed work of fiction.

When this collection was first published I read it with alacrity and the tale mentioned above had lost none of its power upon a second reading. I read the other seven pieces with great interest and it is not meant as criticism to say that none of the other stories soar quite to the heights of the first. The overarching theme of the book, as can be imagined by the specialty of the author, is the way doctor and patient confront the crisis of a life threatening illness and how it changes both. Of course, as a top doctor in a top hospital, Dr. Groopman has considerable resources and the latest advances at his fingertips which ironically in some cases serve to turn what would have been a short and sweet demise in days past into a prolonged struggle lasting years with numerous twists and turns, highs and lows. In less deft hands, this could easily become rather maudlin and repetitious, but Groopman is able to delve into the unique circumstances and personality of

(continued on page 12)

Commissioner's Corner . . . Childhood Lead Poisoning Prevention

Jo Anne Reed, RN, MA, Health Services Coordinator
Maureen Bradley, FNP-BC, Clinical Coordinator
Cheryl Archbald, MD MPH, Deputy Commissioner, Community Health

Although public health efforts have reduced the incidence of lead poisoning among children, lead poisoning continues to be a public health concern in the United States. Children with elevated blood lead levels (BLLs) are at risk of neurological and cognitive impairment.

Based on the most recently available data from the New York State Department of Health for New York State, the incidence rate of children under six years newly identified with BLLs ≥ 10µg/dL declined 68 percent from 1998 through 2007. In 1998, the number of children identified with elevated blood lead levels was 29 per 1,000 children tested, and this rate declined to nine per 1,000 children tested in 2007.

New York State Public Health Law 67 regulates the blood lead testing, reporting, and follow-up of children identified with elevated blood lead levels. Routine blood lead screening is required for children six months to six years of age, with blood lead testing occurring at ages one and two years. Westchester County's pediatric health care providers continue to be at the forefront in conducting lead testing for children. Statewide, approximately 60 percent of children receive lead testing at or around one year of age and 52 percent receive lead testing at or around two years of age. In Westchester County, these rates exceed the statewide average, with 73 percent of Westchester County children receiving lead testing at or around one year of age and 68 percent receiving lead testing at or around two years of age.[1]

In June 2009, significant changes went into effect with regard to the New York State regulations for provider follow-up and medical and environmental case management of children with elevated blood lead levels. Prior to these changes, children identified with elevated blood lead levels received medical and environmental case management through the local health department's lead registry, beginning with a confirmed venous blood lead level of ≥ 20µg/dL. The updated New York State regulations lowered the criteria of registry admission to a confirmed venous BLL of ≥ 15 µg/dL. In addition, the updated regulations expanded the age limit of lead poisoned children, requiring case management to be provided to all children with elevated blood lead levels up to 18 years of age.

The Westchester County Department of Health's Lead Poisoning Prevention Program (LPPP) facilitates medical case management, environmental investigations to determine the source of lead exposure, and a home nursing assessment for children on its lead registry. Case management includes ensuring that children on the registry receive monthly venous follow-up testing by their health care providers until their blood lead levels decrease to below 15µg/dL, at which point BLL testing is given every three months until blood lead levels decrease to below 10µg/dL. The Westchester LPPP also collaborates with health care providers to ensure that children with confirmed venous BLLs ≥ 45 µg/dL obtain immediate referral to the Montefiore Medical Center Regional Lead Resource Center for evaluation and chelation.

(continued on page 6)

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Commissioner's Corner . . . Childhood Lead Poisoning Prevention

(Continued from page 4)

Although routine blood lead screening is not recommended for children six years and older, health care providers may identify a need to test older children as a component of a diagnostic evaluation for developmental or behavioral concerns, for suspected occupational exposure, or if the child is an immigrant or refugee from a country endemic with lead. Westchester's LPPP assists health care providers in identifying appropriate follow-up services for older children found to have elevated blood lead levels.

The majority of lead exposure is due to old housing stock with lead paint and dust. However, other sources of lead exposure have increased in recent years due to the increased importation of children's toys and candies. For example, toys made in China and candies produced in Mexico have been found to have increased lead levels. Other sources of lead exposures have also been found in ethnic and cultural products. Kohl, a cosmetic from the Middle East and East Asia, is used as an eye liner for women and children and has been identified as a source of lead exposure in children. Some international condiments and spices may also contain lead. Sindoor, while not intended for ingestion, has been used as a condiment in food and has been found to contain lead. Providers whose patient populations include immigrants and refugees should be aware of their patients' native countries.

New York State Public Health Law also requires prenatal health care providers to assess pregnant women for potential lead exposure as a component of prenatal and perinatal care, and conduct lead testing if risk factors are identified. Pregnant women from certain countries, such as Pakistan, Bangladesh, Mexico, and Central America, should routinely be tested for lead exposure as a component of prenatal care due to endemic lead areas in these countries and cultural practices that may increase the risk of lead poisoning. Prenatal providers who identify pregnant women with elevated blood lead levels should consult with the Montefiore Medical Center Regional Lead Resource Center for assistance in managing these patients. As needed, Westchester's Lead Poisoning Prevention Program provides medical and environmental case management of newborns born to mothers with elevated lead levels.

The Westchester LPPP also serves as a resource to health care and child care providers, parents, and the general public in need of information on strategies to prevent and reduce lead exposure. For more information on lead poisoning prevention, please contact (914) 813-5000 or access the Westchester County Health Department website at ***www.westchestergov.com/health*** ✦

[1] http://www.health.state.ny.us/environmental/lead/exposure/childhood/surveillance_report/2006-2007/section_1/

WCMS Blast E-mail Service for Members

In order for you to receive important and timely communications via WCMS' Blast E-mail Service, we need your e-mail address. If you have not sent your email address to us, please send this to Denise Oneill at ***doneill@wcms.org***

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News Flashes from *MLN News*

a publication of the Centers for Medicare & Medicaid Services (CMS)

Reminder Regarding Crossover Process

The Centers for Medicare & Medicaid Services (CMS) reminds all providers, physicians, and suppliers to allow sufficient time for the Medicare crossover process to work—approximately 15 work days after Medicare's reimbursement is made, as stated in MLN Matters Article SE0909b—***http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0909.pdf***— before attempting to balance bill their patients' supplemental insurers. That is, do not balance bill until you have received written confirmation from Medicare that your patients' claims will not be crossed over, or you have received a special notification letter explaining why specified claims cannot be crossed over. Remittance Advice Remark Codes MA18 or N89 on your Medicare Remittance Advice (MRA) represent Medicare's intention to cross your patients' claims over.

Medicare Contractor Provider Satisfaction Survey

The fifth annual national administration of the Medicare Contractor Provider Satisfaction Survey (MCPSS) is now underway. If you received a letter indicating that you were randomly selected to participate in the 2010 MCPSS, CMS urges you to take a few minutes to go online and complete this important survey via a secure Internet website. Responding online is a convenient, easy, and quick way to provide CMS with your feedback on the performance of the FFS contractor that processes and pays your Medicare claims. Survey questionnaires can also be submitted by mail, secure fax, and over the telephone. To learn more about the MCPSS, please visit the CMS MCPSS website http://www.cms.hhs.gov/mcpss or read the CMS Special Edition MLN Matters article, SE1005, located at ***http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE1005.pdf*** on the CMS website.

Hospital Outpatient Prospective Payment System Fact Sheet

The revised Hospital Outpatient Prospective Payment System Fact Sheet (January 2010), which provides general information about the Hospital Outpatient Prospective Payment System, ambulatory payment classifications, and how payment rates are set, is now available in downloadable format from the Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network at ***http://www.cms.hhs.gov/MLNProducts/downloads/HospitalOutpaysysfctsht.pdf*** on the CMS website.

CMS Encourages Public Comment on New Regulations

The Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) encourage public comment on two regulations issued on 12/30/2009 that lay a foundation for improving quality, efficiency and safety through meaningful use of certified electronic health record (EHR) technology. CMS and ONC worked closely to develop the two rules and received input from hundreds of technical subject matters experts, health care providers, and other key stakeholders. The CMS proposed rule and related fact sheets may be viewed at ***http://www.cms.hhs.gov/Recovery/11_HealthIT.asp*** on the CMS website. The ONC's interim final rule may be viewed at ***http://healthit.hhs.gov/standardsandcertification*** on the Internet.

For more information regarding any of the above, visit the CMS website at http://www.cms.hhs.gov/

A Modern Travesty

Gary P. Andelora
Director of Policyholder/Legislative Relations, MLMIC

Medical Liability Mutual Insurance Company recently completed a study of claims closed against physicians and surgeons with an indemnity payment for the years 2000-2009. The figures are staggering. Within that ten year period, the Company paid out over $3.7 billion. The total number of files for the period was 8,622. The average amount paid per closed file was $429,551. The highest annual average amount paid per closed file was in 2009 and totaled $524.368. Our Company has always maintained that the physicians of New York State deliver a quality of medical care which is unmatched nationally. It seems apparent that the State's tort system is seriously flawed and is in need of reform.

The medical profession has consistently called for tort reform and has pointed to other states where such reform has been enacted with positive results. The medical profession in New York has not been alone in calling for such reform. A number of other professions, businesses, municipalities, etc., have joined medicine in this fight. They too have felt the effects of a culture which encourages suits and other legal actions. Poll after poll has shown that New Yorkers are fed up with the tort system and favor reform.

Where then is the roadblock? Simply stated, opposition has come from one direction and one direction only, the State's trial bar and the citizen groups which it funds. Combined with sympathetic colleagues in the State legislative leadership, this one profession has, for the most part, been able to prevent the passage of meaningful tort reform in New York State. As a result, the current system, which benefits only trial lawyers and a small number of plaintiffs, is allowed to continue. Continue it does, at the expense of the rest of the citizens of the State who are "picking up the tab" through inflated insurance premiums, defensive medicine costs, and a host of other factors.

Adding to the problem are the claimants with legitimate claims who never see their case go to court because it is not seen as a profitable opportunity by the trial lawyers. MLMIC has always operated with the philosophy that legitimate claims will be handled expeditiously and injured patients will be compensated fairly and quickly. The fact that some legitimately injured patients cannot find an attorney to take their case only underscores the inequity of our current system.

For years, proponents of tort reform have been calling for various measures. These include a cap on non-economic losses (which has been enacted in a number of states). Others include taking liability cases out of the tort system and utilizing an arbitration method or a no-fault compensation model. The medical profession promotes these options as well as others specific to medicine. These include medical courts, where complicated medical cases are tried before a judge knowledgeable in medicine Another is taking neurologically impaired infant cases out of the tort system and putting them into a separate pool funded by a number of concerned parties i.e. hospitals, HMOs, and insurance companies. These most costly and often highly emotionally charged cases need a separate venue. While each of these options has a real potential of healing an injured system and thus lowering costs, it would be extremely difficult for one profession or even a coalition of professions to succeed in having them considered by the legislature. Such groups need to pool their efforts in convincing the citizens of New York State that the tort system is flawed, that it is draining financial resources, and that they are, in effect paying for its deficiencies. If they can be successful in this endeavor and gain the public's support in their efforts, tort reform becomes a real possibility in this State.

Granted, nothing in this article is original or hasn't been presented before. However, considering the enormity of the problem, it seems only appropriate that it be repeated. ✦

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From The Editor . . . Book Review: The Measure of Our Days

(continued from page 3)

each of his subjects. He also describes at some length, for want of a better word, the spiritual side of the relationship, and he is by turns cheerleader, buddy, clergyman, and grief counselor. He conveys a sense of what a rare privilege it is to be privy to these very human struggles. His portrayals ring true and while he tends to celebrate the positive aspects of the human spirit, he is too good an observer of detail, too good of a writer to flinch at some of the seamier sides of the human experience. What is missing however is any mention of the financial side of things. I don't recall a single instance of insurance coming up as an issue. MRI's, CT scan's and even bone marrow transplants are ordered apace, yet all the crises are purely medical. Never once does an HMO loom as a villain. This coupled with some of the extraordinary long conversations that are recounted as occurring during office visits gives the tales an occasional air of unreality.

As I read this book, I could not help but marvel at and wonder about the extraordinary resume of the author. Clearly he is a first class writer published in arguably America's top literary magazine the New Yorker, professor at Harvard, leading researcher in oncology and AIDs, plus carrying what seems to be a daunting clinical load rife with heart wrenching crises. I began to playfully imagine that in real life he must be a grumpy sort that goes home at the end of the day and kicks the dog around. This image was wrested from my mind when I happened to see a TV newsmagazine in which he was featured and profiled at some length two patients (one with breast cancer and one with AIDS). His deep caring involvement was clearly evident in the faces of these two patients as he was with them during various stages of their illnesses. This book belongs on the shelf of every physician. ✦

WCMS Member Benefit

Group Purchasing Program (GPO)

Save Money in these Changing Times

Amy Newburger, MD, WCMS Past President

Two years ago, my office took advantage of one of the Society's most valuable benefits – the **Westchester County Medical Society Group Purchasing Organization** (GPO) – and our practice has realized genuine benefits.

The GPO, in partnership with MedTech For Solutions, provides medical practices substantial savings on purchases of supplies and equipment. **My practice has averaged a 28% savings on our monthly purchases. This has helped our bottom line, even during these challenging times. There is no cost to you, as a member of the Westchester County Medical Society, to join the GPO, so I encourage those of you who have not taken advantage of this benefit to take a serious look at the opportunity.**

For those of you who are aware of this plan but have avoided inquiry out of concern that membership in a GPO will be disruptive to your office's purchasing procedures, be assured that if your practice, like mine, uses one of the major medical suppliers including McKesson, Henry Schein, PSS or Cardinal, there is **absolutely no change in your supplier, representative or ordering procedures.** Your staff will not even notice the difference, as procedures remain **precisely** the same.

You may be afraid that using the GPO will be cumbersome, that you will have to use middlemen, or that you will only get "generic" brand materials. Using the GPO, we save on our pharmacy supplies (getting the same brand name products we always order), office supplies through Staples, computers, office furniture and medical waste disposal. We even get a 55% discount on Federal Express overnight mail. The GPO also offers financing programs that provide savings on capital purchases, and programs for patient credit card processing.

MedTech For Solutions

It is easy to join. To enroll on-line, go to ***www.medtech4solutions.com*** and click on **"GPO Application"** call or contact them directly at (914) 924-1426.

Please note that if you are in a group practice, <u>not</u> every physician in the group needs to be a WCMS member!

We wholeheartedly endorse this opportunity and urge you to take advantage of one of the many benefits our medical society has to offer. ✦

Transitioning from ICD-9 to ICD-10

As you know, October 1, 2013 is the compliance deadline for the transition from ICD-9 to ICD-10 Diagnostic Coding.

The American Academy of Professional Coders has a tool on their website that should be helpful to you when transitioning from ICD-9 to ICD-10. It allows you to compare ICD -9 codes to ICD-10 codes. ICD-9 and is being expanded from 14,025 to approximately 91,000 ICD-10 codes. The link for this tool is ***http://www.aapc.com/icd-10/codes/***

Visit WCMS on Facebook and Twitter

If you're a Facebook user we urge you to become a fan of WCMS now. By signing up to become a "fan" of WCMS, you will be able to post news, share photos, and join in on discussion boards on timely issues affecting medicine. Just go to Facebook and search for Westchester County Medical Society.

We are also now on Twitter. You can access us on Twitter via our Facebook page or by going to ***http://twitter.com/wcmsdocs***

Reminder

Update Your NYS Physician Profile

The Patient Safety Law that created New York State's physician profile website requires physicians to review and update, if necessary, their online profile within six months before expiration of their current registration. The law also maintains that a physician cannot re-register his/her license without attesting that the profile has been updated within the required time period. Without being registered, a physician cannot legally practice medicine in the state.

For more information regarding this requirement, call the NYS Physician Profile Help Desk at (888) 338-6998.

Letter to the Editor

Doctor beware...those drug reps are cutting into your bottom line

First came managed care, then capitation, and now bundling of fees for the hospital and physician to share for certain procedures. There is a limit to the amount the health care pie can be cut up and shared. I know our fees and reimbursements are not the reason for the exploding cost for healthcare. But I began to wonder about the health care costs I could control. One of them became the drugs I prescribe to my patients.

Once upon a time an amusing article in the New York Times described how drug companies were sending in ex-college cheerleaders to detail doctors on their products. Now ,we not only get samples but little cards to help defray the high cost of co-payments. One evening, an ex-CEO of Merck was discussing drug companies and the US health care system at my daughter's high school in Tarrytown, NY (Hackley). At a moment of weakness, he conceded that for most people a generic Statin would be just as good as a brand name. But doctors still try the brand names first most of the time. The cost of generic drugs can be a low as $4 per month vs. $100 plus for Lipitor or Zocor.

After a patient called up to voice their displeasure over a diaper rash prescription that cost $257, I began to wonder how much other drugs cost. Also, if there is a certain dollar amount allotted per patient per month for hospital, physician, and drugs it only makes sense that if the cost of drug spending increases 150-200% per year, there will be less to pay the physician. So I started asking some of the drug reps how much their drugs cost. Some did not know, some said it is only $25 or $30 because of the co-payment card, some said they are second tier and are the same price as the competition. I did find out that Nasonex cost about $157 per vial, Advair Diskus $250-280 for a 30-day supply, and Moxatag $40. Moxatag is a new once per day amoxicillin pill. I told the rep that if a patient will go to a local supermarket a twice a day prescription of amoxicillin is free and only $4 at Target or Wal-Mart. He then told me that if I didn't order his drug, he would be out of a job. I responded by informing that if I ordered his drug and my reimbursements did not increase, I would be going out of business!

Lastly, many of us use a PocketScript PDA. A few HMOs that pay for the service will remind us of lower cost or generic drugs that usually will work just as good as branded drugs. If PocketScript was really serious about cutting down on drug costs, they would also put in the retail price of the branded drugs and offer a comparison with generics and maybe a comparison of efficacy studies by a neutral party like the medical newsletter. If physicians knew the true cost of drugs maybe we would have a better grasp of the issues that have a huge impact on our fees. Make no mistake, if a patient needs a certain drug, I will fight for my patient to get that drug. But if another drug can do the exact same function at half the cost maybe we should start considering it and not have the cute or handsome drug rep, or the diner program or lunch or the endless number of drug commercials influence our decisions. We have limited control over the future of medicine in the United States, but if we don't start making some rational decisions our nations drug costs will be cutting into our bottom line.

Respectively submitted,
Mason Gomberg MD

Letters and comments regarding the content in The Westchester Physician are welcome. Please email your letters/comments to bfoy@wcms.org or fax them to (914) 967-9232.

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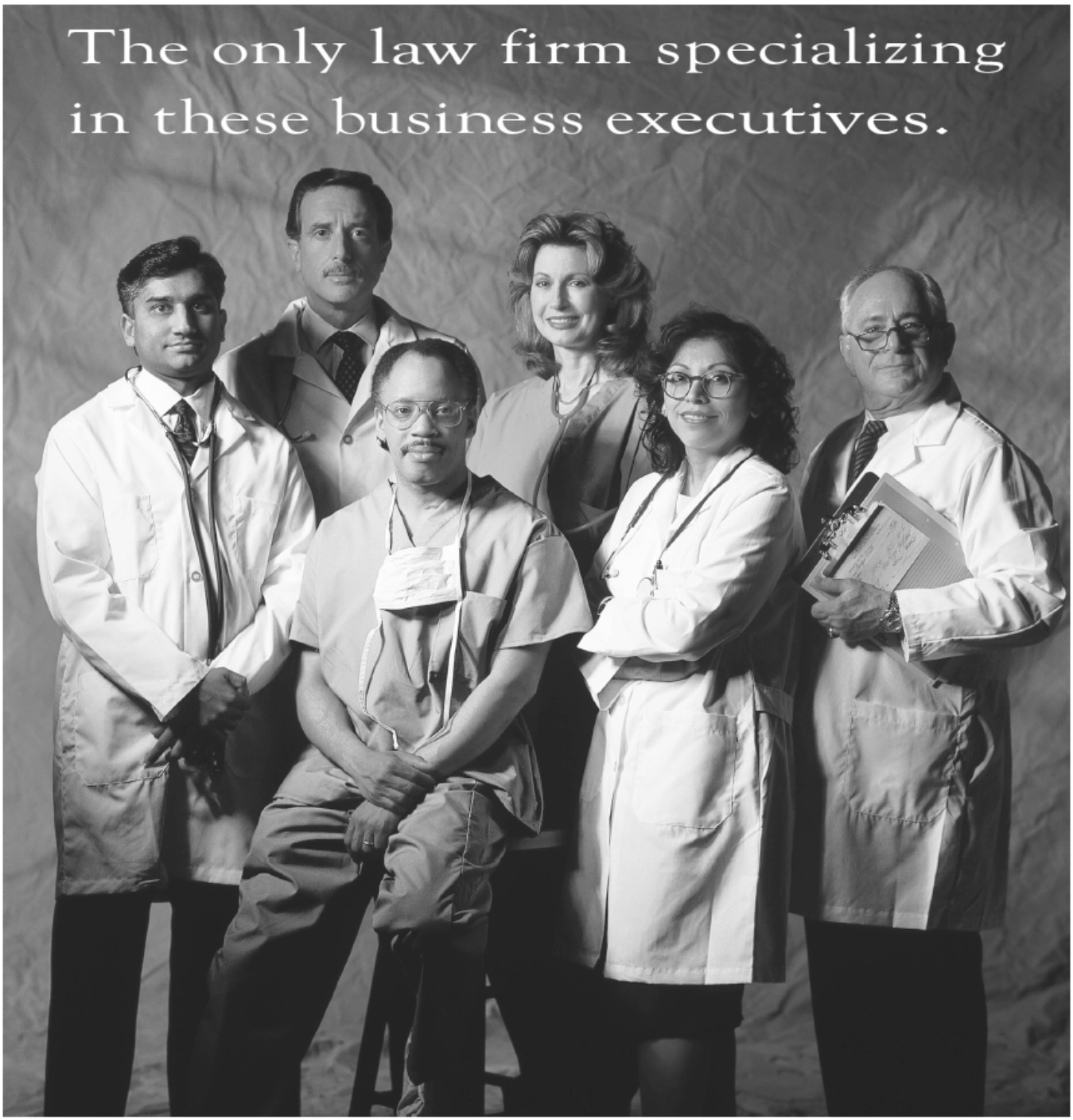

Legislation Would Require Greater Expertise for Health Plan Denials

Legislation **(A.723, Gottfried)** passed the Assembly this month which would require a coverage denial decision made by a health plan to be made by a physician board-certified in the same or similar specialty as the physician who typically provides the recommended treatment. MSSNY strongly supports this legislation. Under current law, the only qualification required for a person who, on behalf of a health plan, may contradict the treatment recommendation of the patient's treating physician is that such reviewer be a licensed physician.

Therefore, the person reviewing the treatment request may not have the sufficient training or experience necessary to decide whether the treatment that has been requested is appropriate. As a result, care that may be needed for the patient may be unnecessarily delayed or denied while the patient has to resort to taking an External Appeal to attempt to receive the care that has been recommended. Similar legislation **(S.3450, Oppenheimer)** is before the Senate Health Committee. Please call your Senator 518-455-2800 to express your support for this legislation.

Website Available for Part D Extra Help

The US Department of Health & Human Services wants to remind physicians that extra help is available to their patients. Medicare beneficiaries with limited income and resources could take advantage of a program where they would pay no more than $2.40 for generic drugs and $6 for brand name drugs.

For those who qualify, this program helps pay for prescription copayments, as well as monthly premiums and annual deductibles. Individuals who make less than $16,245 and married couples who make less than $21,855 may qualify. Resources must be limited to $12,510 for individuals and $25,010 for married couples.

To help your patients find out more, please direct them to the Social Security Administration website, or have them call 800-772-1213. They should ask for the ***Application for Help with Medicare Prescription Drug Plan Costs.***

*Visit **www.medicare.gov** for more information.*

WCMS February Board Highlights

At its meeting on February 4, 2010 at WCMS Headquarters, the Board…

- Heard a presentation from The Affinity Group, LLC, regarding wealth management solution options for physicians. The Board is considering a partnership with The Affinity Group to offer their services to WCMS members at discounted rates.
- Discussed the new landscape of health system reform in the wake of the surprising Massachusetts election results and how this result may translate to opportunity in New York. The Board thanked John Stangel, MD, President, for his leadership in encouraging the WCMS to take a bold stand on health system reform on behalf of its members and their patients.
- Heard from the President of the Westchester Academy of Medicine, Joseph McNelis, MD, who reported that letters accompanied by questions (on medical subjects) have been sent to all Westchester High Schools for the Academy's annual Scholarship Essay Contest. Winners will be recognized at the WCMS Annual Meeting in June.
- Approved the report of the Committee on Membership/Member Credentials, which included two new members: Cheryl Malina, MD, emergency medicine, Bronx; and Phillip Torina, MD, plastic surgery, New Rochelle. The Board also approved Life Membership status for Anthony Brittis, MD.
- Heard from the Chair of the Legislative Committee, Thomas Lee, MD, that the Committee recently met with Robert Castelli, a candidate along with Peter Harckham for the New York State Assembly, District 89. The special election to fill this seat (vacated by Adam Bradley) will be held on February 9th. The Committee previously interviewed Mr. Harckham. The Committee plans to meet on February 8th with Congressman John Hall.
- Heard from Andrew Kleinman, MD and Robert Lerner, MD, WCMS Board members, who recently squared off in a debate over the merits of a single payer health care system. The debate was hosted by the medical students at New York Medical College (NYMC) and nearly 100 people attended, including medical students and faculty.
- Approved six resolutions for submission to MSSNY in advance of the MSSNY Annual Meeting, April 16-18, 2010, at the Tarrytown Marriott. The Delegates' Committee will meet again on February 23rd to consider additional resolutions. The resolution deadline is March 16; however, all resolutions submitted by WCMS must have Board approval on March 4th.
- Heard from Andrew Kleinman, MD, 9th District Branch Councilor to MSSNY, that MSSNY recently released preliminary results of a statewide study commissioned by MSSNY regarding the economic impact of a physician's practice on the local economy. More data will be forthcoming specific to Westchester that will be valuable to WCMS and its members.
- Acknowledged that Luke Selby, a medical student at NYMC, was recently elected chair of the MSSNY Medical Student Section. The Board congratulated Luke (he was not present) and indicated that it looks forward to working with him in the coming year.
- Heard from Brian Foy, Executive Director, that MSSNY Legislative Day is fast approaching. The day is March 9th and all members have and will continue to be reminded to SAVE THE DATE and join their colleagues for the annual trip to Albany. Board members were encouraged to confirm their participation by contacting the WCMS to rsvp. Buses will leave from the WCMS Office at approximately 6:30 am. ✦

WCMS Membership Update

New Members

Cheryl Malina, MD (Emergency Medicine) *Bronx, NY*
Philip Torina, MD (Plastic Surgery) *New Rochelle, NY*
Adam D. Talenfeld, MD (Diagnostic Radiology) *New York, NY*

Life Member

Anthony L. Brittis, MD (*Member since 1948)*

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Albany, New York

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