Westchester Physician

October 2012 Vol. 25

President's Message

"WCMS Hosts Biennial Member Legislative Brunch"

By Thomas T. Lee, MD

On Sunday, September 23rd, the WCMS hosted a Legislative Brunch at Knollwood Country Club in Elmsford. The entire membership was invited to listen to our elected leaders (representing any portion of Westchester County) from the federal and state level address key issues pertaining to health care and the practice of medicine. The Brunch was moderated by me and Andrew Kleinman, MD, past president, Chair and Co-Chair of the WCMS Legislative Committee, respectively. The purpose of the Brunch is to allow members the opportunity to interact and listen to legislators and candidates respond to questions prior to the important November elections.

The following incumbent legislators and challengers stopped by to speak briefly and answer questions; they are identified by their NEW legislative districts (effective January, 2013): Congresswoman Nan Hayworth, MD (R, NY-18); Mr. Joe Carvin (R, candidate – NY-17); Congressman Eliot Engel (D, NY-16); State Senator Andrea Stewart-Cousins (D, NY-35); former Assemblyman George Latimer (D) and Mr. Robert Cohen (R) (candidates for NY-37); Senator David Carlucci (D, NY-38); Senator Greg Ball (R, NY-40); Assemblywoman Amy Paulin (D, NY-88); Assemblyman Gary Pretlow (D, NY-89); Assemblywoman Shelley Mayor (D, NY-90); Mr. Steve Otis (D, candidate – NY-91); Assemblyman Thomas Abinanti (D, NY-92); Assemblyman Robert Castelli (R, NY-93); Mr. David Buchwald (D, candidate – NY-93); and Assemblywoman Sandy Galef (D, NY-95).

The legislators and candidates were educated and asked questions on various issues important to our physician membership including: implications and practical aspects of federal health care reform; federal and state tort reform efforts and caps on non-economic damages; out-of-network reimbursement; collective negotiation; physician practice environment; non-assignment of health care benefit/payment; Medicaid solvency; and the shortage and aging of New York State's physician population. The Congressional incumbents/candidates acknowledged the importance of continuing to improve upon the Affordable Care Act, including the Independent Payment Advisory Board (IPAB), excise tax on insurance plans, and a permanent fix for the Sustainable Growth Rate formula. All the state-level legislators and candidates present supported our principles on comprehensive out-of-network transparency and reform (S7745), and physician collective negotiation bills (A2474-Canestrari and S3186-Hannon) to level the playing field, in view of the tremendous insurance industry consolidation in Westchester. They also support MSSNY's concept of transparency, network adequacy, and inclusion of meaningful out-of-network coverage under the new state health insurance exchange being developed. Medicaid funding and physician reimbursement were also discussed. Most candidates and legislators present were cognizant of the unsustainable path of professional liability expenditures compared to other states and supported tort reform, though a few legislators expressed

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Upcoming Events
Mark Your Calendar

Thursday, November 1st - 6:00 pm
Board of Directors Meeting

Monday, November 5th - 5:00 pm
CME Committee Meeting

Monday, December 3rd - 5:00 pm
CME Committee Meeting

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

Friday, December 14th -
6:00-9:00pm
Annual Holiday Party
Knollwood Country Club

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 November 2012 issue is October 25th.

Please email your submissions for review to Karen Foy, Managing Editor @ *kfoy@wcms.org*

From The Editor
Georgia on my Mind

By Peter Acker, MD

I have been fortunate to practice pediatrics for many years in the same community and have gained tremendous satisfaction from this continuity of care. It is wonderful to follow a patient from birth to early adulthood. Recently, with my own kids grown, I have developed an interest in international medicine which is a complete contrast to my suburban practice. I have gone to Ecuador and El Salvador to deliver pediatric primary care and pediatric post op surgical care.

Much of the satisfactions from such trips are what you'd expect: providing life changing surgery to children and the observation of a completely different culture. But always mixed in is the unexpected experience. While in El Salvador, I was suffering from a bout of plantar fasciitis so I was limping. I hobbled into an examination room, dressed in scrubs and a surgical cap. A three year El Salvadorian boy looked up at me, wide eyed, and exclaimed in almost perfect English, "Dr. House!"

Dr. Steven Salzer, an otolaryngologist who went with me to El Salvador last year, recently created a nonprofit organization called CHIME (Children's Health International Medical Expeditions) of which I am proud to be one of its officers. CHIME's mission is to improve and promote medical and health care to underserved children around the world by (i) providing free medical, surgical and dental care, (ii) teaching and educating medical professionals in underserved areas so they can continue to provide care after our teams leave, and (iii) promoting research to determine healthcare needs, effectiveness of interventions, and outcomes among needy and indigent populations.

Our first mission, to the Republic of Georgia, was completed on September 21. Our team consisted of an otolaryngologist (Steve Salzer), a pediatric urologist (Lori Dyer), a plastic surgeon (Grigoriy Mashkevich), a third year ENT resident (Michael Bassiri), two anesthesiologists (Christos Koutenis and Dawn Larson), two Nurse anesthetists (Craig Copeline and Suki Tanaka), two PACU nurses (Jeung Lim and Ann Aquino), three OR nurses (Susan Ketigan, Joanne Heil and Helena Szczepanowska), and an OR coordinator (Greg Dyer), an administrator (George Nazzal, with his wife Kety) and, of course, me.

Before this trip I had barely any knowledge of where Georgia was situated, let alone any notion of the topography, language, history and culture of this Eurasian country. I quickly tried to fill in the gaps of my knowledge and learned that it is a small democratic semi-presidential (i.e. governing is shared by a prime minister and president) republic with a population of approximately 4.7 million. It is situated at the crossroads between Europe and Asia, bounded by the Black Sea to the West, Russia to the North, Turkey and Armenia to the South and by Azerbaijan to the Southeast. It has had a long and colorful history. It became unified in the 4th century after its disparate kingdoms adopted Christianity. It flourished during the middle ages, but more recently its history has been dominated by their neighbor to the North. Annexed in the 19th century, it remained dependent on Russia, except for brief respites, until 1991. The Georgian language is the principle tongue of the Kartvelian group, a unique set which has no known relationship with any other language. Indeed, staring at Georgian signs, I saw letters that seemed to be an amalgam of Hebrew, Greek and Latin alphabets, unlike any script I've ever seen. Finally, before describing our trip, I should say a word about the Georgian healthcare system. Interestingly, Georgia has a relatively large number of physicians per capita when compared to other countries in the region. The hospital in Batumi (situated on the Black Sea) where we worked was quite modern and well equipped. Some of our group glanced at each other while being led on a tour by the chief physician of the hospital, wondering briefly why we had traveled all this way, was the need really here. As we learned, this hospital had been recently built via the beneficence of wealthy woman from Russia and that, appearances to the contrary; there is tremendous need for the services we could provide. For one thing, access to top care is virtually impossible for the very poor and there is a shortage of the special types of surgery our team could provide.

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(continued from page 3) Georgia on my Mind

We arrived in the capital, Tbilisi, late on September 15 after a layover In Kiev. At passport control, we were each handed a small bottle of Georgian red wine (more about that later!) and then proceeded through customs. There we attracted a lot attention as befuddled officials stared at some of our equipment and ponderously looked over letters that established our bona fides. Finally half of our group got on a bus to Batumi, while the other half stayed in Tbilisi for the night in order to screen patients. I was in the bus group. The bus ride was my first immersion into Georgian culture. As it so happened, I occupied a seat near the front, just in back of the driver. During the five hour trip over mountainous and curvy roads, I had a first hand tutorial on the driving habits of the typical Georgian, a harrowing experience, as unique as their language and quite different than any other country I have been in. To wit, by virtue of their one lane highways, it is customary to pass slower vehicles, no matter if it was a sharp curve with no visibility. Those solid lines that indicate that it is not safe to pass; they don't exist there. Despite my exhaustion and jet lag, I was wide awake, agog at the sight of oncoming headlights and envious of the blissful ignorance of my sleeping brethren in the back. After several seemingly close encounters of the Georgian kind, I began to calm down as I discerned a kind of method to the madness. The typical passing maneuver began with a honk, an aggressive sashay into the oncoming lane, accompanied by a blinking of lights. I noticed that the other drivers were on the same page, and oncoming traffic would sometimes slow or we would slow and zip back. It seemed almost choreographed with communication via honks and lights that was almost as obscure as the Georgian language itself.

We arrived, finally, at midnight (a harbinger of things to come!). We were treated to a Georgian feast and then toddled off to bed. Next day, we got back on the bus for the 45 minute drive to the hospital. We spent the day there checking equipment and facilities, getting ready for the following days surgery. Our preparations completed in midafternoon, we proceeded at the invitation of the head and founder of the hospital (Iris Borchashvili) and the chief physician (Dr. Jumber Ungiadze) to a winery/restaurant situated some half an hours drive up into the mountains, passing by astonishingly verdant and beautiful landscape. There, I underwent part two of my tutorial on Georgian culture.

After a tour of the winery, we were bidden to situate ourselves around a long table on an elevated open air porch. We were then introduced to the concept of the "Tamada" or as loosely translated the "toastmaster," but with a uniquely Georgian twist. Dr. Ungiadze, as host, took the role and explained that he would be in charge of delivering the toasts, which as we learned, involved rather flowery, even poetic pronouncements directed to either the group as a whole or to individuals. Perhaps because of our similar ages and that we were both fathers of grown daughters, he began to direct his toasts towards me (translated from the Georgian by his daughter who was there) and began to refer to me as Petra. I quickly discerned that it was expected that I would deliver a riposte riffing on whatever he had said. While this was going on, a young man was constantly circling the table adding the excellent Georgian wine to any glass that was not entirely full. This went on for some three hours. Finally, sated with words and wine, we piled back into the cars for the drive back.

Early the next morning, we headed off together (the other half of the group had since arrived from Tiblisi) and our mission began in earnest. That first day it took a while to get organized, find the patients, who were milling around corridors, often disappearing just when we needed them. Soon the two operating rooms were in full swing. I had the opportunity while waiting for the first patients to come to the recovery room to witness the extraordinary skills of our surgeons: the intricate delicacy of a hypospadias repair with its patient coaxing of neighboring tissues to form a urethral canal to its

(continued on page 6)

Know your patients. Know their risk.

They could have an inherited syndrome...

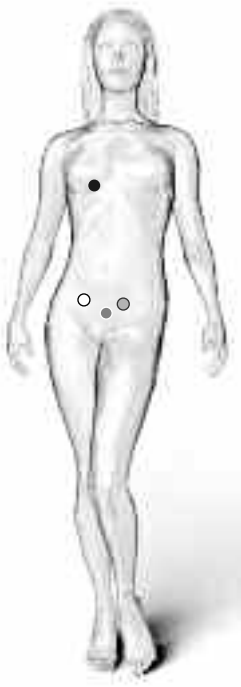
HBOC Syndrome*

○ Ovarian

Risk with BRCA Gene Mutations[1-4]:	*Up to* **44% by age 70**
General Population Risk:	<1% by age 70

● Breast Cancer

Risk with BRCA Gene Mutations[1-4]:	*Up to* **87% by age 70**
General Population Risk:	8% by age 70
Risk for a 2nd Breast Cancer with BRCA Gene Mutations[1-4]:	*Up to* **64% by age 70**
General Population Risk:	*Up to* 11% by age 70



Lynch Syndrome†

○ Ovarian

Risk with Lynch Syndrome[5-7]:	*Up to* **12% by age 70**
General Population Risk:	<1% by age 70

○ Colon

Risk with Lynch Syndrome[5-7]:	*Up to* **82% by age 70**
General Population Risk:	2% by age 70

○ Uterine (Endometrial)

Risk with Lynch Syndrome[5-7]:	*Up to* **71% by age 70**
General Population Risk:	1.5% by age 70

References: 1. Struewing JP, et al. N Engl J Med. 1997;336(20):1401-1408. 2. Easton DF, et al. Am J Hum Genet. 1995;56(1):265-271. 3. Ford D, et al. Lancet. 1994;343(8899):692-695. 4. Antoniou A, et al. Am J Hum Genet. 2003;72(5):1117-1130.

References: (continued): 5. Vasen HF, et al. Gastroenterology. 1996;110(4):1020-1027. 6. Aarnio M, et al. Int J Cancer. 1999;81:214-218. 7. Feuer EJ, et al. National Cancer Institute 1999. Available at http://seer.cancer.gov/.

Know their family history—the following are red flags for hereditary cancer‡:

- Breast cancer diagnosed at age 50 or younger
- Ovarian cancer at any age
- Two primary breast cancers§
- Male breast cancer
- Triple negative breast cancer
- Pancreatic cancer with breast or ovarian cancer§
- Ashkenazi Jewish ancestry with an HBOC-associated cancer§,||
- Two or more relatives with breast cancer, one under age 50§
- Three or more relatives with breast cancer at any age§
- A previously identified BRCA mutation in the family

*An individual with any of the following **personal** histories:*

- Colorectal cancer under age 50
- Endometrial cancer under age 50
- Two or more Lynch syndrome cancers¶ at any age
- A Lynch syndrome cancer¶ and one or more relative(s) with a Lynch syndrome cancer¶

*An individual with any of the following **family** histories:*

- Two or more relatives with a Lynch syndrome cancer¶, one under age 50
- Three or more relatives with a Lynch syndrome cancer¶ at any age
- A previously identified Lynch syndrome mutation in the family

Take the first step toward reducing your patients risk for hereditary cancer.
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* Hereditary Breast and Ovarian Cancer † HNPCC or Hereditary Nonpolyposis Colorectal Cancer
‡ Assessment criteria based on medical society guidelines. For these individual society guidelines go to www.myriadpro.com/guidelines
§ In the same person or on the same side of the family || HBOC-associated cancers include breast, ovarian, and pancreatic cancer
¶ Lynch syndrome cancers include colorectal, endometrial, ovarian, gastric, ureter/renal pelvis, biliary tract, small bowel, pancreas, brain, sebaceous adenomas
For reference and supporting data on the information provided visit www.myriadtests.com/references

Myriad Genetic Laboratories, Inc
320 Wakara Way
Salt Lake City, UT 84108
MYRIAD. **www.myriadpro.com**

(continued from page 4) Georgia on my Mind

natural terminus; the intense gaze of the plastic surgeon at the face of a young man with extensive burn scars, now in repose from anesthesia, marking pen in hand, squeezing tissue, making lines and planning; and the careful neck dissection slowly uncovering a large hemangioma, with its border right up to the carotid artery.

Soon the first patients were in recovery. I found much to admire in the ministrations of our two PACU nurses, calmly taking charge of the patient, often taking a crying baby in their arms and softly comforting. Then during a break, back to the OR where I watched the skill of our scrub nurses, ever alert in an anticipatory pas de deux handing over just the right instrument. Also, my appreciation for anesthesia came to the fore as they smoothly and efficiently intubated and monitored. From time to time I would venture out to the screening room, where Greg Dyer, Lori's husband, presided over the OR schedules, taking control of the paper work in rather chaotic conditions, and it struck me that, in many ways, he had the hardest job of all.

We had several Georgian medical students who acted as translators, scrubbed in for many procedures and acted as patient advocates, seeking me out if a problem had arisen after the patient had left recovery. It was a curious situation, different than our own hospitals, in that many of the patients seemed to be merely boarding at the hospital, some staying for days waiting for the surgery. There were local nurses about, but it was unclear exactly what their role was. One peculiarity was an absolute avoidance of any oral opiate such as codeine, apparently because of a high addiction rate, so we were left to manage post op pain with Tylenol and icepacks.

In general, the surgery and aftercare went smoothly. We did have one that did not that actually had something to do with the avoidance of codeine and the poor communication we had with the local nurses on the floor. A young man with extensive facial burn scars, some three hours after surgery, began to swell up. As it turned out, a nurse had given an injection of a concoction that is commonly used for pain– diphenhydramine plus some sort of NSAID. He developed a hematoma and required a return trip to the OR. Because of the amount of swelling, intubation was quite tricky and I watched as calm teamwork resulted in an intranasal insertion of an ET tube.

One common theme of the week was an underestimation of how long surgery would last. It usually was a combination of delays from working in an unfamiliar venue and the vagaries of complex surgery where often things are discovered that require more time. Be that as it may, we routinely found ourselves returning to the hotel at midnight, only to get up at 6 the next morning. Needless to say, we were exhausted by the end of the week. Remarkably, our spirits remained high. On the last night, as we sat around the dinner table and yes toasts were given, I looked around and thought what an extraordinary group this was and what an esprit de corps had evolved. As I yawned, I thought, I can't wait until the next trip!

Note: CHIME is a 501 (c)(3) organization. Contributions can me mailed to:
CHIME, 23 West Brother Drive, Greenwich, CT 06830

♦

(continued from page 1) President's Message

reservations about the likelihood of passing a cap on non-economic damages given the political environment in Albany.

Many of the legislators and candidates, especially Congresswoman Hayworth, Congressman Engel, Senator Ball, Senator Carlucci, Assemblyman Castelli, Assemblywoman Galef, and Assemblywoman Paulin, have worked with WCMS on various legislative and public health issues in the past two years. They understand the continued economic pressures on practicing physicians and vowed to support many of the important issues that were discussed.

The Westchester County Medical Society continues to work on the behalf of practicing physicians to advance their goals and objectives. This event is simply one of many that the Society sponsors to inform our politicians of issues important to physicians. **We invite you to join us in our continued efforts to make the practice of medicine rewarding and possible in the future.** The WCMS Legislative Committee meets independently with sitting legislators and candidates throughout the year to discuss issues important to physicians and medicine. If you would be interested in serving on this Committee, please contact me at president@wcms.org or Brian Foy, Executive Director, at bfoy@wcms.org.

With so many open seats up for grabs in this fall's election, physicians have an opportunity like never before to educate candidates on issues of importance to physicians and their patients such as addressing aberrant insurance company practices, assuring fair implementation of the Health Insurance Exchange, and addressing the high cost of medical liability insurance. However, there are many competing voices. Please join MSSNYPAC today at www.mssny.org/mssnypac. It is a small investment to protect our profession, our patients, and our ability to maintain a viable practice. ♦

Congresswoman Nan Hayworth, MD addresses the attendees

Assemblywoman Sandy Galef

Congressman Eliot Engel as WCMS Legislative Committee Co-Chairs Dr. Thomas Lee and Dr. Andrew Kleinman look on

WCMS President Dr. Thomas Lee, Congressman Eliot Engel, Mrs. Helen Lerner, WCMS President-elect, Dr. Robert Lerner

Commissioner's Corner

Dear Colleagues:

A case of measles was recently confirmed in a student who attended the Mount Laurel Waldorf School in Dutchess County while infectious, and where a significant number of the students are not vaccinated. Although there are no known events or activities involving Westchester County schools, anyone who has visited this school since September 10th or has had any contact with anyone from this school should immediately contact their health care provider to make sure that they are up to date with their measles vaccinations or have proof of immunity against measles. The Westchester County Department of Health reminds all such individuals, physicians and school nurses to be alert to the signs and symptoms of measles.

Measles symptoms include fever, conjunctivitis, runny nose, cough and a rash which generally starts on the face, then spreads to the trunk and then the extremities. About 30% of those with measles develop complications including ear infections, pneumonia, encephalitis, and seizures. Infection of a mother during pregnancy is associated with birth defects miscarriage, pre-term labor, and low birth weight.

Individuals suspected of having measles should call their providers PRIOR to the visit to ensure appropriate isolation measures. Such individuals should be isolated immediately upon arrival to a healthcare provider's office or facility, and not spend any time in a waiting room or have exposure to anyone other than the health care provider or facility staff.

Providers should maintain a high index of suspicion for measles in persons with compatible clinical findings who are not appropriately vaccinated or do not have proof of immunity against measles, have traveled abroad three weeks prior to becoming ill, or have visited or had contact with anyone at the Mount Laurel Waldorf School in Dutchess County school, or anyone from that school.

- **Notify the Westchester County Department of Health (WCDH) of any suspected cases of measles at (914) 813-5159, Mon-Fri 8:30 AM- 4:30 PM or 914-813-5000 after hours 24 hours/day, 7 days/week.**
- **Obtain nasopharyngeal or pharyngeal and urine specimens in viral transport media collection kits for measles culture AND serology specimens AND HOLD THESE IN YOUR OFFICE OR FACILITY for WCDH to make arrangements for testing.**
- **Review Proof of Immunity for all patients – Proof of Immunity Against Measles is defined as one of the following:**
  - **Birth prior to 1/1/1957**
  - **Two appropriately doses of measles containing vaccines administered after 12 months of age with a minimum interval of 28 day between the two dose**
  - **Serologic evidence of immunity**
  - **Physician documentation of having had measles (not acceptable for health care workers)**
- **Exclude patients from school, work, and other activities until 4 days after rash onset (patients also are infectious 4 days prior to rash onset)**

For a copy of this and other materials, visit our website at www.westchestergov.com/health. Click on Professionals' Corner on the gold bar at the top of the home page. As always, your assistance and cooperation in addressing important public health issues is greatly appreciated.

Sincerely,

Sherlita Amler, M.D.

Sherlita Amler, M.D.
Commissioner of Health

Ada J. Huang

Ada J. Huang, M.D.
Deputy Commissioner, Disease Control

ADVOCACY UPDATE

AMA, Federation Send Letter Urging Congress to Nullify Medicare Sequester

The AMA, together with all the state medical societies and 73 national specialty societies, sent a letter to the House and Senate leadership on Sept. 12, urging Congress to pass bipartisan legislation nullifying the Medicare physician payment cuts called for under the Budget Control Act's (BCA) sequestration provision and the sustainable growth rate (SGR) formula. Coupled with the looming 27 percent cut in Medicare physician payments caused by the SGR, the 2 percent sequestration cut would harm patient access to care and insert more uncertainty into the health care system. The letter calls for Medicare program stability so that physicians can work to promote high-quality, high-value, and better coordinated patient care.

The AMA also participated in a press conference on Sept. 12 with the American Hospital Association and the American Nurses Association to release a new report revealing that up to 766,000 health care and related jobs could be lost by 2021 as a result of the 2 percent Medicare sequester mandated by the BCA.

CMS Distributes 2011 PQRS and Electronic Prescribing Incentives and Reports

The Centers for Medicare & Medicaid Services (CMS) announced that it has begun distribution of its 2011 Physician Quality Reporting System (PQRS) and Electronic Prescribing (e-Rx) incentive payments and feedback reports. Incentive payments for both programs amount to 1 percent of total estimated 2011 Medicare Part B Physician Fee Schedule allowed charges for covered professional services furnished during reporting period. CMS began to distribute e-Rx incentive payments during the week of Sept. 24, and distribution of feedback reports began shortly thereafter. CMS is now scheduled to begin distributing incentive payments and feedback reports for the PQRS program this week. Incentive payments for both programs will continue through the first week of November. CMS will make a separate payment if the TIN/NPI earned an additional 0.5 percent for successful participation in a Maintenance of Certification program. For more information about successful participation in either the e-Rx or PQRS programs, please review pages 8 and 9 of a recent CMS National Provider Call slide deck. For more information on how to access 2011 PQRS and e-Rx feedback reports, please visit the CMS Quality Net portal.

CMS will convene a National Provider Call on Oct. 23 from 1:30–3 p.m., Eastern time, to help address questions regarding 2011 PQRS and e-Rx incentive payments and feedback reports.

Medicare to Initiate RAC Audits of E&M Services

The Centers for Medicare & Medicaid Services (CMS) has alerted the AMA that it has approved Connolly, the Medicare Region C Recovery Auditor (RAC), to begin conducting audits of E&M service coding in physician offices. **Specifically, they will be auditing use of Current Procedural Terminology (CPT®) code 99215**. Pressure has been mounting on CMS to review physician coding of E&M services, as evidenced by an HHS Office of Inspector General (OIG) report on this topic issued last May. In the next several weeks, Connolly will begin complex medical review of CPT code 99215, and will be permitted to extrapolate their findings based on a statistical sample of claims. Connolly is the Medicare FFS RAC contractor who conducts RAC audits in AL, AR, CO, FL, GA, LA, MS, NM, NC, OK, SC, TN, TX, VA, WV, Puerto Rico and the U.S. Virgin Islands. It has not yet been announced if all or only a subset of these states will be under review. Nonetheless, these reviews are expected to begin soon in Region C and, according to CMS, are likely to be approved in other Medicare regions in the near future.

The AMA sent a letter to Acting Administrator Marilyn Tavenner strongly objecting to these audits and urging CMS to rescind its approval of the RAC's E&M coding review. We also requested that the agency provide briefings for state medical societies and specialty societies to hear their concerns. *(continued on page 13)*

Westchester Academy of Medicine Golf Outing & Fundraiser September 20 – Westchester Country Club

On Thursday, September 20, thirty golfers "braved" the beautiful weather and enjoyed playing in the 3rd Annual Westchester Academy of Medicine Golf Outing & Fundraiser. The Outing was held at the lovely Westchester Country Club in Rye. Following the golf, an additional 20 people joined the golfers for dinner, fellowship and prizes. All proceeds will directly benefit the Academy's very busy CME activities and its scholarship fund, which annually contributes toward events which foster student interest in a career in medicine. A great time was had by all. ***If you missed this year, please plan on joining us next year! A save the date for 2013 will be published before the end of the year.***

The Academy would like to thank the following for their generous support of this year's outing:

General Sponsor

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Pilkington & Leggett, P.C.
The Affinity Group
Webster Bank
White Plains Hospital

The Westchester Academy of Medicine would also like to thank the following for their **Donations to the Raffle** at the 2012 Golf Outing Dinner:

Autographed Victor Cruz (New York Giants) Football – *Mary Ellen & John Pilkington, Esq.*
Two Yankees Club Level Tickets for 2013 Game of Choice – *Pilkington & Leggett, PC*
Foursome to play at Westchester Country Club – *Joseph Tartaglia, MD*
Four-wood Golf Club – *John Kennedy, Head Professional, Westchester Country Club*
Putter – *Bruce Weyant/First Data-Citi Merchant Services*
Two Tickets to Chamber Music Series – *Caroline Bauman, MD*

Many thanks to our 2012 Golf Committee for all their efforts in planning a great event!

Joseph Tartaglia, MD – Chair, and President - Academy of Medicine
Anthony Sanfilippo, MD
Joel Greenspan, MD
Ameet Goyal, MD
Stephen Malfitano
Mary Ellen Pilkington
Brian and Karen Foy

Golf Outing & Fundraiser

The winning Foursome of David Lambert, George Dunkel, Jim Spero, (Kern Augustine) and Brian Foy

John Galeno, MD, Stuart Lehrman, MD, David Marvin and Joseph Tartaglia, MD

Lou DeMarco, MD, Ameet Goyal, MD, David Liebergall, MD and Joseph Gorelick

George Owens, MD, Carey Hollander, Kenneth Goldman, MD and Stephen Malfitano

Mark Fox, MD, Louis McIntyre, MD and Nick Preddice

Dr. Tartaglia poses with the winning lady golfers: Mary Ellen Pilkington and Elaine Healy, MD

Dr. Tartaglia presents the Longest Drive award to Brian Foy, WCMS and Academy Executive Director

The winning team posing with Dr. Tartaglia (missing: George Dunkel)

Dr. Tartaglia and Mary Ellen Pilkington pose with Jim Spero, winner of the Victor Cruz-autographed NY Giants football

Westchester Academy of Medicine Pediatric Section

Pediatric Grand Rounds

Dear Colleagues,
Below is information on upcoming "Grand Rounds" programs. All programs take place at the Conference Center of the Maria Fareri Children's Hospital and begin at 8 AM.

Sincerely,
Glenn Belkin, DO, Chair

October 31st

Building an Understanding of Health-Related Behavior- The Case of Safe Infant Sleep

Eve R. Colson, MD
Associate Professor, Pediatrics
Yale University School of Medicine
New Haven, CT
Faculty Scholar, Josiah Macy, Jr. Foundation

November 7th

Tobacco in the Media Influencing Smoking Rates

James Sargent, MD
Professor of Pediatrics
Dartmouth Medical School

November 23rd

Medically Unexplained Symptoms

Arlene Adler, Ph.D.
Assistant Professor of Pediatrics
NYMC, WMC/MFCH

Maria Mazen, MD
Assistant Professor of Pediatrics
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November 28th

Electronic Health Records: Unexpected Liability Pitfalls

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NYMC
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Member of the AAP's Committee on Medical Liability & Risk Management

December 12th

Acute Life Threatening Emergency

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Chief, Section of Academic General Pediatrics & Pediatric Hospitalist Medicine

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AMA Supports Operating Rules for EFT and ERA Adopted by CMS

CMS published an Interim Final Rule with comment period (IFC) which adopts operating rules for the health care electronic funds transfers (EFT) and remittance advice (ERA) transaction under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other requirements, the EFT &ERA Operating Rule Set requires health plans to send the EFT within a certain number of days of the ERA, making it easier for physician practices and hospitals to reconcile their accounts. The EFT & ERA Operating Rule Set also includes requirements for the initial set-up for the electronic communication between providers and health plans, and it standardizes payer reporting of claim adjustment reason and remark codes to explain denials, something the AMA has long supported. CMS named the Council for Affordable Quality Healthcare's Committee on Operating Rules for Information Exchange (CAQH CORE) as the authoring entity for operating rules for all health care EFT and ERA transactions.

The AMA has long championed uniform standards for EFT and ERA and is very pleased that CMS listened too many of our recommendations, as they have the potential to significantly reduce administrative burdens and allow physicians to redirect their resources toward patient care. **The compliance date for operating rules for the health care EFT and ERA transactions is Jan. 1, 2014, although many payers who have voluntarily agreed to be certified by CAQH CORE have already implemented these beneficial changes.**

For more information on the AMA's administration simplification agenda, additional successes and proposed solutions, please visit www.ama-assn.org/go/simplify.

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STATLAW

Late breaking news on medical-legal development affecting physicians and health care professionals

StatLaw Q&A

The ADA: Service Animals in the Medical Office

Question: Must I allow a patient with a disability to bring a service animal into my office?

Answer: Your question is very timely. The U.S. Department of Justice (DOJ) recently entered into a settlement agreement with a physician regarding that issue. A patient of the practice had a disability and the patient utilized a service animal to assist him with daily life activities. When he arrived at the physician's office for his appointment, the practice staff objected to the animal's presence in the waiting room and requested documentation regarding the animal's training and certification. The patient became embarrassed, left the office without receiving medical services, and thereafter filed a complaint with the DOJ under the Americans with Disabilities Act (ADA). In the ensuing settlement agreement, the DOJ stated that the ADA requires places of public accommodations, such as a physician's office, to make reasonable modifications in policies, practices or procedures to permit the use of service animals by people with disabilities. As part of the settlement, the physician agreed to implement a Service Animal Policy which provides that the practice may not deny admission into the office, or otherwise fail to provide medical services, to a person with a disability because that person is accompanied by a service animal. The policy also provides that a person with a disability will not be asked or required to explain the nature of his or her disability or to provide documentation regarding the service animal's training or certification. The office may only ask if the service animal is required because of a disability, and what work or task the service animal has been trained to perform. In addition, the person with a disability may not be asked to pay any extra fee or charge, or to comply with any additional condition of service, because of a disability or because they are accompanied by a service animal.

As you may be wondering, in the event that a particular service animal's behavior poses a direct threat to the health or safety of others, the practice has the right to exclude the animal from its office at that time, but may not refuse service to that individual with a disability when he or he is not accompanied by a service animal. Moreover, the practice may not deny medical services to a person with a disability accompanied by a service animal based on a general fear of animals or based on fear of a specific type of animal, even if such fear is based on past experience with other animals. Each situation must be considered individually.

In future Q&A's we will address the legal obligations of medical practices to provide auxiliary aids or services, including a qualified interpreter, for patients who are deaf or hard of hearing, as well as other obligations under the ADA. These matters are currently the focus of a national Barrier-Free Health Care Initiative underway by DOJ's Civil Rights Division and U.S. Attorneys' offices across the country. For any assistance with ADA compliance or any other health care compliance matter, please contact our Managing Partner, Michael Schoppmann, Esq at 1-800-445-0954 or via email at MSchoppmann@DrLaw.com.

Provided by

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For more information contact us at info@DrLaw.com

StatLaw - HOW TO RESPOND TO THE CURRENT CDC/FDA RECALL ALERT

Question: In light of the nationwide recall related to certain contaminated steroid injections, what measures should I be taking as a physician?

Answer: Alerting health care professionals and patients in cases of adverse events is a joint effort of multiple federal and state agencies as well as the affected vendor. As a result, you need to pay careful attention to notices received by mail or e-mail, as well as guidance that may come from your specialty organizations. If you, as a clinician, are a known user of a potentially contaminated product, you should have received notification from the Centers for Disease Control (CDC) or your state health department regarding the current meningitis outbreak related to apparently contaminated products from the New England Compounding Center (NECC). The notices will provide the specific information that is available and direct you as to how to notify patients and how to report any adverse events of which you become aware. In this particular case, the alert and additional information about the outbreak are available at: http://ow.ly/eljKv. The CDC has activated its Emergency Operations Center in an effort to maximize its response capabilities and to ensure that CDC recommendations are distributed as broadly as possible. You should also specifically review the Clinician Guidance available at: http://ow.ly/eljMD and the guidance to clinicians on diagnostic testing that should be performed on patient specimens: http://ow.ly/eljPD Check these webpages frequently for important updates.

Clinicians should inform their state health department of any patients undergoing evaluation for this infection and should report any suspected adverse events following use of these products to the FDA's MedWatch program at 1-800-332-1088 or www.fda.gov/medwatch.

If you have not been notified by any agency or the vendor, but think you may have used contaminated products and/or have them in stock, you should check the above webpages to determine if a product you have used is part of the recall. Although the investigation into the source of the outbreak is still ongoing, if you have purchased a product from NECC, the FDA is advising not to use it at this time. This includes all products compounded and distributed at NECC, not just the ones that have been recalled. You should retain and secure all such products until you receive further direction.

You should communicate promptly and openly with patients who are directly or potentially affected regarding the precautions they should take and the symptoms to watch for, including that they should seek immediate medical attention if the noted symptoms occur. Due to the fact that this is an ongoing investigation, physicians must closely monitor patients who were administered injections from the three recalled lots. When contacting patients you should consider using the patient guidance available from the CDC at: http://ow.ly/eljV0.

Even if you are not directly involved in this current recall effort, you should take this opportunity to review the CDC and FDA websites to familiarize yourself with the obligations that arise-and the resources to consult-in these serious situations. If you need assistance in this or any other recall effort, or need additional information, please contact our Managing Partner, Michael Schoppmann, Esq at 1-800-445-0954 or via email at MSchoppmann@DrLaw.com. Our website: www.DrLaw.com will be featuring an article detailing the physician's role in product and device recalls.

The Westchester Academy of Medicine
and the
Westchester County Medical Society

Invite their Members and Families to our

ANNUAL HOLIDAY PARTY

Friday, December 14, 2012
6:00 – 9:00 pm
Knollwood Country Club
200 Knollwood Road Extension
Elmsford, NY 10523
(914) 592-7411

TO RSVP, reply to this email or fill out your name and the number of guests below and fax it to (914)967-9232.

Name: _____ **# of Adult Guests**_____

Email: _____ **# of Child Guests**_____

Come & Take a Chance on Some Great Items!

Also, please consider donating an item for our Raffle, to be held in conjunction with our Holiday Party. All proceeds from this Raffle benefit the Westchester Academy of Medicine and our Scholarship Fund activities. Contact Karen Foy at 914-967-9100 or by email @kfoy@wcms.org

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