National Doctors' Day
Doctors make countless invaluable contributions to our lives and our communities every day, but March 30 is the only national holiday designated to celebrate them. While the date is mostly marked by healthcare organizations and celebrated in medical facilities today, it is meant to be an opportunity for patients to recognize their doctors’ service and achievements. In a time when the conversation about healthcare is often dominated by debates over coverage, access to care, and the opioid crisis, it’s a good reminder to take a moment to appreciate the individuals who have dedicated their lives to making ours healthier.

History
Doctors’ Day was first celebrated in Winder, Georgia back in 1933. Eudora Brown Almond, wife to Dr. Charles B. Almond, had the brilliant idea of honoring physicians and their medical advances.

The date chosen was the anniversary of a breakthrough that revolutionized medical treatment, saved countless lives, and facilitated many subsequent discoveries. On March 30, 1842, Dr. Crawford Long first used ether to anesthetize his patient, James Venable, during surgery to painlessly remove a neck tumor. Just imagine what the world would be like today if surgery were performed on alert patients who could feel—and react to—pain.

That first observance of Doctors’ Day 85 years ago included the sending of cards to doctors and their spouses, the placement of red carnations on the graves of deceased doctors (including Dr. Long’s), and a formal dinner party hosted by Dr. and Mrs. William T. Randolph. Red carnations have since come to symbolize Doctors’ Day.

Doctors’ Day officially became National Doctors’ Day on October 30, 1990 when President George H. W. Bush signed a Senate joint resolution establishing the national holiday.

Show your gratitude
While medicine has changed and evolved tremendously over the past 85 years, it would probably make your doctor’s Doctors’ Day to receive an old-fashioned hand-written card acknowledging their service and the day. Send a nice (and budget-friendly) bouquet of red carnations, and they’ll be impressed by your knowledge of the holiday and your thoughtful consideration.

Another traditional way to celebrate National Doctors’ Day is to send food, which can likely be traced to that fancy dinner at Dr. and Mrs. Randolph’s house back in ’33. This is especially appropriate for hospital-based doctors and physicians whose long work hours caring for others can make it difficult to care for themselves. Whether you opt to cater a lunch or send a gift basket, remember to keep it healthy! Fruits and nuts or send a gift basket, remember to keep it healthy! Fruits and nuts and complex carbs will keep your doctor’s motor running and show that you care about their health too.

Like, share, contribute
National Doctors’ Day is today, so any cards or gifts you send through the mail won’t make it there on time. (You can still send them—your appreciation will be appreciated.) So, why not take a few minutes to craft your knowledge of the holiday and your thoughtful consideration.

Another great way to show your support for the doctors in your life is to support the organizations that support them. If you or your family is affected by a specific condition or disease such as Alzheimer’s, breast cancer, or Crohn’s, you can make a contribution in your doctor’s name to fund research. The American Medical Association (AMA) will send a personal note of recognition to any doctor you choose to honor with a donation in their name. You can also support the health of the very people who are dedicated to supporting your health by contributing to groups such as the Committee for Physician Health (CPH). CPH is a division of the Medical Society of the State of New York (MSSNY) that provides confidential assistance to physicians, residents, medical students, and physician’s assistants experiencing problems from stress, substance abuse and other psychiatric disorders, including psychiatric problems that may arise as a result of medical illness.
Medical Society helps physicians to help their patients

Founded in 1807, the Medical Society of the State of New York (MSSNY) is the state’s principal non-profit professional organization for physicians, residents and medical students of all specialties. Its mission is to represent the interests of patients and physicians to assure quality healthcare services for all New Yorkers.

MSSNY is a federation of 61 county medical societies in New York State and is one of the largest medical societies that comprise the American Medical Association (AMA).

At its annual House of Delegates meeting, physician leaders vote on policy issues that our Governmental Affairs Division will champion with the New York Legislature; national policy issues are forwarded to the AMA for action. Every member of the Medical Society has a right to propose policies or actions that he or she feels the Society should establish or undertake.

Paths to leadership are open to all members, with special opportunities for constituencies that are underrepresented in leadership roles. Special leadership tracks have been established for medical students, resident/fellow physicians and young physicians, both in MSSNY and the AMA.

Service on the Governing Council of the AMA, International Medical School Graduates (IMG) Section, Medical Schools Section or the Organized Medical Staff Section is a valuable entree to top leadership roles as well as a powerful learning experience for future leaders.

In addition, international medical graduates, minority physicians and salaried and group practice physicians have all been recognized as special constituencies whose increased participation and input MSSNY wants to encourage. Special efforts are made to identify and involve individuals from among these groups who are interested in leadership positions.

MSSNY has committees that focus on issues of interest to IMGs and group practice physicians, women and young physicians.

Public Health is one of MSSNY’s main areas of focus. The public health activities seek to ensure access to health care for all New Yorkers. In this vein, the organization focuses on the following public health initiatives:

- Health disparities and attracting a more diversified physician workforce
- Health care for New York’s Veterans, including educational programming on PTSD and traumatic brain injury
- A carefully considered approach to balance the need to address the societal problem of opioid addiction with the need to control patients’ pain

— Tom Madejski, MD is President of the Medical Society of the State of New York

New York physicians boost the state’s economy

New study demonstrates that physicians support 688,760 jobs, generate $141.2 billion in economic activity

Physicians add opportunity, growth and prosperity to the New York economy by creating 688,760 jobs and generating $141.2 billion in economic activity, according to a new report, The Economic Impact of Physicians in New York, released today by the Medical Society of the State of New York (MSSNY) and the American Medical Association (AMA).

“Every day, New York physicians dedicate themselves to protecting the health of their patients,” said MSSNY Immediate Past President Charles Rothenberg, MD. “However, physicians also have a positive impact on New York State that goes beyond the wellbeing of their patients. The AMA’s Economic Impact Study demonstrates that physicians help their local communities in many ways—including creating jobs and generating tax revenue.”

The study quantifies the economic benefit that 60,444 New York physicians provide to the state’s economy, producing a ripple effect that is felt statewide. The study measures physicians’ impact using four key economic indicators:

- Jobs: Physicians support 688,760 jobs in New York—1.4 for each physician on average.
- Economic activity: Physicians generate $141.2 billion in economic output, comprising 9.8 percent of the New York economy. Each physician generates $2.3 million for the state economy on average.
- Wages & benefits: Physicians contribute $78.2 billion in total wages and benefits paid to workers across New York, empowering a high-quality, sustainable workforce. Each physician contributes $1.3 million to workers’ wages and benefits on average.
- State and local tax revenue: Physicians’ contribution to the New York economy generates $7.3 billion in state and local tax revenue for their communities—translating to $121,536 for each physician on average—enabling community investments to be made.

The report found that every dollar applied to physician services in New York supports an additional $1.93 in other business activity. An additional 5.46 jobs, above and beyond the clinical and administrative personnel that work inside the physician practices, are supported for each one million dollars of revenue generated by a physician’s practice. In addition, New York physicians generate more economic output, produce more jobs and pay more in wages and benefits than Higher Education, Nursing, Home Health and Legal Services.

Across the country, physicians add $2.3 trillion to the U.S. economy, support more than 12.6 million jobs nationwide, contribute $1 trillion in total wages and benefits paid to U.S. workers, and generate $492.9 billion in state and local tax revenue.

First Place Winner (Vignettes Category) Thracian James-Gouliborne, MBBS from SUNY Downstate Medical Center.
New York’s physicians have worked tirelessly to respond to the opioid and heroin abuse epidemic that has ravaged this state and country. As a member of the American Medical Association’s Opioid Task Force, MSSNY has worked to increase physician awareness and leadership to promote and amplify best practices to respond to this crisis. To that end, MSSNY has educated over 11,000 prescribers since January 2017 regarding best practices for responding responsible patient pain management. Moreover, in 2016, physicians and other prescribers made over 18 million checks of New York’s PMP—a 9% increase from 2015. As a result, the prescribing of opioids in New York State has decreased by 13%. Physician efforts have also led to a 96% decrease in so-called “doctor shopping” of patients inappropriately seeking opioid medications. MSSNY has also worked with the AMA to address concerns with policies imposed on hospitals that may contribute to this problem.

Equally important is assuring proper treatment for those facing addiction. There has been an increase in the use of Medication Assisted Treatment (MAT) and naloxone by physicians and other prescribers in New York. Moreover, MSSNY supports legislative efforts to enhance insurance coverage for treatment beds; strongly encourages all physicians and medical staff to become voluntarily certified to prescribe buprenorphine and encourages collaboration with multi-stakeholders for integrated MAT for the management of addictions. However, MSSNY remains concerned about legislative efforts to place arbitrary limits on prescribing of controlled substances or limitations on medical decision making by minors. MSSNY also supports changes in state and federal law that allow for the safe disposal of medication and supports the concept of pharmaceutical companies paying for these disposal costs.

Disease prevention

Prevention of diseases remains a top MSSNY priority and the best way to prevent these diseases is through immunizations. MSSNY supports legislation or regulation that would remove religious exemptions for immunizations and would also oppose any additional exemptions for immunizations. MSSNY supports efforts to require pharmacies to inform adult patients that they have the option of having the immunization recorded into the registry. MSSNY also continues to strongly support legislation to prohibit the sale of tobacco, e-cigarettes and nicotine dispensing devices and products to anyone less than 21 years of age.

Women’s health

Preserving the ability for women to have access to reproductive and sexual health care services is a key public health component. MSSNY supports efforts to expand access to emergency contraception, including making emergency contraception pill more readily available and will continue to support sexual health education programs amongst adolescents. MSSNY will oppose any legislation that criminalizes the exercise of clinical judgment in the delivery of medical care.

— Frank Dowling, MD is MSSNY’s Commissioner of Public Health and Education

### Retail clinics would spell disaster for community medical homes

Exacerbating these challenges is the de facto requirement that a medical practice invest tens of thousands of dollars for electronic record systems to better manage patient care. These factors have forced more and more physicians into closing their community practices and joining large health systems to be able to continue to deliver care. In fact, a recent Avalere study reported the number of physicians who have become hospital employees in New York nearly doubled from 2012-2015. The loss of independent practice for physicians may severely affect long-time patient relationships, as an employer arrangement may bring with it a change in practice patterns dictated by the employer.

It is hard to overestimate the pivotal role that community primary care and pediatric practices play in managing patient health, either managing chronic conditions such as asthma, diabetes and hypertension, or slowing the progression of these diseases to prevent avoidable hospitalizations. Primary care physicians also coordinate the patient’s care through referrals to needed specialty care physicians, administer immunizations, and remind patients to take their medications and schedule follow-up care.

Simply put, primary physicians are the patient’s “medical home,” a place for patients to trust and rely on for their well-being. Yet the retail clinic proposal would jeopardize these medical homes for many patients. Far from complementing the delivery of care, as they claim, the medical community is very concerned that this proposal will produce an explosion of these big-box, store-owned clinics that will drive more primary care physicians out of practice.

These concerns are exacerbated by the proposed acquisition of health insurer giant Aetna by drug store and drug benefit manager CVS Health. If the merger is approved, it could push the merged entity to selectively contract with these Minute Clinics at the expense of community medical practices.

Coincidentally, of course, these locations will be where patients can have their prescription medications filled. While such care sites have existed in retail stores in New York, there was always an important distinction that assured that the physician, nurse practitioner, or physician assistant providing care was not directly employed by the corporation. The practitioner pays rent for the space. This arrangement, which protects the independent decision-making of the health care professional against corporate interference, works perfectly fine in many regions of the state.

However, legislative proposals would break down these walls, enabling the corporation to directly employ health care providers to deliver services to the public, breaking a long-standing New York State tradition of prohibiting corporate practice of medical care delivery. The accumulation of power in our health care system across the pharmaceutical and medical delivery sectors will be harmful for our patients. The New York State Legislature must step up to prevent this proposal from going forward.

— Charles Rothberg, MD, is Immediate Past President of the Medical Society of the State of New York