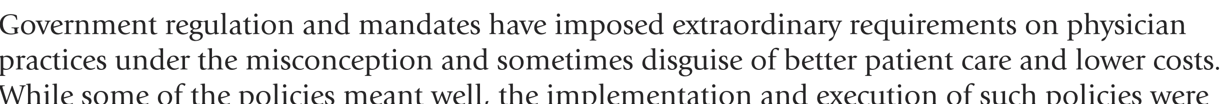
WESTCHESTER PHYSICIAN

May 2013 Vol. 28, Issue #5

President's Message
"Preserving Our Noble Profession in a Turbulent Time"
By Thomas T Lee, MD, FACS, WCMS President

Physicians enter the profession of medicine to care for patients and improve the health of the population. That altruistic goal has remained the hallmark of the medical professional through the past centuries. Our profession has increasingly come under attack over the past 30 years, as mounting government regulation and mandates, liability burden, and oligopoly of the health care delivery systems continue to stress physician practices.



Government regulation and mandates have imposed extraordinary requirements on physician practices under the misconception and sometimes disguise of better patient care and lower costs. While some of the policies meant well, the implementation and execution of such policies were costly and burdensome, and merely benefit the bureaucracy and consulting companies. The implementation of the HIPAA (1996) and other strict privacy requirements caused significant financial costs associated with legal and administrative process changes. The federal HITECH Act (2009) required electronic health records at a time when most EHR programs have not undergone adequate field testing and there was no inter-communication amongst various systems. The result was predictable: costly, cumbersome, duplicative, and unreliable systems which were phased out or discontinued. Many physicians needed to spend more money and effort to adopt new EHR systems because of system phase-out or failure altogether. Physician work flow has been negatively impacted, as has patient care. The emphasis of such systems has been strictly to satisfy government "metrics" documentation, compliance, or coding/billing. The Rand Corporation recently recanted on its original claim and published a study sponsored by EHR vendors from the early 2000's that electronic health systems reduce health care expenditures. The Rand Corporation has previously, in 2010, disputed the prior claim that EHR improves hospital quality measures outcomes. Another prime example is the impending implementation of ICD-10 in 2014, which will impose further unfunded mandates on physician practices. With the codes being expanded from 13,000 to 68,000, further work flow and revenue disruption to physician practices is foreseeable. While current legislation in the House (HR1701) is being considered, there is little likelihood of the policy being reversed at this time. The ripple effect from many aspects of the Affordable Care Act (2009), including Medicare bundled payment, Medicare value-based purchasing, readmission penalties, and "never events" penalty threaten to further destabilize the already fragile health care delivery system. Even though there remains the same or slightly higher level of overall health care expenditure, the proportion being spent on the actual provision of health care has diminished. Precious and shrinking health care resources are increasingly being spent on cumbersome IT systems and external professional consulting services which add little value to quality patient care and outcome improvement. The physicians and hospitals may be getting paid less in the new health care paradigm, but consulting companies continue to benefit handsomely through the implementation of the myriad of federal and state health care policies, and these consulting firms deem health care to be a "growth area."

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Upcoming Events
Mark Your Calendar

Monday, May 27th
Memorial Day - OFFICE CLOSED

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

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 June 2013 issue is May 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
"A Brief History of Medical Missions"

By Peter Acker, MD

Readers of these pages know that I from time to time travel abroad with groups of health care workers to deliver care to areas of need. These are usually short term stints of seven to ten days and are hectic but deeply satisfying experiences. I became curious recently about the history of medical missions and decided to do a bit of research, the results of which are chronicled here.

This will not be an exhaustive account and I apologize in advance to my father, a history major at Yale, and my sister, chair of the history department at Carnegie Mellon, for any inadvertent misrepresentations. The early history of medical missions is dominated by the influence of religion and, in particular, Christianity. Whether this is a result of Western-centralism, I leave for the more qualified to comment on. The New Testament teaches that compassion and concern for others is a central tenet. Luke, who authored one of the Gospels and Acts, was a physician (and, interestingly, the only gentile writer of the New Testament) and felt compassion in particular to children and the downtrodden.

Later on, Catholicism became dominate and for centuries much medical care was rendered in monasteries. Over time, some monasteries specialized in the care of a particular disease. For example, the Order of St. Lazarus became known for the treatment of leprosy. Interestingly, today, St. Luke's Medical Center has the largest clinic in New York City for treatment of AIDS, a scourge of Biblical proportions.

Then came the reformation and Protestant churches became more involved and rather than simply setting up a center and having the patients travel to them, they began to send medical missionaries to distant places such as India and Africa. Of course, intertwined with the medical care was religious proselytism. In addition, such missions coincided with the ascendance of Western hegemony and colonialism with all its attendant moral issues such as imposition of a foreign culture upon local culture, division of indigenous peoples via arbitrary borders, and adoption of a paternal/authoritarian relationship. Nevertheless, many of the early medical missionaries were in it for the "long haul" and resulted in the establishments of clinics and hospitals that were often the only locally available medical resources. In addition, these newly established institutions often included training of locals, ala "teach a man to fish" (just an example of my own western centralism - I had always assumed that this quote was from the Bible, but it is actually from a Chinese proverb). This is in contrast to the more recent emergence of the short term medical mission, i.e. a small group goes abroad to a medically underserved area in the world and sets up for a one or two week stint. This arose, probably in the 1950's, out of a desire to "help," but without the commitment of a long term stay. Modern jet travel has made this increasingly tenable and the number of such trips, both religious and nonsectarian has exploded. Next month I will write about some of the ethical considerations that arise from medical missions.

Note: I would be very interested in any written accounts by physicians who have gone on medical missions for publication in the Westchester Physician.

♦

(continued from page 1) President's Message

The liability system continues to financially stress physician practices and increases costs related to defensive medicine, and at the same time provides little to expeditiously compensate the truly injured. The base annual neurosurgery liability premium in Westchester County exceeds $240,000 a year, and for Ob-Gyn it is over $150,000. The neurologically impaired indemnity fund, which was offered as a compromise to comprehensive liability reform 2 years ago, has not realized much premium saving for practicing obstetricians. In the days of diminishing physician service payments, the proportionate negative impact on the health of the physician practice becomes even more magnified. New York spends 4 times per capita on medical liability than California, an equally, if not more, progressive state. Seventy percent of the MLMIC liability claims were closed without any indemnity payment. The cost of defensive medicine is in the tens of billions of dollars range every year, based on the estimates by the Institute of Medicine, Congressional Budget Office, and many other independent studies. The minimal estimates of the annual cost of defensive medicine were in the $35 to $70 billion range, and many studies have shown much higher numbers. Such expenditure could be used to establish a compensation fund coupled with an impartial health court or claim review system to remove meritless claims and to speed resolution of legitimate claims. NY state legislation has been proposed to revamp our broken medical liability system, including a cap on non-economic damages, certificate of merit reform, expert witness rules, preservation of ex parte witness interviews, and alternative resolution forum. If California could implement MICRA in 1975, New York should certainly be able to implement meaningful liability system reform by 2015.

The evolution to oligopoly in the insurance industry, as well as institutional and corporate medical practice models increase costs but fail to demonstrate improved quality or outcome. The US health care system has a vested interest to preserve independent practices to encourage competition and to maintain patient choice and access to care. Many in the federal administration and health care industry have pushed for consolidation and indirectly conglomerate formation of the health care delivery system. Insurer consolidation and mergers have created a lopsided playing field and anti-competitive environment which leave physician practices with the untenable position of "take it or leave it" when it comes to a terrible managed care contract. Health care policies such as expensive unfunded mandates outlined earlier and concepts such as the Accountable Care Organization (ACO) penalize smaller and more efficient physician practices. Insurers are more apt to pay much more per insured life in a large health care system than for substantially similar care delivered in independent practices. The independent practice model also has significantly lower incentive to over-prescribe or over cross-refer. Our patients deserve quality care choices and reasonable access to care without being treated like a commodity or revenue generator. The New York Physician Collective Negotiation legislation (S3563 Hannon) and the federal Medicare Patient Empowerment Act (HR 1700) will be good starting points to level the playing field for independent physician practices and to maintain patient access to care. We need to push for quality improvement in a competitive practice environment. Only then will the costs start to decline.

There are things we can do to help turn the tide and to preserve the best health care system in the world. All physicians should continue to educate themselves on both the issues and potential solutions. We should also distinguish good policies from ones which sound good but merely perpetuate unnecessary bureaucracy without actually improving quality of care. We should speak up and educate our patients on current policies and potential impact on quality and patient access to care. We should speak to our executives in state and federal governments, as well as our representatives in Congress and in State Legislature about our legitimate concerns. As a member physician, everybody should get actively involved with the Society by participating in its committee structure and advocacy efforts. We have traditionally had and continue to maintain strong working relationships with our legislators in Albany as well as our members of Congress. We must continue to strongly support MSSNY-PAC to help build relationships and maintain dialogue with our representatives in Albany and D.C. It is with one unified voice and strong advocacy that our profession will continue to survive and flourish in this difficult health care environment. Please contact Mr. Brian Foy, Executive Director, at (914) 967-9100, if you are interested in getting more involved. ♦

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REPORT OF THE NOMINATING COMMITTEE: 2013-14

The Nominating Committee of the Westchester County Medical Society and the Westchester Academy of Medicine met on April 23, 2013, at the Medical Society Offices and hereby nominates the following candidates for office ***effective July 1, 2013:***

President-Elect
Louis McIntyre, MD

Vice President
Thomas Lester, MD

Treasurer
Robert C. Ciardullo, MD

Secretary
Howard S. Yudin, MD

Delegates to the MSSNY House of Delegates
(Four for two years; term ending 2015)
Robert Ciardullo, MD
Peter Liebert, MD
Louis McIntyre, MD
Abe Levy, MD

Delegate to the MSSNY House of Delegates
(To fill unexpired term of Mark Fox, MD; term expiring 2014)
Robert Lerner, MD

Alternate Delegates to the MSSNY House of Delegates
(Four for two years; term ending 2015)
Robert Soley, MD
Howard Yudin, MD
Dan Zelazny, MD
Thomas Rechtschaffen, MD

Alternate Delegates to the MSSNY House of Delegates
(To fill the unexpired terms (2014) of Robert Lerner, MD and Abe Levy, MD
Thomas Lester, MD
Marshal Peris, MD

Note: Per the Bylaws, the current President-elect, Robert Lerner, MD, automatically assumes the Office of President and the current President, Thomas Lee, MD, assumes the Office of the Immediate Past President.

***Additional candidates may be nominated from the floor at the WCMS/WAM Annual Meeting, provided that each nomination is supported by a petition signed by at least 100 members, as specified in the Bylaws.**

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 7, 2013
Westchester Country Club
99 Biltmore Avenue
Rye, NY 10580
(914) 967-6000

6:00 – 7:00 pm
Networking Reception

7:00 pm
Buffet Dinner
Installation of 2013-2014 Medical Society/Academy Officers

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

Remarks of Thomas T. Lee, MD, Outgoing WCMS President
Recognition of Members Celebrating 50 years in Medicine

Remarks of Robert G. Lerner, MD, Incoming WCMS President

Special Recognition:
William M. Mooney, Jr
President – The Westchester County Association
2013 "Friends of Medicine" Awardee

No Cost for WCMS Members and Spouse or Guest; Additional Guests of Members $125.00;
Non-members and Guests $250.00/per person
Tables of 10 - $2000

RSVP to Karen Foy, 914-967-9100, by email to kfoy@wcms.org
or fill out the form below and fax to 914-967-9232 or
mail to 333 Westchester Ave., Suite LN01, White Plains, NY 10604.
Checks should be made payable to the Westchester County Medical Society.

Name: ______________________________ Guest(s) ______________________________

Email: ______________________________ ______________________________

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Commissioner's Corner

Norovirus Outbreaks in Congregate Living Situations or Associated with Events in Westchester County

Dear Colleagues:

During the past few weeks, the Westchester County Department of Health has received and is investigating several reports of GI Illness outbreaks, associated with congregate living situations or events with large numbers of attendees. Most of these have been lab confirmed to be norovirus.

The Westchester County Department of Health is thus taking this opportunity to remind health care providers to:

- Notify Westchester County Department of Health (WCDH) of any suspected cases of norovirus in congregate living situations, associated with events, or in food handlers, at (914) 813-5159, Mon-Fri, 8:30 AM – 4:30 PM.
- Obtain information about congregate living situations e.g. assisted living, or events, and occupation from any individuals seeking care for GI illness consistent with norovirus.
- Collect stool specimens for 3 types of testing – in viral transport media for viral (norovirus) testing, for bacterial cultures, and for O&P and hold the specimens at your healthcare facility or office until WCDH can arrange for the testing.
- If your office does not have the above specimen collections kits, please send your patients to an ER.
- Exclude patients from school, work, and other activities until they are symptom-free for 72 hours.

Materials containing additional information regarding the above recommendations for your use and reference are available on our website at www.westchestergov.com/health. Click on Professionals' Corner on the gold bar at the top of the home page.

As always, your assistance and co-operation in addressing important public health issues is greatly appreciated.

Sincerely,

Sherlita Amler, M.D.

Commissioner of Health

WCMS Board Highlights - April 2013

At its meeting on on April 4, 2013, the WCMS Board...

- Welcomed **Marshal Peris, MD, Immediate Past President, Northern Westchester Hospital (NWH) Medical Staff.** The Board thanked Dr. Peris for his leadership in the successful adoption of the institutional membership model at NWH, whereby ***all*** members of the medical staff agreed to join WCMS and MSSNY. ***Later in the meeting, the Board elected 400 new members to WCMS/MSSNY.***

- **Received the Report of the Executive Committee and the President, as presented by Thomas Lee, MD.** Dr. Lee reported: that WCMS leadership continues to evaluate the MDChat program as a member benefit; that leadership will soon be meeting with the Dean of the Iona School of Business to discuss the development of an Advanced Certificate program for physicians; and that the WCMS will be making cost-effective changes to the *Westchester Physician* newsletter in the months ahead.

- **Heard the report of the President of the Academy of Medicine, Joseph Tartaglia, MD,** who discussed his participation in the 2013 Westchester Science and Engineering Fair, March 9 at Sleepy Hollow HS. His article about WESEF appeared in the April Newsletter. He encouraged more physicians to donate their time and talent as judges.

- ***Approved the Report of the Membership Committee,*** **which included the election of 400 new members from Northern Westchester Hospital, as well as 4 other new members,** ***four new resident members and two transfers. The Board had a moment of silence in remembrance of Gloria Edis, MD, who passed away January 28, 2013. Dr. Edis had been a member since 1965.***

♦

Renew Your Membership Now!

If you haven't already done so, please renew your membership now! Your continued support enables the WCMS to continue their advocacy and programs on your behalf.

To pay your dues on-line go to www.mssny.org or you may call Karen Foy, Director of Membership, at 914-967-9100.

Welcome our Newest WCMS/Academy Members

At its meeting on May 2nd, the Board of Directors elected the following to membership:

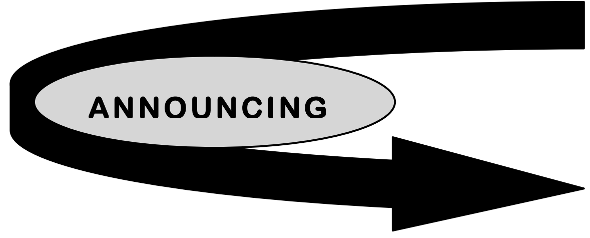
John J. Caruso, Jr., MD	White Plains
Ephraim S., Casper, MD	Basking Ridge, NJ
Caridad Irene Fresneda, MD	Yonkers
Youmin Wu, MD	Valhalla

And 4 Resident Members:
Bhakti Dahale, MD
Mohamed Gadoeh, MD
Sandhya Manohar, MD
Vinita Singh, MD

We welcome these physicians to the WCMS Family!

In Memoriam

Abraham L. Halpern, MD passed away on April 20, 2013.

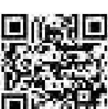


WESTCHESTER COUNTY MEDICAL SOCIETY SPONSORED DISABILITY INCOME INSURANCE

PROGRAM IMPROVEMENTS

- **Longer Benefit Payment Period**
- **Added Protection for Catastrophic Disabilities**
- **Additional Cost of Living Adjustment Options**

For more information on these new improvements, please contact the specialists with 93 years of service:



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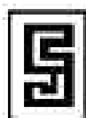

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CJS 143 1/13 Exp. 1/31/15

HOD Highlights -
New Officers Elected/Installed at MSSNY Annual Meeting

By Brian O. Foy, WCMS Executive Director

The Medical Society of the State of New York (MSSNY) conducted its 207th Annual Meeting, April 12-14, 2013 at the Westchester Marriott in Tarrytown, NY. The following physicians from Westchester and Putnam Counties served as your elected delegates and alternates to the House of Delegates:

Delegates	**Alternates**
Peter Liebert, MD	Abe Levy, MD
Louis McIntyre, MD	Gino Bottino, MD
Mark Fox, MD	
Stephen Schwartz, MD	
Joseph Tartaglia, MD	
Thomas Lee, MD	
Robert Lerner, MD	
Robert Soley, MD	
William Zurhellen, MD (Putnam)	
Norma Kurtz, MD (Putnam)	

The Westchester Delegation, part of the Ninth District Branch and Caucus, ably led by Bonnie Litvack, MD (MSSNY Ninth District Councilor) as Chair and Andrew Kleinman, MD (new MSSNY President-elect) as Vice Chair, caucused several times to consider resolutions submitted by physicians from all over the state. Caucusing with Westchester and Putnam were delegates from Orange, Dutchess and Rockland counties, as well as several physicians representing their state specialty societies. After completion of reference committee hearings and deliberation in the House of Delegates (HOD), the following actions were taken by the HOD on resolutions submitted by Westchester and the counties in the Ninth District:

2013 MSSNY House of Delegates Actions

(Resolutions introduced by the Ninth District Branch)

Resolution 68 - Clear, Informed Consent Regarding Release of Medical Records
Introduced by Medical Societies of the Counties of Putnam, Westchester, Orange and Rockland
ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York seek legislation, regulation, or other appropriate means to assure that insurance companies obtain informed consent from patients that:

- Contains clear, concise, and easy to understand wording;
- Provides a detailed explanation of exactly how the information will be used; and
- Notifies the signing party/parties that they can limit the scope of their consent; and be it further

RESOLVED, That the Medical Society of the State of New York seek to assure that, when insurers request medical records for a patient, they should clearly state the intended use for their records, and provide a copy of such request to the patient.

Resolution 101 - Initiation of the Physician Patient Relationship
Introduced by the Medical Societies of the Counties of Orange, Westchester, Putnam and Rockland
ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York establish as policy that the doctor patient relationship is formed when the physician first evaluates the patient and a consensual relationship has been initiated.

(continued on page 12)

(continued from page 11) *MSSNY House of Delegates Actions*

Resolution 162 - ST Elevation Myocardial Infarction
Introduced by Medical Societies of the Counties of Westchester, Putnam, Orange and Rockland
ACTION: SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That MSSNY support efforts by the New York State Emergency Medical Advisory Committee and the Department of Health Bureau of EMS to encourage the adoption of protocols by the regional emergency advisory councils to transfer suspected STEMI patients, when feasible, directly to a PCI capable facility.

Resolution 164 - Scientific Accuracy Rating for NYS Medical Legislation
Introduced by Medical Societies of the Counties of Westchester, Putnam, Orange and Rockland
ACTION: REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York develop a scientific accuracy rating system and report for all proposed New York State legislation impacting clinical services to include whether or not the legislation adheres to specialty practice guidelines and appropriateness criteria.

Resolution 208 - Retired Physicians
Introduced by the Westchester, Putnam, Orange & Rockland County Medical Societies
ACTION: SEE RESOLUTION 207

Resolution 207 - Retention of Older Physicians
Introduced by the Nassau County Medical Society
ACTION: SUBSTITUTE RESOLUTION 207 ADOPTED IN LIEU OF RESOLUTION 207 AND RESOLUTION 208

RESOLVED, That the Medical Society of the State of New York work with the AMA to define the best way to capture the time, talent and resources of retired and semi-retired physicians.

Resolution 214 - Maligning of Physician Practices on Internet "Rating" Sites
Introduced by the Westchester, Putnam, Orange and Rockland County Medical Societies
ACTION: NOT ADOPTED

RESOLVED, That the Medical Society of the State of New York explore offering some level of support to physicians and physician practices who feel that they have been injured by improper/inaccurate statements on internet "rating" websites.

Resolution 254 - Managed Care Contract Payment Should be above Medicare Fees
Introduced by Medical Societies of the Counties of Westchester, Putnam,Orange and Rockland
ACTION: ADOPTED

RESOLVED, That MSSNY seek legislation and/or regulation to prevent managed care companies from utilizing a physician payment schedule below the updated Medicare professional fee schedule; and be it further

RESOLVED, That the MSSNY Delegation to the American Medical Association (AMA) introduce a similar resolution at the next meeting of the AMA House of Delegates.

(continued on page 13)

(continued from page 12)

The following physicians were elected to serve as MSSNY Officers, Councilors and Trustees during the 2013-14 Association Year (home county):

President	Sam Unterricht, MD (Kings)
President-elect	**Andrew Kleinman, MD (Westchester)**
Vice-President	Joseph R. Maldonado, Jr., MD, MBA, DipEBHC, (Oneida)
Secretary	Malcolm D. Reid, MD, MPP, (New York)
Assistant Secretary	Joseph R. Sellers, MD, (Schoharie)
Treasurer	Charles Rothberg, MD, (Suffolk)
Assistant Treasurer	Thomas J. Madejski, MD, FACP, (Niagara)
Speaker	Jerome C. Cohen, MD, FACP, (Broome)
Vice-Speaker	**Kira Geraci-Ciardullo, MD, MPH, (Westchester)**
Councilors: (three for a three-year term)	Frank G. Dowling, MD, (Suffolk)
	Harold M. Sokol, MD, (Albany)
	Bonnie L. Litvack, MD, (Westchester)
Resident/Fellow Councilor (one for one year)	L. Carlos Zapata, MD, (Queens)
Medical Student Councilor (one for one year)	Jocelyn C. Young, (Nassau)
Trustees: (two for five years)	**Mark L. Fox, MD, (Westchester)**
	Paul A. Hamlin, MD, FCCP, (Nassau)

Congratulations Dr. Kleinman, Dr. Geraci-Ciardullo, Dr. Litvack and Dr. Fox! Also, additional congratulations are in order for Dr. Geraci-Ciardullo who was elected Delegate to the AMA. Best wishes and every success to each of you!

♦

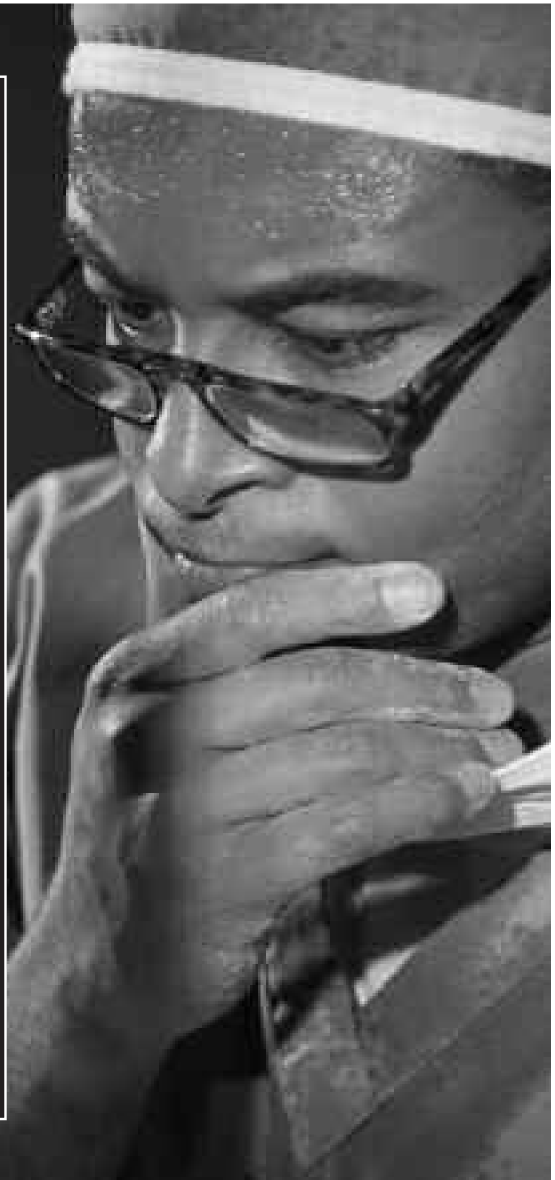
SAVE THE DATE

Westchester County Medical Society
Westchester Academy of Medicine
Annual Golf Outing
Dinner and Fundraiser
September 19, 2013
Westchester Country Club

Why the other side hates to see us on your side.

- We go to bat for you and preserve your good name.
- We aggressively defend and resist any payment for frivolous claims.
- We are a tough team to beat and we don't give up.
- We have the finest defense attorneys in the State, respected medical experts, and the country's largest and most experienced claims staff.
- We are not just your liability insurer. We are your legal guardians.

We are MLMIC.
Our defense never rests.



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Our defense never rests.

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Latham
Syracuse
East Meadow

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RISK RETENTION GROUPS: WEIGHING THE RISKS

Many of MLMIC's policyholders continue to receive solicitations from Risk Retention Groups ("RRGs") promising lower premiums. When considering the professional liability coverage offered by an RRG, physicians should be aware of the risks involved and should understand how the type of coverage presented relates to the amount of premium to be paid. We suggest physicians carefully evaluate their current coverage and premiums and compare them with those of an RRG in order to gain a full understanding of the advantages of your program. Below are some key considerations:

Q. Are RRGs eligible for protection by the NYS Property/Casualty Insurance Security Fund (guaranty fund) in the event of their insolvency?
A. Because almost all professional liability RRGs are not licensed by New York State, their policyholders are not protected by the State's $1 million per claim guaranty fund in the event the RRG becomes insolvent. The guaranty fund, which acts as a safety net, protects MLMIC's insureds for the risks covered by their policies.

Q. Can physicians still get free excess coverage if they become insured by an RRG?
A. Physicians who purchase primary coverage from an RRG not licensed by New York State do not have access to $1 million of excess coverage provided by the State. Excess coverage is currently provided at no cost to physicians who 1) have professional privileges granted by a New York State general hospital, 2) purchase primary limits of $1.3 million each person and $3.9 million total aggregate from a New York State licensed insurer and 3) complete the required risk management course.

Q. Is the occurrence form of coverage available with an RRG?
A. Typically, no. In fact, RRG premium quotes may appear to be a fraction of current MLMIC premiums due to the fact that RRGs are not comparing "apples to apples." They typically propose to move the insured from the occurrence form of coverage to either a first year claims made or claims paid (sometimes referred to as "paid claims") policy. Because claims made and claims paid policies cover a subset of the claims covered by an occurrence policy, each costs less than the occurrence form for the first few years. Both the claims made and claims paid form only give the illusion of cost savings, because both forms would require the purchase of a "Tail" to protect for any subsequently reported claims should the policy be cancelled.

Q. What coverage forms are offered by MLMIC?
A. MLMIC offers a choice of either the occurrence or claims made coverage forms as required by New York Insurance Law. The claims paid (or "paid claims") form is not offered by carriers licensed in the state because this form of coverage is not permitted by New York Insurance Law.

Q. What is the difference in protection afforded by the occurrence, claims made, and claims paid policy forms?

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A. Occurrence coverage offers the most comprehensive protection, covering an insured when an incident occurs while the policy is in effect, regardless of when it is reported or paid. Claims made covers an insured when an incident is reported while the policy is in effect, regardless of when it is paid. It is less comprehensive than occurrence, since it does not cover unreported claims if continuing coverage is not maintained, and, therefore, it costs less than occurrence for the first few years. If the insured wishes to be protected for unreported events, "Tail" coverage must be purchased. Claims paid, a new form of coverage offered by some RRGs, is the least comprehensive. It covers an insured only when an incident is paid while the policy is in effect. Because it covers considerably less insurance risk initially than claims made or occurrence, it is considerably less expensive than either of these forms for several years; however, it is the insured who assumes the responsibility of unpaid and unreported claims if continuing coverage is not maintained. Obviously, this creates significant risks for the insured, which they would then bear. Like claims made coverage, the insured could opt to purchase "Tail" coverage to be covered for unpaid or unreported claims.

Q. Does New York State regulate RRGs?
A. The policy forms and premium rates of an RRG not licensed by New York State are not subject to New York Insurance Law. Therefore, unlike licensed New York State carriers, unlicensed RRGs may change their policy terms or premium rates without first filing and receiving approval from the New York State Department of Financial Services. Furthermore, policy and rate changes may be implemented without meeting the policyholder notice requirements found in New York Insurance Law.

Q. Are there any other fees required to become insured by an RRG?
A. In many cases, yes. By law, RRGs must be owned by their insureds and most require insureds to make a capital contribution for several years, in addition to their annual insurance premiums. This money is at risk and its return is not guaranteed.

Q. Will insuring with an RRG jeopardize a physician's privileges at affiliated hospital(s)?
A. Possibly. Since insurance purchased from an RRG that is not licensed by New York State is not regulated by the State, it may differ from what is customarily offered in New York and may well be of significant concern to hospitals granting staff privileges, particularly if the hospital believes it increases its exposure by accepting RRG coverage. It also depends upon the medical staff by-laws and the hospital's credentialing requirements.

The answers to the questions posed above indicate that a number of issues and concerns are present with the RRG form of insurance. Therefore, it is very important for physicians to thoroughly analyze all aspects of this type of insurance before deciding to make any changes to their current program. In many cases, what appears to be a more cost effective option could, ultimately, lead to even higher costs and greater risks to the physician. Physicians who are considering transferring their coverage to an RRG should first contact a MLMIC underwriter at one of the offices listed below. MLMIC underwriters are available to answer any questions physicians may have and can be reached at an office nearest your practice location.

New York 212-576-9670
Syracuse 315-428-1188
Latham 518-786-2700
East Meadow 516-794-7200

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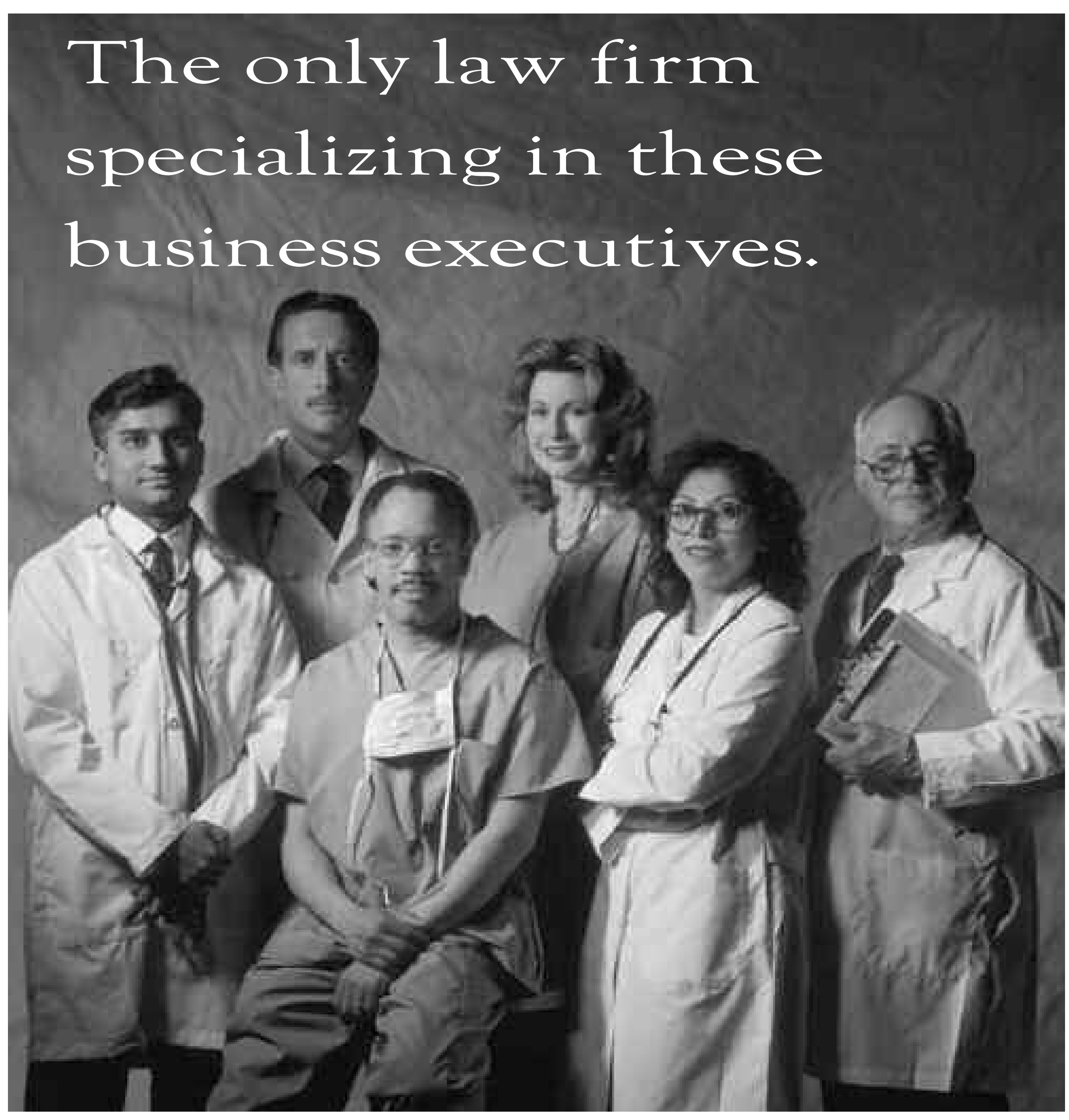

Letters to the Editor

To The Editor:

Dr. Acker's Column, "Gunplay," in the April issue was exactly right! I would add only that the loss of life on 9/11 is **also** dwarfed by the "ten times larger number of fatalities each year" from **gun violence**, over 30,000 annually, of whom a sizable proportion is under the age of 18.

Henry J. Lefkowits, M.D.

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Dear Dr. Acker,

The April issue of the Westchester Physician was impressive in its relevance and erudition. In particular, your editorial on the appropriateness of physician involvement in the political issue of regulating gun ownership, and the commentary by Dr. Al Tinger on Dr. Thomas Lee's efforts in Albany on all of our behalf were both outstanding.

I look forward to every issue. Keep up the good work!

Abe Levy MD

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Dear Dr. Acker,

After reading your editorial in the April, 2013, "Westchester Physician" I found myself impressed with your passion but I also felt, a bit, like I did when I sat in the audience of the wonderful Off-Broadway play "Old Hats." The play, which I recommend highly, is an old vaudeville type pantomime with amazing performers. In the middle of the wonderful afternoon, however, I found myself subjected to the highly political song of the music director who was, although quite talented, also quite politically motivated. Frankly, I felt assaulted by her politics which seemed to be out of place in such an experience. With all due respect, I wonder if your politics needs to be exposed in the monthly "Westchester Physician" newsletter. I hasten to add, Peter, that I do not object to your politics as much as I feel that your views on recent events, while interesting, can be better voiced in a newspaper or blog.

I am off for a medical mission for "One World One Vision" to Nepal where I will have some of the same experiences that you so eloquently wrote about recently.

Warmest regards,

Martin E. Lederman, MD, FACS

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