



President's Message

Westchester County Medical Society 2013 Albany Lobby Day and Score Card

By Thomas T Lee, MD, FACS, WCMS President and Chair of the Legislative Committee

The 2013 MSSNY Physician Lobby Day events started on March 4th in Albany, with a Physicians' Capitol Forum webcast which was shown on seven satellite simulcasts throughout the State of New York. Physicians posed in-person and online questions to legislators and executive branch officials. In attendance were Terence O'Leary (Director of NYS Bureau of Narcotics Enforcement), Ms Donna Frescatore, (New York Health Benefit Exchange Executive Director), Senator Kemp Hannon (Chair of Senate Health Committee), Senator James Seward (Chair of Senate Insurance Committee), Assemblyman Richard Gottfried (Chair of Assembly Health Committee), and Assemblyman Kevin Cahill (Chair of Assembly Insurance Committee). Many issues, including functional aspects of the State health exchange, professional liability reform and coverage, I-STOP implementation, Medicaid formulary, physician extender role, and many other pertinent issues were raised by the audience.



The Westchester County Medical Society legislative team of Dr. Andy Kleinman (Vice Chair of WCMS Legislative Committee and MSSNY Vice President), Dr. Kira Geraci-Ciardullo (Past WCMS President and MSSNY House of Delegates Vice Speaker), Dr. Robert Lerner (WCMS President-Elect), Dr. Joseph Tartaglia (WCMS Past President and President, Westchester Academy of Medicine), Drs. Gino Bottino and Thomas Rechtchaffen (both WCMS Legislative Committee members), Mr. Brian Foy (WCMS Executive Director) and myself attended the MSSNY Lobby Day morning conference on March 5th in Albany. After a briefing by the MSSNY legislative team and MSSNY officers, the WCMS team headed to the Capitol to meet with members of the Westchester delegation. The WCMS delegation was once again one of the largest delegations, and was joined on various legislative visits by representatives and physician leaders of the NYS Anesthesia Society as well as Dutchess County physician leaders. The Westchester team met with several members of the NY State Senate and Assembly as well as their legislative staffs. Numerous meetings took place at the Capitol or the legislative offices of Senator Andrea Stewart-Cousins (Senate Minority Leader), Senator Greg Ball, Senator George Latimer, Assemblyman Steve Otis, Assemblyman Gary Pretlow, Assemblywoman Amy Paulin, Assemblyman Steve Katz, Assemblywoman Sandra Galef, Assemblyman Thomas Abinati, and Assemblywoman Shelley Mayer.

In addition to our continued advocacy for medical liability reform, the team focused their advocacy efforts on three proposals in the Governor's 2013-14 executive budget: 1) decreased funding and more stringent eligibility requirements to participate in the Excess Medical Liability program; 2) corporate ownership of retail clinics; and 3) sunset of provider prevail rules on Medicaid formulary. *(continued on page 10)*

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Upcoming Events Mark Your Calendar

Thursday, May 2nd - 6:30 pm
Board of Directors Meeting

Monday, May 6th - 5:00 pm
CME Committee Meeting

Monday, May 27th
Memorial Day - OFFICE CLOSED

Friday, June 7th - 6:00 pm
WCMS Annual Meeting
(Westchester Country Club – Rye)

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
May 2013 issue is April 25th.**

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.

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.

FROM THE EDITOR

"Gunplay"

By Peter Acker, MD



A few years ago I wrote an essay published here with the provocative headline "It's the Environment Stupid." It was inspired by a talk from Dr. Y. Cathy Kim, Associate Director of the Pediatric Environmental Health Center at the Maria Fareri Children's Hospital. I wrote about the environmental factors that influence the health of children and argued that it was well within our purview as pediatricians to get involved in community issues such as the type of food readily available in our schools. Of course, every doctor should want to know about environmental influences, but I think it is of particular moment in pediatric care because we pediatricians are charged with advocacy for a group that does not have the clout of adults.

I thought of this piece while digesting all the articles I have been reading about the current gun control debate. Unfortunately, it is loaded (excuse the use of this verb!) with hyperbole, myopia, and absurdity. For example, does anyone really believe that we need to have assault rifles in our homes to protect ourselves from the government? Does it make sense to cite that, statistically, the mass murders are a very small number and shouldn't govern a policy debate, yet after 9/11 we invaded countries, instituted drone attacks, condoned torture and generally turned our country upside down for a loss of life dwarfed by the ten times larger number of fatalities each year on our nation's highways? I get it – I know that there is a much greater emotional and dramatic impact about a terrorist attack, but shouldn't reason prevail so we are focusing on the quotidian and more common risks to our lives?

The American Academy of Pediatrics has been accused by the far right of having a leftist agenda on many issues, but especially on gun control. This is where the myopia comes in. Looking at guns purely from a public health perspective, the statistics are simply overwhelming. Here's one: a person between the ages of 15-24 is 35.7 times more likely to commit suicide if he or she lives in a house that contains guns. Adolescents, we know, are subject to impulsive acts. What would usually be a suicidal gesture involving a bottle of pills (2% mortality), with a gun available would almost always result in death (90% mortality). Furthermore, those suicidal gestures involving nonlethal means usually results in treatment and the great majority of those do not go on to have a successful suicide. Would anyone buy a house if they were told, oh, by the way, this house is 35.7 times more likely to burn down than your neighbors? Yet an article in the New York Times a couple of months ago, chronicling the heartbreaking story of a Wyoming family in which the teenage son committed suicide, the father clung to his strong pro-gun stance. Now to the absurdity part. In June of 2011, Governor Scott of Florida signed into law a bill prohibiting physicians from asking about the presence of guns in the household. It is perfectly ok to inquire about any other household risk such as swimming pools, containers with toxic liquids or seatbelt use, but not about the one item which is most likely to harm a child or an adult. This echoes the contretemps that arose recently when the Journal News published the locations of households with guns in which gun owners complained that was an intrusion, an invasion of privacy. I can't help but think a paranoid element is clouding our thinking. As a parent, I think knowing whether a household has a gun would be important to know before sending one's child for a play date.

To my mind, physicians need to be cognizant of the public health disaster that has been perpetrated upon us by, largely, the National Rifle Association which, let's be clear, are lobbyists for a hugely profitable business – the makers of guns. Our country has by far the highest rate of firearm related deaths than of any of the developed world and, in my view, is a disgrace. ♦

Physician - Politician Relationships

Alfred Tinger, MD



I have not written anything for the Westchester County Medical Society newsletter since I served as its President several years ago mainly because our subsequent Presidents have excelled in their duties to inform us of current pertinent events and in advancing our collective agenda. However, just recently after having the privilege to converse with our President, Dr. Thomas Lee, I stumbled across some very interesting reading, and I feel compelled to share this most surprising coincidence with my dear friends and colleagues.

Regarding WCMS relationships with elected governmental officials I have the opinion, as I sense that most of our current board members share, that Thomas Lee, MD has brought our political advocacy and productivity to new heights. I am proud of Dr. Lee's significant contribution to organized medicine's recent accomplishments with our state government, not the least of which is the progress regarding out of network benefits and excess liability funding. Aside from his own time, effort, money, and persistence, I have wondered how he has helped the County and State Societies to achieve so much because we all know how much our past Herculean efforts have been thwarted, obstructed and cheated by many elected officials. What skills does Dr. Lee have that not many of us have had before and which I hope can be taught to our future Presidents? Then I happened to read Gulliver's Travels by Jonathan Swift, and right there, practically a century before our country was born out of England, Mr. Swift explained the successful interactions between physicians and politicians clearly to me, at least.

Please read this excerpt of Gulliver's account on his voyage to Laputa and Balnibarbi.*

"But, however, I shall so far do justice to this part of the Academy, as to acknowledge that all of them were not so visionary. There was a most ingenious doctor who seemed to be perfectly versed in the whole nature and system of government. This illustrious person had very usefully employed his studies in finding out effectual remedies for all diseases and corruptions to which several kinds of public administration are subject by the vices or infirmities of those who govern, as well as by the licentiousness of those who are to obey. For instance: whereas all writers and reasoners have agreed, that there is a strict universal resemblance between the natural and the political body; can there be any thing more evident, than that the health of both must be preserved, and the diseases cured by the same prescriptions? It is allowed that senates and great councils are often troubled with redundant, ebullient, and other peccanthumours, with many diseases of the head, and more of the heart; with strong convulsions, with grievous contractions of the nerves and sinews in both hands, but especially the right; with spleen, flatus, vertigos and deliriums; with sour frothy ructations, with canine appetites and crudeness of digestion besides many others needless to mention. This doctor therefore proposed, that upon the meeting of a senate, certain physicians should attend at the three first days of their sitting, and, at the close of each day's debate, feel the pulses of every senator; after which, having maturely considered, and consulted upon the nature of the several maladies, and the methods of cure, they should on the fourth day return to the senate house, attended by their apothecaries stored with proper medicines;

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(continued from page 4) Physician-Politician Relationships

and before the members sat, administer to each of them lenitives, aperitives, abstersives, corrosives, restringents, palliatives, laxatives, cephalagics, icterics, apophlegmatics, acoustics, as their several cases required; and according to these medicines should operate, repeat, alter, or omit them at the next meeting.

This project could not be of any great expense to the public, and might, in my opinion, be of much use for the dispatch of business in those countries where senates have any share in the legislative power; beget unanimity, shorten debates, open a few mouths which are now closed, and close many more which are now open; curb the petulance of the young, and correct the positiveness of the old; rouse the stupid, and damp the pert."

Two paragraphs later, Mr. Swift goes on, which is where I was reminded of Dr. Lee's expertise in modern Neurosurgery.

"When parties in a state are violent, he offered a wonderful contrivance to reconcile them. The method is this. You take an hundred leaders of each party; you dispose them into couples of such whose heads are nearest of a size; then let two nice operators saw off the occiput of each couple at the same time, in such a manner that the brain may be equally divided. Let the occiputs thus cut off be interchanged, applying each to the head of his opposite party-man. It seems indeed to be a work that requireth some exactness, but the professor assured us, that if it were dexterously performed the cure would be infallible. For he argued thus; that the two half brains being left to debate the matter between themselves within the space of one skull, would soon come to a good understanding, and produce that moderation, as well as regularity of thinking, so much to be wished for in the heads of those who imagine they came into the world only to watch and govern its motion: and as to the difference of brains in quantity or quality, among those who are directors in faction, the doctor assured us from his own knowledge, that it was a perfect trifle."

Dr. Lee's secret is hence revealed, and I am happy to have discovered it. Certainly, Mr. Swift never truly witnessed the brain transplants that Dr. Lee has mastered. It is overwhelmingly unfortunate that government, especially the government formed in response to the repressive 18th century British government that Gulliver's Travels tried to expose, hasn't evolved an iota compared to the awesome progress that our great profession has provided to humankind. Isn't it professionally, morally and inherently reprehensible when we allow such political bodies to prescribe our future? We need to be more proactive collectively in our interactions and negotiations with legislators for our respected and admired profession. Dr. Thomas Lee is our example for success. Thank you Tom!

*Gulliver's Travels by Jonathan Swift, published 2003 by Barnes and Noble, ISBN 978-1-59308-057-0





FAQs on the 2013 Sequestration

On Monday, April 1, a 2 percent across-the-board cut in Medicare provider payments took effect. The sequestration is required by the Budget Control Act that was signed into law in August 2011. It was originally intended as an incentive for the so-called Super Committee convened that year to design an alternative package to achieve \$1.2 trillion in budget savings.

How will Medicare physician payments be affected?

- All Medicare physician claims with a date of service on or after April 1 will be subject to a 2 percent payment cut.
- Costs for physician-administered drugs included on the physician claim will also be subject to the 2 percent cut.
- The cut will be applied to the payment itself, not the underlying “allowed charge” in the Medicare fee schedule. As a result, beneficiary copayments and deductibles will not change. In other words, the 2 percent cut is imposed only on the 80 percent of the allowed charge that a participating physician would receive directly from Medicare. The 20 percent copayment amount (and any deductible) that the physician collects from the patient will be based on the full allowed charge amount.
- With respect to unassigned claims for services provided by nonparticipating physicians, the 2 percent cut will be applied to the Medicare payment made to the beneficiary (but not to the limiting charge amount).

How will Medicare payments to other providers be affected?

- Hospitals, home health services, durable medical equipment suppliers, and all others who provide services to Medicare patients will receive the same 2 percent payment cut for dates of discharge, rental agreements, etc., beginning on or after April 1.
- This reduction will also affect Medicare direct and indirect graduate medical education payments.

How are other (non-Medicare) programs being affected?

- The Budget Control Act specifies that half the budget savings must be achieved through defense spending cuts. Medicare provider cuts are limited to 2 percent, so the lion’s share of the non-Defense savings will come at the expense of domestic discretionary programs.
- The \$85.4 billion in 2013 sequester savings breaks down as follows:
 - 7.9 percent cuts in defense spending, for a savings of \$43 billion
 - A 5.3 percent reduction in domestic discretionary spending, for savings of \$29 billion
 - 2 percent cuts in Medicare provider payments that will save about \$10 billion
 - A 5.8 percent cut to defense and non-defense mandatory programs to save about \$4 billion
- Certain safety net programs, including Medicaid, are exempt from the cuts, as are military personnel salaries.
- The precise impact on specific public health and other programs will vary, although staff furloughs are being implemented by many federal agencies. The savings targets for the defense and domestic discretionary programs are based on the federal fiscal year, which began October 1, so the impact severity for the remainder of FY 2013 depends on what steps individual agencies and programs may have taken since last October to reduce spending.

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(continued from page 6) AMA - FAQ on the 2013 Sequestration)

How long will the sequestration last?

- The Budget Control Act requires that \$1.2 trillion in federal spending cuts be achieved over the course of **nine** years. So, unless Congress takes action to change the law, federal spending will be subject to sequestration until **2022**.
- Because the American Taxpayer Relief Act that was signed into law in January delayed the 2013 sequester for two months (with a budget offset), the Defense and discretionary program cuts are less severe now than they will be in coming years.
- As an entitlement program, the Medicare payment cut is treated a little differently than the cuts being imposed on programs subject to the appropriations process. The Medicare cut will never be higher than 2 percent.
- Importantly, the Medicare cuts each year are **not** cumulative. So, the 2 percent cut this year will **not** be followed by another 2 percent cut next year, and so forth, producing a cumulative double-digit cut at the end of the sequestration period. In other words, this year's 2 percent cut will simply remain in place every year through 2022 (unless Congress takes action to stop it).

What are the prospects of Congressional action to stop the sequester?

- With all the fiscal deadlines facing Congress this year, the sequester will remain a subject for debate. However, we are mid-way through the fiscal year and, barring a major backlash, it is expected that the sequester cuts will remain in effect through at least Sept 30, 2013.
- The future of sequestration beyond 2013 is likely to depend on whether or not Congress and the White House are able to reach a new budget agreement to address deficit and spending concerns.

What has the AMA done to address the sequester?

- The AMA initiated a campaign last fall to educate Members of Congress about the negative consequences of sequestration. In addition to repeated direct communications with Congressional offices, the AMA took the following actions:
 - We cosponsored a study and media event with the American Hospital Association and the American Nurses Association, detailing the impact that the cuts will have on employment in the health care sector, including employees in physician practices, over the course of the nine year sequester. Joint advertisements were placed in inside-the-beltway publications highlighting the study's findings.
 - We organized two letters to Congress, cosigned by Federation groups, explaining the impact that sequestration will have on practices, on patients, and on health care programs generally.
 - We activated our patient and physician grassroots networks.
- Information about these activities is posted on the AMA web site, at www.ama-assn.org/go/medicarepayment.
- We encourage physicians to contact their Representatives and Senators emphasizing the impact of the Medicare program's instability on their practices and their patients, using the support material that is routinely updated and posted on the AMA's web site. ♦



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*Students enrolled in Masters Level programs may be eligible to apply. Please direct inquiries to the Faculty Director. CME credits and CEU credits in Social Work and Nursing will be provided. If you are seeking continuing education credits in other disciplines, or for any other inquiries, contact Dr. Mary Beth Morrissey at: mamorrissey@fordham.edu; 914-714-2241. Fordham University reserves the right to modify the program, course sequence, and course content. Check the web site for updated information on course offerings for Spring/Fall 2013, and Fall/Spring 2014.

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(continued from page 1) WCMS 2013 Albany Lobby Day and Score Card

Most, if not all, legislators agreed that the Excess Layer coverage funding formula should not be altered and the funding was eventually restored in the final negotiated budget, reflecting the Senate-Assembly consensus. Physicians were concerned with corporate ownership of retail clinics because of the lower level of expertise, lack of supervision, and lack of continuity of care and communication with the primary care physician, especially in the era of industry consolidation and enhanced communication. Potential profit motives of such corporate entities and clinics over patient welfare were also questioned by the team. Most legislators agreed with our position and the final negotiated budget does not contain the retail clinic provision. The Executive budget would eliminate provider prevail provision for several classes of drugs including anti-psychotics. All legislators concurred that the provider prevail provision of Medicaid formulary was essential and the final budget restored funding for this provision. In fact, provider prevail was restored for certain classes of medications for many managed care Medicaid products as well. Out of Network Transparency and Adequacy Bill (S.2551, Hannon) and Physician Collective Negotiation (S.3690, Hannon) were discussed with various legislators. Since the Out of Network Transparency and Adequacy bill was part of the Senate one-house budget, a focused discussion on this important issue was also part of the advocacy efforts. Fairness, consumer protection, and patient access to quality care were some of the key points made to support this provision. Senator Hannon and Senator Ball strongly advocated the inclusion of the out of network bill during the reconciliation process, despite the suggestions by some Assembly Democratic leaders to remove it from the budget. The bill was not in the final negotiated budget, but legislative leaders indicated that a settlement on this issue will likely come by the end of this legislative session. Many legislators from both sides of the aisle agree with the team's position on the absolute majority of the issues raised above.

The legislative team also voiced concerns on the recently enacted I-STOP law and SAFE Act. In regard to I-STOP, many physicians were concerned with the patient's access to pain medications for legitimate uses and the tremendous administrative burden the proposed rules would add to physician practices. Concerns were also raised on the impact of these provisions on the physician-patient relationship, patient confidentiality and privacy, and ultimately, access to care. It was also pointed out that the Health Commerce Service website is not easily accessible or easy to use at this time. Suggestions were made to delay the I-STOP implementation until the availability of online controlled substance prescription in 2014. Specific concerns of the recently signed NY State gun regulation included breach of physician-patient confidentiality, HIPAA compliance, and psychiatric patients' fear of prosecution and refusal to seek appropriate psychiatric care.

The team was pleased with the very constructive conversations held with the legislators and plans to follow up on key issues in district with the legislators and their aides. We are also pleased with the outcome of the budget negotiation and favorable resolution of many key issues. Continued advocacy is needed for Out of Network Transparency and Adequacy legislation to be passed in this legislative session. The Society will continue to push for comprehensive medical liability reform if the opportunities present themselves in the future.

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WCMS Board Highlights - March 2013

At its meeting on on March 7, 2013, the WCMS Board...

Welcomed **David Crane, CEO, Mobil Health One, and WCMS member John Abrahams, MD, founder, MDChat**, who addressed the Board on the benefits of MDChat, a HIPAA-compliant, on-demand communications platform designed to improve workflow productivity within and between healthcare organizations. Several Board members agreed to test the platform and report back to the Board by May so the Board can further discuss the possibility of offering MDChat as a WCMS member benefit.

Welcomed **Edward Halperin, MD, Chancellor and CEO, New York Medical College (NYMC)**. Dr. Halperin briefed the Board on both his clinical and administrative background, including his involvement in organized medicine both in North Carolina and Kentucky. In response to several Board questions, Dr. Halperin expressed interest in being more involved with the WCMS personally, and looks forward to opportunities to strengthen the relationship between NYMC and WCMS/MSSNY.

Welcomed **Charles Cante, PhD, Associate Dean and Graduate Business Programs Director, Hagan School of Business, Iona College**. Dr. Cante was invited to make a presentation and answer questions regarding the possible development of advanced certificate courses in health care for physicians. The Board expressed strong interest in this and a small group of Board members will work closely with Dr. Cante and Iona to develop a curriculum suitable for practicing physicians.

Approved the report of the President of the Academy of Medicine, which authorized the Academy to sponsor the prizes for the 4th Place Winners at the Westchester Science and Engineering Fair, March 9, 2013.

Approved the report of the President of the Academy of Medicine, Joseph Tartaglia, MD, which included a recommendation from the Executive Committee to increase the charges for joint-sponsored CME programs effective September 1, 2013. This increase is necessary to help off-set the cost of retaining additional staff support to accommodate the ever-growing CME program.

Approved the Report of the Membership Committee, including one new Life Member and one new medical student member. *The Board also observed a moment of silence to note the passing of Vincent Du Vigneaud, MD, age 80.* ♦

Welcome our Newest WCMS/Academy Members

At its meeting on April 4th, the Board of Directors elected the following to membership:

Bonnie D. Eilen, MD

Sandra A. Gilmore, MD

Kaare J. Weber, MD

Kimberly A. Yee, MD

Edward Halperin, MD

Alyson A. Levine, MD

Francesco Passarelli, MD

We welcome these physicians to the WCMS Family!

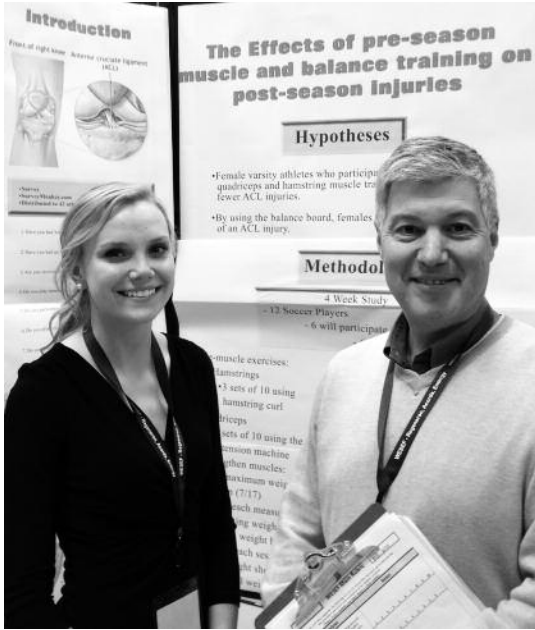
In Memoriam

Gloria T. Edis, MD; date of death January 28, 2013.

WESEF (Westchester Science and Engineering Fair)

by Joseph J. Tartaglia, President, Westchester Academy of Medicine

On Saturday, March 9, instead of sleeping late on a cold winter morning one day after a snowstorm, I got up early with my wife, got dressed and drove down to Sleepy Hollow High School in Tarrytown to serve as a judge in the WESEF (Westchester Science and Engineering Fair) where over 400 students from 33 area high schools in Westchester and Putnam Counties presented their science research projects at the 13th annual Regeneron -- Westchester Science and Engineering Fair. Only the top ten projects and



top three teams would be selected to attend the Intel International Science and Engineering Fair this year in Phoenix, Arizona, where over 1600 students from over 65 different countries worldwide participate in the "Olympics of Science Fairs". The remaining 390+ students would get nothing for all their hard work and sacrifice for science were it not for sponsors of special awards like the Westchester Academy of Medicine. **The Academy is a proud Gold sponsor of all the fourth place prize winners in each category of biochemistry, medicine, cell biology, chemistry, behavioral science, computer science, animal science, environmental science and microbiology. In addition, we present ten certificates in "Excellence in Medical Research" awards in the category of medicine and health and three "Future of Medicine" award winners.** The funding for these prizes and recognition awards comes from the generous contributions of the

members of the medical society at our annual golf event fundraiser and the raffle held at the Annual Holiday Party.

I was one of 170 judges. Scientists, engineers, research physicians and physicians all volunteer their time to bring the judging to the highest level so that the winners have the best chance of winning prizes at the ISEF. After a few words of thanks from County Executive Robert Astorino, we all headed into the huge auditorium where there are over 400 posters and nervous high school students waiting to explain their research projects to us. The students are judged by at least seven judges and the highest and lowest scores are thrown out. The students are judged by their explanation of the project, their understanding and ownership of the project, the clarity of illustrations, etc.

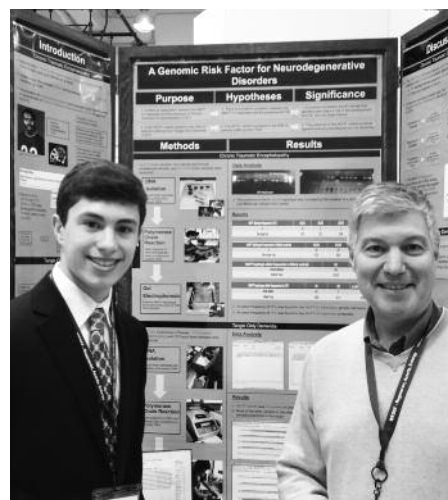


The caliber of their research is very impressive for high school students. Molly Charney, a junior from Briarcliff High School, who was one of our top award winners in medicine and health, did her project on traumatic encephalopathy in athletes and was able to study, using magnetic resonance spectroscopy, the biochemical makeup of human brains and show the metabolic changes that occur with traumatic injury.

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"I hope that my research will help to diagnose chronic traumatic encephalopathy in athletes and veterans while they are still alive and before cognitive symptoms (develop)," Ms. Charney stated. Rachel Simon, a senior at Blind Brook High School was the winner of one of our fourth place prizes for behavioral science. She studied at Columbia University Institute of Human Nutrition and her research was focused on demonstrating in women how not getting enough sleep can affect their metabolisms and make them gain weight. In another study on nutrition and health, Angela Sun, a junior from Horace Greeley High School, did her project on the effects of high fructose consumption in rats which showed that early-on the function of the arteries is improved but, long-term, the endothelial cells become dysfunctional which restricts their exercise capacity (suggesting how high sugar meals in humans can cause negative consequences). In a letter of thanks to the Academy she says "I definitely see myself entering the medical field of the future, and I look forward to continuing my research..." Indeed, many of the students intend to go into medicine and I believe



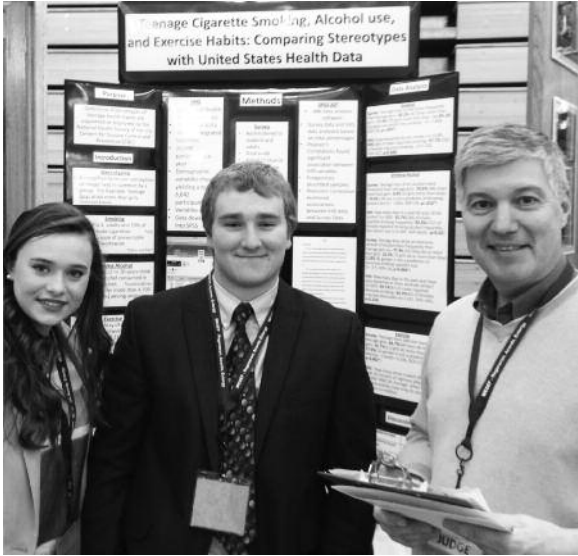
it's important for the medical society, through the Academy of Medicine, to encourage them, which is why we have supported the science research program for the last five years. Many projects are related to medicine, even those in other scientific categories. For example, our fourth place winner in chemistry, Ari Faust, studied (at the Methodist Research Institute in Houston, Texas) the release of nanoparticles from porous silicon particles, which is a potential multistage Nano scale delivery system for drugs. Other projects are much more directly related to medicine. For example, Maya Anand from Horace Greeley High School

researched how the patient-doctor relationship in breast cancer survivors affects the patient's perception of pain. Cindy Du, a student at Scarsdale High School, investigated a new pathway of altered lipid metabolism in prostate cancer and found that ACSL4 (long-chain fatty acyl-CoA synthetase 40) is a potential biomarker to determine the effectiveness of androgen therapy. Not all the projects are so technical and no subject is too outlandish to address. Kara Milstein won a fourth place prize in behavioral sciences for a project on adolescent dating anxiety, demonstrating that dating anxiety was a predictor of relationship style and dating experiences. She writes "I find it truly rewarding that I, just a senior in high school, can share what I've found with actual researchers and psychologists. You (The Academy) made this possible for me and all other high school students and we all really appreciate it." Some projects were exciting news to me and were fascinating approaches to old problems. For example, our fourth place prize winner in biochemistry, Gopi Neppala, studied Type I Diabetes at Yale School of Medicine and for the past two years

(continued on page 14)

(continued from page 13) WESEF

has been helping to research the development of a recombinant protein vaccination for Type I Diabetes prevention. He writes to us "I would just like to thank you...



for all the work you have done to make WESEF possible. Taking part in the fair was honestly one of the most rewarding experiences of my life, and will go far in helping me pursue my future career in scientific research." Jane Tanzer studied how bacterial proteases elicit allergy through skin, Tanveen Dhallu studied the use of lavender oil inhalation to reduce pain and anxiety with diabetic wounds, and Angela Liu showed how to defibrillate hearts using light instead of electricity! These are just a few of all the fascinating projects at the fair.

Altogether the Academy of Medicine

awarded 67 awards and certificates.

As I stood on the podium at the award ceremony for WESEF, representing the Westchester Academy of Medicine, I couldn't help but think that perhaps a future Nobel Prize winner was not standing next to me. There must have been 3000 students and family members in the auditorium all grateful to the Academy for their role in supporting their children's research projects. As I look back on my career and think of what inspired me to go into medicine, I am grateful that I attended this fair and rekindled that excitement and enthusiasm that began my career. All of us who enjoy the practice of medicine should think about giving back some time to be a judge at the science fair next year. You will not regret it.

The three top winners in the category of Medicine and Health are our "Future of Medicine Award" winners and will be attending our Annual Meeting where they will show their projects and be honored. Please take a moment to discuss their projects with them and you will see how prodigious they are and maybe experience for yourself a bit of that youthful enthusiasm and wonder for discovering the unknown. ♦



YOUR MEDICAL SOCIETY DISABILITY INSURANCE PROGRAM ~ NOW EVEN BETTER INCOME PROTECTION ~

By Kathleen Sellers, JD, CLU, Assistant Vice-President & Counsel of Charles J. Sellers & Co.

Charles J. Sellers & Co., Inc. is the endorsed administrator for 38 County and 5 District Medical Society Disability Income Programs across New York State. Our most popular insurance program for physician members is the Disability Income Insurance Program, which helps provide you with an income if you are sick or injured. This program is underwritten by the Life Insurance Company of Boston & New York (New Rochelle, New York). We are happy to announce that this program has recently been improved.

LONGER BENEFIT PAYMENT PERIOD AVAILABLE

When you purchase a disability income policy, you select from several optional benefit periods – the length of time that benefits would be payable if you were disabled. In most instances, it is wise to select a benefit period that insures the income that you will generate for as long as possible. A new, longer benefit period is now available that, if you are disabled prior to age 64, makes benefits payable until your Social Security Normal Retirement Age (SSNRA), the age set by federal law and used by the Social Security Administration to determine when full Social Security retirement benefits are payable. If you are disabled between age 64 and 75, benefits are payable for the greater of one year or to your SSNRA.

If you were born between 1943 and 1954, federal law currently sets your SSNRA at age 66. If you were born between 1955 and 1959, your SSNRA is currently set between ages 66 and 67. And, if you were born in 1960 or later, your SSNRA is currently age 67. We know from speaking with our physician customers that many of you are working longer than most physicians used to work. This new benefit period recognizes that fact, and helps you to protect more of your income.

ADDED PROTECTION FOR CATASTROPHIC DISABILITIES

Your Medical Society-endorsed Disability Income program now offers additional protection in the event that you suffer a catastrophic disability. With this optional benefit, your benefit payment will be increased by 30% if you are Totally Disabled under the policy's provisions and cognitively impaired or unable to perform two or more Activities of Daily Living for which you cannot be reasonably accommodated by adaptive equipment. (The Activities of Daily Living are bathing, dressing, toileting, transferring, bowel and bladder control, and eating.) This extra benefit, which can be used in any way you wish, can help you with the added expenses that such a life-changing disability can bring.

(continued on page 17)

Without proper legal counsel, your practice could be in jeopardy.

At Kern Augustine, we dedicate our practice to counseling health professionals. Whether you are structuring business agreements or need expert advice on today's growing maze of regulations, we can help you to avoid costly, time-consuming problems. Unlike most other health law firms, our principal interest is representing the interests of physicians – not hospitals. And, our attorneys offer you years of experience and knowledge in

the field. Because of this, we can help you capitalize on opportunities unique to your profession – while taking careful steps to avoid risk. To profit from our expertise, please call our office today.

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(continued from page 15) Your Medical Society Disability Insurance Program

HELP YOUR BENEFITS KEEP PACE WITH INFLATION

The Society-endorsed policy also has two new Cost of Living Adjustment (COLA) options. A COLA benefit helps your benefits keep pace with inflation, in the event of a long-lasting disability. Although we have been in a period of low inflation, inflation will certainly rise again in the future. While the Society-endorsed program already offered one COLA option, there are now a total of three COLA options, with varying benefit and premium levels, so that you may select the most appropriate COLA option for your personal financial situation.

If you already have Medical Society-endorsed disability insurance through our agency, we will be contacting you in the near future to discuss how adding these new options may benefit you. As always, you can call our office at any time to speak with one of our knowledgeable representatives about your coverage.

If you have other disability insurance in place, but haven't reviewed it lately, please call us for a no-obligation consultation. We can help you make sure that your insurance protection is still sufficient in light of your income level and financial responsibilities.

And, if you do not have disability insurance, we urge you to call us right away. A young physician whose father, a local surgeon, had Medical Society-endorsed disability coverage through Sellers & Co. recently wrote to us, saying:

"My surgeon father was diagnosed with a bad medical disability when I turned 10. He had the foresight to get disability insurance through Sellers, possibly one of the best decisions he made. Over the past 25 years, the funds from his insurance gave us the ability to maintain a dignified quality of life. Over the years, Sellers has been unparalleled in their service and compassion. I can't thank them enough, and intend to use them for many years to come."

Your ability to earn an income is most likely your most important financial asset. Please call or email us to discuss how the newly improved Medical Society-endorsed disability income program can help protect your income, your lifestyle, and your family from the financial effects of a disability.

This policy provides DISABILITY insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 55%. This ratio is the portion of future premiums which the company expects to return as benefits when averaged over all people with this policy. See Policy Form DIC-N (0900) NY.

Financially Speaking

with Nick Preddice of the Affinity Group

The American Taxpayer Relief Act: This "relief" can be costly.

With New Year's resolutions still fresh on our minds, health, family and wealth are usually high on our radar screens. Unfortunately, for many of us, the "wealth" aspect of our lives just became a bit more challenging. Why? The American taxpayer relief act. Interesting name, and when I finish my thoughts, you may feel the way I do, that all we are getting relieved of is our hard earned money.

First, let's look at some significant items in the Act, as taken from:

The NY Examiner: Impacts of "avoiding" the Fiscal Cliff, Payroll Tax Increase, Wealthy Taxes... January 13, 2013, by Robert Skinner.

Speaking of said provisions, The American Taxpayer Relief Act imposed a 39.6% rate on taxable income above the following thresholds; (Data from Duane Morris on Mondaq.com)

- *Married taxpayers filing jointly and surviving spouses with taxable incomes up to \$450,000*
- *Taxpayers filing single with taxable incomes up to \$400,000*
- *Taxpayers filing as heads of households with taxable incomes up to \$425,000*

This act also extended the 15% rate on dividends and long term capital gains under the above threshold levels, and imposed a 20% rate on long term capital gains and qualified dividends to the extent their income is higher than the above thresholds.

There is now a permanent top estate tax rate of 40% (up from 35%) and estate tax exclusion of \$5mm for estates of decedents dying after December 31, 2012.

Those of us who work (in dwindling numbers), are now paying an extra 2% payroll tax which is said to affect 114 million taxpayers!

As you will note, the first form of "relief" comes with the expiration of the payroll tax holiday. We know that we each pay a portion of our income towards social security and Medicare. Two years ago in an attempt to stimulate the economy, congress voted to cut the payroll tax by 2%, effectively giving all of us a raise. If we were smart and disciplined, we used that government raise to improve our financial picture. If not, we spent it and it's gone. Now the 2% raise is gone. Said another way, we all just got a 2% pay cut.

Another form of "relief" comes through income tax rates. Depending on your income, they either haven't changed, or they went up. As you see, the top tax rate for single tax filers over 400,000 or joint filers over 450,000 will now jump from 35% to 39.6%. Relief indeed.

The third change involves your hard earned, after tax money that you have invested to build long term financial security for your family. Previously, capital gains from investments were taxed at a 15% rate and as you can see, that has changed to 20% thanks to the relief act. So if you earn over 200,000 as a single filer, or 250,000 as joint filers, (with the 3.8% you get to pay as part of the previously passed Obama Care), it can possibly mean a 57% increase in taxes on investment gains. Relief?

And fourth, as you see above, the Federal estate tax on amounts higher than the exemption rose as well.

So what does all this relief mean to you? I suggest it means some new resolutions:

Review your budget and savings strategy. Saving more with less in hand may take some new thinking.

Be certain your estate plan is structured properly or crucial deductions can be missed entirely.

Review your investment strategies.

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(continued from page 18) Financially Speaking

Most important! Something I recommend every day to my clients: Meet with your attorney, your accountant and your financial advisor together. Yes. In one room.

I have brought many such teams together and it has made all the difference in having a truly comprehensive plan for your health, wealth and family.

Nick Preddice is a registered representative of and offers securities and investment advisory and financial planning services through MML Investors Services, LLC. Member SIPC. Supervisory Office: 8 Southwoods Blvd, Albany, NY 12211. (518) 463-5533

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