



## President's Message

Joseph J. Tartaglia MD

While the summer is traditionally a slow time for most physicians and their practices, my first month as your President has been very busy and productive. As promised, I have been refocusing on the Westchester County Medical Society (WCMS) to make it more responsive to our needs and interests. As I talk to more and more physicians in the county, I realize that, essentially, we all have the same goals: to practice our profession unencumbered by monopolistic insurance companies, burdensome government regulations and shrinking reimbursements. We all want to ensure greater access to healthcare for our patients.



Although the Collective Negotiations Bill (A.4301-B/ S.5204-A) has stalled in the State Assembly, we (WCMS and MSSNY) are hoping to resurrect it in the coming year. What we did support was a bill that was passed and is now law requiring insurance companies to submit rate increases for approval to the State Commissioner of Insurance. We also were able to mandate by law that the loss ratio for health insurance companies must be at least 82% for the New York individual and small group market, up from 75%. This was a significant victory for medicine and patients as it now ensures more money is spent on health care services and less on administration and bureaucracy.

On Sunday, September 26, 2010, the WCMS Legislative Committee will be hosting the "Westchester County Medical Society Member Legislative Brunch" at the Knollwood Country Club, Elmsford, from 10am to 1pm. **Please mark your calendar!** WCMS will invite all current Legislators representing any portion of Westchester County, as well as their challengers, at both the state and congressional level, to offer a forum to physicians to hear from our representatives on matters important to the practice of medicine. Further information and details will be forthcoming; however, in the interim, please email Brian Foy, WCMS Executive Director, at [bfoy@wcms.org](mailto:bfoy@wcms.org), if you plan to attend. *There will be no charge for current members.*

We have started several initiatives to increase social events where members and interested non-members can socialize and interact with the WCMS Board. Kira Geraci-Ciardullo, MD, Chair of the Membership Committee, and her husband, Robert Ciardullo, MD, have graciously offered their home for a **family pool party on August 21, 2010**, at which members can invite non-members and their families for an afternoon of fun and networking. **On September 29<sup>th</sup>, the Westchester Academy of Medicine will host a golf outing at the Pelham Country Club** to raise money in support of ongoing Academy programs benefitting area high school students with monetary scholarships in recognition of outstanding science projects and medical essays. For those

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

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## Mark Your Calendar

**September 6, 2010**  
OFFICE CLOSED—LABOR DAY

**September 13, 2010**  
CME Committee Meeting - 5:00 pm

**September 14, 2010**  
NYS Election Primaries—*Don't Forget to Vote!*

**September 16, 2010**  
WCMS Board Meeting - 6:00 pm

**September 26, 2010**  
WCMS Legislative Brunch - 10:00am-1:00pm  
*Knollwood Country Club, Elmsford*

**September 29, 2010**  
WAM Golf Outing 11am-9pm  
*Pelham Country Club, Pelham Manor*

*\*All meetings held at WCMS offices unless otherwise specified.*

## NEWSLETTER SUBMISSIONS

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 September issue is Tuesday, August 31st.**

Please email these to Peter Acker, MD, Editor at [peterba@aol.com](mailto:peterba@aol.com) and Lori Van Slyke, Newsletter

## WCMS BLAST E-MAIL SERVICE

In order for you to receive important and timely communications via WCMS' Blast E-mail Service, **we need your email address.** Please send your email to Denise O'Neill at [doneill@wcms.org](mailto:doneill@wcms.org)

**(NOTE: Your email address will be used for WCMS communications ONLY and will not be shared with any 3rd parties.)**

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# FROM THE EDITOR . . .

## *Dublin*

*By Peter Acker, MD*



In the pediatric world, perhaps more so than in any of the other branches of medicine, there is a seasonal rhythm. Our progress through the calendar year is marked by almost predictable occurrences: the January/February onslaught of flu and myriad other Winter ailments, the first red allergic conjunctiva competes with the arrival of the robin as the preeminent harbinger of Spring, the fiery red throat punctuated by painful blisters, the dreaded coxsackie virus, herald the arrival of Summer, and finally, what is Fall without the office cacophony of sonorous wheezes and coughs of every timbre? Our work is not only dictated by the natural seasonal affinities of diseases, but also by manmade constructs: such the artificial urgency of the camp medical forms. All these combine to make our year a feast or famine situation: we deal with each onslaught that nature or man throws at us and in between we pause to catch our breaths until the next one.

One of the most predictable ebbs in the pediatric year is of the manmade variety. On the last Sunday of June or thereabouts, can be heard throughout Westchester, the hum of idling buses as tanned young men and women load duffels and sleeping bags into the bus bays and anxious parents bid tearful adieus to their progeny. Soon the last bus crosses the county border and lumbers northward, following the mass of behemoths, like wildebeests migrating to greener pastures, to the bucolic environs of summer camps. A sense of peace descends upon the county. Some parents, particularly first timers, crane their necks until the bus is out of sight and then make their teary way home. The old timers, on the other hand, leap with alacrity towards their cars and I can almost imagine them singing "Free at last, free at last, thank God almighty I'm free at last". An almost equal and opposite movement of vehicles then ensues to the airports and parents fan out to all points of the compass, though Europe is probably the top destination.

That first Monday this year, as always, I'm sure a palpable calm settled over our office and for us this is truly the first day of Summer, though I wasn't there to enjoy it. I had decamped the Friday before, taking an overnight flight with my wife to Dublin. It was a wonderful feeling to have completed the seasonal work, like a farmer who has stowed his last bushel of corn and to be off to a land I had never seen before.

Ireland exceeded our expectations. A few of the highlights: I toured the Guinness Brewery (my wife demurred from this outing) and received a certificate for successfully completing training in how to pour the perfect pint (it's always good to get additional training in this economy), a day spent traveling to Limerick, the Cliffs of Maher and Galway, and random encounters with Dubliners who are very prone to strike up conversations.

The absolute high point for me at least was the walking tour with a graduate student in Irish literature in which we traced the steps that Leopold Bloom, the protagonist of James Joyce's *Ulysses* takes in the chapter entitled "Lestrygonians" (flesh eaters). The group was small, my wife and two others, one of whom was a young staff writer for the *New Yorker*. We walked from spot to spot and our guide read portions of the novel and pointed where various events took place. James Joyce, interestingly, initially left Ireland in order to study medicine in Paris. In this chapter as can be imagined by the title, the focus was on food. Our guide pointed out that our route was virtually a straight line but then abruptly turned rightward towards the end and that this represented an esophagus coursing to the stomach and ending at the pylorus. Bloom's movements and thought processes have a peristaltic and dyspeptic quality as he ruminates on his life and marriage. You never know when medical training can be put to good use! ♦

## WCMS President's Message *(continued from page 1)*

members and non-members alike who are interested in playing golf or attending the dinner after the golf outing, please contact the Medical Society. Further details on this event can be found on page 5. We welcome your support!

Dr. Geraci-Ciardullo will be forming a Task force to look for new ways to grow our membership. I would like to see representation from all the area hospitals on the membership committee. Please contact the medical society if you are interested in serving. The time commitment will be minimal but your input will be invaluable and greatly appreciated.

The Socio-Medical Economics Committee headed by Dr. Andrew Kleinman will continue to explore opportunities to support our members in their struggles against the insurance and managed care companies. Although it is premature to comment on our initiatives, we aim to preserve the physicians' ability to prosper and remain autonomous. We welcome the membership's ideas in this regard.

The Communication Committee, chaired by Peter Acker, MD, has already met and is looking into improving our web site. We expect members to be able to interact, communicate and share information to a much greater degree utilizing the web site. We also want to promote our membership to the public and to each other.

These are just a few of the initiatives underway at the Medical Society. Over the past few years, I've noticed physicians are increasingly isolated due to the advent of the hospitalist (which allows more physicians to remain in their offices), the increasing number of specializations, and the loss of free time due to the larger volumes of patients that the physician must see. There is much less interaction among physicians in the hospitals than in the past and I think the Medical Society can and should serve to bridge some of the gap caused by these trends. Our Society should serve as a social and information network to the physician at large. Unlike the hospital, corporations, or government agencies, we only represent and advocate for the physicians.

As always, I welcome your comments and feedback. You can reach me at [drtartaglia@gmail.com](mailto:drtartaglia@gmail.com) or communicate with me through my president's web page at [www.thewestchesterphysician.com](http://www.thewestchesterphysician.com). I check the page regularly and will respond to you as soon as I am able. I look forward to hearing from you!♦

## HEALTH CARE REFORM QUESTIONS?

### WONDERING WHAT THE INSURANCE REQUIREMENT WILL MEAN TO YOU AND YOUR EMPLOYEES?

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Kevin Lynch, the Society's Endorsed Insurance Consultant, offers WCMS Members a free, no obligation analysis of your present plan and provides guidance on the impact of reform to you.

Contact Kevin at (914) 755-8837 or [medsave@aol.com](mailto:medsave@aol.com)

*He even makes house calls!*

# WESTCHESTER ACADEMY OF MEDICINE 2010 GOLF OUTING & FUNDRAISER



**Wednesday  
September 29, 2010**

Pelham Country Club, Pelham Manor, NY

**11:00 AM— BRUNCH**

**12:30 PM—SHOTGUN START**

**6:30 PM—COCKTAILS**

**7:30 PM—DINNER & PRIZES**

The cost for this event is \$400 per person, which includes brunch, beverages, golf w/cart, dinner, prizes, tax and gratuity. Please note that \$100 of this fee will go to support the educational and charitable activities of the Westchester Academy of Medicine, including its annual high school scholarships and science fair.

The WAM thanks you for your anticipated support of its educational goals for the coming year.

***Please RSVP no later than September 15, 2010 by calling the Westchester Academy of Medicine at (914) 967-9100***



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## COMMISSIONER'S CORNER . . .

# *Promoting Routine HIV Testing in Healthcare Settings*

*Janet Forcina, MS, RD, Health Care Administrator  
Cheryl Archbald, MD, MPH, Acting Commissioner of Health*

---

HIV and AIDS remain significant public health issues in Westchester. In New York, outside of New York City, Westchester County has the most people living with HIV and AIDS. Westchester also has the second-highest living HIV and AIDS case rate and the highest rate of newly diagnosed cases of HIV.

As of December 2007, there were 1,294 people living with HIV, an additional 2,545 people living with AIDS, and 140 people newly diagnosed with HIV infection that year in Westchester. Due to delayed HIV testing, a high proportion of individuals with new HIV infections are also being concurrently diagnosed with AIDS (defined as AIDS diagnosis within one year of HIV diagnosis). From January 2005 to December 2007, 39 percent of those diagnosed with HIV were also diagnosed with AIDS within one year.

The Centers for Disease Control and Prevention (CDC) estimates that one in five people who have HIV do not know they are infected and could be unknowingly spreading the infection. In 2006, the CDC recommended that individuals 13 to 64 years of age receive HIV testing as a routine component of healthcare to increase the number of individuals who know their status and can be linked to timely medical management. Studies have shown that people who learn they are HIV positive are more likely to change their behavior to reduce their chances of transmitting HIV to their partners.

The decrease in the number of perinatally-acquired HIV cases in New York is documented evidence of the benefit of routine testing for designated populations. In New York, routine HIV testing of pregnant women, in addition to the required newborn screening, has decreased the number of perinatally-acquired HIV cases by 88 percent, from 97 cases in 1997 to only 12 reported cases in 2007.

In 2008, Westchester County Department of Health (WCDH) conducted an informal, voluntary survey of nearly 130 health professionals to assess the status of their HIV testing practices. The health professionals surveyed practiced at area hospitals and neighborhood health centers and included a range of specialties, such as internal medicine, family practice, emergency medicine, pediatrics, and obstetrics and gynecology. The results of the survey indicated that more than two-thirds of the respondents supported universal testing while one-third favored targeted testing. Of those respondents who supported universal testing, only 32 percent offered HIV testing universally to their patients. Healthcare providers participating in the survey noted that the most common barriers to routine HIV testing were a lack of time, competing priorities, a lack of resources, the need for additional information regarding pre- and post-test counseling, the need for information on handling newly identified patients and confirmed reactive HIV test, and a perceived low HIV prevalence among their patient populations.

To facilitate increased HIV testing, the New York State Health Department (NYSDOH) streamlined the process in 2005 and introduced updated forms to be used for pretest counseling and consent for HIV testing. As a result, pretest counseling does not need to be conducted by specially trained HIV counselors. Instead, the NYSDOH's pretest counseling form can be given to patients at registration so that they are able to review the forms in the waiting room. Once the patient is seen by medical staff, the patient can be asked if he or she has any questions about the form. If the patient consents to receiving HIV testing, the patient can then be asked to sign the HIV test consent form authorizing that the test be included as a component of the routine bloodwork for the patient at that visit.

*(continued on page 9)*



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**COMMISSIONER'S CORNER . . .*****Promoting Routine HIV Testing in Healthcare Settings*** (continued from page 6)

Healthcare providers and their staff may also receive training in the various rapid HIV testing modalities available. Through rapid HIV testing, oral, venous or capillary specimens may be used to provide preliminary results onsite within 10 to 20 minutes, depending on the particular test kit used. Patients with HIV-reactive results on either an initial conventional test or a rapid test should subsequently receive confirmatory testing by venous specimen. Healthcare providers who identify individuals with confirmed HIV or AIDS test results are required to report the information to the New York State Department of Health. Healthcare providers in Westchester may also choose to provide this information directly to WCDH to increase the timeliness of the partner notification process.

As most patients had had prior encounters with healthcare professionals before they learned they were HIV-positive, it is likely that there had been previous missed opportunities for HIV testing in a variety of healthcare settings. To promote HIV testing as a routine component for adults 18 and older in Westchester, WCDH is coordinating a new taskforce comprised of healthcare facilities and community partners. This initiative is called "Westchester Knows – Get an HIV test so you know!" The initiative is modeled after several successful campaigns in the Bronx, Los Angeles and Washington D.C. and the goal of the campaign is to increase the number of adults who know their HIV status. Several healthcare facilities involved in the taskforce have already expanded HIV testing in their practices to include not only primary care, but also providing rapid HIV testing in dental clinics and in hospital emergency departments.

For more information on HIV prevention, HIV and AIDS case reporting, and for assistance with implementing HIV testing at your practice, please contact the Westchester County Health Department at (914) 813-5000 or visit the Department's website at [www.westchestergov.com/health](http://www.westchestergov.com/health). ♦

## Westchester County Medical Society Legislative Brunch

### MARK YOUR CALENDAR

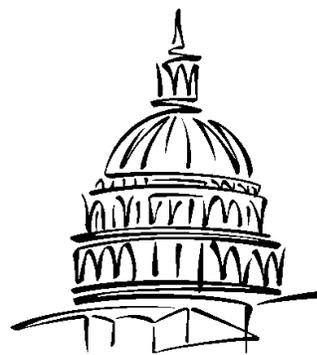
**Sunday, September 26, 2010**

**10:00am – 1:00pm**

**Knollwood Country Club**

**200 Knollwood Road Extension**

**Elmsford, NY**



**Come and listen to your elected representatives and their challengers as they share with us their views on issues important to physicians and the practice of medicine prior to the very important Fall elections.**

**To RSVP, please contact Brian Foy, WCMS Executive Director, at (914) 967-9100 or [bfoy@wcms.org](mailto:bfoy@wcms.org).**

**No charge for current members and their spouses; additional family members \$20 per person. Non-members \$35 per person.**

# The New Hire Act

## Good News You Can Use

*Carol M McKenna, RDH, CPC, HealthPro Staffing Resources Director  
Special Contribution by Lori Drucker, CPA, Citrin Cooperman*

Have you heard the good news? Yes, good news! The payroll companies are distributing the information. If you have added or plan on hiring a new employee, your business may qualify for tax benefits.

These new business tax incentives can apply when employers are faced with staff vacancies that require new hiring such as employee resignations related to retirement, relocation, and a variety of other reasons. Additionally, growing practices may find it necessary to hire new personnel for expanded duties that require new skill sets.

As noted by the IRS.gov website, "two new tax benefits are available to employers who hire certain previously unemployed workers ("qualified workers").

The Hire Act, enacted on March 18, 2010 created a payroll tax exemption of the employers' share of Social Security taxes (6.2%) on wages paid to those workers from March 19, 2010 through December 31, 2010 for employers. In addition, for each qualified employee retained for 1 year, businesses will be eligible for a general business tax credit of up to \$1,000 per employee. This is applicable to newly-hired employees who have been unemployed for at least 60 days prior starting work, or worked fewer than 40 hours for someone else during the 60 day period.

According to the IRS, a "qualified employee" is an employee who:

- begins employment with you after February 3, 2010 and before January 1, 2011
- certifies by signed affidavit, or similar statement under penalties of perjury, that he or she has not been employed for more that 40 hours during the 60-day period ending on the date the employee begins employment with you
- is not employed by you to replace another employee unless the other employee separated from employment voluntarily or for cause (including downsizing)
- is not related to you. An employee is related to you if he or she is your child or a descendent of your child, your sibling or stepsibling, your parent or an ancestor of your parent, your stepparent, your niece or nephew, your aunt or uncle, or your in-law. An employee also is related to you if he or she is related to anyone who owns more than 50% of your outstanding stock or capital and profits interest or is your dependent or a dependent of anyone who owns more than 50% of your outstanding stock or capital and profits interest.

Be sure to ask your accountant and tax advisor about the details regarding the new HIRE act. This incentive is a positive reward for employers and may be just the right prescription to stimulate your staff management decisions.

For more information contact HealthPro Staffing Resources and visit us on the web at [www.healthprosearch.com](http://www.healthprosearch.com) and email [info@healthprosearch.com](mailto:info@healthprosearch.com) ♦



## 2011 Membership Dues

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– Leon G. Smith, MD, MACP

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## 2010 WCMS ANNUAL MEETING

On, Tuesday, June 8, 2010, the Westchester County Medical Society held its Annual Meeting at Crabtree's Kittle House in Chappaqua. Members were able to network with WCMS' business partners as well and socialize with their colleagues. Matt Levy, Esq. presented a CME lecture on "Asset Protection and Retrospective Audits" and this year's WAM Scholarship Winners were presented with their Awards. This was also an opportunity for members to thank our outgoing President, John Stangel, MD, for his leadership over the past year and to welcome our new President Joseph Tartaglia, MD, along with our newly elected officers and representatives. They are as follows:

**PRESIDENT**  
*Joseph Tartaglia, MD*  
**PRESIDENT-ELECT**  
*Abe Levy, MD*  
**VICE PRESIDENT**  
*Joseph McNelis, MD*  
**TREASURER**  
*Robert Ciardullo, MD*  
**SECRETARY**  
*Thomas Lee, MD*  
**PRESIDENT – ACADEMY OF MEDICINE**  
*Karen Gennaro, MD*

**MSSNY DELEGATES**  
*(Four for two years; term ending 2012)*  
**DELEGATES**  
*Mark Fox, MD*  
*Joseph McNelis, MD*  
*Stephen Schwartz, MD*  
*Joseph Tartaglia, MD*  
**ALTERNATE DELEGATES**  
*Louis McIntyre, MD*  
*Alfred Tinger, MD*  
*Robert Lerner, MD*  
*Danielle Deluca-Pytell, MD*



## 2010 WESTCHESTER ACADEMY OF MEDICINE SCHOLARSHIP WINNERS

*L-R; Joseph McNelis, MD, 2009-10 WAM President; Katharine LaMantia (Byram Hill High School), Frank DiRenno (Lakeland Central School), Clare Eichinger (Pleasantville High School) and John Stangel, MD, 2009-10 WCMS President.*

**A Special "Thank You" for the support of our Partners and Sponsors of this years' Annual Meeting!**

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# 2010 WCMS ANNUAL MEETING



*L-R; Joseph McNelis, MD receives a gift certificate from John Stangel, MD in appreciation of his services as President of the Academy of Medicine.*



*L-R; Dr. Tartaglia, his mother Delores, daughters Christina and Alexandria, his wife Antonella and in-laws, Mr. and Mrs. (center) Aldo Antonelli*



*Leah McCormack, MD, 2010-11 MSSNY President, recognizing Outgoing WCMS President, John Stangel, MD, with a plaque and gift certificate.*



*L-R: Mrs. Steven (Iris) Schwartz, MD, Joseph McNelis, MD, Outgoing WAM President and Lynn Perry-Bottinger, MD.*



*Joseph Tartaglia, MD and his wife, Antonella*



*John Stangel, MD and his wife, Lois*

# TOP 10 TIPS FOR ENSURING MEDICAL PRACTICE SUCCESS

William A. Brenner, CPA  
Citrin Cooperman & Company LLP



With the economic rollercoaster settling down, now is a great time for management teams at medical practices to step back and think about how they can keep their practices successful for years to come. Many of the practices that I and my colleagues at Citrin Cooperman have consulted with recently had to make difficult decisions to retain (or regain) their profitability in order to ride through the recession.

Even though there are more tough choices to make as the months roll on, here are 10 steps medical practice management teams can take to prevent even tougher decision from coming their way.

**PLAN A REALISTIC BUDGET.** A real budget isn't prepared by simply increasing prior year revenues and expenses by an arbitrary percentage; it's built from the ground up and requires careful consideration of each line item. From a revenue perspective, be sure to consider any changes in patient demographics, variances in the procedure mix, and changes to insurance plans. From an expense standpoint, spend time reconsidering administrative and medical staffing levels as well as compensation packages. This is one of the areas where the management team has the most control when it comes to costs.

**MONITOR BILLING PERSONNEL.** In our experience, a typical billing staff member tends to let rejected insurance claims or patient receivables gather dust and concentrates on pushing through current claims. Management should review unpaid claims with billers on a regular basis so that no money is left on the table. The same is true with the collection of patient co-pays and deductibles – if a front desk isn't collecting these amounts before a patient is seen, perhaps a revision in policy should be considered. It is much harder to collect co-pays after the fact.

**RECALL AND FOLLOW-UP PROCEDURES SHOULD BE UP TO SPEED.** Scheduling follow-ups or routine appointments is much easier before the patient leaves the office (even if it has to be rescheduled at a later date). Make it a policy and stick to it. Analyze data from practice management software to determine the effectiveness of recall procedures. Getting patients back to the office on a regular basis is one of the keys to success. This small change can have a positive impact on the bottom line.

**REVIEW FEE SCHEDULES.** Many medical practices might be shocked to learn that they actually bill less for procedures than insurance would reimburse. This typically stems from the lack of office policy and supervision of billing staff. This is another potential revenue leak if not properly reviewed.

**CONSIDER BRINGING PROVIDER REFERRALS IN-HOUSE.** Many practices give plenty of referrals that go unrewarded. Why not look into bringing that specialty in-house? In today's health care environment, the trend seems to be the growth of larger, multi-specialty practices that can provide their patients with nearly every service they need. Not only do larger practices have more muscle when negotiating with insurance carriers, but they also enjoy economies of scale, which can result in higher profits and doctor compensation.

**CENTRALIZE PURCHASING.** This is a fairly simple concept that many practices with multiple locations just don't recognize. When multiple offices independently order supplies from the same vendors, they may give up the opportunity to get bulk purchase discounts. In addition, they create huge

*(continued on page 15)*

**TOP 10 TIPS FOR ENSURING MEDICAL PRACTICE SUCCESS** *(continued from page 14)*

stockpiles of supplies and inevitably creating a major headache for their accounting personnel. In the end it becomes a vicious cycle resulting in a lack of control over supply levels, and drains cash drains cash flow. The simple fix is to centralize inventory monitoring and purchasing, which will result in the ability to negotiate the best prices and avoid over purchasing – basically putting more cash in the practice’s account.

**CREATE A STRATEGIC PLAN.** A medical practice shouldn’t dictate when and how its doctors work. Strategic planning is an exercise that enables physician-owners take their practices to the next level. Simply put, it is the process by which owners and equity partners develop a realistic vision of where they see themselves and their practices in three to five years, and then begin to build the steps and strategies that will enable them to get there. Without a real strategic plan, a practice will continue to control the lives of its owners.

**CONTROL STAFFING LEVELS.** Most practice owners add staff each year, even when patient volume remains constant. Existing staff can tend to get too comfortable in their positions, and in many cases become less efficient each year. Over time they begin to define the specific tasks that they are responsible for and are no longer flexible enough to help out in another area or with a new task. As business owners, physicians should take a hard look at their organization’s overall staffing levels. Making reductions in staffing levels is often the hardest thing for a business owner to do. However, in my experience this is often the area of most waste in any business. The same applies to medical staff – does every doctor really need their own medial assistant? They may want it, but probably don’t really need it. A simple review of doctor schedules may reveal the opportunity for a realignment of, or reduction in, staff that can be made without having any impact on the care patients receive.

**CREATE A PRACTICE DASHBOARD.** Like the dashboard of a car, a dashboard for a practice can provide the “vital signs” that are needed to regularly monitor the practice in real-time in order to successfully manage the business. Dashboards are great because they are specifically designed to provide information most important to a practice’s success. A well-designed dashboard can provide snapshots of cash positions, the number of patients seen per day, patient or insurance receivable balances, numbers and types of procedures performed, and expenses to date by specific type or overall groupings. Just about everything in a medical practice can be tracked and monitored. A dashboard can provide actionable data to help make accurately informed decisions and adjustments.

**CONSIDER REVIEWING CONTROLS OVER CASH.** Cash really is king and unless you have strong controls in place (and your staff knows it) a practice may have more cash leaks than could possibly be imagined. No one wants to consider the possibility that their staff may be stealing from them, but believe me - it happens all the time. Unfortunately, it is most often those whom are the most trusted, the ones invited to the owner’s children’s weddings or even vacationed with. Having a professional review of internal controls is one of the best things to safeguard the assets of any practice.

As economists are seeing light at the end of the economic tunnel, spend some time thinking about the pain and stress that have become the new “normal” over the last year or two. It is a great time to take action and begin building a stronger, more profitable practice. ♦

# # #

*About the author: Bill Brenner, CPA, is a director at accounting and business consulting firm Citrin Cooperman & Company LLP, and works with many medical and dental practices. He can be reached at 914.949.2990.*

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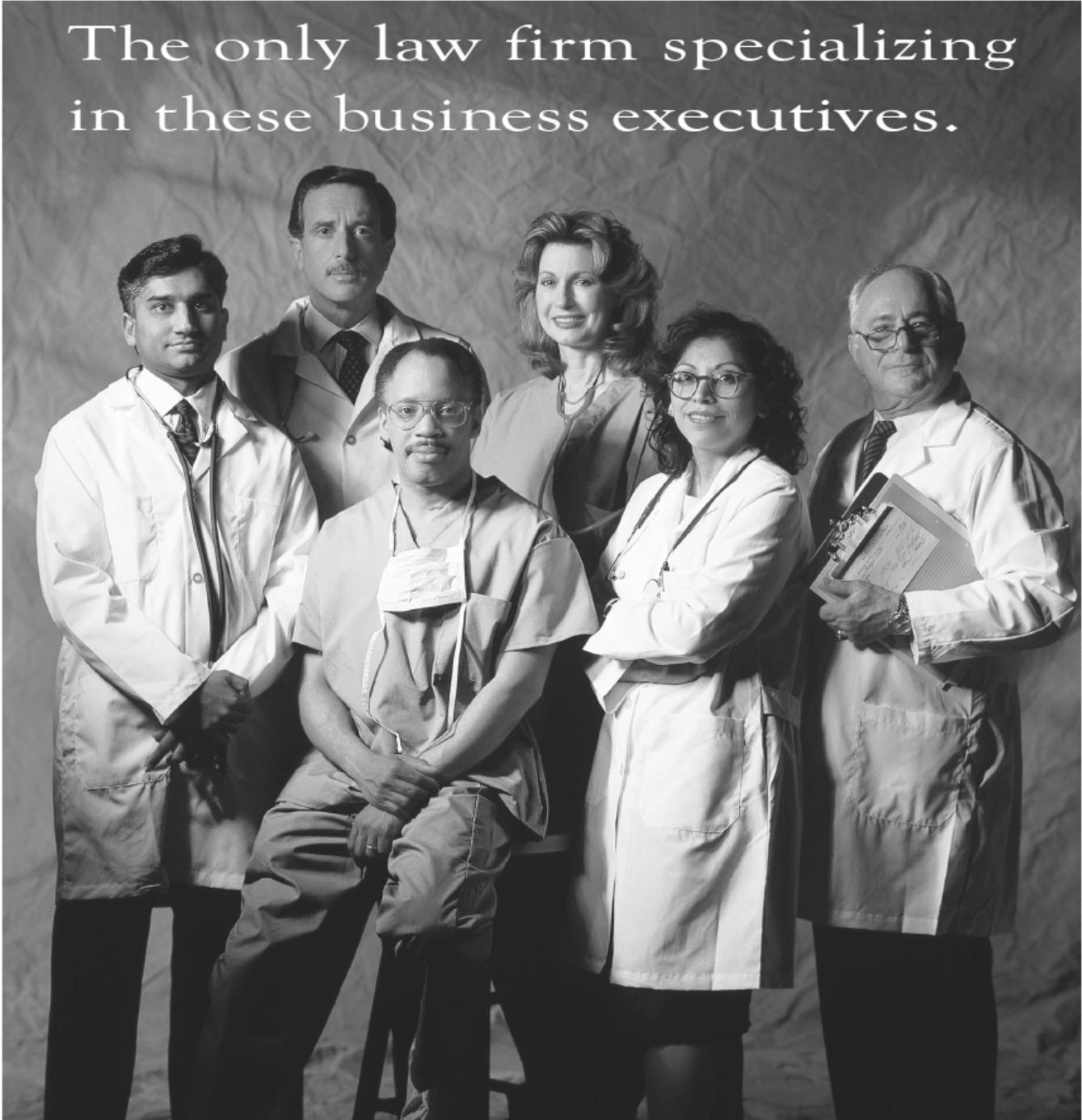
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## WCMS Member Recognitions



**RICHARD GARVEY, MD**, Chief of Plastic Surgeon at Lawrence Hospital Center was honored on May 18 (Haitian Flay Day) in recognition of his rescue mission work and fundraising efforts for earthquake-ravaged Haiti. Dr. Garvey was successful in providing life altering help for many Haitians who suffered the loss of limbs, lacerations and disfiguring injuries as he participated as part of the Humanity for Haiti Team. State Senator Andrea Stewart-Cousins bestowed the honor designating, May 18th, as Dr. Richard Garvey Day in New York State.

Dr. Garvey was also honored, along with **JAMES MCWILLIAM, MD** of Rye during the Annual Meeting of the Greater New York Hospital Association for their humanitarianism in aiding Haitians earthquake victims. Dr. McWilliams, Chief of Foot and Ankle Surgery at Sound Shore Medical Center accompanied a University of Miami surgical team to Port-au-Prince where he addressed orthopedic needs such as fractures, infections and open wounds.



The American Society of Hypertension has established the "Annual Marvin Moser Clinical Hypertension Award in honor of **MARVIN MOSER, MD**. This award will annually recognize a clinician who has devoted his/her medical career to research and treatment of hypertension. The award honors Dr. Moser for his ongoing efforts in managing hypertension and hypertensive vascular diseases over the past 60 years.

He was a practicing physician in White Plains for 42 years and is currently Emeritus Chief of Cardiology at White Plains Hospital Medical Center and Clinical Professor of Medicine at the Yale University School of Medicine. He is presently the Editor-in-Chief of "The Medical Roundtable" and was the former Editor-in-Chief of the Journal of the American Society of Hypertension. The 9th edition of his book, "Clinical Management of Hypertension" will be published this year.

**HOWARD CHARLES, MD** and **PAUL R. KALKUT, MD** have joined the Ophthalmology Department at Mount Kisco Medical Group. Dr. Charles received his degree from Albany Medical College and completed a residency in Ophthalmology at Albert Einstein College of Medicine/Montefiore Medical Center. He also completed fellowships in retinal vascular disease, retinal vascular disease, retinal/vitreous diseases and uveitis at the University of Illinois Eye and Ear Infirmary.



**DR. KALKUT** received his degree from New York University School of Medicine. He completed a residency in ophthalmology at Albert Einstein College of Medicine/Montefiore Medical Center. Kalkut completed a vitreo-retinal fellowship at the Downstate Medical School. Drs. Charles will practice in Mount Kisco, Putnam Hospital Center and Rye locations. Dr. Kalkut will practice in Rye and Mount Kisco.

If you have information regarding a member which you would like published in the *Westchester Physician*, please email it to our Newsletter Coordinator, Lori Van Slyke at [lvanslyke@gmail.com](mailto:lvanslyke@gmail.com)

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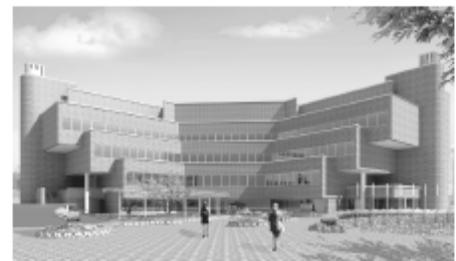
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# WCMS/WAM MEMBERSHIP REPORT

## New Members

Reba Bindra, MD (Psychiatry) *Yonkers, NY*  
 Edmund Carloni, MD (Physical Medicine & Rehab) *Hartsdale, NY*  
 Yasmin Dhar, MD (Orthopedic Surgery) *Harrison, NY*  
 Jonathan Herbst, MD (Internal Medicine) *Port Chester, NY*  
 Amanda Messina, MD (General Surgery) *Mount Kisco, NY*  
 Paul Mignone, MD (Ophthalmology) *Yonkers, NY*  
 Roslyn Schneider, MD (Pulmonary Critical Care) *New York, NY*  
 Michael Schwartz, MD (Orthopedic Surgery) *White Plains, NY*  
 Huan Sue Zhou, MD (Gynecology) *Hawthorne, NY*



## MLMIC-Sponsored Resident Member

Stephen Massimi, MD (Physical Medical & Rehab) *NY Presbyterian Hospital*

## Medical Students

Chinye Azuh ■ David Bromberg ■ Simtiti Chaudhry ■ Jaclyn Friedman ■ Joran Sequeira

## New Transfers

Salvatore Vitali, MD (Anesthesiology) *Valhalla, NY*  
 Kayvan Keyhani, MD (Ophthalmology) *Yorktown Heights, NY*

## Deceased Members

Stanley Orloff, MD  
 May 6, 2010  
 (Psychiatry)  
*Member since 1986*

Justin Walker, MD  
 June 2, 2010  
 (General Surgery)  
*Member since 1956*

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## News from MSSNY

### "We Are Not in Mayberry Anymore"

*Leah McCormack, MD, MSSNY President*

HHS recently launched a \$700,000 enrollment campaign ad to educate seniors about the new benefits under the Patient Protection and Affordable Healthcare Act (PPACA). The ad stars the former sheriff of Mayberry before he attended law school and changed his name to Matlock. The 84-year-old Andy Griffith, in this ad directed at his fellow seniors, says that "good things are coming"— including "free check-ups, lower prescription costs and better ways to protect us and Medicare from fraud." (To view, go to <http://www.youtube.com/watch?v=MiztSI-OVys>).

What Andy does not tell us is that the "free check-ups," as well as the ad, are paid for by CMS with taxpayer dollars. CMS apparently felt the ad campaign was necessary because polls show that seniors are more skeptical of the health reform program. And we all know that seniors definitely vote.

Stephanie Cutter, an Assistant to President Obama, wrote on a White House blog, "As we worked to pass the Affordable Care Act, seniors were the target of a major misinformation campaign that was designed to scare and confuse older Americans about the real impact of reform...We are committed to correcting the record and ensuring seniors have the information they need and get the high-quality care they have earned and deserve." Medicare officials said the national ad is not political, but part of its outreach to educate seniors about new benefits available next year.

#### Senators Disagree

Senators Coburn (a doctor), Barrasso (a doctor), Burr, McCain and Thune wrote a letter to Kathleen Sebelius, Secretary of HHS, expressing their concern about the cost of the campaign and requested that the US Treasury be reimbursed for any funds spent towards this effort and that the ads be stopped. According to their letter, "the new law cuts nearly \$530 billion in taxpayer dollars from the Medicare program and uses Medicare dollars to pay for those who are forced to buy federally-mandated health insurance."

Is the campaign informational or political? What do you think?

While we are on the topic of questionable governmental focal points, why do they spend so much energy and money trying to find physicians who they think are cheating the Medicare system? The real healthcare criminals these days are hit-and-run billing scammers who set up fake offices using bogus or stolen physician credentials and start billing around the clock for phantom services. After collecting a cool million or so, they close up and move on to the next location well ahead of federal agents. Where is Barney Fife when you need him? Instead of targeting the really bad guys, contracted auditors agitate and terrorize honest physicians for coding errors and alleged inadequate documentation. A recent study showed that the RAC auditors lose more than 61% of their cases and have actually collected very little money for maximal effort.

#### We Should Know the Answers

We should be educating ourselves about the healthcare reform law because we are the front line to our patients. We are the ones to field the questions about Part B; we will be the ones to answer Aunt Bee's questions about the new laws. Your patients trust you more than any government official and, believe it or not, you are even more trustworthy than Sherriff Andy. ♦



## News from MSSNY

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### Red Flags Rule Delayed through December 31, 2010

Enforcement of the Red Flags Rule has been delayed through December 31, 2010, while Congress considers legislation that would affect the scope of entities covered by the Rule. The Red Flags Rule was originally scheduled to go into effect on January 1, 2008, with full compliance required by November 1, 2008. This makes the fifth time since November 2008 that the FTC has delayed enforcement of the Red Flags Rule. The American Medical Association (AMA) stated that it will utilize this time to convince the FTC and Congress to republish the Rule so that there is sufficient opportunity to formally comment and state the AMA's objections to physician inclusion in this program.

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### Please Update Your Physician Questionnaire Now

We are alerting all physicians that the MSSNY Medical Directory questionnaire form has been placed online at the MSSNY website. Physicians are only able to access their own specific biographical information through this form at [www.mssny.org/imissite/source/meddirectory](http://www.mssny.org/imissite/source/meddirectory) or by clicking the "Directory Questionnaire" tab located at the top of the MSSNY Website. Since this form is only available online, you are urged to review the information listed on your questionnaire so that your biographical information will be correct and current for the 2011-2012 Medical Directory, the Online Directory and the Find-A-Doc section of the MSSNY Website

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### MSSNY Hassle Factor Form

If you have any complaints regarding insurance carriers, you can go to the Hassle Factor Form found on the MSSNY website at [www.mssny.org](http://www.mssny.org)

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### August 2010 Issue of the Alliance VOICE

The August 2010 issue of the AMSSNY newsletter "The VOICE" is available and can be viewed by going to the on the following link:

[http://www.mssny.org/mssnycfm/mssnyeditor/File/2010/About/Member\\_Sections/Alliance/August\\_2010\\_Network\\_New\\_York.pdf](http://www.mssny.org/mssnycfm/mssnyeditor/File/2010/About/Member_Sections/Alliance/August_2010_Network_New_York.pdf)

This issue includes important information on legislative issues and healthcare. It also includes information on the upcoming AMSSNY Fall Conference to be held October 17-18 in Scotia and the Glen Sanders Mansion.

## New York Launches Health Care Reform Website

Governor David Paterson recently announced the launch of a new state website on federal health care reform. The website, [www.HealthCareReform.ny.gov](http://www.HealthCareReform.ny.gov), includes descriptions of health care reform, how it will benefit New Yorkers, and the progress of implementation in the state. The website also includes information on how residents can obtain health insurance coverage and the public programs already in place in New York State.

The website further includes a timeline of when specific provisions of health care reform go into effect. Several reforms have or will take effect this summer, including a temporary high risk pool for people with medical conditions that are expensive to treat, an early retiree re-insurance program that will help offset the cost of providing health insurance to retirees age 55 and over who are not eligible for Medicare, and the mailing of rebate checks to Medicare Part D enrollees who reach the "donut hole" coverage gap.

"This website is a useful resource for New Yorkers to learn about the new reforms as they take effect throughout the next several years," said Governor Paterson. ♦

## NEW HIPAA/HITECH RULES PROPOSED DATA BREACH REPORTS INCREASE

The U.S. Dept of Health & Human Services has finally issued proposed rules to implement revisions to the HIPAA Privacy, Security and Enforcement Rules as required by the HITECH Act enacted early last year. The revisions include extending application of certain of the Privacy and Security Rules' requirements to a covered entity's business associates and their subcontractors, expanding restrictions on the use and disclosure of protected health information (PHI) for marketing and fundraising, prohibiting the sale of PHI without patient consent, expanding patients' rights to access their PHI and obtain restrictions on certain disclosures to health plans, and strengthening HIPAA's enforcement provisions.

The proposed rules can be accessed at [www.drlaw.com](http://www.drlaw.com). While many of these rules will not be effective for some time, HITECH's Data Breach Notification Rule and reporting requirements already are effective and enforced. As of today, there have been over 100 reported breaches involving over 500 persons each. Several involve thousands of persons and all are listed on OCR's website. One of the most recent reported breaches occurred when a New York hospital's billing processor, Siemens, shipped to the hospital seven CDs containing sensitive health and personal information via FedEx. The CDs never arrived at the hospital. Although the CDs were password-protected, the data was unencrypted, requiring the hospital to report the breach. While many breaches involve lost laptops, mishandled paper records, or hackers, a significant percentage involve business associates, highlighting the need for protective provisions in a practice's vendor agreements. *For more information, visit the website of Kern Augustine Conroy & Schoppmann, PC at [www.drlaw.com](http://www.drlaw.com)* ♦

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## WCMS/WAM Office Closing

The WCMS/WAM offices will be closed on *Monday, September 6, 2010* to observe the Labor Day holiday.

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