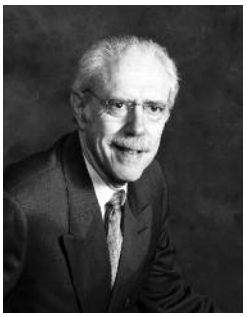
WESTCHESTER PHYSICIAN

July/August 2011 Vol. 21 No. 10

President's Message

Abe Levy, MD



The following remarks were made by Abe Levy, MD on June 9, 2011 at Knollwood Country Club on the occasion of his installation as president:

I am honored to be the 205th President of the WCMS in its 214 year history.

My sincere thanks go to Dr. Joseph Tartaglia, our immediate Past President, for mentoring and helping to prepare me for the next year. I also want to acknowledge Dr. Michael Rosenberg, former President of both WCMS and MSSNY, who first drew me into a leadership track at the WCMS.

I am honored that the President of MSSNY, Dr. Paul Hamlin, is here with us tonight.

I have four goals for the society in the coming year:

1. Continue the membership growth that Dr. Tartaglia achieved for the first time in over 10 years with Dr. Kira Geraci–Ciardullo as the chair of the membership committee. I also credit Dr. John Stangel's leadership, as the preceding President of WCMS, in delineating WCMS opposition to governmental control of healthcare.

2. Secondly, I share with Dr. Tartaglia the goal of balancing the budget of WCMS without using the principle in our endowment funds as we have unfortunately been doing for the last several years.

3. The third goal is to continue the tradition of WCMS advocating for patients while listening to our own members in setting priorities. This is the fundamental reason for the recent increase in our membership. Included in this is strong opposition to the unnecessarily complex coding nightmare imposed on us and the necessity for tort reform.

4. I intend to continue the building of bridges to specialty societies since most physicians now have strong allegiance to their specialty society.

On a personal note, I can only express my undying love and gratitude to my wife, Pat, for 47 years of support and devotion. I am thrilled to have with me here my daughter, Deborah, an Internist at the Beth Israel Deaconess Hospital in Boston, and faculty member at Harvard Medical School, and my son, Aaron, the founder and Executive Director of the Slought Foundation in Philadelphia, and the co-curator of the

(continued on page 3)

A Look Inside . . .

The Westchester Physician

Published by the
Westchester County Medical Society

333 Westchester Avenue
Suite LN-01
White Plains, NY 10604
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Upcoming Events
Mark Your Calendar

Thursday, August 11th – 6 pm
Executive Committee Meeting

Saturday, August 20th – 1-5 pm
Members & Families Pool Party

Monday, September 5th – Labor Day
Office Closed

Thursday, September 8th – 6:30 pm
Board of Directors Meeting

Monday, September 12th – 5 pm
CME Committee Meeting

Tuesday, September 13th – 6:30 pm
"Meaningful Use" Program

Wednesday, September 21st – 11:00am
Academy Golf Outing
Westchester Hills Golf Club, White Plains

(All meetings at the WCMS office unless otherwise noted)

WCMS Blast FAX & Email Service

If you have not been receiving WCMS blast FAXES and emails, we may not have your correct fax number or email on file. This is how we communicate with our members on important and timely issues, including legislative alerts and upcoming events.

Please update this information by sending it to Karen Foy at *kfoy@wcms.org*. Your information will be used for WCMS communications only and will not be shared with third parties.

Newsletter Submissions

Members are encouraged to submit articles, letters to the editor, classified ads, members in the news, etc. for publication in the Westchester Physician.

The deadline for the September 2011 issue is August 20th.

Please email your submissions for review to Brian Foy, Executive Director at *bfoy@wcms.org*.

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

2008 Venice Biennale for Architecture. I am also deeply honored and fortunate to have with me tonight, my father Larry, and Pat's mother, Beatrice Morton.

I am grateful to all of my physician colleagues from MKMG who are here tonight, and especially the MKMG Executive Assistants, Dawn Dambach, Rose Falco, and Dianne Sorg, as well as Dr. Daniel Leonard, the founder of our Cardiology Department, and the members of our executive team: Associate Medical Directors, Dr. Thomas Lester and Dr. Lewis Kohl, the COO, Mr. Chris Sclafani, and our President & CEO, Dr. Scott Hayworth.

I am also proud to have as personal guests tonight, Mr. Joel Seligman, President & CEO of Northern Westchester Hospital, and Dr. Marla Koroly, CMO; also Dr. Robert Bernasek, CMO of Hudson Valley Hospital Center.

Lastly, and so importantly, I want to recognize the WCMS staff: our Executive Director, Brian Foy; the Director of Membership and CME, Karen Foy; Accounting Manager, Rhonda Nathan and Staff Assistant Amanda Malfitano, who have all worked hard to maintain a high level of support and get us on solid financial ground.

It is my great honor to have **Congresswoman Nan Hayworth, MD, as our keynote speaker.** Nan was an esteemed ophthalmologist, a successful businesswoman, and a mother of two sons before being elected to Congress, where she now serves the 19th Congressional District in NY. We are truly fortunate to have her here to speak to us this evening.

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- White Plains -

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From The Editor
Sirius Business

By Peter Acker, MD

I have written in this space over the years about my family and the assiduous readers of my column probably know that I am married, live in Northern Westchester, have three beautiful and intelligent daughters and that I play tennis with an obstetrician neighbor. I'm sure I have revealed many other personal details, more than I can remember at this time. But, alas, I think I have never written about my three dogs: Nala, Lucky and Jenny.

What prompted this sudden decision to go canine public? Well for one, we are in the midst, after all, of the "dog days of summer" and secondly our eldest, Nala, a mixture of black lab, greyhound and Dalmatian, is in her 14th year and appears to be in the final stages of her time on this earth.

The "dog days of summer" refers, by the way, to the sultry period of time between July 3 and August 11 – 20 days before and after the conjunction of Sirius and the sun or as it is also known, the helical rising of the star – when the star is only visible briefly just prior to sunrise. The ancient Egyptians correlated this event with the flooding of the Nile and based their calendar upon it. Sirius comes from the ancient Greek meaning "glowing" or "scorcher". Sirius is also known as the "dog star," so called because it is the brightest star of the constellation "Canis Major" and indeed is the brightest star in the night sky. This star would twinkle more during the unsettled weather of early summer and the ancient Greeks believed that it released toxic emanations which exerted a malignant influence – to wit: causing plants to wilt, men to weaken and women to become aroused (the last of these beliefs I am unable to confirm). Dog Days were popularly believed by the ancient Romans to be an evil time "when the seas boiled, wine turned sour, Quinto raged in anger, dogs grew mad, and all creatures became languid, causing to man burning fevers, hysterics, and phrensies". (source: Wikepedia)

Nala came from a litter of pups from a neighbor in Port Chester. Like surrogate parents we were aware of the imminent birth and while not present at the delivery, we viewed the litter shortly after birth and chose the one we thought was the cutest of the bunch. Some weeks later, having been weaned, we picked her up. The first night, I brought a sleeping bag to the kitchen and slept with her so she wouldn't cry. The task of naming her fell to Daniella, then 4 years old. She quickly choose Nala after the character in the *Lion King*. For some reason, I thought the pronunciation was 'Nela'. Daniella repeatedly with patience and gentleness corrected me. "Dad, it's Nala." Finally, after yet again mispronouncing it, she gave me a long look, and apparently divining that she was to be burdened throughout her life with a father who was virtually uneducable, decided (being in possession of a preternatural maturity that has always been her defining characteristic) to tell me in gentle tones, though with a hint of condescension, "That's OK Dad, if you want to call her Nela – that's fine with me."

Nela, I mean Nala, has been an integral part of our family all these years. We went on to acquire two other dogs, each unplanned and with stories that I will save for a future column. Both are miniature dachshunds. The first is named Lucky after my wife Gila's childhood dog.

(continued on page 5)

From The Editor *(continued from page 4)*

Sometimes we refer to him as Leaky, due to his unfortunate habit of, ah hem, "releasing himself" when excited upon the arrival of a visitor. The second is Jenny after the pet dachshund I grew up with.

Nala is, as it turns out, aptly named, since she looks quite leonine sitting with the two much smaller dogs cavorting around her, tolerating their licks and jumping around her with affectionate forbearance. She is old now, and is suffering with many of its maladies: arthritis, incontinence, to name just a couple. She can no longer go upstairs and generally lies around most of the day (she is at my feet at this moment) and her bark is only a pale imitation of the stately and commanding instrument it once was. She occasionally arises after a painful struggle, and makes her way slowly to the toilet bowl for a drink, panting all the way. We are solicitous of her suffering, but cannot totally control our frustration with her frequent accidents. We have experimented with doggie diapers, gates and strategically placed towels with only limited success.

So we take it one day at a time, enjoying her company as we can, but suffering along with her and not being able to suppress the occasional thought of how this is a presage of our own fates. As Bette Davis said, "Old age ain't any place for sissies." So Nala, "Don't go gently into that good night, Rage, rage against the dying of the light." (Dylan Thomas).

Welcome to our Newest WCMS/Academy Members

Join us in welcoming the following new members who were elected into membership of the Westchester County Medical Society and the Westchester Academy of Medicine by the Board of Directors in July.

New Members

Scott D. Hayworth, MD
(Gynecology)
Mount Kisco, NY

Joseph R. Carcione, Jr., DO
(Neurology)
Yonkers, NY

Gary Wenick, MD
(Pediatrics)
Brewster, NY

Marlene D. Galizi, MD
(Gastroenterology)
Hartsdale, NY

Our Condolences

George A. Sirignano, MD, a retired surgeon from Somers, passed away on June 2, 2011. Dr. Sirignano had been a member of the WCMS since October, 1949.

ARE YOU FORE THE ACADEMY?

Westchester Country Club in Harrison, NY, will once again be the site for the ***Constellation Energy Senior Players Championship*** scheduled for **August 17-21, 2011**. Mark O'Meara will be defending his championship against Tom Watson, Fred Couples, Hale Irwin, Tom Kite, Bob Tway, Bobby Wadkins, Scott Simpson and many others.

The Westchester Academy of Medicine, a 501(c) (3) not-for-profit charitable entity, has registered as an official charity for this event. If you are interested in attending this event you can purchase tickets online through a special link reserved for the Academy and **ALL proceeds (less tax & fees) will go to the Academy**. "Any Day Grounds" tickets are available at $20 per ticket. To purchase, simply go to www.buytfc.com, click on the Constellation Energy Senior Players event logo, then click on "buy tickets." You will see a list of registered charities and their designated codes. To support the Academy enter the **Academy code 6UKDE7**.

For every ticket purchased, $20 will benefit the charitable and educational activities of the Academy. The Westchester Academy of Medicine supports the Westchester Engineering and Science Fair, which attracts hundreds of high school juniors and seniors from throughout Westchester County. This is but one example of the charitable work of the Academy.

Whether you are an avid golfer, just a casual fan of the game, or simply want an excuse to see the beautiful grounds of the Westchester Country Club, please consider purchasing your tickets through the TicketsForeCharity link above and support the Westchester Academy of Medicine!

The following letter was submitted by the WCMS after unanimously adopting a position in strong opposition to the Certificate of Need application submitted by Memorial Sloan-Kettering to build a cancer treatment facility in Harrison, NY.

Westchester County Medical Society

333 Westchester Avenue • Suite LN01 • White Plains, NY 10604
Tel: 914.967.9100 • Fax: 914.967.9232
www.wcms.org

July 14, 2011

Commissioner Nirav R. Shah, MD
Office of the Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Dear Commissioner Shah:

I write on behalf of the Westchester County Medical Society (WCMS) to express our **strong opposition** to the application (#111284) of Memorial Sloan Kettering Cancer Center (MSKCC) for a Certificate of Need (CON) to construct a new outpatient cancer treatment center in Harrison, NY. Westchester County is home to a robust, high quality health care system, including state of the art oncological services; and while MSKCC is a qualified institution, adding a high cost facility in the absence of need flies in the face of state and federal health planning policy and will compromise our existing system of care.

Since 1797, Westchester County Medical Society has represented the needs and interests of many of the County's physicians , including our current membership of approximately 1,000 physicians. Westchester physicians engage in all practice areas, including 70 oncologists, 38 radiation oncologists, and 17 other oncology-affiliated specialists. Our oncology specialists are hospital, office, and clinic based, and are geographically dispersed throughout the county, ensuring ready access to oncology services for all Westchester County residents. Moreover, the available oncological services are complete, including, but not limited to:

- comprehensive medical consultation with diagnostic work-up;
- multidisciplinary cancer treatment planning and management teams;
- tumor, leukemia and lymphoma treatments;
- bone marrow and stem cell transplants;
- outpatient chemotherapy infusion, blood transfusion and apheresis;
- access to current clinical trials;
- Sophisticated up-to-date radiation therapy including 10 linear accelerators, one Gamma-knife unit, one Novalis unit, one Tomotherapy unit, three hospitals with intraoperative radiation capability, and six High Dose Rate (HDR) Brachytherapy units.
- symptom and pain management; and
- other support services

In addition to services currently available, the State has approved the expansion of oncology services at Hudson Valley Hospital Center and Lawrence Hospital Center, projects currently in process but unfinished. Westchester Medical Center also has an application in place related to the replacement and modernization of its radiation treatment equipment. The MSKCC facility at Phelps Memorial Hospital Center already has the capability to provide all the items (except PET scans) that are in the body of the CON

In summary, the services in the MSKCC CON application are already here and the area does not have a shortage of physicians providing cancer care. Given the abundance of quality oncology services available throughout Westchester County and the surrounding communities, it is not surprising that the WCMS and our membership are aware of *no* need for additional services, facilities and equipment for *any* oncology treatment in the region.

In the absence of any clear, demonstrable need for additional oncology services, WCMS members – particularly those in the oncology field – are highly concerned about the impact of a new MSK facility on existing hospital based and non-hospital based facilities and the entire patient populations of Westchester County and the surrounding areas. Adding a large facility that would essentially be a hospital without beds only for well-insured people would not provide comprehensive care for Westchester's cancer patients and would weaken those centers that are currently providing comprehensive cancer care.

New York State has clearly articulated that excess capacity "threatens quality of care, promotes inefficiencies, increases costs, threatens the provision of public goods, and contributes to the fragile finances of health care providers." [Final Report of the Commission on Health Care Facilities in the 21st Century ("Berger Commission"), *A Plan to Stabilize and Strengthen New York's Health Care System*, p. 54 (Dec. 2006).] We are overwhelmingly convinced that contrary to thoughtful health care planning goals, an MSKCC facility will duplicate existing services, invite inappropriate utilization, and disrupt local oncology care management collaborations. Medical practices that provide care to the underserved would face economic hardship and would likely close, thus constraining existing resources.

Finally, we note that MSKCC serves primarily commercially insured and limited Medicare populations. Medicaid and other self-pay patients, in contrast, comprise only about 5% of MSKCC's payer mix. In contrast, nearly one-third of the patients of WCMS' members with oncology practices are covered by Medicaid, Family Health Plus or Child Health Plus.

If MSKCC attracts the same type of payer case mix to its Harrison facility that it currently serves in its other facilities, it will have the effect of pulling commercially insured individuals from Westchester practices to MSKCC. This will dramatically increase the proportion of those insured by lower-reimbursing government program populations being served by existing Westchester oncology practices and reward MSKCC for socially irresponsible behavior.

We do not believe we are being hyperbolic or overstating the case when we argue strongly that the MSKCC proposed facility would compromise the viability of Westchester County's existing care systems, which currently operate on very thin margins (but allow us to serve *all* populations). The membership of the WCMS feels very strongly that this proposal is clearly inconsistent with the long- and short-term health policy goals of the State. We believe that this proposal will actually interfere with the access to care of the population that MSKCC has chosen not to serve. The motivation for this CON is purely economic and not medical. The state will be adversely affected by having its neediest citizens with less not more cancer care available.

As the health care system struggles to do more with less, approving the MSKCC proposal for a costly new facility in a region with more than adequate need is illogical and inconsistent with responsible health system planning. Instead of approving an unnecessary and expensive new facility, the State should facilitate an environment that encourages existing community providers to collaborate and transform to meet the challenges of the evolving health care system.

Therefore, in light of the above and on behalf of the entire membership of the WCMS, I respectfully request that this proposed CON be rejected.

Sincerely,

Brian O. Foy
Executive Director

CC: WCMS Board of Directors

Legal Corner

From Kern Augustine Conroy & Schoppmann, PC

NY Names New Medicaid Inspector General:

Governor Cuomo has announced the nomination of James Cox to be the NY State Medicaid Inspector General, replacing Jim Sheehan. Cox worked for the U.S. Health and Human Services Office of the Inspector General's Office of Audit Services for 23 years, most recently as the Regional Inspector General for Audit Services in Chicago. He helped create the joint Department of Justice and HHS task force combating waste, fraud and abuse in government programs and has organized joint federal/state enforcement and audit efforts that included the FBI, NYS Office of the Comptroller, and the Medicaid Fraud Control Unit. The NY Office of Medicaid Inspector General (OMIG) was created to improve the efficiency and accountability of the NYS Medicaid program by preventing and detecting fraudulent, wasteful and abusive practices. The OMIG coordinates the fraud, waste and abuse control activities of all state executive branch agencies and works in conjunction with law enforcement agencies, including the NYS Attorney General's Fraud Control Unit.

CMS Introduces Predictive Modeling Fraud-Fighting Technology:

Beginning July 1, CMS began using a predictive modeling technology to combat Medicare fraud on a national basis. The technology, similar to that used by credit card companies, is supposed to help identify potentially fraudulent Medicare claims before they are paid. CMS says this is part of its movement away from the "pay and chase" recovery operations to an approach that focuses on fraud prevention. The technology allows CMS, for the first time, to use real-time data to spot suspect claims. Northrop Grumman, selected to develop the predictive technology format, will deploy algorithms and an analytical process that examines CMS claims by beneficiary, provider, service origin or other patterns. It will identify potential problems and assign an "alert" and "risk scores" for those claims. These problem alerts will be further reviewed to allow CMS to both prioritize claims for additional review and assess the need for investigative or other enforcement actions.

2011 WCMS ANNUAL MEETING

On Thursday, June 9th, the Westchester County Medical Society held its Annual Meeting at the Knollwood Country Club in Elmsford. Members and their guests were able to network with WCMS' preferred partners and sponsors, as well as socialize with their colleagues. Westchester Engineering and Science Fair Project Winners were presented with their awards and physicians who have devoted 50 or more years to medicine were honored. MSSNY President Paul Hamlin, MD and his wife, Jane, were also in attendance. Outgoing President, Joseph J. Tartaglia, MD, was thanked for his leadership and dedication over the past year. Incoming President Abe Levy was welcomed along with our newly elected officers and representatives. Congresswoman and WCMS member Nan Hayworth, MD, spoke and answered questions from the members.

Your newly elected officers and delegates are as follows:

OFFICERS
(Term July 1, 2011 – June 30, 2012)

PRESIDENT
Abe Levy, MD
PRESIDENT-ELECT
Joseph McNelis, MD
VICE PRESIDENT
Thomas T. Lee, MD
TREASURER
Robert Ciardullo, MD
SECRETARY
Robert Lerner, MD
PRESIDENT – ACADEMY OF MEDICINE
Karen Gennaro, MD (continuing in office)

Delegates to the MSSNY House of Delegates
(Four for two years; term ending 2013)

Andrew Kleinman, MD
Peter Liebert, MD
Louis McIntyre, MD
John Stangel, MD

Alternate Delegates to the MSSNY House of Delegates
(Four for two years; term ending 2013)

Robert Ciardullo, MD
Robert Soley, MD
Karen Gennaro, MD
Thomas Lee, MD

A Special "Thank You" to the Sponsors of our Annual Meeting

Platinum Sponsors

The Affinity Group, LLC • Citibank • GlaxoSmithKline • Merck • NY Services, Inc. • Quest Diagnostics • UpToDate

Gold Sponsors

DataMatrix Technologies, Inc. • Strategies for Long Term Care, LLC • MedTech for Solutions, Inc. • Northern Westchester Hospital • Specialdocs Consultants, Inc. • Upright Imaging of Westchester • Visiting Nurse Services of New York

Silver Sponsors

HealthPro Staffing Resources • Westchester County Association

2011 WCMS ANNUAL MEETING

Doctors who have devoted 50 or more years to medicine were honored for their service.

L-R: Dante Grismodi, MD, Peter Liebert, MD, Sheldon Alter, MD; MSSNY President Paul Hamlin, MD, Stephen Schwartz, MD, Bernard Bernhardt, MD, Richard Weiss, MD, Anthony Bardinelli, MD, Caroline Bauman, MD

WESEF High School Science Project Honorees

L-R: Joseph McNelis, MD
Parandis Nejait, *Tuckahoe High School*
Julia Kelly, *Yorktown High School*
David Lu, *Yorktown High School*
Joseph Tartaglia, MD

Executive Director Brian Foy presents outgoing President Joseph Tartaglia, MD with a plaque as MSSNY President Paul Hamlin looks on.

MSSNY President Paul Hamlin, MD congratulates Joseph Tartaglia, MD

2011 WCMS ANNUAL MEETING

Brian Foy and Paul Hamlin, MD, thank Dr. Joseph Tartaglia and his wife, Dr. Antonella Tartaglia for their year of service to WCMS.

Outgoing President Joseph Tartaglia, MD passes the gavel to Incoming President Abe Levy, MD

WCMS Member Congresswoman Nan Hayworth, MD and Abe Levy, MD

Congresswoman Nan Hayworth, MD speaks to attendees

Larry Levy celebrates with his son, Abe Levy, MD

Brian Foy, Executive Director, Joseph Tartaglia, MD, Karen Foy, Director, Membership & CME, Abe Levy, MD, Amanda Malfitano, Staff Assistant, and Rhonda Nathan, Accounting Manager

WCMS POOL PARTY

You and your family are invited to spend an afternoon of fun and fellowship with WCMS Members, colleagues and their families.

Just bring a bathing suit and towel.

Food & Refreshments will be provided

Saturday, August 20, 2011

1:00—5:00 pm

Rain Date: Sunday, August 21, 2011

At the home of
Drs. Kira & Robert Ciardullo

135 Osborn Road
Harrison, NY

Please RSVP by calling the Westchester County Medical Society at 914-967-9100

Or by email to kfoy@wcms.org

News from MSSYNY

Opposition to IPAB Escalates

A controversial provision of the Affordable Care Act (ACA) that has been highlighted recently in the media calls for establishing an **Independent Payment Advisory Board** (APAB). The purpose of this 15-member panel would be to extend Medicare program solvency through the use of a spending target system and an expedited congressional process for approving Medicare cost savings.

Throughout the congressional debate leading up to passage of the ACA, the AMA expressed opposition to the IPAB's broad authority, the lack of flexibility in its mandate and the fact that it would effectively subject physicians to double-jeopardy for Medicare payment cuts so long as the sustainable growth rate formula remains in place.

As ACA refinements were being crafted in the form of a reconciliation bill, the AMA worked with leaders in the U.S. House of Representatives to address these issues, but all recommended changes were ruled out of order by the Senate parliamentarian. The AMA has continued to recommend changes and, ultimately, last month during the Annual Meeting of the AMA House of Delegates, the AMA adopted policy calling for full repeal of the IPAB.

In addition to the double-jeopardy issue, the AMA has expressed other concerns about the IPAB, including the following:

- The IPAB may not consider changes in benefit structure, beneficiary eligibility, beneficiary cost-sharing or revenue increases, leaving no discernable option for controlling costs or ensuring program solvency other than cutting provider payments.
- For several years, the law provides exemptions from cuts for hospitals and other providers, translating into potentially steeper cuts for physicians.
- IPAB members will be appointed by the president to full-time positions, leaving no possibility for representation by practicing physicians.
- Important health care payment policy decisions will be placed in the hands of a panel that has far too little accountability, leaving elected members of Congress with little input or control over important policy decisions affecting health care for millions of patients.
- The formula for calculating allowed expenditure growth is rigid, with no flexibility for errors in actuarial projections or the impact that pandemics or technological changes may have on demands for care.

The AMA sent letters expressing support for the House and Senate bills on July 6th, and the House Budget Committee and the House Energy and Commerce held hearings about the IPAB in July.

Although there are critics of the IPAB on both sides of the political aisle, the issue of its repeal has been caught up in partisan rhetoric. There are specific provisions prohibiting the IPAB from submitting proposals to ration care, but opponents loudly proclaim this will be the likely effect. This seems to deter rather than encourage bipartisan support for a repeal of the IPAB. At the same time, there are IPAB supporters who, in public at least, continue to ignore its structural flaws.

While reports have circulated recently that efforts are under way to identify potential IPAB appointees, cuts under the spending targets outlined in the law cannot occur until 2015. This will provide some time for rhetoric to cool and allow for productive efforts to build support for the panel's elimination.

News from MSSYNY

Legislation (HR 452, Roe/S 668, Cornyn) has been introduced in both the U.S. House of Representatives and the Senate that would repeal the IPAB. MSSNY President Paul Hamlin, MD and President-elect Robert Hughes, MD traveled to Washington, DC, along with MSSNY staff to urge members of New York's Congressional delegation to sign on to this legislation, as well as to support other priority legislation such as long term SGR relief. Currently, HR 452 has 161 co-sponsors, including NY Representatives Anne Marie Buerkle (R-Onondaga County), Michael Grimm (R-Staten Island), and **Dr. Nan Hayworth** (R-Westchester County).

The IPAB is empowered to make recommendations to Congress to cut Medicare spending and payments starting in 2015. Particularly problematic is the requirement that the recommendations of the IPAB will go into effect unless a supermajority of Congress enacts legislation to prevent such cuts, a task which likely will be extremely difficult. This means that, unless the IPAB is repealed or substantially modified, physicians could potentially face "double jeopardy" cuts triggered by the flawed SGR formula in addition to cuts triggered by the unelected IPAB.

Physicians need Medicare increases, not further cuts. Please urge your representatives to support this needed legislation.

Funding Opportunities for Service in Underserved Areas in New York

Doctors Across New York (DANY) is a state funded initiative enacted in 2008 to help train and place physicians in underserved communities in a variety of settings and specialties. Request for applications for the Physician Loan Repayment Program – Cycle II (2011) and for the Physician Practice Support Program (2011) are available at the website of the New York State Department of Health.

The DANY Loan Repayment Program Cycle II will provide up to 41 physicians with up to $150,000 in repayment over a five-year period for qualified educational loans in exchange for a minimum 5-year commitment to practice in underserved areas. It is anticipated that funds will be allocated regionally with one-third of available funds awarded to New York City and two-thirds of available funds awarded to the rest of the state.

The Physician Practice Support Program provides reimbursement fo eligible practice and/or education loan repayment of up to $100,000 over two years (maximum of $50,000 per year). Funding is in exchange for a two-year service obligation from a licensed physician to practice in an underserved area within NYS. In 2009, 70 awards totaling $5.4 million were filled under the Physician Practice Support Program. The 2011-2012 State Executive Budget provides an additional $4.3 million to support these awards.

For more information, visit these sites:
www.health.ny.gov/funding or **www.health.ny.gov/professionals**.

Westchester Academy of Medicine
2011 Golf Outing

Wednesday, September 21, 2011

Westchester Hills Golf Club
401 Ridgeway
White Plains, NY

Registration & BBQ Lunch 11:00 am – 1:00 pm

1:00 pm – Shotgun Start
Golf Format: Shamble (Modified Scramble) with Team Prizes

5:30 – 6:30 pm – Cocktails
6:30 pm – Buffet Dinner/Awards/Raffles

Individual -$400
Foursome - $1,400
Foursome plus Hole Sponsor - $1,500
Hole Sponsor - $250
Additional Sponsorship Opportunities Available – Please Contact Brian Foy at bfoy@wcms.org

Tennis Available at no cost, but you must sign up beforehand

All proceeds will benefit the Westchester Academy of Medicine, a 501c(3) not-for-profit, educational organization; specifically, proceeds will help support the Academy's continuing medical education activities and its scholarship fund benefiting high school students aspiring to a career in medicine.

For more information, contact Brian Foy at bfoy@wcms.org or call (914) 967-9100

A Report from the AMA Organized Medical Staff Section Annual Meeting, June 2011

First I would like to thank the medical staff of Northern Westchester Hospital for permitting me to be their representative to the AMA meeting this June. A significant amount of business was transacted in this extremely democratic arena. It is at these meetings that physicians from throughout America help determine the AMA stance on multiple issues. The mix of physicians include members of large groups, hospitalists, specialists, general practitioners, doctors from the rural heartland of America to physicians from the large cities throughout our nation. Therefore, there are diverse and almost limitless viewpoints presented. All of these try to mix to form AMA policy.
In no apparent order, I will present, briefly, some of the policies discussed and adopted in the hopes of becoming AMA policy.

- Interestingly, there are private equity sources and other lenders who are financing medical malpractice lawsuits. Many physicians did not even know of this practice which is permitted in many states. A resolution combating this type of lawsuit funding was passed. It was hoped that the AMA would help devise strategies to combat efforts in those states considering overturning laws that bar such funding.
- A resolution to help ensure that all user interfaces in electronic medical records would be standardized was put forward and passed.
- AMA policy regarding payment for medical services was reiterated.
- The AMA should develop guidelines for healthcare delivery payment systems that protect our patient physician relationship. It should make information available to enable physician to play a meaningful role in the governance and clinical decision-making of evolving healthcare delivery systems. It should work with Congress and the appropriate government agencies to change existing laws and regulations to facilitate the participation of physicians in new delivery models.
- Cloning of stem cells for biomedical research was another topic of conversation. AMA policy is to nsure that such research adhere to institutional review board requirements, is carried out with appropriate oversight, is protected with appropriate informed consent, that the intended primary and secondary uses of donated embryos and stem cells for potential commercial use is acknowledged and that such research, because of the pluralism of moral vision that underlies this debate, should not violate the ethical standards of the profession.
- Because of fears that the restriction on the use of tax exempt funds to buy medications without a prescription, as described in the new Health Reform Law, may lead to burdens for physicians who may then be burdened by the need to write prescriptions for everything from Band-Aids to baby aspirin, for many patients, throughout the day, AMA policy should work, at least, for the repeal of this part of the Health Reform Law.
- The AMA was requested to foster legislation at the national level in the 112th Congress that defines third-party policies, procedures or administrative action - including decision-making regarding preauthorization of payment for medically necessary services and treatment - as the de facto practice of medicine. Those people and institutions involved in these reviews should be held liable for bad outcomes and in malpractice actions stemming from delay and/or denial of care at the state and/or federal level in legal oral or alternate resolution settings. Incidences of bad outcomes after delay of preauthorization for procedures and or testing abound. It was a physician and not the companies responsible for preauthorization that were held responsible. It was strongly felt that the AMA must take strong actions on this important issue.
- Many physicians found that a significant part of their clinical today was taken up with obtaining preauthorization for their patients. Methods to reimburse for this work through either regulatory or legislative means to reimburse for professional time and office expense involved in each preauthorization encounter must be developed.
- Methods to improve coordination of care for patients entering and leaving the hospital, including reimbursement for time spent with this coordination, should become AMA policy. This would include in incentives for time and effort of communication, transmission of data to the admitting hospitalists from

the outpatient physician on admission, and from the hospitalists to the outpatient physician on discharge, for timely coordination of care (including telephone, fax, e-mail or face-to-face communication.)

- With the new concept of "medical home," a resolution was passed for the AMA, working with the Joint Commission, to examine the structure of accredited medical homes and determine whether there are differences in patient satisfaction, quality and value as well as patient safety, as reflected by morbidity and mortality, between physician led and not physician led medical homes.
- The AMA was requested to endorse the following clause guaranteeing physician independence be inserted into physician employment agreements as well as independent contractor agreements for physician services:

In caring for patients and in all matters related to this Agreement, Physician shall have the unfettered right to exercise his/her independent professional judgment and be guided by his/her personal and professional police as to what is in the best interest of the patients, the profession and the community. Nothing in this Agreement shall prevent or limit Physician's right or ability to advocate on behalf of patients' interests or on behalf of good patient care, or to exercise his/her own medical judgment.

This would protect the physician from termination or disciplinary action by the employer.

Other topics discussed were the continued discussion of a) Tort Reform and how to handle this significant problem, b) Hospital Medical Staff Bylaws and how medical staffs, especially hospital employed physicians, may feel pressured to relinquish the duties, responsibilities and oversight mandated under federal, state and regulatory agency regulations to anyone other than medical staff members and medical staff-supervise personnel, c) Accountable Care Organizations (ACO) must require a legal and organizational structure, an analysis of successful implementation, a strategy for the structure and formation of intra-operative and interconnected regional health information technology systems, physician education, assistance in the development of templates for performance standards and, finally an analysis of the regional differences in healthcare delivery as a part of tailoring such an organization to regional and/or community needs.

Educational programs also discussed a way of improving patient medical care and reducing readmission into the hospitals. Nationwide, a very large percentage of patients are readmitted within 30 days after discharge. This percentage varies slightly between discharge to home or to skilled nursing units. This problem is due to multiple factors which include mandated reduction of length of stay, ill patients being treated for only one or a few of multiple diagnoses, poor patient comprehension of discharge orders to caregivers, poor transfer of, or errors in transfer of medication orders, incomplete reports of tests done in the hospital setting, lack of patient follow-up five hospital staff and inadequate follow-up by the outpatient physician. The quandary is that with improvement in all of these factors, patient readmissions can be reduced by over 50%. However, there is little incentive for the hospital to do this, in that it would be left with multiple empty beds and could not afford the reduction in patient census. The federal carrot is better patient health. The federal stick is that there will be penalties (no federal reimbursement) for patients readmitted within a 30 day window.

For the physician practicing medicine in the United States, the only voice available, encompassing all of us, is the AMA. The AMA will make decisions based on his Democratic base. However, if it is to be a strong voice and thereby affect federal policy, it must be the voice of all physicians. Unless a majority of physicians throughout the United States drawing and work with a common voice, as a family, the AMA will have minimal influence. As with any family, we cannot always agree. But, it is the only family we have. Specialty societies will be a voice for each individual specialty and will not necessarily put all physicians first. State and Local societies also have their own individual agenda. Unless we try to work together, we will be splintered and left without a voice. If you are a member, I greatly thank you. If not, I strongly urge you to join to give our profession a stronger, potent and inclusive voice.

Again, with thanks, I remain,
Sincerely,
Morris Glassman, MD

ePrescription

by Abe Levy, MD

The NY State Department of Education, Board of Pharmacy, and Department of Health have made a serious error in forbidding nurses to send an ePrescription to a pharmacy. If any physician is allowing his nurse to do this, s/he should be aware that this is not compliant with NY State regulations.

This rather archaic regulation endangers patient safety by encouraging telephone prescriptions which nurses can make on the verbal order or supervision and control of a physician. It is perverse for NY State to allow phone prescriptions by nurses and not allow ePrescriptions by them.

Some of the relevant regulations (Board of Pharmacy) are over 10 years old and pre-date the first ePrescription ever being sent in NY State. It demonstrates once again, as if we needed another example, the ridiculous regulations which government bureaucrats who have no clue about the practice of medicine can impose.

This is an issue which affects one doctor offices, small groups, and large groups. It also demonstrates why we need to be united both at the local county medical society level and with MSSNY in order to work on changing such a ridiculous regulation. **This issue will be on the agenda at the next WCMS Board of Directors meeting on Thursday September 8**, after which I am hoping that MSSNY staff in Albany can petition the above 3 agencies to come to their senses and update this regulation.

Please send your comments and suggestions to our Executive Director, Brian Foy, at ***bfoy@wcms.org.***

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