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MSSNY Opposes Recreational Marijuana; Supports Decriminalization of Marijuana

The Medical Society of the State of New York convened its members on the Addiction and Psychiatric Medicine Committee, the Bioethics Committee and the Health Disparities Committee for comments on the possibility that New York State government may seek legalization of recreational marijuana. Comments were also expressed by committee members on the existing marijuana program for medicinal purposes.

The Medical Society of the State of New York opposes recreational marijuana legalization (MSSNY Policy 65.965). The Medical Society of the State of New York supports promotion of drug treatment to those arrested or fined for marijuana related offenses and encourages communities to develop programs that emphasize drug treatment and rehabilitation rather than criminalization of marijuana. (MSSNY Policy 65.986).

Decriminalization of marijuana also is a social justice issue due to the disparity of the populations who are impacted.

Several states that surround New York State have taken steps to legalize marijuana and the country of Canada has recently legalized its use throughout the country. Despite the pressure that this brings, the Medical Society of the State of New York has significant concerns with the proposals to legalize marijuana for recreational use – and with the expansion of its marijuana for medicinal purposes.

The adolescent or teen brain continues to mature and develop until around age 25, especially in areas of the brain involved in planning, decision-making and learning, which develop last. According to the National Institute on Drug Abuse, “Studies have shown that when marijuana is consumed, THC and other compounds enter the bloodstream, reach the brain and attach to naturally occurring receptors called cannabinoid receptors. This causes problems in learning and memory, coordination, reaction time and judgment. It also can cause hallucinations, paranoia and a range of emotional problems. Marijuana use may cause academic difficulties, poor sports performance, impaired driving and troubled relationships.” (National Institute on Drug Abuse; Marijuana Report Series).

Of equal concern is the use of cannabis by women in the first trimester of pregnancy. The first trimester is a key phase of fetal neural development. One study, conducted over a 14 year period, reports that while cigarette and alcohol consumption were down, cannabis use in pregnancy persisted and increased slightly. (SOURCE: Agrawal A. et al. JAMA Pediatr. 2018 Nov. 5 doi: 10.1001/jamapediatrics.2018.3096). Another study showed that there was a prevalence of cannabis use by adults with Type I Diabetes despite the fact that using cannabis was associated with a higher risk for diabetic ketoacidosis (DKA). (SOURCE: JAMA Internal Medicine published online November 5, 2018)

There have been conflicting reports from Colorado on the impact of the legalization of marijuana and the merit of those reports were discussed by various members of the MSSNY committees. But, of concern, one of those reports “The Legalization of Marijuana in Colorado: The Impact; Volume 4, September 2016” indicated that:

- Marijuana related deaths increased 48 percent in the three year period since Colorado legalized recreational marijuana
- Marijuana-related deaths increased 62 percent from 71 to 115 persons after recreational marijuana was legalized in 2013
- In 2009, Colorado marijuana-related deaths involving operators testing positive for marijuana represented 10 percent of all traffic fatalities. By 2015, that number doubled to 21 percent.
- Emergency Department rates likely related to marijuana increased 49 percent in the two year period since legalization
- Marijuana-only exposures increased 155 percent in the three-year period that Colorado legalized marijuana
- Colorado youth “past month” marijuana use for 2013/14 was 74 percent higher than the national average
- The latest 2013/14 results show that Colorado adults ranked #1 in the nation for the “past month” marijuana use and the adult rate of use was 104 percent higher than the national average compared to 51 percent nationally
- Moreover, the SAMHSA report, “National Survey on Drug Use and Health: Comparison of 2015-2016 and 2016-2017 Population Percentages” has shown that marijuana use in young people has increased in those states that have legalized marijuana.

We appreciate that many who have called for legalization have also called for strong “guardrails” to protect against harms that could arise including abuse by vulnerable populations. In this regard, as New York State government considers legalization, the Medical Society believes that the following strategies must be in place as a safeguard to any proposal to make the use of marijuana available for recreational use (many of these recommendations arise from the recommendations from the American Society of Addiction Medicine):

**HARM REDUCTION STRATEGIES**

- Prohibit the sale of any type of marijuana products to anyone younger than 25 years of age
- Prohibit the sale of any type of marijuana products to pregnant and post-partum women
- Prohibit the sale of any flavored type of marijuana
- Prohibit smoking due to the risks and negative impact to the lungs and respiratory system; Limit sales of marijuana to products that are edible and can be vaporized
- Limit the amount of marijuana an individual may obtain to ensure that there is no “marijuana shopping” to obtain large amounts for resale
- Develop an electronic system that will prevent individuals from purchasing large amounts of marijuana
- Set a level of 2 ng/ml of THC in whole blood, above which drivers are presumed to be intoxicated. (Confirmation of THC impairment using blood levels is difficult. There is not a linear relationship between THC concentration and impairment. In contrast to EtOH, THC causes increasing impairment even as blood levels fall. Nonetheless, lawmakers find it desirable to set a level, above which the driver is presumed to be under the influence. This blood level only identifies the tip of the iceberg of those who are impaired. Most states have adopted a level of 5ng/ml, yet have had dramatic increases in total traffic fatalities as well as THC associated crashes-see the Colorado experience. Using a level of 2, and aggressively educating drivers, would be a safer course)
- Prohibit use in public areas similar to tobacco legislation; ensure coverage under the Clean Indoor Air Act (CIAA)
- Establish a public awareness cam-

*(Continued on page 16)*
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**PRESIDENT’S COLUMN**

Effective Advocacy Is a Group Effort – Join Us on Physicians’ Advocacy Day March 6

I’ve been involved in organized medicine since 1982 – when I started medical school at SUNY Upstate. I joined the AMA as a student member to learn about caring for patients and learning about the new profession I had chosen for my life’s work. I don’t think I’ve ever regretted becoming a physician and as I learned more, and grew professionally, the AMA, MSSNY, my County Medical Society and numerous specialty societies have helped me to grow intellectually and professionally. Over time, I was mentored and recruited and eventually was honored to become your MSSNY President. I have served on a couple strategic planning committees over the years that looked at operations, core competencies, and value to members. There is some overlap, but each of the organizations I’ve joined has some unique value to me as a member.

**ADVOCACY IS OUR SWEET SPOT**

MSSNY’s sweet spot for membership value is advocacy within New York State for our patients, our profession, the proper practice of medicine, and the betterment of public health. We try and provide a lot of other value as well. New York State is going through a time of great political change and transformation. It is critical that we remain a strong voice on behalf of our patients, our profession and our practices. We have had some great success with advocacy and, at times, have been less successful than I had hoped.

Our status as a learned profession, and connection to our patients provides us with a strong voice when we speak in unison. I have seen this repeatedly over the years and it continues in our discussions regarding major healthcare finance issues (single payer) and public health issues (fetal and maternal mortality, opioids, and marijuana). We don’t work in a vacuum and have to contend with other large stakeholders. In those situations, our advocacy sometimes

(Continued on page 18)

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**Dr. Madejski Named to Health Care Power 50 List**

MSSNY President Thomas Madejski, MD was named 28th on the inaugural Health Care Power 50 list by City & State New York magazine. In a special issue, the publication recognized the 50 most influential health care figures in the world of New York politics. “A longtime advocate for patients and physicians, Thomas Madejski is eager to lead the professional organization for physicians into what he calls the ‘golden age of medicine,’” wrote the magazine. “In recent years, the 20,000-member organization has lobbied on issues ranging from physician burnout to immunization.”

Dr. Madejski was honored at a City & State reception in New York City on January 15. Click [here](#) to read the City & State Power 50 issue.
PAI Submits Comments in Response to Anti-Kickback Statute Request for Information (RFI)

PAI submitted comments in response to the Anti-Kickback RFI, supporting the Department of Health and Human Services’ (HHS) efforts to modernize the Anti-Kickback Statute as well as the Beneficiary Inducement Civil Monetary Penalty Law (CMP). In its comments, PAI submitted several recommendations that would provide physicians relief from the antiquated aspects of these laws/regulation, including encouraging HHS to take the following key steps:

- Establish clear exceptions to the Statute and CMP restrictions for payment models and demonstrations and other arrangements that promote physician-led initiatives to value-based care.
- Allow physicians to align with other high-quality providers (clinical and non-clinical, including social support organizations) for greater coordinated care and a more holistic approach to patient care.
- Encourage physician-patient relationships through greater patient incentives and rewards that promote and support the delivery of high-value, low-cost care and contribute towards greater coordinated care that improves outcomes.

More detailed recommendations include:

- Permitting physicians and practices to enter into group purchasing arrangements for medical equipment and social support services on behalf of their patients.
- Modernizing the statute to allow and provide for the infrastructure support and financial incentives necessary for value-based arrangements, for both providers and patients. The current exceptions, safe harbors and waivers limited to certain models should be expanded to other APMs, demonstrations and similar arrangements.
- Strengthening physician-patient relationship by better alignment, including equipping physicians with tools that can be used to incentivize patient adherence to their care plans and help ensure medication adherence.
- Allowing cost savings from rebates and negotiated discounts to be passed down from pharmacy benefit managers (PBMs) to patients and holding PBMs to stricter standards.
- Creating additional safe harbors that allow physicians to establish arrangements with electronic health record vendors to further promote interoperability and health information exchange.
- Clarifying the definitions of “value,” “risk” and “market/market share” under the Statute and in their application to value-based payment arrangements.

MSSNY-PAC

It’s a Whole New Cast of Players for 2019 Legislative Session

The 2019 Legislative Session is off to the races, with the State Legislature having already passed several bills in the Session’s first few days that had been the subject of fall campaign platforms.

Several legislators have been vocal about the opportunity to pass “progressive” legislation that never would have even made it out of Committee in previous years.

At the same time, Governor Cuomo has sought to lead the discussion on many health care issues, including introducing his 2019-2020 proposed Budget weeks earlier than what is required.

Many new legislators who ran on progressive ideals like enacting single payer health care, are determined to make waves. While it remains to be seen how things will shake out in Albany, one thing is clear: the status quo is no longer.

As a result, physicians must be involved in advocacy and politics like never before.

New Health Committee Chair Gustavo Rivera has alone introduced nearly 100 bills, many of which are supported by the physician community. However, with such a push towards enacting “progressive” legislation, there is a fear of more bills that will expand our already outrageously high liability costs, and impose burdensome mandates on care delivery that take time away from providing needed care to our patients.

MSSNY staff is hard at work in Albany, working to protect your ability to continue to be there for your patients, but we need your support!

Please remember that physicians are among the most esteemed and trusted individuals in our society – your thoughts and opinions are respected and taken to heart. You should feel empowered to use your voice and help to advance the interests of your fellow MSSNY members.

There are many ways that you can get involved. Join our Physician Advocacy Liaison (PAL) program and commit to

Memorial Sloan Kettering Bars Top Executives from Pharma Boards

After several conflict-of-interest scandals, Memorial Sloan Kettering Cancer Center in New York City will bar top executives from serving on corporate boards of drug and healthcare companies that pay them, according to The New York Times.

Hospital officials said the executive board also finalized a series of reforms designed to limit the way its top executives and researchers could profit from their work at Memorial Sloan.

The policy changes, announced by hospital executives Jan. 11, come as the nonprofit cancer center works to contain the fallout from several conflict-of-interest scandals.

In September 2018, José Baselga, MD, PhD, medical oncologist, physician-in-chief and CMO of Memorial Sloan, resigned from his position after reports surfaced that he failed to disclose significant financial ties to the drug industry and other healthcare companies in more than 100 research articles.

Following Dr. Baselga’s resignation, the cancer center’s partnership with Paige, AI also came under fire. The AI startup was founded by three insiders at Memorial Sloan, which subsequently granted the company an exclusive deal, presenting a possible conflict of interest.

In October, as more reports surfaced about board memberships held...
NYS County Health Officials Oppose Legalization of Marijuana

In December, citing various health risks associated with marijuana, the New York State Association of County Health Officials called on lawmakers to “approach legalization thoughtfully and with extreme caution.”

Among their concerns, they said, are “future high risk” of addiction to other drugs, harmful cognitive and academic effects, adverse cardiac and respiratory events, unintentional exposure to children and crashes resulting from drugged driving.

“As county health officials who serve as the first line of defense in our communities, we have seen up close the devastation associated with the abuse of legal prescription opioid medications,” said Paul Pettit, president of the association. “We need to be certain that the implementation of any recreational marijuana policy does not create another unintended public health crisis.”

The group issued a memo earlier in the year opposing legal marijuana after the state Health Department recommended the state establish a regulated, adult-use marijuana program. On December 18, county health officials said they remain fundamentally opposed to recreational use of marijuana. However, should such a policy be enacted, they said, their association is calling for certain safeguards, including:

• Setting the legal age of sale at 21 years of age in combination with adoption of Tobacco 21 policy at the state-level.
• Establishing clinical trials and properly funding surveillance and research efforts to ensure the state can identify, measure and respond to foreseen and unforeseen impacts of legalized marijuana.
• Adding marijuana to the Clean Indoor Air Act to ensure children, youth and other vulnerable populations are not exposed to marijuana use or second hand smoke.
• Funding studies that will help evaluate reliable methods of toxicology field-testing and impairment levels which will help set evidence-based regulations for impaired driving, as it pertains to marijuana use.
• Allocating additional funding to local health departments for anticipated increases in workload, including:
  • Response to Clean Indoor Air Act complaints
    • Sales enforcement activities
    • Dissemination of educational information campaigns to protect vulnerable populations, including children and pregnant women, from harmful effects of marijuana use.
  • Formulating safety regulations for edibles, including child resistant packaging and restricting products/packaging that appeal to children.
No other event brings together New York State’s top players in the medical profession!

The Medical Society of the State of New York’s Annual House of Delegates Meeting & Vendor Expo is the society’s only annual event for hundreds of physician leaders - including medical students, residents and young physicians. These physician leaders - from Montauk to Buffalo - come together to deliberate legislative policy, to attend educational seminars, to network with colleagues, and to visit the Vendor Expo.

The Expo features carefully vetted vendors that showcase their companies and services, which enhance physicians’ lives as well as their practices.

MSSNY House of Delegate attendees are decision makers. They represent the full spectrum of New York State medical professionals, including all specialties and sub-specialties. These attendees represent the specific interests of group medical staffs, small practices, IPAs and single practitioners. County medical societies and specialty societies also participate in the deliberations and send members of their executive staffs to seek out and recommend new and improved benefits for their members.

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Contact Roseann Raia 516-488-6100 ext. 302 • rraia@mssny.org
MSSNY Outlines Concerns Re: Maintenance of Certification

January 15, 2019

Christopher Colenda, MD, MPH
William Scanlon, PhD

Co-Chairs
American Board of Medical Specialties
Vision Initiative

Dear Dr. Colenda and Dr. Scanlon:

On behalf of the over 20,000 members of the Medical Society of the State of New York, we commend you for your efforts to respond to the immense amount of concerns expressed by physicians with regard to what many perceive as excessive burdens associated with Maintenance of Certification (MOC) requirements for continuing board certification.

We are concerned that the cost of updating board certification status is increasingly becoming prohibitively expensive for many physicians at a time when they are already being squeezed between rapidly increasing office overhead costs and cuts in insurer payment. In this regard, we appreciate that the report set forth many of the concerns with MOC that physicians have articulated. Moreover, with demands on physician time greater than ever before, many existing MOC programs create barriers to access by taking physicians away from their patient care activities. For older physicians, these excessive and unnecessary hardships to maintaining board certification may be the last straw to their continuing to deliver patient care, potentially disrupting many existing patient-physician relationships. Unfortunately, some health insurers and hospitals continue to require physicians to maintain their board certification status to maintain insurer participation or privileges. Physicians are faced with a Hobson’s choice!

For example, we appreciate the following aspects of the Vision Report:

- The ABMS’ effort to gather feedback and respond to concerns regarding how MOC programs are being implemented by specialty boards.
- The recommendation to replace high-stakes examinations with ongoing formative and summative assessments.

- The recommendation that MOC should not be a mandated requirement for physician licensure, credentialing, reimbursement, network participation, and/or employment or advertising.
- The recommendation that ABMS Boards should seek to integrate readily available information from a diplomate’s actual clinical practice into any assessment of practice improvement.
- The recommendation that representation on specialty board governing bodies ensure adequate representation of physicians in active clinical practice.

However, we are concerned that the report does not contain many concrete recommendations for change. Therefore, as is set forth in one online petition to ABMS, until generally acceptable and/or truly evidence-based practices are developed, we urge that the Commission recommend an immediate moratorium on some of the most questionable components of MOC. This includes:

- An immediate end to requiring secure, high stakes examination components of MOC.

As described in the Commission report, exam questions are difficult to tailor to the individualized content of established physician practices, and do not reflect real world physician access to colleagues or online sources of information. Additionally, robust evidence does not exist that correlates physician grades on secure MOC exams with patient outcomes. We note, for example, that the American Board of Anesthesiology has dropped its every 10 year recertification test in favor of regular online test and learning modules.

- An immediate end to requiring Quality Initiative (QI)/Practice Improvement (PI) components of MOC.

As described in the Commission report, many current QI/PI requirements are overly burdensome, and often duplicate other physician mandates. Additionally, robust evidence does not exist that correlates current QI/PI requirements of MOC, with improved patient outcomes.

- Retention of the CME and Professionalism components of MOC only.

- A reduction in fees charged for MOC irrespective of the number of certifications maintained.

- Physicians routinely use computers, smartphones, and libraries in the course of rendering patient care. Thus, MOC testing based on recall does not reflect the reality of modern medical practice. Moreover, some content is itself already out of date.

- The Commission heard testimony that Boards’ finances lack transparency, that Boards have used MOC revenues to fund foundations, to provide leadership extraordinary compensation, and to fund lavish meetings and other somewhat extravagant expenditures. There should be an immediate “winding down” of the various Foundations associated with the individual specialty boards.

We salute the Commission for its thoughtful and extensive review of the many issues surrounding Maintenance of Certification (MOC.) While the Draft Report extensively documents the failings of MOC, the report itself fails to prescribe appropriate remedies.

We look forward to maintaining an ongoing dialogue as you work through the many responses we anticipate you will receive.

We thank you for the ability to submit suggestions of our members on the existing MOC structure. We hope that you take these recommendations for improvement to heart and implement the needed changes so that the profession can focus on its most important task – providing quality patient care.

Sincerely,

Thomas Madejski, MD
President
Medical Society of the State of New York

Submitted to: https://visioninitiative.org/commission/draft-report
Medical Schools Are Becoming More Diverse

Women comprised more than half of applicants and enrollees in 2018, new AAMC data reveal.

The diversity of medical schools continues to improve, with the numbers of female, black or African American students, and American Indian or Alaska Native applicants and enrollees increasing, according to 2018 data released by the AAMC.

For the first time since 2004, more women than men applied to U.S. medical schools, and for the second year a row, more women than men enrolled, the data show. Equally noteworthy, the number of black or African American men who applied to and enrolled in medical school also rose by 4% and 4.6%, respectively, after years of minimal growth or declines.

“This year’s significant gains in the number of women and black males entering medicine is excellent news,” said Darrell G. Kirch, MD, AAMC president and CEO. “Medical schools have been working hard to increase the diversity of tomorrow’s doctors. While there is still much more work to do, we are very encouraged by this year’s progress.”

Here are some of the key findings from the report:

- **Women are in the majority.** Women comprised 50.9% of all applicants this year. For the second year in a row, women were also the majority of new enrollees to medical school — up to 51.6% from 50.7% in 2017.

- **The data show small, yet steady increases in racial and ethnic minority applicants and enrollees.** Medical school applicants are also becoming more racially and ethnically diverse. The number of applicants reporting as black or African American alone or in combination with another race or ethnicity rose by 4.0% from 2017 to 2018, to 5,164, and the number of enrollees rose by 4.6% to 1,856. Applicants reporting as American Indian or Alaska Native alone or in combination with another race or ethnicity rose by 10% to 559 and matriculants increased by 6.3%, to 218. “The AAMC reports, *Altering the Course: Black Males in Medicine* and the most recent *Reshaping the Journey: American Indians in Medicine*, remind us, however, that there are persistent, historical downward trends that require continued work to sustain and grow these recent gains,” said David Acosta, MD, AAMC chief diversity and inclusion officer.

- **High academic performance remains consistent.** The enrollees have impressive academic credentials, as they have in years past. The average undergraduate GPA of enrollees was 3.72 and the average MCAT score was 511. Many students have prior research experience as well — about 86% of enrollees who applied through the AAMC’s central application service, AMCAS. This year’s enrollees also prioritize volunteer efforts; entering students cumulatively performed more than 12.5 million hours of community service.

- **More medical schools lead to more enrollees.** Since 2002, the number of medical school applicants has increased by 57%, and the number of enrollees has grown by more than 31%, due to expanded class sizes and the opening of new medical schools. More than 2,000 new students are enrolled at one of the 26 medical schools that have opened since 2007, representing nearly 10% of all matriculants nationally.

Despite these positive developments, there is still a "resi-
dency bottleneck” that needs to be addressed to reduce the coming physician shortage, Kirch said.

“Medical schools have expanded their enrollment to educate the additional physicians our nation needs to care for a growing and aging population as well as address health crises, such as the opioid epidemic,” Kirch said. “But we will not sufficiently increase the overall supply of physicians in the United States without creating more residency slots. It is more important than ever for Congress to lift the 1997 cap on federal support for residency positions to ensure that all patients have access to the care they need.”

Note: The race/ethnicity data points include individuals who identified in one or more categories.
Source: AAMC FACTS Tables as of Nov. 9, 2018
Association of American Medical Colleges www.aamc.org
Data tables are available here.
Onondaga County Medical Society Installs New President

MaryAnn Millar, M.D. was installed as the 191st president at the Onondaga County Medical Society’s annual dinner meeting on November 8, 2017 in Syracuse. Other Executive Council officers installed that evening include Justin Fedor, D.O., President Elect; Joseph Spinale, D.O., Vice President; Michael Sheehan, M.D., Treasurer; and Barry Rabin, M.D., Secretary.

The following Medical Society service awards were presented at the dinner meeting:

**Santo Di Fino, MD:** Distinguished Service Award for his service to physicians, hospitals, patients and the community.

**Richard Semeran, MD:** Physician Service to the Medical Society for his meaningful contributions and decades of service to the Onondaga County Medical Society and the Medical Society of the State of New York.

**David Lehmann, MD:** Physician Service to the Community for his compassionate and dedicated care to the most vulnerable populations in our community.

**Paul Kronenberg, MD:** Commendable Service by a Retired Physician for his ongoing efforts to promote excellence in patient care and community health.

**Joan Cincotta:** Individual Service to Medical Care for her devoted service to the Onondaga County and NY State Medical Society Alliance and community volunteer efforts.

**Valerie Semeran:** Individual Service to Medical Care for her devoted service to the Onondaga County and NY State Medical Society Alliance and community volunteer efforts.

**Regina Sheehan:** Individual Service to Medical Care for her decades of service to the Onondaga County and NY State Medical Society Alliance and community volunteer efforts.

**Elizabeth Piotrowski,** AMA Medical Student Representative: The Jerry Hoffman Advocacy Award for her passionate advocacy on behalf of the AMA, Medical Society, and underserved populations in the community.
NY Department of Financial Services (DFS) Superintendent Maria Vullo announced this week DFS had imposed fines against Aetna and Oscar totaling more than $2.5 million for violations of New York Insurance Law. According to the DFS press release, Aetna will pay a civil penalty of $1.95 million for violations including the failure to make prospective determinations, including pre-authorizations, and failure to acknowledge and respond to members’ complaints within required timeframes. Oscar Insurance Corp. will pay a civil penalty of $576,950 for violations including the failure to adhere to deadlines for utilization reviews and failure to include detailed explanations of adverse determination notices.

Regarding Aetna, a DFS market conduct examination found that from 2012 through 2015, Aetna failed to comply with a number of consumer/provider protections, including: completing pre-authorization determinations within three business days of receipt of all necessary information; responding to members’ complaints within the required time frames; sending initial adverse determination letters to the insured and providers within 30 days; and making an appeal determination within 60 days of all necessary information to conduct an appeal.

Under the consent order, Aetna will review and revise all of its procedures related to utilization review, appeals, grievances and complaints to ensure that timely determinations and notifications are given to insureds, providers and other recipients. Moreover, Aetna will reprocess all preventive care claims where cost sharing was inappropriately applied and make overdue payments, including interest; and reprocess all claims that were inappropriately denied, and make overdue payments, including interest.

Regarding Oscar, a DFS market conduct examination found that from 2013 through 2015, Oscar failed to comply with a number consumer/provider protections, including: failing to make a determination for prospective utilization reviews within three business days; failing to make a determination for concurrent utilization reviews within one business day; and failing to include an accurate and detailed explanation of the clinical rationale for the denials in the adverse determination notices.

Under the consent order, Oscar Insurance will be revising EOB statements to include the appropriate forfeiture language; revising adverse determination notices to include a detailed explanation of the clinical rationale for denials; and reviewing and revising all procedures related to utilization review to assure that timely determinations are made.

A copy of the Aetna consent order can be found [here](#). A copy of the Oscar Insurance Company consent order can be found [here](#).

A group of New York hospitals has agreed to pay restitution to rape survivors and revise billing procedures as part of a legal settlement, state Attorney General Barbara Underwood announced Nov. 29. The settlement resolves allegations that the hospitals illegally billed at least 200 forensic exams to rape survivors, ranging from $46 to $3,000 each, according to Ms. Underwood.

Hospitals are Brookdale University Hospital Medical Center in Brooklyn; Montefiore Nyack (N.Y.) Hospital; New York Presbyterian/Brooklyn Methodist Hospital; New York-Presbyterian/Columbia University Irving Medical Center; Staten Island-based Richmond University Medical Center; and Bronx-based St. Barnabas Hospital. Columbia University, which employs physicians, is also included.

The hospitals have agreed to pay restitution to rape survivors, in addition to costs, and implement written policies to prevent rape survivors from receiving bills for their rape exams. The settlements follow an investigation of billing practices for forensic rape examinations at Brooklyn Hospital Medical Center. Ms. Underwood said the investigation resulted in an agreement with the hospital, and her office initiated a statewide investigation of billing practices for rape exams at other facilities.

New York law requires that hospitals bill rape exams to the state Office of Victim Services directly, unless the sexual assault survivor voluntarily decides to assign the costs to a private health plan.
Physicians File Class Action Suit Against ABIM

A class action lawsuit against the American Board of Internal Medicine (ABIM) was filed in a Pennsylvania federal court on December 6. The plaintiffs include several physicians board certified in internal medicine who allege that the ABIM maintenance of certification (MOC) requirements violate the federal anti-trust laws.

The physician plaintiffs allege that initially, board certified internists have lost hospital privileges if they do not obtain MOC. It is also alleged that initially board certified internists have been removed from the list of “preferred physicians” by health insurers if they do not maintain MOC.

A similar action had been brought in an Illinois federal court by the American Association of Physicians and Surgeons (AAPS), but was dismissed on the basis that the complaint merely made general conclusions, and failed to provide sufficient specific details.

Health Affairs:

First Estimate of Physicians’ Telemedicine Use

The December issue of Health Affairs, using data from the AMA’s 2016 Physician Practice Benchmark Survey, provides the first nationally representative estimates of physicians’ use of telemedicine.

In 2016, 15.4 percent of physicians worked in practices that used telemedicine for a wide spectrum of patient interactions, including e-visits as well as diagnoses made by radiologists who used telemedicine to store and forward data. In the same year, 11.2 percent of physicians worked in practices that used telemedicine for interactions between physicians and health care professionals.

In addition to specialty, larger practice size was an important correlate of telemedicine use. This suggests that despite regulatory and legislative changes to encourage the use of telemedicine, the financial burden of implementing it may be a continuing barrier for small practices.

What Should Clinicians Know About Disability?

Approximately 1 in 5 adults report a disability, and health care professionals play distinctive roles in defining disabilities and treating individuals with them. Better care for the great diversity of people with disabilities “requires better engagement with and reflection upon the rich and complex meaning of disability,” writes Joel Michael Reynolds, The Hastings Center’s Rice Family Fellow in Bioethics and the Humanities, in the AMA Journal of Ethics. Reynolds outlines a set of recommendations and duties clinicians have when encountering patients with disabilities, including the responsibility to recognize the authority of these people as experts about their own experiences. Read the full article here.

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Upstate Medical Students Create Prosthetic Hand with 3-D Printer

A prosthetic hand that includes multi-finger movement for grasping can cost anywhere from $10,000 to $50,000. For a growing child, that device might need to be repaired a few times a year or replaced several times in the child’s lifetime—expenses that can be cost prohibitive for many families.

Upstate Medical University students Zach Visco, Eric Merrell and Jade Marhaba have tapped into an international, 3-D-printing movement to create a local alternative to costly prosthetics, which could be especially helpful for growing and active children. The cost of their device? $20.

Visco and Merrell met in the spring at an innovation committee meeting of the Onondaga County Medical Society. When Visco learned that Merrell owned a 3-D printer, the two starting talking about the possibilities. That’s when they discovered E-Nable, a global nonprofit that promotes 3-D-printed prosthetics by sharing open-source printing plans and connects printers with people in need.

The students used an E-Nable plan and printed their first sample this summer. So far, they have 3D printed two working models and are in talks with the Central New York Biotech Accelerator and Upstate’s Institute for Human Performance to find a local person who might need the device.

“As we see more and more people with 3-D printers in their homes we’re going to see more and more people printing projects like this,” said Visco, a second-year medical student who has his undergraduate degree in biomechanical engineering.

The type of prosthetic they are creating is ideal for a child or adult with a partial palm, or at least a fully functional wrist joint. The bending wrist movement makes the hand clasp, allowing the person to pick up an object or hold a cup.

It takes about 16 hours to print all 20 pieces needed for this model, Visco said. Other necessary parts include fishing line, Velcro straps and a few wood screws. The joints bend using orthodontic dental bands. Assembly, with assistance from a YouTube video, took a few hours.

Traditioanl prosthetics are created out of ceramics or titanium, Visco said. Injection molding, which would be a cheaper alternative to those materials, would require creating a very complex mold.

“To produce something like this out of a solid piece of plastic or to produce it in a traditional fashion takes a lot more overhead,” Visco said. 3-D printing can more easily create complex pieces with the string holes needed to control the fingers. “That’s one of the benefits. If something breaks we can instantly replace it. And kids are growing. We want to make sure these can scale with the kids.”

Merrell’s 3-D printer uses PLA plastic, which is biodegradable and comes in a rainbow of colors. That allows printers to create a variety of color schemes, which has been especially popular among kids, Visco said.

The three Upstate students have been demonstrating their prosthetic models throughout Central New York. They are networking to find a Central New Yorker in need and are considering founding a local organization to keep the printing going, said Merrell, a third-year Upstate medical student.

“When we found E-Nable we saw there’s a chapter in Rochester and Albany but not in Central New York,” Merrell said. “What excited me most was that it’s not available here. It never really took off so it really seemed like there was a need in our area and we were excited to start it here or at least plant the seed to see it take off.

The students are eager to continue their work and hope to be able to help someone soon.

“The next step is to try and put this in someone’s hands,” Visco said. “I think it’s astounding that for the cost of two dinners you can provide a prosthetic hand to someone and it’s going to last them. For me that’s exciting.”

For more information about E-Nable, visit www.enablingthefuture.org.

From AMSNY December issue

MSSNY ALLIANCE

MSSNYPAC Needs Our Support

Last year, at its Annual Meeting in Buffalo, the Alliance voted to join MSSNYPAC at the President’s Circle level of $2,500. At its Fall Conference in September, the Alliance voted to increase this amount and to become members at the highest level of $5,000 per year.

We firmly believe that to help control the future of medicine, our spouses/partners and MSSNY must do ALL we can to support the efforts of MSSNYPAC. For any physician who may not see the value of joining MSSNYPAC at the highest level you can afford, we urge you to look at all the positive legislation that has passed in New York, and the negative legislation that has been stopped as a result of the efforts of MSSNY’s Governmental Affairs office and the support of MSSNYPAC to legislators. Please contribute for the sake of your future and the future of your patients!

SAVE THE DATE

The Alliance is planning its Annual Meeting, which will be held April 11-12 at the Westchester Marriott in Tarrytown. Please mark your calendar and consider joining us at this meeting.

OBITUARIES

AMES, Rose Grillo; Ossining NY. Died April 01, 2018, age 99. Medical Society County of Westchester

ARNDT, I. M. Frances; Ossining NY. Died April 07, 2018, age 98. Medical Society County of Westchester

BECK, Arthur Louis; Olean NY. Died December 01, 2018, age 87. Medical Society County of Cattaraugus

BRANCUCCI, Peter Philip; Yonkers NY. Died January 09, 2018, age 92. Medical Society County of Westchester

CONBOY, John Leo; Getzville NY. Died November 09, 2018, age 89. Erie County Medical Society

DAVIDIAN, Marianna M.; Yonkers NY. Died August 11, 2018, age 91. Medical Society County of Westchester

HUGHES, William Francis; Olean NY. Died December 20, 2018, age 92. Medical Society County of Cattaraugus

IVKER, Milton; Bedford Hills NY. Died May 20, 2018, age 95. Medical Society County of Kings Inc.

KAPLAN, Harold Leo; Boynton Beach FL. Died December 08, 2018, age 90. Dutchess County Medical Society

KASPRZAK, Donald T.; Plattsburgh NY. Died October 16, 2018, age 97. Clinton County Medical Society

MOROSINI, Charles Joseph; Walpole NH. Died April 24, 2018, age 84. Medical Society County of Westchester

PLESKOW, Marvin J.; Buffalo NY. Died November 29, 2018, age 95. Erie County Medical Society

STAUFFER, Tom G.; Briarcliff Manor NY. Died June 06, 2018, age 98. Medical Society County of Westchester

UPDEGRAFF, William R.; Vero Beach FL. Died May 13, 2018, age 97. Dutchess County Medical Society

YEP, David Gwoo; Brooklyn NY. Died February 01, 2018, age 90. Medical Society County of Kings Inc.
How Legalized Cannabis Changed Colorado in the Past Five Years

By Alexis Keenan, Yahoo Finance

The five-year experiment that is Colorado’s pioneering legalization of recreational marijuana now has enough data for more than conjecture to debate its success.

The state’s first dispensaries began legal recreational sales on January 1, 2014. In 2014, combined recreational and medical sales totaled $683.5 million, and are expected to top $1.5 billion in 2018. Over the five-year period, recreational sales generated 78% of sales revenue. The most recently published sales data shows combined 2018 sales through October of $1.27 billion.

$247 MILLION IN TAX REVENUE

Tax revenues jumped 266% during the period, from $67 million in 2014 to $247.4 million in 2017. Colorado’s tax revenues have risen each year since recreational legalization, and currently represent about 1% of the state’s 2018-2019 fiscal year budget.

Marijuana taxes are spent on public school projects, human services, public affairs, agriculture, labor and employment, judicial affairs, health care policy, transportation and regulatory affairs.

The financial data, read together with a social impact report released this week by Colorado’s Department of Criminal Justice, is insightful for Colorado and states considering legalization.

The report presents a mixed bag of encouraging and frustrating data.

The number of marijuana-related arrests during the 5-year period, shows overall arrests decreased, including for African-Americans, though African-Americans were arrested for such offenses at double the rate of whites.

DUI traffic citations with marijuana-impaired drivers increased 3%. In a subset of arrest data from 2016, where blood tests were performed, 73% returned a positive screen for cannabinoids.

“The number of fatalities with cannabinoid-only or cannabinoid-in-combination positive drivers increased 153%, from 55 in 2013 to 139 in 2017,” the report states, going on to note that “detection of cannabinoid in blood is not an indicator of impairment but only indicates presence in the system.” Fatal traffic accidents involving a THC-positive driver, on the other hand, decreased 5%.

Cannabinoids characterize both THC and CBD. Cannabidiol “CBD” is a non-psychoactive biochemical found in hemp and marijuana plants. Tetrahydrocannabinol “THC” is the psychoactive biochemical found in marijuana. Both biochemicals are cannabinoids that interact with neurotransmitters, known as the endocannabinoid system.

RATES OF MARIJUANA-RELATED HOSPITALIZATIONS BY LEGALIZATION ERAS IN COLORADO

More marijuana-related hospitalizations, including possible marijuana exposures, diagnoses, or billing codes, increased from 575 in 2000 to 3,517 in 2016. Emergency room visits and calls to poison control related to marijuana increased.

The numbers are likely to disappoint lawmakers and politicians who tout recreational legalization as a cure for discriminatory criminal justice practices.

Already, New York City Mayor Bill de Blasio, and recent supporter of legalized marijuana, New York state Governor Andrew Cuomo, who both have stated criminal justice reform as a reason for supporting legalization, are facing pushback from the New York State Association of County Health Officials.

POSITIVE SOCIAL IMPACT

The good news from the social impact findings include an increase in Colorado’s high school graduation rates, along with no change in the number of middle school and high school students reporting marijuana use.

Court filings related to marijuana declined 55% between from 11,753 in 2012 to 5,288 in 2017, according to the report.

While marijuana traffic citations increased, the total number of DUI citations decreased from 5,705 in 2014 to 4,849 in 2017.

Adults who reported using marijuana within the past 30 days increased 2%. The number of men who reported use within 30 days – 19.8% – was nearly double that of women – 11%.

The report cautions that its data should be read with consideration for changes that legalization brings to social acceptance of marijuana use.

“[L]egalization may result in reports of increased use, which may be a function of the decreased stigma and legal consequences associated with use rather than actual changes in use patterns,” the report said. “Likewise, those reporting to poison control, emergency departments, or hospitals may feel more comfortable discussing their recent use or abuse of marijuana for purposes of treatment.”

Figure 44. Rates of hospitalizations with possible marijuana exposures, diagnoses, or billing codes per 100,000 hospitalizations, by legalization eras in Colorado

Source: Data provided by Colorado Hospital Association with analysis provided by Colorado Department of Public Health and Environment, Marijuana Health Monitoring Program.

Notes: (1) An individual can be represented more than once in the data; therefore, the rate is hospitalizations with marijuana codes per 100,000 total hospitalizations. (2) The period from October 2015 onward should be interpreted with caution due to changes in coding schemes.
Medicinal and Recreational Marijuana

(Continued from page 2)

A campaign similar to the tobacco program that would highlight the risks of marijuana to discourage vulnerable populations, youth, individuals with a history of addiction and mental illness from using marijuana

• Prohibit marketing and advertising to youth, (similar to the tobacco control program) and require that all marijuana products have warning labels that the drug is NOT approved by the US FDA. Such label shall include the serious health risks to mental and physical health, addiction, operation of motor vehicle/machinery, work related injuries and other possible impairments

• Require child proof packaging with information about poisoning and overdose.

STRUCTURE OF RECREATIONAL PROGRAM

• Limit marijuana product sales to state-operated entities

• Ban the use of marijuana in any type of school and college setting; reaffirm the concept of Drug Free Schools

• Reaffirm the right and responsibility of employers to maintain a drug free workplace. (Certain employers’ drug use policies are determined by federal law. Some employers (ex., those under the Omnibus Transportation Employee Testing Act) must drug test in accordance with federal law, while others (federal contractors and grantees) must follow drug free workplace policies)

• Recognize the ability of all employers, not just federally regulated ones, to ban the use of marijuana by its employees at any time. The impairing effects of THC last more than a few hours; they may persist for days or longer depending on the frequency of use. A panel of experts from the American College of Occupational and Environmental Medical opined, “It is reasonable and responsible for employers to ban the use of marijuana at any time by employees, contractors, and other workers.... Given the evidence that inhaled THC may impair complex human performance for more than 24 hours after ingestion, employers should not assume that marijuana use between shifts (such as evening use before return to work the following morning) is uniformly safe.”

• Ensure that that strong penalties are established for those individuals who divert or obtain large supplies for resale purposes

• Ensure that penalties and enforcement of laws banning illegal sales are increased

• A portion of the revenues should support establishment of addiction treatment and rehabilitation of substance use disorder programs

• A portion of the revenues should be dedicated to research into marijuana on the risks and long-term effects from habitual users; the impact on young adults; and research into incidents of increased crimes, including violence, driving while under the influence, poisoning of children.

• Funds should also be dedicated to a public education awareness campaign

• Pursuit of changing marijuana from a Schedule I to Schedule II drug to enable resources for medical research

• Seek sunset provisions based on research outcomes

MARIJUANA FOR MEDICINAL PURPOSES

The Medical Society of the State of New York (MSSNY) believes that the following principles should be considered when certifying a patient eligible for cannabis: 1) That the use of cannabis may have a role in treating patients who have been diagnosed with serious, debilitating illnesses, when all other treatments have failed; or when clinical trials have shown to demonstrate comparable efficacy to currently accepted treatments. 2) The Medical Society of the State of New York recognizes the risk of smoking cannabis and encourages the use of alternate delivery systems. 3) Physicians who recommend cannabis for patient use, subject to the conditions set forth above, shall not be held criminally, civilly or professionally liable. The Medical Society of the State of New York supports continued high quality clinical trials on the use of cannabis for medical purposes. (MSSNY Policy 75.976). MSSNY also supports the process in which medications in the USA are regulated and approved by the FDA and not by state legislative action; opposes any process that entrenches the state legislature with the function of approving medications; reaffirms the fact that medication preparation needs to be strictly regulated by the FDA to assure safety, purity and effectiveness; and opposes, except for the terminally ill, any smoking formulation for medical marijuana as a delivery system for medication unless the FDA approves that delivery system. (MSSNY 75.978)

MSSNY is troubled by the promotion of marijuana use for opioid use disorder because it may worsen psychiatric co-morbidities and give a false impression to patients that it is as effective as established treatments such as methadone and buprenorphine, particularly in the prevention of fatal opioid overdoses. The US Food and Drug Administration has approved three medications for opioid use disorders – methadone, buprenorphine and naltrexone. MSSNY is concerned that the New York State Department of Health is now sending a “mixed message” to physicians throughout New York State as to what are now considered acceptable methods of treating and managing pain in patients. At this time, there are no established CDC guidelines for treatment of acute pain. There is insufficient evidence to support marijuana as an alternative to other treatments for acute pain, including in patients with opioid use disorder. MSSNY is also very concerned that through regulations or state statute, there have been added medical conditions such as opioid use disorder, chronic pain, PTSD, where there is no medical evidence that the use of marijuana has been effective in treating these types of condition.

Should New York State take the step to legalize marijuana for use, it will be equally important that any program involving marijuana for medical purposes encapsulates treatment for certain conditions where there is evidence that such treatment is an effective modality. Thus, MSSNY recommends the following:

• Expand and promote medical research on marijuana within New York State and provide an appropriation in the NYS budget for this research

• Develop a public relations campaign that marijuana has certain health risks associated with it and that it may not be recommended as the first line treatment option

• Take steps necessary to limit the use of CBD oil as an over-the-counter drug and through internet sales. MSSNY recognizes that the FDA has approved Epidiolex, which contains a purified drug substance cannabidiol, one of more than 80 active chemicals in marijuana, for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome in patients two years of age and older.

• Ensure that the patients are not diverting (selling) their patient certificates to others and take whatever (Continued on page 18)
Up to 81% of patients lie to their doctors about how often they exercise, how much they eat, and other behaviors to avoid being judged, according to a study published last month in *JAMA Network Open* – and those lies can negatively affect patients’ health.

**STUDY DETAILS**

For the study, researchers from *Middlesex Community College* and *University of Utah Health* collaborated with researchers at the *University of Michigan* and the *University of Iowa* to discover how often patients are dishonest with their doctors.

The researchers analyzed responses from a national survey that was administered to two separate groups of participants. The first group included 2,011 participants with a median age of 36, and the second group included 2,499 participants with a median age of 61. Participants were asked if they “ever avoided telling a health care provider” the truth during seven “common” doctor-patient scenarios in which participants:

- Did not adhere to prescription medication as instructed;
- Did not exercise regularly or at all;
- Did not understand a doctor’s instructions;
- Disagreed with a doctor’s recommendations;
- Maintained an unhealthy diet;
- Took a particular medication; or
- Took someone else’s medication.

Participants were asked to explain why they were dishonest with doctors in those situations.

**MAJORITY OF PATIENTS WERE DISHONEST WITH DOCTORS, STUDY FINDS**

The study found that about 81% of participants in the survey group with a median age of 36 had been dishonest with their health care providers in at least one of the seven scenarios. That figure was lower among the older survey group, in which about 61% of participants said they had been dishonest with a health care provider in at least one of the scenarios.

Participants in both groups were most likely to lie about their eating and exercise habits, according to the study. For example, the study found that one in four participants in the first survey group and one in five participants in the second survey group did not tell their doctors that they had an unhealthy diet.

A similar share of respondents in each survey group reported that they had withheld information about their exercise habits, the study found.

In addition, the study found that almost 50% of the first survey group and 31% of the second survey group said they did not confront their doctors when they disagreed with a recommendation from the provider. Similarly, about 30% of participants in both groups said they did not tell their providers when they had trouble understanding the clinicians’ instructions.

**PATIENTS’ DISHONESTY CAN HAVE NEGATIVE HEALTH EFFECTS**

Andrea Gurmankin Levy, an associate professor in social sciences at *Middlesex Community College* and one of the authors of the study, said patients’ dishonesty could have negative health effects. “If patients are withholding information about what they’re eating, or whether they are taking their medication, it can have significant implications for their health. Especially if they have a chronic illness,” Gurmankin Levy said.

The researchers said patients’ dishonesty could make it more difficult for providers to give accurate diagnoses and put patient at risk of being prescribed medications that might have adverse effects.

Further, the study found that patients with comparatively poorer health were more likely to be dishonest with their physicians. The researchers wrote, “[T]he very patients who are in greatest need of high-quality health care because of the complexity of their health may be more likely to compromise their care by withholding important information from their clinician.”

**SO WHY DO PATIENTS LIE?**

Study participants explained that they lied about their unhealthy habits to avoid judgment from doctors. According to the study, more than 50% of participants said they were too embarrassed about their habits or too embarrassed by their inability to understand instructions to be honest with their doctors.

“Most people want their doctor to think highly of them,” said Angela Fagerlin, senior author of the study and chair of population health sciences at *University of Utah Health*. “They’re worried about being pigeonholed as someone who doesn’t make good decisions,” she said.

The researchers noted that physicians also might drive dishonesty. “How providers are communicating in certain situations may cause patients to be hesitant to open up,” Fagerlin explained, adding, “This raises the question, is there a way to train clinicians to help their patients feel more comfortable?”

Read the full article [here](#).

**New Reports on Difficult Decisions about Post-Acute Care**

Each year, approximately 1 in 5 hospital patients in the United States, including some 300,000 New Yorkers, require continued care following hospital stays for major surgery or serious illness.

Yet too often, patients and their families do not have the critical information and support they need to carefully assess their options and make the best possible decisions.

Two new reports by the United Hospital Fund (UHF), supported by NYSHealth, are the next installments in UHF’s four-part “Difficult Decisions” series, based on a yearlong inquiry to better understand why hospital discharge planning can fall short despite well-intentioned efforts by hospital staff. The new reports highlight the challenges faced by patients and family caregivers during the transition to post-hospital care, along with health provider perspectives on discharge planning.

The Illusion of Choice: Why Decisions About Post-Acute Care Are Difficult for Patients and Family Caregivers relates the experiences of patients and their family caregivers being discharged from a hospital and spotlights the barriers to informed decision-making. Findings reveal that patients and their families felt rushed, uninformed and provided with insufficient information when choosing a post-acute care facility.

Health Care Provider Perspectives on Discharge Planning: From Hospital to Skilled Nursing Facility provides insight on the challenges health care providers face when helping patients transition to post-acute care, highlighting discussions with administrators and frontline staff at eight hospitals in the New York State. The report finds that staff mem-

(Continued on page 18)
New Reports on Difficult Decisions

(Continued from page 17)

borders' efforts are frustrated by inefficiency pressures, insurance constraints, authorization delays and regulations that limit the support they can provide to patients and family caregivers.

UHF published the first report in this series, Difficult Decisions About Post-Acute Care and Why They Matter, in November 2018. These reports combine UHF's research with input from patients and their families, health care providers, researchers, policymakers and other stakeholders to identify promising approaches for supporting decision-making at discharge. The “Difficult Decisions” series by UHF takes a broad look at the many factors, including regulation, that make informed decision-making about post-acute care so challenging.

Medicinal and Recreational Marijuana

(Continued from page 16)

steps necessary to stop patients from getting multiple certificates and ensure that systems are in place to prevent profiteering.
• Seek a insurance mechanism for patients unable to afford the cash price of marijuana

ADDITIONAL RESOURCES:
• Medical Marijuana in the Workplace; JOEM Volume 57, Number 5, May 2015
• Position Statement on the Implications of Cannabis Use for Safety-Sensitive Work; Occupational and Environmental Medical Association of Canada
• July 3, 2018 Letter to Howard A. Zucker, MD, JD from the New York Occupational and Environmental Association (NYOEMA)

MSSNY-PAC

(Continued from page 5)

ongoing communications with your local legislators on pressing health care issues. You can sign up here. Building relationships and communicating with decision makers is vital to protecting your ability to continue to deliver needed care. Meeting with legislators is important both at home and in the Capitol.

And of course, political action is an essential complement of our advocacy. We urge you to join MSSNYPAC by going to http://bit.do/MSSNYPAC. If you are already a member, we thank you and ask you to urge your colleagues to participate. You can donate at a variety of levels and there are convenient options for monthly or quarterly donations if you choose.

One last note. March 6 is MSSNY's Albany lobby day where physicians across the State will meet with their local legislators to ensure that decision-makers in Albany are familiar with our priorities and how they impact their constituents and your patients. It is a critical time of the year as it is when health care priority issues for the State Budget are being determined by the Assembly and Senate.

We urge you to please sign up to join us on this extremely important day. There is strength in numbers and the more physicians that join us on lobby day, the louder our voices will be heard. Join us, and tell your colleagues about Lobby Day, PAL and the PAC. We look forward to seeing you on March 6!

The future you save may be your own.

PRESIDENT’S COLUMN

(Continued from page 4)

brings a stalemate or mitigates something worse – liability reform – less success than we’d like, but more protection with excess liability program funded by NY State.

This last couple of years has brought a sea change in politics nationally and at the state level.

BEST RESULTS REQUIRE HELP

This is a critical time for us to maintain, and with your help, increase our efforts on behalf of our patients, for the betterment of public health, and for our practice environment. Advocacy is a multi-pronged, multiple venue, full-contact participatory sport. I pledge to continue to work at my highest level on your behalf. I need your help for our best results.

MSSNY has an excellent recipe for effective advocacy. Advocacy starts at the grassroots level through our House of Delegates, MSSNY committees, and MSSNY Council’s discussion and determination of policy and priorities. Our Legislative Committees review and prioritize the many different items of importance to our members and their patients. Our Governmental Affairs staff works with our committees and physician leaders to design effective messaging.

PRIORITIES SET – MOVE INTO ACTION

Once we have determined our policy, priorities and messaging – we go to work. MSSNYPAC and our PAL program help us to create an environment for ongoing engagement with our elected leaders and regulators throughout the year. Our officers, Councilors, and interested County Medical Society members engage with our legislators, not just at Physicians Advocacy Day, but also throughout the year. Our Governmental Affairs staff provides supportive information to the legislature and the Governor’s office during the drafting and consideration of various legislative items. This is a year round process, but there is a seasonality to it as well. We are at peak legislative activity right now. That will continue until the State budget is enacted, and taper off slowly until the legislature finished their session.

MSSNY continues to speak out about our policy priorities to individual legislators, and the public at large as budget negotiations are now underway. You can help me to improve our chances of success by joining me at our State Legislative day in Albany March 6.

Our MSSNY team will prepare you in the morning with a review of our priorities and talking points and provide you with an opportunity to question a number of New York State Legislators and officials to understand their perspectives about the issues affecting our state. We will assist and coordinate in conjunction with our County Societies and their staff individual meetings with your legislators and staff in their office. You'll even earn three hours of CME for your participation in our program!

We will collect feedback from our physician advocates and friends of medicine, and then reassess and refine our messaging. MSSNYPAC and our PAL Program will continue to engage and enable you to work with your legislators to get the best possible outcomes for our patients.

None of this happens without your help. Come join me in Albany March 6. Make sure you’ve joined MSSNYPAC. Be a PAL.

Your patients, our citizens, and your profession is depending on you.

EXCELSIOR!
by Memorial Sloan officials, Craig Thompson, the hospital's CEO, resigned from Merck's board. The drugmaker had paid him about $300,000 for his service in 2017.

The policy change is just one of the steps the cancer center said it will take to overhaul its corporate relationships and conflict-of-interest policies.

The hospital board on Jan. 11 also formalized a policy that prohibits board members from investing in startup companies that Memorial Sloan helped to found. In addition, it prevents hospital employees from accepting personal compensation, equity stakes or stock options from corporate boards.

The cancer center also has hired Deloitte and two law firms to help conduct an internal review of faculty membership on corporate boards, participation in companies' scientific advisory boards and all consulting relationships.

“This is highly significant, especially at such a high-profile academic center. Leadership matters, and the institution has decided that their leaders should not also be concurrently leading for-profit health companies,” Walid Gellad, MD, director of the Center for Pharmaceutical Policy and Prescribing at the University of Pittsburgh, told the NYT.

Becker’s Hospital Review (1/14/19)

MSSNY IN THE NEWS

Becker’s Spine Review - 12/05/18
Orthopedic surgeon to know: Dr. Vedant Vaksha of Complete Orthopedics (MSSNY member Dr. Vedant Vaksha mentioned)

Becker’s Spine Review - 12/14/18
Orthopedic surgeon to know: Dr. Kenneth Austin of Northeast Orthopedics & Sports Medicine (MSSNY member Dr. Kenneth Austin mentioned)

Fox 40 – 12/15/18
Dr. Robert Holtzman selected as Top Neurosurgeon of the Year by the International Association of Top Professionals (IAOTP) (MSSNY member Dr. Robert Holtzman mentioned)

Newsday - 12/17/18
New York State has record number sign up through Affordable Care Act (MSSNY President Dr. Thomas Madejski quoted)

Lohud.com – 12/17/18
Enrolled in NY Obamacare? What to know about Texas judge’s Affordable Care Act ruling (MSSNY President Dr. Thomas Madejski quoted)

Poughkeepsie Journal – 12/17/18
Enrolled in NY Obamacare? What to know about Texas judge’s Affordable Care Act ruling (MSSNY President Dr. Thomas Madejski quoted)

Buffalo Business First – 12/17/18
ACA ruling could ‘wreak havoc’ on health-care coverage (MSSNY President Dr. Thomas Madejski quoted)

Albany Times Union – 12/31/18
Commentary: New York must think through single-payer system move (Op-ed by MSSNY President, Dr. Tom Madejski)

Rochester Democrat & Chronicle – 01/04/19
Peer support program needed to combat physician burnout (Op-ed by MSSNY President, Dr. Tom Madejski)

The Buffalo News – 01/05/19
Letter: State lawmakers must take care on pot issue (Letter to the Editor from MSSNY President, Dr. Thomas Madejski)

Utica Observer Dispatch – 01/06/19
Pain patients have options, doctors say (MSSNY President Dr. Thomas Madejski quoted)

Also ran in Daily Heralds
Centre Daily Times
News Live TV
Times Telegram
City & State New York - 01/13/19
The Healthcare Power 50 (MSSNY President Dr. Thomas Madejski #28 on the list)

Newsday – 01/15/19
Cuomo: Legalize recreational pot use, under strict regulation (MSSNY quoted)

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Cuomo: Legalize recreational pot use, under strict regulation (MSSNY quoted)
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