WESTCHESTER PHYSICIAN

December/January 2015 **Volume 30, Issue 1**

PRESIDENT'S MESSAGE

LOUIS F. MCINTYRE, MD
President, WCMS

Physicians have faced many challenges in delivering quality health services through the ages. It seems that lately the challenges come with increasing frequency and volume. Decreasing reimbursements, increasing regulation, mandated information technology implementation and quality reporting are just some of the issues making it harder to care for patients for many of us.

Some of the more pressing threats to practice are the Resource Based Relative Value Scale (RBRVS), Meaningful Use requirements in information technology, Physician Quality Reporting System (PQRS) and Evidence Based Medicine analyses that dictate patient care treatment algorithms.

RBRVS is the Medicare fee schedule that has been the law of the land since 1992. The schedule was implemented by Congress to provide for a more balanced system to recognize the cognitive aspects of medicine as well as the procedural portions that were deemed excessively rewarded under the previous "usual, customary and reasonable" (UCR) system. In addition, Medicare spending was orders of magnitude higher than anticipated and RBRVS was meant to slow spending to control costs. RBRVS, therefore mandated prices for all medical services in the United States paid for by Medicare and Medicaid. It became, in the words of Thomas Scully who headed CMS under the first President Bush, the "largest price fixing scheme on the planet". The implementation of RBRVS completed a trend away from prices for medical services that had been in evidence for decades since the widespread adoption of third party payments through employer sponsored health insurance plans. RBRVS was also adopted by private payers mostly because it was in their economic interest to do so.

RBRVS has succeeded in increasing payment for cognitive, or Evaluation and Management (E and M), services and decreasing reimbursement for surgical services. The American Academy of Orthopedic Surgeons estimates the reduction for musculoskeletal surgical procedures at an overall 28% since adoption. RBRVS has been an abject failure, however in controlling increases in healthcare spending. The failure is so blatant that the Congress adopted the Sustained

(continued on page 4)

INSIDE THIS ISSUE

UPCOMING EVENTS

Board of Directors Meeting
WCMS Headquarters
February 5, 2015

MSSNY LEGISLATIVE/
PHYSICIAN ADVOCACY DAY
Empire State Plaza
Albany, NY
March 4, 2015

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
333 Westchester Ave., Suite LN01
White Plains, NY 10604
914.967.9100 / FAX 914.967.9232

PETER J. ACKER, MD
Editor

KAREN A. FOY
Managing Editor

OFFICERS

LOUIS F. MCINTYRE, MD
President

THOMAS J. LESTER, MD
President-elect

ROBERT G. LERNER, MD
Immediate Past President

GINO C. BOTTINO, MD
Vice President

HOWARD S. YUDIN, MD
Treasurer

DANIEL ZELAZNY, MD
Secretary

THOMAS T. LEE, MD
President
Westchester Academy of Medicine

STAFF

BRIAN O. FOY
Executive Director

KAREN A. FOY
Director, Membership & CME

RHONDA NATHAN
Accounting

FROM THE EDITOR...

EXCERPT FROM BLOOD BRAIN BARRIER
PETER J. ACKER, MD

Chapter Thirty-Two
August 29th, 3 p.m.

The ward was fraught with the typical Friday afternoon "before a holiday weekend" type of problems. Attending physicians anxious to get off for the weekend barraged the residents with orders. Some, already Hamptons bound, were unreachable for clarification. The ER was bustling with the worried well seeking reassurance before the long weekend, but nevertheless, as Egan knew, a busy ER inevitably created pressure to admit as frantic ER physicians anxious to clear their department, knew of only two ways either up (to the floor) or out. The interns who had the weekend off were depressed and worried about getting everything ready for all important weekend sign-out. The interns who had the weekend on were depressed and worried about how busy and crazy their weekend was going to be. The nurses usually possessed of the implacability of shift workers, could not help get caught up in the mood and irritably scurried around, snapping at the interns.

Egan arrived and quickly became the focal point of everyone's frustration. Interns and nurses fought for his attention to their particular problems. He felt like a fencer in 18th century France confronted by multiple foes, but he thrust and parried with energy and skill and was able to send off each in turn with a suggestion, information or encouragement. Soon he had the satisfaction of noting a palpable change in the mood of the ward as the afternoon wound down as inevitably as a sunset and the interns began to sense that this day would eventually end; for some of them with an exhausted trudge home and a blissful collapse onto their beds. The others, who were on call, had already gone through the predictable stages of anger, denial, bargaining and had reached the stage of acceptance of their fate for the weekend and now prowled the wards more calmly, expressions of grim resolve on their faces.

Egan signed out to the second year resident on call, turned off his beeper and for a moment just sat there savoring the sheer delight of being off call. He got up and didn't tarry any longer, knowing that off call or not, it would be very easy to get sucked back into the maelstrom of patient care. He took quick steps to the ward exit, tensing his shoulders, expectant of being called by a nurse or intern with "one more question", but joyfully, there was none and he breathed a sigh of relief once he had cleared the exit. He was off!

♦

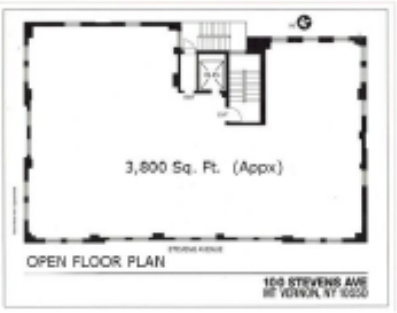
MEDICAL SPACE FOR RENT

Pre-Built Suites from 500-25,000 Sq. Ft. (Appx)

Lincoln Building
100 Stevens Ave
Mt Vernon, NY

- One Block from Montefiore Hospital
- Build-to-suit Medical Suites
- Numerous Windowed Exam Rooms
- Public Parking Available Directly Across the Street
- Easily Accessible to Public Transportation
- Building Upgrades to Include: New Elevator, Updated Lobby, On Site Security Guard and Super...

For Additional Info:
Aysaac Allen
Bluestar Properties, Inc.
T 212.871.9880
F 212.871.9891
email: Aysaac@Bstarproperties.com
www.Aysaac.com



PRESIDENT'S MESSAGE *(continued from page 1)*

Sustainable Growth Rate (SGR) formula. This scheme mandates cuts in physician reimbursement when medical inflation outpaces inflation in the general economy. The SGR has never been actually used to decrease payments because the cuts would have to be so draconian that there is a real fear that they would create an access to care crisis for the nation's seniors who rely on Medicare. CMS also plans to completely change RBRVS in 2018 by eliminating all the "global" service packages for surgical procedures. This would eliminate approximately 20% from all surgical procures. Eventually CMS wants to abolish "fee for service payments" completely. There is currently no plan on how to accomplish either of these goals which would transform medical economics in manifold and unintended ways.

Because we have no pricing system, we have no way to objectively judge the value of health services. In addition, there is no incentive for anyone to know what services actually cost. There is likewise no incentive for patients to economize and shop for services that are delivered in an efficient and cost-effective manner. Since providers do not compete on price, the only way for them to distinguish themselves and improve incomes is to provide more services leading to the incentive to over-utilize resources especially expensive ones.

This lack of price has also lead to the adoption of value surrogates to try to correct for the lack of price and market. These surrogates are devised by government and private payers to function in the place of price to limit access to medical services to decrease costs. They rarely, if ever, offer any real value to patients or physicians. You are familiar with the names: Physician Quality Reporting System (PQRS), Meaningful Use and Clinical Quality Measures (CQM), electronic prescription mandates (e-Rx), Accountable Care Organizations (ACO) and Evidence Based Medicine (EBM) analyses. These all are used to reward or penalize physicians monetarily (PQRS, MU, CQM, e-Rx, ACO) or to deny coverage for treatments based on process-driven analysis of the medical literature. All of them, including RBRVS, would not exist if not for the fact that we lack price in medicine. All attempts to fix this, unfortunately, lead to new and unintended consequences requiring more and incessant reform. Some would then argue that what we really need is one omnipotent and benign single payer to solve all the problems related to lack of price. The fallacy of that argument is illustrated by all other single payer systems who either allow a robust private market outside of the single payer to satisfy demand or ration resources and care to control cost.

Until we are able to insert price back into the medical cost equation we will be beset with problems with value, quality, utilization and cost escalation. It is up to practicing physicians to figure this out or continue to lose all control of both the economic and clinical aspects of patient care.

♦

NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

Great things continue to happen here at New York Medical College, after conducting an international search, Donald Douglas Miller, M.D., C.M., M.B.A. has been appointed dean of the School of Medicine. Dr. Miller comes to NYMC from the University of Alberta where he served as dean of faculty of medicine and dentistry as well as chair of the Health Science Council. An internationally recognized cardiologist and clinician-scientist, Dr. Miller has served as a leader in academic medicine and chief academic/executive officer for more than 25 years. Under Dr. Miller's leadership, NYMC will continue to provide excellent educational, research, specialty and primary care opportunities in an atmosphere of excellence, scholarship and professionalism. Dr. Miller will also serve as the vice-provost for bio-medical affairs for the Touro College and University System, which includes NYMC. His official start date is December 15, 2014.

Donald Douglas Miller, M.D., C.M., M.B.A.

Prior to his current position, Dr. Miller served as dean of the School of Medicine at the Medical College of Georgia (MCG), where he facilitated an expansion of the medical school from one campus to four. While at MCG, he also developed a new interdisciplinary research structure and a unified model of health care delivery by bringing physicians and hospitals closer together.

In addition to the University of Alberta and MCG, Dr. Miller has held clinical appointments as an internist, cardiologist and medical imager at the University of Texas Health Sciences Center San Antonio, Saint Louis University and the Veterans Administration. Dr. Miller was the Robert G. Petersdorf Scholar-in-Residence with the Association of American Medical Colleges, where he studied the associations between national economies, health care policies and physician workforce balance.

Dr. Miller's work has resulted in more than 110 peer-reviewed papers and multiple patents, and he serves on the editorial boards of many renowned influential journals. Dr. Miller's clinical work is currently based at the Mazankowski Alberta Heart Institute where he practices general cardiology and nuclear cardiology.

A native of Brockville, Ontario, Dr. Miller received his undergraduate degree at Concordia University in Montreal, and attended medical school at McGill University where he also completed an internal medicine residency in 1981. He completed a clinical and research cardiology fellowship at l'Institut de Cardiologie de Montréal, a clinical cardiology fellowship at Emory University School of Medicine and a cardiac imaging fellowship at Harvard University. He later went on to receive an executive master of international business administration from Saint Louis University.

Dr. Miller and his wife, Heather, have two children, Caroline and Brendan.

Sincerely,

E C Halperin

Edward C. Halperin, M.D., M.A.


CONNECT WITH ANY PROFESSIONAL, ANYTIME FROM ANYWHERE
COMMUNICATE within and between organizations
IMPROVES workflow productivity
MD CHAT
EASILY VIEW and share radiology images
REAL-TIME ACCESS to any professional
Mobile Health One:
Communication Made Easy...Care Made Better.
Imagine if all healthcare professionals across every organization and system were connected and could securely communicate, collaborate and share patient information from anywhere at any time. Imagine how much better healthcare delivery would be.
Imagine no more. MDChat: Better care begins here.
For more information
631.885.8008
sales@mdchat.com
MDchat.com
MOBILE HEALTH ONE, INC.

MDChat Now Available to WCMS Members

HIPAA-Secure Communication Service

Westchester County Medical Society (WCMS) and Mobile Health One, a preferred partner of WCMS are pleased to announce that MDChat, a new HIPAA-secure communication service is now available to all members of WCMS and Putnam County Medical Society.

HIPAA liability related to communicating patient information is a big concern across the healthcare industry and the fines for misuse are large. **MDChat is an easy-to-use mobile and web-based, HIPAA-secure communication service that allows healthcare professionals to safely share patient information, send secure texts, documents and images to any healthcare provider or patient** – even if the message recipient is not on the MDChat network.

The MDChat mobile app is available for any Apple or Android mobile device. The MDChat system can also be accessed on the Internet at www.mdchat.com .

I**f you are a member of WCMS, MDChat service is available at a substantial discount.** To find out more about MDChat or to sign up for MDChat service, please contact David Crane at dcrane@mdchat.com or Karen Foy at kfoy@wcms.org .

Are You Receiving WCMS Email and Faxes?

Your Medical Society regularly communicates timely information to members via email and fax. If we do not have your email address or fax number, you are missing out on important updates. We also respect your privacy and do not send excessive email, nor do we share your address with any outside entities. To start receiving emails and faxes, please send your email address and fax number to Karen Foy at kfoy@wcms.org.

Annual Holiday Party

WCMS Members and guests enjoy the party.

WCMS Preferred Partners Sudeep Chaudhuri of DataMatrix & Charlie & Anne Sellers of Charles J. Sellers & Co., Inc.

Scott Hayworth, MD and Academy President Thomas Lee, MD

Drs. Antonella and Joseph Tartaglia

Drs. Kira Geraci & Robert Ciardullo with their Raffle winnings

Margaret Lee, Nan Hayworth, MD and William Walsh, MD

The Westchester Academy of Medicine held its Annual Holiday Party on December 12th at the Orienta Beach Club. About 100 members and their guests enjoyed great food, conversation and fellowship. The Academy would like to thank the following for their generous support of this event and our educational activities:

Gold Ribbon Sponsor

M & T BANK

Sleigh Bell Sponsors

Charles J. Sellers & Co.
MLMIC
Park Avenue Benefit Planning

Silver Bell Sponsors

ClearPath Diagnostics
Data Matrix Technologies
Haldey Pharmaceutical Compounding
MedTech for Solutions GPO

Jingle Bell Sponsor

Simone Healthcare Development

Raffle Donors

June Greenspan Photography
Dr. Louis & Lizanne McIntyre
Dr. Mason & Lauren Gomberg
Dr. Stephen & Iris Schwartz
Dr. Adolph Meyer
Drs. Joseph & Antonella Tartaglia
Chris Reece, M & T Bank
David Birnbaum
Bruce Davison, Webster Bank
M-Tech Printing

IN MEMORIAM

Herbert M. Oestreich, MD

July 18, 1932 - November 12, 2014

WELCOME NEW MEMBERS

At the Board of Directors meetings held in January, the following were elected to membership in WCMS and the Academy:

Rebecca Collins, DO
Family Medicine
Sleepy Hollow

Golali Nejati, MD
Internal Medicine
Dobbs Ferry

LEGAL CORNER

News on medical-legal developments affecting physicians and health care professionals from WCMS General Counsel Kern Augustine Conroy & Schoppmann, P.C. KACS, Attorneys to Health Professionals, is solely devoted to the representation and defense of physicians and other health care professionals.

SPECIAL LEGAL UPDATE

NEW YORK STATE SURPRISE BILL TO GO INTO EFFECT

On March 31, 2015, the so-called "Surprise Bill Law" is scheduled to go into effect throughout New York. This legislation, which is part of the 2014-2015 New York State budget, is in response to consumer complaints involving inadequate reimbursement for treatment received by out-of-network physicians.

With respect to emergency services, the law provides that patients will not be liable to pay more than their usual in-network cost sharing or co-payments, regardless of the network status of the provider who rendered the emergency treatment. With respect to other services, when a patient receives treatment from an out-of-network provider where there were no in-network providers available, or where the provider failed to provide the disclosures required under the law, the patient is only responsible for their in-network cost sharing, and may assign their claims to the out-of-network provider, who must seek any additional reimbursement directly from the patient's health insurer. There is an independent review process set up to deal with reimbursement disputes between healthcare providers and health plans. However, this process excludes bills for emergency services resulting in bills less than $600 (to be adjusted for inflation in the future).

The legislation also imposes "network adequacy rules" upon health plans which are based upon comprehensive provider networks, such as PPOs and EPOs (previously, these requirements only applied to HMOs and other "managed care" plans). The health plans must be certified as having provider networks which can meet the needs of their members without the need to seek more expensive, out-of-network services. If the plan does not have adequate, geographically accessible providers, then patients can seek treatment from out-of-network providers without being subject to higher out-of-network costs. The legislation also sets up an external review system to determine network adequacy.

The statute also requires disclosures regarding out-of-pocket expenses to be made by health plans, providers, and hospitals. With respect to providers, these disclosures include:

- Prior to providing non-emergency services, providers must disclose to patients their right to know what will be billed for the procedure and, if the patient requests, they must disclose the anticipated cost, warning patients that costs could go up if unanticipated consequences occur.
- Providers must provide patients with their network and hospital affiliations in writing or on-line.
- When patients make appointments, providers must indicate whether they participate in a patient's network.
- If other professionals will be involved in a patient's care, the patient must be advised of who might be included and how to learn how much the network will cover for those providers.

Finally, the legislation sets up an "out-of-network reimbursement rate working group" appointed by the Governor and including health plan, physician and consumer members. The group is to examine and study changes in the rules regarding the availability of out-of-network coverage and the rates of out-of-network reimbursement, and to make recommendations in these areas, to issue a report by January 1, 2016.

If you have any questions, please contact our Managing Partner, **Michael J. Schoppmann, Esq** at 1-800-445-0954 or via email at **MSchoppmann@DrLaw.com**

REGENERON
WESEF
Westchester Science & Engineering

15th Annual Westchester Science and Engineering Fair

An INTEL-ISEF affiliated fair

Sleepy Hollow High School
210 North Broadway, Sleepy Hollow, NY 10591

Saturday, March 7th 2015

We are looking for JUDGES to help at our fair this year.

ONLINE REGISTRATION GO TO
http://wesefreg.org/judges/

Professionals in all fields of science are needed to lend expertise and advice in selecting the top regional high school science students to represent Westchester and Putnam counties at the Intel® International Science and Engineering Fair.

SCHEDULE OF THE DAY:
8:30 AM New Judge Registration/ Complimentary Light Breakfast

9:00 AM Returning Judge Registration/ Complimentary Light Breakfast

****Judges May Preview Posters until 9:15 AM**
9:30 AM Judge Briefing

10:00 AM Judging Sessions Begin

12:30 PM Complimentary Lunch

*Note: Each judging session will consist of several 15-minute judging 'periods', during which each student will have 7 minutes to present his/her project followed by an 8-minute Q&A period by the judge.

Please pass this information along to a colleague or friend as we need approximately 300 judges for this exciting event.

The Westchester Academy of Medicine is a Proud Supporter of WESEF!

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

PRST STD
US POSTAGE
PAID
Permit #5432
White Plains, NY