



WESTCHESTER PHYSICIAN

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PRESIDENT’S MESSAGE

The following remarks were given by Tomas J. Lester, MD ,at his installation as WCMS President on June 19, 2015.

Twenty 2020 Twenty

The Westchester County Medical Society has a long and distinguished history, founded over 200 years ago – their mission was to promote the interests of the medical profession, and to protect the safety of the patients we serve. There was a time when a physician could not practice medicine in New York State without membership in their local County Medical Society. As I begin my term as President of WCMS, I have been thinking about our membership, and mission.

I entered practice in 1986, and there have been major changes in the science of medicine over the past 30 years. In my field of Hematology and Oncology, monoclonal antibodies, targeted molecular therapies, and immune checkpoint inhibitors have revolutionized daily practice. The health care delivery system, however, has not really kept pace. Engaging patients primarily when they are ill, at a time and place convenient for the physician – remains the norm.

“With major change, comes opportunity. The County Medical Societies across the state need to reconnect with their members, and redefine our mission.”

Twenty-Twenty is the term ophthalmologists use to describe perfect vision, seeing things clearly. 2020 is also just five years away, and I wonder how clearly we are seeing what the practice of medicine will look like in 2020. We spend \$3Trillion every year on health care in this country. That is double per capita most other developed countries, and yet the health of our population lags far behind. It is estimated that one third of all health care spending in the US does not provide value to our patients, and may actually be harmful.

(continued on page 3)



THOMAS J. LESTER, MD
President, WCMS

INSIDE THIS ISSUE

- From the Editor.....2
- Annual Meeting Highlights.....7
- Newly Elected Officers.....9
- FREE ICD-10 Training.....10
- Legionnaires’ Update.....10
- EMV Card Deadline.....12
- Medicare/Medicaid Update....12
- Opioid Crisis.....14
- STAT Law.....14
- WAM Golf Outing.....15
- NYS Plan to End AIDS.....18

UPCOMING EVENTS

Academy Golf Outing
Westchester Country Club
Rye, NY
October 8, 2015

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FROM THE EDITOR...**CUBA - PART THREE**
PETER J. ACKER, MD

In my last column, I spoke in some detail touring the University of Havana and the lecture by a professor of American history. Now I will describe some of the other highlights of my trip, focusing on the non-political – the rich and diverse art and music scene.

Our first night we had a “welcome” dinner at a restaurant called La Guarida. It is housed on the third floor of a mansion dating to colonial times. The front entrance is guarded by a huge wooden door with ornate carvings which bespeaks its former grandeur. Like many of the old buildings in Cuba it has been converted from a house for single rich family, to a domicile for many poor families. As we walked up the marble staircase, we could see ordinary Cubans watching television and lounging about. The restaurant itself has very high ceilings and stunning woodwork. It is known as the location for a classic scene in Cuba’s iconic film “Fresa [strawberry] y Chocolate”. The food was excellent and I feasted on ceviche, eggplant caviar, watermelon with grilled shrimp and finally “caimanero” or fresh grouper in a sweet and sour sauce. I have to admit, I felt chagrined as I left the restaurant and passed a crowd of beggars as I made my way to our bus. It was a reminder that Cuba is still a third world country and that there is a persistent gap between the wealthy and the poor.

After dinner, we headed to the harbor to observe a ceremony that precedes the shooting of a cannonball into the ocean. This dates to the late 17th century to signal that the city gates were about to be closed. Soldiers dressed in 18th century garb followed commands that were used in the 19th Century Spanish Infantry Regulations.

The next day we sat in on a rehearsal of the first all-woman string orchestra in Latin America. The group is named the Camarata Romeu and frequently tours internationally. They played a variety of classical pieces as well as new works by Cuban composers with great verve and skill. This was our first exposure to the robust arts scene in Cuba. Later in the week we visited a collective graphic arts workshop, Taller Grafica. It is a public studio for local artists and was founded by Pablo Neruda and Che Guevara soon after the revolution. That same day we toured the Wilfredo Lam Center which exhibits a variety of Cuban art. The pieces were incredible and showed a variety of influences: African, European and Caribbean.

(continued on page 5)

IN MEMORIAM

Lucia Boselli, MD

1965-2015

&

Robert Small, MD

1953-2015

(continued from page 1)

Unless our delivery system changes, health care spending will represent 20% of our GDP by 2020. That is simply not sustainable. The Federal Government, and the insurance industry have both tried to bend the cost curve, without lasting success, and now it is our turn. But we cannot do it alone, and we cannot afford to fail.

Today, physicians deal with one problem, one patient, and one encounter at a time. The new health care delivery system needs to engage our entire community – including those perfectly well. It will require working as a team, not a silo. We need to partner with other providers, our communities, hospital systems, the insurance industry, and government officials. It will be about working smarter, not longer, or harder. We will be rewarded by the health of our patients, for without clear health outcomes, there will be no incomes.

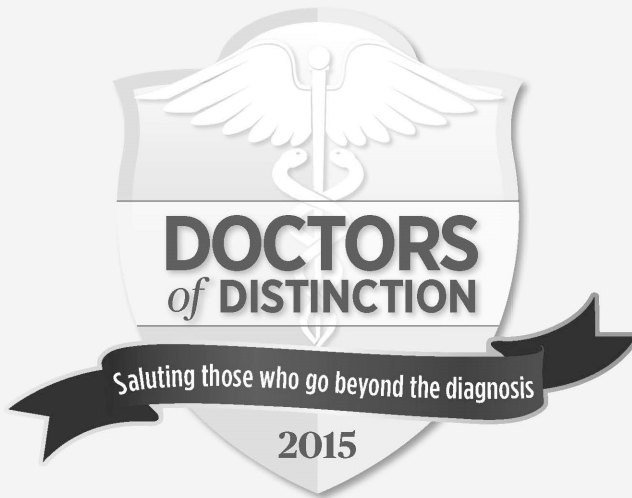
With major change, comes opportunity. The County Medical Societies across the state need to reconnect with their members, and redefine our mission. The challenges we face together are much larger than the issues that divide us. Physicians in solo practice, members of large groups, and employees of health systems will need to seek

common purpose, and if we focus on our patients, we will succeed.

I am looking forward to the challenges ahead, and I am honored to have been chosen as your president for the next year. I am thrilled to be working with Janine Miller, and Kalli Voulgaris, and I want to thank you all for the opportunity.



Thomas J. Lester, MD giving remarks at his installation on June 19, 2015.



THIS THIRD ANNUAL AWARD PROGRAM CELEBRATES THE ACCOMPLISHMENTS OF FIVE PHYSICIANS IN WESTCHESTER COUNTY JUDGED BY A PANEL OF PEERS AND SCHOLARS TO BE THE MOST EXEMPLARY IN THE PROGRAM'S CATEGORIES. THIS PRESTIGIOUS EVENT IS SPONSORED BY ACCOUNTING AND CONSULTING FIRM CITRIN COOPERMAN, THE WESTCHESTER COUNTY BUSINESS JOURNAL, AND THE WESTCHESTER MEDICAL SOCIETY.

Open to nominations from the public, this is an opportunity to recognize those physicians who make an impact each and every day on people's lives.

NOMINATIONS will be open from now until September 18. To nominate please visit westfaironline.com for instructions and nomination forms or call Holly DeBartolo at **(914) 358-0743**.

NOMINATE A DOCTOR

IN THE FOLLOWING CATEGORIES:

- ▶ **HUMANITARIAN AWARD:** In recognition of a physician whose project or service significantly enhanced the quality of life for people in the region, the nation, or the world.
- ▶ **LIFETIME ACHIEVEMENT AWARD:** In recognition of a physician respected for a lifetime career in the medical profession.
- ▶ **LEADERSHIP IN MEDICAL ADVOCACY AWARD:** In recognition of a physician who has provided exceptional leadership in the form of advocacy on behalf of the medical profession at the local, state, or national level.
- ▶ **COMMUNITY SERVICE AWARD:** In recognition of a physician for providing pro bono patient medical care services for people in need.
- ▶ **EXCELLENCE IN MEDICAL RESEARCH AWARD:** In recognition of a physician whose ingenuity or clinical research significantly contributed to the advancement of medical practice.

AWARD PRESENTATION

A distinguished panel of judges will choose a winner in each category, all of whom will be awarded at the elegant reception and ceremony below.

Thurs., October 29
5:30 to 7:30 p.m.

The Bristol at Armonk
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CUBA—PART THREE

(continued from page 2)

Many were distinctly different than anything I have seen in any American art museums. Rounding out our tour of the arts was a performance by the Folklórico Nacional de Cuba, a dance ensemble that has existed for 35 years and was stunning example of Afro-Cuban dancing, as well as a late night jazz performance. It all was amazing and novel for the American eye and ear, which I believe is because it has evolved in complete isolation from the United States for the last 45 years.

Another highlight was our visit to Ernest Hemingway’s “Finca Vigia”, his house where he lived intermittently from 1940 to 1960 and where he wrote **Old Man and the Sea, To Have and Have Not, and For Whom the Bell Tolls.** The house itself cannot be entered, but a wraparound porch surrounds it and its many windows allow every part of the interior to be seen, including his writing room with its original books and desk. In peering into the bathroom, I noticed very small numbers covering one whole area. I asked one of the guides about this and she explained that Hemingway weighed himself each day and recorded the number on the bathroom wall. Hemingway had a strong affinity for the Cuban people and in fact he donated his Nobel Prize to the Cuban people.

Finally, our visit was rounded out by watching a rumba demonstration and then a brief introduction to Santería. Rumba is the quintessential melding of African and Cuban rhythms. At the end, each of the dancers selected one of us to dance the final number with. My partner was very sweet in the way she endured my rhythmically challenged body. Santería is mysterious tradition imported from Africa and involves a pantheon of African deities and focuses on communicating with the dead. All in all an amazing trip and I hope to return soon and when I do I will take a closer look at Cuba’s health care system.



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2015 Annual Meeting

Westchester County Medical Society Westchester Academy of Medicine

On Friday, June 19th, the Westchester County Medical Society and the Westchester Academy of Medicine held their Annual Meeting at Crabtree's KittleHouse in Chappaqua. About 100 members and guests enjoyed an evening of fellowship with colleagues and family, great food, networking, and the opportunity to interact with WCMS preferred business partners and sponsors. Karen Foy was honored with a "Distinguished Service Award" by Louis McIntyre, MD; Thomas Lee, MD; Gino Bottino, MD; and Thomas Lester, MD for her dedication and commitment to the Westchester County Medical Society and the Westchester Academy of Medicine over the last five years. Outgoing WCMS President Louis McIntyre, MD, was thanked for his outstanding leadership and gave remarks on the importance of volunteer organizations and WCMS in particular. Newly installed President Thomas Lester, MD, a Hematologist/Oncologist practicing in Mount Kisco gave his inaugural remarks and spoke about the challenges physicians face going into the future. It was, once again, a great event.



2015 Friend of Medicine Award



Left to right: Dr. Thomas Lee, Academy President; Ms. Holly Alexander (daughter of Mary Jane Denzer); Dr. Louis F. McIntyre, Outgoing Society President

The 4th Annual "Friend of Medicine" Award was presented to Mary Jane Denzer in recognition of her ongoing strong support and fundraising efforts for not-for-profit healthcare causes including juvenile diabetes and White Plains Hospital.

As a young girl, Mary Jane Denzer learned about fashion at the sewing machine of her talented grandmother who turned the young girls visions into real life designs. Her love of fashion and clothes grew. She modeled in NYC as a young woman and then turned her well-honed sense of design into a full-time job, starting with a holiday boutique inside of Sacks Fifth Avenue that blossomed into a full-blown retail career.

Now at 82, Mary Jane continues to be a retail force of nature. She recently relocated her eponymous 35-year-old, high-end fashion destination to the new Ritz Carlton in White Plains after 20 years as a showcase on Mamaroneck Avenue.

Her Success is marked by her ability to succeed despite market gyrations, changing fashions and the rise in online couture. Importantly, she understands her customer. She knows a dress can make a statement, but more importantly, can infuse a woman with power and confidence.

She is the quintessential role model— a woman in business success story with a highly local perspective as a fashion icon in her own right and civic leader who has hosted many benefits in Westchester County over the past 40-years.

Ms. Denzer was unable to attend the event. Her daughter, Ms. Holly Alexander accepted the award on her behalf.



2015 Annual Meeting
Westchester County Medical Society
Westchester Academy of Medicine



Louis McIntyre, MD gives outgoing remarks.



Thomas Lester, MD gives his inaugural remarks.



Louis McIntyre, MD Immediate Past President “passes the gavel’ to Thomas Lester, MD the 20th President of the WCMS.



Left to right: Thomas Lester, MD, Society President; Thomas Lee, MD, Academy President; Louis McIntyre, MD, Immediate Past President; Karen Foy, former Director of Membership & CME & Gino Bottino, MD, President-elect.

Congratulations to the Newly Elected WCMS Officers & MSSNY Delegates!

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(Two for one year; term ending 2016)

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Free Comprehensive ICD-10 Training for Medical Practices

The Physicians Foundation has a free resource designed to help physician practices make the transition to ICD-10. *ICD-10 Charts* was developed by a medical student, Parth Desai, who saw the need for such a resource while working in his father's medical practice. The ICD-10 Chart builder is the focal point of the system, allowing any practice to make fully personalized ICD-9 to ICD-10 conversion templates, instantly. Every conversion template is custom-made to only include the ICD-10 codes needed for your practice, and can be printed, exported to your EMR, saved, and updated to fit your needs. The ICD-10 Charts Training Academy includes over five hours of end-to end ICD-10 training, specialty specific ICD-10 training, and also a more concise version of the course for busy physicians and nurses. The goal is for practices to make the entire transition to ICD-10, using only these free services. *ICD-10 Charts* also has customizable specialty templates for every major medical specialty, including: Internal Medicine, Pediatrics, Pulmonology, ENT, OB/GYN, Cardiology, Dermatology, Family Medicine, Gastroenterology, and many more. Follow the steps below to implement ICD-10 using The Physicians Foundation website:

1. Visit www.ICD10Charts.com/chartbuilder to create a custom ICD-10 conversion chart. Simply copy and paste the most common ICD-9 codes from your practice into the Bulk Converter

and click convert. Print your chart; export

the codes to your EMR and save copies to begin familiarizing your physicians and office staff with the new codes.

2. Go to www.ICD10Charts.com/ training and have your staff complete the ICD-10 Charts Training Academy ICD-10 Training Course. Physicians and nurses can go through the abridged version of the course: *ICD-10 Charts Training Academy for Physicians*. Watch for new training modules to come.

3. Join the mailing list at www.ICD10Charts.com/signup to receive the latest ICD-10 implementation resources and stay up-to-date in coding knowledge. Encourage your office staff to review and stay updated on all the newly released ICD-10 Charts Training Academy resources. Please keep in mind that The Physicians Foundation is not responsible or liable for the consequences of any use of *ICD-10 Charts*.



New York Considers Regulations For Legionnaires' Disease After Rockland, Bronx Cases.

The Lower Hudson Valley (NY) Journal News (8/11) reports "Gov. Andrew Cuomo said he and the state Legislature will work on new laws and regulations governing cooling towers in New York buildings after an outbreak of Legionnaires' disease in the Bronx has led to 12 deaths." The governor "said the

state needs a standard policy on how to inspect buildings for Legionnaires' disease, a form of bacteria that can lead to pneumonia especially among the elderly and people with preexisting health conditions." Meanwhile, "New York City Mayor Bill de Blasio, who has been at odds with Cuomo over the remediation in the Bronx, introduced legislation on Monday with City Council Speaker Melissa Mark-Viverito that would mandate inspections of cooling towers and register them."

The Lower Hudson Valley (NY) Journal News (8/11) also reports "the three Rockland residents recovering from the potentially deadly Legionnaires' disease are not a danger to other people and the disease is not spreading, the county health commissioner said Tuesday."

Nevertheless, The Mid-Hudson (NY) News (8/11) reports "Congresswoman Nita Lowey (D, NY17) called on the Centers for Disease Control to extend their support to counties around New York."

The Wall Street Journal (8/12, Dawsey, Subscription Publication), Capital New York (8/12, Goldberg), Newsday (NY) (8/12), The New York Post (8/11), and Capital New York (8/12, Nahmias) also have coverage of how New York is reacting to the outbreak.



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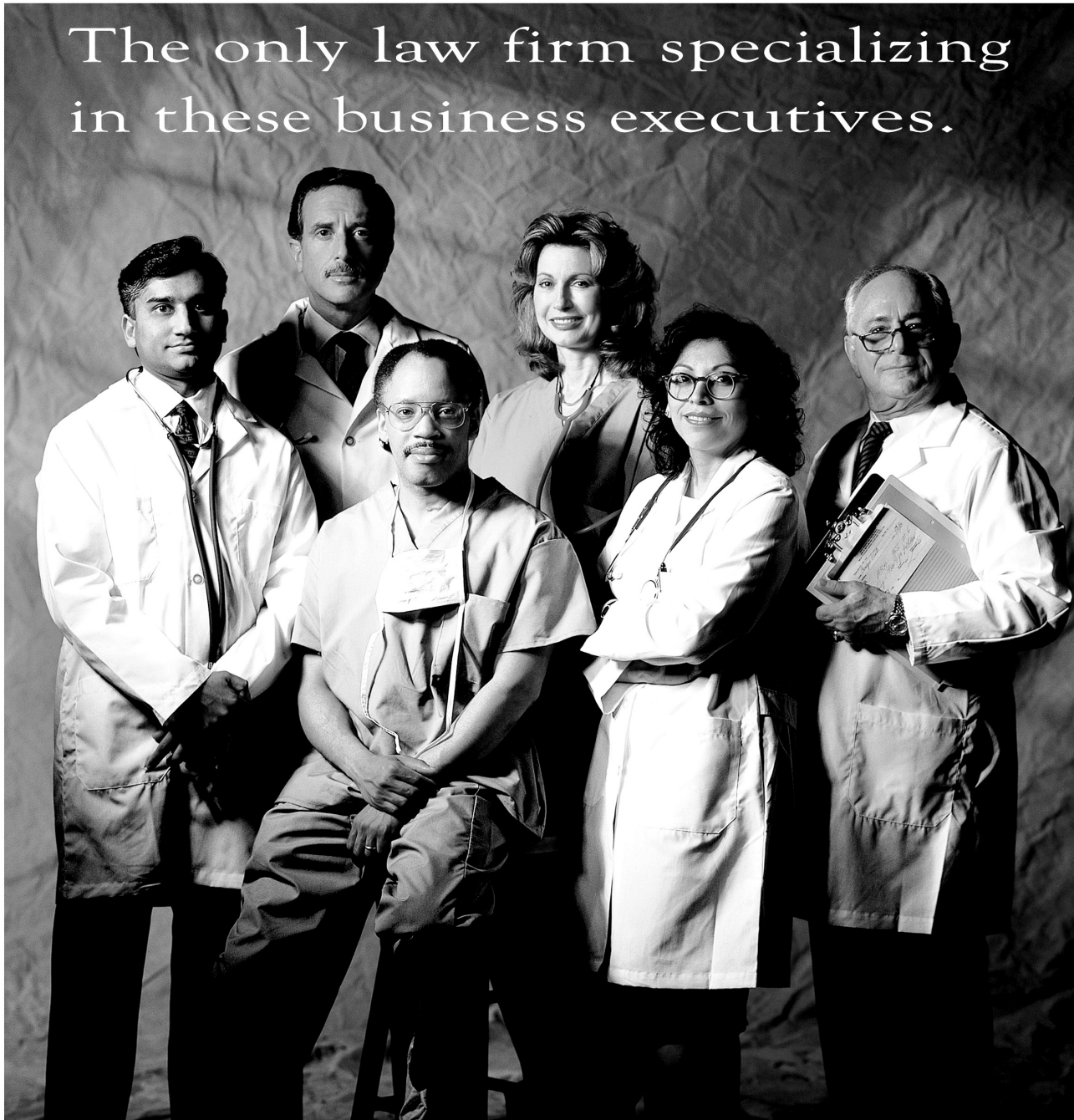
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The EMV Card Deadline is Coming: How to Prepare Your Medical Practice

Beginning in October 2015, medical practices must be EMV (Europay, MasterCard and Visa) compliant if they wish to avoid the risk of being 100 percent at fault for any credit card fraud initiated from their office. EMV is the new standard set of specifications for smart card payments and acceptance devices. The new EMV policy places the onus on the medical practice rather than the credit card processor if any fraud is committed. Therefore, it is imperative to be EMV compliant before October 2015.

The United States is one of the last countries to migrate to EMV chip technology due to the tremendous cost to upgrade merchant terminals, POS systems and ATM machines. American Express, Discover, MasterCard and Visa have all announced plans to be ready for October's deadline.

The biggest benefit of EMV is the reduction in card fraud resulting from counterfeit, lost and stolen cards. EMV technology supports enhanced cardholder verification methods and, unlike magnetic stripe cards, EMV payment cards can also be used to secure online payment transactions. Switching to the new payment technology is inevitable to provide a more secure environment for your patients to pay for appointments, medications and other services.

What Happens if I Don't Adopt EMV Chip Technology?

Practices that have not adopted EMV chip technology by October 2015 **may be liable for any possible losses linked to card fraud, if EMV chip technology could have prevented the fraud. Physicians' offices and all other healthcare providers that accept credit or debit cards for payment are strongly urged to upgrade their equipment at some point before the liability shift.**

How Do I Get Ready for EMV?

Now is the time to begin to adopt EMV protocol. EMV compatible terminals are currently available and can be implemented in your medical practice. Start planning to replace your current terminal, whether hardware, virtual or computer-based systems.

If you have had the same terminal or software longer than two years, you are probably not compliant. Your processing representative or bank should have contacted you by now. **Remember, come October the merchant card companies will be off the hook if there is a fraud committed in your office-and the cost of fraud may become your responsibility.**



Medicare/Medicaid Dual Eligibles: An update

Effective July 1, 2015 a change to New York State Social Services Law adjusts Medicare Part B coinsurances reimbursement methodology for practitioner claims: Medicaid presently pays practitioners the full Medicare Part B annual deductible

and partial Medicare Part B coinsurance amounts (20 percent of the Part B coinsurance) for Medicaid covered services provided to Medicare/Medicaid dually eligible recipients. Pursuant to recent changes to Social Services Law, New York State Medicaid has revised the reimbursement methodology for practitioner claims effective July 1, 2015.

Beginning July 1, 2015, Medicaid is no longer reimbursing partial Medicare Part B coinsurance amounts. The total Medicare/Medicaid payment to the provider will not exceed the amount that the provider would have received for a Medicaid-only patient. If the Medicare payment is greater than the Medicaid fee, no additional payment will be made.

Note: The Medicare and Medicaid payment (if any) must be accepted as payment in full. Per State regulation 18 NYCRR Section 360- 7.7, a provider of a Medicare Part B benefit cannot seek to recover any Medicare Part B deductible or coinsurance amounts from Medicare/Medicaid Dually Eligible Individuals.

There is no change to the current reimbursement methodology of Medicare Part B coinsurance for the following: Ambulance providers; Psychologists; Article 16 clinics; Article 31 clinics; and Article 32 clinics. Medicaid will continue to reimburse these providers the full Medicare Part B coinsurance.

Reminder: If a patient is dually eligible, private practitioners must bill Medicare prior to billing Medicaid for the Part B co-insurance. Most claims are submitted to Medicare and are automatically crossed over to Medicaid for processing.





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CJS 293 6/15

Exp. 6/30/16

Physician Groups Band Together to Address America's Opioid Crisis
AMA convened task force engages physicians to curb opioid abuse.

CHICAGO—Opioid abuse is a serious public health problem that has reached crisis levels across the United States, with 44 people dying each day from overdose of opioids, and many more becoming addicted. Recognizing the urgency and serious impact of this issue on the health of hundreds of thousands of patients across the country, today the American Medical Association (AMA) Task Force to Reduce Opioid Abuse announced the first of several national recommendations to address this growing epidemic.

The *AMA Task Force to Reduce Opioid Abuse* is comprised of 27 physician organizations including the AMA, the Medical Society of the State of New York, American Osteopathic Association, 17 specialty and six other state medical societies as well as the American Dental Association that are committed to identifying the best practices to combat this public health crisis and move swiftly to implement those practices across the country.

Medical Society of the State of New York President Joseph Maldonado, MD, said, "In an effort to reduce prescription diversion and abuse, New York has already taken the lead on this issue. New York's

physicians play a critical role in the effectiveness of the toughest opioid abuse program in the nation since August of 2013. We are honored to become part of the AMA Task Force to address this epidemic."

"We have joined together as part of this special Task Force because we collectively believe that it is our responsibility to work together to provide a clear road map that will help bring an end to this public health epidemic," said AMA Board Chair-Elect Patrice A. Harris, M.D., MA. "We are committed to working long-term on a multi-pronged, comprehensive public health approach to end opioid abuse in America."

The task force's initial focus will be on efforts that urge physicians to register for and use state-based prescription drug monitoring programs (PDMPs) as part of the decision-making process when considering treatment options. When PDMPs are fully-funded, contain relevant clinical information and are available at the point of care, they have been shown to be an effective tool to help physicians identify patients who may be misusing opioids, and to implement treatment strategies including referral for those in need of further care. "PDMPs vary greatly in efficacy and functionality from state to state," said Dr. Harris. "Alone, they will not end this crisis, but they can provide helpful clinical information, and be-

cause they are available in nearly every state, PDMPs can be effective in turning the tide to end opioid abuse in the right direction."

The AMA has long advocated in support of important initiatives aimed at addressing prescription drug abuse and diversion. This includes continued work with the administration and Congress toward developing balanced approaches to end prescription opioid misuse, as well as supporting congressional and state efforts to modernize and fully fund PDMPs.

The new initiative will seek to significantly enhance physicians' education on safe, effective and evidence-based prescribing. This includes a new resource web page that houses vital information on PDMPs and their effectiveness for physician practices, as well as, a robust national marketing, social and communications campaign to significantly raise awareness of the steps that physicians can take to combat this epidemic and ensure they are aware of all options available to them for appropriate prescribing. "America's patients who live with acute and chronic pain deserve compassionate, high-quality and personalized care and we will do everything we can to create a health care response that ensures they live longer, fuller and productive lives," said Dr. Harris.

◆

Westchester Academy of Medicine 2015 Golf Outing & Fundraiser

**Thursday, October 8, 2015
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580**



**Registration, Driving Range & Halfway House Lunch—11:00 AM
Shotgun Start at 12:30 PM
Golf Format: Scramble
6:00 PM—Cocktails
6:45 PM—Buffet Dinner/Awards/Raffle**

If you are unable to attend, please consider making a tax-deductible donation. Contact Kalli Voulgaris kvoulgaris@wcms.org or 914-967-9100 for more details.

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Westchester Academy of Medicine 2014 Golf Outing & Fundraiser Thursday, October 8, 2015 Westchester Country Club

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July 28, 2015

*Late breaking news on medical-legal developments
affecting physicians and health care professionals*

The Senate Health, Education, Labor and Pensions Committee to Push for Delay of Stage 3 Meaningful Use Rules

Question: What is the Senate Health, Education, Labor and Pensions Committee recommending to the Department of Health and Human Services?

Answer: The Senate Health, Education, Labor and Pensions Committee (“Committee”) is recommending an expansion of the use of electronic health records. The directives are intentionally being drafted as regulations – as opposed to legislation – so that the directives may be implemented by the Secretary of the Department of Health and Human Services (“HHS”), Sylvia Burwell. In the event there is a need for future legislation, this would likely be rolled into the Senate’s companion bill to the House’s 21st Century Cures legislation.

In March, the CMS issued proposed rules for Stage 3. This final stage requires providers to send electronic summaries for 50% of patients they refer to other providers, receive summaries for 40% of patients that are referred to them and reconcile past patient data with current reports for 80% of such patients.

Concerning to providers is the fact that, for Stage 3, a medical provider must depend on other providers to be in full compliance. According to a July 20 policy analysis by Niam Yaraghi, a fellow in the Brookings Institution’s Center for Technology Innovation, this means if providers do not send electronic summaries, the medical provider who was supposed to receive them will fail to comply with the Stage 3 rule. This is a highly likely scenario as only a quarter of physicians admit to being compliant with Stage 2 requirements.

Although groups such as the Medical Group Management Association and the American Medical Association have been pushing for a delay, CMS expects to begin enforcing Stage 3 requirements in 2017.

The Committee is making further recommendations to the Obama administration this fall regarding standards clarifying that patients own their health data, a greater need for interoperability, heightened security requirements for patient data and more user-friendly EHR systems.

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.



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The New York State Plan to End AIDS: What Every Medical Provider Needs to Know

*By Varsha Koripella, M2, Wayne State Medical School
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New York State (NYS) has made tremendous strides in decreasing HIV infection rates over the past decade. In order for the AIDS epidemic to be brought to sub-epidemic levels and the first ever decrease in HIV prevalence, NYS must aim to decrease new HIV infections from 3,300 to 750 annually, and reduce the rate at which persons diagnosed with HIV progress to AIDS by 50%. In June of 2014, Governor Andrew M. Cuomo announced a three-point plan to end the AIDS epidemic in NYS by the end of 2020. The plan's stated goals involve:

1. ***Identifying persons with HIV who remain undiagnosed and linking them to health care.*** There are approxi-

mately 22,000 people living with HIV in NYS who are unaware of their status. It is critical that access to voluntary HIV testing be increased so individuals can access treatment if they test HIV-positive. Since 2010, NYS Public Health Law has required that medical providers offer HIV testing to all patients ages 13 to 64 as a routine part of health care.

2. ***Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission.*** In NYS, approximately 64,000 of the 132,000 persons living with HIV are receiving sub-optimal treatment. It is imperative that medical providers identify and link patients to care as soon as possible.
3. ***Providing access to pre-exposure prophylaxis (PrEP) for high-risk persons to keep them HIV-negative.***

PrEP is a biomedical intervention for high-risk individuals who are currently HIV-negative. It involves the person taking Truvada, a once-daily pill consisting of tenofovir and emtricitabine. In order to expand on the utilization of PrEP as a prevention tool, the Governor's plan recommends focusing on education and awareness, affordability, and enhanced availability.

Are you up-to-date on the Governor's Plan to End AIDS?

The NYS Department of Health Clinical Education Initiative (CEI) provides free CME/CNE trainings for medical providers in NYS. To request a training or to view online HIV courses, please visit www.ceitraining.org. To speak with a clinician experienced in managing HIV or PrEP, call the CEI Line toll-free at 1-866-637-2342.

References

"2015 Blueprint to End AIDS." NYS Department of Health, 30 Mar. 2015.



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