DFS to Hold September 8 Hearing to Examine Anthem-Cigna Merger Proposal

New York’s Department of Financial Services will hold a hearing in New York City on September 8 to obtain public input regarding the proposal of Anthem (the parent of Empire) to acquire health insurance giant Cigna.

MSSNY’s President Dr. Malcolm Reid is planning to testify at this hearing to express MSSNY’s great concern with the continuing consolidation of the health insurance industry, and its adverse impact on patient care. Interested physicians are also invited to testify by submitting a request to public-hearings@dfs.ny.gov with the heading “ANTHEM-CIGNA 2016 HEARING”. To read the full hearing notice, click here.

In August, DFS Superintendent Maria Vullo publicly released a letter noting that DFS has “serious concerns that Anthem’s proposed acquisition of Cigna will adversely impact the competitiveness of the health insurance market and harm consumers in New York.”

This action followed the filing of litigation by the US Department of Justice (see the press release here) to block the proposed Anthem takeover of Cigna, as well as the proposed Aetna takeover of Humana. In announcing the suit, DOJ noted that the proposed mergers of four of the five largest health insurance companies in the country “are unprecedented in their scale and in their scope.”

The DOJ intervention had been strongly supported by the American Medical Association, numerous state medical societies across the country including MSSNY, and several powerful consumer/patient organizations.

(Continued on page 12)
Treating Friends and Relatives May Lead to Litigation

Treating friends and relatives as patients can lead to malpractice litigation. Unfortunately, sometimes such relationships result in poor or inadequate medical documentation and disastrous results for the patient. To the shock of many physicians, friends and relatives do not hesitate to sue, despite what previously was a close relationship. The potential ramifications of treating family members and close friends are demonstrated in the two cases presented in this issue of Case Review.

CASE STUDY
Delay in Diagnosis of a Nasal Cavity Chondrosarcoma
by Janna Nazarowitz, Senior Claims Examiner Medical Liability Mutual Insurance Company

In October 2005, a 19-year-old college student presented to the insured, an ear, nose and throat (ENT) physician, with complaints of sinus congestion, nasal blockage, and epistaxis for 3 days. The physician knew the patient's family because they both attended the same religious services. The insured ENT considered this to be an informal visit and did not submit a bill to the patient's insurer. He examined the patient's ears and found the examination to be within normal limits. However, the left nasal septum was deviated on the right and the anterior turbinate was hypertrophic.

To learn more about athenahealth's solutions please visit athenahealth.com/mssnyprint

(Continued on page 14)
WHAT ARE YOU RISKING?

Put your trust in New York’s leading medical liability insurer.

There’s more to medical liability insurance than base rates. MLMIC offers superior protection with at-cost rates – backed by a commitment to your profession that is unequaled in the industry.

For 40 years, we’ve been putting our policyholders first in everything we do. We’re here for you today. And we’ll be here for you tomorrow.

To speak with a MLMIC client specialist, call (888) 782-3821.
Or visit MLMIC.com
PRESIDENT’S COLUMN

Don’t Let Your Colleagues Carry You

As a New York physician, you have already benefited from MSSNY’s legislative advocacy efforts on a wide range of impactful matters that directly affect your ability to continue delivering care to your patients including:

• defeat of the date of discovery bill which would have caused your liability premium rates to increase by as much as 15%;
• passage of three bills to address issues which have arisen as a result of our e-prescribing law;
• passage of legislation to address administrative hassles with insurers, including allowing physician override of insurer step therapy protocols;
• defeat of changes to the Excess Medical Malpractice program that would have eliminated coverage for over 13,000 physicians across the state who currently receive an additional $1M layer of coverage from New York State
• defeat of legislation that would have allowed clinics staffed by nurse practitioners to be located in retail establishments owned by publicly traded corporations like CVS Health, Walmart and Walgreen; and
• defeat of every piece of legislation seeking to expand the scope of practice of non-physician practitioners like psychologists, oral surgeons, optometrists, nurse-anesthetists, and naturopaths.

As you can see, sustained physician involvement can make a difference! While we win these legislative fights on your behalf year after year, the issues return and must be fought again! Our opponents do not relent in their efforts. Unfortunately, our ability to fight for needed reforms and against harmful governmental actions is compromised by a decreasing number of physicians willing to join us in these efforts.

While advocacy and grassroots efforts are essential components of success, the stool supporting our advocacy efforts has three legs; the third being political contributions.

If we want to continue to have a seat at the table to discuss the very important issues that we confront, we must have a healthy political action arm.

Please join me in becoming a MSSNYPAC member. Basic membership starts at just $175– just $15/month. But why stop there? We also have a Chairman’s Club for $1000 (Just $83/month) and a President’s Circle at $2500 (Just $208/month). Membership can be paid in monthly or quarterly installments.

Join MSSNYPAC by going to www.mssnypac.org to add the weight of your voice to our efforts.

Your colleagues are counting on you.

Malcolm Reid, MD, MPP
MSSNY President

Fee Waivers for Non-Compensated NYS License Renewal

A point of information for those physicians who have retired and are no longer compensated for medical care provided: a waiver of the fee for the registration of your license as a physician in the State of New York is allowed under the provisions of Section 6524(10) of the New York State Education Law. This law allows a waiver of the registration fee requirement for physicians who certify to the State Education Department that, for the period of their registration, they will only practice medicine without compensation or the expectation or promise of compensation. The waiver of the registration fee is limited to the duration of the registration period indicated on the affidavit. Click here to access the affidavit.

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.

The acceptance of a product, service or company as an advertiser or as a membership benefit of the Medical Society of the State of New York does not imply endorsement and/or approval of this product, service company by the Medical Society of the State of New York. The Member Benefits Committee urges all our physician members to exercise good judgment when purchasing any product or service.

Although MSSNY makes efforts to avoid clerical or printing mistakes, errors may occur. In no event shall any liability of MSSNY for clerical or printing mistakes exceed the charges paid by the advertiser for the advertisement, or for that portion of the advertisement in error if the primary or essential message of the advertisement has not been totally altered or substantially rendered meaningless as a result of the error. Liability of MSSNY to the advertiser for the failure to publish or omission of all or any portion of any advertisement shall in no event exceed the charges paid by the advertiser for the advertisement, or for that portion of the advertisement omitted if the primary or essential message of the advertisement has not been totally altered or substantially rendered meaningless as a result of the omission. MSSNY shall not be liable for any special, indirect or consequential damages, including lost profits, whether or not foreseeable, that may occur because of an error in any advertisement, or any omission of a part or the whole of any advertisement.

Malcolm Reid, MD, MPP
MSSNY President

Fee Waivers for Non-Compensated NYS License Renewal

A point of information for those physicians who have retired and are no longer compensated for medical care provided: a waiver of the fee for the registration of your license as a physician in the State of New York is allowed under the provisions of Section 6524(10) of the New York State Education Law. This law allows a waiver of the registration fee requirement for physicians who certify to the State Education Department that, for the period of their registration, they will only practice medicine without compensation or the expectation or promise of compensation. The waiver of the registration fee is limited to the duration of the registration period indicated on the affidavit. Click here to access the affidavit.
DR. VOLPE TO RECEIVE PCPCC AWARD AT ANNUAL CONFERENCE IN WASHINGTON, DC

Salvatore Volpe, MD, will receive the 2016 Patient-Centered Medical Home Practice Award for his outstanding dedication to promoting a coordinated health care system that achieves improved quality and access at lower costs. The award will be presented at the Patient-Centered Primary Care Collaborative (PCPCC) Annual Fall Conference Awards Dinner on November 9 in Washington, DC.

“Dr. Volpe has been a passionate advocate for the Patient-Centered Medical Home delivery care model from the very beginning – he was the first solo practice in New York state and thereafter in the United States to receive a Level 3 PCMH recognition, and he has taken an innovative approach in redefining roles and responsibilities to improve access and communication,” said Jill Hummel, president of Anthem’s plan in Connecticut and incoming board chair for the PCPCC. “And he did all of this with his characteristic humility, driven solely by the desire to improve the health of his patients.”

A member of MSSNY since 1989, Dr. Volpe has a private practice on Staten Island, and has been the Chief Medical Officer of the Staten Island Performing Provider System since 2015.

DR. KLEPACK NAMED FAMILY PHYSICIAN OF THE YEAR

William Klepack, MD has been recognized as the 2016 Family Physician of the Year by the New York State Academy of Family Physicians (NYSAFP).

The award, presented last month at the Academy’s Congress of Delegates meeting, recognizes “an exemplary member of the family medicine profession in New York who has worked tirelessly to ensure the highest quality of care for his or her patients during one’s career.”

“I have served with Dr. Klepack on the Academy’s Public Health Commission for years. His passion, expertise, hard work and energy in the public health arena, from local to global is extraordinary,” said NYSAFP President Robert Ostrander, MD. “He has a calm and reasonable demeanor, sometimes lacking in those with intense passion, making him all the more persuasive and effective. His service to the Academy has been exemplary.”

Seriously, choosing a health plan is not easy. We work hard to make it easier.

Our high quality and affordable Medicare Advantage and Long Term Care plan options include:

Medicare Advantage Plans  Designed to meet the needs of individuals with Medicare and those with both Medicare and Medicaid. We have a variety of plan options and a large network of quality doctors and providers in the communities where you live.

Managed Long Term Care Plans  Health and long term care services at home or in the community for those who are chronically ill or disabled.

AgeWell New York LLC is an HMO plan with a Medicare contract and a contract with the New York State Medicaid Program. Enrollment in AgeWell New York depends on contract renewal. Medicare beneficiaries may also enroll in AgeWell New York LLC through the CMS Medicare Online Enrollment Center located at www.medicare.gov. H4922_AWNY_4002_AS16_FILE & USE 04152016

Join MSSNYPAC today at www.mssny.org

Leasing or Selling Space? Selling Your Practice or Equipment?
PLACE YOUR CLASSIFIED AD IN NEWS OF NEW YORK!
(see page 16 for this month’s classified ads)
For rates and info, contact Christina Southard at csouthard@mssny.org or 516.488.6100
The use of “bundled payments” in Medicare will likely expand once again. In late July, CMS announced a proposed rule to create a new Medicare bundled payment model for heart attacks and bypass surgery using 90-day episodes of care. The program would be applicable in nearly 100 regions across the country, including in the New York City metropolitan statistical area (MSA), as well as in the Elmira, Rochester, Syracuse and Utica MSAs. The model would be tested for 5-year performance period, beginning July 1, 2017, and ending December 31, 2021.

At the same time, CMS is proposing to expand the existing Medicare Joint Replacement Bundled Payment program implemented earlier this year to cover surgical hip/femur fracture treatment. The Joint Replacement bundled payment program is currently applicable to 67 MSAs including the Buffalo and New York City MSAs.

To read the proposed regulation describing this proposal, click here.

To read the CMS fact sheet describing these new programs click here.

According to the CMS fact sheet, once the models are fully in effect, participating hospitals would be paid a fixed target price for each care episode, with hospitals that deliver higher-quality care receiving a higher target price. At the end of a model performance year, actual spending for the episode (total expenditures for related services under Medicare Parts A and B) would be compared to the target price that reflects episode quality for the responsible hospital. Hospitals that work with physicians and other providers to deliver the needed care for less than the quality-adjusted target price, while meeting or exceeding quality standards, would be paid the savings achieved. Hospitals with costs exceeding the quality-adjusted target price would be required to repay Medicare.

As with the current hip surgery bundle program, upside and downside risk is limited the first few years of the program, with the amounts at risk to hospitals going up significantly by years 4 and 5 of the program.

Importantly, the CMS proposal would permit these bundled payments in certain circumstances to qualify as an Alternative Payment Model (APM) as set forth in the MACRA law passed by Congress last year. Participation in an APM "pathway" could enable a physician to not have to participate in the Medicare Merit Based Incentive Payment System (MIPS) program as enacted through MACRA and further spelled out in a regulation proposed by CMS earlier this year. The proposed policy, for which the CMS is seeking comment, would be mandatory and would take effect July 1, 2017. It would affect hospitals in 98 randomly selected metropolitan areas.

The CMS also proposed Monday to expand its first and currently only existing bundled payment model to include hip and femur fractures. That program, which took effect in January, currently covers total joint replacements.

In a bundled payment model, the government reimburses providers a set amount per patient for one episode of care, such as a knee replacement, rather than paying for every individual service rendered as part of that procedure. The idea is to create a financial incentive for providers to better coordinate care and keep costs down.
New York recently joined 28 states plus the District of Columbia in adopting a telemedicine/telehealth reimbursement parity law (the “Telehealth Law”). The new Telehealth Law became effective January 1, 2016, and makes several significant changes to the New York Public Health Law and the New York Insurance Law. Telemedicine can be as simple as skyping with your patient for a brief follow-up visit or a more complex service, such as discussion of a patient’s care with other physicians. For payment purposes, the patient must be present at the originating site.

MSSNY is exploring the possibility of providing a member benefit for physicians who may be interested in telemedicine services and recently sent a survey to members. Following are results of the survey.

I do believe telemedicine is a practical and safe way to extend coverage to patients in need of service but physical location limits their access. To some degree we are all practicing telemedicine these days by simple over the phone consultation with other physicians. With the use of screens/Skype/FaceTime, the ability to further our long distance interaction is enhanced. We may be removing the laying of hands on a patient, but quite frankly this is not always needed as much as our eyes and the data interpretation. And if a hand is needed then the use of local physicians, PAs, NPs and the ever present bedside nurse is still there.

Critical Care, Richmond County

I’m concerned about medical liability and the steep learning curve with new technology in an era of exploding MIPS, ICD-10, ISTOP and other regulations, combined with down-squeezing of reimbursement.

Ophthalmology, Queens County

Our practice has been actively engaged in starting telemedicine. We are frustrated that New York does not mandate payment parity for like services. The service is mandated but the payment is not. Companies like Excellus are trying to cut their telemedicine reimbursement. We have argued with the DOH about this to no avail at this point. If we are to integrate behavioral health and primary care, as they require, they will need to support reimbursement at full rate.

Primary Care, Oneida County

With use of smart phones, telemedicine seems like a no brainier. Question is, how do I document and will I get paid?

Internal Medicine, Queens County

I am aware of many private companies engaging physicians to provide telemedicine care to random patients – however I was very wary as I was not sure patients would follow what we told them! I am certain that important work up may be needed for the diagnosis of some serious underlying conditions – this may be somewhat difficult to follow through! There are liability issues that I feel are not clarified.

OB-GYN, Richmond County

(Continued from page 1)
As a psychiatrist, the ability to "see" the nuanced communication of a patient is key for the evaluation of states of mood, cognition, and mental status. Psychiatrists often invest years of work in understanding complex disorders, and telemedicine is an invaluable tool for treating such patients when they travel, temporarily move, or transition to a new healthcare team.

Psychiatry, New York County
I would consider telemedicine if it paid well.

Orthopedic Surgery, Westchester County
There are specific uses that I am definitely interested in, but the cost for the HIPAA compliant platforms are all monthly and cost more than they are worth. I would definitely be interested in something the medical society could offer on a per use basis.

Pediatric Care, Suffolk County
It's tough to examine an abdomen virtually!

General Surgery, Onondaga County

Telemedicine has its place in radiology and in areas of low physician numbers but in an urban center like New York it goes against everything that is humane about the practice of medicine. If this is the future of medical practice, both physicians and our patients are doomed.

Internal Medicine, New York County

The NYS parity law does not go far enough to enable evidence-based, cost saving telemedicine to be performed within the patient-centered medical home. Originating sites need to be expanded. Reimbursement needs to be equal to an office visit if the exam and assessment is equivalent to what would be performed in the office. We should be promoting a higher level of telemedicine than just videoconferencing and should not lower our standards just because a convenient examination tool is not currently available. Ear infections require an examination of the ear. We should be looking for ways to promote telemedicine care within primary care practices to improve continuity, not embrace the direct to consumer national telemedicine chains of superficial convenient care.

Pediatric Care, Erie County

I am curious to learn more about the concept of telemedicine.

Family Practice, Cortland County

Telemedicine is obviously cheaper for the insurance company but it may be dangerous in a few patients. As most physicians know, a good history and physical exam are essential and critical to patient care. Of note, two of the differential diagnoses of lower back pain are: Cauda Equina Syndrome and Aortic Dissection which are surgical emergencies. Quick thinking and urgent imaging studies are extremely critical.

Internal Medicine, New York County

Enormous issue is medical liability. I would not consider trying telemedicine without specific legislation guaranteeing that the lack of a physical exam cannot be construed as a violation of the standard of care.

Internal Medicine, Suffolk County

I spend hours on the phone everyday diagnosing and treating patients and have yet to be paid by an insurance company (or patient) for any of these. This is an outrage. My practice can barely stay afloat as it is. Why Medicare especially, as well as managed care companies, won't reimburse doctors is a crime!

Physical Medicine and Rehabilitation, New York County

As I approach retirement, I might be interested in Telemedicine as a means to continue some stream of income without being in practice full time.

Family Practice, Erie County

All but the lowest level E&Ms require a good physical exam. Without that, is the highest level of service a 99213?

Orthopedic Surgery, Dutchess County

MSSnY’s Telemedicine Survey

What is your specialty?

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>0.81%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>1.42%</td>
</tr>
<tr>
<td>Cosmetic Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>5.49%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>3.46%</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>0.20%</td>
</tr>
<tr>
<td>Family Practice</td>
<td>12.40%</td>
</tr>
<tr>
<td>General Surgery</td>
<td>2.85%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>2.24%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>19.31%</td>
</tr>
<tr>
<td>Neurology</td>
<td>1.63%</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>0.20%</td>
</tr>
<tr>
<td>OB-GYN</td>
<td>5.08%</td>
</tr>
<tr>
<td>Oncology</td>
<td>0.61%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>5.08%</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>2.03%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>1.22%</td>
</tr>
<tr>
<td>Pain Management</td>
<td>0.61%</td>
</tr>
<tr>
<td>Pathology</td>
<td>1.22%</td>
</tr>
<tr>
<td>Pediatric Care</td>
<td>9.15%</td>
</tr>
<tr>
<td>Physical Medicine and...</td>
<td>1.02%</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>1.42%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>9.15%</td>
</tr>
<tr>
<td>Radiology</td>
<td>1.83%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>0.61%</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>Urology</td>
<td>1.02%</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>0.20%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>9.76%</td>
</tr>
</tbody>
</table>

This might be attractive as a semi-retirement position, especially where demand exceeds availability of specialists.

Internal Medicine, Erie County
What kind of cases will one be seeing? What is the legal aspect of this practice?

Internal Medicine, Nassau County
As a House Calls program, we have not been billing as our patients are in the home and not an "originating site."

Family Practice, Nassau County
I do receive photographs of rashes and injuries. The patient's concern is whether they have to go to the office – or to the ER or Urgent care on holidays.

Internal Medicine, Oswego County
Have they come up with a strategy to pay physicians to televisit their own patients, or only the company's panel?

Physical Medicine and Rehabilitation, New York County

(Continued from page 7)
MSSNY’s Telemedicine Survey

(Continued from page 8)

Telemedicine is another opportunity for insurance companies to devalue our work. Internal Medicine, New York County

I have tried a few times with low response from my patients, it was not worth the cost to me.

Family Practice, Erie County

It’s useful for medical imaging. As a radiologist, I consult on patient’s scans overseas.

Radiology, New York County

Do you offer your expertise to other physicians through a telemedicine process for their patients?

<table>
<thead>
<tr>
<th>Yes</th>
<th>12.04%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>87.96%</td>
</tr>
</tbody>
</table>

Do you seek telemedicine expertise of any physician specialists on behalf of your patients?

<table>
<thead>
<tr>
<th>Yes</th>
<th>11.63%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>88.37%</td>
</tr>
</tbody>
</table>

MSSnY’s telemedicine Survey

Telemedicine is another opportunity for insurance companies to devalue our work. Internal Medicine, New York County

I have tried a few times with low response from my patients, it was not worth the cost to me.

Family Practice, Erie County

It’s useful for medical imaging. As a radiologist, I consult on patient’s scans overseas.

Radiology, New York County

12.04%

87.96%

11.63%

88.37%

MSSNY’s Telemedicine Survey

I am involved because I do not want to be shut out of any new business venture opportunities. I find telemedicine to be cumbersome and a waste of time and money for a physician. The reimbursements for some of these services are a pittance for the time of speaking to a patient via video link, document the visit and prescribe a medication or a referral to a specialist. What incentive is there for a doctor to participate in order to make $120 for an hour of work?

Gastroenterology, New York County

The more you can share on this topic the better!

Family Practice, Westchester County

We are beginning to explore this for our practice, specifically in regards to Medical Tourism and would be interested in learning more as far as reimbursement and set-up.

Orthopedic Surgery, Onondaga County

I have no system in place to use formal telemedicine. I consult other physicians and talk to patients informally via telemedicine.

Neurology, Westchester County

I am involved because I do not want to be shut out of any new business venture opportunities. I find telemedicine to be cumbersome and a waste of time and money for a physician. The reimbursements for some of these services are a pittance for the time of speaking to a patient via video link, document the visit and prescribe a medication or a referral to a specialist. What incentive is there for a doctor to participate in order to make $120 for an hour of work?

Gastroenterology, New York County

The more you can share on this topic the better!

Family Practice, Westchester County

We are beginning to explore this for our practice, specifically in regards to Medical Tourism and would be interested in learning more as far as reimbursement and set-up.

Orthopedic Surgery, Onondaga County

I have no system in place to use formal telemedicine. I consult other physicians and talk to patients informally via telemedicine.

Neurology, Westchester County

Say Goodbye to Your Prescription Pad

DrFirst and MSSNY have partnered to bring MSSNY members the industry’s leading e-prescribing solution at a special discounted price. DrFirst’s Rcpia® and EPCS Gold™ 2.0 will help New York providers improve patient safety, comply with ISTOP, and prescribe legend and controlled drugs in a single, web-based workflow.

To get started and receive your special MSSNY member discount visit www.DrFirst.com/msnyny or call us at 866-980-0553.

DrFirst

If You Are Thinking of Retiring, Notify All Participating Plans

For doctors who are considering retirement, please be aware that you should notify any plans that you have done business with of your retirement date.

FOR MEDICARE:
Please be aware of the following:
SE1617- Timely Reporting of Provider Enrollment Information Changes

Reviewing your Medicare provider enrollment in the Provider Enrollment Chain Organization System (PECOS) system takes about 10 minutes: https://pecos.cms.hhs.gov

Your password for this system is the one you would have obtained when you created your National Provider Identifier (NPI) number. If you don’t know your password, please call the National Plan & Provider Enumeration System. The NPI Enumerator may be contacted at the following: NPI customer service: 800.465.3203 | 800.692.2326 (TTY); or, you can email them at: customerservice@npienumerator.com

FOR MEDICAID:
To end/terminate enrollment with the Medicaid Program, send a letter to: Computer Sciences Corporation, PO Box 4610, Rensselaer, NY 12144-4610, which includes your NPI (if appropriate) and a contact name and telephone number for questions. When your file has been closed, you will receive a notification letter. Questions? Contact CSC at 800-343-9000.

For any other insurance plans, you should notify them of your retirement date.

Plans should be able to update your provider record with the retirement date, but still pay you for any dates of care provided before that date.

Regina McNally, VP MSSNY’s Socio-Economic Division

---

ALLIANCE

AMA ALLIANCE ANNUAL MEETING FOCUSES ON THE FUTURE AND THE OPIOID EPIDEMIC

The 2016 AMA Alliance Annual Meeting was held June 11-14 in Chicago. The theme of the 93rd annual meeting was “Focus on the Future.” Outgoing AMA Alliance President Julie Newman said in her speech, “this event is an opportunity to celebrate what makes the Alliance unique: the connection as united and empowered physician families.”

MOVING THE ORGANIZATION INTO THE FUTURE

Rosemary Xavier, incoming AMA Alliance President, said “now is the time to move forward... and embrace the vision to take the next journey.” The AMAA has developed a 3-year Strategic plan that will move the organization into the future. The main focus is on increasing membership and continuing to strengthen partnerships with the AMA and shared common interests.

OPIOID ABUSE EPIDEMIC

The keynote speaker, Sam Quinones, journalist and author of Dreamland: The True Tale of America’s Opiate Epidemic, described how the over-prescribing of pain medications in the 1990s and the “massive influx of black tar heroin...continue to lay waste to communities from Tennessee to Oregon, Indiana to New Mexico.” His talk helped to serve as an introduction of the new Alliance Education Project: The Opioid Abuse Epidemic. The AMA Alliance, in partnership with the AMA’s Task Force to Reduce Prescription Opioid Abuse, has developed an Opioid Abuse Awareness Program. It is the AMAA’s belief that its strength as an organization, at all levels, is in the education and mobilization of its members to confront a public health crisis. The task force has developed a brochure, an informational card and a DVD for members to share with families and the physician community. The AMAA states that, “this is an opportunity to once again take a leadership role on an issue that impacts all families regardless of ethnic, racial or socio-economic background”.

SAVE THE DATE: AMSSNY FALL CONFERENCE

The Alliance will hold its annual Fall Conference on October 16-17 at the Parker Inn/Aperitivo Bistro in Schenectady. You may make your reservations by calling the Parker Inn and Suites at 518-688-1001. Mention that you are part of the State Medical Alliance to secure the group rate of $119, plus tax. Additional details will be available soon. Please mark your calendars. In the meantime, please contact Kathy Rohrer, Alliance Executive Director, if you have any questions. She can be reached at 1-516-488-6100 x396 or by e-mail at krohrer@mssny.org

---

New York Health Insurance Exchange Releases Enrollment Report

On August 12, the New York State of Health release a report that shows enrollment through New York’s Health Insurance Exchange increased by 33%, or nearly 700,000 enrollees from the previous enrollment period, and that 92% of those enrolled through the Exchange report that they did not have health insurance at the time they applied.

The full report from NYSOH is available here.

According to the report, as of January 31, 2016, 2,833,823 New Yorkers enrolled in coverage through the NY State of Health’s Individual Marketplace. This includes 271,964 people enrolled in Qualified Health Plans (QHP), 379,559 people enrolled in the Essential Plan (EP), 1,966,920 people enrolled in Medicaid, and 215,380 enrolled in Child Health Plus (CHP).

With regard to individual QHPs, Fidelis (26%) garnered the largest market share, followed by Empire, Oscar, Metro Plus and Health First all with 10% market share. As of January 31, 2016, 16% of the enrollees are enrolled in Platinum plans, 14% are in Gold plans, 25% are in Silver plans without cost sharing reductions, 17 % are in a Silver cost sharing reduction plan, 26 % are in Bronze plans, and 2 percent are in Catastrophic plans.

CMS Releases Quality Ratings for Hospitals

CMS released its ratings for about 3,500 hospitals. Under CMS’ quality rating system, medical facilities are assigned one to five stars based on how well they care for patients, providing consumers with a new tool for making health-care choices for themselves and loved ones.

CMS rated 155 hospitals in New York, but only one of them, the Hospital for Special Surgery in Manhattan, got five stars. Of the remaining 142 hospitals, 49 received three stars, 58 got two stars, and 35 were given one star.
In July, Congress reached agreement and passed the Comprehensive Addiction and Recovery Act (CARA) to address the opioid epidemic. This measure provides a comprehensive framework that includes prevention, treatment and recovery support and also recognized that addiction is a disease. The legislation calls for the creation of a task force on pain management and calls upon the Secretary of Health and Human Services to advance an educational and awareness campaign regarding prevention and detection of opioid abuse. In addition, the bill will:

- Improve access to overdose treatment and allow prescribers to co-prescribe naloxone
- Provide grants to states to establish, implement and improve state-based prescription drug monitoring programs (PDMPs)
- Expand drug take back locations with state and local law enforcement agencies, manufacturers and distributors of prescription medications, retail pharmacies, narcotic treatment programs, hospitals with one site pharmacies and long term care facilities
- Authorize nurse practitioners and physicians’ assistants to prescribe buprenorphine in an office based setting for up to 30 patients in the first year and 100 patients after the first year
- Clarify that a doctor or patient may request that a Schedule II prescription be “partially filled”

A full summary of CARA can be found [here](#).

MSSNY has advocated for many of these provisions and has worked with the American Medical Association’s Task Force to Reduce Opioid Abuse in developing positions on many of these issues related to opioids. MSSNY’s Assistant Treasurer, Frank Dowling, MD and Pat Clancy, Vice President for Public Health and Education, are MSSNY’s representatives to the AMA’s Task Force. In support of the passage of CARA, MSSNY signed onto a joint thank you letter to Congress and also urged that Congress build upon CARA’s achievement by ensuring that appropriate funding is made available for providers to have the resources they need to “prevent opioid addiction from claiming more lives and causing more devastation to families and communities.” MSSNY and 77 other health care advocacy organizations signed this letter. A copy of the letter can be found [here](#).

The BankAmericard Cash Rewards™ credit card for Medical Society of the State of New York.

- **1%** cash back on purchases everywhere, every time
- **2%** cash back at grocery stores
- **3%** cash back on gas

**$100 cash rewards bonus after qualifying purchase(s).†**

Grocery store and gas bonus rewards apply to the first $1,500 in combined purchases in these categories each quarter.*

To apply visit: [newcardonline.com](http://newcardonline.com)

Use Priority Code VACN54.

* For information about the rates, fees, other costs and benefits associated with the use of this Rewards card, or to apply, go to the website listed above or write to P.O. Box 15020, Wilmington, DE 19850. The 2% cash back on grocery store purchases and 3% cash back on gas purchases applies to the first $1,500 in combined purchases in these categories each quarter. After that the base 1% earn rate applies to those purchases.

† You will qualify for $100 bonus cash rewards if you use your new credit card account to make any combination of Purchase transactions totaling at least $500 (exclusive of any fees, returns and adjustments that post to your account within 90 days of the account open date). Limit one (1) bonus cash rewards offer per new account. This one-time promotion is limited to new customers opening an account in response to this offer. Other advertised promotional bonus cash rewards offers can vary from this promotion and may not be substituted. Allow 8-12 weeks from qualifying for the bonus cash rewards to post to your rewards balance.

By opening and/or using these products from Bank of America, you’ll be providing valuable financial support to Medical Society of the State of New York.

This credit card program is issued and administered by Bank of America, N.A. Visa and Visa Signature are registered trademarks of Visa International Service Association, and are used by the issuer pursuant to license from Visa U.S.A. Inc. BankAmericard Cash Rewards is a trademark and Bank of America and the Bank of America logo are registered trademarks of Bank of America Corporation.
New Book Documents Link between Poverty and High Healthcare Costs

“Poverty and the Myths of Health Care Reform” Frames Need for Healthcare Policy to Grapple with Pervasive Impact of Social Determinants

The Physicians Foundation announced the release of Poverty and the Myths of Health Care Reform, a thought-provoking and data-rich book documenting the impact of social determinants on healthcare costs. Authored by the late Richard (Buz) Cooper, M.D., the book draws on decades of health research and economic data to demonstrate the pervasive, debilitating effects of poverty on healthcare costs, resource utilization and overall patient outcomes. The book, now available, is published by Johns Hopkins University Press.

“The essential truths uncovered in Buz’s work are very clear from my own medical practice,” said Joseph Valenti, M.D., FACOG, and Physicians Foundation Board Member. “Poverty has become one of the most challenging issues we face here in the U.S., particularly with the financial burden it places on our healthcare system in comparison to other developed nations. Insights from this book should help all healthcare stakeholders, including legislators, acknowledge the tangible impact of poverty on costs, outcomes and society as a whole.”

Dr. Cooper’s book was commissioned by The Physicians Foundation, a nonprofit organization seeking to empower physicians to lead in the delivery of high-quality, cost-efficient healthcare. To hear more insights from Dr. Valenti as well as other colleagues, friends and family about Dr. Cooper’s findings and life, view their video commentary here.

HEALTHCARE THROUGH THE LENS OF POVERTY

Throughout the book, Dr. Cooper builds an engaging and impassioned exploration of healthcare through the lens of poverty, utilizing an array of relevant research. This includes data sets drawn from city, state and federal levels, domestic and global economic assessments, and healthcare utilization statistics and reports. His work takes both a macro and micro view, zooming in on specific cities or regions to uproot conventional policy assumptions – including those framed by the Dartmouth Atlas of Health Care.

One example is his use of New York City’s subway system in the first chapter. He follows the A train to map healthcare utilization and costs to changes in wealth among the populations along its route. Dr. Cooper examines other cities such as Milwaukee, Wisconsin, Grand Junction, Colorado, New Haven, Connecticut, and Calgary, Alberta, Canada, to reveal additional dimensions of his argument.

Based on the distribution of household incomes throughout the U.S., Dr. Cooper estimates that if the poorest areas utilized healthcare at the rate of the most affluent, overall utilization and spending could be as much as 30 percent less. Even more striking, he reminds readers that life expectancy in poor neighborhoods is a full 10 years shorter than in the richest.

A prominent physician and academic, Richard (Buz) Cooper, M.D. (1936–2016), spent his professional life dedicated to investigating the increasingly prominent role poverty plays in accessing affordable, quality-oriented care. He was a senior fellow at the University of Pennsylvania’s Leonard Davis Institute of Health Economics, the dean and executive vice president of the Medical College of Wisconsin, where he founded the Institute for Health and Society, and the cofounder and director of the University of Pennsylvania Cancer Center.

The Physicians Foundation is a non-profit 501(c)(3) organization that seeks to empower physicians to lead in the delivery of high-quality, cost-efficient healthcare. As the U.S. healthcare system continues to evolve, the Physicians Foundation is steadfast in its determination to strengthen the physician-patient relationship, support physicians in sustaining their medical practices and help practicing physicians navigate the changing healthcare system.

AG Announces Settlement with Healthnow NY Over Wrongful Denial of $1.6 Million in Outpatient Mental Health Treatment; Ensures Coverage for Nutritional Counseling for Patients With Eating Disorders

On August 22, Attorney General Eric T. Schneiderman announced a settlement with HealthNow, New York, Inc., after an investigation uncovered the wrongful denial of thousands of claims for outpatient psychotherapy and more than one hundred claims for nutritional counseling for eating disorders. The wrongful denials totaled more than $1.6 million in patient claims. Under the agreement, the Buffalo-based company, a not-for-profit health service corporation providing health care coverage for approximately 573,700 New Yorkers (including 291,000 who are enrolled in commercial health plans), will pay members for the wrongfully denied claims, revise its policies, and will eliminate a company policy that subjected all psychotherapy claims to review after a member’s twentieth visit.

Attorney General Schneiderman’s Health Care Bureau launched an investigation in 2015 into HealthNow’s administration of behavioral health benefits following the receipt of consumer complaints. The complaints alleged that HealthNow had improperly denied coverage for treatments by requiring that all outpatient behavioral health visits be preauthorized after the first 20 visits per year, and by excluding coverage for nutritional counseling for eating disorders.

The Attorney General’s investigation revealed that since 2012, HealthNow conducted thousands of wrongful reviews in outpatient behavioral health cases under its 20-visit threshold, denying coverage for outpatient behavioral health services for approximately 3,100 members. HealthNow generally does not impose the same type of utilization review process for outpatient medical services.

Anthem-Cigna Merger Proposal (Continued from page 1)

advocacy groups.

The letter from Superintendent Vullo noted the huge market impact if Anthem and Cigna were permitted to merge. It would increase Anthem’s market share across commercial products to 31.2% statewide, of which Anthem would command 9.8% of New York’s fully insured market and 47.6% of the self-insured market. The biggest impact would be felt in the New York City metro area, where Anthem would control nearly 70% percent of the commercial self-insured market in the Bronx and Staten Island, 63% in Queens and Brooklyn, and 55% in Putnam County.

“Increased concentration means that insurers are more able to offer non-negotiable rates to providers in a take it or leave it deal. Therefore, the merger likely would limit New Yorkers’ access to healthcare because providers would be forced either to not participate with the dominant insurer or to cut hours or services in order to accommodate a deal they have to accept. This result would be highly problematic for New York consumers,” stated Superintendent Vullo in the letter.
OBITUARIES

BALDUCCI, Charles; Flushing NY. Died June 29, 2016, age 93. Medical Society County of Queens

BALLARD, Robert Wilson; Ithaca NY. Died June 06, 2016, age 94. Tompkins County Medical Society

CASE, Robert Brown; New York NY. Died July 23, 2016, age 95. New York County Medical Society

ARRANCEJA, Senen A.; Hamburg NY. Died June 06, 2016, age 88. Erie County Medical Society

COOK, Roger Charles; Oswego NY. Died June 07, 2016, age 84. Medical Society County of Oswego

DAVISON, Edward Terry; Valley Stream NY. Died April 25, 2016, age 81. Nassau County Medical Society

DOYLE, Thomas L.; Forest Hills NY. Died February 10, 2016, age 90. New York County Medical Society

EDSALL, John Rupert; New York NY. Died July 02, 2016, age 91. New York County Medical Society

EGRI, George; Williamsville NY. Died July 17, 2016, age 90. Erie County Medical Society

FAHEY, Daniel J.; Niagara Falls NY. Died May 29, 2016, age 89. Erie County Medical Society

FLATLEY, F. Joseph; Rochester NY. Died June 06, 2016, age 86. Monroe County Medical Society

FLEISHMAN, Philip Robert; Holbrook NY. Died May 25, 2016, age 81. Suffolk County Medical Society

GRANT, Alfred D.; New York NY. Died June 01, 2016, age 92. New York County Medical Society

KLAUSNER, Stanley K.; Patchogue NY. Died June 13, 2016, age 73. Suffolk County Medical Society

MARKOVICH, James John; Norristown PA. Died June 06, 2016, age 82. Medical Society County of Oneida

MEYER, Robert; Fort Pierce FL. Died July 15, 2016, age 91. Tompkins County Medical Society

MIDURA, Peter Paul; Auburn NY. Died June 14, 2016, age 97. Cayuga County Medical Society

SEIDEN, Stuart Philip; St James NY. Died January 26, 2016, age 82. Suffolk County Medical Society

SOLISH, George I.; Templeton CA. Died April 13, 2016, age 96. Medical Society County of Kings

KACS Hospital Quality Star Ratings

Question: How are the Overall Hospital Quality Star Ratings calculated? What will their impact be on hospitals and physicians?

Answer: The CMS published the much-anticipated Overall Hospital Quality Star Ratings last week in the face of calls by industry groups and Congress to delay their release. The ratings, which range from 1 to 5 stars, are intended to convey the “overall quality” of nearly 4,000 hospitals in the U.S.

In grading hospitals on their overall quality, the CMS used 64 measures, such as hospital-acquired infection rates and emergency room wait times. It then grouped the 64 measures into broader categories and weighted them. Hospitals had to meet minimum reporting requirements in order to be eligible to receive a star rating. Dr. Kate Goodrich, director of the Center for Clinical Standards and Quality at CMS, stated that these “easy-to-understand star ratings are available online and empower people to compare and choose across various types of facilities from nursing homes to home health agencies.”

Hospitals and other industry groups are highly critical of the CMS’ star ratings, claiming that the system oversimplifies the quality of a multi-faceted institution. Critics also question the underlying methodology the CMS used to calculate the star ratings, calling it “flawed.” They warn the star ratings will provide inaccurate information to consumers and damage hospitals’ reputations.

The CMS currently uses star rating systems as quality indicators for nursing homes, Medicare plans and dialysis facilities. As with the recent publication of hospital star ratings, when the CMS published the metric for nursing homes in 2009, industry groups pushed back calling the ratings system flawed. A subsequent investigation of the system by the New York Times found that many of the metrics that went into nursing home ratings were incomplete and sometimes misleading.

The first set of star ratings revealed that only 102 institutions out of 4,599 hospitals, or 2.2%, earned 5 stars. Of the rest of the hospitals, 20.3% garnered 4 stars, 38.5% received 3, 15.7% earned 2 stars and 2.9% received a single star. A considerable number of hospitals, 20.4%, were deemed ineligible to be rated as the CMS lacked data to report measure results. The ratings are posted to the CMS’ site at www.medicare.gov/hospitalcompare/search.html.

If you have any questions, please contact Kern Augustine, P.C. at 1-800-445-0954 or via email at info@DrLaw.com.
Kern Augustine, P.C. Establishes Relationship with QHC Advisory Group

Kern Augustine, P.C. a boutique healthcare law firm with offices in New Jersey and New York, announce an affiliation with QHC (Quality in Health Care) Advisory Group, LLC, a healthcare consulting firm based in Huntington, New York.

Kern Augustine and QHC will work together to achieve success in this emerging environment. Education on relevant trends in the current and future delivery of healthcare will assure our clients that we are meeting the challenges of the new American health care system and can provide them with excellence in legal counsel as needed. Kern Augustine will bring its wealth of legal knowledge to the fusion, while QHC will bring its unparalleled thought leadership focused on the changing landscape of healthcare, including value-based payment and other professional, federal and state initiatives.

Kern Augustine Managing Partner, David Adelson, said, “We are extremely excited to immediately begin our efforts toward a long and successful relationship with QHC.” “Our group is delighted to have the opportunity to work with such a prestigious law firm as Kern Augustine,” Bernard M. Rosof, MD, MACP, CEO of QHC Advisory Group, LLC, said. “We are looking forward to the promise of this arrangement.”

About QHC: QHC Advisory Group, LLC, assists their clients, which range from health information technology firms and startups to health plans, specialty societies, pharmaceutical companies and other healthcare organizations to ensure that their strategic direction and efforts are aligned with the burgeoning trends in the healthcare market. non-profit management and governance, continuing and graduate medical education, and professionalism Contact: David L. Adelson, Managing Partner, (800) 445-0954, DAdelson@DrLaw.com

Treating Friends and Relatives May Lead to Litigation

(Continued from page 2)

He gave the patient a prescription for a CT scan of the sinuses. He also recommended that the patient be seen promptly by a neurology consultant, but neither referred the patient to a specific consultant nor made an appointment with a neurologist.

LACK OF DOCUMENTATION
The CT scan was apparently performed in November 2005. However, the insured ENT never received an official reading or written report from the radiologist. Further, he failed to contact the radiologist to obtain a copy of the report. Rather, the patient gave the insured ENT a disc which contained the images of the CT scan. The ENT reviewed the CD and advised the patient that he had chronic sinusitis. He then mailed the CD directly back to the patient. He did not document his diagnosis of chronic sinusitis in the medical record, nor did he document that he sent the CD back to the plaintiff after reviewing it. His record contained only the brief note from the initial patient visit.

In January 2007, the insured ENT received a written request for the CT report from a subsequent treating ENT physician. The subsequent treating ENT included with his request a copy of his own consultation and follow up notes regarding this patient. The insured ENT responded that he had never received a final report of the CT scan and that the patient had the CD of the CT scan.

CRANIAL FACIAL RESECTION
In May 2007, a third ENT physician saw the patient. He ordered a new CT scan which revealed a very large expansile lesion in the midline, pushing into the anterior cranial fossa as well as pushing into both orbits and anteriorly toward the ethmoid sinuses. There was a significant amount of expansion and erosion of the base of the skull. The lesion did not appear to be wildly invasive, but rather expansive in nature. This physician reviewed the 2005 CT scan and confirmed that this lesion was in fact present on that first scan but at that time was not yet near the orbits. The patient was advised to promptly undergo a cranial facial resection and did so. An endoscopic resection of a sinonasal and skull base neoplasm was performed, using intraoperative image guidance. The probe confirmed that the tumor had been removed at the level of the anterior cranial fossa dura, the clivus and the cavernous sinus laterally. The patient’s visual acuity improved to 20/40.

Although an MRA of his brain was normal, an MRI revealed residual disease. In October 2007, the patient was admitted for treatment of what was initially believed to be a recurrent chordoma. He then underwent an endoscopic resection with image guidance. He was discharged the same day and had an uncomplicated postoperative course.

LAWSUIT COMMENCED
In May 2008, the patient commenced a lawsuit against only the insured ENT physician. He claimed that the insured was responsible for a 19-month delay in diagnosis. He claimed damages for pain and suffering arising from three transnasal surgeries and a bilateral craniotomy to remove the tumor. However, after he commenced the lawsuit, the patient’s condition continued to deteriorate. Later in May 2008, the patient experienced headaches and visual disturbances. He underwent surgery for recurrence of the tumor. An endoscopic resection of a tumor involving the paranasal sinuses and skull base was performed without complication using image guidance. The pathologist made a diagnosis of a chondrosarcoma. In August 2008, the patient was diagnosed with bilateral optic neuropathy. His correctible vision was 20/30 in the right eye and 20/40 in the left eye.

In May 2010, the patient was re-evaluated by a neuro-ophthalmologist due to double vision. The patient was hospitalized from February 2011 through March 2011 for a cerebrospinal fluid leak and secondary meningitis. By May 2011, the double vision had subsided without additional therapy because it apparently was due to an inflammatory process. The patient’s mental status, cranial nerve, and motor coordination testing remained normal. However, the patient was orthoporic. His vision was 20/100 in the right eye and 10/400 in the left eye. He had temporal loss in his right eye and poor fixation. The patient had a worsening of his bilateral optic neuropathy.

DOCUMENTATION PROBLEMS
The insured ENT was shocked that the son of his acquaintances would sue him for only one appointment for which the patient was not even billed. However, the expert ENT reviewers for MLMIC were very critical of his treatment of this patient. They focused their criticism on his failure not only to document his review of the results of the November 2005 CT scan but also his failure to pursue a copy of the final CT report from the radiologist. By failing to do so, he completely missed the sphenoid lesion causing the patient’s symptoms.

The experts also criticized his failure to confirm that the patient promptly underwent the recommended CT scan and evaluation by a neurologist. Finally, the lack of documentation in the medical record of his alleged communication with the patient after the initial visit also weakened the defense of this lawsuit. As a result of these serious deficiencies, the case was settled on behalf of the insured ENT for $1,250,000.
MSSNY IN THE NEWS

- New York Amsterdam News – 06/16/16
  Touro Medical Grads Receive NY State Service Award
  (MSSNY Mentioned)

- Rochester First – 06/20/16
  Senator Schumer shares his stance as gun control debate heats up (MSSNY Communications Commissioner, Dr. Joshua Cohen, MD comments)

- Wire – 06/22/16
  3 things every physician should do when treating pain (MSSNY Assistant Treasurer, Dr. Frank Dowling, MD quoted)

- NYCOMEC Newsletter – 06/23/16
  Touro Medical Grads Receive NY State Service Award (MSSNY Mentioned)

- HCPLive – 06/24/16
  How Two AMA Gay Activist MDs Swayed Delegates on Gun Violence (MSSNY Councilor Dr. Joshua Cohen mentioned)

- Crain’s Health Pulse – 06/28/16
  What patients gain and lose at urgent care centers Dr. Michael Goldstein, President of the New York County Medical Society quoted)

- KLTV – 07/05/16
  David B. Lever & Associates Report On Potential Medical Malpractice Bill (MSSNY Mentioned)

- MyFoxZone.com – 07/06/16
  Dr. Kathryn P. Rutenberg Has Been Recognized Among the Top in Her Industry by the Expert Network (MSSNY Member Dr. Kathryn P. Rutenberg honored)

- New York Amsterdam News – 07/07/16
  Hydrate well, stay cool to avoid heat-related illness (MSSNY mentioned)

- Politico Pro Health Newsletter – 07/14/16
  Listen Up! – Zika Press Release picked up

- Crain’s Health Pulse – 07/19/16
  How Warren Buffett wooed New York’s largest medical malpractice insurer (Philip Schuh, executive vice president of MSSNY, quoted)

- Jamestown Post Journal – 7/31/16
  Area Nurse Makes Impact Statewide (MSSNY mentioned)
  Also ran in The Post-Journal

- Columbia County Registar - Star – 08/10/16
  National Immunization Awareness Month (MSSNY President Dr. Malcolm Reid & Dr. William Valenti quoted)

- Crain’s Health Pulse – 08/10/16
  At A Glance – Vaccines (MSSNY mentioned)

- The CW – Tulsa – 08/10/16
  Dr. Howard Anthony Rose Has Been Recognized Among the Top in His Industry by the Expert Network (MSSNY member Dr. Howard Anthony Rose mentioned)
  Also appeared in Digital Journal & The Register star

- TulsaCW.com – 08/11/16
  Kaplan Announces Launch of Inaugural Residency Prep Boot Camp to Help Medical School Graduates Match (MSSNY President Dr. Malcolm Reid mentioned)
  Also ran in KATC.com, Technology News, TMCNet, NBC Right Now KNDV-TV, EducationDive, KTBS.com, KRVV.com, KUSI.com, KAIT ABC, WEGM.com, CBS 58, KTVO.com, WANDTV.com, KSLA News 12, KFBB.com, KPLC 7 News, KFMB-TV CBS, KMOV.com, NewsWest, AZFamily.com, PRuzz.com

- Findlaw.com – 08/16/16
  Physician Assisted Suicide: Is Legal Always Right? (MSSNY mentioned)

- Pharmacy Choice – 08/22/16
  Board Certified Anesthesiologist Carolyn la Fleur, MD will Debut New Publication in the Leading Physicians of the World (MSSNY member Carolyn laFleur, MD mentioned)
BUSINESS SHOWCASE

CLASSIFIED ADVERTISING

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

OCTOBER 2016 ISSUE CLOSES SEPTEMBER 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 CHRISTINA SOUTHARD 516-488-6100 X355 • FAX 516-488-2188

HELP WANTED

Board Eligible-Board Certified Adult & Pediatric Allergist
Full Time /Part Time MD, DO
Unique opportunity with a successful, established and respected Allergy, Asthma, Immunology and Internal Medicine practice in the prestigious Main Line suburb of Philadelphia. Highly desirable area with award-winning public school systems. Close proximity to Center City Philadelphia, Pocono Mountains, New Jersey Seashore and New York City. Affiliation with an exceptional suburban health system with active residency program. Academic appointment a possibility. Large-volume practice with established base built on close personal patient relationships. We offer a professional caring environment supported by an experienced dedicated staff. Competitive salary, pension & profit sharing, paid health insurance and med-mal insurance, and CME stipend. Competitive compensation with bonus structure. Serious inquiries only, may contact us at 201-615-6963 or email us: cahnmd@gmail.com

HELP WANTED

Nurse Practitioner/Family Practice Physician
Full time/part time Urgent Care; Primary care/urgent care experience necessary. Rome NY. 315-335-7777

OFFICE SPACE

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!

OFFICE SPACE

Luxurious Medical Office Space to Share in Midtown (East) Manhattan!
$6,950/monthly
Plastic surgeons desire to share office space (entire office is app. 5,000 square ft., Grade A building) with any medical or surgical specialty (Plastic, Facial plastic, dermatology, surgical subspecialty). Space is located in concierge building on 3rd Avenue (3 blocks to Grand Central Station). 2-year sublease starting immediately; includes spacious doctor’s office with wall of windows (15 x 12 ft), and doctor’s staff office (9 x 8 ft). The shared space includes luxurious waiting room (29 x 15 ½ ft) with a grand custom-made mahogany reception desk, three patient exam rooms (one used as procedure room which is 15 x 13 ft), the kitchen (10 x 8 ft), the photo room (8 x 7 ft), and staff bathroom (7 x 6 ft). Price negotiable. Serious inquiries only, may contact us at 201-615-6963 or email us: cahnmd@gmail.com

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
Booth Space is Limited.

Call now for more information and rates:
Roseann Raia at: (516) 488-6100, ext. 340, or email: rraia@mssny.org

RESERVE BEFORE NOVEMBER 1, 2016 & RECEIVE A 20% DISCOUNT