WESTCHESTER PHYSICIAN

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# How to Choose the Right Electronic Medical Record System for your Practice

*By Joseph Tartaglia, MD, WCMS, President Elect*

Like it or not, electronic medical records (EMR) are coming. Electronic medical records are touted by politicians, health policy experts and physicians as a way to reduce medical errors, reduce medical costs and improve the overall quality of health care. Within the next few years most practices will have converted to a medical record system or, if not, by 2015 (according to the Federal EHR software stimulus package) you will begin to face reimbursement cuts for continuing your records on paper. The Medicare bonus for using EMR is 2% for 2010 and drops to 1% in 2011 and 2012 of covered Medicare Part B charges. By 2012, Medicare will begin assessing financial penalties of 1% to physicians that fail to implement electronic prescribing. By 2014, the penalty increases to 2%.However, even for the technologically savvy, there is such a bewildering array of choices and vendors to choose from that the process of selecting a system can seem a daunting task. The purpose of this article is to help you select an EMR that is right for your practice. Many physicians have been able to maintain and increase their productivity and improve the efficiency of their practice once they select a system and get past the learning curve of implementing an EMR.

The first step in selecting an EMR should be to eliminate products not certified by the CCHIT (Certification Commission for Healthcare Information Technology). The CCHIT is the leading Healthcare IT certification organization endorsed by the AMA; the American Academy of Pediatrics; the American College of Cardiology, etc. Of the 300 or so products available only about 53 have met the 2007 standards and fewer have the 2008 standards. If the 2008 standards are met, it means the product utilizes standard formats which can interact with other systems and meets basic standards for security and privacy.

The exchange of patient information is one of Medicare's goals for the EMR and therefore CCHIT certified systems may be the only ones that can achieve the higher reimbursements. Furthermore, the American Recovery and Reinvestment Act (ARRA) of Congress will grant money from the federal government to practices that purchase EMR software. The good news is if you purchase an EMR in 2009 you could get up to $63,750 per provider in stimulus money for those providers who use a "meaningful useful" EMR by 2011. The $63,750 is available for pediatricians whose patients are 20-30% Medicaid *(continued on page 4)*

## A Look Inside . . .

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# Member News

**- In Memoriam -**

On July 21, 2009, Robert Philip Bauer, a founding doctor of Hudson Valley Eye Associates, died at the age of 64. Dr. Bauer was a member of the Westchester County Medical Society since 1972.

Donations can be made to Lowe Center for Thoracic Oncology at The Dana-Farber Cancer Institute, 44 Binney Street, Boston, MA 02115-6086 or Compassionate Friends, PO Box 3696, Oak Brook, IL 60522-3696

# Mark Your Calendar

October 6, 2009
Ophthalmology Section Meeting
*TBA*

March 9, 2010
MSSNY State Legislative Day
*Albany, NY*

April 16 – April 18, 2010
MSSNY House of Delegates
*Westchester*

# FROM THE EDITOR
# More on Medical Reform

***By Peter Acker, MD***

In this issue are two excellent articles, each looking at decidedly different aspects of the current healthcare debate

The first, by Dr. Joseph Tartaglia, eschews any hint of the raucous politics of the discussion, but instead offers highly practical advice on how to navigate the electronic medical records question. As anybody who has paid the slightest attention to the news knows, the great expectation is that electronic medical records will be transformative in that they will reduce costs, reduce errors, enhance diagnosis, save time – the list goes on and on.

Of course the rub to all this is the potentially enormous start-up costs and the physician inertia created by an already formidable work load. It is quite similar to the global warming debate in that we all *(except for a few stalwart deniers)* agree that we need to reduce greenhouse gases, but there are tremendous obstacles inherent in any situation in which a huge amount of effort must be expended now for changes that may not come fully to fruition for decades or more. It is human nature to want to put off Herculean tasks as long as possible.

Take myself, for example. My house needed a new roof. The evidence was plain to see as my wife and I routinely put out pans in strategic spots before rain storms. Yet, I had to be dragged kicking and screaming by my much wiser wife to finally accept that we had to bite the bullet and write a large check.

Similarly, in my pediatric office, my partners and I have engaged in some desultory discussions about EHR, never rising above the "Gee, it would be nice" sort of comment. A big part of it is expense, of course – quite daunting in this economy and in an era of declining reimbursements. But also, it's the *sheer* prospect of change. I confess to not being the most computer literate person around and quite frankly, I'm a bit fearful. *(In some of my more paranoid moments, I envision being forced to retire and to be replaced by a younger, more commuter savvy pediatrician – sort of a medical cash for clunkers program.)* Much of my fear was assuaged by Dr. Tartaglia's article which gives clear-eyed advice and much information on some of the stimulus package items which will help the practitioner to convert to electronic and I commend it for your careful perusal.

The second article, by Dr. Joseph McNelis, is a broad look at the health care debate with a focus on President Obama's comments *(in his speech to the AMA and his recent press conference on the subject)* and the on issue of medical malpractice reform. It is highly informative yet entertainingly written. I'm hoping it will stimulate commentary and submissions from our readership!

Any comments? Contact me at **peterrba@aol.com** ✦

## Electronic Medical Records *(continued from page 1)*

and uninsured. Most of the rest of the providers will qualify for up to $44,000 in direct payments starting with $18,000 in 2011. Unfortunately, the longer you wait to implement EMR, the less the incentive payments will be. In addition to Medicare bonus and federal stimulus money, you can realize a huge tax deduction if you purchase and begin implementation of the EMR software in 2009. Even if you take a loan to purchase your EMR using a finance agreement, you can still qualify for the Section 179 deduction. The write-off amount is up to $250,000 with bonus 50% depreciation.

When shopping for your system avoid buying a product that does not use a single database for billing and patient records. In the past, these systems were common because many practices already had an electronic billing system and it seemed natural to add an EMR to an existing system that was familiar to the practice and already implemented. Some of these systems are marketed as a "suite" of patch worked scheduling, billing and charting software systems. However, these "interfaced" systems are inferior to software that has been engineered from the start on a single platform with a single database. The patched systems may not properly integrate data and there may be difficulty running and maintaining such a hybrid system.

If you are a small single practice specialty, then you probably can't afford a $75,000 system up front with a server on site. However, you might then take advantage of some EMR systems that are web based and charge a monthly fee such as $200 to $500 dollars a month to finance the software and maintain upgrades and store records. This decreases the cost of maintaining a server. The data is stored in a secure data center. The web based installation is known as a SaaS (Software as a Service) and is essentially a work station that accesses the application service provider via the Web. Of course, if the high-speed internet connection fails, so does access to your records. Therefore, you will need a backup access such as a broadband laptop connection.

The next point to consider is if the EMR system can accommodate your specialty. Some systems are well designed for internal medicine, but might break down in managing an ENT or an orthopedic specialty. Make sure you test the system and take advantage of a trial run. Obtain references from other physicians in your specialty who have used your particular EMR.

A practice needs to have in mind how much it can afford to spend. Make sure you know what the maintenance costs are and how much it costs for support. Some systems offer transcription services at an extra cost per typed line. It may be cheaper to use a voice dictation system such as Dragon systems made by Nuance Communications, Inc. Also, if you expect to grow in the future it is important that your system be able to grow with you and handle the work of a larger practice with additional locations. If you don't have IT services, ensure that the software vendor offers IT services.

The Medical Society of the State of New York has endorsed 6 vendors who offer a discount to members of the medical society. Ron Pucherelli, MSSNY's HIT Project Administrator ***(rpucherelli@mssny.org; Tel— 518-465-8085; Fax— 518-465-0976)*** has provided me with a list of those vendors and a chart comparing product information and pricing. They are all CCHIT certified. He will be happy to furnish the list to any member via e-mail. He said that the Web based EMRs MSSNY endorses meet all HIPPA requirements. You may want to speak with him regarding questions or concerns. Since the list is constantly updated and altered, I encourage you to use this resource before investing in any EMR.

Just as electronic billing was met with some resistance, so will electronic medical records. However, I think the smart physician will embrace the new directives and ultimately through the use of an electronic database, e-prescribing and instant access and stored charts, the average physician will wonder in the future how he ever got along without an EMR. ✦

# It's the Liability, Stupid

***Joseph McNelis, MD, WAM President***

It does not matter if the cat is black or white,so long as it catches mice.
***-Deng Hsiao Ping***

I've been tempted/Lord,I've been tried.
I've been discouraged/On every side.
While traveling/Through this land, Lord
I will do/The best I can
Just on the Jordan/Sweating and ired,Lord have mercy
I see Canaan/On the other side
When I get there/I'll take my stand
Lord I'll do/The best I can
I'm a Pilgrim/Nothing but a stranger
Everyday I'm traveling/This old barren land
But I'm not worried, I got a home/Somewhere in yonder City
I will do/The best that I can.
***-Paul Foster***

On June 15, 2009, President Obama delivered a speech to a national meeting of AMA delegates. This was quite timely as the AMA leadership had publicly expressed reservations with the proposed health plan. The President focused on the economic imperatives behind the plan. "Make no mistake: the cost of our health care is a threat to our economy. It is a ticking time bomb for the federal budget and it is unsustainable for the United States of America." The President then cited the examples of uninsured individuals, physicians assaulted by insurance bureaucracy, and strains on small and large businesses by escalating health bills."If we fail to act, one out of every five dollars we earn will be spent on health care within a decade. In thirty years, it will be about one of every three - a trend that will mean lost jobs, lower take home pay, shuttered businesses, and a lower standard of living for all Americans."

The President enumerated several initiatives for cost savings including electronic records, more preventive care, and eliminating excess treatments that patients don't need. In the last category, the President discussed Dr. Guwande's article in The New Yorker on care in McAllen, Texas, using it as an instrument to deride physician-owned specialty hospitals. The President furthermore extolled the pay for performance formulas to reward quality over quantity of care and promoted directing more young physicians toward primary care medicine.

President Obama then threw a haymaker which stunned even the most grizzles and cynical physicians."Now I recognize that it will be hard to make some of these changes if doctors feel like they are constantly looking over their shoulder for fear of lawsuits. Some doctors may feel the need to order more tests and treatments to avoid being legally vulnerable. That's a real issue."After a short pause, the cynics had their faith restored by the President."And while I'm not advocating caps on malpractice awards which I believe can be unfair to people who've been wrongly harmed, I do think we need to explore a range of ideas about how to put patient safety first, let doctors focus on practicing medicine, and encourage broader use of evidence-based guidelines. That's how we can scale back the excessive defensive medicine reinforcing our current system of more treatment rather than better care." Some, nonetheless, saw this as a very promising development. Tort reform had barely been mentioned as an issue by the Republicans, and certainly not by the Democrats. Professional societies such as the AMA had decided long ago to

*(continued on page 6)*

## It's the Liability, Stupid *(continued from page 5)*

keep it on the very bottom of its list of talking points. Maybe the President has a few physician friends with whom he has been talking. Some pondered whether this would become a Nixon in China moment. Bad news arrived for the President in July as he was starting the legislative battle. On July 16, the Congressional Budget Office estimated a ten year cost of $1.1 trillion for the health plan, adding significantly to previous projections. On the afternoon of Friday, July 17, President Obama delivered a 'rally the troops' talk, rejecting the CBO's estimates and recapitulating some of the salient points of his AMA talk. He once more focused on the economic benefits of the health plan."Let me repeat: Health insurance reform cannot add to our deficit over the next decade and I mean it. Already, Congress has embraced our proposal to cut hundreds of billions of dollars in unnecessary spending and unwarranted giveaways to insurance companies in Medicare and Medicaid. So we actually believe that two-thirds of the cost of reforming health care could be achieved through these savings alone, without any new revenue."

The President possesses a glass two thirds full attitude and not a glass one third empty attitude. Nonetheless, he recognizes the need to fill the void."Of course, that still leaves one third of the costs in order for us to cover all Americans that we're still going to have to find a way to pay for it. And the key committees in Congress are working diligently with the White House to see if we can come up with an agreement on that remaining one-third."A significant part of the savings would be determined by an advisory panel."That is what we mean when we say that we need delivery system reform. I've proposed to Congress, and I am actually confident that they may adopt these proposals, that independent -- an independent group of doctors and medical experts will oversee long-term cost-savings measures. While he did mention this council of advisors in the AMA speech, it was not as clearly emphasized as in his shorter exhortation. Of note, he did not mention malpractice reform in the July 17 address.

A prime time Presidential press conference was convened on July 22 in order to stimulate momentum for the health care program. The President reviewed much of the discussion from the previous two talks. Talking to a general audience, he seemed to deemphasize economic figures and stressed straightforward principles. President Obama stumbled uncharacteristically when expounding on a rather nonthreatening question on insurance benefits and coverage."Right now, doctors a lot of times are forced to make decisions on the fee payment schedule that's out there. So if they're looking and you come in and you've got a bad sore throat or your child has a bad sore throat or has repeated sore throats, the doctor may look at the reimbursement system and say to himself, 'You know what? I make a lot more money if I take this kid's tonsils out. Now, that may be the right thing to do, but I'd rather have that doctor make those decisions just based on whether you really need your kid's tonsils out or whether it might make sense just to change-maybe they have allergies. Maybe they have something else that would make a difference." The President applied Gawande's article on limited overuse of services at physician run hospitals in McAllen, Texas in a general fashion. As a result of his tone deafness, he alienated more than the otolaryngologists. Once more, up to that point and for the remainder of the press conference, malpractice reform was not mentioned.

Perhaps tiring of the health care repartee, the President ended the conference with a planted question from Lynn Sweet regarding his good friend, Professor Henry Louis "Skip" Gates. The hemi-Hibernian Gates recently had demonstrated the royal Celtic rite of "fronting "to Sgt. James Crowley, a long lost relation from the Auld Sod. The softball becomes a beanball for the President and, as a result, much needed momentum was lost.

*(continued on page 7)*

## It's the Liability, Stupid *(continued from page 6)*

The behavior of the AMA thus far has been curious. Shortly before his initial remarks in June, the AMA had expressed doubts about the President's proposals. By the time of the July 22 conference, they were on board with the plan. The prospect of being part of the "independent" group of advisors must outweigh lobbying for tort reform, the number one concern of the rank and file. One could advance the argument of a PricewaterhouseCoopers' study that about 10% of health care costs is related to medical malpractice lawsuits, with 2% caused by direct costs of the lawsuits and 5-9% from defensive medicine. Oddly enough, President Obama has been the only major player to discuss tort reform, for the AMA and the other societies have abandoned the issue. As Lord Acton stated, "Power corrupts, and absolute power corrupts absolutely."A more contemporary saga would have given some Godfathaly advice to the AMA leadership that such a sellout would eventuate the Big Payback of mass membership desertion. ✦

# MSSNY Offers New Technology for Participation in Committee Meetings

Beginning this fall, physicians will have the option of using the Internet to participate in MSSNY Committee meetings using their own personal or office computer using visual communication or by attending the meeting at one of MSSNY's two office locations in Albany or Westbury.

In order to participate via the web, an invite email will be sent to participants with the website link, as well as the scheduling information for the web cast. Once you click on the link, you will be connected to the web conference and you will be able to visually see the meeting. Audio connection will remain via the standard dial-in method as before via telephone, but the "video" connection will take place on the web. There is no cost associated with connecting to the web conferencing website. For those physicians who prefer to attend the meeting via phone, that option will still be available.

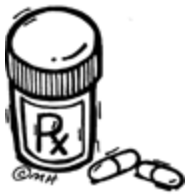
Physicians will also have the option of dual visual capability, meaning participants at the meeting location can see you. In order to participate this way, you will need a webcam for your computer. Webcams sell for $50 or less at any large computer retail store and MSSNY has support staff available if you need assistance installing one on your computer.

Computer video communication has been known to be an effective tool for meetings over the Internet. The benefits of web conferences over the Internet are many. Committee members will no longer have to travel to video conference centers and can instead connect right from their home or office computer, saving precious time and expense.

***For more information, contact MSSNY directly at (518) 465-8085.***

# Medicare Prescription Drug Plan Premiums to Increase Slightly

## *Medicare Beneficiaries May Need to Enroll in New Plans*




The majority of Medicare beneficiaries currently enrolled in Medicare drug plans will not see significant changes in their premiums in 2010, but some may need to take steps to ensure they have the coverage they need when open enrollment begins later this year, the Centers for Medicare & Medicaid Services (CMS) announced today.

"The majority of beneficiaries enrolled in prescription drug plans should see only small changes in their Part D premiums or benefits in the coming year," said Jonathan Blum, acting director of CMS' Center for Health Plan Choices. "Although most Part D plans should have relatively stable premiums, all beneficiaries should compare their current coverage with the plans that will be offered in 2010 when information becomes available in October."

In particular, some beneficiaries who receive the low-income subsidy to pay for their premiums will need to move to a new plan to ensure that they can remain in a zero-premium plan in 2010 because the plan's premium will be higher than the 2010 subsidy amount. CMS, working with its partners, will notify all individuals in this situation to make sure they are aware of their options.

Based on the bids submitted by Part D plans, CMS estimates that the average monthly premium that beneficiaries will pay for standard Part D coverage in 2010 will be $30, an increase of $2 over the 2009 average premium of $28. Premiums and benefits for Medicare Advantage plans and more details about the Part D plans will be announced in September, as well as the list of plans that are not renewing their contracts with Medicare for 2010.

The basic premiums paid by Part D enrollees cover about one-fourth of the cost of the standard Part D drug benefit. Enrollees with low incomes qualify for subsidies that typically cover the full amount of these premiums.

Nearly 10 million beneficiaries are currently receiving drug coverage through the Low-Income Subsidy (LIS) benefit. The average value of the Part D benefit, premium subsidy, and cost-sharing subsidy for low-income enrollees is estimated to be about $4,000 in 2010.

When individuals become eligible for the LIS benefit, CMS randomly auto-enrolls them in a Part D plan that has a premium at or below the premium subsidy amount, if they do not choose a plan themselves. As a result, these beneficiaries do not have to pay any Part D premium. In cases where an LIS-eligible beneficiary is enrolled in a plan where the 2010 premium will be higher than the 2010 subsidy amount, unless the beneficiary affirmatively chooses to stay in the plan, or choose another plan, CMS will assign the beneficiary to a new plan sponsor where they will not have to pay a premium. CMS expects that about 800,000 beneficiaries will need to move to a plan below the benchmark amount or be automatically reassigned. This number reflects about half of the beneficiaries who would have been affected if CMS did not undertake a demonstration program for the 2010 plan year.

"CMS continues to protect Medicare's most vulnerable beneficiaries by using its authority to ensure upcoming premium changes will cause as little disruption as possible," Blum said.

In addition to average premiums for 2010, CMS has announced: the 2010 national average monthly bid; the base beneficiary premium; the regional low-income subsidy premium amounts for 2010; and the 2010 Medicare Advantage regional preferred provider organization benchmarks. These data can be found at: **http://www.cms.hhs.gov/MedicareAdvtgSpecRateStats/RSD/list.asp** ✦

# Med-Mal Premium Freeze Thanks to Multi-Specialty Coalition

*by Karen G. Gennaro, MD, WCMS Secretary*

We are relieved to report that New York physicians have again been spared the threatened increase in our medical liability premiums. This is another major victory attributable to the hard work of physicians of all specialties who participated in Legislative Day in Albany earlier this year. If you are a member of the medical society, you can count yourself as part of the solution, and it's nice to know that the cost of your county and state medical society memberships are much less than the cost of the saved premium increases.

However, this is unfortunately only another one-year freeze. It is important that we continue to press our legislators for a meaningful solution to the crushing burden of medical liability premiums which threaten patient care across all specialties in this state. As physicians we all need to renew our efforts to encourage meaningful changes in the failed medical liability structure and the unsustainable health care system in New York. If you are not a member of the Westchester County Medical Society, the Medical Society of the State of New York and the American Medical Association, please consider joining this medical trifecta now by calling the medical society office at (914) 967-9100. Organized medicine is only as strong as each individual member.

Please clear your calendar and plan to join your fellow physicians on Tuesday, March 9, 2010 when we descend on Albany again next year as part of a multi-specialty coalition to press for meaningful medical liability reform. You are welcome whether or not you are a medical society member. In the past, attendees have been addressed by Governor and by the Senate and Assembly leadership, as well as small group meetings with individual legislators in their offices. Transportation will be arranged by the Westchester County Medical Society. The day includes lunch, snacks and coffee as well as and 3 hours of CME credit.

***I hope you will join us on Tuesday, March 9, 2010 and I encourage you to mark your calendar now!*** ✦

# ICD-10-CM/PCS Publications Now Available from the Centers for Medicare & Medicaid Services Medicare

**ICD-10-CM/PCS Myths & Facts** *(June 2009)*, which presents correct information in response to some myths regarding the ICD-10-Clinical Modification/Procedure Coding System, is now available in print format. To place your order, visit **http://www.cms.hhs.gov/MLNGenInfo/**, scroll down to "Related Links Inside CMS" and select "MLN Product Ordering Page."

**ICD-10-CM-PCS Bookmark** *(revised August 2009)*, which provides information about the ICD-10-Clinical Modification/Procedure Coding System including the benefits of adopting the coding system, recommended steps to be taken in order to plan and prepare for implementation of the coding system, and where additional information about the coding system can be found, is now available in downloadable format at **http://www.cms.hhs.gov/MLNProducts/downloads/ICD-10ClinModBookmrk.pdf**

# NYSDOH Seeks Health Care Professionals, Others for Volunteer Registry

## *"ServNY" Volunteers to Assist in Response to Public Health Emergencies*


**ALBANY, NY** ***(August 11, 2009)*** – The New York State Department of Health (DOH) urges health care professionals and other New Yorkers to sign up at the ServNY volunteer registry – a Web-based program for recruiting and deploying volunteers to provide essential health services during public health emergencies.

Under Governor David A. Paterson's leadership, New York State is prepared to activate its health emergency preparedness plan. Crucial to the plan is having an adequate corps of trained volunteers ready to respond quickly to a public health emergency.

"This registry of volunteers may be called upon in the response to a natural disaster, widespread disease outbreak, or other public health emergency," said State Health Commissioner Richard F. Daines, M.D. "State and county volunteer programs must be prepared to quickly send additional staff and resources when and where they are needed most."

In the event that a major resurgence of novel H1N1 influenza occurs in the fall and winter, as many public health officials predict, volunteers may be needed to provide vaccines and assist in the delivery of other essential services to keep New Yorkers as safe as possible.

The ServNY volunteer management system is a Web-based registry of health care professionals and other individuals who are willing to volunteer on behalf of New York State during an emergency. The registration process collects and verifies contact information, professional qualifications, current health care practice information, and other relevant data. When registering, volunteers have the option of signing up for ServNY or for their local volunteer program.

DOH developed the ServNY volunteer registry in partnership with county health departments, the New York City Department of Health and Mental Hygiene, the Medical Society of the State of New York, hospital associations, and other medical professional organizations. The registry is currently used by all local health departments and Medical Reserve Corps for management of volunteer programs.

"We can't wait until an emergency occurs to recruit volunteers," said Commissioner Daines. "We need to build the volunteer registry now so that we have a large volunteer base with known credentials and training, enabling these individuals to be deployed quickly during an emergency." Registration in ServNY is open to any health care or mental health professional, as well as laypersons who are willing to serve in administrative or support roles during public health emergencies. Interested individuals can register online at www.nyhealth.gov/ServNY, or contact their local county health department or local Medical Reserve Corps. ✦

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These free sessions will give an Overview of the Internet Based PECOS System. Attending one of these sessions will be a great opportunity for any Provider type to see the ease of navigating through the Internet Based PECOS System to enroll in Medicare for the first time or to make changes to his/her provider file.

**THURSDAY, AUGUST 27, 2009**
***11:30 am – 1:00 pm***
**WEDNESDAY, SEPTEMBER 9, 2009**
***11:30 am – 1:00 pm***
**THURSDAY, SEPTEMBER 24, 2009**
***11:30 am – 1:00 pm***

REGISTRATION IS REQUIRED. To register, got to **www.NGSMedicare.com**, select your Business Type; select your Region *(state)*, then select "Go." Select the Calendar of Events option under the Education and Support category (on dark blue navigation bar). Click on to the title of the session under the Event Details category.

To register for that session, click on the 'Register" icon and complete the pop up registration form. Registration is required to guarantee a phone line. Your registration is complete only when you receive a confirmation at your e-mail address immediately after submitting your registration.

***For more information, contact the National Government Services at (914) 801-3551***

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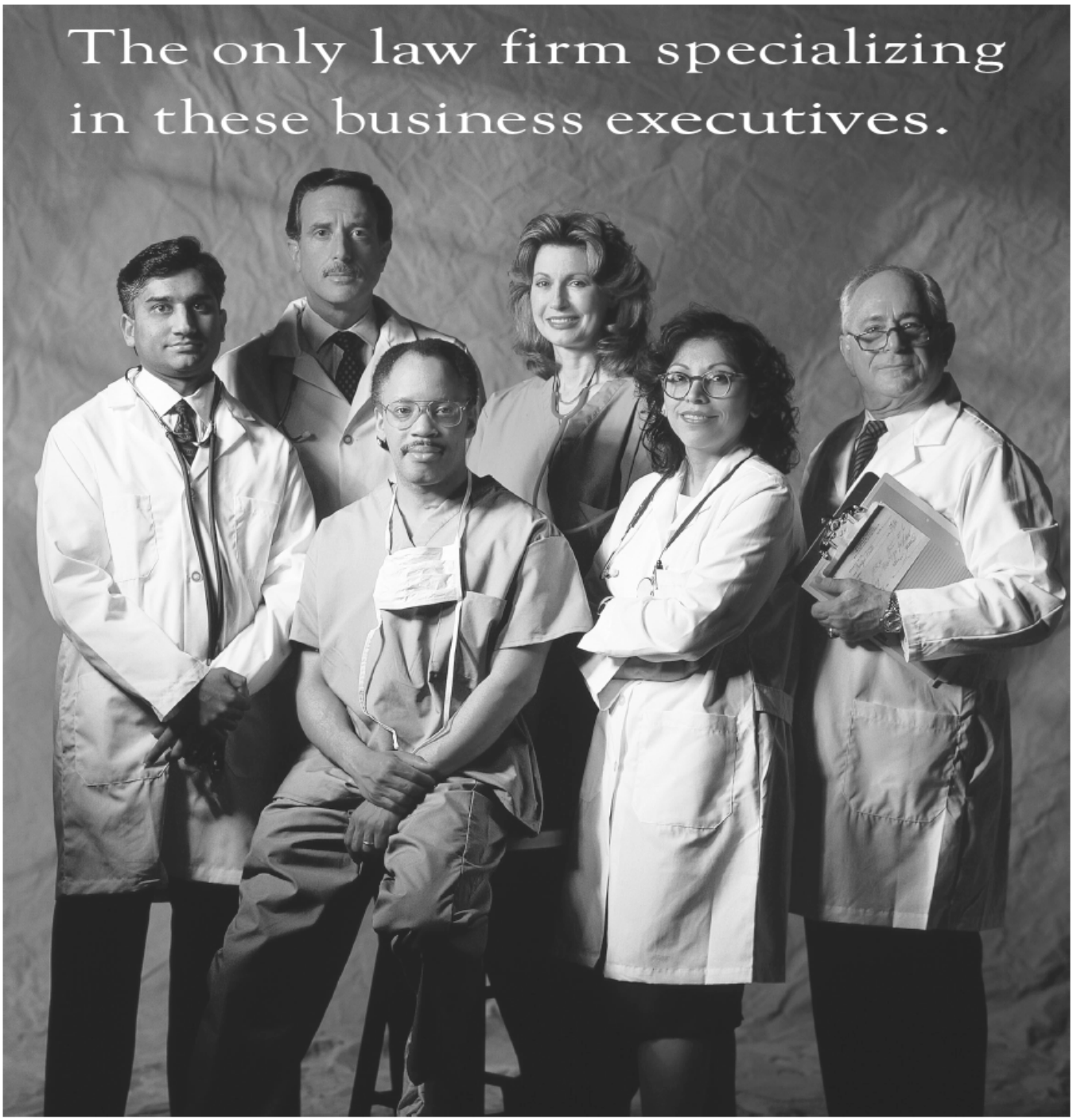

# Find Out How Your Practice Can Benefit from the $44,000 the Government is Offering Every Physician for an Electronic Medical Record System

## Join ProSperus for two hours on September 16th for:

- An explanation of the healthcare incentives in the stimulus program
- Tips on how to choose the right EMR for your practice
- Demonstrations of the best EMR systems
- A guide on how to get started with e-prescribing
- A workshop on improving your billing and collections

ProSperus offers full-service practice management services to primary care physicians and office-based specialists. We have evaluated the industry-leading EMR systems against 79 different criteria and have chosen the best in each category to showcase. We will help you understand the features to look for to meet the needs of your practice.

Choose one of the sessions on September 16th at the Queens Medical Society in Forest Hills:

- Breakfast Session, 7:00—9:00 a.m.
- Cocktail Session 6:30—8:30 p.m.
- Drop-in Consultation with Lunch Buffet 11:00 a.m.—2:00 p.m.

Take advantage of the free parking right beside the QCMS building at 112-25 Queens Blvd. If you are taking the subway, use the F train stop at 75th Avenue in Forest Hills.

**Call 866-429-6799 by September 14th to reserve your place.**

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# A Request for Support for a Colleagues with her Fight with ALS

Diana Oquendo, MD, a Board Certified Ob-Gyn and member of the Westchester County Medical Society since 2005, was diagnosed with ALS and had to close her office on August 7, 2009. Her office staff is seeking support in fighting this disease. Please see the letter below from her Office Manager, DonnaLee Cohen

## *THE PRACTICE*
### *www.alsa.org*

August 12, 2009

Dear Colleagues, Friends & Patients,

My name is DonnaLee Cohen and I am Dr. Diana Oquendo's Office Manager. She is a gynecologist. On August 7, 2009, she had to close her practice because she was diagnosed with ALS (Lou Gehrig's disease). She is my best friend and I truly love her as a friend. She was the best doctor anyone could have. She would give you as much time as you needed. If you could not afford to see a doctor, she would not charge you. She did pro bono surgeries, helped in the community and do anything else anyone would ask her. She was in medicine to help people. All her patients love her.

Now it's time to help her. On September 12 there is an ALS walk on Long Island. Her office staff and many friends are going to walk. What I ask from you, is if you could make a donation in her name. If you go to **www.alsa.org** you can donate. Our team is called, The Practice. Should you not want to go online, you can either mail them a check or send it to our office: Dr. Diana Oquendo, 358 North Broadway, Suite 202, Sleepy Hollow, NY 10591. All checks should d be made payable to The ALS Organization in honor of Diana Oquendo. The mail will be forwarded to her home for at least 6 months. Somebody made a mistake when they put this in her cards of life. Nobody should ever have to go through this, especially her.

Again, I ask you for your help and prayers.

Sincerely,

***DonnaLee Cohen***

ALS Association
*Fighting Lou Gehrig's Disease*

## ALS Association Mission

**To lead the fight to cure and treat ALS through global, cutting edge research, and to empower people with Lou Gehrig's Disease and their families to live fuller lives by providing them with compassionate care and support.**

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