WESTCHESTER PHYSICIAN

March 2014 **Volume 29, Issue 3**

PRESIDENT'S MESSAGE

Legislative Day

On Tuesday, March 11th, a group of physicians traveled to Albany to visit and lobby New York State legislators. Thomas T. Lee, MD, who is our hard-working and well-informed chair of the Legislative Committee, led us. We all were contributing significant time and effort as we addressed multiple important issues. We were there to make sure that the legislators heard our views about the availability and fair payment for out-of-network care, administrative hassles, collective negotiation with insurance oligopolies, tort reform, regulation of urgent care and office practices, retail clinics, and other issues. These are all issues of immediate and important impact on our membership.

"If we are to achieve the goals of availability and fair payment for all care…we must join together to make our views heard."

At the same time on that Tuesday, other events were taking place reminding us that national changes will also require our attention. A United States Senate Sub-Committee was conducting a hearing and taking testimony on the topic "Access and Cost: What the US Health Care System Can Learn from Other Countries." Testimony was taken from academicians and public health experts from all over the world, generally pointing out that a single payer system was far better than our current system in the U.S. I'll quote two of the many points made by Tsung-Mei Cheng, LL.B., M.A., a health policy research analyst at the Woodrow Wilson School of Public and International Affairs, Princeton University.

1. If equity and social solidarity in access to health care and financing health care were fundamental goals of a health care system, the single payer system provides an ideal platform for achieving these goals; and
2. For the most part, single payer systems achieve their cost control by virtue of the monopolistic market power they enjoy vis-à-vis providers of health care. It is a countervailing power that the highly fragmented U.S. health-insurance system lacks vis-à-vis providers.

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ROBERT G. LERNER, MD
President, WCMS

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UPCOMING EVENTS

Board of Directors
Thursday, March 6 at 6 :30 P.M.

MSSNY House of Delegates
April 11-13, 2014
Westchester Marriott
White Plains, NY

WCMS/Academy Annual Meeting
Friday, June 20 6:00 P.M.
Orienta Beach Club
Mamaroneck, NY

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
333 Westchester Ave., Suite LN01
White Plains, NY 10604
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FROM THE EDITOR...

HOW TO TEACH

PETER J. ACKER, MD

In my last column, I waxed nostalgically about my journey as a premed. Much of this, as I said, was the result of interviewing premed students who are applying to my alma mater, Sackler School of Medicine, the American Program in Israel. I suppose it is natural for me, a physician in the latter part of his career, to remember what were for me halcyon days. Because of my struggle to get into medical school, my actual time in medical school was quite a happy time. In particular, I remember my third year, on the wards, being exposed to all sorts of teaching styles, getting a notion of what each branch of medicine was all about.

I embarked on my premed path with a fixed notion that I would become a pediatrician. When I was actually in medical school, I was tempted by virtually every other specialty. My first rotation was internal medicine (to which I arrived two days late from the States - an unfortunate pattern), so I got off to a rocky start as I participated in third day rounds still quite jet lagged and did not make a good first impression on the attending and fellow on the ward. That was all the motivation I needed - I worked my tail off and slowly got into their good graces. I found the whole process of diagnosis fascinating and by the end, I was sure that I would go into internal medicine. Next was surgery and the teaching was a bit different from the former in which my teachers were dry and used a Socratic style to extract information from us, whereas, in surgery we hurried through rounds so we could get to the OR. There our teachers came alive as they meticulously explained what they were doing. I confess, I gave surgery serious consideration. Then I did pediatrics and on my first day I went to meet my first patient, a three year old boy who had been hospitalized with asthma but was just about ready to go home. As I entered, I spotted the boy standing on his bed with a wide grin as his face. That closed the deal for me.

My professor on the pediatric floor was widely known as an excellent doctor, but an eccentric individual. His rounds were full of interesting digressions about little known aspects of pediatrics. He had verbal facility and a way of expressing himself that was almost poetic at times. He also peppered the rounds with dry quips and gentle teasing. By the way, in Israel, the head of the ward typically does the lion's share of teaching which I believe is not the case in this country.

One of my daughters is currently a third year student at Sackler and last month I paid a visit to the hospital where she was doing her

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The Medical Society of the County of Westchester

and

The Westchester Academy of Medicine

Cordially Invites you to Attend our

Annual Meeting and Program

Friday, June 20, 2014

Orienta Beach Club
1054 Walton Avenue
Mamaroneck, NY 10543

6:00 - 7:00 p.m.
Networking Reception
7:00 p.m.
Buffet Dinner
Installation of 2014-2015 Medical Society & Academy Officers

Remarks of Joseph J. Tartaglia, MD, Academy President
Awards - WESEF Science Fair Honorees

Remarks of Robert G. Lerner, MD
Outgoing WCMS President

Remarks of Louis F. McIntyre, MD
Incoming WCMS President

Special Recognition:
2014 "*Friend of Medicine*" Awardee
Michael J. Schoppmann, Esq.
Kern Augustine Conroy & Schoppmann, P.C.

No Cost for WCMS Members & Spouse or Guest; Additional Guests of Members $125; Non-members & Guests $250/per person
Tables of 10 - $2000

RSVP to Karen Foy, 914-967-9100 or email kfoy@wcms.org

MSSNY House of Delegates Meeting
April 11 - 13, 2014

Westchester Marriott, 670 White Plains Road, Tarrytown, NY

A reminder that ***all*** WCMS members are welcome to participate in the MSSNY Annual Meeting. **You do not have to be a delegate to MSSNY to attend**. **Below is a summary of the resolutions submitted by the Westchester County Medical Society and the Ninth District Branch.** Any member may attend and speak at the Reference Committee hearing on Friday, April 11, beginning at 9:30 a.m. Members can sit in on the deliberations of the MSNNY HOD (Friday, 8 a.m., Saturday, April 12 and Sunday morning, April 13) as it debates/establishes policy based upon resolutions submitted by physicians.

Affordable Care Act & NYS Medical Tort Reform

RESOLVED, That the Medical Society of the State of New York recommend the development and passage of comprehensive medical tort reform in New York State to partially compensate physicians for reduced payment by insurance policies issued through the Exchange.

Availability of Self-Injectable Epinephrine Devices in NYS Schools

RESOLVED, that the Medical Society of the State of New York work to support and develop legislation that requires all schools (public and private) to stock auto-injectable epinephrine devices in standardized dosage formulations and to train personnel for the administration of this medication; and be it further

RESOLVED, That auto-injectable epinephrine devices be used on children or adults that have severe allergic reactions regardless of whether or not there is a patient specific prescription; and that the treating individuals be covered by New York State "Good Samaritan" statutes as regards legal liability.

DVT and Air Travel

RESOLVED, That the Medical Society of the State of New York request that the American Medical Association encourage the Federal Aviation Administration (FAA) and the airline industry alert passengers to the flight-associated risk of deep vein thrombosis (DVT); and be it further

RESOLVED, That MSSNY request that the AMA work with the FAA and the airline industry to provide recommendations to passengers to reduce their risk of developing DVT.

Internet Review of Physicians

RESOLVED, That the Medical Society of the State of New York ask the American Medical Association to seek legislation and/or regulation that would require that websites hosting reviews of physicians obtain the name of the person posting the review, that this information will be kept on file, and that the website inform the poster that a physician requesting this information from the website in regard to a review must be provided with the name of the person writing the review.

Medical Licensing

RESOLVED, That the Medical Society of the State of New York, by any and all means, endeavor to resume the function of physician licensing/registration and discipline in New York State.

Protection for Licensed Physicians not Participating in Government Healthcare Plans

RESOLVED, That the Medical Society of the State of New York reaffirm Policies 2012-60, 2013-53, and 2013-54, which protect the rights of New York State licensed physicians who are not participating in government healthcare plans as well as ban discriminatory increases in their license taxes, fees, supplements, investments, increments, etc.

Retirement of a Physician Medical License

RESOLVED, that the Medical Society of the State of New York seek legislation to provide for the non-disciplinary retirement of a physician license.

Support of Athletic Trainer Legislation

RESOLVED, That the Medical Society of the State of New York support legislation requiring Athletic Trainers (AT's) to obtain mandatory CME acquisition and update their medical competencies commensurate with their skill and training, all while under the supervision of physicians.

Use of CT Scans for Early Detection of Lung Cancer

RESOLVED, That the Medical Society of the State of New York support the United States Preventive Services Task Force Grade B recommendation to offer low dose helical CT screening for lung cancer to patients between 55 and 80 years old who have a 30 pack year smoking history and currently smoke or have quit smoking within the past 15 years.

LET YOUR VOICE BE HEARD!

Dear Colleagues,

Please accept my invitation to attend the State Medical Society's House of Delegates (HOD) on Friday, April 11, beginning at 8 a.m., at the Westchester Marriott in Tarrytown. We are fortunate that this meeting takes place in Westchester two out of every three years. Doctors from all over the state come to the HOD each year to debate, discuss, and form policy. They represent the voices of the physicians in the entire state.

Westchester County, like all other counties in the state, is represented by selected delegates and alternate delegates who volunteer their time to present, defend, and discuss resolutions generated by Westchester physicians. These delegates can also support (or oppose) resolutions from other counties.

Any member of the medical society, as well as invited guests, can speak on resolutions brought before the reference committees. These committees hear testimony from all interested parties on resolutions brought to their review by other physicians. I have chaired and participated in reference committees in the past and it is a very democratic process.

There are five reference committees dealing with many issues from legal issues, to regulatory issues, to socio-economic issues, as well as public health concerns. **If you have an experience to share or significant interest or knowledge in a subject, please share your expertise and opinion at a reference committee on Friday, April 11, beginning at 9:30 a.m.** MSSNY will publish in advance a listing of all resolutions to be considered via their website and News of New York.

If you are interested in attending the MSSNY Annual Meeting, please contact Brian Foy, Executive Director, at 914-967-9100 or bfoy@wcms.org

I hope to see many of you there! Make sure you find me and let me know you came at my invitation!

Sincerely,
Kira Geraci-Ciardullo, MD, MPH
Vice Speaker, MSSNY HOD
Past President, WCMS

WELCOME NEW MEMBERS

At the Board of Directors meeting held in March, the following were elected to membership in WCMS and the Academy:

CHERYL MALINA, MD
EMERGENCY MEDICINE
WHITE PLAINS

LAWRENCE MINOWITZ, MD
ANESTHESIOLOGY
NEW ROCHELLE

LEGAL CORNER

News on medical-legal developments affecting physicians and health care professionals

ICD-10 Preparation: Now is the Time

Question: When should I begin to prepare for ICD-10 implementation? Is there any chance the October 1, 2014, deadline will be postposed if enough people are not prepared?

Answer: The Center for Medicare & Medicaid Services (CMS) Administrator, Marilyn Tavenner, is adamant that the agency will not budge on the October 1, 2014, start date for ICD-10. This statement is consistent with several recent CMS alerts stating they will not consider postponing the ICD-10 implementation. Any provider seeking to be paid for services provided on or after that date **must** have made the transition from the current ICD-9 coding system to the new ICD-10 system in order to receive payment.

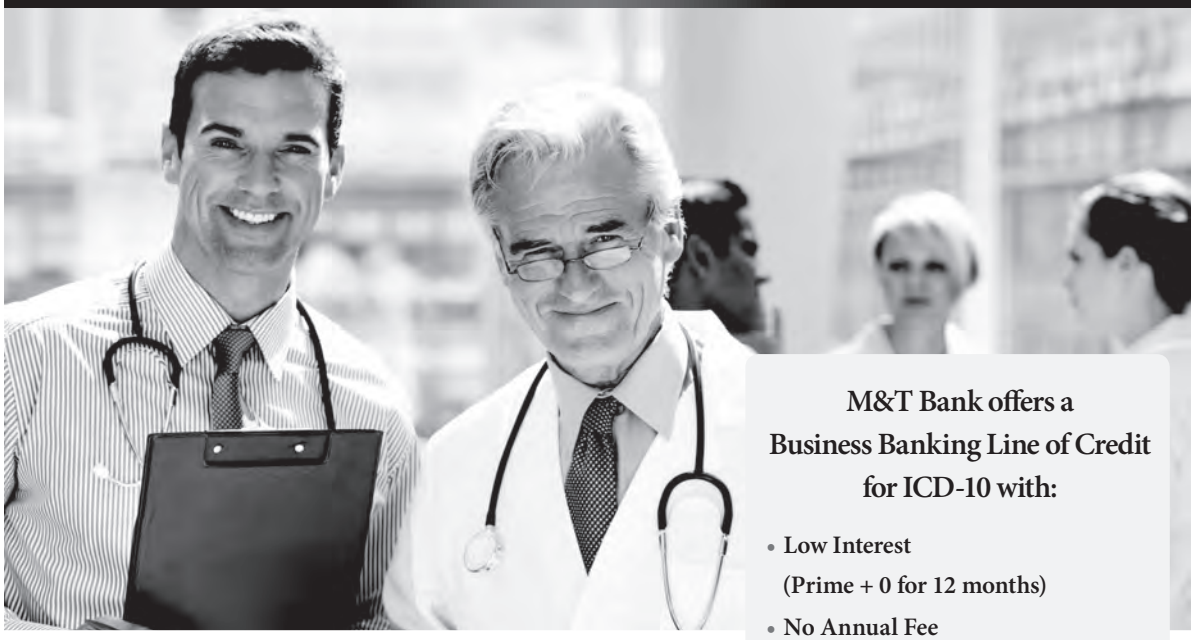
It is strongly recommended that practices which have not already begun to prepare for the transition should start immediately. CMS recommends that providers begin to invest now in physician training on documentation with the more complex and granular ICD-10 codes. Another provider mitigation strategy is to improve external and internal organizational communication between health information technology systems vendors, internal IT departments, health information management staff, and physicians. Specifically, CMS recommends that small and medium practices have their resources (finances, personnel, and time) identified and allocated. It is recommended that all practices begin securing the necessary capital, based on each practice's individual needs, to fund the transition in a timely manner.

As an additional resource for providers, this week CMS authorized contractors processing Medicare claims to perform one-way testing with select providers submitting ICD-10 coded claims. CMS is also committed to conducting more robust "end-to-end" testing later this summer in an effort to minimize implementation issues. CMS recommends practices begin conducting internal testing of ICD-10 next month.

Additional information from CMS with a recommended implementation timeline is available at: http://ow.ly/utO13.

If you have any questions, please contact Michael J. Schoppmann, Esq. at 1-800-445-0954 or via email at MSchoppmann@DrLaw.com.

For members of the Westchester County Medical Society, ICD-10 is no longer a pain in the cervical vertebrae.



M&T Bank offers a Business Banking Line of Credit for ICD-10 with:

- **Low Interest (Prime + 0 for 12 months)**
- **No Annual Fee**
- **No Cost of Entry**
- **Quick Approval & Implementation**
- **Ease of Doing Business**

How did M&T Bank offer WCMS members relief? We started with a thorough understanding of the ICD-10 financial impact on your practices. Then we developed a package to help you address the changes ahead including anticipated claims delays, decreased productivity and increased documentation costs.

Our job is to make your transition as painless as possible. With the deadline fast approaching, M&T is here to help.

For more information on how we can assist your practice, contact:

Chris Reece
Vice President
Business Banking Sr. Relationship Manager
(914) 327-6678
CReece1@mtb.com

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EQUAL HOUSING LENDER mtb.com Terms offered are subject to receipt of a complete M&T application, credit approval and certain limitations. Other fees apply. Loan needs to be linked to any new or existing M&T business checking account, except M&T Simple Business checking. All loans, lines of credit and credit cards, and all terms referenced herein, are subject to receipt of a complete M&T application, credit approval and other conditions. Terms offered are not available for refinancing or consolidating existing M&T credit or credit requiring an SBA loan guaranty. Other terms, conditions, fees and restrictions may apply. Offer subject to change without notice. ©2013 M&T Bank. Member FDIC. S-111547 A (7/13)

*Based on Greenwich Associates 2013 Small Business Banking Excellence Awards.

**According to statistics released by the Small Business Administration (SBA) for total approved loans through the SBA's 7(a) lending program during the fiscal year ending 9/30/13

HOW TO TEACH *(continued from page 2)*

pediatric rotation. She had told her professor about my visit and asked if I could spend some time there. He said, "Absolutely, we'll put him to work - he can give a lecture." I spent an amazing day. I delivered my lecture, which was highly interactive for the students and the professor. We then went over a fascinating CPC that two of the students presented on acute liver failure in a 9 month old. I was enormously impressed by the discussion and by the passion of the professor. My daughter later told me that he was amazing and employed all kinds of methods to keep things interesting and energizing. On the first day, he walked in the room with a toy light saber and pointed to each student, identifying him or her by name. He had looked at the student's pictures and memorized their names beforehand. My daughter told me that she had never had such a good teacher who constantly improvised to get each student really engaged.

This professor's teaching style caused me to remember an experience I had teaching swimming at a camp for autistic children. I was assigned a young black girl, eight or so, who was non-verbal, but was known to hate both men and white people. Why me, I wondered at the time. The first few days were very frustrating, as can be imagined. On day four, I came up with a new strategy. I studiously ignored her and stayed at least ten feet away. I played in the shallow water and would perform little pre-swimming exercises such as blowing bubbles or doing a forward glide. She gradually began to imitate me while still maintaining her distance. By the end of the summer, she could do a crude dog paddle in the deep water. It taught me the value of flexibility and the willingness to try something different if the traditional is not working - a lesson germane to both teaching and medicine.

♦

LEGISLATIVE DAY *(continued from page 1)*

One particular interchange at that hearing, between Senator Richard Burr (R-NC) and Dr. Danielle Martin, vice president at the Women's College Hospital in Toronto, Canada, went viral on the internet:

Burr: "On average, how many Canadian patients on a waiting list die each year? Do you know?"

Martin: "I don't, sir, but I know that there are 45,000 in America who die waiting because they don't have insurance at all."

For those interested in viewing the entire hearing (1 hour, 45 minutes,) or wish to download witness statements, they can be found at: http://www.help.senate.gov/hearings/hearing/?id-8acab996-5056-a032-522e-e39ca45fcfbe.

I'll now add some comments that Brian Foy, Executive Director of the WCMS and I heard at a healthcare meeting held on February 27, 2014. The experts spoke about the "conglomeration" of health care providers and health care insurers and predicted that the eventual outcome would be a national health plan, probably single payer.

I believe that those experts were correct and that a single payer system is coming. If we are to achieve the goals of availability and fair payment for all care, just as we were lobbying in Albany for availability and fair payment for out-of-network care in New York State, we must join together to make our views heard.

♦

COMPARING INSURANCE

KATHLEEN SELLERS, JD, CLU

We frequently speak with customers who are comparing various insurance policies to determine which one to purchase. Comparing proposals for different policies can be more difficult than meets the eye.

Personal disability income policies can be challenging to compare because of the many variables involved. Among other things, the following major parts of the policy may vary: (1) the monthly benefit amount that you would be paid if disabled, (2) the elimination or waiting period (the amount of time after you become disabled before benefits become payable), and (3) the benefit period, or length of time for which a benefit is potentially payable. All of these variables affect the premium and, more importantly, how that benefit would actually be paid if you became disabled.

For example, I worked with a surgeon who was comparing the disability policy I proposed with another policy. When we met and he showed me the other proposal, I saw that it proposed benefits payable to age 65. My proposal was for benefits payable to age 67. Because the policy benefit amounts were about $10,000/month, there was the potential for $240,000 more in benefits with the policy I was proposing. While this may sound basic, there were so many factors being considered, this difference was easy to overlook.

We also offer Group Long Term Disability insurance, which can cover the physicians and/or employees in a practice. Comparisons of those policies offer additional challenges. As with a personal Disability Income policy, the first step is to make sure the benefit levels are the same (benefit amount, elimination period, and benefit payment period). You also need to compare whether the same individuals in the practice are being insured, and at the same levels. We have seen practices that are evaluating proposals for this coverage compare premiums without first making sure that the basic benefits offered were comparable.

Life insurance can also be tricky to compare. I had a physician customer tell me that he found a less expensive term life insurance option than the proposal I had presented. It turned out that the seemingly lower-cost option did not include a disability waiver of premium benefit. This allows you to stop paying premiums if you become disabled for a certain length of time. (We strongly recommend this benefit to make sure you never need to let life insurance coverage lapse because you can't afford the payment when disabled). The proposal he was looking at did not specify that waiver of premium was not included, but when the physician asked the broker who had provided him with the quote, it turned out that it did not. Once the physician had proposals that provided similar benefits, the premiums were comparable.

Another challenge can be comparing package policies, such as a Business Owners Package or your Homeowners Policy. These policies bundle many different coverages together. This can make comparison more difficult. For example, two Homeowners Policy proposals might provide the same amount of property coverage on the dwelling itself and the same amount of personal liability protection. But one policy could provide coverage for

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COMPARING INSURANCE *(continued from page 11)*

backup of sewers and drains up to the policy limit, while the other policy might not offer any of this coverage. While that difference might seem minor when you are looking at proposals on paper, it's a difference you would feel if a sewer backup inundated your finished basement and ruined carpet, furniture, and electronics.

Of course, no one has unlimited time to research the differences between policies, especially a physician facing many professional and personal demands. This is why we recommend that if you are comparing policies, you work with an agent whom you trust or who is recommended to you by a trusted source. A good agent will help you compare policies and make an informed decision. It is important that you share the proposals you are comparing with the agent, as he or she has the experience to identify key distinctions between policies. Sometimes a practice business manager or a physician is reluctant to share a competing proposal with an agent, thinking that will keep the practice from getting the lowest possible premium the agent can offer. But without the ability to see exactly what is being proposed, it is very difficult to know if a particular comparison is based on the same benefits, and the differences may be difficult to detect if you aren't working with insurance policies on a regular basis.

Physicians may sometimes be asked by an agent to consider replacing existing policies. When it comes to replacing policies such as life and disability insurance, which require satisfactory health status and medical history to be issued, special care should be taken. You should never cancel an existing policy until you are certain that a new policy has been issued. There may be other drawbacks to replacing existing life or disability coverage that should be discussed with a trusted agent. Although it is against New York State law for an insurer or agent to make misrepresentations about insurance policies or incomplete comparisons, this conduct does unfortunately occur.

Finally, while cost is an important factor, the focus should be on value – what are you getting for your premium dollars? There can be important intangible factors, such as the quality and continuity of the service the agent or broker provides. Will your agent review your coverage with you periodically and suggest updates and changes so that you are properly insured? If you have a question, will someone be there to answer your call and help you? And if you have a claim, will your agent help you through the process? We recommend that in selecting insurance coverage you consider the premium, of course, but in the context of the overall value offered by the policy, the insurance company, and the agent selling it to you.

Kate Sellers, JD, CLU, Assistant Vice-President & Counsel of Charles J. Sellers & Co., Inc. Sellers & Co. has provided insurance benefits to Members of County and District Branch Medical Societies since 1941.

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SAVE THE DATE

The Annual Academy Golf Outing, Dinner and Fundraiser will be held on

October 2, 2014

at Westchester Country Club!

MLMIC DECLARES POLICYHOLDER DIVIDED FOR 2014

The Medical Liability Mutual Insurance Company (MLMIC) has declared another policyholder dividend for 2014. **The dividend is 5% this year, and will be applied on July 1 to all physicians who are policyholders on May 1 and maintain continuous coverage through July 1.**

This is the second consecutive dividend MLMIC has declared (3% last year) and one of several it has declared in its nearly 40 year history. Most other medical liability insurers operating in NYS lack the financial strength or the policyholder-first mission to declare such dividends. MLMIC puts your needs first, giving you the service and protection you deserve. Its at-cost, long-term focus ensures that you won't overpay for quality protection, nor worry about the company being there when you need them; and their unparalleled claims and risk management expertise provides superior protection, with high success rates, and very satisfied policyholders.

All of this is why MSSNY has exclusively endorsed MLMIC as the medical liability insurer for its members. For more information on MLMIC, including how to become a policyholder in time to qualify for the 2014 dividend, visit www.mlmic.com or call the MLMIC underwriting office at 800-275-6564.

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WCMS Board Highlights — March 2014

At its meeting on March 6, 2014, the WCMS Board…

- **Approved both Webster Bank and M&T Bank as new Preferred Business Partners of the WCMS.** Both banks will soon be offering special banking services and discounted products to members.
- Heard from the President, Robert Lerner, MD, that WCMS Leadership will attend and support the Westchester-Putnam Access to Health Care Coalition Annual Legislative Breakfast on Friday, March 21, 2014.
- Heard from Bonnie Litvack, MD, Chair, Delegates, regarding the schedule of events for the ***MSSNY Annual Meeting, April 11-13, 2014, at the Westchester Marriott, Tarrytown*** ***(see pages 4-6)***
- ***Heard from Ada Huang, MD, Deputy Commissioner of Health, regarding the recent outbreaks of measles in New York City and mumps in students at Fordham.*** WCMS agreed to send an alert to all members making them aware of these outbreaks with links to the Health Department with further details and reporting requirements.
- **Heard from William Zurhellen, MD, President, Putnam County Medical Society (PCMS),** who reported that PCMS held its semi-annual meeting on February 12, 2014, at Primavera Restaurant in Croton Falls. Moe Auster, MSSNY VP for Legislative and Regulatory Affairs was the keynote speaker. ***PCMS also voted unanimously to endorse Charles J. Sellers & Co. as insurance broker for member insurance needs.***

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