Westchester Physician

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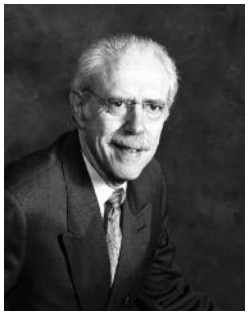
President's Message - Portals, Privacy, and Risk Management

Abe Levy, MD



No matter which EMR you use, if you intend to achieve the CMS definition of Meaningful Use of an EMR, you will need to develop a Patient Portal in the next 2 or 3 years. A Patient Portal is a patient having access to his/her own EMR via the internet. Within a few years, most Patient Portals will give patients access to their **entire** electronic medical record. In order to be ready, it is time to begin increasing the transparency of your patient communication and documenting your patient care with a view towards the future:

1. Under the HIPAA law, each patient has a right to "see and copy" their entire medical record whether on paper or electronic. It behooves us to document with that in mind. A portal can give a patient access to some or all of his/her medical records without filling out forms and without having to jump through hoops.
2. Don't use any term that would anger the patient when s/he reads it. If a patient is already upset, inflaming the patient further can lead to litigation.
3. Always strip the emotion out of your documentation, and state the facts in an incontrovertible way. Using quotes that will make the patient angry, and which the patient will deny, can be highly counter-productive.
4. Never conceal anything from the patient. Report any mistake or error immediately.
5. Whenever possible, document facts rather than subjective information. Such statements as "alcohol on breath" or "patient was belligerent" should never be used as they are subjective.
6. Never use a disclaimer without acting on the disclaimer. Stating that "abdomen difficult to examine due to ……." requires that some testing or imaging be done to evaluate the patient with the limited exam. Radiologist or any specialty disclaimers can also similarly backfire on the Radiologist or specialist.
7. Evaluate every possibility that is listed in your Differential Diagnosis or state the sequence of evaluation explicitly.
8. Always protect the patient against the worst possible diagnosis unless you have the patient's explicit and written permission to do less than that.
9. Never let the patient's financial resources determine the right thing to recommend for your patient. If something is necessary and appropriate, you must recommend it, and let the patient decide what to do. An "Against Medical Advice" form specific to that recommendation can be used without in any way limiting the patient's right to remain your patient. Please note that the patient has the legal right to select from your recommendations in an "a la carte" way rather than "prix fixe." *(continued on page 4)*

A Look Inside . . .

The Westchester Physician

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Upcoming Events
Mark Your Calendar

Thursday, January 5th
Delegates Meeting - 5:30 pm
WCMS Board of Directors - 6:30 pm

Monday, January 9th - 5:00 pm
CME Committee

Monday, January 16th
Office Closed - Martin Luther King Day Observed

Thursday, February 2nd - 6:30 pm
WCMS Board of Directors

Monday, February 6th - 5:00 pm
CME Committee

Monday, February 20th
Office Closed - President's Day Observed

Thursday, March 1st - 6:30 pm
WCMS Board of Directors

Tuesday, March 20th
MSSNY Legislative Day - Albany

Friday, April 20th - Sunday, April 22nd
MSSNY Annual Meeting - Saratoga Springs

(All meetings at the WCMS office unless otherwise noted)

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 February 2012 issue is January 15th.

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

From The Editor
Cutting for Stone by Abraham Verghese
Book Review

By Peter Acker, MD

As I read *Cutting for Stone*, I recalled a column I wrote several months ago entitled "Coincidence" about two recent encounters I had with people that had been present at two of my daughter's births (now 26 and 18). It had a powerful effect on me and I related it to the use of coincidence as novelistic tool: "Coincidence is oft used as a literary device – in skilled hands it can reveal irony or hidden meaning. In less skilled hands, it can be merely a lazy author's way of injecting suspense or advancing plot. One of the most common types of coincidence in literature involves birth such as Oedipus banished as a baby who by sheer chance ends up marrying his mother and killing his father. Another example is in *Oliver Twist* in which a major plot element hinges on the secret origins of the orphan Oliver and the way he discovers them which enriches the plot and also puts into sharp relief the irony of class distinction and privilege."

Cutting for Stone uses this device to rich effect in this long, dense and sprawling work that is Dickensian in its scope. It tells the tale of twin brothers Marion and Shiva Stone who are born in small hospital in Addis Ababa to a nun, Sister Mary Joseph Praise who dies during the prolonged labor complicated by the fact that the twins are conjoined at the head. The initial uncertainly of the identity of the father (the highly skilled and intense surgeon, Dr. Thomas Stone) invokes both mythological and biblical imagery. The senior Dr. Stone decamps for parts unknown and is absent for most of the novel. In the meantime, the twins are raised by two doctor immigrants from India, Dr. Kalpana Hemlatha, an obstetrician with extraordinary strength of character and Dr. Abhi Ghosh, of more mellow mien. These foster parents are almost fanatically devoted to the small Ethiopian hospital and the two boys are raised in a rich stew of medicine. The backdrop to all this is a tumultuous period of Ethiopian history replete with coups and political turmoil. Inevitably, the twins, so preternaturally close, grow apart. Marion Stone (the narrator of the novel) leaves for America where he trains to be a surgeon in a small hospital in one the impoverished boroughs of New York City. The twins are reunited in the novels dramatic denouement via ministrations of the long missing father, Dr. Thomas Stone.

The novel is filled with extraordinary descriptions of medical procedures which I found fascinating, but wondered if it might have been off putting for the non medical reader. A brief survey of my non doctor friends revealed that for most it is not. Despite my enjoyment of the writing and admiration for the sheer ambition of the book, I could not help a slight feeling of disappointment. I sensed an authorial conflict between the soaring of magical realism and the gravitational pull of the sober realist. Also the sheer scope of the coincidences that fuel the plot probably could only pulled off by a master like Dickens.

To give Dr. Verghese his due, it should be noted that this is a first novel in a career that has included the classic non fiction book *In My Country* (about AIDS in rural Appalachia in the 80's) and holds a professorship in medicine at Stanford as well as an MFA from the prestigious Iowa Writer's Workshop. And, I should add, as I put the book down after reading the final chapter and sat allowing the power of the novel to sweep over me, but distracted by the niggling doubt of how just unbelievable the coincidences were – a thought suddenly came to me: I picked the book up to check on something. The twins were born in 1954 and the novel ends in 1986. Those were the dates of the birth and death of my own brother David who died of AIDS.

(continued from page 1)

10. Whenever a patient refuses to do something important, at least two telephone reminders and one reminder letter should be implemented. In at least one of those communications, the patient should be "warned" of the consequences if an action is not taken, and that word should be used in documenting the phone call or in the letter.

11. Any documentation that attempts to shift blame onto the patient or family, or make the patient or the family feel guilty when they read it, is almost certain to result in hostility towards the physician.

12. Review chart notes and other documents for accuracy before signing electronically. Review Lab and Radiology results carefully before signing.

In short, the EMR now becomes a wide open door (portal) not only into your documentation, but one through which the patient can also walk to see what is happening. It is time to get ready for the future.

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Attention Health Professionals: 2012 Annual Participation Enrollment Program Extension

The Centers for Medicare & Medicaid Services (CMS) is anticipating Congressional action to avert the negative update for the 2012 Medicare Physician Fee Schedule. Therefore, CMS is extending the 2012 Annual Participation Enrollment Period through February 14, 2012. The enrollment period now runs November 14, 2011, through February 14, 2012.

The effective date for any participation status change during the extension, however, remains January 1, 2012, and will be in force for the entire year.

Contractors will accept and process any participation elections or withdrawals made during the extended enrollment period that are post-marked on or before February 14, 2012.

News from MSSNY ... Worth Repeating!

MSSNY, AMA Meet with FTC Re Collective Negotiation Legislation

MSSNY Councilor Frank Dowling, MD, along with MSSNY and AMA staff, met recently with representatives of the Federal Trade Commission (FTC) to express organized medicine's serious concerns with the FTC's statement of opposition to legislation which would permit physicians to collectively negotiate with health plans under close supervision by state authorities. The legislation (S.3186-A, Hannon/A.2474-A, Canestrari), strongly supported by MSSNY, passed the State Senate earlier in the year but did not reach a vote in the State Assembly. The FTC issued a letter October 24 urging that the legislation be rejected because of its concerns that the legislation would drive up the cost of health care.

Dr. Dowling and staff argued that the FTC's view of the legislation is incorrect. Instead of increasing costs, the legislation is intended to shift resources from excessive plan profits to enhance patient access by allowing physicians to jointly negotiate quality and access issues. These negotiations would have beneficial effects such as removing arbitrary obstacles to care imposed by health plans and better assuring an ample supply of physicians to provide necessary care. Moreover, it was noted that to comply with the "state action immunity" requirement there are strong controls included in the bill to protect consumers. Under the legislation, the New York State Attorney General (AG), with input from the Commissioner of Health and the Superintendent of Insurance, must approve a request from a physicians' representative to collectively negotiate with a health plan, before the negotiations could proceed. If the AG approves negotiations, he or she would also be required to: monitor the negotiations; take steps to resolve negotiating impasses; approve the final product of such negotiations; and provide ongoing review and supervision of any achieved agreement. To assure the AG has adequate resources to oversee these negotiations, the physicians' representative would be required to pay a fee to cover the costs to the AG's office of discharging its responsibilities under the bill.

Moreover, Dr. Dowling and staff discussed the very difficult plight in which most physicians find themselves as a result of the squeeze between the exorbitant overhead costs of running a practice in New York State while at the same time not being able to be fairly paid by health insurance companies. Exacerbating this problem is the unnecessarily burdensome prior authorization procedures that health plans thrust upon physicians and their staffs that take hours away from actually providing patient care. It was highlighted that these adverse conditions were the result of the "take it or leave it" contracts offered by health plans to physicians as a result of the market dominant positions these plans hold in most regions of New York State. Data were presented from the AMA's "Competition in Health Insurance: 2011 Update" that show that, in every Metropolitan Statistical Area (MSA) in New York State, the top two insurance companies hold well over half the combined HMO/PPO market share, with several MSAs in which the top two insurers hold over 80% of the market share.

Discussions were had relative to whether the bill could be revised in any way to address FTC concerns. While FTC staff acknowledged the legitimacy of state laws that displace competition with state regulation, it re-iterated its general disfavor of these laws because they in effect remove matters from the FTC's domain.

MSSNY will continue to seek the enactment of collective negotiation legislation in the 2012 Legislative Session as one of its top priorities. Physicians can get more information on sending a letter in support of the legislation by going to www.mssny.org.

For more information, contact Moe Auster at mauster@mssny.org.

♦

News from MSSNY

Medicare Will Now Pay for Obesity Screenings and Prevention

CMS announced that Medicare "will pay for screenings and preventive services to help recipients curb obesity and the medical ailments associated with it, primarily heart disease, strokes and diabetes." Specifically, the new "benefits will include face-to-face counseling every week for one month, then one counseling appointment every other week for the following five months for people who screen positive for obesity."

"Those who lose at least 6.6 pounds during the first six months will be eligible for once-a-month visits for another six months," CQ reports. "The obesity service will be added to other preventive services offered without cost sharing under the health care law." CMS, which first floated the obesity coverage plan last September, said it expects more than 30% of the Medicare population to qualify for the new benefit." However, "counseling must take place in a primary care setting such as a physician's office. It will not be covered when provided in skilled nursing facilities, hospitals, emergency departments, outpatient surgery centers, or hospices."

MSSNY Urges Insurers to Use FAIR Health Data

MSSNY Treasurer Andrew Kleinman, MD, was quoted in the November 28 *Crain's Health Pulse* articulating the concerns that MSSNY and many physicians have expressed regarding the increasing use by health insurers of the Medicare fee schedule as its benchmark for out of network payment. Because of the plans shift away from UCR-based policy, patients will be faced with huge out of pocket costs for needed medical care. It also threatens the viability of many physician practices. Therefore, MSSNY is advocating for legislation (A.7489-A, Gottfried/S.5068, Hannon) to address this problem.

The bill would prevent insurance companies from selling policies with out of network coverage that fail to provide significant coverage for such costs and better assure transparency of health insurance policies that provide out of network coverage by requiring all such policies to based upon a percentage of the new FAIR Health database, which was created after former Attorney General, now Governor, Andrew Cuomo, entered into settlements with the health insurance industry to have them stop using the manipulated Ingenix database.

Stage 2 Meaningful Use Now Extended to 2014

HHS has extended until 2014 the compliance date for Stage 2 meaningful use for those hospitals, physicians and other eligible professionals that qualify as Stage 1 meaningful users in 2011. Stage 2 was scheduled to begin on Oct. 1, 2012.

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News from MSSNY

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The announced rollback came in an HHS news release. Under the current rules for the Medicare portion of the electronic health-record system incentive program created under the American Recovery and Reinvestment Act of 2009, hospitals, doctors and other eligible professionals who qualified for incentive payments as Stage 1 meaningful users in 2011—the program's first year—would have to meet new and expectedly more stringent Stage 2 standards in 2013. But according to HHS' statement, if those providers had delayed participation until 2012, "they could wait to meet these new (Stage 2) standards until 2014 and still be eligible for the same incentive payment."

The fast pace of changing stages and the assumed-to-be escalating meaningful-use criteria still being developed for Stage 2 have been deemed by critics as disincentives for early program participation.

"To encourage faster adoption," according to the release, "the secretary announced that HHS intends to allow doctors and hospitals to adopt health IT this year, without meeting the new standards until 2014. Doctors who act quickly can also qualify for incentive payments in 2011 as well as 2012."

New Workers Compensation Guidelines for Permanent Impairment

The NYS Workers' Compensation Board 2012 NYS Guidelines for Determining Permanent Impairment and Loss of Wage Earning Capacity to take effect January 1, 2012 are up and ready. The 2012 Guidelines include:

- New impairment guidelines for evaluation of non-schedule, permanent disabilities;
- New guidance on evaluating functional capabilities;
- New guidance on determining loss of wage earning capacity

In addition, the Board has modified Form C-4.3, Doctor's Report of MMI/Permanent Impairment and created a new Form VDF-1, Loss of Wage Earning Capacity Vocational Data Form.

To promote consistent use of the 2012 Guidelines and the new forms by all stakeholders, the Board has developed free web-based educational programs. There are three learning modules available:

- 2012 Guidelines for Medical Professionals
- 2012 Guidelines: Modified Form C-4.3
- 2012 Guidelines: Basics for Non-Medical Professionals

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News from MSSNY

(continued from page 7)

Physicians may receive 1.25 CME credits for completing the 2012 Guidelines for Medical Professionals. The training program is available on the Board's website. The website contains links to the courses and information about obtaining CME credits and how to log in, or register, to take the training.

No Further Notification When Doctors Records Checked at NPDB

Physicians will no longer be notified if someone is checking their record at the National Practitioners Data Bank, according to an HHS final rule posted in the Federal Register on November 23.

The rule will exempt the use of NPDB information from certain provisions of the Privacy Act, including those that mandate notifying a physician if their information has been requested as part of a criminal, civil or regulatory investigation; allowing individuals who are the subject of an investigation to correct or amend their information; and letting individuals know—upon their request—if the NPDB contains information on them.

If individuals were being notified of an investigation, it "could reveal the nature and scope of the investigation and could lead to the destruction or alteration of evidence, tampering with witnesses and other evasive actions that could impede or compromisean investigation," according to the final rule. Also, according to the rule, physicians should already be receiving a copy of any disciplinary reports that a hospital or other entity is filing about them and procedures are in place to correct or amend these reports.

It was also noted in the rule that, under the Health Care Quality Improvement Act of 1986, entities eligible to view information in the NPDB include: hospitals and other healthcare entities that conduct peer review; state medical, dental and other healthcare practitioner boards; state licensing authorities; agencies administering federal and state healthcare programs (including private entities administering such programs under contract); and state Medicaid fraud-control units and other law enforcement agencies.

A 60-day comment period on the final rule closed on April 18.

HRSA maintains a public-use file in which de-identified information is kept for use in statistical analysis and the identification of trends. The agency closed the file after a *Kansas City Star* reporter figured out the identity of a doctor by matching information in the public file to court records. ♦

Legal Corner

Version 5010 Enforcement Notice: The Centers for Medicare & Medicaid Services (CMS) announced in November that it would not initiate enforcement action with respect to any HIPAA covered entity that is non-compliant with the ASC X12 Version 5010 (Version 5010) standards until 90 days after the January 1, 2012 compliance date. The announcement can be found at: http://www.CMS.gov/ICD10/02b_Latest_News.asp. There are many submitters that have tested but not taken the step to move into production for 5010 and many submitters that have not yet initiated testing with their Medicare Administrative Contractor (MAC). To ensure that progress continues to be made, CMS has taken the following steps for submitters and receivers of Medicare Part B and Durable Medical Equipment (DME) transactions:

- In December 2011, submitters/receivers that have tested and been approved for 5010/D.0 will be notified that they have 30 days to cutover to the 5010/D.0 versions.
- Submitters/receivers that have not yet tested will be notified in December 2011 that they must submit their transition plan and timeline to their MAC in 30 days.
- MACs will notify the submitters/receivers; submitters/receivers then have the responsibility to notify the providers they service.

For more information, go to: www.CMS.gov/Versions5010andD0.

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The Westchester Academy of Medicine & the WCMS

would like to thank the following for their generous sponsorship of the 2011 Annual Holiday Party which was held on December 9th, at the Knollwood Country Club, Elmsford, NY:

Event Sponsor

LabCorp - Mandy Lauro and Jeff Ditrani

Sleigh Bell Sponsors

The Affinity Group, LLC - *Nicholas Preddice and Joseph Gorelick*
Alfred Tinger, MD
Dr. and Mrs. Thomas Lee
Kern Augustine Conroy & Schoppmann, PC
NY Services, Inc. - *Kevin Lynch*
Brigitte Davison, CFP, CFS, ChFC, CLU - *Ameriprise Financial Services*

Silver Bell Sponsors

M-Tech Printing, Inc. - *Alyce and Michael Kitt*
DataMatrix Technologies, Inc. - *Sudeep Chaudhuri*
IT HelpCentral - *Robert Krupski*

The Westchester Academy of Medicine & the WCMS would also like to thank the following for their **Donations to the Raffle** at the 2011 Annual Holiday Party:

Melissa Gill, MD
Dr. & Mrs. Stephen Schwartz
Drs. Joseph & Antonella Tartaglia
M-Tech Printing
Kern Augustine Conroy & Schoppmann
Christine Seidl-Bartel

Steve Malfitano, Mark Fox, MD, WCMS Past President, Janice Fox, Gennifer Grebel, MD

Dan Zelazny, MD, Stephanie Zelazny, Stephen Schwartz, MD, WCMS Past President,Iris Schwartz, Melinda Walsh, William Walsh, MD, WCMS Past President

2011 ACADEMY & WCMS ANNUAL HOLIDAY PARTY

Joe Gorelick, Noela Kleinman, Catherine Censor

Abe Levy, MD, WCMS President,
Rick Abrams, MSSNY EVP,
Tom Lee, MD, WCMS President-elect

Tom Lee, MD,
Alfred Tinger, MD, WCMS Past President

Mary Ellen Pilkington, Abe Levy, MD, Pat Levy

Christina Tartaglia, Ted Chambers, MD,
Gloria Chambers, Antonella Tartaglia, MD

Robert Amler, MD,
Congresswoman Nan Hayworth, MD,
Commissioner of Health Sherlita Amler, MD

WCMS Board Highlights - December 2011

At its meeting on December 1, 2011, the WCMS Board...

- Welcomed representatives from Custom Computer Specialists (CCS), Inc., who addressed the Board regarding their interest in becoming a preferred partner of the WCMS in providing custom IT solutions to members and their practices. The Board asked that CCS consider, in addition to discounted IT services for WCMS members, providing a certain level of complimentary services to the WCMS Office in exchange for preferred partner status. This will be considered and the Board will revisit this potential relationship at its January meeting.

- Received the Report of the Executive Committee, as presented by Abe Levy, MD, President. Dr. Levy was pleased to report that the Executive Committee had approved a new contract for Brian Foy, Executive Director. He also reported that he and several other WCMS leaders will be addressing a group of residents on December 5th at the Westchester Medical Center regarding the value of membership in WCMS and MSSNY. It is hoped that this will be the beginning of regular opportunities to meet with residents to discuss the importance of membership.

- **Also heard from Dr. Levy that he has appointed Melissa Gill, MD, a dermatopathologist in Dobbs Ferry, as Chair of the WCMS Young Physicians Section. Dr. Gill, in this capacity, will also serve on the WCMS Board of Directors. *The Board Welcomed Dr. Gill!***

- *Approved the Report of the Membership Committee* welcoming fourteen (14) new members to the WCMS and Academy (see page 13 for listing of new members). The Board also welcomed three new MLMIC-sponsored resident members and approved one transfer to Queens County.

- Heard from Brian Foy, Executive Director regarding final plans for the WCMS/Academy Holiday Party, set for December 9, 2011 at Knollwood CC. Approximately 100 attendees are expected, including Congresswoman (and WCMS member) Nan Hayworth, MD and the new Westchester Commissioner of Health, Sherlita Amler, MD.

- *Approved the proposed 2012 draft WCMS Budget as presented by Peter Liebert, MD, Chair, Budget and Finance Committee.* The Board thanked Dr. Liebert and his Committee for their efforts in holding down costs while realizing new sources of revenue.

- Heard from Joseph Tartaglia, MD, WCMS Immediate past President and current Chair of the Communications Committee. Dr. Tartaglia reported on a recent meeting with the company designing the new WCMS web site. All agreed on content needs and that the plan is to go live with the new site the first week of January. **This is a high priority for the WCMS.** ♦

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 December.

New Members

Dominick P. Artuso, MD
(Surgical Critical Care)
Dobbs Ferry, NY

Damian P. Di Costanzo, MD
(Pathology)
Port Chester, NY

Peter B. Flemister, MD
(Physical Med/Rehabilitation)
White Plains, NY

Suresh K. Hemrajani, MD
(Nephrology)
White Plains, NY

Jennifer K. Hinkle, MD
(Diagnostic Radiology)
Tuckahoe, NY

Mimi Y. Kang, MD
(OB/GYN)
Chappaqua, NY

Nabil Khoury, MD
(OB/GYN)
White Plains, NY

Ronen Marmur, MD
(Rheumatology)
Mount Kisco, NY

Satindarpal Singh, MD
(Ophthalmology)
Rye, NY

Shari-Ann Savoy, MD
(Family Practice)
White Plains, NY

Karen E. Scott, MD
(Pediatrics)
Goldens Bridge, NY

Ali Ahmad Sherzoy, MD
(Cardiovascular Diseases)
Yonkers, NY

Jerome V. Vaccaro, MD
(Psychiatry)
White Plains, NY

Steven L. Valenstein, MD
(Medical Oncology)
Hartsdale, NY

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.

Final Meeting of Medicaid Redesign Team- Reports Approved

The final meeting of the Medicaid Redesign Team was held on December 13. Four MRT Work Groups presented their full reports to the MRT. Included among the reports discussed at this final meeting were the reports from the Work Groups on Basic Benefit Design; Workforce Flexibility and Scope of Practice; Payment Reform and Affordable Housing. Each report was approved by the full MRT. Previously, on November 5, five other Work Groups (Behavioral Health Organizations, Health Disparities, Managed Long Term Care, and Program Streamlining State and Local Responsibilities) submitted their final reports to the MRT. The Work Group on Health System Redesign – Brooklyn filed its report with the MRT in mid-November. No report is expected to be filed by the Work Group on Medical Malpractice Reform.

Recommendations

The Work Group on Basic Benefit Design advanced a series of recommendations for modifications to the Medicaid benefit package and cost-sharing policies that will both improve health care quality and lower costs in the program. Included among these recommendations are proposals which would: (1) permit adult Medicaid recipients who have a diagnosis of Diabetes Mellitus to obtain care from a private practicing podiatrist; (2) limit coverage for arthroscopic knee surgery when primary diagnosis is osteoarthritis of the knee (without mechanical destruction of the knee); (3) limit/exclude coverage of prolotherapy, intradiscal steroid injections, facet joint steroid injections, systemic corticosteroids and traction (continuous or intermittent); (4) provide Medicaid reimbursement for Certified Lactation Consultant services for eligible pregnant women; (5) limit coverage for Percutaneous Coronary Intervention (PCI) to only those patients who are appropriate for the procedure based on ACC/AHA appropriateness criteria; (6) cover intensive behavioral therapy for treatment of obesity; (7) reduce payment for elective C-section deliveries or elective induction of labor less than 39 weeks unless a documented medical indication is present; (8) eliminate coverage of growth hormone injections for idiopathic short stature in children; (9) enable dentists to be reimbursed by Medicaid for delivering smoking cessation counseling; and (10) expand existing Medicaid support for the nurse family partnership model to improve care for high risk mothers and infants.

Thirteen Proposals

The Work Group on Workforce Flexibility and Scope of Practice advanced a list of thirteen proposals in their final report to the MRT. The Work Group had held several meetings throughout the fall to winnow down the original list of eighty seven proposals to thirteen. Significantly, included among these thirteen proposals was a proposal to establish an Advisory Committee to the Office of the Professions of the State Education Department which would conduct an independent, scientific review of scope of practice proposals to determine the clinical effectiveness and cost efficiency of the proposed scope of practice strategy. This proposal was recommended and supported by MSSNY and many Specialty Medical Societies. Also included among the thirteen is a proposal which MSSNY opposes. This proposal, if enacted, would eliminate the requirement for a written practice agreement and collaborative relationship between a nurse practitioner and a physician. Another proposal included on the list of thirteen and on which MSSNY has expressed concern would allow physicians to determine the number of PAs they will supervise. Currently, physicians are restricted by law to supervise two PAs in private practice settings and up to six in article twenty eight settings. Importantly, two proposals which MSSNY opposed did not make the list of thirteen: a proposal to expand, without scientific justification, the scope of practice for nurse anesthetists and a proposal to expand, without scientific justification, the scope of practice of podiatrists. MSSNY will continue to convey its concerns regarding the independent practice of NPs and unlimited number of PAs which can be supervised to the Legislature and Governor's staff with a view toward maintaining an open and active dialogue with proponents of these ill-conceived proposals.

Charged with Innovative Payment and Delivery Model Plans

The Work Group on Payment Reform was charged with recommending how New York State can encourage the development of innovative payment and delivery models. Included among this Work Group's four

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Grant Award Opportunity for Physicians Obtaining Diabetes Recognition

The New York State Health Foundation (NYSHealth) has established a Diabetes Campaign to reverse the epidemic in New York State. A chief goal of Campaign is to improve the delivery of clinical care by helping primary care physicians achieve excellence in diabetes care as demonstrated by attaining recognition under the National Committee for Quality Assurance (NCQA) Diabetes Recognition Program or Bridges to Excellence (BTE) Diabetes Care Recognition Program.

Through this initiative, NYSHealth is offering a grant award of $2,500 per physician who achieves recognition. NYSHealth expects to set a new standard of care that will lead to a tangible increase in the number of people with controlled diabetes, a decrease in hospitalization rates for people with diabetes, and a decrease in the number of emergency room visits related to diabetes. The ***Meeting the Mark: Achieving Excellence in Diabetes Care*** request for proposals invites organizations across New York State to apply for funds to improve the quality of care for people with diabetes and to support health care providers in achieving NCQA or BTE recognition. If you are a primary care physician in New York State, and would like to learn more about how NYSHealth can support your Diabetes Recognition please go to: http://fulldiabetescare.org/recognition-as-a-diabetes-provider-of-excellence/.

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recommendations was to: (1) pursue partnership agreement with CMS to integrate Medicaid & Medicare service delivery and financing for the dual eligible population; (2) adopt a series of accepted performance measures across all sectors of health, aligning measures already being collected in New York in Medicaid managed care, including managed long term care with federal requirements; (3) develop general principles that can be applied toward revising the New York State DSH/Indigent Care program; and (4) create financing mechanisms that strengthen the financial viability of New York's essential community provider network.

The Work Group on Affordable Housing was charged with identifying barriers to the efficient use of available resources for the development and utilization of supportive housing. The Work Group was also asked to identify opportunities for the investment of additional resources for supportive housing that will result in savings to the Medicaid program and improvements in the quality of services to targeted individuals. The Work Group advanced several proposals which would: identify investment opportunities in new affordable housing capacity; effectuate collaboration/coordination of supportive housing policy and reform the State's Medicaid assisted living program.

A final report incorporating the work product and recommendations of these ten Work Groups will be delivered to Governor Cuomo by December 31. It is anticipated that a number of these recommendations will be advanced in January as part of Governor Cuomo's State of the State address and/or in his proposed budget for the 2012-2013 fiscal year.

For additional information on the work of the Medicaid Redesign Team, please contact Liz Dears at ldears@mssny.org or 518-465-8085.

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MSSNY's CME WEBINARS BEGIN IN JANUARY 2012; REGISTRATION IS NOW OPEN

The Medical Society of the State of New York will host *"Mid-Day Medical Matters"* – a series of continuing medical education webinars beginning on January 18, 2012. *"Mid-Day Medical Matters"* will be conducted once a month on the third Wednesday and will run from January to June 2012 from 12:30-1:30 p.m. MSSNY has accredited each webinar for 1 ***AMA PRA Category 1 Credit™.*** Each webinar is free to physicians, but seating is limited. To register for any or all of the webinars go to: **https://mssny.webex.com/.**

The first program is entitled, "Mental Health—the Impact of Disaster" with Craig L. Katz, MD as faculty. Program objectives will enhance the physician's understanding of the impact of disaster on a patient's mental health and improve physician skills to address potential psychiatric problems in patient care following a disaster. Dr. Katz is an assistant professor of psychiatry at the Mt. Sinai School of Medicine where he serves as the supervising psychiatrist of the World Trade Center/ Volunteer Mental Health Monitoring and Treatment program after co-founding and directing that program for many years. Dr. Katz is also co-founder and president of Disaster Psychiatry Outreach (DPO), an organization devoted to the provision of voluntary psychiatric care to people affected by disasters. His work in disasters has extended to El Salvador and Sri Lanka. Dr. Katz is the co-author of the book, ***"Hidden Impact What You Need to Know for the Next Disaster"***, a practical mental health guide for clinicians.

Physicians are encouraged to mark their calendars for ***"Mid-Day Medical Matters"*** on additional dates:

Special Populations during a Disaster

February 15, 2012
12:30-1:30 p.m.
Faculty: Kira Geraci-Ciardullo, MD, MPH
Objective:
Inform physicians on how to educate and advise patients with special healthcare needs for a public health emergency.

Adult Immunizations

March 21, 2012
12:30-1:30 p.m.
Faculty: William Valenti, MD
Objectives:
Summarize adult immunizations recommended by the Advisory Committee on Immunizations Practice (ACIP); outline strategies to assist physicians in implementing ACIP recommendations; explore potential barriers that exist for physicians in providing adult immunizations.

Public Health Preparedness in the Office-based Setting

April 18, 2012
12:30-1:30 p.m.
Faculty: David T. Hannan, MD, MPA
Objective:
Inform physicians and staff on how to prepare professionally and personally for a public health emergency.

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A Physician's Perspective on the Impact of Hurricane Irene
May 16, 2012
12:30-1:30 p.m.
Faculty: TBD
Objective:
Explore practical suggestions for handling patient and office responsibilities during a real-life emergency and ways to prepare for future events in the office-based setting.

Emerging Infections
June 20, 2012
12:30-1:30 p.m.
Faculty: Sheila Bushkin, MD, MPH
Objectives:
Increase physicians' awareness of the rise of emerging infections and address the potential impact upon patients and population; enhance physician understanding of early detection, new approaches to management, and the need for continued surveillance;review the sources of infection transmission and how environmental factors can contribute to spread of disease.

Further information is available from Pat Clancy, VP for MSSNY's Public Health and Education Division at pclancy@mssny.org or from Stacey Grinnell at sgrinnell@mssny.org or by calling either of them at 518-465-8085. ♦

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