Comprehensive Study of Americans' Attitudes on Health Care Uncovers Deep Concern About Costs, Candidate Proposals and the Opioid Epidemic

The Physicians Foundation recently released its biennial Survey of America’s Patients, revealing the biggest hurdles facing Americans today in our country’s expensive and hard to navigate health care system.

“The Physicians Foundation’s survey is meant to be a comprehensive look at patients’ views on multiple aspects of our health care system; however, it’s clear that costs, policy issues and the opioid epidemic are areas of concern,” noted Gary Price, M.D., president of The Physicians Foundation. “The survey also shows that patients want their physicians to assume greater leadership roles in advocating for solutions to these pressing issues.”

COSTS

The survey found that the rise in what patients pay for medical care is causing significant financial concern with nearly half (42%) of Americans only being able to afford $500 or less in unexpected medical expenses before facing financial issues.

To make matters worse, 84% of patients are concerned that health insurance plans are putting profits over patients’ health needs, with 46% agreeing that health care companies only want their profits and 46% believing that health care companies still put profits over the health needs of patients.

Who Has the Final Say in Health Care Delivery?

The physician should be allowed to overrule the health insurance company when it comes to determining the right treatment plan.

My physician’s opinion needs to outweigh my insurer’s opinion when it comes to my health care.

Agree (NET) | Strongly agree | Somewhat agree | Disagree (NET) | Somewhat disagree | Strongly disagree
---|---|---|---|---|---
94% | 59% | 35% | 6% | 5% | 1%

The physician should be allowed to overrule the health insurance company when it comes to determining the right treatment plan.

As leaders of patient care, the physician’s voice must be from and center around health care access, cost and quality.

Agree (NET) | Strongly agree | Somewhat agree | Disagree (NET) | Somewhat disagree | Strongly disagree
---|---|---|---|---|---
93% | 51% | 42% | 7% | 6% | 1%

NY To Offer Free Coaching, Nicotine Replacement Therapy to Vapers

New York will begin offering free coaching and nicotine replacement therapy to e-cigarette users who are looking to stop vaping. On October 21, the New York Department of Health announced that it has expanded services available through the New York State Smokers’ Quitline in response to a nationwide outbreak of vaping illnesses that has killed 33 people and hospitalized nearly 1,500 more.

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---|---|---|---|---|---
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(Continued on page 6)
Important Information for Board-Authorized Medical Providers

As you may be aware, a new law was passed this summer expanding the types of medical providers that can be authorized by the New York State Workers’ Compensation Board to treat injured workers. Beginning very soon, licensed clinical social workers, nurse practitioners, acupuncturists, physician assistants, occupational therapists and physical therapists may apply to become a Board-authorized provider. When the new law goes into effect on January 1, 2020, these providers will be able to treat injured workers and bill for services under their own Board authorization.

If your practice employs any of the expanded lists of providers and they currently treat injured workers under the supervision of an authorized physician, it’s important to note that as of January 1, 2020, they will no longer be able to bill under a supervising physician. All medical provider types included in the new law will need to obtain their own Board authorization to bill for workers’ compensation-related services.

ACTION REQUIRED

Please inform all affected providers in your practice of this change so they can apply for Board authorization before January 1, 2020.

Note: If physical therapists or occupational therapists submit an application for authorization prior to January 1, 2020, but such application has not yet been acted upon by the NYS Workers’ Compensation Board Chair or Chair’s designee, they may continue to treat pending approval of the authorization application.

AUTHORIZATION PROCESS

To apply for authorization, medical providers will need to:
• Sign up to use the NYS Workers’ Compensation Board Medical Portal* once it is available on the Board’s website.
• Complete the required training courses — note that training must be completed before the application can be submitted.
• Fill out the online application and submit it to the Board.

*To stay informed, sign up for WCB Notifications. Upon signup, select the topics that you want to receive emails about. Select “health care provider” to receive news relevant to medical providers, including availability of the new Medical Portal, training and online authorization application.

MORE INFORMATION & RESOURCES

Additional information on the Expanded Provider Law, including frequently asked questions and provider-specific fact sheets, is available at wcb.ny.gov/newprovider.

Bills Signings Ramping Up – Physician Action Needed!

As of today, there were still nearly 500 bills that passed both houses in 2019 that were awaiting delivery to the Governor. But with just a few months left in the year, the flurry of bill signings/voeves has begun.

Physicians can quickly and easily send a letter to the Governor here on the following:

Support Ending Mid-year Formulary Changes – would prohibit a health insurer from removing a prescription drug from a formulary during the patient’s policy year. Moreover, if the plan’s drug formulary has two or more tiers of drug benefits with different deductibles, copayments or coinsurance, the plan may not move a drug to a tier with higher patient cost sharing during the policy year. It also prohibits the plan from adding new or additional formulary restrictions during the policy year. Please urge the Governor to sign this bill into law here.

Support Partial Prescription Fills – would allow prescribers, in consultation with their patients, to prescribe up to a 30-day supply of a controlled substance with a notation to the pharmacist that they should only dispense the amount agreed to by patient and prescriber. Each partial fill would be dispensed and recorded in the same manner as a normal refill and the aggregate quantity dispensed across partial fillings may not exceed the overall total quantity prescribed. This measure should help to address patients’ pain while reducing the amount of leftover medication in households. Please encourage the governor to sign this legislation by clicking here.

Oppose Liability Expansion – two bills passed the Legislature that will further tip the scales in lawsuits against physicians and the business community generally, adding costs and potentially increasing your liability premiums while doing nothing to reform the current broken system. One would force physician defendants into making a “blind gamble” in cases involving multiple defendants where one defendant settles prior to trial and would enable in many cases the total payout to a plaintiff to actually exceed a jury’s award. The other would allow plaintiffs to collect a judgment from a third party that is not a direct party to the lawsuit in question. The bill would permit this to occur even though the plaintiff had not sued or perhaps could not have sued the third-party defendant in the first instance. Please urge the Governor to veto these bills here.

“When is the Flu Not the Flu?” CME Webinar on November 20; Register Now

Be sure to sign up for Medical Matters: When is the Flu Not the Flu? on November 20 at 7:30am. This is a companion program to the October Medical Matters webinar: Influenza 2019-2020. William Valenti, MD, chair of MSSNY Infectious Disease Committee and a member of the Emergency Preparedness and Disaster/Terrorism Response Committee will serve as faculty for this program. Registration is now open for this webinar here. Please click here to view the flyer for this program.

EDUCATIONAL OBJECTIVES ARE:
• Recognize the distinction between types of influenza and other similarly presenting illnesses
• Describe key indicators to look for when diagnosing patients presenting with flu-like symptoms

Additional information or assistance with registration may be obtained by contacting Melissa Hoffman at mhoffman@mssny.org.

The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Medical Society of the State of New York designates this live activity for a maximum of 1.0 AMA/PRA Category 1 credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
“MLMIC is a gem of a company.”

- Warren Buffett, CEO, Berkshire Hathaway

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Consult with “Dr.” Howard Beale

This weekend, I attended the Pennsylvania Medical Society’s Annual House of Delegates and Presidents’ Gala. Both Immediate Past President Dr. Danae Powers and new President Dr. Lawrence John listed Physician Burnout as a thing. Dr. John promised to make it a major focus of his term. Later, I ran into Dr. Chuck Cutler who had been involved with the MOC Vision Initiative and had been instrumental in getting MOC nemesis Dr. Wes Fisher to the AMA meeting. I asked Dr. Cutler what it would take to really move the needle on MOC. He replied: “More Anger.”

I thought about this the rest of the day and in a free moment, I reached out to an “old colleague, Dr.” Howard Beale (Yes, that Howard Beale, who still is mad as hell!). “Dr. Beale” was once “In Network,” but now clearly out. “Howard “was gracious enough to give me the outline of a therapy to help physicians on the road to recovery from their own slings and arrows of outrageous fortune. I will share his insights with you:

**Colleagues:**

*I don’t have to tell you things are bad. Everybody knows things are bad. Physicians are suffering depression. Everybody is overworked or scared of losing their jobs. Reimbursement dollars buy a nickel’s worth. Offices are closing. Practices are being gobbled up by hospitals and patient satisfaction has inmates running the asylums. There’s nobody anywhere who seems to know what to do, and there’s no end to it. Patient visits are now data entry sessions. The care we render hardly counts for quality. We sit watching our computer screens while we learn in an email that another physician committed suicide, as if that’s the way it’s supposed to be. The phone rings with the word that another attempted prior authorization was denied and we need to set up a call with some medical director’s minion. Patients are suffering. Physicians are suffering. And now, another email reminder appears in the inbox that another cycle of Maintenance of Certification is coming due. We all know things are bad – (Continued on page 11)*

Compacted 2020 Legislative Session Means Accelerated Advocacy Needed

Next year’s legislative calendar has been released, with session scheduled to end three weeks earlier than usual to accommodate next year’s June 23rd primaries. Instead, legislators will be in Albany more days per week throughout the Session, so there is likely to be a flurry of activity earlier in the year than what has previously been the case.

Because of this accelerated schedule, it is more vital than ever for physicians to be in regular communication with their local legislators throughout November and December in preparation for the 2020 Session commencing in January.

It is also a critical reason why you need to plan to be in Albany for Physician Advocacy Day on March 4.

Setting the stage for a productive session, including meeting with legislators to discuss the issues affecting physicians’ ability to provide timely and effective treatment to our patients, is absolutely vital. It takes a concerted effort throughout the entire year, whether that is in local meetings or participating in local political events.

As such, it is incumbent upon physicians to take the time to develop and enhance relationships with local legislators, through both local meetings and local political activity including participation with MSSNYPAC. (Continued on page 8)
Kathi Dyman Retires as Executive VP of Four County Management After 26 Years

Kathi Dyman will retire from her full time position of Executive Vice President of Four County Management Corporation at the end of this year. Beginning January 1, 2020 Kathi will no longer travel on behalf of the Medical Society but will be working part-time from her home office.

After earning her BS degree in Health Care Administration at SUNY Polytechnic Institute in 1980, Kathi worked as a licensed nursing home administrator and was co-owner of a company that trained nurses’ aides, home health care aides, and personal care aides. In 1993, she became the Executive Vice President of Four County Management. In 1996, Kathi took on the additional responsibility of being the administrator of MSSNY’s Fifth District.

At the time Kathi became the Executive Vice President, Four County Management was the administrator for Oneida, Herkimer, Madison, Chenango and Oswego. In 2004, Four County Management also became the administrator for Cayuga County Medical Society, Inc.

Throughout her career, Kathi has been deeply involved in the local community and has served on the boards of United Cerebral Palsy, Herkimer County Health Net, and the United Way among others. She currently serves on the board of Health Friends, an organization which directs and assists individuals to patient assistance and community programs and also works to provide partial medication payment for those in need in the Utica area.

Kathi says, “My career with the Medical Society has been amazing. The healthcare environment is more challenging than ever— for physicians and their patients.”

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20 Proposed Billing Codes for Nonmedical Health Needs

The American Medical Association and UnitedHealthcare said they are collaborating to support 20 new ICD-10 codes related to social determinants of health.

The codes aim to more effectively address nonmedical issues, such as food, housing, transportation and the ability to afford medicine, utilities and other services.

The proposal for the codes was submitted to the ICD-10 Coordination and Maintenance Committee, which includes members from the CDC and CMS. If federal officials approve the proposed codes, they would apply beginning Oct. 1, 2020, according to the AMA.

The proposed codes are:
- Z55.5 Less than a high school degree
- Z55.6 High school diploma or GED
- Z56.83 Unemployed and seeking work
- Z56.84 Unemployed but not seeking work
- Z56.85 Employed part time or temporary
- Z59.61 Unable to pay for prescriptions
- Z59.62 Unable to pay for utilities
- Z59.63 Unable to pay for medical care
- Z59.64 Unable to pay for transportation for medical appointments or prescriptions
- Z59.65 Unable to pay for phone
- Z59.66 Unable to pay for adequate clothing
- Z59.67 Unable to find or pay for child care
- Z59.69 Unable to pay for other needed items
- Z59.91 Worried about losing housing
- Z60.81 Unable to deal with stress
- Z60.82 Inadequate social interaction - limited to once or twice a week
- Z60.83 Can hardly ever count on family and friends in times of trouble
- Z60.84 Feeling unsafe in current location
- Z60.85 Stressed quite a bit or very much
- Z60.86 Stressed somewhat
Study of Americans’ Attitudes on Health Care

(Continued from page 1)

care costs will affect them in the future. When thinking of their care, most patients associate cost (86%) and waiting on insurance preapprovals (72%) as negatively impacting their care. As far as what contributes to the rising cost of care, Americans are blaming the cost of prescription drugs (62%) and hospital costs (49%).

**POLITICS**

With the presidential primaries underway, the current political discussion about health care is confusing to patients. In fact, nearly one in four Americans (22%) are not sure exactly what “single payer health care” means, while 77% cannot agree on one definition. With confusion swirling around the term, the majority (55%) of Americans are more likely to vote for a candidate who advocates for expanding private insurance reforms.

**OPIOIDS**

When it comes to the opioid epidemic, the survey shows that this continues to be a serious public health emergency impacting millions of Americans. Shockingly, 35% of Americans know someone who has abused or is addicted to opioids and 21% know someone who has died because of opioid use. Patients blame pharmaceutical companies (53%) and physicians (39%) for their role in causing the epidemic even though data from the 2018 Survey of America’s Physicians found that 69% of physicians are prescribing fewer pain medications.

**PHYSICIAN LEADERSHIP**

Nearly all (91%) Americans believe physicians should have the ability to significantly influence the health care system; while 71% feel that the ultimate decisions about their health care should be made in collaboration with their physician. Further, 94% of Americans agree that the physician should be allowed to overrule the health insurance company and 93% believe the physician’s opinion should outweigh the insurance company’s opinion when it comes to health care.

“Patients want us as their advocates and believe physicians should have a great deal of influence on our health care system because we have patients’ best interests at heart,” said Dr. Price. “We cannot sit idly by as our patients are negatively impacted by ill-informed policy reform. The physician-patient relationship should be at the forefront of our health care system with the goal of driving down costs while improving the delivery of high-quality care for all people.”

Additional findings from the 2019 Survey of America’s Physicians include:

- 92% of patients are satisfied with the relationship they have with their primary care physician.

(Continued on page 12)
NSPC
The Leader in Minimally Invasive Brain & Spine Surgery

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2. First practice on Long Island to adopt routine collaborative care for complex spinal conditions.
3. Only our experienced neurosurgeons will perform your surgery.
4. Leaders in “Bloodless” brain and spine surgery, including laser spine surgery, radiosurgery, and other advanced minimally invasive techniques.
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   - Trigeminal Neuralgia
   - Brain Aneurysm
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   - Spinal Stenosis
   - Back Pain

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nspc.com
Remember, it is far less difficult to educate a legislator about the importance of a particular piece of legislation if you already have taken the time to get to know them, and they have come to know you as a trusted voice of healthcare delivery in your community.

Opposing interests will be working hard to pass legislation that expands lawsuits against physicians, inappropriately expand their scope of practice, and to make it even more difficult for you to assure your patients receive the care they need. Moreover, a potential $4 billion Budget deficit may prompt a flurry of adverse proposals in the upcoming State Budget negotiations to address this gap. At the same time, there are numerous measures the physician community is seeking to reduce our prior authorization burdens and to make the malpractice claim adjudication process more balanced.

Many of your colleagues, who are leaders within MSSNY and the county medical societies, have already been diligently discussing these issues with your legislators. Please join their efforts. We need you.

To help, please visit the following important links to help join the fight for the right to provide your patients with quality care:

- Sign up to be a MSSNY PAL (our grassroots advocacy network) – [http://tiny.cc/JoinPAL](http://tiny.cc/JoinPAL)
- Contribute to MSSNYPAC – [https://tiny.cc/MSSNYPAC](https://tiny.cc/MSSNYPAC)
- Find your local legislator to help with your advocacy efforts – [http://tiny.cc/LegislatorLookup](http://tiny.cc/LegislatorLookup)

2020 is going to be rife with contentious issues, including debate about a single payer system, legalization of recreational marijuana and the myriad other legislative proposals that impact the healthcare system in New York. Therefore, your participation is greatly needed. It is an election year, so we must make our voices heard louder and clearer than ever so that the legislators and decision-makers in Albany do what is right for our patients.

Don’t leave it to the other guy. Be part of the change you seek and we need!

NY Society of Addiction Medicine Poster Contest

NYSAM (NY Society of Addiction Medicine) is once again proud to sponsor a competition for medical residents interested in addiction to submit a presentation addressing how addiction affects patients in their specialties. This is now our third year with this successful program. We have had excellent presentations the past two years, and would like to again encourage residents to submit a presentation. Submissions do not require original research, but should demonstrate thoughtful reflection, keen observation, and creativity about addiction and how you can address it through your specialty.

Please [click here](#) for competition details/rules. The deadline for submission is December 2, 2019.

The prize is a chance to present at the 2020 NYSAM Annual Conference at the Crowne Plaza Hotel Times Square on February 7-8, 2020. Two winning entries from across New York State will receive free transportation to the conference, a hotel room at the Crowne Plaza for one night, a $250 honorarium, and a plaque.
Still Time for NY Ambulatory Clinics to Participate in the AHRQ Safety Program!

Beginning in December 2019, this program combines evidence-based guidance with strategies to address the attitudes, beliefs and culture that often pose challenges to improving antibiotic prescribing.

Participation in this AHRQ program will help clinics meet the Centers for Medicare and Medicaid Services Merit-based Incentive Payment System (MIPS) requirements and can demonstrate compliance with the new Joint Commission Ambulatory Antimicrobial Stewardship Standard as many of the concepts are similar.

Continuing education credits including Maintenance of Certification (MOC) for ABIM, ABP, and ABFM will be offered at no charge for participants.

**BENEFITS OF PARTICIPATING INCLUDE:**
- Reduce unnecessary antibiotic use and increase appropriate antibiotic use
- Enhance teamwork and communication around diagnosis and treatment of infections and antibiotic prescribing in your practice
- Improve patient safety and safety culture
- Improve workflow, especially during the busy cold and flu season
- Maintain and improve patient and family satisfaction

**ELIGIBLE CLINICS**
- Clinics that care for children and/or adults and are:
  - Primary care clinics
  - Urgent care clinics
  - Student health clinics
  - Community-based health clinics (e.g., Federally Qualified Health Centers or FQHCs)
  - Outpatient specialty clinics that provide primary care (e.g., OB/GYN)

**HOW CAN I LEARN MORE?**
Attend an Informational Webinar (all times listed are Eastern Time):
- November 5 at 2 p.m.
- November 14 at 2 p.m.
- November 26 at noon.
- December 2 at 2 p.m.

Visit https://safetyprogram4antibioticstewardship.org/ or email antibioticsafety@norc.org.

This program is funded and guided by the Agency for Healthcare Research and Quality and led by Johns Hopkins Medicine and NORC at the University of Chicago.
## Prompt Pay Complaints—HMOs 2018

Data Source: DFS

<table>
<thead>
<tr>
<th>HMO</th>
<th>Rank</th>
<th>Total Complaints</th>
<th>Total Prompt Pay Complaints</th>
<th>Upheld Prompt Pay Complaints</th>
<th>Premiums (Millions $)</th>
<th>Prompt Pay Complaint Ratio</th>
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</thead>
<tbody>
<tr>
<td>Capital District Physicians Health Plan</td>
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<td>3</td>
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<tr>
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<td>8</td>
<td>6</td>
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<td>Independent Health Association, Inc.</td>
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<td>MVP Health Plan, Inc.</td>
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<td>5,354.44</td>
<td><strong>0.0654</strong></td>
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</tbody>
</table>

1If the ratios are the same among HMOs, the HMO with the higher annual premium amount receives a higher ranking.

2HMOs with a lower prompt pay complaint ratio receive a higher ranking.

## Prompt Pay Complaints—EPO/PPO Health Plans 2018

Data Source: DFS

<table>
<thead>
<tr>
<th>EPO/PPO Health Plan</th>
<th>Rank</th>
<th>Total Complaints</th>
<th>Total Prompt Pay Complaints</th>
<th>Upheld Prompt Pay Complaints</th>
<th>Premiums (Millions $)</th>
<th>Prompt Pay Complaint Ratio</th>
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1If the ratios are the same among EPO/PPO health plans, the EPO/PPO health plan with the higher annual premium amount receives a higher ranking.

2EPO/PPO health plans with a lower prompt pay complaint ratio receive a higher ranking.

3Prompt pay complaints, complaint ratios and premiums include data from the health insurance company’s EPO, PPO and commercial business.

(Continued on page 16)
ON BEHALF OF NEW YORK’S KIDS,

THANK YOU GOVERNOR CUOMO FOR ENDING THE SALE OF FLAVORED E-CIGARETTES.

There are 15,000 flavors of e-cigarettes, from mango and mint to cotton candy and gummy bear. These flavors lure kids and massive doses of nicotine addict them. 5 million middle and high school students used e-cigarettes in the past year alone. The FDA calls it a “youth epidemic.” Governor Cuomo has taken historic action to stop the sale of all flavored e-cigarettes, including mint and menthol.

THANK YOU GOVERNOR CUOMO FOR PROTECTING OUR KIDS.

PRESIDENT’S COLUMN

(Continued from page 4)

worse than bad – they’re crazy.
It is as if we stepped into the Bizarro World turned upside down, so we don’t go out any-
more. All we can say is, “Please, at least leave us alone in our living rooms. We won’t say any-
thing – just leave us alone.” However, the EHR task list is increasing exponentially, so there is no “Pajama Time,” no family time, as it is back to the computer. And now the state just passed another law that requires yet another three-hour required CME.

We scream, “Leave us alone!”
Well, I am not going to leave you alone.
I want you to get mad!
I don’t want you to riot. I don’t want you to write to your Congressman because I wouldn’t know what to tell you to write. I don’t know what to do about your depression or your increas-
ingly deficient lifestyle.
All I know is that first, you’ve got to get mad.
You’ve got to say, “I’m a doc-
tor, dammit! My life has value!”

So, I want you to get up now.
I want all of you to get up from behind your desks. I want you to get up right now and go to the window, open it, and stick your head out and yell,

“I’M MAD AS HELL, AND I’M NOT GOING TO TAKE THIS ANYMORE.”

Now I’m sure that less than half-
way through, you knew where this was going. But our situation is eerily similar. I’m sure somewhere Paddy Chayefsky is smiling. Physician burnout, moral abuse, PTSD is real and Yoga will not cut it anymore.

More anger...

Are you a member of MSSNYPAC?
If not, why not?
MSSNY Advocacy Needs Your Support
www.mssnypac.org
Study of Americans’ Attitudes on Health Care

(Continued from page 6)

- 65% of Americans say the time physicians spend with patients is limited, with 22% saying it’s always limited.
- 63% of Americans believe physicians have the ability to significantly influence the health care system.
- 73% of Americans say poverty, income inequality and inadequate social services are a significant reason for America’s high health care spending.
- 77% of Americans believe hospitals, clinics and doctors should look beyond their patients’ medical needs to see if causes such as food issues, transportation issues and housing concerns are interfering with health issues.

For a complete breakdown of the survey and its results, click here.

The Physicians Foundation, of which MSSNY is a charter member, is a nonprofit seeking to advance the work of practicing physicians and help them facilitate the delivery of high-quality health care to patients. It was founded in 2003 through the settlement of a class-action lawsuit brought by physicians and state medical associations against private third-party payers. Its Board of Directors is comprised of physician and medical society leaders from around the country. MSSNY Executive Vice President Phil Schuh, CPA, is a member of the Board of Directors.

Additional information about The Physicians Foundation can be accessed at www.physiciansfoundation.org.

Medical Societies Commend Governors’ Efforts Relating to Cannabis

(Continued from page 1)

These concerns have grown in recent weeks given the significant number of cases of pulmonary illness relating to the use of vaping devices, which have included many instances where cannabis was being vaped.

Important steps were taken this year in New York State to greatly reduce the threat of criminal sanction based upon possession of small amounts of marijuana, including expunging previous convictions for low-level possession offenses. We believe that similar “decriminalization” measures should be pursued in other states, and a review taken as to whether these laws are achieving their intended goals. Most importantly, we urge Congress and the President to work together to pass legislation to re-schedule marijuana under the Controlled Substances Act. Then, necessary research as to the health benefits and health risks of marijuana could begin."

Art Fougner, MD
President, Medical Society of the State of New York

Marc Levine, MD
President, Medical Society of New Jersey

Bollepalli Subbarao, MD
President, Connecticut State Medical Society

Could Your Practice Use Some Professional Help?

MSSNY’s IMG Subcommittee, through its Clearinghouse Opportunities Program, is looking for physicians who can offer IMG candidates meaningful experiences that will help them become familiar with the US healthcare system and prepare for residency training. Many IMG candidates have previous experience in their own countries as faculty members, practicing physicians or researchers, and they need a way to stay involved in health care as they wait for residency training opportunities. Others have recently graduated from medical school abroad.

IMGs who are ECFMG certified may be asked to assist with computer work, data collection, shadowing you while you treat your patients, help with research and special projects, and assist in any non-clinical activities in physician’s offices.

Physicians in any specialty who have a position to offer are encouraged to contact MSSNY. Please send a brief description of the work with which you could use help, your requirements and any compensation that may be available, to Ruzanna Arsenian (rarsenian@mssny.org).

How strongly do you agree or disagree with the following statements?

Physicians and patients create a true partnership, representing the most essential element of a quality health care system.

AGREE (NET) ........................................ 92%
Strongly agree ................................... 51%
Somewhat agree .............................. 41%
DISAGREE (NET) ......................... 8%
Somewhat disagree .......................... 7%
Strongly disagree ............................ 1%

Physicians are guardians of quality and must be recognized as the key decisionmaker for patient care.

AGREE (NET) ........................................ 90%
Strongly agree ................................... 48%
Somewhat agree .............................. 42%
DISAGREE (NET) ......................... 10%
Somewhat disagree .......................... 8%
Strongly disagree ............................ 2%

As leaders of patient care, the physician’s voice must be front and center around health care access, cost and quality.

AGREE (NET) ........................................ 93%
Strongly agree ................................... 51%
Somewhat agree .............................. 42%
DISAGREE (NET) ......................... 7%
Somewhat disagree .......................... 6%
Strongly disagree ............................ 1%

My physician’s opinion needs to outweigh my insurer’s opinion when it comes to my health care.

AGREE (NET) ........................................ 93%
Strongly agree ................................... 60%
Somewhat agree .............................. 33%
DISAGREE (NET) ......................... 7%
Somewhat disagree .......................... 6%
Strongly disagree ............................ 2%

The physician should be allowed to overrule the health insurance company when it comes to determining the right treatment plan.

AGREE (NET) ........................................ 94%
Strongly agree ................................... 59%
Somewhat agree .............................. 35%
DISAGREE (NET) ......................... 6%
Somewhat disagree .......................... 5%
Strongly disagree ............................ 1%
LA Fitness is your partner in wellness.

Special discounted rate for The Medical Society of The State of New York

We are now offering an exclusive LA Fitness sports club membership rate for you and your family!

Signature Membership
$49.99 per month with $0 initiation fee

TYPICAL AMENITIES INCLUDE: state-of-the-art equipment / free weights / basketball / racquetball* / leagues* / group fitness / yoga / indoor cycling classes / swimming pool / sauna / personal training* / kids klub (babysitting)*

*Amenity may be available at an extra charge.

Visit The Medical Society of The State of New York website to enroll in a signature membership.

Enroll online through the special LA Fitness website linked from your employee benefits page. Offer valid until 8/12/2020. Must pay initiation fee plus first and last month’s dues to join and a recurring annual fee (“Annual Fee”) of $49.00 per year. Monthly dues must be paid by one account and deducted by automatic transfer from checking, savings, Visa, MasterCard, American Express, Discover card. Facilities may vary; extra charge for some amenities and leagues. Offer is not available in combination with other discounted rates. ©2019 Fitness International, LLC. All rights reserved.
As of January 1, Only New Medicare Numbers Can Be Used
Be Prepared!

December 31 is the last day you can use the old numbers. Start getting ready now. As you know, every Medicare Beneficiary has been issued a new Medicare number, the Medicare Beneficiary Identifier (MBI). Starting January 1, 2020, only the new number can be used on claims and transactions. (What’s going away is the old Health Insurance Claim Number or HICN, which was based on the patient’s Social Security number.)

Patients have been sent all-new Medicare cards, and CMS has been reminding them to bring the new card to all their physician visits. Right now, we’re in a transition period, but that period will end on December 31, 2019. All claims and transactions MUST use the MBI as of January 1, 2020. Providers must start using the MBI as soon as possible; CMS wants no leftover issues once the transition period ends.

What you should do right now:

Start talking to patients now about their new Medicare numbers, to get them used to the idea. Get in the habit of asking patients for their new Medicare card, at the time of service.

Start your own procedures for locating the new numbers when needed: Check the remittance advice (formerly the Explanation of Medicare Benefits). From now through December 31, when a claim is submitted with a valid HICN, the MBI will be shown on the remittance. (Caution: That doesn’t tell you anything about the patient’s Medicare entitlement. Be sure to check eligibility your usual way, too.)

Do you use NGSConnex? It has a secure MBI lookup tool. You enter your own NPI, plus the patient’s first and last name, date of birth, and actual Social Security number - not the old Medicare number, or HICN. (If you’re not already an NGSConnex user, go to NGSConnex to register for a free account.)

If patients don’t have their new cards with them at time of service: Remind them to use MyMedicare.gov to get their new Medicare number.

If patients say they haven’t received their new cards yet: They need to contact 1-800-Medicare to update their home addresses, to make sure that another card can be mailed to the correct address.

If you need a visual aid to reinforce what you’re telling your patients: Use CMS’s good flyer, available at Get Your New Medicare Card. Make lots of copies and have them ready to give to patients.

New Law Enacted to Prohibit Unconsented Pelvic Exams When Not in Ordinary Course of Care

As recently reported, Governor Cuomo has signed into law legislation (S.1092-E/A.6325-C) that prohibits the performance of a pelvic examination without consent on an anesthetized or unconscious patient, except when clinically warranted. The law was designed to respond to reports of medical students being asked to perform such exams, without express patient consent, as part of their medical training in teaching hospitals.

Specifically, the legislation provides that “No person shall perform a pelvic examination or supervise the performance of a pelvic examination on an anesthetized or unconscious patient unless the person performing the pelvic examination is legally authorized to do so and the person supervising the performance of the pelvic examination is legally authorized to do so and:

• the patient or the patient’s authorized representative gives prior oral or written informed consent specific to the pelvic examination;
• the performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination scheduled to be performed on the patient and to which the patient has already given oral or written consent; or
• the patient is unconscious and the pelvic examination is medically necessary for diagnostic or treatment purposes, and the patient is in immediate need of medical attention and an attempt to secure consent would result in a delay of treatment which would increase the risk to the patient’s life or health.”

It would also make violation of such provision an element of physician misconduct.

Several other states have passed similar laws expressly banning this practice without clinical justification. MSSNY worked with the Legislature to ensure that this legislation was drafted in such a way as to not inappropriately interfere with the clinically appropriate delivery of needed medical care. The American College of Obstetricians & Gynecologists have issued an ethical opinion that “Pelvic examinations on an anesthetized woman that offer her no personal benefit and are performed solely for teaching purposes should be performed only with her specific informed consent obtained before her surgery”.

The law takes effect on April 4, 2020.

Physicians Working in 70s Grew 40% Since 2010

Every year, a new record is set for medical school enrollment. But despite this influx of new doctors, the U.S. physician work-force continues to trend older.

There were 985,000 licensed physicians in the U.S. in 2018, according to the Federation of State Medical Boards’ (FSMB) biennial census, which notes that their average age has risen to 51.5 years from 50.7 in 2010. But that number seems to understate the trend.

The census also reports that the number of licensed physicians between 60 and 69 years old grew to almost 192,000 (19.5%) in 2018, up 38% from the 139,000 doctors in their 60s in 2010. Also, the number of licensed physicians 70 and older grew to more than 106,000 (10.8%) in 2018. That’s nearly a 40% jump from the 2010 figure of 76,000.

Meanwhile, 37% of male licensed physicians were 60 years of age or older, compared with only 17% of female doctors.

If physician supply stays the same, the U.S. is expected to experience a shortage of 124,000 full-time physicians by 2025, and—even if medical schools increase enrollment—it will not be sufficient to meet future demand, the Association of American Medical Colleges’ Center for Workforce Studies projects.
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 EXTENDED TO NOVEMBER 15, 2019.
Prompt Pay Complaints—Commercial Health Insurance Companies 2018

Data Source: DFS

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<thead>
<tr>
<th>Commercial Health Insurance Company</th>
<th>Rank(^1,2)</th>
<th>Total Complaints</th>
<th>Total Prompt Pay Complaints</th>
<th>Upheld Prompt Pay Complaints</th>
<th>Premiums (Millions $)</th>
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\(^1\) If the ratios are the same among commercial health insurance companies, the commercial health insurance company with the higher annual premium amount receives a higher ranking.

\(^2\) Commercial health insurance companies with a lower prompt pay complaint ratio receive a higher ranking.

\(^3\) Plan issues dental coverage only.

\(^4\) Plan issues vision coverage only.

Prompt Pay Complaints—Commercial Health Insurance Companies 2018, continued

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<tr>
<td><strong>Total</strong></td>
<td><strong>229</strong></td>
<td><strong>46</strong></td>
<td><strong>7</strong></td>
<td><strong>4,532.50</strong></td>
<td><strong>0.0015</strong></td>
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</tbody>
</table>

\(^1\) If the ratios are the same among commercial health insurance companies, the commercial health insurance company with the higher annual premium amount receives a higher ranking.

\(^2\) Commercial health insurance companies with a lower prompt pay complaint ratio receive a higher ranking.
HHS: Physicians Guide to be More Cautious When Tapering Patients Off Opioids

HHS “published a guide” instructing physicians to be more cautious in tapering patients off opioids in response to reports of some physicians cutting patients off from opioids too fast or in some cases even dismissing patients from their practice.”

The new guide states that doctors “should never abandon” pain patients, and warns of risks including “acute withdrawal, pain exacerbation, anxiety, depression, suicidal ideation, self-harm, ruptured trust, and patients seeking opioids from high-risk sources.” It says that opioid doses are typically reduced by between 5 and 20 percent a week, but that slower tapers are often better tolerated, partly because they are less likely to trigger withdrawal symptoms.

The guide also lays out reasons to consider tapering patients off opioids, stressing that the benefits of staying on the drugs need to outweigh the risks. Those risks are substantial, including addiction and overdose, but many chronic pain patients and their doctors say they have been able to stay on high doses of opioids and function competently. (NY Times, 10/17)
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Excellent opportunity for a RN who is seeking a position performing utilization review. We require 1-2 years recent experience in hospital and/or insurer utilization review and experience using Interqual criteria and/or MCG Guidelines.

Data entry/PC skills a plus. Benefits include 401(k), paid vacation and holidays. Send resume and salary requirements to: Empire State Medical Scientific and Educational Foundation, Inc. Human Resource Department e-mail: chunt@mssny.org Fax: (1-516) 833-4760 Equal Oppty Employer M/F

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Starting salary is $143,381 - $171,631 *Additional $20,000 geographical differential for Clinton & Franklin CF, and $10,000 for Five Points, Greene and Groveland CFs. We offer full-time, part-time & hourly/per-diem positions.

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- **Dutchess** Green Haven Correctional Facility (Hudson River Valley Beauty)
- **Franklin** Franklin & Upstate Corr Facilities (North Country, 1 hour to Montreal)
- **Greene** Greene Correctional Facility (rural charm yet only 2 hours to NY City)
- **Livingston** Groveland Correctional Facility (State Parks, hiking, fishing)
- **Oneida Mohawk Correctional Facility (Cooperstown, breweries)
- **Sullivan Woodbourne Correctional Facility (mountains, outlets, entertainment)
- **Seneca** Five Points Correctional Facility (heart of wine country)
- **St. Lawrence** Riverview Correctional Facility (hiking, boating and museums)
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Inquire with the Facility Personnel Office regarding benefits and anticipated opportunities: http://www.doccs.ny.gov/faclist.html.

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