



WESTCHESTER PHYSICIAN

April 2017

Volume 33, Issue 4



PRESIDENT'S MESSAGE

DO YOU REMEMBER THE OATH YOU TOOK?

I do, it was and still should be the "Hippocratic Oath", and I have lived by it.

Today many of our medical schools have decided to change the oath to "modernize it" which each is doing it somewhat differently. I believe this is a travesty! Does anyone remember the importance of traditions in society? How it binds us all through time? It should never be changed.

It starts by saying that: "I swear to Apollo Physician and Asclepius; both God and mortal physicians, and to the gods". Clearly the meaning is that we are to swear to the great doctors that came before us, and the highest power in the Universe, that we will fulfill our oath! Some have voiced opposition to this because of calling on Gods. But have lost the meaning and understanding of our oath.

Fewer and fewer of us are able to keep our promise under corporate and governmental control; we by law are obligated to comply, so cannot follow our oath. We are told we must follow the "Code of Ethics" which is a great document of the State Medical Society of New York. It was the first in the country started here is Westchester County but lately it is more about following the law than following our profession. And I did not swear to follow the Code. I swore to follow the oath!

The first thing we swear to is to hold dear the mentors who taught us and care for them and their children as if they were our own. In my grandfather's time and in my father's time (they were doctors), there was great respect for past mentors and older doctors. They were kept on, working less with time but with the same compensations. And if their children wanted to go to medical school, there was much consideration for this. Not any longer in our "eat what you kill" corporate ethos. Have you taken the time to keep in touch with your mentors? Have you helped them?

What about giving counsel to your fellow physicians. Under the oath, we are to be collegial with each other and help each other. Now many endeavor to steal each other's patients and obtain greater "market share". They advertise and not just tell of their own greatness, but

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GINO C. BOTTINO, MD
President, WCMS

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UPCOMING EVENTS

"Referral Rounds" Networking
Thursday, May 4, 2017
Captain Lawrence Brewery
Elmsford, NY

WCMS/WAM Annual Meeting
Thursday, June 1, 2017
Westchester Country Club
Rye, NY

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333 Westchester Ave., Suite LN01
White Plains, NY 10604
914.967.9100 / FAX 914.967.9232

PETER J. ACKER, MD
Editor

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FROM THE EDITOR...

PETER J. ACKER, MD
PEDIATRIC PROGENY



Regular readers of my column probably know that two of my three daughters have followed me into medical profession. One is doing a pediatric infectious disease fellowship and the other is in her first year of pediatric residency. Though I hear often from physicians who bemoan how medicine has changed and how they are discouraging their own kids from becoming doctors, it has never been an issue for me. I still enjoy the day to day tumult and surprises that primary care serves up. I do grouse at the hours of clicking boxes while completing my electronic medical records, the ever increasing requests for pre authorization for medicines as well as the many other indignities suffered via insurance companies. On balance, though, I must say I never regret the choice I made so many years ago.

One of the advantages and joys of having daughters in the profession is that it provides a constant pipeline to new developments and trends in medicine. It is idiomatic that change is apace in modern medicine, but equally important is the way it stays the same: the value of a careful history, the intellectual exercise of formulating a differential diagnosis.

One of the most impactful developments in pediatrics over the decades has been the increasing number of infectious diseases that have been brought under control by immunization programs. I was reminded of this recently when I got an excited text from my daughter who is a pediatric intern: "dad, I did my first LP and it was successful". She subsequently told me that this was done in order to administer intrathecal meds and not for the purpose of diagnosing or ruling out meningitis. I thought back to my own internship. By April I had already done many spinal taps and had diagnosed several cases of bacterial meningitis. The main players then were Haemophilus influenza and Pneumococcus both of which have been mostly eradicated in this country due to immunization. The only unfortunate consequence of this is that my younger colleagues do not have the same skills in performing spinal taps.

Another change that is occurring in medicine as well in society at large, is the attitude toward and treatment of transgender. My older daughter, the ID fellow, spent a year before medical school working in a clinic for gay and transgender patients, her interest initially inspired by reading Jeffrey Eugenides's wonderful novel **Middlesex**. My daughter the intern is similarly interested in this issue. She called me just two days ago to talk about a transgender patient and the differing attitudes among the house staff, a culturally diverse group. She was upset at how this patient was being treated and referred to. She talked to the chief resident and was asked to give a presentation on the subject.

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Westchester County Medical Society



***Come join us for our
“REFERRAL ROUNDS”
Networking Event
Thursday May, 4, 2017***

**Captain Lawrence Brewery
444 Saw Mill River Road
Elmsford, NY
7:00pm**

Is your referral pool too shallow? Have you been wanting to meet new referral
physicians & Vendors?

Come Join us for our REFERRAL ROUNDS Networking Event

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

All members and guests are welcome at no charge.

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

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

WESTCHESTER COUNTY MEDICAL SOCIETY
WESTCHESTER ACADEMY OF MEDICINE
REPORT OF THE NOMINATING COMMITTEE 2017-2018

The Nominating Committee of the Westchester County Medical and the Westchester Academy of Medicine met on April 5, 2017, and hereby nominates the following candidates for election at the Annual Meeting on June 3rd, to take office effective **July 1, 2017**:

President-elect

Omar Syed, MD

Vice President

Daniel Gold, MD

Treasurer

Howard Yudin, MD

Secretary

Elaine Healy, MD

Delegates to the MSSNY House of Delegates

(Four for two years; term ending 2019)

Robert Ciardullo, MD

Louis McIntyre, MD

Peter Liebert, MD

Thomas Lester, MD

Alternate Delegate to the MSSNY House of Delegates

(Three for two years; term expiring 2019)

Richard Stumacher, MD

Richard Yung, MD

Howard Yudin, MD

Note: Per the Bylaws, the current President-elect, Marshal Peris MD, automatically assumes the Office of President and the current President, Gino Bottino, MD, assumes the Office of the Immediate Past President.

*Additional candidates may be nominated from the floor at the WCMS/Academy Annual Meeting, provided that each nomination is supported by a petition signed by at least 100 members, as specified in the Bylaws.

PROPOSED CHANGE TO WESTCHESTER ACADEMY OF MEDICINE BYLAWS

On Thursday, April 13 the Board of Directors for the Westchester Academy of Medicine voted unanimously to propose the following bylaws amendment at the Annual Meeting on June 1, 2017. As per the bylaws this amendment must be presented to, and approved by the Board before or at the April BOD meeting; and must be presented to the membership at large within 45 days prior to the Annual Meeting in order to take effect immediately. *(This proposed change was sent to the membership via email on Friday, April 14)*

Westchester Academy of Medicine Bylaws Proposed Changes for 2017 to take effect immediately.

Article I

Section 2 states:

The president of the Academy shall serve a one-year term, with possibility for serving three additional one-year terms.

The WAM Board of Directors proposes that this language be amended to the following:

The president of the Academy shall serve a one-year term, with the possibility for serving additional one year terms, with no limitation on the number of terms.

This will be passed by 2/3 vote of the members present for the Annual Meeting on June 1, 2017.

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FROM THE EDITOR...

PETER J. ACKER, MD

PEDIATRIC PROGENY

(Continued from page 2)

Coincidentally in this morning's Sunday Times (April 9, 2017) was an op-ed piece entitled **How Doctors Help Transgender Kids Thrive** written by Dr. Jack Turban at Yale Medical School. I recommend this article to all physicians because it exemplifies the dictum "primum non nocere" – first do no harm. As physicians we have the potential to inflict enormous harm with one ill-considered remark. It behooves all to be cognizant of the myriad cultural differences that exists among the patients we serve.

I am fortunate to have daughters who not only help me figure out how to use my smart phone, but also can alert me to the cutting edge trends. I admit to secretly waiting for the day when my daughters will text me and ask "we have a young patient with the fever, just the beginnings of a rash and these strange lesions in the mouth – sending you a picture". I look at the picture and casually text back, "Honey, those are Koplic Spots."



PRESIDENT'S MESSAGE

DO YOU REMEMBER THE OATH YOU TOOK?

(Continued from page 1)

condemn the work of others, and imply things like: "If you don't come here first you will perish; If you don't come to us for treatment you will not get the most modern care and you will have a poor outcome!" If you are working for an institution that is doing this why aren't you writing a letter of protest or getting your medical staff to do so? Or are you so arrogant that you actually believe it?

You promised to direct treatment for the benefit of the sick, and protect them from harm and injustice. Do you really think that is what is going on today in these corporate groups that strive to squeeze every dime out of each patient they can

get? Or the many government regulations that engender more harm than good? I know we cannot fight city hall, and we need to make a living, so we acquiesce. But we can stand up for our profession and fight for what is right. Yet very few of us do.

The next few paragraphs center on not doing harm for personal benefit and doing procedures that are not founded. I do believe that most of us do follow this. But clearly there are those that do not. And those administrators that run the show (who used to be caring physicians and are not corporate trained business people), are clearly more interested in profit than caring for patients. This administrators and institutions are great at advertising how wonderful their institutions are; but we all know this is to attain market share. And does anyone remember that institutions do not treat people, only doctors do?

"I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief...be they free or slaves..." Did you know that many of the larger institutions and corporate Medical practices only take up to 3% Medicaid (like a famous Cancer hospital that takes the well-paying patients and leaves the poor ones to the community hospitals in our area)? And that they cap Medicare too? And they take no patient that has no money at all. Most of us now work for someone; but is this an excuse not to care for the poor and fight for them?

I have been a witness over my 40 years of being a doctor to what I feel is the breakdown of the practice of medicine, into a commercial venture for the sake of profit; controlled by corporations that are greedy and soulless, and government only concerned about controlling us to lessen the financial burden of irresponsible promises to the people. I find it very depressing and disgusting. It is why I have spent so much time doing Ethics and being on the board of the Westchester County Medical Society. Trying to fight back, and make things better. What have you been doing to fulfill your oath?



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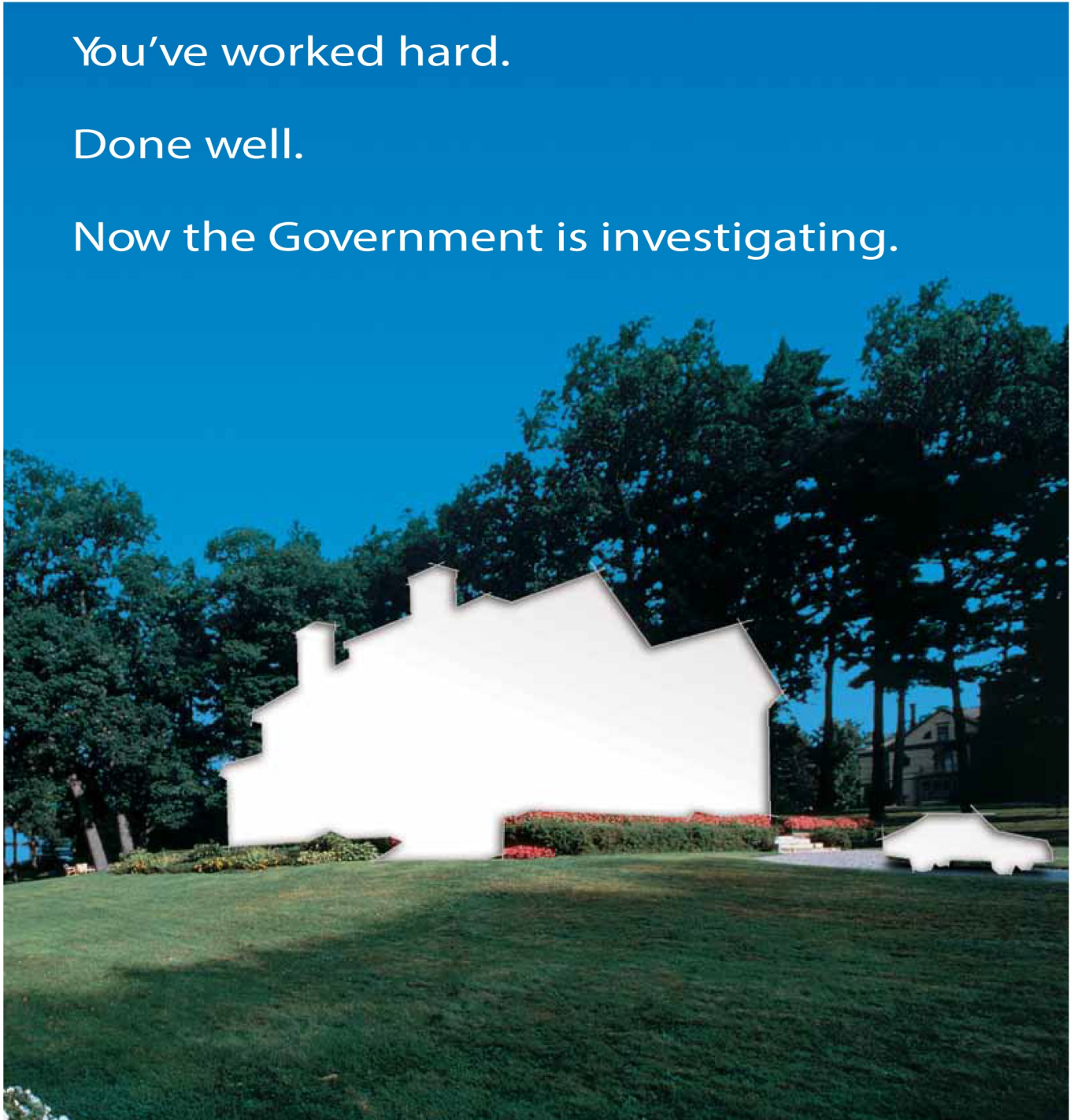
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BUSINESS OF MEDICINE

DOCTORS GETTING PAID

Rick Weinstein, MD, MBA

How much coding did you learn in medical school? Unfortunately, doctors are not trained on ICD or CPT coding in most medical schools or even in residency. Yet from day one in practice you are expected to do your own coding. You need to understand what level visit you are having with a patient and code correctly. More importantly, you are responsible for coding at the right level. If you bill at the wrong level, you will not only have to refund any erroneous payments but you may be fined and even risk losing your ability to be a provider for that insurance. Could you imagine no longer being able to see Medicare patients? This is a reality for some physicians who made errors in their coding.

Code Right

Do not downcode and do not upcode. It is ridiculous that you have to learn about what level a visit is, but don't fight it. This is the system that we use in the United States developed by our friends at the AMA. Learn the system and become a master. The most important determinant of the level of the visit is the complexity of the decision you are making. If you are planning on performing surgery, this will be a level 4 or 5 visit if you document appropriately including discussing specific risks of the procedure.

Who is Doing Your Coding?

Make sure your practice does not have someone changing your codes without your consent. It is not illegal for someone to change your codes and submit them, but it is your responsibility and your problem. In a previous practice I worked for, I found out that one of the coders was changing my CPT codes without first discussing this with me. There is no legal danger to the coder; however, there is danger for me. As a doctor, it is not only my income that is at risk from improper coding but also my professional license and the risk being removed from insurance panels. Periodically check a report looking at what is being billed. Spot check a few cases each month to make sure what you put down as the CPT code was actually what was billed out to the insurance company. If you are working for a large group or hospital, I recommend getting in writing that your codes will not be changed

without first discussing this with you.

Remember that codes are revised annually. You need to keep updated on what is changing. Your local medical society is a great source for this information. It is also extremely educational to talk to other doctors in your specialty and discuss codes that they may be using that you are not. We should all be having business discussions about our practices and learn from each other. I miss the dinners the doctors used to frequently have. These were great opportunities to interact socially and to informally educate each other on what we do.

Audit Yourself

One other recommendation I have is to hire an auditor to review your charts and coding. This needs to be done prospectively before those bills are sent out. If your coding is reviewed retrospectively, the auditor has the legal responsibility of informing the insurance company that you coded incorrectly if they find any mistakes. Also, by prospectively reviewing your billing you can correct the errors before they are sent out. Part of the audit should be educational where you review your errors with the auditor afterwards and learn how to code better. Don't give away money that should be yours.

Wasting Time

Being a physician is not about paperwork or coding but it is part of what needs to be done. Learning about coding will not help your patients, but it will help you to get paid and not get in trouble. A recent study published in the *Annals of Internal Medicine* found that every hour we spend seeing patients, we spend almost 2 hours on paperwork. If this is your current practice, you are doing something wrong. Do what you need to do, but do not do what is unnecessary. Automate and develop systems that allow you work at the highest level possible. Stop wasting time and don't throw away money by downcoding.

Please reach out to me by email at rix-termid@aol.com for questions or topics you like me to address in this article.





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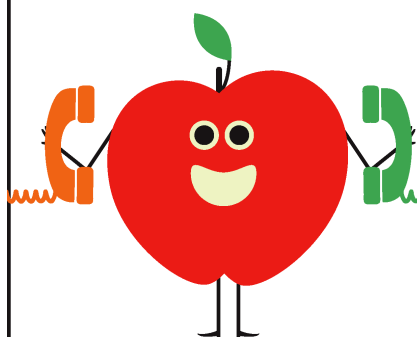
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STATE BUDGET ENACTED – MSSNY ADVOCACY RESULTS IN THE REMOVAL OF MANY PROBLEMATIC PROVISIONS

The New York State Legislature completed passage of a \$153 Billion State Budget last night, 9 days after the State due date of April 1, and after several weeks of “round the clock” negotiations on an extraordinary number of difficult issues including raising the age of criminal responsibility, ride-sharing, education funding, emergency Budgetary powers, a Medicaid prescription drug price cap and Workers Compensation reform. While the Legislature passed a two-month Budget extender last week, this final Budget deal overrides that legislation.

Thanks to strong advocacy by MSSNY physician leaders, MSSNY member physicians, county medical societies, and the many specialty societies with whom MSSNY works closely, the final Budget enacted DID NOT contain several objectionable provisions that had been opposed by MSSNY. The final Budget:

- Deleted a proposal opposed by MSSNY that would have required a physician to receive a “tax clearance” as a pre-condition of receiving Excess Medical Liability Insurance coverage, while assuring that the more than 20,000 physicians who currently receive Excess coverage continue to receive such coverage;
- Deleted a proposal opposed by MSSNY that would have expanded burdensome prior authorization requirements by repealing statutory provisions that assure that the prescriber has the final say for all prescriptions for fee for service Medicaid patients as well for several drug classes for patients covered through Medicaid managed care;
- Deleted a proposal opposed by MSSNY that would have permitted pharmacists to enter into “comprehensive medication management protocols” with nurse practitioners to manage, adjust and change the medications of patients with a chronic disease or who have not met clinical goals of therapy;
- Deleted a proposal opposed by MSSNY to create a Regulatory Modernization Team that could have empowered state agencies to override existing scope of practice laws without legislative approval;
- Substantially revised provisions to permit Medicaid to sanction or remove a health care practitioner who violates a statutory limit on opioid prescribing, by assuring that a prescriber has appropriate due process protections before a sanction is imposed.
- Continues necessary funding for MSSNY’s Committee for Physician’s Health and MSSNY’s Veterans Mental Health Care educational program;
- Deleted several problematic elements that had been under serious consideration to be included in

Workers’ Compensation Reform package enacted as part of the Budget, including provisions that would have:

- Limited injured worker choice of treating physician by expanding the required use of Workers Compensation PPOs;
- Removed the authority of county medical societies to recommend physicians to be approved to be WC-authorized providers or IMEs;
- Expanded the penalties that the Board could impose on WC-authorized physicians;
- Expanded the list of authorized health care providers in Workers Compensation, without any requirement for several of these providers to collaborate with a physician.

It should be noted that the final package includes a number of notable reforms that will have a significant long-term impact on New York’s Workers Compensation system including provisions that will:

- Implement new impairment guidelines by year end 2017 after “consultation with representatives of labor, business, medical providers, insurance carriers, and self-insured employers”;
- Create a prescription drug formulary by year end 2017 which “shall include a tiered list of high-quality, cost-effective medications that are pre-approved to be prescribed and dispensed, as well as additional non-preferred drugs that can be prescribed with prior approval”.
- Create a workgroup in 2018 to review the criteria for those who provide Independent Medical Exams (IMEs);
- Expedite the timeframe for Workers Compensation coverage disputes to be resolved; and
- Grant additional powers to the Workers Compensation Board to impose “performance standards” on Workers Compensation carriers.

(MSSNY’s Division of Governmental Affairs)

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AND

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REMARKS OF GINO BOTTINO, MD

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The Westchester County Medical Society
Annual Meeting honoring
President-elect, Marshal Peris, M.D.
Thursday, June 1, 2017
Westchester Country Club, Rye New York
6:00 PM Cocktails - 7:00 PM Dinner – Biltmore Room

2017 Souvenir Journal

In recognition of:

Marshal Peris, MD our President-elect,
Gino Bottino, MD our Outgoing-president, and our
“**Friend of Medicine**” award recipient - John Crabtree

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Executive Deputy Commissioner

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

Effective 4/20/2017, the following changes will be made to the Dispense Brand Name Drug when Less Expensive than Generic Program:

- **Benzaclin gel** will be **added** to the program.
- **Niaspan, Astepro, Baraclude and Epivir HBV** will be **removed** from the program.

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

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

IMPORTANT BILLING INFORMATION

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

List of Brand Name Drugs included in this program* (Updated): 4/3/2017

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

*List is subject to change

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



Healthcare
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Healthcare News is a respected monthly publication which focuses on health, wellness and other important trends in healthcare and the medical field. Started in 2006, *Healthcare News* has a circulation of nearly 100,000 with editions in Westchester, NY and nearby Fairfield County, CT. The target audiences are residents who seek the best health options, along with a diverse array of physicians aiming to promote their services in the community. Inserted into each edition of *Healthcare News* is *Boomer's & Beyond* publication for the ever growing 55 and over demographic.

In addition *Healthcare News* has a companion bi-monthly publication called *Hospital Newspaper* for which the advertising discount also applies. *Hospital Newspaper* has been a top source of news and information for medical professionals in the hospital industry since 2001.

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Attention!

To all of our readers:

This will be our last printed newsletter.

Due to the rising costs in printing fees over the last several years, our board of directors has made this difficult decision. We appreciate all of our readers and encourage you to continue to read the *Westchester Physician* online at our website: www.wcms.org. We will continue to keep our members informed of important news and upcoming events via email. Please be sure you receive our emails by checking with our office.

Westchester County Medical Society
333 Westchester Avenue
Suite LN 01
White Plains, NY 10604

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For the new year

Make financial and physical health **your 2017 resolutions**

As physicians, you know that too often folks neglect their physical health and seek your assistance too late. Our team has found that many successful, busy professionals do the same with their financial health. Mitchell WealthCare can help create a plan to improve your financial health so you can ultimately live life on your terms.

Barry P. Mitchell, Jr., CRPC®, CRPS®
Managing Director–Wealth Management
Senior Portfolio Manager
Portfolio Management Program
Retirement Plan Consultant

Mitchell WealthCare
709 Westchester Avenue, Suite 400
White Plains, NY 10604
914-287-6074
[ubs/team/themitchellgroup](https://ubs.com/team/themitchellgroup)

Eddie Bugniazet
Financial Advisor
914-287-6009

Gary J. Raniolo, II
Senior Wealth Strategy Associate
914-287-6077



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