WESTCHESTER PHYSICIAN

December/January 2014 **Volume 29, Issue 1**

PRESIDENT'S MESSAGE

A Physician Shortage

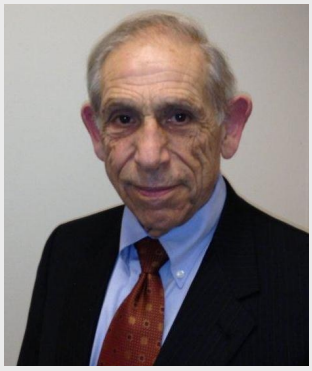
I had just interviewed two outstanding candidates for internship in general medicine at Westchester Medical Center when I received an email from the staff at the Westchester County Medical Society telling me that it was time to prepare my comments for the next issue of the *Westchester Physician*. I knew that getting the position was a long shot for the interviewees since we had several thousand applicants and were interviewing several hundred for the few positions. That led me to think about the physician work force and the predictions of a doctor shortage.

"Let's all take part in the debating and planning for the future by joining the WCMS & MSSNY so that our voices are heard."

The influx of baby boomers into Medicare and the addition of newly insured under the Affordable Care Act are predicted to strain the workload of physicians, particularly primary care practices. Yet, here I was interviewing for a residency program that was still staffed according to the Balanced Budget Act of 1997 that froze residency funding. This, in spite of an increase in the number of medical school graduates in response to the predicted need. So as graduating physicians face a black hole of an inadequate number of residency positions, proposed legislation has not yet been enacted. Additionally, the candidates I interview are overwhelmingly seeking further training to enter a medical subspecialty rather than primary care. There is also the delay imposed by the long education and training required even for primary care. Add on the burnout of primary care physicians leaving practice. The AMA and Federation of State Medical Boards have been working on re-entry programs for physicians that have left practice, but the number is small.

Another important part of the solution is having others carry some of the workload. Many practices have incorporated nurse practitioners and physician assistants into their teams. The potential increased efficiency and efficacy may be hindered or not

(continued on page 5)



ROBERT G. LERNER, MD
President, WCMS

INSIDE THIS ISSUE

UPCOMING EVENTS

CME Committee
Monday, February 3 at 5 PM

Board of Directors
Thursday, February 6 at 6 :30 PM

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
333 Westchester Ave., Suite LN01
White Plains, NY 10604
914.967.9100 / FAX 914.967.9232

Peter J. Acker, MD
Editor

Karen A. Foy
Managing Editor

OFFICERS

Robert G. Lerner, MD
President

Louis F. McIntyre, MD
President-elect

Thomas T. Lee, MD
Immediate Past President

Thomas J. Lester, MD
Vice President

Robert C. Ciardullo, MD
Treasurer

Howard S. Yudin, MD
Secretary

Joseph J. Tartaglia, MD
President
Westchester Academy of Medicine

STAFF

Brian O. Foy
Executive Director

Karen A. Foy
Director, Membership & CME

Rhonda Nathan
Accounting

FROM THE EDITOR…

BOOK REVIEW
FAR FROM THE TREE
PETER J. ACKER, MD

To paraphrase Bette Davis' quote about old age, parenting isn't for sissies! Parenting is a leap into the great beyond and from the very beginning there are surprises. I was already a pediatrician when my first child was born, presumably as well equipped as anyone to handle the rigors of parenthood. We took our healthy daughter home from the hospital and that first night placed her in a bassinette, just a foot away from our bed. I remember staring down at her and thinking how wonderful this all was. Of course, I was aware that babies cry, but I was unprepared for the cacophony of sounds that emanated from that lovely bundle: snorts, sonorous breathing, hiccups, sudden shrill cries out of a dead sleep, explosive bowel movements. I could barely sleep a wink. Then two weeks later, the nightly colic began. I had given a talk the year before to my fellow residents on colic, but I was totally not ready for the sheer psychic torture inflicted by unrelenting crying, its piercing sound worming its way to the most primitive parts of my brain. Of course, in the annals of parental travails, this is suffering writ small. Andrew Solomon takes on a journey to the far frontiers of parental angst in his amazing book, *Far From the Tree: Parents, Children, and the Search for Identity*. As he says on the first page, "Parenthood abruptly catapults us into a permanent relationship with a stranger, and the more alien the stranger, the stronger the whiff of negativity."

I first became acquainted with Andrew Solomon's work some ten years ago when I read *The Noonday Demon: An Atlas of Depression*, a stunning and highly personal description of his own struggle with severe clinical depression. This is germane to the consideration of *Far From the Tree*, because the experience that he had in battling his own depression most likely greatly informed his insight, interest in, and empathy for his subjects: families in which the child is very different from his/her parents. In addition, there is another aspect of his own back story that figures hugely in his ability to really understand: his experience growing up secretly gay.

The book starts with a lengthy essay titled simply "Son," which describes his childhood in a way that ideally sets up the reader for the rest of the book by combining his own personal narrative with the medical, psychological, and sociologic aspects of the parent-child dynamic. The rest of the book is organized into chapters that feature a specific condition such as deafness, dwarfism, autism, transgender, just to name a few.

(continued on page 4)

MSSNY 9th Annual Poster Symposium April 11, 2014

for Residents, Fellows and Medical Students

Enter your poster in

- Clinical medicine (includes clinical research, health policy, quality improvement, medical education)
- Clinical vignettes
- Medical student research

Submit entries in abstract form to sbennett@mssny.org by **Jan 28, 2014**

Submission eligibility

All entrants must be:

Active in a residency/fellowship training program, or medical students

Current MSSNY members. Join at www.mssny.org

Able to attend 2014 MSSNY House of Delegates meeting to present and discuss entry

Entrants are responsible for travel and related costs

For detailed guidelines contact

sbennett@mssny.org or 516-488-6100 ext 383

Deadline for abstract submission

4 pm, January 28, 2014

Presentations will take place at

MSSNY House of Delegates

Friday, April 11, 2014, 2 – 4:30 pm

Westchester Marriott

Tarrytown, New York

Medical Society of the State of New York

BOOK REVIEW: *FAR FROM THE TREE* *(continued from page 2)*

Mr. Solomon's earlier career was as a newspaper journalist, and each chapter is the result of what must have been exhaustive research of all the literature on the subject as well as endless hoof pounding journalistic legwork. His chapters give evidence of lengthy interviews over a long enough period of time to reveal intimate details of his subjects' lives and relationships and bespeaks an ability to patiently engender trust. He superbly combines a narration of personal stories with the periodic injection of the science of these conditions, as well as his own personal story in a way that flows and appears perfectly natural. The underlying voice is empathetic and understanding without being cloying and each chapter unfolds in a slow, patient unraveling of the essential mysteries of the condition and its effects on the family, paced perfectly so that by the end the reader has a shared understanding. I should mention that this book, ten years in the making, is quite long (700 pages) and includes another 150 pages of notes and bibliography that is so extensive and detailed that I am amazed it only took ten years to write! I say this to alert the reader that this book requires time and commitment, but is well worth the effort.

This book should be of great interest to all physicians, but I would say that those of us who toil in the vineyards of parent-child relationships, this is a must read. As I read, there were constant evocations of patients I had cared for with physical disabilities, mental health issues and other differences and whose parent's responses have included by turns grace, courage, self-doubt, and denial. This book is incredibly relevant to my pediatric practice and will greatly enhance by ability to treat families with the conditions described.

The last chapter entitled "Father" is a fitting bookend as he describes his own journey toward becoming a father, in which his extensive inquiries into the subject figures hugely. In his words, "In retrospect, it seems obvious that my research about parenting was also a means to subdue my anxieties about becoming a parent." I look forward to other writing from Andrew Solomon on parenting, now tempered and informed by his own experience.

A PHYSICIAN SHORTAGE *(continued from page 1)*

realized with current fee-for-service payment systems but global payment systems may encourage participation and formation of more effective health care teams. Scope of practice issues and institutional and practice policies will have to be addressed to allow physician and nurse health care teams make health care available to meet the growing need.

Another important step is efficiency. I have only recently started to use an electronic health record in my practice. I am pleased by the ability to retrieve all kinds of relevant data for my patients, but I am distressed by the realization that I have to spend so much time on data entry. As was noted in a recent article in Health Affairs by Shipman & Sinsky (http://www.ncbi.nlm.nih.gov/pubmed/?term=24191091—Health Affairs November 2013 vol. 32, no 11, 1990-1997), "At many primary care practices, simple orders once given orally by a physician to a nurse now require the time consuming and cumbersome process of creation, routing, and acknowledgment of an electronic order."

If we all work together to educate more physicians, create more residency positions to train them, properly incentivize the system to make primary care more attractive, learn to share the workload with other professionals working to the full extent of their scope-of-practice competency, revise the payment system and properly use information technology for peak efficiency we may not have a physician shortage.

Each of the steps outlined above can increase the capacity of primary care physicians and the entire health care system. We will find out over the next years how many of these steps are implemented and how quickly. As Shipman & Sinsky point out, if overall capacity is increased by all these steps we will have primary care providers who serve more patients, better meet their patients' needs, earn more, go home earlier, are burdened with less work taken home, and are thereby motivated to stay in practice longer.

Let's all take part in the debating and planning for the future by joining and becoming active in the Westchester County Medical Society and the Medical Society of the State of New York so that our voices are heard!

Are You Receiving WCMS Email?

Your Medical Society regularly communicates timely information to members via email. If we do not have your correct email address, you are missing out on important updates. We also respect your privacy and do not send excessive email, *nor do we share your address with any outside entities*.

To start receiving email, please send your address to Karen Foy at kfoy@wcms.org.

GUEST ARTICLE
CARE MANAGEMENT FOR ALL:
MANAGED LONG-TERM CARE TRANSFORMS THE LONG-TERM CARE SYSTEM FOR DUALLY ELIGIBLE NEW YORKERS

JUDY A. FARRELL, MPA, VICE PRESIDENT, GOVERNMENT AFFAIRS
GUILDNET/JEWISH GUILD HEALTHCARE

In 2011, Governor Andrew Cuomo and the New York State Legislature agreed to a historic reform of New York's Medicaid program, which included implementation of recommendations from the Medicaid Redesign Team (MRT) appointed by the Governor. Among the MRT's most significant recommendations were changes to the long-term care system in New York. For the first time, dually eligible Medicaid beneficiaries over the age of 21 years old and in need of more than 120 days of community-based long-term care services would be mandated to enroll in a Managed Long-Term Care (MLTC) plan. Community-based long-term care includes personal care, home health care, adult day health care and consumer directed personal assistance services (CDPAS).

For New York State, the goal was to end fee-for-service Medicaid for most of the population and to ensure care management for all. For the long-term care population, the system had long seemed fragmented. Care management through mandatory enrollment in the State's Managed Long-Term Care (MLTC) plans is viewed as a way to reduce fragmentation by coordinating care across the continuum.

With MLTC, each member is assigned a care manager who helps coordinate care, resulting in a more effective and efficient delivery model that improves quality and satisfaction while achieving Medicaid savings.

In addition to assigning each MLTC member a care manager, MLTC plans offer many benefits, including: adult day health care; audiology/hearing aids; dentistry; durable medical equipment/supplies; home health care; home-delivered or congregate meals; nursing home long-term care; nutrition counseling and enteral feeding; optometry/eyeglasses; personal care; personal emergency response system; rehabilitation—outpatient; podiatry; prosthetics and orthotics; respiratory therapy; social day care; social supports and modifications to the home; and non-emergent medical transportation.

In July 2012, NYSDOH began mandatory enrollment into MLTC of dually eligible (Medicaid/Medicare eligible) individuals over the age of 21 who require community-based long-term care for more than 120 days.

In 2013, enrollment into MLTC included individuals in the Long-Term Home Health Care Program (LTHHCP), or those receiving home health care for over 120 days, recipients of adult day health care or private duty nursing care for more than 120 days. In addition, the following individuals may voluntarily enroll in MLTC: dual eligible, age 18 through 20 in need of community-based long-term care services for over 120 days and assessed as nursing home eligible; non-dual eligible age 18 and older and assessed as nursing home eligible.

By 2014, newly placed and/or Medicaid-eligible nursing home residents who are dually eligible as of March in downstate NY (NYC, Westchester, Nassau and Suffolk counties) and September 2014, for upstate, will be required to enroll in MLTCs.

(continued on page 13)

Annual Holiday Party

The Westchester Academy of Medicine held its Annual Holiday Party on December 13th at the Knollwood Country Club. About 100 people, including physicians and their families, enjoyed great food, conversation and fellowship.
The Academy would like to thank the following sponsors for their generous support of the Annual Holiday Party and our educational activities.

Sleigh Bell Sponsors

The Affinity Group, LLC
Charles J. Sellers & Co.
Janssen Pharmaceuticals
Simone Healthcare Development

Silver Bell Sponsors

Data Matrix Technologies
MedTech for Solutions GPO

Jingle Bell Sponsor

M-Tech Printing
Bruce & Brigitte Davison

We also extend a thank you to those who donated items to the evening's raffle:

Dr. Tancredi Abenavoli

Drs. Robert & Kira Geraci-Ciardullo

Drs. Joseph & Antonella Tartaglia

Michael & Alyce Kitt
M-TECH Printing

WCMS Board of Directors

Annual Holiday Party

Robert Ciardullo, MD; Mary Ellen Pilkington; Scott Hayworth, MD; John Pilkington, Esq., Kira Geraci-Ciardullo, MD

Mary Ann Liebert; Kenneth Liegner, MD; Peter Liebert, MD

Noela Kleinman; Lizanne O'Toole McIntyre; Mary Ellen Pilkington, Karen Foy; Scott Hayworth, MD

Roger Madris, MD; Helen Lerner; Robert Lerner, MD

Thomas Lee, MD; Andrew Kleinman, MD; Louis McIntyre, MD; Malcom Reid, MD

WELCOME NEW MEMBERS

At the Board of Directors meeting held on December 5, 2013, the following were elected to membership in WCMS and the Academy:

Katherine Frederick, MD
Pediatrics
Scarsdale

Jay E. Selman, MD
Child Neurology
Valhalla

The following doctors were awarded Life Membership:

Valiere Alcena, MD
Member since 1978

Ezatolah Mohajer-Shojai, MD
Member since 1974

LEARNED HELPLESSNESS

ROBERT L. SOLEY, MD, PAST PRESIDENT, WCMS

In a well-known psychological experiment an animal is repeatedly punished by an adverse stimulus, usually an electric shock, from which it cannot escape (Seligman & Maier, 1967).[1] The more it attempts to escape, the greater the punishment. Eventually, the animal will stop trying to escape to avoid the pain and behave as if it is utterly helpless to alter the situation. Even when opportunities to escape are presented, this "learned helplessness" prevents any action on the part of the subject. The only coping mechanism the animal uses is to be stoical and lethargic, and put up with the discomfort.

An inescapable analogy of the animal experiments is the incredible length and breadth of the regulatory edicts in Obamacare, which have been inflicted on practicing physicians. An example at hand is the increasingly complex and time consuming diagnostic and treatment ICD coding regulations, which result, at best, in non-payment by insurers for the care rendered by physicians, or, at worst, penalties for allegedly fraudulent computing of these codes. The goalposts are being moved more and more out of reach after the thousands of codes have been changed from five to nine and now, finally, ten alpha-numeric. (We are awaiting the inevitable "greedy physicians" speech from the bully pulpit.)

It is becoming increasingly clearer to the subjects of the experiment (physicians) that expenditure of time, money and anxiety are irrelevant, because ultimately, big government aims to cow physicians into accepting single-payer socialized medicine and a fully regulated existence from which they cannot escape. As with the animals, most can only respond with sullen, stoical lethargy. However, some physicians, being higher animals, might be able to find an escape hatch from this downward spiral and lead us to saving medicine as we know it.

---

[1] Maier, S. F. & Martin, E. P. (1967). Failure to escape traumatic shock. Journal of Experimental Psychology. 74. 1-9.

CARE MANAGEMENT FOR ALL *(continued from page 6)*

With the shift to mandatory MLTC, the enrollment in MLTC plans increased from approximately 10,000 members in 2004 to over 100,000 in 2013, and the numbers of MLTC plans increased from 16 to over 40 plans.[1]

As the long-term care population began the transition to mandatory MLTC, New York State also reached another longstanding goal and launched a universal system for assessing individuals in need of long-term services. The Universal Assessment System (UAS)-NY for Home and Community-based Services is designed to facilitate "uniform assessments for home and community-based programs to improved access to programs and services. The goal is to eliminate duplicative assessment of data and improve consistency in the assessment process."[2]

In another significant initiative this year, NY State signed a Memorandum of Understanding (MOU) with CMS to participate in one of the financial alignment demonstrations in the Affordable Care Act (ACA), otherwise known in NY State as the Fully Integrated Duals Advantage (FIDA) demonstration. Dually eligible beneficiaries, who are in need over of over 120 days of community-based long-term care support services or are nursing facility clinically eligible and receiving facility-based LTSS, will be "passively" enrolled in NY's FIDA demonstration program for the Medicaid and Medicare benefits, unless they opt out. The intent of the demonstration is to allow alignment of all Medicaid/Medicare services and provide more seamless care coordination for all health care services across the continuum from acute to post-acute, including long-term care and behavioral health.

Voluntary enrollment means individuals who are dually eligible and in need of community-based or nursing facility long-term care services for more than 120 days can enroll in a FIDA plan for both their Medicaid and Medicare benefits on a voluntary basis.

To be eligible for voluntary and passive enrollment in FIDA, individuals must reside in the FIDA demonstration area (NYC, Nassau, Suffolk or Westchester counties) and be: age 21 and older at the time of enrollment; in need of over 120 days of community-based long-term support services or are nursing facility clinically eligible and receiving facility-based LTSS; eligible for full Medicare Parts A, B, and D and full Medicaid; do not reside in an OMH facility; and are not receiving services from the OPWDD system.

As New York State continues to move dually eligible New Yorkers in need of long-term care into Medicaid MLTC and the FIDA demonstration, information and updates on the transition are available on the Medicaid Redesign website, which can be accessed at: http://www.health.ny.gov/health_care/medicaid/redesign/.

Providers, consumers and others may also direct inquires to: mrtwaiver@health.state.ny.us.

---

[1] Jason Helgerson, Medicaid Director, NYS Department of Health; United Hospital Fund, July 10, 2013.

[2] Source: Mark Kissinger, Director, Division of Long-Term Care, NYSDOH, Leading Age NY Annual Conference, May 22, 2013.

WCMS Board Highlights — December 2013

At its meeting on December 5, 2013, the WCMS Board...

- Welcomed Charles J. Sellers, III, President, and Kathleen Sellers, JD, Assistant Vice President & General Counsel, both of Charles J. Sellers & Co., a Preferred Business Partner of the WCMS. Sellers & Co., headquartered in Buffalo, NY, provides members of the WCMS access to a suite of insurance products and services at discounted rates. The Sellers provided the Board with an update on current services, recent mailings to members in Westchester, and a report on its support of WCMS and Academy events since the partnership was established in May 2012. The Board thanked the Sellers for their presentation and generous support. ***All WCMS members are encouraged to consider Charles J. Sellers & Co. for their insurance needs (see newsletter advertisement on page 10).***
- Welcomed Mark Thompson, Executive Director, Fairfield County (CT) Medical Association (FCMA), who was invited to come by and brief the Board on the events leading up to and the filing of legal action against United Healthcare(UHC) in Connecticut. FCMA, in partnership with Hartford County Medical Association, filed a legal motion asking the court for an injunction and stay on the implementation of mass physician terminations under the UHC Medicare Advantage Plan (MAP). The action was taken when FCMA and HCMA became aware that over 2,500 physicians received notice from UHC that they were no longer going to be part of their MAP. The plaintiffs claimed that this action pre-empted affected physicians from exercising their legal arbitration rights under their respective contracts. UHC has claimed that it has the unilateral authority to make adjustments to its products and networks as necessary to maintain efficiency. The Board also learned from MSSNY/WCMS Counsel that MSSNY is also considering filing an amicus brief in the CT case and that MSSNY will be reaching out to physicians in New York to report any similar termination notices. The Board thanked Mr. Thompson for his report and for contributing to an excellent discussion.
- **Approved a request from "New Yorkers to Cure Paralysis" to join their cause in support of efforts to advocate for spinal cord injury research**. The invitation was sent to WCMS by Jason B. Carmel, MD, PhD, Assistant Professor of Neurology & Neuroscience, Weill Cornell Medical College, and Director, Motor Recovery Laboratory, Burke-Cornell Medical Research Institute. WCMS will lend its name and logo to the cause and prepare a letter to the Governor in support of increased funding for spinal cord research in 2014.
- Heard a report from Joseph Tartaglia, MD, President, Westchester Academy of Medicine, who informed the Board that the Westchester Science & Engineering Fair (WESEF) is set for Saturday, March 15, 2014, at Sleepy Hollow HS in Tarrytown. There is an ever-increasing need for physician judges as the number of science fair projects (by Westchester HS seniors and juniors) increase each year. The Board also approved a request from the Academy to increase the Academy's sponsorship of WESEF from $2,000 to $2,500 per year. This amount comes from the Academy Scholarship Fund and supports all WESEF 4th place finishers, three of whom are later selected and invited to attend the WCMS Annual Meeting in June and share their projects with WCMS members.
- Approved the Report of the Membership Committee, welcoming two (2) new regular members: Katherine Frederick, MD, pediatrics, Scarsdale; and Jay E. Selman, MD, Child Neurology, Valhalla. The Board also approved Life Membership for two long-time physician members: Valerie Alcena, MD and Ezatolah Mohajer-Shojai, MD.
- Heard from Thomas Lee, MD, Legislative Committee Chair, that **MSSNY Legislative Day is set for Tuesday, March 11, 2014.** The approved MSSNY Legislative program will soon be available to all members. Dr. Lee also reported that a special "Out-of-Network Roundtable" discussion will be hosted by the NY State Senate on Monday, January 27th, in Albany. Physicians interested in attending should contact him directly or Mr. Foy. Since preserving access to adequate out-of-network physician care is a priority issue for MSSNY and WCMS, it is important that we have a strong physician presence that day in Albany.

♦

Westchester County Medical Society
333 Westchester Avenue
Suite LN 01
White Plains, NY 10604

PRST STD
US POSTAGE
PAID
Permit #5432
White Plains, NY