

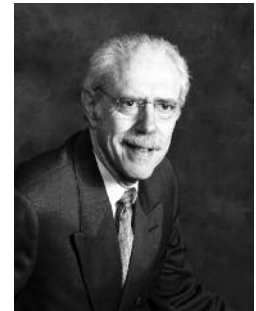


President's Message *Abe Levy, MD*

"United We Stand"

WCMS and MSSNY work behind the scenes every day to make life better for Westchester County and NY State physicians whether they are members or not.

1. MSSNY defends scope of practice issues in which non-physicians attempt to provide services for which their training is limited compared to physicians. Very few of these are passed by the NY State legislature due to MSSNY's strong efforts.
2. The trial attorneys try every year to get bills passed that would make our malpractice crisis even worse. Believe it or not, without MSSNY's efforts, it could and would be worse with longer times for statute of limitations to occur, less restrictions on the percentage of settlements that go to the attorney, etc.
3. Building coalitions at the local level and at the state level with dentists, nurses, allied health professionals, and among the many physician specialty societies is necessary. WCMS is doing this locally, and MSSNY is doing this at the state level. While these efforts have been going on for years they are being re-invigorated this year. United we stand, and divided we fall.
4. MSSNY intervenes with regulatory agencies such as the NY State Department of Health to ease regulatory burdens on physicians. This month, MSSNY is working with the DOH and other state agencies to allow nurses to send electronic prescriptions after physician verbal authorization, and to document the prescription as such. While this has been the case with verbal prescriptions for non-controlled medications for decades, many of us were surprised to learn this year that this is not allowed for electronic prescriptions. This has perversely been an incentive for telephone prescriptions instead of the safer electronic ones.



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Upcoming Events Mark Your Calendar

Monday, October 3rd – 5 pm
CME Committee Meeting

Thursday, October 6th - 6:30 pm
WCMS Board of Directors Meeting

Thursday, November 3rd – 6:30 pm
WCMS Board of Directors Meeting

November 24th & 25th
**Thanksgiving Holiday
Office Closed**

(All meetings at the WCMS office unless otherwise noted)

WCMS Blast FAX & Email Service

If you have not been receiving WCMS blast FAXES and emails, we may not have your correct fax number or email on file. This is how we communicate with our members on important and timely issues, including legislative alerts and upcoming events.

Please update this information by sending it to Karen Foy at kfoy@wcms.org. Your information will be used for WCMS communications only and will not be shared with third parties.

Newsletter Submissions

Members are encouraged to submit articles, letters to the editor, classified ads, members in the news, etc. for publication in the Westchester Physician.

**The deadline for the
October 2011 issue is September 20th.**

Please email your submissions for review to
Brian Foy, Executive Director at bfoy@wcms.org.

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The WCMS reserves the right to accept or reject any advertising in the publication. There is a \$3/issue subscription rate with a minimum of 11 issues.

(President's article continued from page 1)

5. WCMS and MSSNY through MSSNY-PAC are working together on legislation to allow physicians to negotiate collectively with insurance companies for in-network fees. In addition, we are seeking to limit the ability of insurance companies to determine out-of-network fees based on nothing other than what they want to pay rather than the marketplace.

WCMS & MSSNY need your membership in order to do this work on behalf of all physicians in the county and the state. Many do not realize that they benefit from our efforts even if they do not pay dues. Please help us recruit your colleagues who are not members by having them call 914-967-9100 and pay \$199 every 3 months for 2012. If they sign up now, they get the balance of this year as members for free.

Our new and simplified membership form is attached on page 5 to make it easy for you to give to a colleague. Please help us build stronger and better coalitions to serve you better.



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FROM THE EDITOR

Good Night Irene

By Peter Acker, MD



In the days leading up to Hurricane Irene, I felt an anticipatory excitement as I followed its course and viewed its gargantuan size on the satellite images. Of course, I was mindful of the potential destruction and suffering that such a behemoth was likely to inflict, but still I could not suppress a boyish enthusiasm at this break from the mere quotidian and dull weather patterns. Part of it was that I wasn't scheduled to be on call and thus would not have to worry about wending my way through thickets of downed trees and loose electrical wires in order to see a patient in the emergency room. I made the usual preparations around the house – gathering loose objects outside and making sure that we had plenty of batteries and candles. On Saturday evening my wife and I settled in to await the storm.

My mind harkened back to the last major hurricane to directly strike New York: Hurricane Gloria in 1985. I remembered it well because that was the year that our first child was born, Karen, who is now a fourth year medical student. She was just 2 months old and as every new parent will attest, once you have a child you learn to worry in a whole new way. I was much less casual about that storm. We taped all our windows of our Queens apartment and placed our infant daughter in the hallway to avoid any possible broken glass.

I wanted to stay up and watch the storm, but alas I fell asleep and missed the brunt of the high winds that my neighbors later told me were quite fierce at about 3 – 4 in the morning. I woke to find that we had lost power, but the winds had already abated somewhat, though the rain was coming down in buckets. We ventured out around midday, and walked up our small street, encountering fallen trees and neighbors who similarly were out assessing the effect of this rare event. There is nothing like a storm to bring out neighborly bonhomie and we chatted amiably, comparing notes and generator capacities.

Memories from even further back were stirred. Hurricane Donna struck Miami in 1960 where I spent most of my boyhood (and interestingly, barreled up the East coast to hit New York dead on). The atmosphere of my street today was redolent of that in Miami with branches and debris strewn everywhere. A large tree fell into our swimming pool and I remember vividly the boyish pleasure of swimming under the water weaving my way through the branches until my father spotted me.

As the winds receded, so did the excitement and it was replaced with the more sobering practicality of living without power. Many, I'm sure, had an initial feeling of "that wasn't so bad" until over the next days news trickled in of the awful destruction in the Catskills, Vermont and Northern New Jersey. And then, worse, the lose of life. In particular I was moved by the death of a local psychiatrist, Dr. Peter Engel who drowned while rafting in the Croton River. He was by all accounts a beloved and admired physician and a highly skilled whitewater rafter. It stirred yet another memory – of me body surfing in the Pacific coast of El Salvador last January (at the end of a medical mission there). Similarly, I was an experienced body surfer (in my early 20's, I spent 4 weeks camping out on Pie de La Cuesta, a small Mexican village north of Acapulco and riding monster waves day after day). Also, I was a champion competitive swimmer. Yet one wave caught me and I was powerless to change my tumbling trajectory which ended with me being slammed head first into the sand. My shoulder took the brunt of the impact and left me with an AC separation which took 2 months to heal. As I thought back on the experience, I felt a chill as I thought about how the slightest shift could have resulted in a fatal cervical fracture. I felt a sense of chagrin about my casual attitude toward the coming of the storm. In the words of Dante, "And as he, who with laboring breath has escaped from the deep to the shore, turns to the perilous waters and gazes."



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AND THE MEDICAL SOCIETY OF THE STATE OF NEW YORK**

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XIAFLEX (collagenase clostridium histolyticum) is a prescription medicine used to treat adults with Dupuytren's contracture when a "cord" can be felt. In people with Dupuytren's contracture, there is an abnormal thickening of the skin and tissue of the palm that can form a cord over time. This cord can cause one or more fingers to bend toward your palm, so that the finger(s) cannot be straightened. XIAFLEX should be injected into the cord by a healthcare provider who is experienced in injection procedures of the hand and treating people with Dupuytren's contracture. XIAFLEX helps to break down the cord that is causing the finger to be bent.

IMPORTANT SAFETY INFORMATION

XIAFLEX can cause serious side effects, including:

- **Tendon or ligament damage.** Receiving an injection of XIAFLEX may cause damage to a tendon or ligament in your hand and cause

it to break or weaken. This could require surgery to fix the damaged tendon or ligament. Call your healthcare provider right away if you have trouble bending your injected finger (towards the wrist) after the swelling goes down or you have problems using your treated hand after your follow-up visit.

- **Nerve injury or other serious injury of the hand.** Call your healthcare provider if you get numbness, tingling, or increased pain in your treated finger or hand after your injection or after your follow-up visit.
- **Allergic Reactions.** Allergic reactions can happen in people who have received an injection of XIAFLEX because it contains foreign proteins. Call your healthcare provider right away if you have any of these symptoms of an allergic reaction after an injection of XIAFLEX: hives; swollen face; breathing trouble; or chest pain.

Before receiving XIAFLEX, tell your healthcare provider if you have had an allergic reaction to a previous XIAFLEX injection, or have a bleeding problem or any other medical conditions. Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. Be sure to tell them if you use blood thinners such as aspirin, clopidogrel (Plavix®), prasugrel hydrochloride (Effient®), or warfarin sodium (Coumadin®).

Common side effects with XIAFLEX include: swelling of the injection site or the hand, bleeding or bruising at the injection site; and pain or tenderness of the injection site or the hand, swelling of the lymph nodes (glands) in the elbow or underarm, itching, breaks in the skin, redness or warmth of the skin, and pain in the underarm.

Please see the Important Product Information on adjacent page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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XIAFLEX®

collagenase clostridium histolyticum

Important Product Information

XIAFLEX® (Zi a flex)
(collagenase clostridium histolyticum)

What is the most important information I should know about XIAFLEX?

XIAFLEX can cause serious side effects, including:

- **Tendon or ligament damage.** Receiving an injection of XIAFLEX may cause damage to a tendon or ligament in your hand and cause it to break or weaken. This could require surgery to fix the damaged tendon or ligament. Call your healthcare provider right away if you have trouble bending your injected finger (towards the wrist) after the swelling goes down or you have problems using your treated hand after your follow-up visit.
- **Nerve injury or other serious injury of the hand.** Call your healthcare provider if you get numbness, tingling, or increased pain in your treated finger or hand after your injection or after your follow-up visit.
- **Allergic Reactions.** Allergic reactions can happen in people who take XIAFLEX because it contains foreign proteins.

Call your healthcare provider right away if you have any of these symptoms of an allergic reaction after an injection of XIAFLEX:

- hives
- swollen face
- breathing trouble
- chest pain

What is XIAFLEX?

XIAFLEX is a prescription medicine used to treat adults with Dupuytren's contracture when a "cord" can be felt.

In people with Dupuytren's contracture, there is thickening of the skin and tissue in the palm of your hand that is not normal. Over time, this thickened tissue can form a cord in your palm. This causes one or more of your fingers to bend toward the palm, so you can not straighten them.

XIAFLEX should be injected into a cord by a healthcare provider who is skilled in injection procedures of the hand and treating people with Dupuytren's contracture. The proteins in XIAFLEX help to "break" the cord of tissue that is causing the finger to be bent.

It is not known if XIAFLEX is safe and effective in children under the age of 18.

What should I tell my healthcare provider before starting treatment with XIAFLEX?

XIAFLEX may not be right for you. Before receiving XIAFLEX, tell your healthcare provider if you:

- have had an allergic reaction to a previous XIAFLEX injection.
- have a bleeding problem.
- have any other medical conditions.
- are pregnant or plan to become pregnant. It is not known if XIAFLEX will harm your unborn baby.
- are breastfeeding. It is not known if XIAFLEX passes into your breast-milk. Talk to your healthcare provider about the best way to feed your baby if you receive XIAFLEX.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

Especially tell your healthcare provider if you use:

a blood thinner medicine such as aspirin, clopidogrel (PLAVIX®), prasugrel hydrochloride (EFFIENT®), or warfarin sodium (COUMADIN®). If you are told to stop taking a blood thinner before your XIAFLEX injection, your healthcare provider should tell you when to restart the blood thinner.

How will I receive XIAFLEX?

Your healthcare provider will inject XIAFLEX into the cord that is causing your finger to bend.

After an injection of XIAFLEX, your affected hand will be wrapped with a bandage. You should limit moving and using the treated finger after the injection.

Do not bend or straighten the fingers of the injected hand until your healthcare provider says it is okay. This will help prevent the medicine from leaking out of the cord.

Do not try to straighten the treated finger yourself.

Keep the injected hand elevated until bedtime.

Call your healthcare provider right away if you have:

- signs of infection after your injection, such as fever, chills, increased redness, or swelling
- numbness or tingling in the treated finger
- trouble bending the injected finger after the swelling goes down

Return to your healthcare provider's office as directed on the day after your injection. During this first follow-up visit, if you still have the cord, your healthcare provider may

try to extend the treated finger to "break" the cord and try to straighten your finger.

Your healthcare provider will provide you with a splint to wear on the treated finger. Wear the splint as instructed by your healthcare provider at bedtime to keep your finger straight.

Do finger exercises each day, as instructed by your healthcare provider.

Follow your healthcare provider's instructions about when you can start doing your normal activities with the injected hand.

What are the possible side effects of XIAFLEX?

XIAFLEX can cause serious side effects. See "What is the most important information I should know about XIAFLEX?"

Common side effects with XIAFLEX include:

- swelling of the injection site or the hand
- bleeding or bruising at the injection site
- pain or tenderness of the injection site or the hand
- swelling of the lymph nodes (glands) in the elbow or underarm
- itching
- breaks in the skin
- redness or warmth of the skin
- pain in the underarm

These are not all of the possible side effects with XIAFLEX. Tell your healthcare provider about any side effect that bothers you or does not go away.

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

General information about XIAFLEX

Medicines are sometimes prescribed for purposes other than those listed here. This is a summary of the most important information about XIAFLEX. If you would like more information, talk to your healthcare provider. You can ask your healthcare provider for information about XIAFLEX that is written for health professionals.

For more information visit www.XIAFLEX.com or call 1-877-663-0412.

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SAVE THE DATE

**Westchester County Medical Society &
Westchester Academy of Medicine**

Annual Holiday Party

Knollwood Country Club

Friday, December 9, 2011

MLMIC's Announces 2011-2012 Premium Rates

Consistent with Medical Liability Mutual Insurance Company's (MLMIC) goal to achieve equity among the physician specialties and locations of practice, the Insurance Department approved a 3% territory decrease for MLMIC-insured physicians practicing principally in Territory 01, which includes New York, Orange, Rockland, Sullivan and Westchester counties. This rate reduction is due to favorable loss experience and will impact the professional liability insurance rates of the nearly 4000 physicians within the territory. However, it should be noted that the reduction will be combined with the class and specialty rate increases and decreases which were also approved by the Insurance Department. These modifications mean that certain physician specialties will be receiving a rate increase (or greater decrease); however, the great majority of the physicians in this territory will experience an overall premium decrease.

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DataMatrix has established invaluable long term relationships with the Westchester County Medical Society and with numerous other societies in Orange, Dutchess, and the Bronx, and, with medical professionals in New York, Maryland and Florida. Stuart Hayman, former executive at WCMS and current executive director of the NY State Society of Anesthesiology, says the relationship has been a "win, win, win" for everyone, with DataMatrix furnishing the highest quality, human powered transcription by medically trained transcriptionists. Its competitive pricing includes special offers for members of medical societies and associations.

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POOL PARTY



Stephen Schwartz, MD, Karen Foy
and Iris Schwartz



Margaret Lee, Laure Lauriston, MD &
her daughter, Annie, Abe Levy, MD
and Thomas Lee, MD



Medical Students get their feet wet



James Pollowitz, MD, Kira
Geraci-Ciardullo, MD & Deborah Pollowitz



Ed Stephens, MD, Scott Breidbart, MD
and Wendy Joondeph



Dr. Peter Liebert, Dr. Nahid Majd-Shirazy,
Dr. Kambir Mohaha, Rhonda Nathan,
Amanda and Steve Malfitano

On Saturday, August 20th, despite the weather reports, approximately 70 WCMS members and their families enjoyed a beautiful, sunny day at the home of Drs. Robert and Kira-Geraci Ciardullo for the Annual WCMS Pool Party. **A big thank you to the Ciardullos for once again graciously opening their home and beautiful backyard for this event.**

Also, thank you to the Affinity Group (Nick Preddice and Joe Gorelick) and LabCorp for their sponsorship of this event and to Laura McCoy of *Truly Scrumptious Deserts* for the delicious cake, cupcakes and cake pops!

WCMS Board Highlights - September 2011

At its meeting on September 8, 2011, the WCMS Board of Directors:

- Approved adding Specialdocs Consultants, Inc. as a Preferred Business Partner of the WCMS. Specialdocs assists physicians who are interested in transforming their medical practices into concierge medical practices. An informational session open to all WCMS members will be presented by Specialdocs in October. If you are interested in the concept of concierge medicine and have questions, please contact Steven Friedlander, Director, Physician Integration and Marketing, Specialdocs, at 203-613-1694.
- Thanked Dr.'s Kira Geraci-Ciardullo and Robert Ciardullo for their gracious hospitality in hosting the second annual Membership Pool Party, August 20th, at their Harrison home. Over 70 physicians/family members and guests, as well as medical students attended and were rewarded with a beautiful day.
- Encouraged Board members to reach out to their colleagues and encourage them to attend the **Westchester Academy of Medicine's 2nd Annual Golf/Tennis Outing and Fundraiser on Wednesday, September 21, 2011, at Westchester Hills Golf Club in White Plains.** Those who cannot play golf or tennis are encouraged to come to the cocktails/dinner beginning at 5:30pm. All net proceeds benefit the Academy's CME program and its medical scholarship fund.
- Approved the election of Nine (9) new members. See page 17.
- Heard from Kristen Aland, MSII, Chair of the Medical Student Section at New York Medical College, that 100 new first-year medical students recently joined the WCMS/MSSNY and the AMA following their annual recruitment fair. The Board thanked Ms. Aland and her fellow students for their hard work.
- Received updates on the following important issues affecting physicians and medical practice: the status of collective negotiations legislation; the new Fair Health out-of-net work fee schedule; the efforts to defeat the certificate of need submitted by Memorial Sloan-Kettering to build a cancer treatment facility in West Harrison; and a legislative initiative to allow nurses to submit electronic prescriptions under physician supervision.

We Want to Hear from You!

- Are we meeting your needs as a member? What ideas do you have to help us serve you better?
- Are you receiving our blast emails? Blast faxes? Are these effective ways of communicating with you in a timely manner?
- Do you read the WCMS newsletter, Westchester Physician, each month? What ideas do you have to help us make it better?
- What sort of educational programs should WCMS consider presenting to meet your interests/needs?

We want to hear from you on any of the above or other matters important to you. Call the WCMS at 967-9100 or email me at bfoy@wcms.org.

Brian O. Foy
Executive Director

CMS Announces 2011 Electronic Prescribing (eRx) Incentive Program Final Rule

Overview

The Centers for Medicare & Medicaid Services (CMS) today announced Changes to the Medicare Electronic Prescribing (eRx) Incentive Program for Calendar Year 2011.

Background

Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) required the Secretary to establish a new reporting program for eligible professionals who are successful electronic prescribers as defined by MIPPA, beginning on January 1, 2009. While the eRx Incentive Program has similarities in structure and processes to the Physician Quality Reporting System (formerly the Physician Quality Reporting Initiative or PQRI), this program is a separate program with distinct reporting requirements and associated incentive payments and payment adjustments.

In addition to the electronic prescribing incentive payment, MIPPA called for a Medicare Physician Fee Schedule (MPFS) payment adjustment that will apply beginning in January 2012 to eligible professionals who are not successful electronic prescribers, as defined in the Calendar Year (CY) 2011 MPFS final rule. For eligible professionals who are subject to the 2012 eRx payment adjustment, the fee schedule amount for covered professional services furnished by eligible professionals during the year shall be 1 percent less than the fee schedule amount that would otherwise apply for 2012. The potential MPFS reductions in the future are a 1.5 percent reduction for 2013 and 2.0 percent reduction for 2014.

Provisions of the 2012 eRx Payment Adjustment Established in the CY 2011 MPFS Final Rule

In addition to establishing the requirements for successful reporting of the electronic prescribing measure for the 2011 eRx incentive, the CY 2011 MPFS Final Rule also establishes the program requirements for purposes of avoiding the 2012 payment adjustment.

An ***eligible professional*** will not be subject to the 2012 payment adjustment if one of the following applies:

- The eligible professional is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of June 30, 2011 (This determination is based on the primary taxonomy code in the National Plan and Provider Enumeration System (NPPES)) and does not generally have prescribing privileges, and reports g-code G8644 (defined as not having prescribing privileges) at least one time on an eligible claim prior to June 30, 2011;
- The eligible professional does not have at least 100 cases containing an encounter code in the electronic prescribing measure's denominator;

- The eligible professional's allowed charges for covered professional services submitted for the electronic prescribing measure's denominator codes is less than 10 percent of the eligible professional's total 2011 Medicare Part B PFS allowed charges;
- The eligible professional reports a significant hardship code and CMS determines that the hardship code applies (see "Significant Hardship Exemptions" section below) and is granted an exemption; OR
- The eligible professional becomes a successful electronic prescriber for purposes of the 2012 payment adjustment by reporting the electronic prescribing measure via claims for at least 10 unique electronic prescribing events for patients in the denominator of the measure between January 1, 2011 and June 30, 2011.

A **group practice** that is participating in the 2011 eRx group practice reporting option will not be subject to the 2012 payment adjustment if one of the following applies:

- The group practice reports a significant hardship in its 2011 self-nomination letter for participation in the eRx Incentive Program group practice reporting option (see "Significant Hardship Exemptions" section below) and is granted an exemption; OR
- The group practice becomes a successful electronic prescriber. The group practice becomes a successful electronic prescriber for purposes of the 2012 payment adjustment by reporting the electronic prescribing measure via claims for between 75-2,500 unique electronic prescribing events (depending on the group practice size) for patients in the denominator of the measure between January 1, 2011 and June 30, 2011.

Significant Hardship Exemptions. Section 1848(a)(5)(B) of the Act provides that the Secretary may, on a case-by-case basis, exempt an eligible professional from the payment adjustment, if the Secretary determines, subject to annual renewal, that compliance with the requirement for being a successful electronic prescriber would result in a significant hardship. In the CY 2011 MPFS Final Rule, CMS established the following two significant hardship exemptions in the form of g-codes for purposes of the 2012 payment adjustment:

- The eligible professional practices in a rural area without sufficient high speed internet access (report code G8642)
- The eligible professional practices in an area without sufficient available pharmacies for electronic prescribing (report code G8643)

In order to request consideration for an exemption from the 2012 payment adjustment via one of the two aforementioned significant hardship g-codes, the eligible professional must report the g-code at least one time on a claim between January 1, 2011 and June 30, 2011. A group practice participating in the eRx group practice reporting option for 2011 must have requested the significant hardship exemption at the time the practice self-nominated to participate.

Changes to the Medicare eRx Incentive Program for Calendar Year 2011

Since publication of the 2011 MPFS Final Rule, CMS has received public comments raising concerns that the Medicare eRx Incentive program did not better align with the Medicare or Medicaid EHR Incentive Program as well as the need for additional significant hardship exemption categories. To address these concerns, we are finalizing the following changes:

Modify the existing 2011 electronic prescribing measure to address uncertainties related to the technological requirements of the Medicare eRx Incentive Program:

The existing 2011 electronic prescribing measure is revised to indicate that a qualified electronic prescribing system includes certified EHR technology as defined at 42 CFR 495.4 and 45 CFR 170.102.

Provide additional significant hardship exemption categories for purposes of the 2012 payment adjustment: The eligible professional or group practice must demonstrate that one of these situations applies to the respective practice:

- Eligible professionals who register to participate in the Medicare or Medicaid EHR Incentive Programs and adopt certified EHR technology;
- Inability to electronically prescribe due to local, state, or federal law or regulation;
- Limited prescribing activity; or
- Insufficient opportunities to report the electronic prescribing measure.

Extend the deadline for requesting significant hardship exemptions to November 1, 2011. This extended reporting deadline would apply to the two significant hardship exemptions established in the CY 2011 MPFS Final Rule as well as the additional significant hardship exemption categories above.

Require submission of significant hardship exemption requests for the 2012 eRx payment adjustment via a web-based tool for individual eligible professionals and via a mailed letter for group practices that are participating in the 2011 eRx group practice reporting option. Instructions on how to request a hardship via the web-based tool will be available on the eRx Incentive Program website at: <http://www.cms.gov/ERXincentive/>.

The final rule can be found at:

http://www.ofr.gov/OFRUpload/OFRData/2011-22629_PI.pdf.

For more information about this announcement, read the:

<http://blog.cms.gov/2011/08/31/greater-flexibility-in-e-prescribing-means-greater-success/>.

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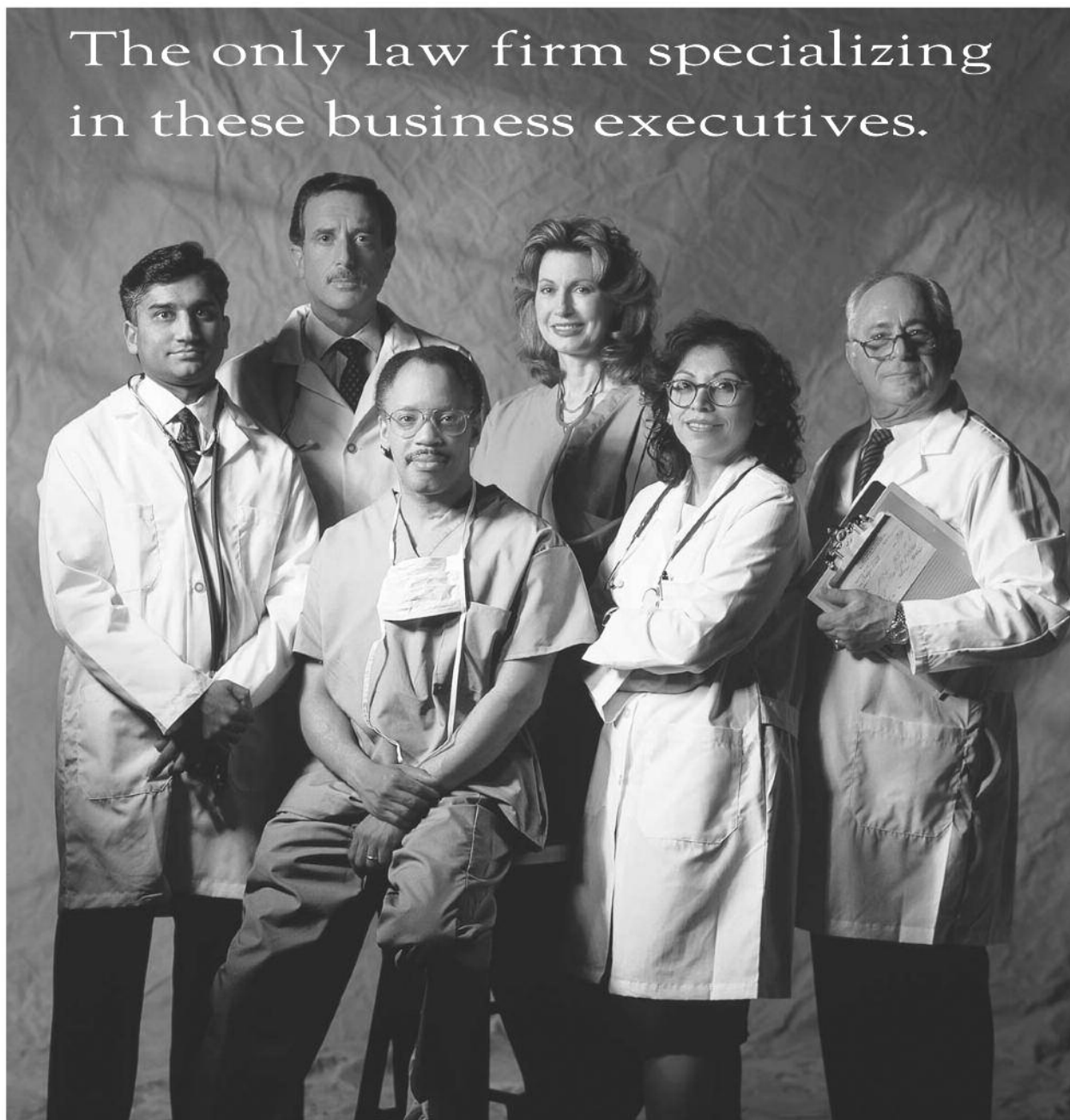
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News and Notes from the Executive Director...

WCMS/MSSNY Dues Bills Coming Soon...

MSSNY will soon be mailing its 2012 dues bills to all physicians. These bills include your WCMS dues of \$325.00, which remains the same. MSSNY required dues of \$460.00 will also remain unchanged. **Of note in this particular mailing will be a new total amount of dues that is \$50.00 higher than last year. At the 2011 MSSNY House of Delegates meeting, the delegates approved a resolution to add an additional, voluntary contribution of \$50.00 earmarked to MSSNYPAC, MSSNY's political action committee.** This amount is included in the Total Amount of Dues, thus increasing the previous total from \$785.00 for WCMS/MSSNY to \$835.00. This additional contribution, while strongly encouraged to help strengthen the PAC fund, is not required. A shaded box on the left side of the dues bill will explain this option to you. You can either include the additional \$50 in your dues payment or opt not to include it.

While funding MSSNYPAC is a critical element in our overall legislative effectiveness and you are strongly encouraged to contribute to the PAC, the WCMS Board and I wanted you to be fully aware of the new dues bill and not confuse the new total amount with a "dues increase." If you have questions, please contact me at 967-9100.

Brian O. Foy, Executive Director

Welcome to our Newest WCMS/Academy Members

Join us in welcoming the following new members who were elected into membership of the Westchester County Medical Society and the Westchester Academy of Medicine by the Board of Directors in August.

New Members

Freda Chu, MD
(Infectious Diseases)
Scarsdale, NY

Phani K. Kathari, MD
(Primary Care)
Bronxville, NY

Philip A. Weber, MD
(General Surgery)
White Plains, NY

Louis M. Germaine, MD
(Radiology)
Rye Brook, NY

Richard J. Keating, MD
(Cardiovascular Diseases)
White Plains, NY

Avinash Ramesh Gulrajani, MD
(Cardiology)
Montefiore Medical Center

Daniel Gold, MD
(Otolaryngology)
White Plains, NY

Krishn M. Sharma, MD
(Orthopedic Surgery)
West Harrison, NY

Maria Nieves-Ortiz, MD
(Psychosomatic Medicine)
Westchester Medical Center

Irene Jong, MD
(Internal Medicine)
Yonkers, NY

Ricky John Sayegh, MD
(Internal Medicine)
Yonkers, NY



Gary Sancilio

Joseph Gorelick

Nicholas S. Preddice

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Westchester Academy of Medicine 2011 Golf Outing



Wednesday, September 21, 2011

Westchester Hills Golf Club
401 Ridgeway
White Plains, NY



Registration & BBQ Lunch 11:00 am – 1:00 pm

1:00 pm – Shotgun Start

Golf Format: Shamle (Modified Scramble) with Team Prizes

5:30 – 6:30 pm – Cocktails

6:30 pm – Buffet Dinner/Awards/Raffles

Individual -\$400

Foursome - \$1,400

Foursome plus Hole Sponsor - \$1,500


Hole Sponsor - \$250

Additional Sponsorship Opportunities Available – Please Contact Brian Foy at bfoy@wcms.org

Tennis Available at no cost, but you must sign up beforehand

All proceeds will benefit the Westchester Academy of Medicine, a 501c(3) not-for-profit, educational organization; specifically, proceeds will help support the Academy’s continuing medical education activities and its scholarship fund benefiting high school students aspiring to a career in medicine.

For more information, contact Brian Foy at bfoy@wcms.org or call (914) 967-9100



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