



WESTCHESTER PHYSICIAN



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President's Message

By Robert G. Lerner, WCMS President

Inaugural Address of Robert G. Lerner, MD 207th President of the Westchester County Medical Society June 7, 2013



Welcome colleagues, friends, sponsors and, of course, my wife and family. You have all played a role in bringing this meeting about and bringing me to this event as the 207th president of the Westchester County Medical Society.

In recent years our society has had a series of presidents each of whom has been an extraordinary, hardworking and productive advocate of the society, physicians and the medical profession. The most recent presidents of the WCMS have had the benefit of working with Brian Foy, our skilled and effective Executive Director as well as Karen Foy, our Director of Membership and Continuing Medical Education. Dr. John Stangel, a prior president who was a student of mine, even brought our local society to national attention. Dr. Joseph Tartaglia, who followed him, campaigned long, hard and eloquently against for-profit insurance companies' fraudulent practices, as well as their interfering with the practice of medicine. Dr. Abe Levy has been eminently successful in achieving the goal of increasing membership and advocating for patients. Dr. Tom Lee has shown an extensive knowledge of the legislative process and has shown great expertise in leading the society and especially the legislative committee. He has been instrumental in assuring that the voice of physicians is heard and heeded in the legislative process.

As I take on the Presidency of the Westchester County Medical Society, I consider it to be a great honor. I look back on recent leadership and frankly, those are tough acts to follow. I too want to be an effective advocate for the WCMS and its physician members.

Personally, I believe that I cannot advocate for our profession without advocating for patients and the general public for access to the health care system and to medical care by physicians. It is clear that without individuals having access to our care we cannot practice our profession and achieve the goal of better health for our patients and the community. It follows that a system that places obstacles in the way of access to medical care not only can harm personal health but also interferes with a physicians ability to practice their profession. Likewise, runaway pricing, whether it is be pharmaceutical companies, insurers, hospitals or any other providers can produce the same effects on physicians and the public. In the United States we have policies that purportedly control costs but in reality only shift the cost to patients who are in no position to shop effectively or negotiate prices. We shift more and more of the cost of medication to patients while ignoring monopolistic pricing of pharmaceuticals.

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Westchester County Medical Society
333 Westchester Avenue
Suite LN-01
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(914) 967-9100 / FAX (914) 967-9232*

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Upcoming Events Mark Your Calendar

Monday, September 9th - 5:00 pm
CME Committee Meeting

Thursday, September 12th - 6:00 pm
WCMS Board of Directors

Thursday, September 26th
**Academy Golf Outing,
Westchester Country Club**
(Shotgun 12:30pm; Reception/Dinner 6:00pm)

Monday, October 7th - 5:00 pm
CME Committee Meeting

Thursday, October 10th - 6:00 pm
WCMS Board of Directors

Thursday, October 24th - 5:30 pm - 7:30 pm
"Doctors of Distinction" Healthcare Awards Event
(The Bristol - 305 North Street, White Plains)

(All meetings at WCMS Headquarters
unless otherwise noted)

Newsletter Submissions

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

**The deadline for the
September 2013 issue is September 4th.**

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

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.

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FROM THE EDITOR

"Medical Missions: Ethical Considerations"

By Peter Acker, MD



The Hippocratic Oath has traditionally been taken by all medical students upon receiving their degree. Many different versions and translations exist today, but they all convey a similar set of principles to govern the ethics of a practicing physician. The commonly used expression, "primum non nocere" or "first, do not harm," while not explicitly stated in the oath, encapsulates probably its most essential tenet: that the physician use careful judgment and all their skill and knowledge to assess the situation before embarking upon a treatment. One line directly from one version of the oath reads as follows: "I will not cut for stone even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art." The possibilities for infliction of harm on medical missions are enormous and varied. There is a sense of excitement on the part of the practitioner upon seeing exotic conditions and the sense that now "real" and heroic medicine and/or surgery can be embarked on. The American doctor may feel liberated from the threat of malpractice suits and the need for informed consent. Also, the most judicious of physicians may inflict harm because of ignorance of local culture or via a failure of communication.

The recent popularity of medical missions as an educational adjunct for the student and resident has brought the above concern into sharper relief. There is an air of adventure attached to these trips, medical tourism, as it were, like going on safari. The chance of exploitation of the local populace always exists despite the best of intentions. The issue of continuity of care has also been raised in that many missions do not have a solid local infrastructure in place that would allow follow-up care for an unexpected late post-surgical complication, for example, or a course of medicine may be given for a chronic condition with no provision for long term supplying of the drug. For example, is it ethical to treat an HIV positive mother to prevent transmission of HIV to her newborn child, but then not provide continued HIV treatment to the mother realizing that she will likely die and leave that newborn orphaned? Many missions load up on near expired medications and old surgical equipment that, when left, quickly becomes either obsolete or dysfunctional.

Another issue that arises, particularly if a mission arrives for the first time, is the finding of conditions far more dire than anticipated. This results in heart wrenching triage choices to be made when confronted with disorders beyond the resources of the group. Medical hubris can result in attempting a procedure too ambitious in a place where there is no blood bank available or where continuity of electrical power does not exist. Expectations of the local populace when not met can result in a tense cross cultural interface. The local politics can also create ethical dilemmas. Frequently groups arrive at an airport loaded down with medical equipment and good intentions, only to sit hours at customs negotiating and trying to figure out who is the right person to pay off. It is not a good feeling to help support a corrupt bureaucracy.

These are just a few of the ethical dilemmas that bedevil the short term medical mission. Clearly, there is a need to inquire further into this subject and indeed, a survey of the American medical literature shows that, increasingly, people are writing about this and medical schools are developing curriculum to teach both the students and the organizers of the missions ways to mitigate the negative effects of missions abroad. ♦

(continued from page 1) Inaugural Address of Robert G. Lerner

Our country has chosen to address this issue with the implementation of the Patient Protection and Affordable Care Act. Some call it Obamacare, which they consider a pejorative term while others call it Obamacare and consider that a badge of pride. Some call it "socialized medicine" as an uncomplimentary term because they don't like it. We have many varieties of health care in this country. We have an excellent system of socialized medicine providing high quality health care to a large segment of our population. That system outperforms our usual health care in many ways. It is called the Veterans Health Administration and is true socialized medicine with government owned hospitals and other facilities, as well as government salaried physicians, nurses and other medical personnel. We also have individual physicians unaffiliated with any insurer, government or otherwise, practicing their profession. We have Neighborhood Health Centers, concierge medicine, executive health screening and everything in between. Practicing at these various entities we have physicians, Advanced Practice Nurses, Physicians Assistants and a variety of professional and non-professional individuals.

I can envision a national health program that accommodates all of these systems of practice and provides the funding so that anyone can access the system. Such a system would not only be less costly than our current way of doing things, with its intolerable administrative and profit overhead, it would also abide by the core ethical principles that we teach in medical school of beneficence, autonomy and justice. Such a system would be an expansion of our very popular current single payer system, Medicare, so that it became available for all patients and varieties of professional practice.

However, that is not now available under the law of the land in our country. Instead we must deal with a system in flux with new entities such as "Accountable Care Organizations," "Health Insurance Exchanges," "Expanded Medicare," and a variety of other entities. Will the ACOs turn out to be any different than the pre-existing Health Maintenance Organizations and allow insurers to profit by denying access to care? Will the Health Insurance Exchanges actually function like well-run corporate benefits offices? Will the coverage provided by these exchanges be "under-insurance" leading to the double catastrophe of illness and bankruptcy? Will the payments to physicians under the policies sold by the exchanges and expanded Medicaid be sufficient so that an individual physician can make a personal choice of how to practice his or her profession, whether that means practicing solo, in a group, or as part of an organization? Will enough people sign up for coverage through the exchanges in the face of a barrage of misinformation? Will partisan politics prevent success? Will attempts to "game the system" drive up costs and make it unaffordable? Will legislative grid-lock prevent any refinement of the law as it becomes necessary?

The answers will become known in the coming years. We need strong advocacy working together to help shape the answers to these questions. This will determine the outcome for the benefit of our patients, our medical society and our greater society. An increasing active membership and ongoing dialogues with our legislators and other health care providers are necessary. It is the only way to have an influence as the system evolves. I invite all of you to be actively involved and let your voices be heard along with the strong voice of the Westchester County Medical Society. ♦



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Q&A

August 13, 2013

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

Mobile Devices & HIPAA

Question: I've had HIPAA policies in place for a decade now. I understand the recent changes in HIPAA Privacy, but I'm weak on addressing HIPAA Security requirements. Aside from issues related to my EHR, what else should I be looking at for security compliance risks?

Answer: Many practices are confident that they understand HIPAA Privacy, and are working to update their Privacy forms and policies. However, most practices are ambivalent about addressing HIPAA Security and that's a dangerous approach to take, as one practice found when it was hit with an enforcement action by the Office for Civil Rights, resulting in a \$100,000 settlement and corrective action plan: <http://ow.ly/nTOh9>. The majority of investigated HIPAA cases resulting in civil monetary penalties have involved failure to conduct a security risk analysis.

To jumpstart your HIPAA Security risk analysis, start by looking at how you use mobile devices. Mobile devices represent a security risk that has expanded significantly since 2005, when the HIPAA Security rules became effective. If anyone in your practice is utilizing a mobile device to store, transmit or modify electronic PHI, then you must address those activities in your security risk analysis. The government considers this a high risk area, including lost or stolen mobile devices, viruses downloaded to mobile devices, shared mobile devices, and disclosure of PHI through an unsecured Wi-Fi network. For guidance on how to address these risks, begin with: <http://ow.ly/nTOo5>. You may need additional assistance in conducting your comprehensive security risk analysis and addressing all of your identified security risks.

Kern Augustine Conroy & Schoppmann, P.C. can help you understand the legal requirements of HIPAA Security and put you in touch with technical experts who have experience helping physician practices with these issues. You may contact our Managing Partner, Michael J. Schoppmann, Esq at 1-800-445-0954 or via email at MSchoppmann@DrLaw.com.



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Westchester Academy of Medicine 2013 Golf Outing & Fundraiser

Thursday, September 26, 2013
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580

Registration, Driving Range & Box Lunch—11:30 AM

Shotgun Start at 12:30 PM

Golf Format: Scramble

6:00 PM—Cocktails

6:45 PM—Buffet Dinner/Awards/Raffle*

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2013 WCMS ANNUAL MEETING



On Friday, June 7, 2013, the Westchester County Medical Society (WCMS) held its Annual Meeting at the Westchester Country Club in Rye. Over 150 members and guests enjoyed an evening of fellowship with colleagues and family, great food, networking, and the opportunity to interact with WCMS preferred business partners and sponsors. Once again, selected Westchester Engineering and Science Fair (WESEF) project winners and their parents received recognition as "future leaders in medicine." Two physicians were presented special recognition by MSSNY as having reached the milestone of 50 years in medical practice. On behalf of MSSNY, President-elect Andrew Kleinman, MD, a past president of WCMS, made remarks on the state of medical practice in New York and what MSSNY has and will continue to do on behalf of all physicians. Outgoing WCMS President, Thomas T. Lee, MD, was thanked for his outstanding leadership at both the county and state levels. Newly installed President Robert G. Lerner, MD, who practices and teaches hematology and oncology at New York Medical College, gave his welcoming remarks and stressed the importance of access to care for all Westchester citizens. Finally, attendees were treated to two special performances by aspiring operatic singers Alexandra Tartaglia (daughter of Academy President Joseph Tartaglia, MD) and Nicole Baschinsky.

Friends of Medicine Award

The 2nd Annual "Friend of Medicine" Award was presented to William M. Mooney, Jr., White Plains, NY. Mr. Mooney has been the president of the Westchester County Association, the premier organization representing the interests of the business community in Westchester, since 2004, after a long and distinguished banking career. Mr. Mooney was recognized for his leadership in increasing the education and awareness of the business community on issues important to health care and the practice of medicine. Understanding that health care is a huge component of the Westchester economy, Mr. Mooney and the WCA have reached out to the medical and hospital communities in developing strategies to educate legislative leaders and the public on the importance of preserving access to quality health care stressing that health care is an important economic engine in Westchester. The physicians in Westchester are fortunate to have Mr. Mooney and the WCA as an ally and Friend of Medicine.



Congratulations to Newly Elected WCMS Officers and MSSNY Delegates!

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Delegate to the MSSNY House of Delegates

(To fill unexpired term of Mark Fox, MD, term expiring 2014)

Robert G. Lerner, MD

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(Term ending 2015)

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Alternate Delegates to the MSSNY House of Delegates

(To fill unexpired terms (2014) of Dr.'s Lerner and Levy)

Thomas Lester, MD

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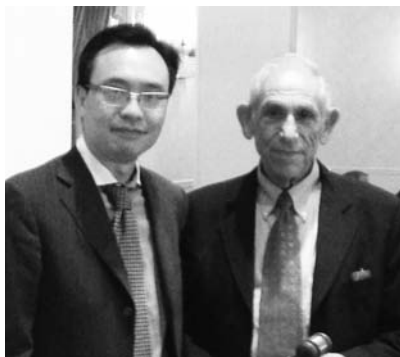
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2013 WCMS ANNUAL MEETING



50 Year Awardees Richard Cea, MD, (far left) and Matthew Genevose, MD, (3rd from left) are joined by Andrew Kleinman, MD, MSSNY President-elect and Thomas Lee, MD, President.



WCMS Outgoing President Thomas Lee, MD passes the gavel on to Robert G. Lerner, MD, WCMS Incoming President



Robert G. Lerner, MD gives his Inaugural remarks



Abe Levy, MD, WCMS Immediate Past President, thanks Outgoing President, Thomas Lee and his wife Margaret for their year of service to WCMS.



WCMS President Robert G. Lerner, MD; William Mooney, Jr. 2013 Friend of Medicine Awardee, Louis F. McIntyre, MD, WCMS President-elect

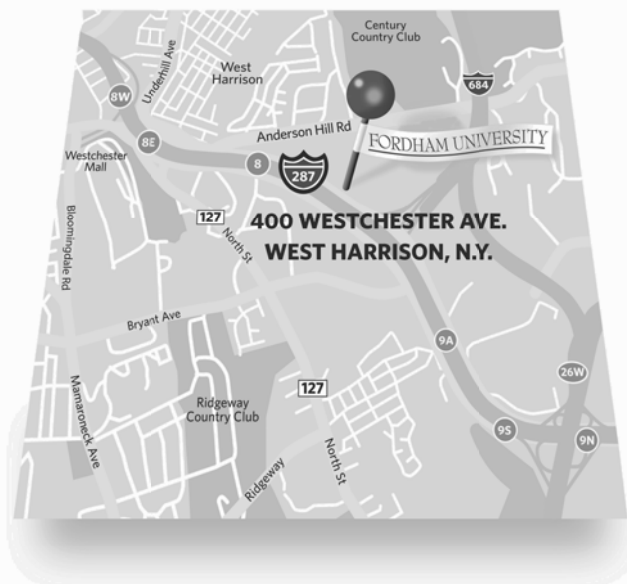


William M. Mooney, Jr., 2013 Friend of Medicine Awardee



Academy of Medicine President, Joseph Tartaglia, MD with the 2013 WESEF Awardees - Molly Charney, Angela Sun & Rebecca Barnett





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