Vaccines are the Cornerstone of Public Health

“The health of our patients depends on proper vaccinations. Vaccines are, in fact, the very cornerstone of public health. We must preserve community immunity in order to protect society - especially our most vulnerable, newborn babies, pregnant women, the immune-compromised, and those with cancer.

“Along with 28 other medical and public health organizations and patient advocacy groups, the Medical Society of the State of New York has called on NYS Legislators to authorize ONLY Medical Exemptions from Vaccination.

“Once declared eliminated in the United States by the CDC, measles are now making a comeback. We must do everything that we can to prevent measles from gaining a permanent foothold in New York and prevent the further spread of disease nationally.

“An important first step is ensuring that medical exemptions are the only exemption allowable.”

Medical Aid in Dying

“As physicians, we value the importance of each person’s life. There are great disparities in access and quality of care at the end of life and we are particularly concerned about the impact of Medical Aid in Dying on vulnerable populations.

“Medical Aid in Dying is a complex issue with great variations in the wishes of patients as to the application of care as they approach the end of their natural lifespan or are faced with a terminal illness. The Medical Society of the State of New York is opposed to physician assisted suicide, but we continue to examine the issue through MSSNY’s Task Force on End of Life Care, which is looking at all aspects of the issue. MSSNY is committed to work with physicians and groups on both sides of this difficult question to improve access and quality of palliative care for all of our patients, particularly in their last days.”

MSSNY Press Statements
By Andrew Zwerling

In 2014, New York enacted the Compassionate Care Act, which ultimately led to the implementation of New York’s Medical Marijuana Program (the “Program”). The Program allows patients who suffer from specific serious conditions and who also have a condition clinically associated with, or a complication of, the serious condition, to be certified by a qualified practitioner to receive medical marijuana products for medical use.

A threshold issue confronting practitioners is how one defines what patients are qualified to participate in the Program. Under statutory and regulatory law, to qualify, patients must satisfy two conditions. Absent satisfaction of such criteria, a certified practitioner is prohibited from certifying a patient.

First, a patient must have a qualifying condition. Currently, the only conditions that fall within this category are: 1) cancer; 2) positive status for human immunodeficiency virus or acquired immune deficiency syndrome, provided that the practitioner has obtained from the patient consent for disclosure of this information; 3) amyotrophic lateral sclerosis; 4) Parkinson’s disease; 5) multiple sclerosis; 6) damage to the nervous tissue of the spinal cord with objective neurological indication of intractable spasticity; 7) epilepsy; 8) inflammatory bowel disease; 9) neuropathies; 10) Huntington’s disease; 11) any severe debilitating pain that the practitioner determines degrades health and functional capability; where the patient has contraindications, has experienced intolerable side effects, or has experienced failure of one or more previously tried therapeutic options; and where there is documented medical evidence of such pain having lasted three months or more beyond onset, or the practitioner reasonably anticipates such pain to last three months or more beyond onset; 12) post-traumatic stress disorder; 13) pain that degrades health and functional capability where the use of medical marijuana is an alternative to opioid use, provided that the precise underlying condition is expressly stated on the patient’s certification; or 14) substance use disorder; or 15) any other condition added by the commissioner.

Second, the patient must suffer from a condition or symptom that is clinically associated with, or is a complication of, the severe debilitating or life-threatening condition cited above. Clinically associated conditions, symptoms or complications are limited solely to: cachexia or wasting syndrome; 2) severe or chronic pain resulting in substantial limitation of function; 3) severe nausea; 4) seizures; 5) severe or persistent muscle spasms; 6) post-traumatic stress disorder; 7) opioid use disorder; or 8) such other conditions, symptoms or complications as added by the commissioner.

Andrew L. Zwerling is a Partner-Director at Garfunkel Wild P.C. with over 36 years as a trial and appellate lawyer in State and Federal courts, including his successful argument before the United States Supreme Court. He may be reached at 516-393-2581 and by email at azwerling@garfunkelwild.com.

Queens County Gala

(left to right): Fred Fensterer, MD; Louis Auguste, MD; Michael Richter, MD; Lorraine Giordano, MD; Jay Tartell, MD; Penny Stern, MD; Allen Small, MD; James Satterfield, MD; Arthur Fougner, MD; President Liana Leung, MD; L. Carlos Zapata, MD; Paul Aaronson, MD; Saulius Skeivys, MD.
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"This is the business we’ve chosen.”

Hyman Roth, Godfather 2

So it was back to Albany for yet the third time to testify, this time, before the combined NY Assembly and Senate Health Committees on the New York Health Act. Ably assisted by our Senior VP for Government Affairs, Morris “Moe” Auster, I prepared my testimony, crossed a few t’s and dotted some more i’s and we left in the rain to the Hamilton Hearing Room. Slated to appear at 1PM, we took seats and listened to the witnesses ahead of us. The atmosphere alternated from enthusiasm to hostility and back again. Both Senator Gustavo Rivera and Assemblyman Richard Gottfried continually reminded those assembled that this was, in fact, a hearing and not a pep rally and that all witnesses deserved respect, agreement or not.

Well, 1PM came and went and the beat went on as the testimony continued. The Rand Study of the NY Health Act was cited so many times that I kept expecting someone from Rand to show up to testify. Everyone acknowledged that there was trouble in Healthcare River City so the discussion was focused on how to fix it.

And with healthcare, there are more moving parts than a Swiss watch.

ORDER OF WITNESSES

You can tell a lot about the political landscape by the order of witnesses. We came on after the unions and patient advocates but before the hospitals. I figured we’re moving up in the world. We got the call at 5:30 PM after many in the audience had melted away. At least if my performance were flat, there’d be fewer witnesses.

I have to say that our reception was very cordial. Mr. Auster had given me the heads up that briefer was better so I gave them the Reader’s Digest version, leaning heavily on Resolution 71 from our recent House of Delegates. As our members are clearly divided on single-payer, I shared that with them, but that the one thing we all have in common is that all New Yorkers should have access to quality medical care and that we welcome the opportunity to continue our discussions which have already resulted in changes to the legislation favorable to physicians such as reform of prior authorizations and collective negotiations. In the written submission, we shared alternative solutions to various issues, many of which are bills

(Continued on page 11)

Clock Running Down! Act Now Before Legislature Closes Out the Year!

With just a few weeks remaining until the scheduled end of the 2019 legislative session, time is running short to take action and open doors to effect positive change, making New York a better place for physicians to practice and for their patients to get care.

There are two major points during each Legislative session when the most significant actions are taken: Budget time (at the end of March) and the end of session (this year, the last day of session is scheduled to be June 19). With so much happening in June, the personal relationships that we develop and nurture through our PAL and PAC can make a big difference when things begin to move quickly.

It is incumbent upon you as a physician and advocate for your patients to contribute to our collective efforts in every way that you can, be it with time, leveraging your network of contacts, and supporting political efforts. Competing interests are actively advocating for causes that we oppose and therefore we need to ensure that legislators hear from physicians in Albany and in their districts. You are strongly encouraged to reach out to your local legislators’ district office to set up a meeting where you can discuss MSSNY’s priorities or simply make a phone call or send an email or letter outlining your concerns.

If you are unsure who your local

(Continued on page 13)
Five States with the Highest Medical Malpractice Payouts

Medical malpractice payouts in the U.S. amounted to $4.03 billion in 2018, according to LeverageRx’s 2019 Medical Malpractice Payout Report.

LeverageRx, a lending and insurance broker for healthcare professionals, compiled the report with information from HHS, as well as the National Practitioner Data Bank, Health Resources and Services Administration, Bureau of Health Workforce and Division of Practitioner Data Bank.

Five states with the highest medical malpractice payout amounts in 2018:

1. New York: $685.3 million
2. Pennsylvania: $369 million
3. Florida: $346.9 million
4. California: $269.2 million
5. New Jersey: $226.7 million

Conscience Rule Finalized to Protect Healthcare Workers’ Religious Beliefs

In May, the Trump administration finalized a “conscience rule” to protect healthcare workers who refuse to perform certain services—such as abortion—due to religious beliefs.

The HHS’ Office for Civil Rights issued the 440-page final rule, which offers protections for providers, health insurers and employers that decline to provide, participate in, pay for, provide coverage of or offer referrals for services that violate their religious or moral beliefs. The rule also covers healthcare staff that “assist in the performance” of such services, including schedulers and those who prepare rooms.

The rule is meant to protect individuals and healthcare organizations in HHS-funded programs from discriminating on the basis of religion, according to Roger Severino, director of the OCR. “Finally, laws prohibiting government-funded discrimination against conscience and religious freedom will be enforced like every other civil rights law,” he said.

The OCR said that the rule largely reinforces current laws and regulations that protect a medical provider’s rights to refuse to perform certain procedures, while adding new standards that Medicare and Medicaid providers will need to follow to comply with. Under the rule, applicants for HHS funding must provide assurances and certifications that they are complying with its regulations.

“No new law is being made here,” Severino said on a call with reporters. “What is being done is the provision of enforcement tools for existing conscience and religious freedom protections in healthcare.”

If providers don’t comply with the conscience regulations, they could lose federal funding. The OCR’s Conscience and Religious Freedom Division, which the office established in 2018, will oversee complaints from providers that feel their rights have not been respected.

A Patient Just Sexually Harassed an Employee of My Practice: What Can I Do?

By Andrew Zwerling

It seems like a normal day at your medical practice until one of your female physician-employees informs you that a male patient grabbed and tried to kiss her when she was conducting a routine examination. The patient fled the practice immediately after this event.

Putting aside the issue of whether your employee may file criminal charges against the patient – she can – an issue confronting you as the physician-owner of the practice is whether it is appropriate to discharge the offender as a patient of your practice. As the owner of the practice, under New York law you are required to intervene when put on notice of acts of sexual harassment and assault in your workplace and may be held accountable if you fail to do so. Here, in order to ensure the safety of your staff, one measure you can take is to discharge or terminate the patient.

Significantly, however, there are myriad components to the termination process that should be undertaken in the effort to insulate you and your practice from a claim of patient abandonment. You should inform the patient of the termination in writing and through a method of delivery that allows you to track and confirm receipt by the patient, and also send the letter by first class mail. In the letter you should advise the patient 1) of the reason for the termination; 2) that your practice will be available to him for urgent or emergent care only for a period of thirty (30) days while he transitions his medical care to another qualified provider; 3) that he should contact his insurance provider to assist him in identifying local medical providers to manage or arrange for any ongoing treatment he may need; and 4) that when he finds another provider, that provider may contact your practice to arrange for the transfer of the patient’s clinical records. You may, but are not required to, provide the patient with a list of other similar providers in the area that he can contact to arrange for ongoing treatment, but cannot recommend any particular provider. Finally, you should maintain a copy of the termination letter in your files.

Andrew L. Zwerling is a Partner-Director at Garfunkel Wild P.C. with over 36 years as a trial and appellate lawyer in State and Federal courts, including his successful argument before the United States Supreme Court. He specializes in employment law, and conducts internal investigations for clients relating to sexual harassment and other personnel issues. He may be reached at 516-393-2581 and by email at azwerling@garfunkelwild.com.
NY Primary Care Doctors in PCMH Rose by 35% from 2017-2018

The number of primary care providers in New York State adopting a high-performing, health care delivery model known as the patient-centered medical home (PCMH) rose by more than 35 percent between May 2017 and May 2018, a dramatic increase in the rate of growth over prior years, according to a United Hospital Fund report released on April 18. Over the past eight years the number of clinicians working in PCMH practices has increased at an average rate of roughly 15 percent a year, from 3,400 clinicians in 2011 to more than 9,000 at the end of May 2018. The recent growth coincides with the Delivery System Reform Incentive Payment (DSRIP) program, the state’s Medicaid reform initiative, in which all or most of a patient’s health care needs are coordinated through a primary care physician. The report, Patient-Centered Medical Homes in New York, 2018 Update: Drivers of Growth and Challenges for the Future, is part of a series UHF has produced since 2011 tracking the adoption of the PCMH model across New York State. New York State continues to lead the nation in the adoption of the medical home model, accounting for 15 percent of the nation’s NCQA-recognized PCMH clinicians.

PCMH is a patient-centric model of care that strengthens relationships between patients and their clinical teams, focusing on improving the health of the population served by the practice. It is especially valuable for treating people with multiple chronic conditions, who generate a disproportionate share of U.S. health care costs.

Primary care practices that have adopted the PCMH model are also struggling with a rapidly changing and challenging health care landscape. The emergence of telemedicine, convenient care (e.g., retail clinics and urgent care centers), and concierge medicine, among other innovations, threatens to make it more difficult for PCMH practices to thrive. The report offers suggestions that could make medical homes better able to compete, including: improving access by expanding hours; focusing on prevention and health education; helping patients negotiate the health system during and after acute episodes and hospitalization; and helping patients with multiple chronic diseases better manage their conditions.

New Rule Requires Drug Price Disclosure in TV Ads

The HHS finalized a rule on Wednesday that will require drugmakers to post the list prices of their products in TV ads. The policy applies to all drugs covered by Medicare that cost $35 or more per month or over the course of treatment. The rule takes effect 60 days after it is published in the federal register. The drug industry might challenge the rule.

“We’re moving from a system where patients are left in the dark to where patients are put in the driver’s seat,” Alex Azar, secretary of health and human services, said in a speech.

The rule makes drug companies more accountable to New York consumers, said Eric Linzer, president and CEO of the state Health Plan Association.

“The emergence of telemedicine, convenient care (e.g., retail clinics and urgent care centers), and concierge medicine, among other innovations, threatens to make it more difficult for PCMH practices to thrive.”

The report offers suggestions that could make medical homes better able to compete, including: improving access by expanding hours; focusing on prevention and health education; helping patients negotiate the health system during and after acute episodes and hospitalization; and helping patients with multiple chronic diseases better manage their conditions.

MSSNY Seeking Information re NYS Physicians Having Difficulties with Walmart on Prescribing Practices

MSSNY is interested in hearing from physicians who may have received a letter from Walmart in regards to the prescribing practices for controlled substance. Walmart, Walgreens and CVS pharmacies have implemented the CDC Guidelines for Prescribing Opioids for Chronic Pain as corporate policy. MSSNY has learned that Walmart has sent letters to physicians throughout the country about their prescribing practices. In the letters, Walmart indicated that it will no longer be accepting physicians’ prescriptions for Controlled Substances II-V after Walmart’s review of a physician’s prescribing practice.

MSSNY is extremely concerned about corporate policies that could result in refusal to fill prescriptions above certain doses and to refuse to fill prescriptions from certain physicians based on the corporation’s arbitrary definitions of questionable prescribing patterns. MSSNY is aware that a few NYS physicians have received this letter and several physicians have been told by Walmart that it will not honor any prescription for Controlled Substance II-V. MSSNY has brought this matter to the attention of the NYS DOH Bureau of Narcotics and is awaiting further information from them. Any physician who may have received this letter, please contact Pat Clancy, Sr. Vice President, Public Health and Education/Managing Director, at pclancy@mssny.org or by phone at 518-465-8085.
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AAP and AAFP: New Guidance for Sports Physicals

Several medical groups, including the American Academy of Pediatrics and the American Academy of Family Physicians, have released new guidance on conducting a pre-participation physical evaluation, also known as the sports physical. The update includes new information on seeing female and transgender athletes, as well as evaluating a student’s mental health. Clinicians can address subjects like bullying, drug and alcohol use, and birth control during the sports physical.

The groups recommend doing the evaluation as part of the child’s regular health screening visit.

AAP news release; Background: NEJM Journal Watch

WHO Releases New Guidelines on How to Reduce Risk of Dementia

The World Health Organization released new guidelines on how to reduce the risk of dementia. The guidelines recommend that people reduce their risk for dementia or cognitive decline through exercise, reduced use of tobacco and alcohol, and other means. Click here for story.

Pediatrics: Telemedicine Tied to More Antibiotics for Kids

Telemedicine may be leading to the overprescribing of antibiotics to sniffling children, a new study suggests. The study was published in the journal Pediatrics. Children with cold symptoms seen via telemedicine visits were far more likely to be prescribed antibiotics than those who went to a doctor’s office or clinic, researchers found. And a higher proportion of those prescriptions disregarded medical guidelines, raising the risk they could cause side effects or contribute to the rise of antibiotic-resistant germs.

“I understand the desire for care that’s more convenient and timely,” said the study’s lead author, Dr. Kristin Ray of the University of Pittsburgh. “But we want to make sure that we don’t sacrifice quality or safety or effectiveness in the process.” Ray and her colleagues looked at more than 340,000 insured children who had acute respiratory illness medical visits in 2015 and 2016.

Children received prescriptions for antibiotics more than half the time during telemedicine visits, compared with 42% at urgent care clinics and 31% at doctors’ offices.

The researchers also found that in looking at telemedicine doctors’ decisions about whether to prescribe or not prescribe antibiotics, 4 out of 10 failed to meet medical guidelines on matching treatment to diagnosis. That mainly had to do with doctors prescribing bacteria-fighting drugs to treat viral illnesses, such as colds and flus, that are unaffected by antibiotics. In comparison, 3 out of 10 urgent care clinic decisions were inappropriate, and about 2 out of 10 doctors’ office decisions were. The researchers also found telemedicine physicians appeared to be ignoring other guidelines. For example, doctors are supposed to take a throat swab and run a lab test before diagnosing strep throat. But that rarely happened in telemedicine visits, Ray said.

A large recent study on antibiotic prescribing patterns for adults found little difference between telemedicine and office visits. But there has been little study of the issue in children.

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Earn financial incentives with complimentary assistance and support services

If your practice is using an EHR to capture patient data and coordinate care, you may be eligible for free support and assistance achieving Promoting Interoperability (formerly Meaningful Use) Program objectives through the Medicaid Eligible Professional Program, a New York State Department of Health initiative.

The New York eHealth Collaborative Healthcare Advisory Professional Services (HAPS) team is ready to assist providers in achieving the various stages of Promoting Interoperability.

Find out more at nyehealth.org/support
This free full-day clinical conference will discuss substance use and harm reduction in New York State, with a special focus on the opioid epidemic.

This conference is primarily intended for New York State medical providers including physicians, physician assistants, nurses, nurse practitioners, certified nurse midwives, dentists, and pharmacists.

Limited seating is available to non-clinicians who register as part of a healthcare team.

https://rebrand.ly/StigmatoAction

REGISTER TODAY!

QUESTIONS?
Contact Rob Walsh
212-731-3791
robert.walsh@mountsinai.org

From Stigma to Action: Addressing Substance Use, Harm Reduction, and Healthcare
FRIDAY, AUGUST 9, 2019  9AM – 5PM
Crowne Plaza 701 East Genesee Street Syracuse, NY 13210

REGISTRATION NOW OPEN!

The University at Buffalo School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. "From Stigma to Action: Addressing Substance Use, Harm Reduction, and Healthcare," a live, knowledge-based activity, has been assigned ACPE#: 0044-9999-18-013-L01-P and will award 6.5 contact hours or 0.65 CEUs of continuing pharmacy education credit. No partial credit will be awarded.

Continuing Nursing Education
The University of Rochester Center for Nursing Professional Development is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation. 6.25 Nursing Contact Hours will be provided.

Continuing Medical Education
The University of Rochester School of Medicine and Dentistry is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The University of Rochester School of Medicine and Dentistry designates this live activity for a maximum of 6.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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MSSNY IN THE NEWS

Cooperstown Crier 04/25/19  Basset Doctor to Lead State Medical Society (MSSNY Vice President Dr. Joseph Sellers mentioned)

Medscape 04/26/19  Zocdoc's New Per-Patient Fee Hits a Nerve With Some Physician (MSSNY mentioned)

Malone Telegram 04/27/19  Dr. William Latrielle, MD elected as Speaker of the Medical Society of the State of NY's 213 House of Delegates (MSSNY Speaker, Dr. William Latrielle mentioned)

Time.com 05/05/19  A Boat Crushed His Face, Then Plastic Surgeons Hit Him With $167,000 in Medical Costs (Former MSSNY President Dr. Andrew Kleinman quoted)

NY Daily News 05/06/19  NY Doctors group backs law to strike religious exemptions of measles vaccination amid national epidemic (MSSNY President Dr. Arthur Fougner quoted)

LoHUD.com 05/06/19  Measles outbreak: New York doctors urge lawmakers to end religious exemptions to vaccine (MSSNY President Dr. Arthur Fougner quoted)

Also ran in Ithaca Journal
Press Connects
Star Gazette

WRAL.com 05/06/19  Medical groups, county health officials support vaccines (MSSNY mentioned)

NY Post 05/06/19 State doctors’ group wants ban on religious exemptions for vaccines. (MSSNY President Dr. Robert Hotzman mentioned)

Crain's New York Business 05/06/19  State medical society calls for only medical exemptions from measles vaccination (MSSNY President Dr. Arthur Fougner quoted)

Fox 21 Delmarva 05/06/19  Dr. Robert Holtzman Selected for the Lifetime Achievement Award by the International Association of Top Professionals (MSSNY member Dr. Robert Hotzman mentioned)

The Jewish Voice 05/08/19  NYS Doctors Group Calls to Strike Law Allowing for Religious Exemptions for Measles Vaccination (MSSNY mentioned)

The Buffalo News 05/10/19  Editorial: Decriminalize marijuana, don’t legalize (MSSNY Immediate Past President Dr. Thomas Madejski mentioned)

Albany Times Union 05/13/10  Legislative push for seat belt requirement in rear of automobiles (MSSNY mentioned)

100 Rocks 05/14/19  AAA, NY Medical Society push for back-seat seat belt law (MSSNY mentioned)

PostStar 05/13/19  AAA, NY Medical Society push for back-seat seat belt law (MSSNY mentioned)

MyJournalCourier 05/13/19  Legislative push for seat belt requirement in rear of automobiles (MSSNY mentioned)

Also appeared in
Press Republican
Satoshinkomotoblog 05/06/19  State doctors’ group wants ban on religious exemptions for vaccines. (MSSNY President Dr. Arthur Fougner quoted)

WCBS 880 AM 05/06/19  Medical Groups Call On State To Eliminate Religious Exemptions For Vaccines (MSSNY President Dr. Arthur Fougner interviewed)

LoHud 05/21/19  Vaccinations: Will New York soon end religious exemptions amid measles outbreak? (MSSNY President, Dr. Arthur Fougner appears in video)

Times Union 05/14/19  'Medical aid in dying' gains new allies (MSSNY mentioned)

Wall Street Journal 05/14/19  New York Bill to Close Vaccination Loophole Stalls in State Assembly (MSSNY mentioned)

Times Union 05/14/19  'Anti-vaxxers' including RFK Jr. rally at Capitol (MSSNY mentioned)

AP 05/15/19 Senate passes package of road, waterway safety measures (MSSNY mentioned)

Times Record Online 05/16/19  Senate passes package of road, waterway safety measures (MSSNY mentioned)

Washington Free Beacon 05/17/19  NY Medical Society Rejects Assisted Suicide (MSSNY mentioned)

City & State 05/20/19  Closing the window on recreational marijuana (MSSNY mentioned)

LoHud 05/21/19  Vaccinations: Will New York soon end religious exemptions amid measles outbreak? (MSSNY President, Dr. Arthur Fougner appears in video)

Also appeared in
MyTwinTiers
Mid-Hudson News
CNY News
98.1 The Hawk
Hudson Valley 360

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Also Appeared in
Hamodia
CTPost
Record Online
My Journal Courier
MySanAntonio.com
Registercitizen.com
SFGate.com
Tri-City Herald
Daily Freeman
Belleville News-Democrat

Are you a member of MSSNYPAC? If not, why not? MSSNY Advocacy Needs Your Support www.mssnypac.org
First-Year Doctors Spend 3 Times More Hours on EHRs than Patient Care

First-year residents spend 10.3 hours a day, or about 43% of their time, interacting with electronic medical records, according to a new study.

First-year residents, or interns, spend nearly 90% of their work time away from patients, half of which is spent interacting with electronic health records and documentation, according to a new study. Interns spend approximately 13% of their time, or three hours during a 24-hour time period, interacting with patients face-to-face during a typical day, and yet much of that is still spent multitasking, according to researchers from Penn Medicine and Johns Hopkins University whose study was recently published in JAMA Internal Medicine.

Roughly 25% of interns’ time interacting with patients occurred at the same time as coordinating care or updating medical records, the study found.

First-year residents spend 66% of their time, nearly 16 hours, on indirect patient care. That’s almost five times more hours on indirect patient care than on face-to-face patient care. Most of that time, 10.3 hours, was spent on interacting with EHRs. In addition, interns spent close to six hours a day communicating with team members and 3.3 hours communicating with non-team members.

Interns only spent 1.8 hours, or 7% of their time, on education, including studying and time spent being taught while in the hospital, and five hours, about 20% of their time, doing rounds.

According to the researchers, it’s the largest study to look at how first-year doctors spend their workday with the aim of gaining a better understanding of what medical residents did while in training, such as how much time they spent in education and patient care.

The research is a part of a larger effort known as the Individualized Comparative Effectiveness of Models Optimizing Patient Safety and Resident Education (iCOMPARE) study. This multi-year study, funded by the National Institutes of Health (NIH) and the Accreditation Council for Graduate Medical Education (ACGME), examines the effects of shift lengths on young doctors and their patients.

For this latest study, researchers analyzed data from six different internal medicine programs that took part in the national iCOMPARE study. Researchers recorded the activities of 80 interns over three months in 2016, gathering data on 194 shifts spanning 2,173 hours.

President’s Column

(Continued from page 4)

under consideration such as the collective negotiation which we felt was key. When pressed on the issue of the best way to handle healthcare cost, Moe jumped in as the cavalry and adeptly moved the conversation in another direction. I shared that there are other costs in healthcare besides monetary.

Finally, it was over and I got in my car for the long rain-soaked drive home. But hey – at least it wasn’t measles.

Roads go on
While we forget, and are
Forgotten like a star
That shoots and is gone.
Roads by Edward Thomas
DO YOU KNOW AN OUTSTANDING PHYSICIAN?

The Medical Society of the State of New York is accepting nominations for the 2018 ALBION O. BERNSTEIN, MD AWARD

This prestigious award is given to:

“…the physician, surgeon or scientist who shall have made the most widely beneficial discovery or developed the most useful method in medicine, surgery or in the prevention of disease in the twelve months prior to December, 2018.”

This award was endowed by the late Morris J. Bernstein in memory of his son, a physician who died in an accident while answering a hospital call in November, 1940.

The $2,000 award will be presented to the recipient during a MSSNY Council Meeting.

Nominations must be submitted on an official application form and must include the nominator’s narrative description of the significance of the candidate’s achievements as well as the candidate’s curriculum vitae, including a list of publications or other contributions.

To request an application, please contact: Committee on Continuing Medical Education Miriam Hardin, PhD, Manager, Continuing Medical Education Medical Society of the State of New York 99 Washington Avenue, Suite 408 Albany, NY 12210 518-465-8085 mhardin@mssny.org

DEADLINE FOR NOMINATIONS: September 9, 2019
legislators are, you can look them up here: http://tiny.cc/LegislatorLookup.

We’ve made significant progress toward passage of priority issues thanks to continued Albany and local grassroots advocacy and we need to ensure that these efforts continue. And we also face numerous threats that would endanger patient care and make it more difficult for physicians to continue to deliver timely needed patient care.

Among MSSNY’s chief legislative priorities are the following items:

- **SUPPORT** - Removing the religious exemption to mandatory vaccines, only allowing for medical exemptions to immunization in order to improve herd immunity and protect vulnerable populations
- **SUPPORT** – Reducing the hassles of prior authorization, including shortening insurers’ timeframe for review and preventing revocation of approved authorizations
- **SUPPORT** - Allowing independent physicians to negotiate collectively with insurance companies in situations where individual payers dominate a market
- **SUPPORT** - Restricting insurance companies from changing your patients’ prescription formularies mid-year
- **SUPPORT** - Ensuring due process for physicians that are terminated by non-renewal from an insurers’ network
- **OPPOSE** – Requiring physicians to have duplicative discussions regarding opioids and to maintain excessive paperwork
- **OPPOSE** - Expanding physician liability expansion and making it more difficult for a physician to defend themselves in a medical liability action
- **OPPOSE** - Expanding the scope of practice for various non-physicians, including podiatrists, dentists, pharmacists and dieticians

MSSNY’s grassroots action center has a variety of template letters that allow you to quickly and easily send a letter on many of these topics to your local legislators. Please take action by going to https://cqrcengage.com/mssny/.

And please support our ongoing efforts to help elect physician-friendly candidates to office by donating to our PAC at http://tiny.cc/MSSNYPAC.

MSSNY’s physician leaders and advocacy staff are working day and night to advance MSSNY’s agenda but your support is needed. Your participation in the policy-making process is essential as legislators and regulators continue to push harmful mandates and move far too slowly on implementing the reforms that you and your patients desperately need. So we must keep the pressure on, ensuring that the physician community is adequately represented in the conversation.

Please continue to support our team efforts, through grassroots advocacy and support of MSSNYPAC. And please ask your colleagues to do the same.
Managing Negative Online Reviews

Healthcare providers recognize that along with their practice websites, public websites such as Yelp, Healthgrades, and Rate MDs, and social media sites like Facebook and Twitter, can be used as marketing tools to inform the public of their services. The online community, however, is then afforded an opportunity to respond, rate, and, at times, complain about those services. These statements and reviews are readily accessible to anyone with an internet-ready device to open and read.

While there is a basic instinct to immediately respond to negative online reviews, healthcare providers must remember that privacy rules make a complete response via social media inappropriate, and responding directly to an online post puts the healthcare provider at risk of disclosing protected health information (PHI). Your response may not contain any identifying statements, but the mere recognition of a patient-provider relationship is a potential HIPAA violation.

The following tips will help you successfully and appropriately respond to negative online reviews:

1. Critically review all social media posts for accuracy and authenticity. While some negative statements regarding the performance of you or your staff may be difficult to read, evaluate these reviews to determine if there is any opportunity for learning or process change.

2. Do not become engaged in online arguments or retaliation – especially if the comments made are particularly negative and potentially detrimental to the reputation of the facility or physician.

3. According to federal and state confidentiality and privacy laws, providers are precluded from identifying patients on social media. In order to protect patient privacy, all patient concerns and complaints should be resolved by the practice by contacting the patient directly and not through social media.

4. If you do choose to respond via social media, use a standard response that also serves as a marketing opportunity for your practice. Some examples include:

   “[Insert name] Medical Group is proud to have been providing comprehensive and compassionate care in the community since [insert year] and takes our treatment of its patients and their privacy seriously. Because federal privacy laws govern patients’ protected health information, it is not the policy of [insert name] Medical Group to substantively respond to negative reviews on “ratings” websites, even if they provide misleading, unfair or inaccurate information. We welcome all our patients and their families to address any concerns/requests or information about their care with us directly, as we strive to continue to provide individualized care in our community.”

   “At our medical practice, we strive for patient satisfaction. However, we cannot discuss specific situations due to patient privacy regulations. We encourage those with questions or concerns to contact us directly at [insert phone number].”

5. If you feel the patient’s complaint has disrupted the physician-patient relationship, consider discharging the patient from your practice. This action may be viewed as retaliatory by the patient and may set off a new series of negative posts. Attorneys at Fager Amsler Keller & Schoppmann, LLP are available to assist you to make this decision.

6. Notify your local authorities if you feel at any time that your safety, the safety of your staff or your family is threatened or at risk.
OBITUARIES

APELBAUM, Jack I.; Staten Island NY. Died April 03, 2019, age 96. Medical Society County of Kings

ASSALONE, Natalie; Port Jefferson NY. Died April 09, 2019, age 45. Suffolk County Medical Society

AUFSES, Arthur Harold Jr.; New York NY. Died April 23, 2019, age 93. New York County Medical Society

BEHRENS, Myles Michael; New York NY. Died April 12, 2019, age 80. New York County Medical Society

BERLINERBLAU, Rubin; Brooklyn NY. Died April 02, 2019, age 90. Medical Society County of Kings

BORIZZELLA, Blanche A.; Watkins Glen NY. Died February 09, 2019, age 73. Schuyler County Medical Society

DEMTRAK, Christopher S.; Vestal NY. Died March 08, 2019, age 80. Broome County Medical Society

JAMISON, Robert L.; Rochester NY. Died March 12, 2019, age 93. Monroe County Medical Society

JEPPSON, Janet O.; New York NY. Died February 25, 2019, age 92. New York County Medical Society

KALMANN, Alfred J.; New York NY. Died March 10, 2019, age 96. New York County Medical Society

KAPHAN, Mitchell Lee; New Rochelle NY. Died March 11, 2019, age 66. Medical Society County of Queens

KELLY, John Edward Jr.; North Syracuse NY. Died March 15, 2019, age 88. Onondaga County Medical Society

KULICK, Kevin B.; Kenmore NY. Died February 25, 2019, age 68. Erie County Medical Society

NORFLEET, Dennis Powers; Oswego NY. Died March 26, 2019, age 75. Medical Society County of Oswego

PACHIKARA, Samson A.; New Hartford NY. Died March 22, 2019, age 63. Tompkins County Medical Society

PETRSON, Charles Craig; Schenectady NY. Died March 14, 2019, age 58. Medical Society County of Schenectady

PETRSON, Charles Edwin; Schenectady NY. Died March 14, 2019, age 88. Medical Society County of Schenectady

SABBIA, Richard F.; Stamford CT. Died March 16, 2019, age 90. Medical Society County of Westchester

SCHREIBER, Robert L.; Syracuse NY. Died March 15, 2019, age 92. Onondaga County Medical Society

SEAMAN, John Hamlin; Washington DC. Died December 10, 2019, age 92. Medical Society County of Kings

SEMPROWICH, Richard J.; Huntington, NY. Died March 30, 2019, Age 89. Suffolk County Medical Society

THORSELL, H. Gregory; Jamestown NY. Died February 28, 2019, age 88. Medical Society County of Chautauqua

WEINRAUCH, Harry; New York NY. Died April 23, 2019, age 90. New York County Medical Society

The Alliance held its 83rd Annual Meeting at the MSSNY HOD on April 11 – 12, 2019 at the Westchester Marriott. Officers appointed for 2019-2020 are: Co-Presidents Joan Cincotta (MAL-Onondaga) May 1 - August 31, Helena Mirza (Schenectady) September 1 - December 31 and Barbara Ellman (MAL-Albany) January 1, 2020 – April 30, 2020. Nuise Bhitiyakul (Ulster) will serve as First Vice President; Corrie Verde (Richmond) will serve as Treasurer and Lois Gullott (Schenectady) will serve as Secretary.

Barbara Ellman noted that she attended MSSNY’s Legislation Day in March and reported that recreational marijuana was the prime topic of discussion – MSSNY is not in favor of this. She also reported that MSSNPAC was very appreciative of the extremely generous donation the Alliance made to the PAC. Legislation Day for 2020 will be March 6.

A discussion was held regarding the future of AMSSNY in lieu of declining membership. All those present expressed the desire to continue to support the Alliance and its works for as long as possible. The Alliance would encourage all MSSNY members to urge their spouses/partners to support its missions and its works.

BROOME COUNTY SCHOLARSHIPS

Members of the Broome County Alliance continue to raise funds for scholarships and to hold activities throughout the year. It awarded six health career scholarships, four nursing awards and an additional award to the Broome County Medical Society’s Medical Student Scholarship Fund.

A financial statement was presented by Treasurer, Corrie Verde. A proposed budget will be presented via email at a later date.

Nuise Bhitiyakul, AMA Foundation Chair, announced that any contributions to this Fund would be designated for the Dr. Duane and Joyce Cady Physicians of Tomorrow Scholarship Fund. A portion of the Gavel Club dues was presented to the Broome County Alliance Scholarship Fund. A proposal was made to present a portion of the funds raised at the MLMIC dinner from the raffle. The raffle raised nearly $1400 with a portion going also to Physicians’ Home and to the Belle Tanenhaus Educational Fund.

A Memorial Service was held remembering Alliance members who have passed during the past year. Those memorialized were Patricia Farrell, Broome County and Frances Coletti, Nassau County.

The AMA Alliance will be holding its Annual Meeting June 8-11 in Chicago and Joan Cincotta has agreed to attend to represent NYS.

The Nominations Committee for 2020-2021 will meet at the Alliance Fall Conference in Schenectady October 6-7.

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CLASSIFIED ADVERTISING

PHYSICIANS’ SERVICES

IS YOUR BUSINESS WEBSITE COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT (ADA)?
If not you may be subjected to legal action! We can do a free audit of your website and let you know what corrections are needed. Call 516-830-1973 or visit www.adarules.com for more information.

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New York Medicine Doctors Center is a multi-speciality Medical Agency networking some of the best medical professionals and specialists in the New York Tri-State area. Our offices currently serve both Manhattan and Queens, providing a variety of advanced technological on site testing, imaging, and services for the most rapid results.

We are actively looking to bring on board an array of Doctors specializing in Primary Care, Gynecology, Gastroenterology, ENT, Urology, Podiatry and Dermatology.

As we continue to broaden our medical services in both locations, we also provide individualized on-boarding contracts with health benefits, tailored in-house marketing and advertising, practice management assistance, and in house team of administration dedicated in serving any and all concerns whether it be credentialing or equipment related tasks.

If you are interested in joining our growing network, please do not hesitate to contact us at 718-969-8550 or 212-931-8533. Our direct email is drshusterman@gmail.com Primary Contact: Oksana

OFFICE SPACE FOR LEASE/RENT/SHARE

PARK AVENUE MEDICAL OFFICE FOR SALE
On Park Ave, for sale is a large medical office, in a beautiful full service co-op with two entrances, one of which is an impressive doorman in lobby entrance. The office has high ceilings, easily adaptable to any specialty and priced to sell. Three good size rooms easily converted to five exams, plus consult, bathroom, reception and large waiting room. Outstanding location. A must see. View floorplan http://ow.ly/kKOI30o6MjI. Call Jeff Tanenbaum, 646-234-2226 or email jtanenbaum@halstead.com for showings and more information.

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Available Tuesdays/Fridays, $450 half session, $750 full session. Elegant office space, beautiful waiting room with new stone and granite reception desk, custom molding, large windows, abundant natural light, TV, and refreshment counter. Four new exam rooms and dictation room. New stainless and granite kitchenette. State-of-the-art network infrastructure meets HIPPA & PCI DSS compliance standards. Digital X-ray room with PACS in each exam room available as an option. Located in close proximity to LIE, Northern State Pkwy and Vets Memorial Hwy.
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MEDICAL OFFICE SPACE FOR RENT!
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JULY 2019 ISSUE CLOSES JUNE 15 • $200 PER AD; $250 WITH PHOTO

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