Socio-Medical Economics VP Answers

**Question about EHR Adoption**

**QUESTION:** I’m a solo practitioner seeing about 30 or 40 patients a week. Everything paper. No EHR. I was thinking that when this all goes into effect, I’ll just buy the new code book and submit as usual with the new codes. Am I going to be able to do this? Are these guys going to put me out of business if I don’t have a computer and all the bells and whistles? By the way, I have a billing service that does all my billing by computer.

**Answer:** ICD-10-CM will be effective on October 1, 2015. You should purchase an ICD-10-CM Book for reporting patient diagnoses, now. Next, you should define the ten or twenty top ICD-9 diagnosis codes you primarily use in your practice today and crosswalk them to the ICD-10-CM codes you will be using on and after 10/1/2015. Depending on your specialty, you should also identify if you will need to capture either the right or left side that the patient’s condition might be impacting as many ICD-10-CM codes include which side of the body is affected. If these indications are included in the codes you will need to use on or after 10/1/15, then you need to be sure that your medical record documentation includes these fine points, as well. You should still be able to file paper claims; but if you are billing Medicare, understand that you will be subjected to payment adjustments/reductions/penalties for not using an EMR.

In addition, if you prescribe any controlled or non-controlled drugs for your 30 or 40 patients, you must start electronic prescriptions by March 27, 2016. MSSNY was successful in obtaining a one year delay for this NYS mandate; but, I do not think that the State will allow any further delays to their mandate for electronic prescribing. If you don’t already have this capability within your practice, you should call Dr. First. This is a stand-alone e-prescribing vendor that provides MSSNY members with a significant discount. Normally they charge around $800.00 for a year’s service. However, MSSNY members can get a discount of around $300.00. If you are interested, please call them at their MSSNY E-prescribing Hotline (866) 980-0553.

If you need more information, please email or call Regina McNally at 516-488-6100 ext. 332.

**MSSNY’s New Officers for 2015-2016**

**JOSEPH R. MALDONADO, Jr., MD, MSc., MBA, DipEBHC, PRESIDENT**

Joseph R. Maldonado, Jr., MD, MSc., MBA, DipEBHC, was elected President of MSSNY at the 209th annual House of Delegates (HOD) meeting in Saratoga Springs on May 2. Dr. Maldonado previously served as President Elect of MSSNY. He is a urologist and President of the Mohawk Glen Urgent Care in Rome, NY.

A graduate of the Albert Einstein College of Medicine of Yeshiva University, Dr. Maldonado received his residency training in general surgery and urology at the Einstein/Montefiore Medical Center. This included urological oncology training at Memorial Sloan Kettering Cancer Center. He then moved to Canada’s Dalhousie University for a fellowship in urologic oncology. Dr. Maldonado received both a M.Sc. in Major Programme Management and a Masters in Business Administration and Diploma in Evidence-Based Health Care and from the University of Oxford. He is an Assistant Clinical Professor at Touro College of Osteopathic Medicine, where he previously served as Assistant Clinical Dean.

Dr. Maldonado first entered the private practice of urology in Rome, NY, and has continued to provide urological services in Central New York and the North Country for the past 20 years. He has served on the staff of Carthage Area Hospital, Rome Memorial Hospital and Faxon/St. Luke’s Hospital. He has served as president of the Mohawk Glen Center for Community Health, a healthcare real estate venture, and is a director of the Medical Liability Mutual Insurance Company (MLMIC) as well as the Central New York Health Systems Agency and its associated RHIO.

Despite his diversified and busy schedule, Dr. Maldonado has always been actively involved in organized medicine. He has been president (Continued on page 12)
MSSNY Announces Settlement of Litigation against United Healthcare

MSSNY is pleased to report that it has settled long-standing litigation with United Healthcare that dates back to 2001. United Healthcare has agreed to spend $11.5 million to resolve actions brought by four state medical societies and individual physicians challenging United’s provider claims payment practices. Under the settlement, United Healthcare will spend a minimum of $9 million in extensive enhancements to their provider self-service website, which will increase efficiencies and reduce delays in claims management and claims resolutions. The settlement also provides for additional funds to MSSNY’s Medical Educational and Scientific Foundation (MESF) for member educational programs such as ICD-10-CM coding, CPT coding, medical review audits, appeals and claims submission and processing. MSSNY President Joseph Maldonado MD, stated, “This settlement is a victory for both physicians and patients in New York. This settlement will improve access to information and the ability to adjust claims for all in-network physicians contracting with United and submitting claims, while providing certain benefits to member physicians. We thank our physician class representatives Drs. Edgar Borrero and Malcolm Gottesman for their dedication. The settlement of this long litigation is another example of MSSNY’s advocacy on behalf of the physicians of New York and their patients.”

Edith Kallas, of Whatley Kallas, LLP, counsel for plaintiffs, commented, “The settlement marks the conclusion of over a decade of hard-fought litigation, providing significant relief in the areas of claims management and claims resolution. We applaud the medical societies and the individual physicians for their commitment to obtaining a meaningful resolution of these issues.”

Physician Foundation Designs Free Resource for ICD10 Transition

Before October 1, many physicians’ practices will spend countless time, money and other resources preparing for the transition to ICD-10. The Physicians Foundation recognizes what a near Herculean task it will be for physicians and their medical practices to deal with an increase from about 14,000 diagnostic codes under the present ICD-9 to roughly 68,000 codes under ICD-10! When asked in our recent Foundation survey, 50 percent of physician respondents said it would create a severe administrative problem, while 75 percent agreed that it will unnecessarily complicate the coding process.

With these expected hardships in mind, we would like to make you aware of a free resource designed to help physician’s practices make this transition, ICD10Charts.com. ICD-10 Charts was developed by a medical student, Parth Desai, who saw the need for such a resource while working in his father’s medical practice.

Click here to watch a short informational video detailing how the site works.

The ICD-10 Chartbuilder is the focal point of our system, allowing any practice to make fully personalized ICD-9 to ICD-10 conversion templates, instantly. Every conversion template is custom-made to only include the ICD-10 codes needed for your practice, and can be printed, exported to your EMR, saved, and updated to fit your needs.

5 HOURS TRAINING

The ICD-10 Charts Training Academy includes over 5 hours of end-to-end ICD-10 training, specialty-specific ICD-10 training, and also a more concise version of the course for busy physicians and nurses. The goal is for practices to make the entire transition to ICD-10, using only these free services.

SPECIALTY TEMPLATES

ICD-10 Charts also has customizable specialty templates for every major medical specialty, including: Internal Medicine, Pediatrics, Pulmonology, ENT, OB/GYN, Cardiology, Dermatology, Family Medicine, Gastroenterology, and many more.

Physicians’ practices can follow the steps below to implement ICD-10 using our site:

1. Visit ICD10Charts.com/chartbuilder to create a custom ICD-10 conversion chart. Simply copy and paste the most common ICD-9 codes from your practice into the Bulk Converter and click convert. Print your chart, export the codes to your EMR and save copies to begin familiarizing your physicians and office staff with the new codes.

2. Go to ICD10Charts.com/training and have your staff complete the ICD-10 Charts Training Academy ICD-10 Training Course. Physicians and nurses can go through the abridged version of the course, ICD-10 Charts Training Academy for Physicians. Be sure to look out for new training modules every week.

3. Join our mailing list at ICD10Charts.com/signup to receive the latest ICD-10 implementation resources and stay up-to-date in coding knowledge. Encourage your office staff to review and stay updated on all the newly released ICD-10 Charts Training Academy resources.

We are providing this information for your consideration because with the ICD-10 transition coming soon, we thought it important to bring this free resource to your attention. Please keep in mind that The Physicians Foundation is not responsible or liable for the consequences of any use of ICD-10 Charts.
MLMIC works to provide meaningful financial relief to policyholders whenever we can. In fact, we’ve provided more than $300 million in dividends to policyholder owners since 1975 – an accomplishment unmatched by any competitor writing medical liability insurance in New York State.

To qualify for this dividend you need to be a policyholder by May 1, 2015, and maintain continuous coverage through July 1, 2015.

See what MLMIC can do for you.
Visit MLMIC.com/dividends or call (888) 996-1183
**MEDICAL SOCIETY OF THE STATE OF NEW YORK**

**NEWS OF NEW YORK**

**PRESIDENT’S COLUMN**

**Presidential Speech**

To be president of the Medical Society of the State of New York is an honor that comes with great responsibilities anchored in centuries-old traditions of leadership and advocacy. That leadership and advocacy has been shaped by a commitment to excellence, integrity, tenacity and resistance of abuses of the profession.

This society has deep-seeded roots in American history formally dating back to 1806. The formation of this society was not a straightforward event as it took ten years of haggling amongst physicians and subsequently with legislators to establish a society empowered by the state to license and regulate the profession. We have a long distinguished history of wrestling with each other. This puts into perspective the long road we have travelled to get a permanent fix for the SGR. It also gives me hope for tort reform legislation – being New York, it will take us time.

What are the challenges ahead for the society, the profession and the residents of the State of New York?

During my tenure as President of the Medical Society of the State of New York, there are several issues which I intend to tackle at the organizational level and four critical issues at the advocacy level. First let me address the organizational issues:

**MEMBERSHIP**

As with most professional medical societies in this country, we have been experiencing a decrease in membership. We have been engaged in a number of efforts to try and stem this decrease. The most notable of these efforts was introduced some years ago by our Vice-President Charlie Rothberg. This recruitment effort is aimed at recruiting entire medical staffs and makes sense as more and more physicians move towards employment by hospitals.

As such, I have made a concerted effort to focus this year’s recruitment efforts on hospital and large group membership. This will be carried out in a planned effort which involves our Commissioners, Councilors, County Presidents, Delegates, Alternates and County Executives as well as officers. It is my hope to be able to more accurately define the physician workforce in New York through our grassroots efforts and reach out to physicians who have not previously engaged. In addition to hospital staff recruitment efforts, we will look at engaging with specialty societies as well as the ethnic medical societies.

**MSSNYPAC**

It seems to me that efforts to address the dwindling MSSNYPAC funds are critical to our advocacy efforts. Most of the leadership here knows I loathe the Albany and Washington politics and the whole notion of PACs. I have trouble from an ethics perspective with PACs. But I also resent the need to ask a few members of this society to be members of the Chairperson’s club and shoulder the major share of the PAC burden. They do so while others neither contribute nor engage in advocacy. These physicians then reap the benefits of advocacy which they did not advance or they complain about how we failed to get them a free lunch. I want to thank those physicians who are members of the Chairperson’s Club for their generosity.

I aim to change our strategy for recruitment so that it is part of the membership drive campaign being advanced by every officer, councilor, county officer and county executive. We will be targeting physicians who are high donors to PACs outside of MSSNY as well as those whose professional and financial successes makes them capable of making large PAC donations. We will identify the most appropriate physicians to make appeals to these potential PAC donors based on their established relationships. Finally, we will use social media to advance this effort.

**MSSNY LEADERSHIP DEVELOPMENT**

It is imperative that the senior leadership of this society mentor the up-and-coming leadership found specifically in our medical students, residents and medical staffs and makes sense as more and more physicians move towards employment by hospitals.

(Continued on page 14)
ICD-10-CM is a system of diagnosis coding created by the World Health Organization, which will replace the previous ICD-9-CM codes. The new codes will take effect on October 1, 2015. MSSNY recently polled New York State physicians about their readiness for the new codes.

Q1 Is your practice prepared to use ICD-10-CM diagnostic codes on October 1, 2015?

No, 50%
Yes, 50%

ICD coding has value for public health and medical research, but it has morphed into a billing mechanism. Furthermore it straitjackets thinking. It doesn’t accept “rule outs” and forces you to prematurely assign a degree of specificity to diagnoses.

Internal Medicine, New York City
Over regulation hurts patient care.

Anesthesiology, Rockville Centre
I do plan on starting this month and taking our most common diagnoses and incorporating them into our excel “cheat sheet.” A meeting with my staff will be scheduled once a week so that everyone is aware of the changes.

Cardiology, Smithtown
Solo private practice is dead.

Cardiology, Staten Island

Q2 Have you and your clinical staff been trained on CDI (Clinical Documentation Improvement)?

No, 50%
Yes, 50%

There may be wonderful intellectual reasons for changing over to ICD-10. The trouble with the change is that it takes even more time away from patient care. Patients who see specialists tell me more and more often that these doctors do not touch them, do no physical examination, relying instead on tests, usually expensive tests, whereas an answer might be discernible on the physical exam. How are doctors going to get more time not only to spend appropriately with patients but also to think about them? People are frequently too complex for a 10-15 minute visit. Our patients are being shortchanged by these increasing demands on our time and, in the end the patient loses and the doctor does not get the opportunity to learn from the patient. What is happening to the practice of medicine? Why are we letting the MBAs manage this profession?

Internal Medicine, Putnam County
It’s very costly preparing for this and we will never get reimbursed for this change. There is no valid explanation as to why the changes even needed to be made. The cardiac codes all require modifiers to describe any tobacco use. How does this impact billing issues, unless there is an alternate agenda among the anti-tobacco lobby?

Cardiology, Capital District

Q3 Do you use a Practice Management System or a Clearinghouse?

Due to costs and low reimbursement I am closing my practice after 18 years.

Family Practice, Lewiston

I do not participate in ANY insurance at all, but for patients to be reimbursed for out of network benefits, I will have to study up on ICD-10. If all physicians opted out of all insurance, EMRs, ICD-anything, P4P, huge office staff, hours of paperwork, Meaningless Use, all this would be irrelevant and physicians could get back to caring for patients.

Family Practice, Syracuse

Q4 If you use a Practice Management System, is it able to support both ICD-9-CM and ICD-10-CM codes?

Yes, 50%
No, 50%

This change doesn’t help doctors or patients.

Family Practice, Marcellus

I need a course for ICD-10 updates and hints on how to transition.

Family Practice, Woodside

I will be closing my practice if there is no further delay.

Family Practice, Cobleskill

Q5 If you use a Practice Management System, does it include an ICD-10-CM crosswalk?

Yes, 50%
No, 50%

Can’t afford any updates. Please stop ICD-10!

Gastroenterology, New York City

There is no system which will describe every nuance of medicine. What’s next, ICD-11?

General Surgery, Syracuse

(Continued on page 10)
MSSNY’s tenth annual Resident, Fellow, and Medical Student Symposium was held on May 1 at the House of Delegates in Saratoga Springs. Seventy posters were accepted from a pool of abstracts submitted statewide.

The presenters’ work was viewed by volunteer judges drawn from the 2015 House of Delegates. Posters were judged on the criteria of originality, significance, presentation, methods (where applicable), visual impact and interview, in three categories: Medical Students, Resident/Fellow Clinical Medicine and Resident/Fellow Vignettes.

### Medical Students

**Medical Students**

(left) 1st Place: Crystal Kyaw, Hofstra-North Shore LIJ School of Medicine, Cholinergic stimulation reduces traumatic hemorrhage via 7 nicotinic acetylcholine receptor signaling and the spleen.

(right) 2nd Place: Sherry X. Yan, Columbia University, Effect Of -Adrenergic Antagonists On Radiotherapy For Locally Advanced Lung Cancer.

Honorable Mention: Kian Adabi, Albert Einstein College of Medicine, Anatomic Dorsal and Volar Radioulnar Ligament Reconstruction with Mersilene Augmentation.

### Resident/Fellows, Clinical Medicine

1st Place: Mansi Nabar, MD, Montefiore New Rochelle Hospital Albert Einstein School of Medicine, Using Age adjusted D-dimer to rule out Pulmonary Embolism: A Community Teaching Hospital Experience.

2nd Place: Jason Ling, MD, Stony Brook University Medical Center, The Role Of Krüppel-Like Factor 15 In Glomerular Kidney Disease.

Honorable Mention: Anand Kumar, MD, Montefiore Medical Center, Wakefield Division, Addressing Inappropriate Use Of Proton Pump Inhibitors: Physician Practice Can Improve Through A Pi Initiative.

3rd Place: Alex Seidenschwarz, MD, Montefiore New Rochelle Hospital and Albert Einstein College of Medicine, Catamenial Diabetic Ketoacidosis.

### Resident/Fellows, Vignettes

1st Place: Sonia Voiculescu, MD, MPH, Jacobi Medical Center, Albert Einstein College of Medicine, Techniques for Colonic Preservation in the Treatment of Fulminant Clostridium difficile Colitis.

2nd Place: Neha Gupta, MD, Lincoln Medical and Mental Health Center, Weill Cornell Medical College, Acute Post-Infectious Cerebellar Ataxia (APCA) Treated Successfully With Intravenous Immunoglobulin (IVIG).

### New York State Senator Catharine Young (left) and MSSNY Executive Vice President Philip Schuh, CPA. (right) congratulate MSSNY President Joseph Maldonado, Jr., MD.
Members of the 3rd and 4th Districts (front row, left to right): John Kennedy, MD; Teresa Copeland, MD; Glenn Thompson, MD; Joseph Lauterstein, MD. (second row, left to right): Gregory Pinto, MD; Natalie Adler, MD; Joseph Sellers, MD; Marlene Ingram, MD; Jose David, MD; Brian Murray, MD; Ferdinand Venditti, MD. (third row, left to right): Morna Sanchez, MD; Charles Gibbs, MD; Joseph Arguelles; Larry Routenberg, MD; Gregory Threatte, MD; Ronald Kaufman, MD; Michael Ortiz, MD; Michael Grunthal, MD. (fourth row, left to right): William Latreille, MD; Edward Amyot, MD; Harold Sokol, MD; Russell Denea, MD; Sheila Bushkin, MD; Carolyn Jones-Assini, MD. (back row, left to right): Paul Salzberg, MD; Peter Sosnow, MD; Jonathan Dougherty.

Members of the 5th and 6th Districts (first row, left to right): Jef Sneider, MD; Rick Semeran, MD; Barry Rabin, MD; Adrienne Allen, MD; Lizzie McIntosh, medical student; Phil Kaplan, MD; Phil Gioia, MD; Mohammad Akhtaruzzaman, MD. (second row, left to right): Shirley Cosgriff; Nancy Merrell, MD; Jennifer Congdon, MD; Cynthia Burger; Walid Hammoud, MD; Kathleen Dyman; Jim Coughart; Charles Aswad, MD; Celeste Johns, MD. (third row, left to right): Robert Hessom, MD; Robert Menotti, MD; Robert Kimball, MD; Xiaosong Song, MD; Nanteer Haider, MD; Cordics Varnum, MD; Daniel Young, MD; Brian White, MD; Geoffrey Moore, MD; Gennaro Falco, MD; Michael Fischi, MD; Jeffrey Ribner, MD; Joseph Booth, MD; MSSNY President Joseph Maldonado, MD; Jerome Cohen, MD; John Thomas, MD. (fourth row, left to right): Brian Johnson, MD; Stephen Wade, MD; John Paul Mead, MD; Michael Fallon, MD; Joseph Mannino, MD; Sam McKenzie, MD; Suhas Pradhan, MD.

Newly inaugurated MSSNY President Joseph Maldonado, Jr., MD poses with his family, (back, left to right): Dario Otero, Nelson Maldonado, Dr. Maldonado; (front, left to right): Norma Otero, Jose Maldonado, Pura Maldonado.

Members of the Alliance (front row, left to right): Kathleen Rohrer, Alliance Executive Director; Cheryl Stier, Past State Co-President and Health Promotions Co-Chair; Julie Newman, AMAA President-Elect; Jean Fazio, Past State Co-President and Director; Lynn Pyke, 2015-2016 Co-President; Beth Perenyi, 2015-2016 Co-President and MAL Director; Lois Guilt, Secretary; Nuisse Bhitiyakul, First Vice President and Past President (back row, left to right): Bonnie Liebers, Past State Co-President and Director; Corrie Verde, Director of Finance; Kate Singh, Past State Co-President; Marie Gorman, Past State President, Parliamentarian and Chair of Directors; Julia Nosovitch, Treasurer.

New York County Medical Society members (first row, left to right): Edward W. Powers III, MD; Richard N. Pierson, Jr., MD; Karin Wartlie, MD; Lana Kang, MD; Gabrielle Shapiro, MD; Celsa Tonelli, medical student; Eli Einbinder, MD; Susan Tucker, JD. (Second row, left to right): Cheryl Malone, CAE; Marlin Mattson, MD; Zebulon Taintor, MD; Matthew Bonanno, MD; Malcolm Reid, MD, MPP; Peter Lombardo, MD; William B. Rosenblatt, MD; Joshua M. Cohen, MD, MPH; Michael T. Goldstein, MD, JD; Thomas Sterry, MD; Robert B. Goldberg, DO; Anthony A. Clemendor, MD; Stuart Orsher, MD, JD; and Conrad Cean, MD.

Jocelyn Young, DO, immediate past chair of MSSNY’s Medical Student Section, presents Frank Dowling, MD, with the Charles D. Sherman, MD Award in recognition of extraordinary assistance, availability and support to medical students.

Michael Rosenberg, MD (right) presents Richard Peer, MD (left) with the Henry I. Fineberg Award. In 1980, MSSNY established the Henry I. Fineberg Award for Distinguished Service to MSSNY, to honor Dr. Henry Irwin Fineberg for his many years of service to the society. In 1974 and 1975, Dr. Fineberg saw the Society through its first modern liability insurance crisis and helped found the physician-owned MLMIC.
Failure to Report Will Reduce Medicare Payments by 1.5%

Almost 40% of health care providers who participate in Medicare will see their reimbursements reduced by 1.5% this year because they failed to meet CMS’ deadlines to submit quality data. According to CMS, more than 460,000 of the 1.25 million eligible Medicare providers did not meet deadlines to submit data for the Physician Quality Reporting System in 2013. The agency noted that about 70% of those who did not meet the deadlines see fewer than 100 Medicare patients annually. Meanwhile, almost 642,000 eligible Medicare providers did comply with the quality reporting deadlines in 2013 and will receive a 0.5% reimbursement increase this year.

WEBINAR
Emerging Infections 2015: A Look at EV-D68 and Chikungunya
Tuesday, June 9, 2015
Time: 7:30-8:30 a.m.
Faculty: William Valenti, MD

Educational Objectives are:
• Recognize and describe Enterovirus D68 (EV D68)
• Recall the importance of continued immunizations
• Recognize symptoms of Chikungunya and describe measures for reporting

To register: Please click on https://mssny.webex.com
Click on “Training Center” and then on the “Upcoming” tab to register. For more information, please contact Pat Clancy at pclancy@mssny.org or Melissa Hoffman at mhoffman@mssny.org.

Not a MSSNY Member?
Join Now.
Call 516-488-6100 x403

Medicare Eligible Professionals: Take Action by July 1 to Avoid 2016 Medicare Payment Adjustment

Payment adjustments for eligible professionals that did not successfully participate in the Medicare EHR Incentive Program in 2014 will begin on January 1, 2016. Medicare eligible professionals can avoid the 2016 payment adjustment by taking action by July 1 and applying for a 2016 hardship exception.

The hardship exception applications and instructions for an individual and for multiple Medicare eligible professionals are available on the EHR Incentive Programs website, and outline the specific types of circumstances that CMS considers to be barriers to achieving meaningful use, and how to apply.

To file a hardship exception, you must:
• Show proof of a circumstance beyond your control.
• Explicitly outline how the circumstance significantly impaired your ability to meet meaningful use.

Supporting Documentation Necessary
Supporting documentation must also be provided for certain hardship exception categories. CMS will review applications to determine whether or not a hardship exception should be granted.

You do not need to submit a hardship application if you:
• Are a newly practicing eligible professional
• Are hospital-based: a provider is considered hospital-based if he or she provides more than 90% of their covered professional services in either an inpatient (Place of Service 21) or emergency department (Place of Service 23), and certain observation services using Place of Service 22; or

Eligible professionals with certain PECOS specialties (05-Anesthesiology, 22-Pathology, 30-Diagnostic Radiology, 36-Nuclear Medicine, 94-Interventional Radiology)

CMS will use Medicare data to determine your eligibility to be automatically granted a hardship exception. The application must be submitted electronically or postmarked no later than 11:59 p.m. ET on July 1, 2015 to be considered.

If approved, the exception is valid for the 2016 payment adjustment only. If you intend to claim a hardship exception for a subsequent payment adjustment year, a new application must be submitted for the appropriate year.

In addition, providers who are not considered eligible professionals under the Medicare program are not subject to payment adjustments and do not need to submit an application. Those types of providers include:
• Medicaid only
• No claims to Medicare
• Hospital-based

Say Goodbye to Your Prescription Pad

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

To get started and receive your special MSSNY member discount visit www.DrFirst.com/mssny or call us at 866-980-0553.
CDC Report: Staten Island Opioid Deaths Decreased 29% from 2011 to 2013

According to a CDC report issued on May 14, targeted public health intervention may have reversed a trend of prescription opioid deaths on Staten Island. Deaths from overdoses of prescription opioids on Staten Island decreased 29 percent between 2011 and 2013. The CDC reported that the drop also was due to the 2011 passage of the state’s I-STOP law, aimed at monitoring drug prescriptions statewide. Those reductions “followed 11 years of increases,” the report stated. The intense public information campaign, which involved advertising and outreach, “suggests that the community-specific initiatives might have been key to the decreases in Staten Island without corresponding decreases citywide,” the CDC stated.

HELP TO PROTECT YOUR PRACTICE’S REPUTATION WITH DATA BREACH COVERAGE

Is Your Business Prepared for a Data Breach?

Credit card information is stolen, paper files are not shredded, a business laptop is stolen.

You can be confident that The Hartford’s Data Breach insurance will provide swift solutions to help safeguard and restore your business’ reputation and customers’ trust, and provide you, your customers and employees with help before and after a breach.

Any business that handles or stores any private business, customer and patient or employee data is at risk for a data breach.

When a data breach happens, most businesses are required by law to take action or face the possibility of civil litigation or other penalties. Before the unthinkable happens, you need the tools and information to confidently assess the situation and manage the crisis.

Approved By: Underwritten By:

The Right Solution: The Hartford’s Data Breach Offering

• Delivers peace-of-mind breach expense coverage to help you cope with rising breach costs, including public relations and good-faith advertising.

• Supplies professional assistance to help you confidently handle a breach crisis.

• Provides easy access to a secure breach preparedness website, featuring easy-to-understand tips and guidelines you and your staff can use every day — not just when you have a claim.

Enroll to Vote in MSSNY’s Organized Medical Staff Section

All members concerned about issues affecting physicians on medical staffs and in other organized entities are encouraged to sign up as members of MSSNY’s Organized Medical Staff Section. The Section will provide education, policy and networking to help physicians and physician organizations deal with current and future changes in the healthcare environment.

To enroll as a voting member and receive relevant news and OMSS communications, just send an email to MSSNY’s Membership Division at rarsenian@mssny.org. If you would like to nominate yourself for a leadership position or serve in an advisory capacity, please indicate that in your message and you will be contacted for further information. For questions, please contact Eunice Skelly at 516 488-6100, Ext. 389.

The New York Blue Light Symposium is a venue to discuss and heighten awareness in light studies. Basic scientists, clinicians, students, and other professionals are welcome to attend. Register early to avail of discounted rates.

For more information, visit http://blue-light.biz/2isbly/

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Physicians are not involved with all the decision policies including the change to ICD-10, as well as other measures that affect us in providing the utmost care to our patients. We are limited by those that are not concerned or educated about disease. Even having to obtain authorizations are costly to the physician. Compensation of $32.50 for a lengthy visit of greater than one hour is despicable. No wonder many physicians are leaving the profession. Mechanics are paid more than a physician that cares for the human body, and are not constantly audited for their performance which again is another time consuming and costly process for the physician.

Internal Medicine, Staten Island
It just keeps coming at us.

Internal Medicine, Manhattan
I learned to take care of patients, not computer technology and coding, in medical school.

Internal Medicine, West Seneca
Need more time.

Internal Medicine, Buffalo
I use a billing company. I will have to make sure they are ready and I need to find a training location.

Internal Medicine, Rochester
It’s a time consuming, unfunded mandate that does not benefit me at all.

Internal Medicine, Great Neck
No longer is taking care of patients our top priority but rather coding, filling in the screens on our computers, filling out forms etc. Congratulations to those who wanted government run medicine.

Internal Medicine, Port Jefferson Station
Changing all these codes with all the other changes is a huge mistake. It will mean wasted time for all those who will be re billing over and over.

Internal Medicine, Great Neck
Physicians are not involved with all the decision policies including the change to ICD-10, as well as other measures that affect us in providing the utmost care to our patients. We are limited by those that are not concerned or educated about disease. Even having to obtain authorizations are costly to the physician. Compensation of $32.50 for a lengthy visit of greater than one hour is despicable. No wonder many physicians are leaving the profession.

Internal Medicine, Port Jefferson Station
No longer is taking care of patients our top priority but rather coding, filling in the screens on our computers, filling out forms etc. Congratulations to those who wanted government run medicine.

Internal Medicine, Rochester
It’s a time consuming, unfunded mandate that does not benefit me at all.

Internal Medicine, Great Neck
Public policy is to destroy private practice. Practice to the lowest acceptable quality.

Internal Medicine, Port Jefferson Station
The little practice is drowning in such bureaucratic policy changes and can no longer foot the bill of change.

General Surgery, Chappaqua
Public policy is to destroy private practice. Practice to the lowest acceptable quality.

Internal Medicine, Great Neck
We will all be forced to stop taking insurance. Private patients have never asked me to give them an ICD code. They ask me to help them get better!

Internal Medicine, New York City
Is this going to make coding and billing easier? It seems like everything demanded of us these days increases workload without necessarily improving patient care or efficiency.

Internal Medicine, Kingston
I am retiring, in part due to the impending ICD-10 requirement. Walking in lock-step is not a comfortable way to practice medicine.

Orthopedic Surgery, Manhasset
Delay in payments or downcoding could put me out of business and into retirement.

Orthopedic Surgery, Manhasset
We have two choices. Either to take another loan or pull out of insurances and go for cash payments only.

Internal Medicine, Bath
MU1, MU2, PQRS, ICD-10, MOC. We have only 24 hours /day. Time is taken away from actual patient care. Is it worth it to be a doctor?

Internal Medicine, Ozone Park
Idiotic waste of time to get completely useless data which will contain mostly inaccurate data which will degrade patient care by taking time and concentration away from patients.

Internal Medicine, Great Neck
Delay in payments or downcoding could put me out of business and into retirement.

Orthopedic Surgery, Manhasset
We have two choices. Either to take another loan or pull out of insurances and go for cash payments only.

Internal Medicine, Bath
We have only 24 hours /day. Time is taken away from actual patient care. Is it worth it to be a doctor?

Internal Medicine, Ozone Park
Idiotic waste of time to get completely useless data which will contain mostly inaccurate data which will degrade patient care by taking time and concentration away from patients.

Orthopedic Surgery, Manhasset
We have two choices. Either to take another loan or pull out of insurances and go for cash payments only.

Internal Medicine, Bath
MU1, MU2, PQRS, ICD-10, MOC. We have only 24 hours /day. Time is taken away from actual patient care. Is it worth it to be a doctor?

Internal Medicine, Ozone Park
Idiotic waste of time to get completely useless data which will contain mostly inaccurate data which will degrade patient care by taking time and concentration away from patients.

Orthopedic Surgery, Manhasset
Delay in payments or downcoding could put me out of business and into retirement.

Orthopedic Surgery, Manhasset
We have two choices. Either to take another loan or pull out of insurances and go for cash payments only.

Internal Medicine, Bath
MU1, MU2, PQRS, ICD-10, MOC. We have only 24 hours /day. Time is taken away from actual patient care. Is it worth it to be a doctor?

Internal Medicine, Ozone Park
Idiotic waste of time to get completely useless data which will contain mostly inaccurate data which will degrade patient care by taking time and concentration away from patients.
Please get this thing pushed back! We still are not ready for e-prescribing. Enough jumping through hoops. Please work on behalf of all physicians to scrap this whole idea. I can’t keep up.

Internal Medicine, Great Neck

The computer is ready but I am not. I think the coders are going to harass us endlessly for more detail so that they can code to an extra digit for no reason.

Internal Medicine, Syracuse

ICD was never meant to be used for billing purposes. It is absurd that we should be required to use a more complicated system of something that is not meant for the purpose that for which we are using it.

OB-GYN, New York City

As a solo practitioner with probable retirement in 5 years, I have not been able to address the requirements financially.

OB-GYN, Yonkers

I am starting training by May 1 but am very concerned about any disruption in cash flow.

OB-GYN, New York City

All mandated changes such as this have one (intended?) consequence – to drive solo practitioners out of business. There should be a “grandfather” clause for all small practices that can’t afford outside services to comply with ever-increasing regs.

Ophthalmology, Nassau County

ICD-10 may be good to gather data for planning and research but it is impractical for billing and revenue. A medical disaster may occur if cash flow is interrupted, especially to hospitals. Prediction: doctors will go back to the 1950’s requiring cash, check or credit card payment at the time of service and giving a receipt to patients who can then deal with their insurance.

Ophthalmology, New Hyde Park

Who has 3 to 6 months of cash reserves on hand???

Ophthalmology, Saratoga Springs

I only have a small clinical practice (no longer do surgery). Due to the cost of converting to ICD-10, I will close my clinical practice (with much sadness) but income from clinical practice is minimal and not cost effective to convert to ICD-10.

Orthopedic Surgery, Rome

ICD-10 is another useless invasion of medical practice that serves no useful purpose beyond what is in existence.

Otolaryngology, Hewlett

Will do, but the process will be onerous for small practices.

Otolaryngology, Nassau County

I think my staff has done some work on it. I have no idea what it is about, just another reason to stop being a physician. ICD-9 should never have been implemented in the first place.

Pain Management, Stony Brook and Huntington

3-6 months reserve for a pediatrician is not possible. Our margin is too low. We need to pressure the insurance companies to continue to make payments based on historical averages, and to adjust when they figure it all out. The physicians cannot fund this transition while the insurance companies collect interest on the money in the bank.

Pediatric Care, Plainview

DSM-V has ICD-10 codes next to the DSM-V codes, so this might make things easier. We use only a few codes.

Psychiatry, Woodmere

Maybe it won’t happen; or it might not be soooooooo BAD!

Psychiatry, Westbury

I have absolutely no intention of dealing with or updating to ICD-10. I have stopping participating with or billing any insurance. I do only fee-for-service. All of these updates, mandates, regulations associated with insurance are simply too costly for a solo practitioner.

Plastic Surgery, Southern Westchester

ICD-10 should not go live until ALL CARRIERS can PROVE they are ready to handle the claims, and not a second before.

Plastic Surgery, New York City

As an older MD, I see mostly Medicaid patients and low income patients who have Wellcare and other insurances that most urologists won’t take because of low reimbursement. This will force me to retire.

Urology, Rochester
of the Oneida County Medical Society and the New York State Urological Society. He has served MSSNY as a Councilor for six years, co-chaired its rural and preventive medicine committee, and is still vice-chair of its Strategic Planning Task Force. He continues to serve on numerous MSSNY committees including those for bio-medical ethics, preventive medicine, healthcare disparities, physician advocacy, emergency preparedness and health system reform. Dr. Maldonado is also a faculty instructor for MSSNY’s Bioterrorism Task Force and has been part of MSSNY’s AMA delegation for 12 years.

MALCOLM D. REID, MD, MPP, PRESIDENT-ELECT

Manhattan physician Malcolm D. Reid, MD, MPP, was elected President-Elect of MSSNY at the HOD. Dr. Reid will continue his professional duties as the site chair of the Department of Physical Medicine at Mount Sinai - Roosevelt Hospital and Mount Sinai-St. Luke’s Hospital. Additionally, he serves as one of the Associate Medical Directors at Mount Sinai - Roosevelt Hospital and Mount Sinai-St. Luke’s Hospital.

A cum laude graduate of Fordham University, Dr. Reid earned both his medical degree and master’s degree in public policy from Harvard University. He received his internship training at Winthrop University Hospital on Long Island and did his residency training in rehabilitation medicine at Columbia-Presbyterian Medical Center, where he served as Chief Resident. He has also earned certification from the American Board of Physical Medicine and Rehabilitation.

Dr. Reid is particularly dedicated to medical education. He is a member of his hospital’s continuing medical education committee and is Assistant Professor of Rehabilitation Medicine, Department of Rehabilitation Medicine, Icahn School of Medicine at Mount Sinai. Additionally, he served as a Governor’s appointee to the NYS Hospital Review and Planning Council.

Dr. Reid has demonstrated his dedication to issues concerning organized medicine by serving as president of both the New York County Medical Society and the Manhattan Central Medical Society. Additionally, he served as the Chairman of the Board of Trustees for the New York County Medical Society. A MSSNY Councilor for four years, Dr. Reid also co-chaired MSSNY’s federal candidate evaluation subcommittee, and vice-chaired both its communication and membership committees. He is also a member of the National Medical Association, the American Academy of Physical Medicine and Rehabilitation and the New York Society of Physical Medicine and Rehabilitation.

Dr. Reid’s honors include the Distinguished Community Physician Award from the One Hundred Black Men, Inc. of NYC and selection as one of the Fifty Most Outstanding National Medical Fellowship Scholars in 1997. In 1996 he was inducted into the Mount Vernon High School Hall of Fame for his scholarly and athletic accomplishments.

CHARLES ROTHBERG, MD, VICE PRESIDENT

Charles Rothberg, MD, a board-certified ophthalmologist from Suffolk County, was elected Vice President of MSSNY at the HOD. He will maintain his active private practice in Patchogue. Additionally, he will remain Chief of Ophthalmology at Brookhaven Memorial Hospital, where he previously served as President of the Hospital Medical Staff.

A graduate of Icahn School of Medicine at Mount Sinai, Dr. Rothberg earned his medical degree from the State University of New York, Brooklyn. He received his internship training in internal medicine at Nassau County Medical Center and his residency training in ophthalmology at Kings County Hospital. Dr. Rothberg is certified by the American Board of Ophthalmology and is a Fellow of the American Academy of Ophthalmology. He is a member of the Suffolk Ophthalmology Society as well as the New York State Ophthalmology Society.

Dr. Rothberg has been actively involved in the work of organized medicine for all specialties ever since he first sought guidance from his county medical society on starting a practice. He has been president of the Suffolk County Medical Society, the Suffolk Academy of Medicine, and the District 2 (Nassau/Suffolk) Medical Society. He represented his county as MSSNY Councilor for seven years. Additionally, he has been a delegate to AMA meetings for the past 9 years. For his dedicated work as advisor to MSSNY’s Medical Student Section, he was honored with the Charles Sherman Award.

Dr. Rothberg has been particularly vocal in matters related to medical liability reform and abuses of the health insurance industry. He was appointed commissioner of MSSNY’s Governmental Affairs Division in 2009 and has been co-chair of its MSSNY PAC since 2008. He revitalized MSSNY PAC’s Speakers Bureau and has been its chair since 2009. Dr. Rothberg was instrumental in initiating an institutional membership, which has increased the number of physicians supporting MSSNY’s agenda.

ARTHUR C. FOUGNER, MD, SECRETARY

Arthur C. Fougner, MD, was elected Secretary of MSSNY at the HOD. Board certified in Obstetrics and Gynecology, Dr. Fougner is Chief of Gynecologic Ultrasound at North Shore LIJ. A graduate of the University of Notre Dame, Dr. Fougner earned his MD degree from Tulane University School of Medicine. He completed his postdoctoral training in OB-GYN at St. Clare’s Hospital, NYU Medical Center, Bellevue Hospital and Booth Memorial Medical Center. An attending OB-GYN at North Shore University Hospital, Long Island Jewish Medical Center and Forest Hills Hospital, Dr. Fougner is an assistant professor of OB-GYN at the Hofstra North Shore - LIJ School of Medicine at Hofstra University and formerly an assistant clinical professor at SUNY Stony Brook and Albert Einstein College of Medicine.

Dr. Fougner is a member of the International Society for Ultrasound in Obstetrics and Gynecology and of the American Institute of Ultrasound in Medicine. Active in organized medicine since 1979, Dr. Fougner previously served as MSSNY’s Assistant Secretary. Additionally, he was MSSNY’s Commissioner of Communications from 2012-2013, MSSNY’s Assistant Commissioner of Public Health from 2009-2010 and Commissioner of Governmental Affairs from 2010-2012. He serves as a trustee for the Medical Society of Queens.

THOMAS J. MADEJSKI, MD, TREASURER

Thomas J. Madejski, MD, a board-certified internist in Medina, NY, was elected Treasurer of MSSNY at the HOD. In this position, Dr. Madejski will help to oversee the finances of the state’s primary professional organization for physicians.

Dr. Madejski received a Bachelor of Science degree in Pharmacy from the School of Pharmacy, State University of New York (SUNY) at Buffalo and received his Doctor of Medicine degree from the School of Medicine, SUNY Health Science Center in Syracuse. He completed his internship and residency in internal medicine at the SUNY Health Science Center in Syracuse, and was Chief Resident in the Department of Medicine from 1989-1990. In 1990, he was named a Diplomat of the American Board of Internal Medicine. He holds additional certifications in the areas of geriatric medicine and hospice and palliative medicine, and is a certified medical review expert.

Active in organized medicine, Dr. Madejski is a Fellow of the American College of Physicians, a past president (1996) and member of the Orleans County Medical Society, and has served as a delegate to MSSNY’s House of Delegates for 18 years. Additionally, Dr. Madejski has been a delegate representing New York at the American Medical Association’s annual meeting for the past seven years. He has served as a MSSNY Councilor since 2002 and is a member of MSSNY’s Excellus Settlement Committee.

Dr. Madejski is an attending physician at Medina Memorial Hospital and serves on the hospital’s Medical Quality Assurance Committee. He is also a clinical instructor in medicine & pharmacy at University of Buffalo.

With a specialized focus in geriatric medicine, Dr. Madejski is the medical director of Orleans County Nursing Home, Absolut Care of Gasport Nursing Facility and the Hospice of Orleans County.

In addition to his position as MSSNY’s Treasurer, Dr. Madejski also serves as Vice Chair, Legislative & Physician Advocacy Committee and Assistant Commissioner, Division of Socio-Medical Economics. Dr. Madejski resides in Albion and practices at General Physicians Medical Practice in Medina.

JOSEPH R. SELLERS, MD, ASSISTANT TREASURER

Joseph R. Sellers, MD, FACP, FACP, was elected Assistant Treasurer of MSSNY at the HOD. In this position, Dr. Sellers will assist the treasurer in overseeing the finances of the state’s primary professional organization for physicians.

Board Certified in Internal Medicine and Pediatrics, Dr. Sellers serves as Eastern Region Medical Director for the Bassett Healthcare network. Originally from Buffalo, Dr. Sellers earned his BA degree from the University of Rochester and his MD degree from Georgetown University School of Medicine. He completed a combined Internal Medicine and Pediatrics Residency Program at the Albany Medical Center. He is a fellow of the American Academy of Pediatrics and the American College of Physicians.

An attending physician in Internal Medicine and Pediatrics at the Bassett Medical Center, Cooperstown,
NY and the Cobleskill Regional Hospital, Dr. Sellers is an Assistant Professor of Clinical Medicine at the Columbia University College of Physicians and Surgeons, where he has served as a primary care clerkship preceptor for over twenty years.

Dr. Sellers serves on the Schoharie County Board of Health, the Cobleskill Regional Hospital Board of Trustees, and the Otseghela Council, Boy Scouts of America, Executive Board.

An active member of organized medicine since 1990, Dr. Sellers previously served MSSNY as Secretary. He served as MSSNY’s Third District Councilor from 2004-2010, and Third District President from 1998-2004. Additionally, he served as MSSNY’s Commissioner of Medical Education from 2009-2010, and is presently serving as Chair of MSSNY’s Political Action Committee. He was president of the Schoharie County Medical Society from 1990-1994.

BONNIE LITVACK, MD, ASSISTANT SECRETARY

Radiologist Bonnie Litvack, MD was elected Assistant Secretary of MSSNY at the HOD. She recently joined the North-Shore Long Island Jewish Health System Department of Radiology, where she will continue to serve as Chief of Women’s Imaging for Northern Westchester Hospital.

A cum laude graduate of Rensselaer Polytechnic Institute, Dr. Litvack earned her medical degree at Albany Medical Center. She completed both her Internal Medicine internship and her diagnostic radiology residency at Stony Brook University and a magnetic resonance imaging/body imaging fellowship at New York Hospital-Cornell Medical Center. Dr. Litvack is certified in diagnostic radiology by the American Board of Radiology.

Under Dr. Litvack’s leadership, the Women’s Imaging Center at Northern Westchester Hospital has been acclaimed as a Breast Imaging Center of Excellence by the American College of Radiology. During her career, Dr. Litvack has received numerous awards and honors including the Capital District Psychiatric Center Citation of Excellence in Community Service, the Suffolk County Medical Society Doctors of Tomorrow Scholarship and a National Institute of Health Grant in Family Practice.

An active member of organized medicine, Dr. Litvack serves as MSSNY’s Assistant Commissioner of Public Health (since 2011), Commissioner of Membership (since 2012) and MSSNY’s Ninth District Councilor (since 2010). She has also served as president of the Westchester County Medical Society, the Westchester Academy of Medicine and the New York State Radiological Society. She is an alternate delegate from New York to the American Medical Association and a councilor to the American College of Radiology.

Highlights of the 2015 House of Delegates

enable a physician who is re-registering with the state to also update the physician profile in a seamless manner.

- MSSNY will ask the AMA to support legislation ensuring immunity against federal prosecution for physicians who prescribe marijuana in accordance with their state’s laws.
- MSSNY opposes the legalization of recreational marijuana.
- MSSNY supports policies and initiatives that provide adequate compensation for primary care physicians and psychiatrists for treatment and counseling of patients with opioid-use disorders.
- MSSNY supports regulations/legislation to have the FDA require that liquid nicotine be available only in child-resistant packages; and, the sale of nicotine should come with warnings regarding the danger of nicotine and instructions on safe storage; and sale of liquid nicotine should be prohibited to anyone under the age of 21.
- MSSNY supports educational efforts to promote organ donation.
- MSSNY will work with all appropriate specialty societies to increase human trafficking awareness among medical students and physicians.
- MSSNY will request the Joint Commission to remove “pain as the fifth vital sign” from its standards.
- MSSNY should educate its members that HIPAA regulations require health plans to offer Automatic Clearing House Electronic Funds Transfer payment option, but if a plan does not send payment, the physician can demand that the plan revert to paper checks until the HIPAA transaction standard is available.
- MSSNY will advocate for mandatory elder abuse reporting by healthcare workers and all healthcare agencies in elder care in New York.
- MSSNY will work with local medical societies and the Committee for Physician Health to develop educational programs to help physicians recognize and deal with stress.

KIRA A. GERACI-CIARDULLO, MD, MPH, SPEAKER

Mamaroneck allergist Kira A. Geraci-Ciardullo, MD, MPH, was elected Speaker of MSSNY at the HOD. Only one other woman has achieved this honor.

Dr. Geraci-Ciardullo earned her MD degree from the Columbia College of Physicians and Surgeons. She received her residency training in pediatrics at New York Hospital, where she then completed a two-year fellowship in allergy/immunology. She subsequently earned board certification in both disciplines and has voluntarily recertified in her specialty of allergy/immunology twice. Additionally, she earned a master’s degree in public health (MPH) in health care policy and management from the New York Medical College School of Public Health.

Dr. Geraci-Ciardullo has been in private practice for 30 years and is listed as a Castle Connolly Top Doctor Metro New York and Westchester County. She is on staff at New York Presbyterian Hospital, Westchester Medical Center, Montefiore New Rochelle Hospital and White Plains Hospital Center, where she recently completed a five-year term as Chief of Allergy. She teaches at both Weill Medical College of Cornell University and at New York Medical College.

Dr. Geraci-Ciardullo has been a dedicated member of MSSNY for over fifteen years and has held many leadership positions, including chair of MSSNY’s emergency preparedness committee and vice-chair of MSSNY’s preventative health subcommittee. She currently serves on MSSNY committees for quality improvement and patient safety, emergency preparedness and bioterrorism, and preventive medicine and family health. Previously, she served on the health care reform committee. She is also a member of MSSNY’s Medical, Educational and Scientific Foundation. Dr. Geraci-Ciardullo represented MSSNY at SHIP (State Health Improvement Plan), the NYS Department of Health planning council for the 2013-17 state health prevention agenda.

Dr. Geraci-Ciardullo has served organized medicine as president of the Westchester County Medical Society, the Westchester Academy of Medicine and the Westchester Allergy Society. She has been part of MSSNY’s AMA delegation for nine years and serves on the AMA Council on Science and Public Health. In her community, she volunteers for asthma education programs and serves on the Hudson Valley Asthma Coalition Steering Committee.

Dr. Geraci is married to plastic surgeon Robert Ciardullo, MD, also an active MSSNY member and delegate to MSSNY’s HOD. They have two children, Jean Paul, a patent attorney, and Christina, an architect.

WILLIAM LATREILLE, MD, VICE SPEAKER

Internist William Latreille, MD, was elected Vice Speaker of MSSNY at the HOD. He will continue in his role as Chief Medical Officer at the Alice Hyde Medical Center and as Medical Director of Outpatient Medical Practices in Malone. Dr. Latreille will also continue his Internal Medicine practice in Malone and at the St. Regis Mohawk Indian Reservation.

A graduate of LeMoyne College in Syracuse, Dr. Latreille earned his medical degree at SUNY Upstate Medical Center in Syracuse. He received his first and second years of Internal Medicine residency training at the University of Missouri Medical Center in Columbia, Missouri and finished his residency training at the Robert Packer Hospital/Guthrie Clinic in Syre, Pennsylvania. He is board certified in Internal Medicine.

Dr. Latreille is a Fellow of the American College of Physicians and a specialist in adult and adolescent medicine. He has been designated as a Senior Aviation Medical Examiner (AME) by the Federal Aviation Administration (FAA) to perform flight physical examinations and issue aviation medical certificates for class 1, 2 and 3 pilots.

An active member of MSSNY, Dr. Latreille served as 4th District Councilor for eight years and 4th District President for four years. He created, and continues to chair, the Lake Placid Retreat – now in its 16th year – that is held each January for MSSNY districts 3 and 4. He was appointed to the Board of Trustees in 2012 and will serve as Board Chairman for 2015-16. Additionally, he is a member of the American Medical Association (AMA) and a member of the NY Delegation to the AMA. He is also a member and past president of the Franklin County Medical Society.
(Continued from page 4) Young Physicians.

I am here today due to the mentorship of many you here today. Many of you offered me the gentle but firm hand of guidance that I needed to succeed. I have made a concerted effort to put new faces and younger physicians on committees at MSSNY and will continue to do so throughout the year. Now I ask each of you as leaders to look around you and select a young physician to mentor. Guide them, but be firm and stern when the occasion calls for it. Mentor them – this is not the time for coaching. Many need to be actively engaged and polished. Help them and you will leave a legacy for the profession and for our healthcare system.

What are the advocacy and practice challenges we face this year?

OUT OF NETWORK BILL MATTERS ESPECIALLY AS THIS PERTAINS TO SURPRISE BILLS

The Department of Health has been very gracious in working and consulting with MSSNY in its development of regulations and guidelines concerning OON and surprise bills. As of yet, we are not aware of any complications or consumer complaints that are problematic for physicians. However, we have to continue educating physicians regarding these matters to prevent the onerous consequences for those who fail to follow the guidelines.

IMPLEMENTATION OF ICD10

For better or for worse, ICD10 is scheduled to be upon us in October of this year. It is imperative that within the next six weeks, we educate physicians on preparing for ICD10. If we can engage in an effort to thwart it, let’s do it but let’s not put all our eggs into that basket jeopardizing the financial health of practices come October.

IMPLEMENTATION OF SHIP and DSRRIP

SHIP and DSRRIP represent the most significant overhauls to healthcare in the next decade. Many of us in leadership are concerned about the abilities for these reform efforts to succeed in their goals. My professor and advisor at Oxford in Major Programme Management, Bent Flyvbjerg, probably the world’s most renowned professor and advisor at Oxford in Major Programme Management, Bent Flyvbjerg, probably the world’s most renowned

MSSNY continues to work to secure the enactment of bills which would expand physician medical liability costs through the enactment of bills which would expand physician liability exposure. None of this is possible without the support of MSSNY and MSSNYPAC members. With your assistance we will surely prevail. It is more important than ever before for physicians to join MSSNYPAC. If you are a member of MSSNYPAC, thank you! You have shown true dedication to your profession and patients. But we need so many more to also contribute. If you haven’t yet joined, please do so immediately by going to MSSNYPAC under the Government Affairs Tab on MSSNY’s new website (click here). Together all of medicine can achieve tangible objectives which protect physician practices and the patients they serve.

Don’t wait until March 2016 to e-prescribe! Click here to start today!

MSSNY continues to advocate in support of collective bargaining and organized practice. Both SHIP and DSRIP are over ambitious and in my estimation, reflect a classic scenario accounting for failure – namely optimism bias. This optimism bias is predicated on failure to ascertain the ability of small private practices throughout the state to implement these reforms within the envisioned timeline. I believe that the necessary support for small practice transformation is simply not available. While funding is reportedly available for primary care, no such funding is being offered to specialty practices that must provide primary care with the data that is critical for primary care to succeed in meeting its obligations to the state. The inability for specialists to meet primary care demands means failure by primary care practices who solely bear the financial burden of failure. This simply cannot be allowed! We must ensure success for primary care by not asking but rather demanding appropriate funding for practice transformation to all small practices throughout the state for both primary care and specialty practices.

To this end, we will engage in aggressively lobbying our legislature and the Governor to insure that come January 1, 2016, small practices will have the support needed for primary care to deliver better care to patients while meeting state reform targets.

EPRESCRIBING

In March of 2016, e-prescribing will be in effect in NY. Getting an extension was a Herculean effort. There is no plan for extending this again. That said, MSSNY continues to be extremely concerned about mepredness on the part of vendors and nurses to prepare their practices to be ready by that onerous date. We will continue our efforts in educating physicians regarding e-prescribing requirements as well as the availability of standalone applications that will help physicians meet the deadline in a timely manner, thereby, protecting our patients.

COLLECTIVE BARGAINING AND STATEWIDE IPA

Advancing and continuing our collective bargaining efforts are critical. So is the need for us to continue the effort at exploring the creation of a MSSNY sponsored statewide IPA. We must recognize that the agenda of those seeking to bring about healthcare reform in this country is not the agenda of physicians. This national agenda is driven by political ideologues and financial interests of big business that seek to suck the profits out of mandatory healthcare regulations while seeking to drive down physician reimbursements under the rubrics of driving down cost, being stewards of limited resources all the while wishing to improve quality care while passing on all the risk to us. This is simply NOT acceptable!

I have only one agenda: that is to insure each of us can treat every one of our patients as I would want my parents treated and to get paid reasonably for that privilege and honor.

To that end, it is imperative that we organize ourselves to remain a profession, NOT a trade group or union. However, we must establish frameworks for protecting our profession in a manner similar to those of unions by securing the passage of legislation that grants us the ability to collectively negotiate work conditions and reimbursements. We must look at mechanisms such as a statewide IPA to protect independent small practices in this state.

To the MSSNY AMA Delegation I say, you have a fight ahead of you advocating at the national level for repeal or delay of ICD10, getting rid of the excessive MOC requirements and simplifying the ridiculous number of quality metric standards physicians must address. 850 quality measures are ridiculous! We led the fight to create the AMA, now let’s go forward and fight to make sure the organization we catalyzed secures that the practice of medicine returns to being the wisdom of the old guard and values entrenched in NY. Getting an extension was a Herculean effort. That said, MSSNY continues to be extremely concerned about preparedness on the part of vendors and nurses to prepare their homes to be ready by that onerous date. We will continue our efforts in educating physicians regarding e-prescribing requirements as well as the availability of standalone applications that will help physicians meet the deadline in a timely manner, thereby, protecting our patients.

I will lead alongside of you.
OBITUARIES

BAUER, Charles Donald; Williamsville NY. Died April 23, 2015, age 91. Erie County Medical Society.

BAUM, Victor; Longboat Key FL. Died March 27, 2015, age 95. New York County Medical Society.

BELL, Ralph Sheldon; Middle Village NY. Died May 08, 2014, age 79. Medical Society County of Queens.

CHUA, Streamson Tan; Kingston NY. Died May 08, 2014, age 86. Medical Society County of Ulster.

DISTENFELD, Ariel; New York NY. Died April 16, 2015, age 83. New York County Medical Society.

FOGEL, Sander H.; Scarborough NY. Died March 19, 2015, age 87. Medical Society County of Westchester.

GOVERNALE, Louis; Garden City NY. Died April 08, 2015, age 83. Nassau County Medical Society.

HAGGERTY, James Thomas; Sanibel FL. Died March 10, 2015, age 82. Monroe County Medical Society.

KNOWLTON, E. Abbie Ingalls; Newport RI. Died April 02, 2015, age 97. New York County Medical Society.


OLIVER, Virginia M. L.; Cobleskill NY. Died April 09, 2015, age 99. Medical Society County of Schoharie.

PEYSER, Herbert S.; New York NY. Died April 05, 2015, age 90. New York County Medical Society.

SHAHEEN, George Anthony; Syracuse NY. Died March 03, 2015, age 82. Onondaga County Medical Society.

SOIEFER, Jack; Somers NY. Died February 26, 2015, age 89. Medical Society County of Kings.

STAHL, Peter Richard; Webster NY. Died March 23, 2015, age 72. Monroe County Medical Society.

STATES, John D.; Pittsford NY. Died March 26, 2015, age 89. Monroe County Medical Society.

SULLIVAN, Michael A.; Buffalo NY. Died December 18, 2014, age 85. Erie County Medical Society.

TAN, Ramon Kang; Pittsford NY. Died March 14, 2015, age 78. Erie County Medical Society.

WALDEN, William David; New York NY. Died April 09, 2015, age 85. New York County Medical Society.

ALLIANCE

Reflections on 79th Annual Meeting; Looking Ahead to National Meeting in Chicago

Julie Newman, AMAA President Elect, was the keynote speaker at AMSSNY’s 79th annual meeting in Saratoga, which was held in conjunction with MSSNY’s House of Delegates. Her thought-provoking speech focused on membership and the importance of reaching the millennial generation through social media.

Once again, AMSSNY co-sponsored the annual “Walk for Health,” which was held on May 2 in Saratoga. The weather was terrific and the walk just delightful and renewing! The raffle items donated by our members raised $2290. These funds will be divided and given to Physicians Home, our Belle Tanenhaus Leadership Fund and the Alliance Health Educational Initiative.

The co-president format for 2015-16 was approved at the annual meeting. Joan Cinicotta (Onondaga County) will serve from May through August, attend our AMAA meeting in Chicago and chair our Long Range Planning meeting. Lynn Pyke (Onondaga County) will serve from September through December and co-chair our Fall Leadership Conference in Scotia, N.Y. October 18-19 with Bonnie Liebers (Schenectady County). Beth Perenyi (Broome County) will serve January through April and co-chair our 80th Annual AMSSNY meeting in Tarrytown. Each co-president is a past state president and will participate in monthly conference calls.

The AMA Alliance national meeting is in Chicago June 7-9 at the Magnificent Mile Hotel, which is open to all AMAA members in good standing. Please consider joining us! Contact our Executive Director, Kathleen Rohrer, if you are interested in attending: Krohrer@mssny.org or 1-800-523-4405 ext. 396.

Thanks to all our members across the state who participated in our “Think, Don’t Drink” and “Stay Alive, Don’t Text & Drive” state project. We distributed over 25,000 Awareness cards across the state in corsage boxes to get our message across to prom attendees. Please consider volunteering to help us next spring!

WHO’S IN CHARGE?

Seems ridiculous doesn’t it? But it’s no more unthinkable than a legislator or an insurance company executive with the power to create legislation that will dictate how a physician can treat a patient. The Medical Society is working hard to make sure that doesn’t happen, but we need your support.

Help us keep the healing in the hands of the healers

Medical Society of the State of New York
A Member Organization for New York Physicians

Westbury Headquarters:
865 Merrick Avenue, Westbury, NY 11590 • (516) 488-8100 • www.mssny.org