MEDICAL SOCIETY OF THE STATE OF NEW YORK
NEWS OF NEW YORK
Providing Information to Assist Physicians in the State of New York
Volume 72 • Number 5 www.mssny.org May 2016

210TH ANNUAL HOUSE OF DELEGATES

Newly elected President Malcolm Reid, MD, MPP, addresses the 2016 House of Delegates

Over 300 Participants View Zika Webinar; Program Archived on MSSNY's CME Site

Over 300 physicians and other healthcare providers participated in this month's MSSNY Medical Matters program, entitled *"Zika – An Evolving Story."* The webinar was conducted by MSSNY and the New York State Department of Health and featured Dr. William Valenti, chair of MSSNY's Infectious Disease Committee and member of the MSSNY's Emergency Preparedness and Disaster/Terrorism Response Committee and Dr. Elizabeth Dufort, medical director, Division of Epidemiology from the New York State Department of Health. This program has been archived to the MSSNY CME website and physicians and other health care providers can view this program free of charge by logging into the MSSNY CME Website.

The MSSNY CME site requires new users to register, but once registered physicians and other health care providers will have a personalized training page to take them to this webinar and other course work located

(Continued on page 18)

CMS' New Primary-Care Payment Model Projected to Affect 20,000 Physicians

The CMS' new primary-care model seeks to reimburse practices with a monthly fee to manage care for as many as 25 million patients. This move marks the CMS' largest plan to transform and improve how primary care is delivered and reimbursed across the nation. Titled "The Comprehensive Primary Care Plus" initiative, it will be implemented in up to 20 regions and include up to 5,000 practices, which would encompass more than 20,000 doctors and clinicians. The CMS has yet to identify regions since it must first assess interest by payers and providers since the program would collaborate with commercial, state and other federal insurance plans. There are two tracks available for practices to participate.

Under Track 1, CMS will pay a monthly fee to practices that provide specific services. That fee is in addition to the fee-for-service payments under the Medicare Physician Fee Schedule for care.

In Track 2, practices will also receive a monthly care management fee and, instead of full Medicare fee-for-service payments for evaluation and management services, they will receive reduced Medicare fee-for-service payments and up-front comprehensive primary-care payments. The CMS believes the Track 2 hybrid payment design will allow greater flexibility in how practices deliver care outside of the traditional face-to-face encounter. Practices in both tracks will receive upfront incentive payments that they might have to repay if they do not perform well on quality and utilization metrics. The CMS will accept practice applications in the determined regions from July 15 through September 1, 2016.

2016 House of Delegates Highlights

GOVERNMENT AFFAIRS A & B

- MSSNY will examine governance structures of hospitals, physician group practices, federally qualified health centers, clinics, urgent care practices and other health care delivery facilities and physician employment contracts to determine the most effective way to provide a grievance mechanism to resolve disputes between physician and their employers.
- MSSNY will urge payers to issue a moratorium on penalties for those who do not use EHRs since they have not evolved adequately; also, adopt AMA policy H-478.993 that states public and private insurers should not require the use of electronic medical records.
- MSSNY will urge the DOH's Bureau of Narcotic Enforcement to issue rules permitting physicians to prescribe via paper/fax/

(Continued on page 18)

CLICK ICONS TO FOLLOW MSSNY ON FACEBOOK OR TWITTER.

INSIDE NEWS

If You or Your Staff Receive a Yellow Envelope From Medicare and It Says "Revalidation," Please Take Heed

It is very important that physicians submit a complete revalidation application by your due date and respond to all development requests from your MAC to avoid a hold on your Medicare payments and possible deactivation of your Medicare billing privileges. If your application is received after the due date, or if you provide additional requested information after the due date your provider enrollment record may be deactivated. Providers/suppliers deactivated will be required to submit **a new full and complete application** in order to reestablish their provider enrollment record and related Medicare billing privileges. **The provider/supplier will maintain their original PTAN; however, an interruption in billing will occur during the period of deactivation. This will result in a gap in coverage.**

NOTE: *The reactivation date after a period of deactivation will be based on the receipt date of the new full and complete application. Retroactive billing privileges back to the period of deactivation will not be granted.*

In addition, Medicare has said that if deactivation occurs, patients cannot be billed. Services provided to Medicare patients during the period between deactivation and reactivation are the provider's liability. So if your practice relies on Medicare payment, please do NOT let a deactivation happen to you. **PLEASE share** *this vital information with your colleagues who bill Medicare but might not use email!*

PTSD and TBI in Returning Veterans: May– June Webinars

MSSNY will be holding a series of CME webinars on PTSD and TBI in returning veterans on seven dates listed below from March through June. The faculty presenters will be Frank Dowling, MD and Joshua Cohen, MD.

COURSE OBJECTIVES:

- Explore the two most prevalent mental disorders facing American veterans today, their causes, symptoms and comorbidities
- Outline treatment options including evidence-based psychotherapy and pharmacotherapy
- Discuss barriers to treatment, including those unique to military culture, and how to overcome them
- Outline the process of recovery and post-traumatic grow

To register for this webinar, click on a date below and fill out the registration form

Thursday, May 5, 6-7 PM
Thursday, May 19, 7:30-8:30 AM
Thursday, June 2, 6-7 PM
Thursday, June 9, 7:30-8:30 AM

PRESIDENT'S COLUMN

President's Inaugural Address

Malcolm Reid, MD

Good evening, MSSNY members, family, friends and guests.

I AM humbled and I AM appreciative.

I thank you all for your diligence in coming to our 210th Annual House of Delegates and giving your personal time to decide our pressing policy issues for the coming year. Your commitment to your patients and our profession is clearly demonstrated by your active participation in our House of Delegates deliberations.

I often reflect on the quote, "For those whom much is given, much is expected."

To that end, I did not get to this podium or receive this medal on my own. My accomplishments have been afforded to me due to diligence, preparation, opportunities and through the tutelage of many mentors and role models. I will name a few later – during my remarks.

GOOD EDUCATION

First and foremost, my father and mother who taught me and my sister, Carol, the value of a good education and made sure we received one at a public high school not very far from here in Mount Vernon.

My father was born and raised in Harlem during the Depression. He was one of approximately eight black young men who graduated from the prestigious Stuyvesant High School in 1944. He served honorably in the Korean War, was the only black soldier in his class in Officer Candidate School in Fort Sill , Oklahoma and he attained the rank of 1st Lieutenant. Subsequently, he worked during the day and went to school at night and graduated from New York University in 1957 and worked as an accountant for NYS.

My mother immigrated to NY from Jamaica, WI. She received her undergraduate degree in 1957, her Masters degree in English in 1967 and her Masters degree in Reading in 1977 (at the age of 50, when I was in 11th grade).

She taught English and Reading at James Munroe HS in the South Bronx.

Education is very important to me and my family.

HARVARD MED

After graduation from Harvard Medical School and the Harvard Kennedy School of Government where I simultaneously earned a Master's degree in Public Policy, in June, 1987, I returned to New York to do my preliminary Medicine internship at Winthrop University Hospital in Mineola (Nassau County).

My Internship was memorable, not just due to the medicine I learned, but I met a quiet, lovely, bright young lady named Emily.

DROVE TO AMA

My start in organized medicine began in an unorthodox manner. Upon completing my internship in June, 1988, I was raring to get involved, not just in clinical work, but also in policy making. I read an advertisement in *JAMA* and I got in the car with my father, aunt and uncle and we drove – yes, we drove – to Chicago (over 18 hours) and showed up at the AMA's House of Delegates, skipping all the formalities of becoming a delegate. I told the AMA staff I was interested in health care policy issues and I felt this was the right place to be. I was introduced to the New York State Delegation and the rest is history .

The MSSNY AMA delegation and the Resident Section embraced me with welcoming arms. By the following year I was writing Resolutions, testifying at the AMA annual and interim meetings, and I got thoroughly immersed in the activities in the New York County. I became President of the Resident Physician Section in New York, served on the MSSNY Council and actively began lobbying, both in Albany and in Washington, DC.

I got hooked on Organized Medicine in 1988 and I have steadily increased my involvement, both at the state and national level over the ensuing 28 years.

Clearly, the practice of Medicine is changing on a daily basis, with increased regulatory demands, increased intrusion from Insurance entities and other third parties, etc. All of these issues erode the basis core principle of the doctor- patient relationship. Despite these challenges, I have stayed hooked on Organized Medicine – that's why I am here today.

EVERYONE LOVES NEW YORK

As a native New Yorker, I may have a bias in saying that our state is the medical center of the world. Everybody, including patients, wants to come here. We have the most medical schools by far. Everybody wants to be a resident at one of our hospitals. And if they do well, they can practice here, too. Why? We have the most diverse population, the best research facilities. And we also have AIDS, Ebola, ZIKA, health care disparities, high malpractice insurance bolstered by a damaged tort system, and e-prescribing – yet, everyone still loves to practice in New York!

As an actively practicing board certified PM&R physician, who is on call once every

(Continued on page 6)

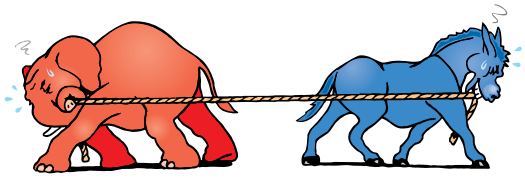
MEDICAL SOCIETY OF THE STATE OF NEW YORK
NEWS OF NEW YORK

The News of New York is published monthly as the official publication of the Medical Society of the State of New York. Information on the publication is available from the Communications Division, Medical Society of the State of New York, 865 Merrick Avenue, P.O. Box 9007, Westbury, NY 11590.

MSSNY-PAC Leadership Plays A Strong Role In Its Success

The 2016 House of Delegates has completed its work with the induction of Malcolm Reid, MD, MPP as its President for 2016-17. With this transition, other leaders assume new positions within the Society. Charles Rothberg, MD (Suffolk) has assumed the role of Chair of the Executive Committee of MSSNY's Political Action Committee (PAC). He is joined in this capacity by Joseph Sellers, MD (Schoharie), PAC Chair and PAC Vice Chairs, Nabil Kiridly, MD (Suffolk) and Michael Brisman, MD (Nassau). Also playing a leading role in MSSNYPAC are our State Candidate Evaluation Subcommittee Chair, Joshua Cohen, MD (New York) and Vice Chair, Adolf Meyer, MD (Kings) and our Federal Candidate Evaluation Subcommittee Chair, Vincent Calamia, MD (Richmond) and Vice Chair, John Kennedy, MD (Schenectady). We look forward to a very energetic and fulfilling year with these leaders. We thank George Stasior, MD for his decades-long service to MSSNY and MSSNYPAC as he engages with MSSNYPAC in the future in an emeritus capacity.

There are so many physician leaders who are involved with MSSNYPAC – those who are on the Executive Committee and those who are involved on the local level



and as Chairman's Club Members and now our new President's Circle members. On behalf of all of organized medicine we thank each and every one of them for their service.

VERY SUCCESSFUL YEAR

They have a strong story to tell when they speak with their colleagues. It is one of legislative achievement. Certainly, this year on the state level medicine faced great challenges in the form of many proposals advanced as part of the budget negotiations. Physicians can take great pride in their Medical Society in defeating a proposal to eliminate more than 55% of physicians from the Excess medical liability program. This program in and of itself provides physicians an additional $1M layer of liability coverage valued at $5,000 per physician. This added coverage is particularly important given discussions now ensuing to expand the statute of limitations for liability cases. MSSNY also defeated a proposal that would have allowed clinics owned by publicly traded corporations like CVS Health to be established to provide a limited set of services delivered by nurse practitioners in direct competition with primary care practices. Also defeated was a Workers Compensation proposal which would have allowed a number of non- physician practitioners to participate in the workers compensation program without any care coordination with treating physicians. Importantly, this proposal would also have eliminated the historic and very significant role played by county medical societies in preparing and reviewing physician applications for consideration by the WCB. MSSNY was also able to assure that low volume prescribers could be certified and thereby exempted from the e-prescribing mandate.

CHALLENGES AHEAD

These are just a few examples of what MSSNY has achieved during the first quarter of this year. We have many challenges ahead. Working with MLMIC, GNYHA, HANYS and specialty medical societies, we must work to protect against the enactment of legislation that will result in an increase in medical liability premiums. We must also work to remove unnecessary and burdensome paperwork

(Continued on page 20)

PRESIDENT'S COLUMN

(Continued from page 4)

3rd week, I understand the day to day hassle that we as practicing physicians face, including: a plethora of paperwork, increasing numbers of unfunded mandates, requesting authorization for a prosthesis for an amputee, dealing with endless prior approvals for essential medications for our patients, to name a few.

FOLLOWING THE BEST

Following the footsteps of Dr. Joseph Maldonado and Dr. Andrew Kleinman will be difficult. However, I am no stranger to challenges and I will continue their work on scope of practice issues, date of discovery, the Health Republic debacle, to name a few. If I knew that I would become president the year that e-prescribing was forced upon us, I may have asked for a year's reprieve.

We did not think we would weather the I-Stop Look Process, but we did. We will weather e-prescribing, too.

I am passionate about improving our membership numbers and I challenge every person in this room and every MSSNY member to bring in at least ONE new member over the upcoming year.

Frequently, I ask physicians I know or whom I meet, whether or not they are a MSSNY member and if they are not, WHY NOT? Often, they do not understand what MSSNY does and what MSSNY has accomplished. To that end, we at MSSNY must continue to enhance our means of communication.

I do ask non-MSSNY members to promise that they will at least give serious consideration about membership.

Tonight, I ask of you and all of our MSSNY members to reach out to the disenfranchised and tell them, "MSSNY is for every physician in New York State!"

You should also tell MSSNY members and non-members to support MSSNYPAC as fervently as THEY support THEIR INCOME!

MSSNY is not just about issues – it's about advocacy, mentors, camaraderie, education and life-long friendships.

MSSNY, as with many groups in organized medicine, will go through challenging times, but we have prevailed and will continue to prevail.

My vast experience in clinical rehabilitation medicine, coupled with my intense involvement in organized medicine, has allowed me to meet many mentors and role models.

MANY MENTORS

My mentors have been individuals who have opened doors and broken the glass ceiling for a multitude of physicians, but specifically each of them has a taken a special interest in me as I navigated the clinical, administrative and health policy roles of my career, while balancing the most important role of being a loving father, husband, brother, son and uncle.

Specifically, I would like to thank several individuals, who are joining us this evening, for their wise counsel, sagacity and friendship.

Dr. Anthony Clemendor (past President of NYCMS and a former Dean at New York Medical College) – Tony took me under his wing in NY County and continues to be a friend, advocate and mentor.

Dr. Gerald Thomson (former President of the American College of Physicians), whom I met as a Physical Medicine & Rehabilitation resident at Columbia Presbyterian in 1988. He has followed my career closely, and he has always offered excellent guidance.

Dr. John Downey – my original Chairman in PM&R at Columbia in 1988 and a colleague and mentor. (In 1993, when I left Columbia to become, to become Chair of PM&R at North General Hospital, Dr. Downey informed me that the biggest mistake Columbia made, was allowing me to leave Columbia. I truly cherish that compliment, which he has actually reiterated many times over the years.

Dr. Herbert Thornhill – (former chairman of PM&R at Harlem Hospital). We met when I was a PM&R resident at Columbia and Dr. Thornhill took me on his street rounds where he would see undomiciled disabled individuals and treat them with same level of care, dignity and respect as he would afford their private patients in a hospital or clinic setting. His approach to pateints is exemplary.

Dr. Carolyn Britton (past President of the National Medical Association). We met when I was a PM&R resident at Columbia. I followed her illustrious footsteps as a President of the local Manhattan chapter on the NMA in the early 1990s.

I have so many other role models – my cousin **Dr. Clinton Brown** (a distinguished nephrologist and researcher at Downstate Medical Center) and **Dr. Alice Coombs**, past president of the Massachusetts Medical Society.

Nancy Nielsen, MD, PhD – Past Speaker of MSSNY and Past President of the AMA

Also, **Dr. Richard Pierson**, Past President of the NYCMS in 1967, who has served organized medicine in NYS for over 5 decades, and continues to teach medical students, residents, researchers and anyone else who is interested in learning.

Sadly, Dr. Pierson moved to Massachusetts; he was not only an amazing role model to me, he also served as a research mentor for my eldest son, Malcolm Jr.

As a high school student, my eldest son, Malcolm Jr had a poster published while working in Dr. Pierson's research laboratory and Malcolm Jr graduated from Princeton University (Class of 2014). Dr. Pierson graduated from Princeton University in 1951.

Unfortunately, Dr. Pierson is not here this evening due to a prior commitment.

I want to thank my New York County delegation for their decades of support and Cheryl Malone and her staff for all of their hard work.

MY FAMILY

Lastly and most importantly, I want to thank my family for their unwavering support – my lovely wife of 25 years, Emily, and my children, Malcolm, Jr. 23, a graduate of Princeton University (Class of 2014) who now works full-time as a computer programmer for EPIC (the renowned electronic medical records company), in Verona, Wisconsin (please do not hold it against him) he is also working on a Master's degree in Computer Sciences at the University of Wisconsin; Madison, my 19-year-old daughter; Maya (a sophomore at SUNY Binghamton) and my 16-year-old Matthew, who is a junior in high school.

My family is my strength and my heart.

Emily continues to be the *Wind Beneath My Wings*.

In closing, I would like to thank our MSSNY members for your continued support.

THE POWER OF MSSNY

I believe in the power of MSSNY and we will steer the organization through challenging times. As an increasing number of physicians become employed by hospitals, these physicians will continue to need another voice to speak for them. That voice is MSSNY.

Am I an optimist? Yes, I am. I have to be.

I'm a New York Mets fan!

CMS Launches More Detailed Medicare Provider Database

Question: *What additional information is now available to the public in the Medicare Provider Database?*

Answer: As of late February, individuals may now track the availability and use of services provided to Medicare beneficiaries by ground ambulance suppliers and home-health agencies, as well as view a list of Medicare fee-for-service providers and suppliers currently approved to bill Medicare. According to the CMS, the database provides new tools as part of the CMS' ongoing efforts to be more transparent and publicly share what services are available to Medicare beneficiaries and who can provide them. These tools include interactive maps and data sets that show provider and supplier services and how much they are used. The data sets are available from a county level all the way through a national level. The new databases were created in part using ground ambulance and home-health agency paid claims from Oct. 1, 2014 to Sept. 30, 2015. The CMS announced that the data will continue to be updated quarterly for each of the 50 states, their counties and the District of Columbia. The public provider data consist of individual and organizational provider and supplier enrollment information and includes names, national provider identifier, enrollment type, specialty and limited address information.

WEEKLY CHARTING TIP:

When not following any widely accepted practice guideline when treating your patient, write the reasons why you are not following the accepted recommendation in your medical record.

Socio-Med: Be Aware of the Law if You No Longer Want to Accept WC patients

As a reminder, a physician who is authorized to treat Workers' Compensation (WC) patients in NYS is not at liberty to pick and choose who to treat under NYS WC Law.

Please read the following: NEW YORK CODES, RULES AND REGULATIONS, NYCRR 325-1.21 provides in part that a physician, "shall accept and treat such injured employees in a mannercorresponding to that accorded other patients in his or her practice, without discriminating against such injured employees because they are or may be covered by the provisions of the Workers' Compensation Law". The full text of NYCRR 325.21 is included below.

SECTION 325-1.21 FAILURE TO TREAT.

A physician, podiatrist, chiropractor, psychologist, operator of a medical bureau or laboratory authorized by the chair to render treatment and care to injured employees under the Workers' Compensation Law:

(a) shall accept and treat such injured employees in a manner corresponding to that accorded other patients in his or her practice, without discriminating against such injured employees because they are or may be covered by the provisions of the Workers' Compensation Law; and

(b) shall not refuse to provide treatment and care to such injured employees on the basis of a fee request greater than that set forth in the applicable prescribed fee schedule, but shall submit to arbitration such fee dispute in accordance with the provisions of the Workers' Compensation Law, nor shall such treatment and care be denied to such injured employees because the source or manner of payment for such treatment and care is pursuant to the provisions of the Workers' Compensation Law.

Nothing contained in this section shall prevent a voluntary payment by the employer or carrier of an amount higher than the fees and charges found in the fee schedule where agreed to by the employer or carrier. An authorized physician, podiatrist, chiropractor, psychologist, operator of a medical bureau or laboratory whose actions violate or are inconsistent with the provisions of this section shall be charged with misconduct, and his or her authorization to treat workers' compensation cases shall be subject to suspension or revocation by the chair in accordance with the procedures set forth in the Workers' Compensation Law.

In addition, I am providing you with the following Q&A:

Question: *What is the consequence of Failure to Treat?*

Answer: A provider can be removed from the list o
rized providers.

Question: *If a physician can't take on any new WC cl
would the WCB consider this reportable misconduct?*

Answer: If a provider is removed from the list of au
providers, it is reportable to DOH/OPMC.

Question: *What if the practice cannot financially sus
more WC claimants?*

Answer: As the regulation states, "shall accept and tr
injured employees in a manner corresponding to that a
other patients in his or her practice, without discri
against such injured employees because they are or
covered by the provisions of the Workers' Compensati
As an example, under managed care, doctors may f
need to close their panel since it is not economically
able to take on new plan patients.
The only acceptable reason not to take on new WC pa
if the practice is not taking on ANY new patients.

Question: *What is the alternative if a physician fee
cannot sustain the financial viability of the practice
limiting the number of WC claimants?*

Answer: The physician may have to turn in their auth
to treat WC patients and cease treating all WC patient

Question: *Are you saying that the physician has no d
to limit the number of WC claimants?*

Answer: Their discretion is limited only to the ext
they may refuse a new WC patient if the practice is not
ing ANY new patients.
If a physician makes an independent business decisi
longer treat WC patients, the physician needs to n
WCB of the intent to voluntarily resign from the WC P
If a physician chooses to resign from WC, he/she mu
a letter to the WCB at the address below indicating
she is voluntarily surrendering his/her WCB authoriz
a treating provider: New York State Workers' Comp
Board, Medical Director's Office, 100 Broadway-M
Albany, NY 12241

Physicians who resign from WC can tell patients t
the WCB website at www.wcb.ny.gov to find a physicia
the section for WORKERS. Or, patients can call the
help: Advocate for Injured Workers at 1-800-580-66
e-mail to:advinjwkr@wcb.ny.gov.

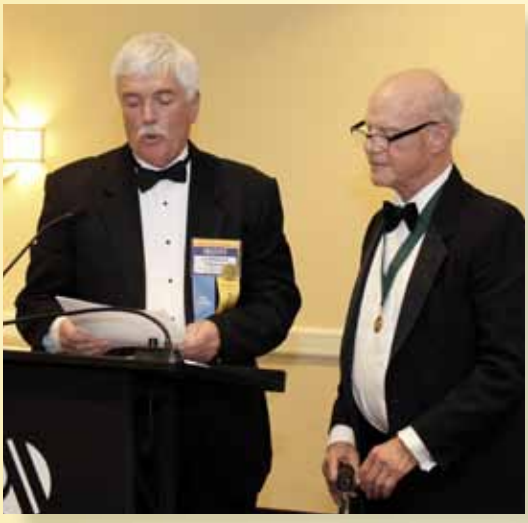
*If you have any additional questions, please call Sc
VP Regina McNally at 516-488-6100 ext. 332.*

(L to R) AMA Board of Trustees Chair Stephen R. Permut, MD, JD; John McIntyre, MD; William Latreille, MD; Kira Geraci-Ciardullo, MD; Malcolm Reid, MD; Joseph Maldonado, MD

(L to R) Milton O.C. Haynes, MD; M. Monica Sweeney, MD, MPH; New York State Senator Gustavo Rivera following their presentation on how policy and advocacy can address health care needs of marginalized populations.

New York State Senator Gustavo Rivera (L) and Joseph Sellers, MD (R)

President Malcolm Reid, MD, MPP with Anthony Clemendor, MD, one of Dr. Reid's mentors.



William Latreille, MD (L) presents Jeffrey Ribner, MD (R) with the Henry I. Fineberg Award. In 1980, MSSNY established the Henry I. Fineberg award for distinguished service to MSSNY.

Don Moy, Esq., accepts an award in recognition of his many years of dedicated service to MSSNY.

Dario Gonzalez, MD, presents Ebola: A Perspective from the Field

MSSNY Executive Vice President Phil Schuh addresses the House of Delegates

Photo credit: Steve Sachs

USE OF DELEGATES

MSSNY members and staff gather for the 12th Annual MSSNY/ Alliance/MSSNYPAC 1-Mile Walk.

New York State Commissioner of Health Howard Zucker, MD, addresses a full house of members at MSSNY's 210th House of Delegates.

(L to R) Joseph Maldonado, MD, MSSNY Immediate Past President; Phil Schuh, MSSNY Executive Vice President; Malcolm Reid, MSSNY President; Howard Zucker, MD, New York State Commissioner of Health; Kira Geraci-Ciardullo, MD, MSSNY Speaker

Dr. Milton Haynes speaks on healthcare disparities

M. Monica Sweeney, MD, MPP presents "How Policy and Advocacy Can Address Health Care Needs of Marginalized Populations."

Dr. Robert Goldberg with Young Physicians, Residents and Medical Students.

Andrew Davidowitz (right) Chair of MSSNY's Medical Student Section, presents Daniel Young, MD with the Charles D. Sherman, MD Award in recognition of extraordinary assistance, availability and support to medical students.

Unintentional Missteps Can Have Consequences: "They Should Have Known"

Physicians are in a constant state of education to keep their skills and knowledge at the forefront so that their patients get the best care possible. But sometimes unintentional missteps on the business side of medicine can have serious ramifications for both physicians and their patients. A case before a state Supreme Court could put physicians in danger of exposure to large fines based on a legal technicality.

THEY SHOULD HAVE KNOWN

At stake in *Allstate Insurance Co. v. Northfield Medical Center*, currently before the Supreme Court of New Jersey, is whether liability under the New Jersey Insurance Fraud Prevention Act (IFPA) can be based on what the medical group or practice should have known, as opposed to what they actually knew.

LARGE PENALTIES

The IFPA is designed to protect against fraud in a way similar to the federal Stark Law and False Claims Act, which may subject physicians to large penalties for referring patients to health care facilities with which they have certain financial relationships.

"The detection and prevention of insurance fraud must be a two-way street," the Litigation Center of the AMA and State Medical Societies said in an amicus bried. "With the considerable latitude that has been afforded to insurance carriers in rooting out the reprehensible conduct of a select few, comes an equally great responsibility to demonstrate restraint as it relates to the vast majority of health professionals who strive on a daily basis to meet the need of their patients."

NARROW INTERPRETATION

The cause for concern in this case is not to challenge the Stark Law or the IFPA, but rather to encourage a narrow interpretation of complex and changing regulations to prevent medical professionals from being exposed to large unnecessary fines when they have not deliberately violated those regulations.

Northfield Medical Center, the health care group in question, thought it was in compliance with state regulations concerning the corporate practice of medicine. But because regulations are in a constant state of change – a position many physicians could find themselves dealing with – they suddenly found they were on the wrong side of the fence.

"There is no argument to support deliberate fraud," the Litigation Center brief said, supporting a narrow reading of the IFPA. "But there is a [difference] between deliberate fraud and mistake. An appropriate standard and definition of 'knowing' prevents that [difference] from becoming a slippery slope that punishes health care practitioners who reasonably believe that they are in conformance with their professional ethical obligations and with state law."

MSSNY IN THE NEWS

The Oneida Daily Dispatch (AP) 3/13/16 NY mulls legalizing doctor-assisted suicide (MSSNY mentioned)

The Daily Freeman (AP) 3/13/16 NY Legislature mulling doctor-assisted suicide bills (MSSNY mentioned)

The Troy Record (AP) 3/13/16 New York lawmakers eye assisted suicide law (MSSNY mentioned)

The Saratogian (AP) 3/13/16 New York lawmakers eye assisted suicide law

N.Y. Times 3/14/16 The End of Prescriptions as We Know Them in New York (MSSNY President, Dr. Joseph Maldonado quoted)
N.Y.Times story also picked up in:
Times Union 3/14/16 State rewrites medical practice
The Buffalo News 3/14/16 In New York, paper prescriptions out, computers in
Private Officer Breaking News 3/14/16 New York to Discard Prescription Pads, and Doctors' Handwriting, in Digital Shift
Utica Observer 3/15/16 E-scripts: Is everyone ready?

New York State Osteopathetic Medical Society 3/15/2016 NYSOMS joins MSSNY in Powerful Day of Advocacy (MSSNY mentioned)

Thefix.com 3/17/16 New York State Is Doing Away With Paper Prescriptions (MSSNY President, Dr. Joseph Maldonado quoted)

Crain's Health Pulse 3/18/16 As e-prescribing deadline looms, DOH issues waivers (Elizabeth Dears, MSSNY's senior vice president for legislative and regulatory affairs quoted)

Associated Press 3/19/16 As NY Demands Paperless Prescribing, Doctors are Mixed (MSSNY President, Dr. Joseph Maldonado and New York County Medical Society President Dr. Michael T. Goldstein, quoted)

Also appeared in :
ABC News
ABC – 13WHAM
Auburn Pub
The Columbian
CBS News
Fox News
Indiana Gazette
Kansas City Star
KBET 790 Talk Now
Lockport Journal
NBC New York
NBC News 2 South Carolina
Oneida Daily Dispatch
Pittsburgh Tribune Review
Rocket News
Rutland Herald
Salina Journal
The Sentinel (PA)
Troy Record
Tribtown.com (Seymour, IN)

LoHud.com 3/20/16 Concerns as N.Y. switches to e-scripts (MSSNY President, Dr. Joseph Maldonado quoted)

Modern Readers 3/20/16 As New York Prepares for Paperless Prescriptions, Docs Still Want Answers (MSSNY President, Dr. Joseph Maldonado quoted)

Tech Times 3/20/16 New York Mandates Paperless Prescriptions - Why Are Doctors Wary Of E-scripts? (MSSNY President, Dr. Joseph Maldonado quoted)

Democrat & Chronicle 3/19/16 Paperless prescribing to start March 27 in NY (MSSNY President, Dr. Joseph Maldonado quoted)

The Buffalo News 3/19/16 Dr. John Radford wants to treat you over the web (MSSNY Vice President, Dr. Thomas Madejski quoted)
Also ran in:
Pharmacy Choice

Finger Lakes Daily News 3/21/16 Opposition to New Prescription Regulations (MSSNY President, Dr. Joseph Maldonado comments)

Maine News Online 3/21/16 Days of doctors handwriting prescriptions that patients then take to pharmacy coming to end (MSSNY President, Dr. Joseph Maldonado quoted)

Syracuse.com 3/21/16 Company news: Samuel Saleeb joined St. Joseph's Health (MSSNY member Dr. Samuel Saleeb mentioned)

Pharmacy Choice 3/23/16 AAAASF Appoints New Vice President of Standards and Enters 36th Year of Promoting Patient Safety (MSSNY member Dr. William B. Rosenblatt mentioned)
Also ran in:
StamfordAdvocate.com
Becker's Review

Medscape 3/24/16 New York e-Prescribing Law Goes Into Effect This Sunday (MSSNY President, Dr. Joseph Maldonado quoted)

Newsday 3/24/16 Overcoming the wrath of opioid addiction (MSSNY mentioned)

Modern Healthcare 3/25/16 Ready or not, e-prescribing coming to New York state providers (MSSNY President, Dr. Joseph Maldonado quoted)

American Pharmacists Association 3/25/16 New York e-prescribing law goes into effect on March 27 (MSSNY President, Dr. Joseph Maldonado quoted)

Capital Update 3/25/16 State to Mandate Electronic Prescriptions Starting Sunday (MSSNY Senior VP for Legislative and Regulatory Affairs, Liz Dears interviewed)

Innovation Trail 3/25/16 NY Does Away With Paper Prescriptions Sunday (MSSNY mentioned)

WBTA 3/25/16 President of NYS Medical Society responds to E-Prescribing Mandate (Statement picked up)

Newsday 3/26/16 New York prescription writing Starts going all electronic

CBS 880 AM 3/28/16 E-Prescribing interview with Dr.Maldonaldo

HIStalk 3/28/16 Morning Headlines (Dr. Maldonado's statement mentioned)

HISTalk 3/28/16 Monday Morning Update (*Newsday* article mentioned)

WBEN AM (Buffalo, NY No More Paper Scripts, Electronic Prescribing Underway (MSSNY President, Dr. Joseph Maldonado quoted)

Crain's Health Pulse 3/28/16 AT A GLANCE (MSSNY mentioned re: *Newsday* Op-Ed)

HIS Talk Practice 3/28/16 News (MSSNY President, Dr. Joseph Maldonado quoted)

Government Technology 3/28/16 Prescription-Writing in New York Goes Digital Statewide (MSSNY President, Dr. Joseph Maldonado quoted)

Healthcare IT News 3/28/16 Medical Society of New York State calls for leeway from new e-prescribing law (MSSNY President, Dr. Joseph Maldonado quoted)

Becker's ASC Reveiew 3/28/16 7 things for ASC leaders to know for Monday — March 28, 2016 - AAAASF elects Dr. William Rosenblatt to executive committee (MSSNY member Dr. William B. Rosenblatt mentioned)

(Continued on page 17)

ZIKA Update: Three-in-One Test Approved by FDA

A new three-in-one laboratory test for Zika and a pair of other dangerous viruses has received emergency approval from the Food and Drug Administration and will be distributed soon, according to the Centers for Disease Control and Prevention. The test, which could speed the diagnosis of Zika, will be shipped to qualified labs across the country over the next two weeks, the agency said on March 18.

The test will allow doctors to determine in a single test whether an individual is currently infected with Zika, chikungunya or dengue. Currently, three tests are required.

The CDC said it will distribute the test to facilities in the Laboratory Response Network, a network of domestic and international laboratories that respond to public health emergencies. The test, called the Trioplex Real-time RT-PCR Assay, will not be available in hospitals or other primary care settings.

According to the CDC's latest tally, at least 258 Americans have contracted Zika while traveling abroad. Eighteen of those cases have been diagnosed in pregnant women.

Are You a Pre-Residency IMG looking for Experience? Are You a Physician Who Can Help?

MSSNY's IMG Committee, through its Clearinghouse of Opportunities Program, seeks to place IMG candidates **seeking externship and internship opportunities.**

Contact us if you are an IMG looking for a meaningful experience to help you become familiar with the US healthcare system and help prepare you for residency training. Past participants have worked as scribes, entering notes into electronic medical records; performed chart audits for preventive care as a quality improvement measure; educated patients; coordinated with insurance and healthcare providers; helped with research and special projects, etc.

If you are looking for a way to stay connected to medical practice as you pursue residency training, or if you have a position to offer an unlicensed medical graduate, please contact Ruzanna Arsenian (rarsenian@mssny.org). Graduates should include a CV, and those with previous experience in their home countries as faculty members, practicing physicians, or researchers, should be sure to mention that. Let us know where you are located, how far you would be able to travel, and whether or not you require a paid position or if you could accept a role as a volunteer.

Physicians who are willing to help familiarize an unlicensed medical graduate with medical practice in the US are asked to describe the role they would ask the graduate to fill and include any specific requirements in terms of hours or duties. Please indicate if the position will include observership experience with a formal evaluation leading to a possible letter of recommendation, or will offer payment for office work performed.

Have We Improved Quality Of Care For People Near The End Of Life?

Patricia Bomba, MD, FACP
Vice President and Medical Director, Geriatrics, Excellus BlueCross BlueShield

Dr. Bomba is a member of the Medical Society of the State of New York Ethics Committee and the committee that wrote Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*. She will serve on the new National Academy of Medicine Roundtable on Quality of Care for People with Serious Illness. This article is the first in a series on current efforts to improve advance care planning nationally and in New York.*

BACKGROUND

New York is ranked #1 in hospital deaths among seniors, the worst in the country.[1,2] While five percent of Medicare beneficiaries die annually, Medicare payments in last year of life account for twenty five percent of all Medicare spending.[3] Ten thousand Baby Boomers become Medicare eligible every day. The Institute of Healthcare Improvement[4] and the Choosing Wisely[5] campaign estimate thirty percent of health care is unnecessary or harmful; this estimate does not consider unwanted treatments, including life-sustaining treatment.

Most people near the end of life lack the capacity to make their own decisions about the treatment they wish to receive and avoid. Most patients will receive post-acute and long term care from physicians who do not know them. Advance care planning is essential to ensure that patients receive care that reflects their values, beliefs, goals for care and preferences for treatment they wish to receive and/or avoid.

Advance Care Planning is a communication process that involves learning about and considering the types of decisions that will need to be made at the time of an eventual life-ending situation or incapacity to make complex medical decisions and what the patient's preferences would be regarding those decisions.

Discussions between the patient's physician and other qualified health care professionals and the patient along with family members, health care agent or surrogates ahead of time, regarding these decisions and preferences, and preparation of an advance directive and medical orders when appropriate, increases the likelihood a patient will receive the care he or she prefers at the end of life.

Of people who indicate end-of-life care preferences, most choose care focused on alleviating pain and suffering. However, because the default mode is acute care and hospitalization in an emergency, advance care planning and medical orders like New York's Medical Orders for Life-Sustaining Treatment (MOLST) are needed to ensure that these preferences are honored.

Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life[6] was released in September 2014. The report found patients want time with their doctors to talk about end-of-life issues, and clinicians should receive the training for such discussions so they can provide quality end-of-life care consistent with their patients' values and preferences.

In addition, frequent clinician–patient conversations about end-of-life values, beliefs, goals for care, and preferences are necessary to avoid unwanted treatment, particularly life-sustaining treatment. Clinicians need to initiate conversations about end-of-life care choices and work to ensure that shared

(Continued on page 14)

Quality Of Care

(Continued from page 13)

medical decision making is well informed, based on adequate information and understanding.

Providing financial incentives for improved shared decision making and advance care planning that reduces the utilization of unnecessary medical services and those not consistent with a patient's goals for care is among the key recommendations[7] of Dying in America.

Effective January 1, 2016, two new CPT codes, 99497 and 99498, were approved by the Center for Medicare and Medicaid Services (CMS) to reimburse health care professionals for providing advance care planning services to Medicare and Medicaid members.

TIME FOR A STATUS UPDATE

To assess progress since the release of the *Dying in America* report in September 2014, and to inform the work of a new Roundtable on Quality of Care for People with Serious Illness, the National Academy of Medicine is conducting a nationwide survey to track improvements over the past 18 months, discover barriers that have prevented progress, and better understand current areas of need.

Your feedback will help the new roundtable shape its work over the next three years. Please tell the National Academy about your experiences, and encourage your friends and colleagues to take the survey as well.

For more information about the roundtable, contact Laurie Graig at lgraig@nas.edu.

New Podcast Series: *Dying in America: Conversations About Care at the End of Life*

Providing high-quality end of life care is a major commitment and responsibility faced by millions of health care professionals every day. The National Academies of Sciences, Engineering, and Medicine have partnered with ReachMD to broadcast a new podcast series for health care professionals based on the 2015 Institute of Medicine report Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life.

In this series, sponsored by the National Academy of Medicine, hear about various aspects of end of life care from the perspective of experts in the field. Topics include palliative care, interdisciplinary teamwork, clinician-patient communication and advance care planning, and policies and payment systems for care near the end of life.

Individuals can take control of the quality of their life at the end of life. They should choose how they want to live at the end of their life, who they trust to make decisions if they lose the ability to do so, and have a conversation with their loved ones. Doctors should help initiate discussions with their patients about such decisions.

I spoke with Dr. Jennifer Caudle about the challenges in moving Toward Higher Quality Communication and Advance Care Planning.

Dying in America: Conversations About Care at the End of Life podcast series can be found on the ReachMD website, and also on iHeartRadio, Tunein, Stitcher, and iTunes.

NEW YORK'S COMMUNITY APPROACH TO ADVANCE CARE PLANNING, A KEY PILLAR OF PALLIATIVE CARE

A recent article[8] Lessons Learned from NY's Community Approach to Advance Care Planning & MOLST reviews the lessons learned from the development and implementation of New York's community approach to advance care planning (ACP) as a wellness initiative and the key components of two complementary programs: Community *Conversations on Compassionate Care (CCCC)* and *Medical Orders for Life-Sustaining Treatment (MOLST).*

CCCC is an advance care planning program designed to motivate all adults 18 years of age and older, as well as emancipated minors, to start advance care planning discussions that clarify personal values and beliefs; choose the right health care agent who will act as their spokesperson; and complete a health care proxy. CCCC combines storytelling and "Five Easy Steps" that focus on the individual's behavioral readiness to complete a health care proxy. CCCC encourages completion of a health care proxy when healthy, as well as review and update the advance directive routinely along the health-illness continuum from wellness until end of life.

MOLST is a clinical process that emphasizes discussion of the patient's goals for care and shared medical decision-making between health care professionals and patients who are seriously ill or frail, for whom their physician would not be surprised if they died within the next year. The result is a set of medical orders that reflect the patient's preference for life-sustaining treatment they wish to receive or avoid. Under current New York State Public Health Law (NYSPHL), only licensed physicians can sign a medical order to withhold and/or withdraw life-sustaining treatment, including cardiorespiratory resuscitation. Thus, only licensed physicians can sign a MOLST form as well as review and renew MOLST orders. MOLST is approved for use and must be followed by all providers in all clinical multiple settings including the community. MOLST is the only medical order form approved under NYSPHL that EMS can follow both DNR and DNI orders in the community. MOLST is New York's nationally-endorsed Physician Orders for Life- Sustaining Treatment (POLST) Paradigm program; see POLST.org. (www.POLST.org)

Development, implementation, outcomes, lessons learned and sustainability of the CCCC and MOLST programs highlight the success of a healthcare and community collaborative initiative focused on improving care at the end of life. Community data support the value of implementing the CCCC and New York's MOLST throughout the state.

NEW CPT CODES FOR ADVANCE CARE PLANNING AND MOLST

Effective January 1, 2016, two new CPT codes, 99497 and 99498, were approved by the Center for Medicare and Medicaid Services (CMS) to reimburse health care professionals for providing advance care planning services to Medicare and Medicaid members. This approval affirms advance care planning is an integral component of the practice of medicine and overcomes a key barrier.

CPT codes 99497 and 99498 are used to report face-to-face service between a physician or other qualified health care professional and a patient, family member or surrogate in counseling and discussing advance directives, with or without completing legal forms. These are time-based codes and no active management of the medical problem(s) is undertaken during the time period reported.

Other qualified health professionals are Non-Physician Practitioners who are enrolled in the Medicare program and are eligible to receive Medicare payments provided to Medicare beneficiaries, for example, nurse practitioners, physician assistants, and licensed clinical social workers.

CPT code 99497 is used for the explanation and discussion of advance directives, with or without completion of forms. It includes the first 30 minutes of face-to-face time with the patient, family member(s), and/or surrogate. As with other procedure codes, it must pass the mid-point; thus the visit must be at least

16 up to and including 45 minutes before an additional code may be billed.

The 99497 procedure code is used when the physician or other qualified health care professional sees a 68 year old male with heart failure and diabetes on multiple medications with his wife to discuss advance care planning. During the visit, the physician or the qualified health care professional:

- Performs a cognitive evaluation to determine patient's capacity to understand risks, benefits, alternatives to advance care planning choices
- Reviews advance care planning tools (advance directives and MOLST)
- Gives patient an opportunity to review a blank advance directive & MOLST, if appropriate
- Discusses patient's values and goals for treatment
- As appropriate to patient's condition (health status and prognosis), discusses palliative care options, ways to avoid hospital readmission, the patient's desire for care if he suffers a health event if capacity is lost (including a discussion of the role of the health care agent if capacity is lost) and answers the patient's and family member(s), health care agent or surrogate's questions
- Completes and signs the forms or takes home to review and sign at a future appointment

The 99498 procedure code is billed when an extended period of time is needed for a longer visit. This is appropriate when additional time is needed for discussion of the patient's condition, prognosis, options and resolve conflicts due to the presence of a new, unexpected, or sudden illness; a complicated family dynamic; disagreement or controversy over advance directive or shared decision making for an adult who is not able to make their own decision.

For example, a 68-year-old male with heart failure and diabetes on multiple medications, who was recently discharged from the intensive care unit, is seen with his wife to discuss advance care planning. He has had multiple unplanned hospitalizations and is becoming increasingly frail. Each additional 30 minutes is billed. Use 99498 in conjunction with 99497; list each code separately. In this case, 16-45 additional minutes is billed for a total of 46 – 75 minutes. Do not report 99497 and 99498 on the same day of service as critical care codes: 99291, 99292; neonatal/pediatric critical care: 99468 – 99476; or initial & continuing intensive care: 99477-99480.

Individuals who need more assistance with advance care planning include persons with end-stage chronic illness (e.g. CHF, COPD, renal disease, HIV/AIDS), as well as individuals facing emergent and high-risk surgery, or those who experience a sudden event (e.g. TIA) and are at risk of repeated episodes. Vulnerable individuals with early dementia or mental illness and those who rely on guardians or parents to make decisions such as persons with developmental disabilities who lack capacity and minor patients will require more help.

FREQUENTLY ASKED QUESTIONS

Question: *Who can receive and where can ACP services be rendered?*

Answer: All Medicare and Medicaid beneficiaries can receive these services. All Excellus BlueCross BlueShield members in all lines of business (LOBs) in all clinical settings can receive these services. For all other commercial insurers, check with your carrier,

Question: *Can ACP be part of a Regular Office Visit?*

Answer: Yes, if active management of the clinical problem(s) and advance care planning both occur on the same day. The active management and advance care planning cannot occur during the same time period reported. For advance care planning, additional CPT codes can be reported, if the service is provided. Add modifier 25. Documentation of the content of the ACP discussion is critical, including amount of time spent for each service.

Question: *Can ACP be part of the CMS Annual Wellness Visit (AWV)?*

Answer: Yes, advance care planning is an optional element, at the beneficiary's discretion. The AWV provides the beneficiary the opportunity to access advance care planning services should they elect to do so. Part B cost sharing does not apply when advance care planning is part of the AWV.

Question: *Can ACP be part of Preventive Medicine Visits?*

Answer: Yes. The codes for Preventive Medicine Visits are 99381-99397. For advance care planning, additional CPT codes can be reported, if the service is provided. Add modifier 25. Documentation of the content of the ACP discussion is critical, including the amount of time spent.

Question: *What is the cost sharing with beneficiaries?*

Answer: For Medicare and Medicaid beneficiaries, Part B cost sharing will apply, as it does for other physician services. The exception is the Annual Wellness Visit. For Excellus BlueCross BlueShield, PCP and specialist co-pays apply. For other Commercial Carriers, check with Provider Services.

Question: *Can telemedicine be used to provide and bill for advance care planning services?*

Answer: For Medicare and Medicaid beneficiaries, the answer is no. The service must be face-to-face with the patient, family members, the health care agent or surrogate. In accordance with NYS regulations, for new or renewing commercial policies, on or after 1/1/2016, commercial carriers must cover services provided by telemedicine that would be covered if delivered face-to-face.

For more information, listen to the "New CPT Codes for Advance Care Planning and MOLST Discussions" webinar.[9]

COMING SOON

As part of MSSNY's Advocacy Matters series, MSSNY will host a webinar on MOLST and eMOLST on Tuesday, May 10, from 12:30pm to 1:30pm.

Future articles in the series will focus on 1) New York's eMOLST; 2) advance care planning tools and resources to help physicians with shared medical decision making and practice transformation; 3) additional topics as recommended by MSSNY members to assist with practice transformation for advance care planning and MOLST.

ENDNOTES

1 In Sickness and in Health, Where States are No.1 *Wall Street Journal*, June 9, 2014

2 www.dartmouthatlas.org/data/topic/topic.aspx?cat=18

3 Riley G, Lubitz J. "Long-Term Trends in Medicare Payments in the Last Year of Life." Health Services Research, 2010; 565-576.

4 www.ihi.org/Pages/default.aspx

5 www.choosingwisely.org/

6 www.nationalacademies.org/hmd/Reports/2014/Dying-In-America-Improving-Quality-and-Honoring-Individual-Preferences-Near-the-End-of-Life.aspx

7 www.nationalacademies.org/hmd/~/media/Files/Report%20Files/2014/EOL/Key%20Findings%20and%20Recommendations.pdf

8 Bomba, P.A., & Orem, K.G., (2015). Lessons learned from New York's community approach to advance care planning and MOLST. Annals of Palliative Medicine, 4(1), 10-21

9 youtu.be/VCV26ZyGgwY

MSSNYPAC President's Circle

Charter Members

Nabil Kiridly, MD
(Plastic Surgery – Suffolk County)

Daniel Koretz, MD
(Internal Medicine – Wayne County)

William Latreille, MD
(Internal Medicine – Franklin County)

Thomas Madejski, MD
(Geriatric Medicine & Internal Medicine – Orleans County)

Adolph Meyer, MD
(Physical Medicine & Rehabilitation – Kings County)

Stuart Orsher, MD, JD
(Internal Medicine – New York County)

Paul Pipia, MD
(Physical Medicine & Rehabilitation – Nassau County)

Malcolm Reid, MD, MPP
(Physical Medicine & Rehabilitation – New York County)

Charles Rothberg, MD
(Ophthalmology – Suffolk County)

Zebulon Taintor, MD
(Psychiatry – New York County)

Medical Liability Mutual Ins. Co.

MSSNYPAC has created a <u>new</u> contribution category, the prestigious ***"President's Circle"*** for individuals and corporations who wish to distinguish themselves as extraordinary advocates of the profession of medicine. Achieving results year after year, meeting new challenges which come against the profession and facing each oppositional force in health policy formation, makes it ***essential*** that physicians have a seat at the discussion table. <u>The voice of physicians needs to be stronger than ever before.</u> Join today.

President's Circle
$2,500

Chairman's Club
$1,000

www.mssnypac.org

2016 Resident and Fellow Poster Symposium Attracts 70 Presenters

MSSNY's 11th annual Resident, Fellow and Medical Student Symposium was held on April 15 at the House of Delegates in Tarrytown. Seventy posters were accepted from a pool of abstracts submitted statewide.

The presenters' work was reviewed by volunteer judges drawn from the 2016 House of Delegates and were judged on originality, significance, presentation, methods (where applicable), visual impact and interview, in three categories: Medical Students, Resident/Fellow Clinical Medicine and Resident/Fellow Vignettes.

WINNERS IN EACH CATEGORY

Medical Students

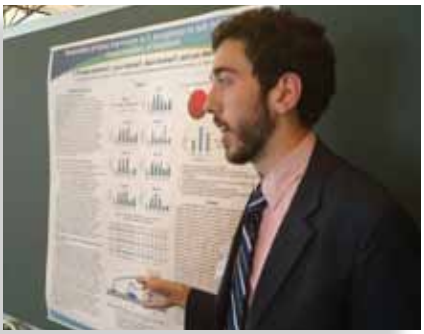
1st Place: Gregory McWhir – Touro
2nd Place: Horace Hambrick NYU and Pierce Janssen, Stony Brook
Honorable Mention: Jonathan Lavian – Hofstra

Resident/Fellow Clinical Medicine

1st Place: Gaurang Vaidya – SUNY Upstate
Honorable Mention: Sheryl Caberto – St. John's Episcopal

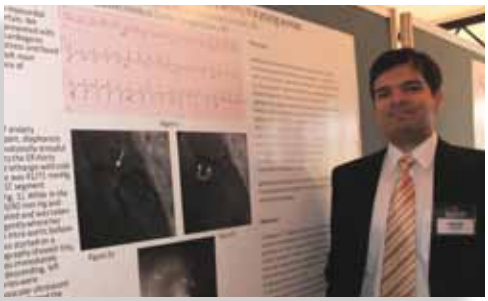
Resident/Fellow Vignettes

1st Place: Urooj Qazi
2nd Place: Abdullah Shahid – Bassett
3rd Place: Sowmya Reddy – Monefiore Wakefield



Horace Hambrick discusses his poster, which won 2nd place in the Medical Student category.

Urooj Qazi was awarded 1st place in the Resident/Fellow vignette category.



Abdullah Shahid won 2nd place in the Resident/Fellow vignette category.

MSSNY IN THE NEWS

(Continued from page 11)

The Daily Star 3/29/16 Area doctors ready for 'e-scripts' (MSSNY President, Dr. Joseph Maldonado mentioned)

LifeZette 3/29/16 E-Prescriptions are the Law in New York (MSSNY President, Dr. Joseph Maldonado quoted)

Long Island Business News 3/29/16 NY ranked worst state for doctors (MSSNY President, Dr. Joseph Maldonado quoted)

Long Island Business News 3/29/16 State mandates electronic prescriptions (MSSNY mentioned)

The Jewish Voice 3/30/16 New York e-Prescribing Law Goes Into Effect; Controls Narc Abuse (MSSNY President, Dr. Joseph Maldonado quoted)

WIVB.com (Buffalo, NY) 3/31/16 Physicians object to required training to prescribe opioid painkillers (MSSNY President, Dr. Joseph Maldonado quoted)

Albany Daily Star 4/01/16 Doctors worry about New York City E prescribing policy – Simi Valley Health (New York County Medical Society President Dr. Michael T. Goldstein, quoted)

Healthcare Infomatics 4/07/16 How Providers at One Hospital Have Answered the Call of New York's E-Prescribing Mandate (MSSNY mentioned)

Health IT Outcomes 4/08/16 New York State Commits To e-Prescribing (MSSNY President, Dr. Joseph Maldonado quoted)

Albany Times Union 4/10/16 New York medical malpractice insurer PRI struggles, but owner insulated (New York County Medical Society President Dr. Michael T. Goldstein,quoted)

Information Management 4/14/16 Thousands of Providers Miss New York State's Deadline for E-prescribing (MSSNY President, Dr. Joseph Maldonado quoted)

EC Plaza 4/14/16 Herman B. Berg, MD, to be Published in The Leading Physicians of the World as New Member of the International Association of HealthCare Professionals (MSSNY Member Dr. Herman B. Berg, MD mentioned)

Yonkers Tribune 4/19/16 Westchester Physician Kira A. Geraci-Ciardullo, MD, Re-Elected Speaker of State Medical Society

DOTMed – Healthcare Business Daily News 4/19/16 Malcolm D. Reid Westchester physician elected president of the Medical Society of the State of New York

Crain's Health Pulse 4/19/16 AT A GLANCE WHO'S NEWS: Dr. Malcolm Reid is the new president of the Medical Society of the State of New York.

The Malone Telegram 4/19/16 William Latreille, MD, re-elected vice speaker of NY State Medical Society

Newsday 4/20/16 People on the Move MSSNY President Elect Dr. Charles Rothberg and Dr. Frank Dowling, Assistant Treasurer, mentioned)

Mount Vernon Daily Voice 4/19/16 Mount Vernon HS Alumnus Elected President Of State Medical Society (MSSNY President Dr. Malcom Reid mentioned)

The Batavia Daily News (Genesee, Wyoming & Orleans Counties) 4/20/16 Albion physician elected vice president of State Medical Society (MSSNY VP Dr. Thomas J. Madejski mentioned)

Westchester County Business Journal Mamaroneck doctor re-elected to state medical society post MSSNY Speaker Dr. Kira A. Geraci-Ciardullo mentioned)

Zika Webinar

(Continued from page 1)

on the site. New registrants to the site will create a username and password, which should be retained and be used for continued access to the site. Once registered and logged into the site, physicians will be taken to an instruction page. Click on the tool bar menu located at the top of the page and click on "My training" to view and take the various courses. MSSNY has over 50 programs at this site and physicians are able to earn continuing medical education credits for each course. The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The online programs have varying numbers of continuing medical education credits, but the majority of the programs are for 1.0 AMA/PRA Category 1 credit™. Further information on all these programs may be obtained by contacting Pat Clancy at pclancy@mssny.org.

OBITUARIES

BOHENSKY, Paul; Patchogue NY. Died March 05, 2016, age 63. Suffolk County Medical Society.

BRENNAN, Lois E.; Honeoye NY. Died February 16, 2016, age 88. Medical Society County of Ontario.

GRECO, Anthony Thomas; Miller Place NY. Died January 01, 2016, age 86. Suffolk County Medical Society.

HENNESSEY, Francis B.; Sterling VA. Died January 26, 2016, age 88. Broome County Medical Society.

IPPOLITO, Carlo A.; Rockville Centre NY. Died February 29, 2016, age 98. Nassau County Medical Society.

JONES, Ira Snow; New York NY. Died February 09, 2016, age 98. New York County Medical Society.

KANMAZ, Mehmet Hayati; East Williston NY. Died January 06, 2016, age 85. Nassau County Medical Society.

KAVOUKSORIAN, John K.; Utica NY. Died January 23, 2016, age 96. Medical Society County of Oneida.

KHALIL, Moneer A.; Buffalo NY. Died March 06, 2016, age 63. Erie County Medical Society"

LANE, Stanley L.; New York NY. Died March 01, 2016, age 99. New York County Medical Society.

REEVES, Paul E.; Scottsville NY. Died March 08, 2016, age 90. Monroe County Medical Society.

SHAPIRO, Morris Jack; Rochester NY. Died February 25, 2016, age 102. Monroe County Medical Society.

STEWART, William Andrew; Syracuse NY. Died February 29, 2016, age 82. Onondaga County Medical Society.

VERCILLO, Margaret F. S.; Wellington FL. Died February 27, 2016, age 90. Onondaga County Medical Society.

2016 House of Delegates Highlights

(Continued from page 1)

phone in situations where the patient needs to comparison shop among pharmacies.

- MSSNY will seek legislation to create a demonstration project that established use of evidence-based guidelines as a safe harbor.
- MSSNY will continue to advocate for enactment of a Health Insurance Guarantee Fund to pay outstanding claims in the event of insolvency by a health insurance company and continued advocacy to assure availability of funds to pay the outstanding claims of Health Republic; and MSSNY will continue to work with DFS to assure financial integrity of health insurance companies operating in NYS.
- MSSNY will continue to advocate for legislation to restore NYS Medicaid coinsurance payments for patients insured by both Medicare and Medicaid
- MSSNY will continue to advocate that physicians have the final say in prescribing patients' medications and limit the ability of PBMs to interfere with physicians prescribing for their patients.
- MSSNY will actively monitor and communicate with DFS to ascertain the financial status of the various medical malpractice companies operating in NYS; MSSNY will update members regarding the financial status of insurers as well as the benefits of obtaining medical liability coverage for claims from the existing state guarantee fund in the event that an insurer becomes insolvent.

SOCIO-MEDICAL ECONOMICS

- MSSNY will advocate that CMS adopt the practice of sending revalidation notices using certified mail. CMS has stated that if deactivation occurs, patients cannot be billed for services to Medicare patients during the period between deactivation and reactivation. CMS has created a link for all practitioners to see if they are up for revalidation at https://Data.cms.gov/revalidation
- MSSNY will pursue regulation/legislation in NYS to fairly compensate the voluntary/private physicians for the work they do at the hospital and share the bundled payment with the voluntary/private physician at least in the same proportion to the employed physicians in the same geographic area.
- MSSNY will support legislation that prohibits insurance companies from using proprietary guidelines to deny preauthorization and or payment.
- MSSNY will work with AMA, state and specialty societies to create new checks and balances on CMS re the Relative Value Scale and work to provide an appeal process both within CMS and the courts re fees and RV determinations for specific procedures.

PUBLIC HEALTH & EDUCATION

- MSSNY will support legislation/regulator efforts that does not inhibit proper scientific research to prohibit the sale/distribution of Kratom in NYS.
- MSSNY will continue to support background checks for firearm purchases and advocate for forearm safety education in all settings as a component of firearm licensing.
- MSSNY should support workforce wellness programs and encourage wellness programs that connect beneficiaries to their primary care physician and include screening services and referral for primary, secondary and tertiary prevention.
- MSSNY will support legislation to remove sales tax on feminine hygiene products.

REPORTS OF OFFICERS AND ADMINISTRATIVE MATTERS

- MSSNY will lobby against any linkage of licensure to Maintenance of Certification and advocate for a varied approach to ensure adequate CME
- MSSNY should ask the AMA to reaffirm its policy re MOC and MOL programs and should provide an amicus brief when needed to defend physicians against any attempt to use recertification as a condition of employment, licensure or reimbursement; Government Affairs will make our position proactively known to all appropriate agencies.

Pharmacist Owes Duty of Care When Filling a Prescription Issued by a Physician

In the case of Abrams v. Bute, the defendant physician performed hemorrhoid surgery on the decedent. The physician wrote the decedent a prescription for hydromorphone and instructed the decedent to take eight milligrams of hydromorphone every three or four hours as needed for pain. The decedent filled the prescription at a CVS pharmacy, but about one hour after taking a dosage of the medication, the decedent was found "gasping for air," and shortly thereafter, died. An autopsy concluded the decedent died of acute hydromorphone intoxication.

PLAINTIFF SUES PHYSICIAN

The plaintiff sued the physician, CVS and the individual pharmacist who filled the prescription. The plaintiff alleged the physician was negligent in prescribing eight milligram doses of hydromorphone, and the CVS defendants were negligent for filling the prescription.

The CVS defendants argued that it is the prescribing physician who is solely responsible for exercising professional judgment, and courts should not impose a standard of care on pharmacists which would go beyond the need to accurately fill the prescription. The CVS defendants argued that if the court imposed a duty on pharmacists to independently verify the propriety of a physician's prescription, this would place an undue burden on pharmacists, would likely create antagonistic relations between pharmacists and physicians, and interfere with the patient-physician relationship.

PHARMACIST RESPONSIBLE, TOO

The plaintiff argued that a pharmacist is also a licensed professional, should be held to responsibilities as a professional, and should not be treated as a mere "warehouse for drugs" or a "shipping clerk" who must unquestioningly obey the written orders of the physician.

The Appellate Division held that there is no merit to the CVS defendants' categorical contention that a pharmacist's duty will never extend beyond accurately filling a prescription. Instead, the appellate court held that the issue of a pharmacist's duty had to be determined on a case by case basis, and depending upon the facts of the case, where a prescription is clearly contraindicated the pharmacist could be held to a duty to take additional measures before dispensing the medication.

NO CONFIRMATION REQUIRED

In the Abrams case, the appellate court held that the record did not show the prescription was so contraindicated as to require the CVS defendants to confirm the prescription, and the appellate court held that summary judgment should be granted in favor of the CVS defendants.

For more information on the above items, please contact Kern Augustine Conroy & Schoppmann, P.C. at 1-800-445-0954 or via email at info@DrLaw.com.

CMS Launches More Detailed Medicare Provider Database

Question: *What additional information is now available to the public in the Medicare Provider Database?*

Answer: As of late February, individuals may now track the availability and use of services provided to Medicare beneficiaries by ground ambulance suppliers and home-health agencies, as well as view a list of Medicare fee-for-service providers and suppliers currently approved to bill Medicare. According to the CMS, the database provides new tools as part of the CMS' ongoing efforts to be more transparent and publicly share what services are available to Medicare beneficiaries and who can provide them. These tools include interactive maps and data sets that show provider and supplier services and how much they are used. The data sets are available from a county level all the way through a national level. The new databases were created in part using ground ambulance and home-health agency paid claims from Oct. 1, 2014 to Sept. 30, 2015. The CMS announced that the data will continue to be updated quarterly for each of the 50 states, their counties and the District of Columbia. The public provider data consist of individual and organizational provider and supplier enrollment information and includes names, national provider identifier, enrollment type, specialty and limited address information.

WEEKLY CHARTING TIP:

When not following any widely accepted practice guideline when treating your patient, write the reasons why you are not following the accepted recommendation in your medical record.

We Need More Email Addresses to Reach More Physicians

There are over 70,000 licensed physicians in NYS. If we had more emails on file, two things could happen:

- More physicians would be made aware of the vital information we publish such as the article about the potential of losing their Medicare cash flow by not heeding the revalidation request; and
- More physicians might consider joining us since we are organized to help them with these medical practice business issues.

Please forward this information to your colleagues and ask them to send us their email addresses. Send address to: jvecchione@mssny.org.

MSSNY-PAC

MSSNY-PAC Leadership

(Continued from page 5)

attendant to the e-prescribing law, and we need to work to assure that our patients can continue to have timely access to medically necessary medication.

Political change abounds. We must now make certain that those changes will provide a firm footing for the advancement of medicine in the State of New York.

If we want to have a seat at the table to discuss the very important issues that we confront, we must have a healthy political action arm. However, the few continue to carry the many. Far more physicians need to support these efforts.

We encourage you to join MSSNYPAC by going to www.mssnypac.org to add you're the weight of your voice to our efforts.

BUSINESS SHOWCASE

CLASSIFIED ADVERTISING

Classified ads can be accessed at www.mssny.org. Click classifieds.

JUNE 2016 ISSUE CLOSES MAY 15 $200 PER AD; $250 WITH PHOTO

PHYSICIANS' SEARCH SERVICES • ALLIED MEDICAL PLACEMENTS • LOCUM TENENS • PRACTICE VALUATION • PRACTICE BROKERAGE PRACTICE CONSULTING • REAL ESTATE • FOR HELP, INFORMATION OR TO PLACE YOUR AD, CALL 516-488-6100 X355 • FAX 516-488-2188

PROPERTY FOR SALE

Commercial Co-op for Sale Lynbrook $129,000

Corner Of Hempstead Ave and Peninsula Blvd 880 sq ft Ground Floor Fully Renovated Perfect for Doctor's Office, Health Care, Accountant, Attorney, Insurance, Real Estate, and General Office AC, Parking Lot For Employees and Patients. 3 Offices, Kitchen, Bath, Receptionist & Waiting Area

(516) 362-1828 | Leatherman Homes

OFFICE TO SHARE

Central Park South Medical Office Available to Share

Central Park South medical office, next to Plaza Hotel. Gorgeous Central Park view. Recent beautiful high–end renovation. Share part time with cosmetic dermatologist. Fully equipped for in–office surgery. Two exam rooms for you, shared waiting room and personal office. Free WiFi. Available part time, full or half days. Suits plastic/cosmetic surgeons/ENT/OBGYN etc.

Contact Judith Hellman, MD,
at jhderm@gmail.com or (212) 755–5482

OFFICE RENTALS

Office Rental 30 Central Park South

Two fully equipped exam rooms, two certified operating rooms, bathrooms and consultation room. Shared secretarial and waiting rooms. Elegantly decorated, central a/c, hardwood floors. Next to Park Lane and Plaza hotels. $1300 for four days a month. Available full or part-time. 212.371.0468/drdese@gmail.com.

MEDICAL OFFICE FOR RENT
715 WEST 170 STREET

Two to five examination rooms available plus Reception,secretarial areas. Two bathrooms and entrances. Ethernet and cable ready. 4000 - 9500/month. 917.861.8273 drdese@gmail.com
Can build to suit including accredited O.R.s

Want to rent your medical office? Need to lease space to expand your practice?

Clineeds is an online platform designed to help physicians find or rent medical office space. Listing is completely FREE! Sign up today at http://clineeds.com/signup
We take care of the rest!

PHYSICIAN OPPORTUNITIES

Medical Director at CDPHP

Voted NYS "Best Company" by Our Employees! CDPHP is more than a health insurer. We are a not-for-profit health value organization leading the way toward better, more affordable health care. CDPHP represents progress and innovation for more than 425,000 members throughout New York. A physician-founded and guided plan, our primary focus is the health and well-being of those we serve. While other insurers strive to create value for their shareholders, our efforts are centered on creating value for members, in part by providing employers with innovative solutions for managing health care.

The Medical Director will assist the Vice President, Senior Medical Director and the SVP of Medical Affairs with the implementation of the Plan's Medical Management, Quality Improvement and Resource Management initiatives in accordance with regulatory, accreditation, and corporate policies and strategic plan. The Medical Director will participate in the medical advisory committees, provide leadership to, and serve as a liaison between the physician community and the Plan's management. The ideal candidate will possess the following: Licensed physician with current, unrestricted license (preferably New York State); Board Certified to practice a medical specialty; ABMS specialty is required. If not licensed in New York State, eligibility for New York State licensure is required. Additional advanced degree(s) preferred. Minimum three to five (3-5) years clinical practice experience is required. Minimum of three (3) years managed care or practice management is preferred. Please email nicole.harrington@cdphp.com Equal Opportunity Employer, females, minorities, disabled, veterans

Unique Private Pediatric Practice Opportunity

Summerwood Pediatrics is a very progressive, large community-based private practice in the Syracuse area. We provide care for over 25,000 children from birth to 21. The practice also has a satellite office in Camillus, NY. Additionally, the practice operates adjacent to an independent outpatient infusion practice, which is also owned and operated by our medical director. We are looking to employ a bright, energetic and enthusiastic general pediatric or subspecialty-trained physician. Presently the practice employs seven physicians, two pediatric NPs and one PA. All providers share on-call responsibilities on a one-day per week basis. Weekend coverage and office hours are performed on a rotational basis by the physicians. Our offices encompass over 28,0000sq. ft. of state-of-the- art clinical space; on-site lab services. The position, either full or part-time, includes applicable benefits inclusive of health care, malpractice insurance, CME expenditures and retirement plan.

To discuss this opportunity further, contact either Dr. Robert A. Dracker or Mr. Warren Ford at 315-457-9914, 9-5 EST.

NORTHERN WESTCHESTER - Psychiatric Opportunities

Part-time Psychiatrist (BC/BE/Child very desirable) wanted, to work in North Salem, N.Y., Suboxone DEA license helpful. Fax qualifications and availability to 914 669-6051 or call 914 669-5526 with questions.

PRACTICE FOR SALE

Practice for Sale; North Salem, N.Y.

This is an excellent opportunity for someone wanting to purchase an established, growing practice. North Salem is a semi-rural suburban area 30 minutes north of White Plains; close to I-84, and I-684. This is an excellent place to live and practice, with excellent schools, close to malls and shopping. We treat patients of all ages, and there is a substantial Suboxone component integrated into the practice. Staffing includes several part-time psychiatrists, therapists. Patients come from Northern Westchester, nearby Putnam County and the Ridgefield-Danbury area and include children, adolescents, adults, families, Geriatric patients. Reliable office staff assist in patient and insurer management. Call 914 669-5526.

L. I. PSYCHIATRIC PRACTICE FOR SALE
Huntington, NY

Currently 20 hrs./wk - no evenings or weekends. $100K/yr. gross. Low overhead. Office available for rent or move to your location. Details on request: 631-784-7704

Relieve Physician Burnout through Yoga Science (30 CMEs)

Change your perspective--change your experience. The 8th annual American Meditation Institute *Heart and Science of Yoga*® conference is uniquely designed to offer you a refreshingly new, clearer and kinder perspective on yourself and every personal and professional responsibility you face. This comprehensive training in Yoga Science as Holistic Mind/Body Medicine will provide easy-to-use, practical tools to prevent and reverse the debilitating causes and effects of physician burnout. Topics include: mantra meditation, diaphragmatic breathing, easy-gentle yoga, Yoga psychology, neuroplasticity, PTSD, trauma, resilience, the chakra system as a diagnostic tool, epigenomics, mind function optimization, Ayurveda, nutrition, functional medicine, and lymph system detoxification. Through engaging lectures by an accomplished faculty, instructive practicums and ongoing Q&A, you'll gain experiential knowledge that will integrate Yoga Science into a dynamic self-care program. As a result of attending this conference, you'll return home with a set of practical tools that can empower you to make conscious, discriminating and reliable choices to enhance your creativity, well-being, happiness and success. Regardless of how challenging your circumstances might feel today, Yoga Science can help. Delicious gourmet vegetarian food (always including special dietary needs). **americanmeditation.org/cme**

Place Your Classified Ad In News Of New York!

Leasing or Selling Space? Selling your practice or equipment? All Ads $200; $250 with Photo. Call 516-488-6100, ext 355