WESTCHESTER PHYSICIAN

November 2009 Vol. 20 No. 3

What You Should Know About the Distribution of Seasonal/Swine Flu Vaccine

Joshua Lipsman, MD, JD, MPH, Commissioner of Health
Westchester County Department of Health

The distribution of seasonal flu vaccine and the distribution of the H1N1 vaccine are **entirely different**. Those practitioners who ordered the seasonal flu vaccine are competing with other "providers" *(retail pharmacies; drug stores; hospital pharmacies; the State and County Health Departments; the Visiting Nurses Association, etc.)* in ordering and receiving the vaccine directly from the manufacturer and through its distribution chain.

The government is not involved and it has minimal control over this process. Although it is expected that **all** those who ordered the seasonal flu vaccine will soon get it, or already have it, as the supply is deemed sufficient, there is recognizable anxiety among many practitioners who have not yet received it as patients are likely demanding it at higher rates and earlier than in normal years. The cause for this is no doubt the increased awareness for being vaccinated against the flu created by the 2009 H1N1 flu pandemic. Of note…the requirements for registration to receive and administer the seasonal flu vaccine have not changed.

The distribution of the H1N1 flu vaccine is being controlled by the government, which is prioritizing its targeted recipients at least for the first month or two. This should result in doctors' offices receiving the vaccine no later than other recipients, as physicians are recognized as being at the forefront of reducing the spread of this pandemic. While it is arriving this month, there should be a sufficient supply to meet the demand. The message is patience…the vaccine is coming soon.

A requirement to receive and administer the H1N1 flu vaccine, however, is that you register with the State Health Department at **http://www.health.state.ny.us**. You may also accomplish this through the Westchester County Health Department web site at **http://www.westchestergov.com/HEALTH** and then click on the "Professionals Corner."

The pandemic of 2009 H1N1 flu and the actions being taken by the government to control distribution of the vaccine may be a model for the future distribution of the seasonal flu vaccine. MSSNY and other physician advocacy groups have recognized this and are working hard to educate both state and federal lawmakers about the need to make the annual distribution of seasonal flu vaccine less of a "commercial free-for-all." Stay tuned for further information from the Westchester County Medical Society or the Westchester County Department of Health. ✦

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White Plains, NY 10604
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Mark Your Calendar

December 3, 2009
WCMS Board Meeting—6:30 pm
WCMS Offices

December 11, 2009
Annual Holiday Party & Silent Auction
6:00 - 10:00 pm
Pleasantville Country Club, Pleasantville, NY

March 9, 2010
MSSNY State Legislative Day
Albany, NY

Newsletter Submissions Welcome

If you would like to submit an article, letter to the editor, announcement, classified ad, member in the news, etc. for publication in the ***Westchester Physician,*** the deadline for the December issue is November 30th.

Please email these to Peter Acker, MD, Editor at **Peterrba@aol.com** **or** Brian Foy, WCMS Executive Director at **bfoy@wcms.org**

From The Editor . . .

Laptops and the Mutant Mantis

By Peter Acker, MD

It was a story bound to get a lot of press, "Airline Pilots, Distracted by Laptops, Overshoot Airport." Perhaps it doesn't quite rise to the level of some of the classic National Enquirer headlines of yore such as "Man Pulling Weeds Attacked by Giant Mutant Preying Mantis" or perhaps more currently: "Elvis, Hendrix and Jackson Spotted Jamming Together in North Dakota Speakeasy". Nevertheless, it's an attention getter and has the added advantage over the other two headlines of actually being true. Our first reaction is incredulity, followed by shock (my God, I'll never feel safe on an airplane again), then indignation (how can professionals act that way?) and finally a bit of schadenfreude (glad I'm not in the pickle those pilots are in).

So why am I discussing airline pilot mishaps (and mutant preying mantises for that matter) in a periodical going out to the membership of the WCMS? Well, there are a few reasons which I will elaborate on forthwith. First off, when I read of the incident I was reminded instantly of an excellent op-ed I read in the New York Times a few months back (March 9, 2009) written by Dr. Ann Armstrong-Cohen entitled ***"The Computer Will See You Now".*** She, an Assistant Clinical Professor of Pediatrics at Columbia, bemoaned the depersonalization that electronic medical record keeping injects into the physician patient relationship. I remember picturing in my mind's eye as I read the piece of a young, newly minted doctor hunched over his laptop frantically typing in the information while missing the nuanced information contained in the patient's furrowed brow.

Now don't get me wrong: I may be a child of the 60's, but I'm not a total Luddite: I welcome the myriad of benefits that computers bring to our profession. It's just that we have to recognize that there is a significant learning curve embedded in this process. It is one of the great ironies of modern medicine (and of the modern world, for that matter) that we are the recipients of too much information. Such as a small shadow on a prenatal ultrasound that inspires great angst and an extensive work-up for naught. We all run the daily gauntlet of avoiding distraction: (i.e., putting down that blackberry when our daughters are trying to tell us something, not answering our cells while hurtling down a highway at the command of two ton hunks of steel, or not looking at our patients in the eye when we are listening to their histories).

There is another element of the pilot story. There are many similarities between pilots and doctors. We both require extensive knowledge and training. We also share a work environment that is often characterized by long periods of routine punctuated by sudden challenges that demand all our training and skill. Anesthesiology is often compared to piloting. In fact, the revolution in improving anesthetic safety had its origins in the failsafe redundancy systems that modern jets employ. In addition, both professions are in general respected and, I don't think I'm overstating it, there is a certain mystique among the populace towards us. This can sometimes serve as a barrier towards good doctor-patient communication, which is only worsened by the insertion of a laptop. After 9/11, the cockpit doors were locked, creating a barrier which allowed the pilots to keyboard away in peace. For every change, there usually is an unintended consequence of which we should mindful.

I hope I have answered the question that heads the second paragraph of this piece. Oh, what's that? The giant mutant preying mantis? That's just to get your attention. It works for the National Inquirer. ✦

Commissioner's Corner . . .
Vaccine Preventable Disease Update

Yonhee Cha, MD Director, Communicable Diseases and TB
Joshua Lipsman, MD, JD, MPH, Commissioner of Health

By diagnosing and promptly reporting suspected or confirmed infections, as well as by promoting appropriate vaccinations, physicians play a critical role in the prevention of vaccine preventable diseases.

Though no vaccine provides 100 percent protection against disease, the immunity that vaccination provides will reduce symptoms and the risk of death among individuals exposed to these diseases, and will also reduce the number of infections among others in the community.

The Westchester County Department of Health offers the following services to physicians and their patients concerning vaccine-preventable diseases:

- Guidance about appropriate isolation
- Assistance with diagnostic tests and other clinical issues
- Investigation to identify susceptible contacts and guidance about managing susceptible contacts to prevent the spread of disease. Management of contacts may include post-exposure prophylaxis or exclusion from sensitive settings during the incubation period.
- Information and educational material for patients, which can be found at **www.westchestergov.com/health/AZ_index.htm**.

Periodic review of vaccination records and providing recommended vaccinations to child and adult patients is another important way that health providers can help reduce the impact of vaccine-preventable disease. The vaccination recommendations of the CDC's Advisory Committee on Immunization Practices (ACIP) for children and adults can be found at . New York State immunization requirements for school entrance/attendance are posted at **www.health.state.ny.us/publications/2370.pdf** . These include vaccination against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, Haemophilus influenzae type B, pneumococcal conjugate vaccine, and varicella. Summarized below are several recent changes in vaccine recommendations.

Influenza

In 2004, ACIP recommended routine vaccination against seasonal flu for all children aged six to 23 months. This was expanded in 2006 to include all children aged 24 to 59 months and, in 2008, to include all children aged six months to 18 years. ACIP, the American College of Obstetricians and Gynecologists and the American Academy of Family Physicians have recommended that pregnant women be vaccinated against flu since 2006. The priority groups designated for the 2009 H1N1 influenza A vaccine differ slightly from groups targeted for seasonal flu. This is based on epidemiologic data from the 2009 H1N1 influenza outbreak last spring.

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Commissioner's Corner—Vaccine Preventable Disease Update

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The guidelines for priority groups for both seasonal and 2009 H1N1 vaccines can be found at:

www.cdc.gov/h1n1flu/vaccination/acip.htm *(for 2009 H1N1),*
www.cdc.gov/flu/professionals/acip/flu_vax_adults0910.htm *(for adult seasonal flu), and*
www.cdc.gov/flu/professionals/acip/flu_vax_children0910.htm *(for child seasonal flu).*

Varicella Zoster

Varicella vaccine was first recommended by ACIP in 1995. In 2006, ACIP recommended a routine second dose for all age groups to boost waning immunity because breakthrough infections persisted in states with high immunization coverage. The New York State Department of Health is planning to add the requirement for a second dose of varicella vaccine to school entry requirements. Physicians are recommended to routinely provide two doses of the vaccine to all patients. With decreased overall incidence and exposure to the virus, the number of susceptible individuals has accumulated, with a subsequent higher risk for large high school and college outbreaks.

In May 2006, a more potent form of the varicella vaccine was licensed to prevent zoster (shingles) in individuals aged 60 years and older.

Measles and Mumps

Though one dose of mumps vaccine was found to be 78 percent to 91 percent effective in preventing clinical mumps, mumps outbreaks were noted in schools with greater than 95 percent vaccination in the late 1980s and early 1990s. Measles also experienced a resurgence during this time, which prompted recommendations for a second MMR vaccine dose for school-aged and college students in 1989. Recent outbreaks in New York this past year, as well as an extremely large outbreak in summer of 2006 involving college students in the Midwest, support the observation that vaccine-induced immunity wanes over time despite appropriate vaccination. New York State requires mumps immunization of all children enrolled in pre-kindergarten programs and school. ACIP is considering a recommendation for an additional mumps vaccine for older children. NYS requires college students and recommends healthcare personnel demonstrate immunity against mumps.

Meningococcal Disease

Polysaccharide meningococcal vaccine was licensed in 1974 for children two years and older up to adults 55 years of age. A conjugate vaccine was developed with the hypothesis that longer protection would be achieved compared with the polysaccharide vaccine, and the conjugate vaccine was licensed for people ages 11 to 55 years of age since 2005. As of 2009, ACIP recommends all adolescents aged 11 to18 years and people ages two to 55 years at increased risk for meningococcal disease be vaccinated with the conjugate vaccine. Individuals previously vaccinated at age seven years or older and at prolonged increased risk should be

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The Ophthalmology Section of the Westchester Academy of Medicine's Joint Meeting with NYMC

By Morris Glassman, MD

On October 6, the Ophthalmology Section of the Westchester Academy of Medicine held a joint meeting with New York Medical College. This the first meeting this academic year, was held at Graziella's Restaurant in White Plains, New York. A turnout of over 50 county ophthalmologists shared social and clinical experiences for the first hour. It is always a wonderful time to demonstrate the congeniality of our ophthalmic community.

The topic of this meeting was the discussion of different retinal issues. These included 1- diabetic macular edema, 2- a novel therapy for the treatment of at the retinal traction and macular holes and 3- new developments in retinal prostheses to bring sight to otherwise blind patients. All of the evening presenters were from Columbia University Department of Ophthalmology.

The first presenter was Gaetano Barile, MD. His presentation covered new findings in diabetic maculopathy. In a disease that has fortunately lost much of its prevalence, the incidence of diabetic retinopathy is approximately 28% after 20 years of type II diabetes. Key to prevention of clinically significant maculopathy is excellent glycemic control, blood pressure control, treatment of congestive heart failure and other fluid overload etiologies. Present treatment includes intravitreal anti-VEGF injections which may have to be given every six weeks. For most patients with symptomatic vision loss this is a "new miracle treatment." Patients who have suffered severe vision loss may be able to obtain 20/20 acuity after this therapy. Retinal laser is also an excellent adjunct in the therapy of this blinding disorder.

Reza Iranmanesh, MD presented his research whereby recombinant micro plasmin injections intravitreally are used to peel tractional membranes off the retina. These membranes are found in early macular holes, diabetic maculopathy, macular degeneration with traction, vascular occlusive disease with traction and other disorders. The use of this substance, if it fulfills the experimenters' expectations, will negate the need for surgical retinal membrane peeling.

Lucian Del Prior, MD gave the last exciting presentation. After surgically implanting, onto the retina, a micro array of electrodes that respond to stimulation by a small camera stabilized in the patient's eyeglasses, patients with retinitis pigmentosa and bare light perception vision can now distinguish high contrast objects well enough to follow a straight line on the floor or to find a doorway. This now limited array will eventually be able to be extended to 1000 small electrodes that should enable these otherwise severely visually handicapped patients to function competently in a visual world.

We live in an extremely exciting time with new developments in healthcare that permit us to accomplish previously barely imaginable objectives. Hopefully, the present "healthcare crisis" and it's proposed "cure" will not limit our future advancement in the care and treatment of our patients. ✦

Commissioner's Corner—Vaccine Preventable Disease Update

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revaccinated five years after a previous meningococcal vaccine, and anyone previously vaccinated at ages two through six years and at prolonged increased risk should be revaccinated 3 years after a previous meningococcal vaccine. Beginning in 2003, NYS recommended this vaccine for all adolescents entering middle school (11 to 12 years old) and high school (15 years old), and all first-year college students living in dormitories.

Pertussis

Whole-cell pertussis vaccines were used since the 1940s, but concerns regarding the possible association of severe adverse effects led to the development of acellular pertussis vaccines in children (DTP was widely used until DTaP was developed). Increasing cases and outbreaks of pertussis were noted since the 1980s, likely related to waning immunity. A booster dose for children who have completed the childhood DTP or DTaP, in the formulation of Tdap, was recommended by ACIP for adolescents 11 years and older as of 2005.

Adolescents ages 13 to 18 years who have not had Tdap should receive Tdap as their catch-up booster instead of Td if they have not yet received a Td booster, and adults ages 19 to 64 should receive one dose of Tdap to replace a single dose of Td if the most recent tetanus toxoid-containing vaccine was received at least ten years earlier. NYS requires all children born after January 1, 2005 enrolled in pre-kindergarten programs and schools to receive pertussis vaccine, and beginning in 2007, all children born on or after January 1,1994 and enrolling in sixth grade to receive Tdap.

Healthcare personnel in hospitals and ambulatory care settings with direct patient contact who have not previously received Tdap should receive a dose of Tdap; an interval as short as two years since the most recent Td is recommended. ✦

WCMS/WAM Holiday Office Closings

The WCMS/WAM offices will be closed on the following days in November and December in celebration of the holidays:

Thursday, November 26 & Friday, November 27
Friday, December 25, 2009 to Monday, January 4, 2010

Happy Holidays!

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Physician Legal Alert: *Risk Management One Day a Year*

By Michael J. Schoppmann, Esq.
Kern Augustine Conroy & Schoppmann, PC

In today's ever increasingly regulatory, prosecutorial and litigious medical-legal environment, there is no longer a logical or rational basis for physicians to not be actively, aggressively and perennially embracing risk management in order to protect their practices. No one program, no one on-line course or DVD series is sufficient any longer. Risk Management must now be a way of life, a routine part of the very culture of every medical practice. The risks are not simply from claims of medical malpractice; they emanate from every aspect of practice and flow through virtually every agency - at both the federal and state levels. Faced with such an investigation, the involved physician will also face an obligatory investigation by the state licensing authority and run the risk of loss of his or her professional license. Comparatively, a claim for medical malpractice seems inconsequential.

So, to begin such a collective transformation, I propose one day. One day a year. Let's call it Law in Medicine Day ("LMD" for short).

To make it easier, I also propose we make LMD an easy day to remember – the already dreaded, infamous April 15th, historically reserved in our national psyche as the deadline of filing our tax returns, now becomes a day for every physician, every medical practice, to comply with a number of other, critical legal obligations – a goal never more paramount for every physician.

So, what of LMD? What do we address in this new annual ritual?

HIPAA – Virtually every practice will admit, if asked, that it has not taken down its original HIPAA materials developed several years ago and placed on the shelf in the Office Manager's office. Unfortunately, since that time, HIPAA has moved on, been updated and grown even larger. HHS has issued regulations requiring health care providers, health plans, and other entities covered by HIPAA to notify individuals when their health information is breached. These "breach notification" regulations implement provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act, passed as part of American Recovery and Reinvestment Act of 2009 (ARRA).

RED FLAG REGULATIONS – These new identity theft regulations require every practice to develop and maintain a formal written program to identity, prevent and mitigate the risk of identity theft within the practices. At the very core of these new regulations is the requirement that the policies be routinely and continually updated.

REIMBURSEMENT CONTRACTS – Faced with the dramatically expanding use of investigative audits, every physician must review each of their payor relationships to determine (a) is the payor-contract to be continued and if so, (b) is the practice compliant with each of the

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Physician Legal Alert: *Risk Management One Day a Year*

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payor's policies and procedures? If not, it is almost certain that the practice will face an adverse audit by the payor, seeking not only reimbursement but interest charges, costs and extrapolated damages.

MEDICAL PRACTICE POLICIES – Policies regarding infection control, proper sterilization of equipment, handling of medical waste and other practice protocols all need to be updated (as technology, disease and prevention measures all progress) and keeping staff abreast of such changes will be critical to preventing unintended, or unknowing, violations of these policies.

CREDENTIAL/PROFILE REVIEWS – An essential aspect of a physician's, or practice's, ability to protect itself, and its reputation, in today's climate is to be ever diligent in reviewing and re-reviewing their standing – both from a professional/credentialing perspective and a public/internet perspective. What specialty is designated in credentialing can dramatically change reimbursement models and what information a prospective patient can, and cannot, find on the internet may well dictate choice of physician – without the practice ever knowing it was harmed by either set of misinformation.

EMPLOYEE MANUAL – most practices do not even have an employee manual, but for those that do, and for those that now will, the laws pertaining to work place claims such as hostile work environment, sexual harassment and discrimination, along with the application of family leave acts, are ever changing and failure to be aware of, nonetheless comply with, new standards of law expose the practice to high levels of risk.

Each of these items, after being reviewed and updated, should be the subject of a training (or hopefully, re-training) session with the staff of the medical practice – including every physician. Attendance should be mandatory, attendance sheets should be completed and every employee should be required to sign a copy of the new policies, acknowledging they've been trained in same and that they understand their obligations under these new/updated policies. These signed policies should be retained by the practice for future protections.

As a physician and/or a practice weighs the need for LMD, consider this – those who regulate, supervise, prosecute and profit from making claims against physicians carry out their careers, plan their actions and pursue physicians every single day – all day. In contrast, all I ask is one day a year. LMD…it's time to protect yourself; its time has come. ✦

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.drlaw.com, has offices in New York, New Jersey, Florida and Illinois. The firm's practice is solely devoted to the representation of health care professionals. Mr. Schoppmann may be contacted at 1-800-445-0954 or via email - schoppmann@drlaw.com.

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The WCMS has set up a blast e-mail service so that important and timely information can be distributed to members as soon as it is received. If you would like to receive these communications, we will need your e-mail address.

If you have not done so already, please send this to us via email to **doneill@wcms.org** or you can fill out and detach this form and either fax it to **(914) 967-9232** or mail it to our office at ***333 Westchester Avenue, Suite LN01, White Plains, NY 10604:***

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Westchester County Medical Society
Westchester Academy of Medicine

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WCMS/WAM Members Update

Congratulations Life Members!

Paul Carton, MD
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Lawrence Schulman, MD
Member for 43 years

Welcome New Members

Jerry Lai, MD
(Ophthalmology)
Rye, NY

Peter Kim, MD
(General Surgery)
Pelham, NY

Lisa Mandelker MD
(Pediatrics)
New Rochelle, NY

Hillary Smith MD
(Pediatrics)
New Rochelle, NY

Sandra Lombardo, MD
(Medical Oncology)
New York, NY

James McKinsey, MD
(Vascular Surgery)
White Plains, NY

Nicola Memeth MD
(Plastic Surgery)
Bronxville, NY

Mark Jacobson, MD
(Pathology)
Port Chester, NY

Gregory Seidel, MD
(Pathology)
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Sathish Modugu, MD
(Physical Medine & Rehab)
Hartsdale, NY

Valeria Simone, MD
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Pelham, NY

Jill Weintraub, MD
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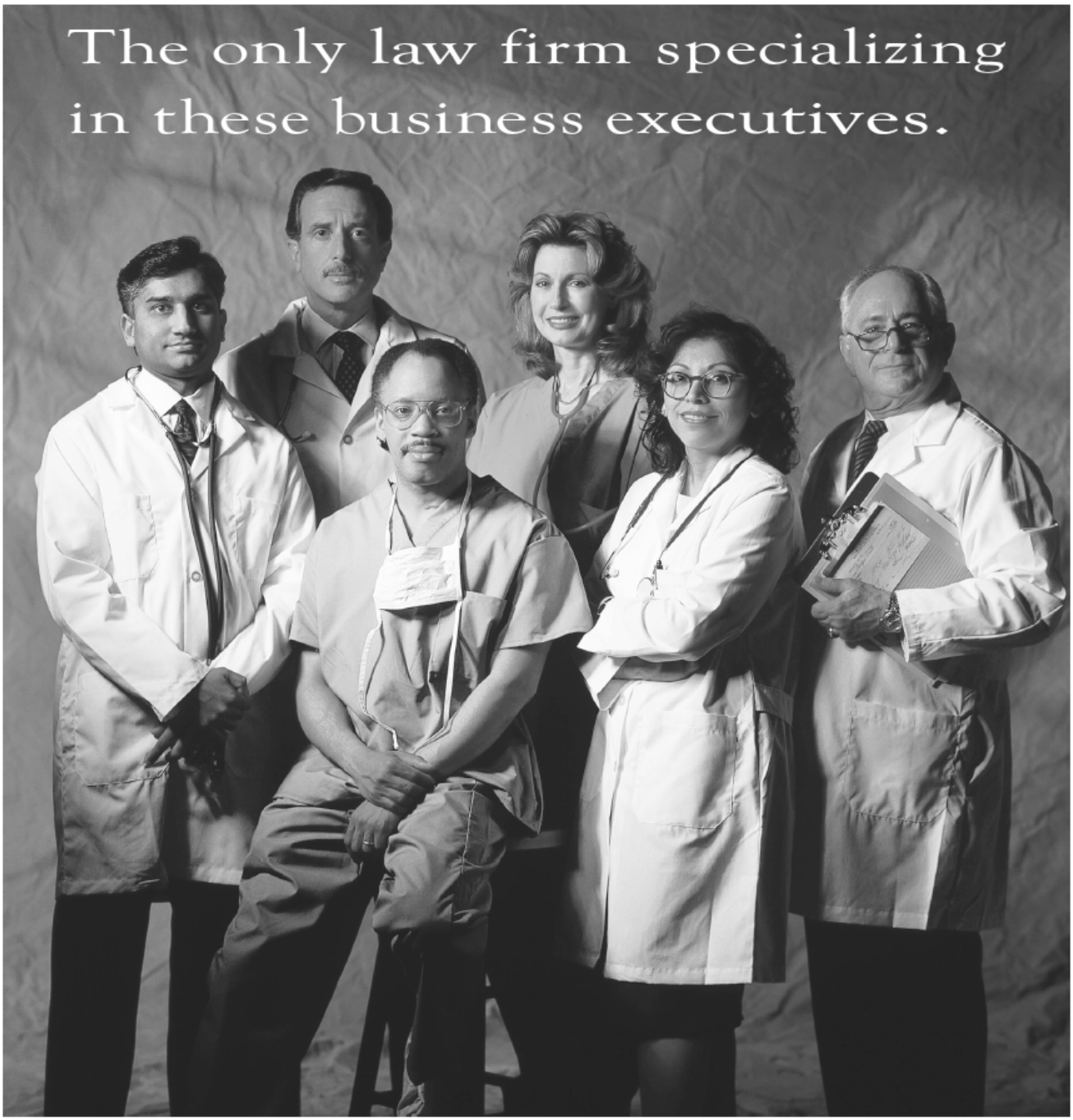

The Last Word . . .
WCMS November Board Meeting Highlights

Brian O. Foy, Executive Director

At its Board Meeting on November 12, 2009 at WCMS Headquarters, the Board of Directors took the following actions…

- Approved the 2008 audited financial statements as presented by Fred Gold on behalf of Shavelson, Neuman and Company, LLP, our contracted auditing firm.

- Approved unanimously the nominations of the following WCMS members to MSSNY leadership positions: Michael Rosenberg, MD, for Board of Trustees; Andrew Kleinman, MD, for Assistant Treasurer; Bonnie Litvack, MD, for 9th District Councilor; and Kira Geraci-Ciardullo, MD, for Vice Speaker; and Dr.'s Kleinman and Litvack for Delegates to AMA from MSSNY for 1-1-11 to 1-31-12.

- Approved a report on the WCMS investments and a recommendation that Charles Day, VP, Morgan Stanley, make a recommendation to the Board regarding suggested changes to the portfolio of the WCMS/WAM reserve balance.

- Heard from John J. Stangel, MD, President, who asked for feedback on the blast emails. All who spoke seem pleased with this new communications medium. The WCMS will continue to send on an as-need basis and feedback is not only welcomed but encouraged.

- Approved the Membership/Credentials Report, as presented by Bonnie Litvack, MD, on behalf of Danielle DeLuca Pytell, MD, Chair of the committee. 13 new members were approved. Board members and staff will be in touch with the new members to welcome them and personally invite them to the Holiday Party on December 11th at Pleasantville CC. Formal certificates of membership will also be sent to them.

- The Board welcomed two medical students from New York Medical College to the WCMS Board: Luke Selby and Richard Menaik. The Board expressed appreciation for their attendance and encouraged their input on all matters. They will be included in all Board communications and the Board asked that they strongly encourage membership in WCMS and MSSNY at NYMC. WCMS staff can assist as necessary.

- After a lengthy discussion regarding the report on health system reform delivered by those who were at the recent AMA Interim Meeting, approved the crafting of a message to be sent to all WCMS members as soon as feasible alerting them to AMA actions and the position of the WCMS.

On a final note, with the Holiday Season fast approaching, I want to wish all of you and your families a very Happy Thanksgiving and a Joyous Holiday Season through the remainder of 2009. Remaining activities for WCMS this year include a Board Meeting on December 3rd at

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The Last Word . . . WCMS November Board Meeting Highlights

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WCMS Headquarters, and the traditional Members Holiday Party on Friday, December 11th at Pleasantville Country Club. The party is open to all members, their families (kids, too!) and their guests, and there is no charge. Please remember to RSVP to either Denise or Caitlin at the Society offices 914-967-9100. We will need to have an accurate count of adults and children to make appropriate food arrangements.

Lastly…please consider donating an item for our Silent Auction, to be held in conjunction with our Holiday Party. My wife, Karen Foy, has graciously volunteered her time to assist the Society in coordinating the Auction. All proceeds raised that evening will **benefit our College Scholarship Fund for Westchester County high school juniors who demonstrate an aptitude for medicine.** Karen has significant experience fundraising and would be happy to answer any questions you may have. Please call the Society and leave her a message and she will get back to you. Thank you in advance for your creativity and generosity!

Happy Thanksgiving to our Members and their Families.

Your Medical Society Dues

To those members who have already submitted their 2010 dues, we thank you for your commitment to your professional organizations.

If you have not already done so, please remit your dues as soon as possible so that we can continue to work on your behalf.

The Strength of the WCMS comes from the Support of its Membership.

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