



The Medicare Tsunami

*Kira Geraci Ciardullo, MD, MPH
WCMS Past President*



America does not need to wait for the US Congress to decide on what it will do with health system reform. The inevitable, subtle rising tsunami heading toward the health care industry is already approaching the shores. In definitive small steps with simply no fanfare, decisions are being made daily to alternate the way health care is delivered and the way physicians practice medicine.

In over a decade, physicians have not seen reimbursements paid to them increase, yet industry and individuals have paid higher premiums. The US government funding Medicare can no longer afford to pay those who render care more than a half to one percent increase each year and that is only because some doctors have to beg Congress for it each year. Every year physicians face pay cuts close to 20% from Medicare and have to either be grateful no cuts occur at all, or that a minimal increase is granted at the last minute. So now they have tried a different tactic.

A MAJOR decision was made within the past few months by Medicare to no longer pay for medical consultations. This will result in about a 15-20% decrease in reimbursements to specialty physicians. All of these physicians have incurred additional expense for extended medical training for expertise in their field. They are required to pay for recertification in both their primary field of training and in their specialty and subspecialty on a regular basis. The consultation is designed to provide an in-depth and more thorough evaluation of a patient with a unique, often chronic disorder generally beyond the expertise and experience of a primary care physician. Many elderly have several ongoing chronic, specialty-specific conditions. Medicare has just decided that this isn't worth the price. This is within the context that they have barely increased reimbursements in years for these services. Most specialists will not be able to sustain this type of pay cut.

Without any announcements, the government subtly decides that certain medical services will be cut or will require new or different information in order to be covered. Insurance companies unilaterally decide month-to-month that for the same premium less will be automatically paid for and new criteria or prior authorization will be required. No fanfare; no public announcement; just an ongoing day-to-day erosion of payment for services unilaterally imposed.

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January 26, 2010
WCMS Delegates Meeting—6:00 pm
WCMS Offices

January 27, 2010
Pediatric Section Meeting—8:00 am
New York Medical College, Valhalla

February 1, 2010
CME Meeting—5:00 pm
WCMS Offices

February 4, 2010
WCMS Board Meeting—6:30 pm
WCMS Offices

March 9, 2010
MSSNY State Legislative Day
Albany, NY

April 16-18, 2010
MSSNY House of Delegates
Westchester Marriott, Tarrytown

YOUR NEWSLETTER SUBMISSIONS ARE WELCOME

We encourage our members to submit articles, letters to the editor, announcements, classified ads, members in the news, etc. for publication in the *Westchester Physician*. The deadline for the February issue is **January 31st**.

Please email these to Peter Acker, MD, *Editor* at Peterrba@aol.com and Lori Van Slyke, *Newsletter Coordinator* at lvanslyke@gmail.com.

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From The Editor . . .

The Topography of Worry

By Peter Acker, MD



I suppose that there is a basic need to find an underlying pattern or rhythm to whatever is going on around us. The brain is the constant recipient of a barrage of sensory input which, through an incredibly complex set of neurologic connections, a rapid assessment, an imposition of coherence, is made upon what may be astonishingly complex. Coherence trumps truth. F. Scott Fitzgerald famously said, "The test of a first rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function." The more common experience, however, is to resolve contradictions rapidly, subconsciously in order to reach a decision. Also, if several possible formulations or interpretations present themselves, the brain is inherently biased towards adopting the one that is most threatening. A honking horn is first interpreted as a warning of imminent collision rather than as a friendly greeting. It makes sense that our brain has developed that way since our survival often depends on rapid assessments and then action. In fact, as Malcolm Gladwell so exhaustively points out in his book Blink, these assessments can be astonishingly accurate. But not always. Many innocents languish in jails as the result of sincere, but dead wrong eye witness testimony.

In my mind's eye, I see a primitive man, from eons ago, on the savannah, perhaps my ancestor, stealthily moving towards a herd of wildebeest, spear in hand, eyes fixed on a target. Suddenly he hears a crack of a broken twig off to his left. Instantaneously, he interprets the sound via worst case scenario analysis and foregoes his aiming and immediately turns toward the sound and is able to get into position to defend against a prowling tiger about to pounce. Maybe he survives and maybe he doesn't, but with this scene played over repeatedly, the rapid responders survive more often to pass on their genes to their prodigy. But since I am here, I assume he survived to pass his, our, genes, preternatural anxious genes. Then through the ages, these genes percolate down through the generations, coding for a myriad of proteins and enzymes which in turn activate the exquisite machinery that allows us to ambulate, talk, see, smell and think. All of these billions of molecules are organized into units of increasing complexity: cellular organelles, cells, organs of digestion, excretion, respiration and circulation and finally at the apogee, the billions of neurons that control it all. And all designed for, devoted to, the survival of genes, "dopey little particles" as Robert Wright puts it. So, am I, who can write, dash across a tennis court and time my swing perfectly (every once in a while!) on the run for a cross court winner, and play with some proficiency Beethoven's Sonata Pathetique, merely the temporary custodian a small chain of inanimate nucleotides? It reminds me of an insect, a beetle, I believe, that I either read about or saw on a nature show that is prone to a very small parasite which is able to invade the nervous system and take control of the whole organism for its own nefarious purposes. Similarly, thoughts enter our minds, seemingly unbidden, that cause unease, that rumble through our heads at three in the morning that seem to crowd out all other thoughts, or can pop in during a solitary walk, worried ruminations, perverse notions such as all the ways that our kids, our progeny, are at risk in the world.

(continued on page 4)

The Topography of Worry *(continued from page 3)*

As regards to my own kids, three daughters, all with clear echoes of my genetic traits, I carry an extra burden: I am a pediatrician and have spent years learning in exquisite detail all the possible diseases, genetic predispositions, behaviors, and toxins that can endanger a child. And this knowledge is a constantly shifting landscape, with sometimes dramatic and sudden changes. I deal with it with either overreaction or denial, never quite getting it right. When one of my daughters complains of a headache, my first thought is of a brain tumor. Of course, I can be more dispassionate with other people's children and realize that 99.9% of headaches are not indicative of brain tumors.

I trade in the topography of worry. A parent's worry seems astonishing in all its complexity, variability and nuance, yet entirely understandably as an echo of our evolutionary past. There are gradations and variations of worry and a pediatrician is like an Eskimo familiar with many types of snow. A pediatrician can extract reams of information from a mother's furrowed brow. As I say to mothers, it is being parent-oid – that a parent's brain as the result of eons of evolution, is designed to foresee any potential risk to their child, no matter how obscure and to react rapidly assuming the worst. A mother's facial expression is like a barometer picking up nuances of a child's condition, having been witness to say the last 24 hours of the child's illness.

I identify with my ancestor on the savannah and carry the benefit and the burden of his selected genes. I can't say I enter my office each day thinking about whether I will miss a diagnosis, yet I am certain that it is always floating around in there somewhere. I will see perhaps a couple of thousand of mildly sick kids this year and perhaps one with early meningitis. Missing a case of meningitis is every pediatrician's worst nightmare. Once I saw a two week old infant on a February Saturday morning, one of about 40 sick kids that had called that morning for a sick visit. The baby had been fussy overnight, not too unusual for a baby. I examined the baby, didn't find too much except for a very low grade fever. I turned my head towards the mother as I finished my exam, to tell her that I thought the baby was fine. The mother's facial expression stopped me cold. I asked her about it. She couldn't articulate what she was worried about; she just had this inchoate feeling of dread. I sighed to myself, thinking about the full waiting room and for a full thirty seconds the mother and I looked at each other. An hour later, I was in the hospital, having walked quickly through my waiting room, and then spending a full 15 minutes talking with the baby's father who was angry about the spinal tap I proposed, holding up a tube of cerebral spinal fluid to the light where I could detect just the slightest amount of cloudiness. Bacterial meningitis. I shuddered as I thought about how I had almost sent that baby home.

When I'm on call, I am bedeviled by phone calls. The task of separating the serious from the mundane is even more exacting than in the office and often engenders even more worry. Not infrequently, I put the phone down and start to worry. If it happens in the middle of the night, I often lie awake for a full hour wondering if I made the right decision in reassuring that parent. I am a repository of worry, the designated worrier or as perhaps George Bush would put it, I am the worrier, and as the mother settles down to sleep reassured, I lie awake. I feel at times like a priest, who hears confessions, providing absolution, but I am quite certain that clergymen of all faiths feel a collective burden of all the sins they hear. They come at all hours and they often come at the most inopportune times: when I'm sitting down to dinner, just dropping off to sleep, or in the shower. I admit, I feel sorry for myself at times and occasionally I wonder if all pediatricians wouldn't benefit from a form of therapy: to pick up a phone with nobody on the other end and shout, "I have problems of my own."

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The Medicare Tsunami

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The doctors have no negotiating ability with the government or health insurers due to misinterpreted anti-trust laws. This is despite the fact that the government is, in effect, a monopoly of healthcare as are the few large health insurance companies that dominate the market. Even large physician groups have to walk away from contracts and not renew participation from time to time. This often leaves people scrambling for new physicians despite coverage. This creates not just personal havoc, but disrupts long established relationships with physicians who know them and have cared for them and therefore, corrupts their health care and introduces more potential for error and inefficiency in care. So much talk abounds about medical homes in these health reform proposals. These homes were destroyed by the very forces that are now seeking to restore them.

More and more physicians have been placed in the economic situation of no longer being able to accept insurance or government payouts; they cannot maintain practice costs that steadily increase. Many will make an inevitable decision to pull out and not participate with Medicare or Medicaid, let alone join an insurance plan. Many will simply close shop. This will certainly reduce health care costs.

We do not have to wait for health care reform to be devised or implemented. It is already occurring. The changes are already in place to erode the most important part of the health care infrastructure: its physicians. ♦

(Kira Geraci-Ciardullo MD, MPH practices in Mamaroneck, NY and is the MSSNY Representative to the AMA Physician Consortium for Performance Improvement.)

The Topography of Worry

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I had a call the other night that resulted in me not feeling quite so singled out by fate. It was a typical call, a worried father, a crying child in the back ground, the regular breathing of my wife next to me who learned years ago to sleep through all of this. After several minutes of conversation, father was reassured and I lay back now fully awake. Next day, I saw the child with both parents. "Doc" the father began, "Thanks so much for calming us down last night." I smiled at him in gratitude and he continued. "You know, I know what you go through. I'm a solo electrician, and I often get calls late at night, people worry you know about their electrical systems. They see a problem, and they immediately worry about a fire. Usually I can tell over the phone if it's serious or not, but if I can't convince them, I start to worry so I go over to their house just to make sure." Wow, common ground and once again one of the rewards of my profession managed to sneak up on me, unbidden. ♦

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SAVE THE DATE
MSSNY State Legislative Day
March 9, 2010—Albany, NY



Mark your Calendar and Join your Colleagues on this important day so that the “Voice of Medicine” is Heard...Loud and Clear!

- **MAKE CERTAIN your Call for Health Insurance Fairness is Heard**
- **MAKE CERTAIN your Call for Liability Reform is Heard**
- **MAKE CERTAIN your Needs are Protected in the 2010 State Budget Negotiations**

Please invite a colleague to join you and bring your office staff, if you can. Spouses are also welcome!

Details regarding WCMS’ transportation to Albany and the scheduled events for that day will be forwarded to members as soon as they are available.



Please contact Denise O'Neill at WCMS to register for the MSSNY State Legislative Day on March 9, 2010 in Albany at (914) 967-9100 or via email at doneill@wcms.org

NY Managed Care Reform Legislation Effective January 1, 2010

Managed care reforms beneficial to physicians became effective January 1. Some of the implemented changes are as follows:

- providers who submit claims electronically must be paid within 30 days instead of 45 days;
- providers have at least 120 days to submit a claim, as opposed to the standard 60 or 90 days allotted by most contracts;
- permits newly licensed providers and providers moving to NY to be provisionally credentialed until the final credentialing decision is made by the health plan;
- Providers will be given notice of an adverse reimbursement change to a provider contract and an opportunity to cancel the contract;
- requires that services be approved if a utilization review agent fails to meet a utilization review timeframe;

To view a Legislative Summary of this legislation, go to the following link at the NYS Insurance Department website:

http://www.ins.state.ny.us/leg_summ/2009/govprog/orig/B_Managed_Care.pdf

An Overview: The American Red Cross in Westchester County

*John Ravitz, Chief Executive Officer
American Red Cross in Westchester County*



The American Red Cross is the nation's largest, independent, nonprofit humanitarian organization helping people prevent, prepare for and respond to all types of emergencies. No other entity provides our depth of services to communities in the United States and around the world.

Every household in Westchester County benefits in some way from the life-saving mission of the Red Cross. Every single day we harness the very best of humanity to carry out our mission in five complimentary service delivery areas: Disaster Services, Health and Safety Services, Biomedical Services, Service to the Armed Forces and International Services. We make a difference in ways that can be felt in your neighborhood and around the world. Our organization is 96% volunteer-led.

The Westchester County Red Cross last year responded to 104 local disasters and helped 367 families in our community. Our core group of 500 volunteers is called on anytime day or night to give unselfishly of their time, knowledge and compassion to their neighbors in need. The vast majority of the disasters are single family and apartment home fires. And as the economy struggles we find that single family homes now house more people, resulting in a growing need for our services. Our services include emergency food, clothing and shelter as well as critical mental health counseling. Our work turns victims into survivors and gets them quickly on the road to recovery.

And as a steadfast friend to military families at all times, the Westchester Chapter of the Red Cross provides twenty-four hour service to members of the armed services. Our worldwide network reaches service members wherever they are, to communicate critical news such as birth, death or illness. The chapter runs an Iraq/Afghanistan support group for families with loved ones abroad or returning. The international tracing program helps local families find relatives with whom they have lost contact because of a natural disaster, war or internal conflict.

And throughout Westchester, the Red Cross is empowering people with critical lifesaving skills and building safer communities. Over 34,000 people were trained in 2009 including First Aid, CPR, AED and aquatics programs. Lifeguards throughout the county keep our families safe due to the Westchester Red Cross training. And we train over 1,000 students annually from age 11 to 15 in babysitter training.

Westchester County's proximity to New York City and Indian Point place it in a high risk zone. We know that being prepared can make your family and community safer, that is why the Westchester County Red Cross is out in the community teaching Be Red Cross Ready. Taking the three

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An Overview: The American Red Cross in Westchester County

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simple Be Red Cross Ready action steps can make all the difference in how one responds to and recovers from any type of emergency. The biannual Disaster Reserve Institute recruits and trains community volunteers to be ready to respond for any large scale disaster in Westchester.

Monthly blood drives at the chapter and throughout the community ensure that Westchester has adequate blood supplies.

The mission of the Red Cross is made possible through the individuals of Westchester County who give generously of their time and financial resources. Community partners are critical to our success. The medical profession is an ideal community to partner with as we both speak in the same voice—a voice that continually strives to make our communities healthier and safer. Numerous opportunities to work together are available in training, volunteering and the hosting of events.

For more information on how to get involved or help please visit www.westchestercounty.redcross.org. or contact at grimaldia@usa.redcross.org



Welcome!

WCMS/WAM New Members



<p>Christian Brotea, MD (Orthopedic Surgeon) <i>Harrison, NY</i></p>	<p>Daniel Leonard, MD (Internal Medicine/ Cardio Vascular Disease) <i>Mount Kisco, NY</i></p>	<p>William Schiff, MD (Ophthalmology) <i>New York, NY</i></p>
<p>Pond Kelemen, MD (General Surgery/Breast Surgery) <i>Dobbs Ferry, NY</i></p>	<p>Nicole Nemeth, MD (Plastic Surgeon) <i>Bronxville, NY</i></p>	<p>Eileen Zambetti, MD (Diagnostic Radiology) <i>Bronx, NY</i></p>
<p>Shyla Kodi, MD (Neurology) <i>Valhalla, NY</i></p>	<p>Matthew Ornstein, MD (Internal Medicine/Rheumatology) <i>New York, NY</i></p>	<p>Ross Zeltser, MD (Dermatologic Surgery) <i>Mount Kisco, NY</i></p>
	<p>Lynn Perry-Bottinger, MD (Internal Medicine/Cardiology) <i>New Rochelle, NY</i></p>	

In Memoriam

Peter Alexander Duncan, MD

Dr. Duncan, Pediatrician and WCMS/WAM Life Member. passed away on September 25, 2009. Dr. Duncan was founder of the Birth Defects Center of Westchester County Medical Center and New York Medical College, where he was the oldest Assistant Professor of Pediatrics on the faculty. Among his many accomplishments, Dr. Duncan was also a nationally and internationally recognized Dysmorphologist. His services were held in December. Donations in his name can be made to: *David W. Smith Fellow's Fund, c/o Greenwood Genetics Center, 106 Gregor Mendel Circle, Greenwood, SC 29646.*

WCMS is Now on Facebook



The Westchester County Medical Society (WCMS) announces the launch of its new Facebook page, which will provide members with convenient new ways to share information and make professional connections online.

If you're a Facebook user we urge you to become a fan of WCMS now. By signing up to become a "fan" of WCMS, you will be able to post news, share photos, and join in on discussion boards on timely issues affecting medicine.

Just go to Facebook and search for Westchester County Medical Society or go to the link below:
<http://www.facebook.com/pages/Westchester-County-Medical-Society/196849717586>

With over 300 million users worldwide, and 50 percent of those active on any given day, Facebook has rapidly become a leading social networking site, providing communities across the globe with a vehicle to develop and maintain new and existing connections.

If you have questions or need assistance with accessing this page, please contact Caitlin Ryan, WCMS' Membership and Marketing Coordinator. You can email Caitlin at cryan@wcms.org or call her at (914) 967-9100.

The WCMS Offices will be closed for the following holidays:

*Martin Luther King, Jr. Day—January 18, 2010
Presidents' Day—Monday, February 15, 2010.*

We Need Your E-mail Address!

The WCMS has set up a blast e-mail service so that important and timely information can be distributed to members as soon as it is received. If you would like to receive these communications, we will need your e-mail address.



If you have not done so already, please send this to us via email to doneill@wcms.org or you can fill out and detach this form and either fax it to (914) 967-9232 or mail it to our office at 333 Westchester Avenue, Suite LN01, White Plains, NY 10604:

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PEDIATRIC SECTION CME MEETING Westchester Academy of Medicine

The WAM Pediatric Section

Presents

"Pediatric Depression"

on

Wednesday, January 27, 2010 - 8:00 am

at the

Maria Fareri Children's Hospital—Westchester Medical Center
(1st floor Conference Room)

Speaker

Steven Dickstein, MD

*Assistant Professor, Division of Child and Adolescent Psychiatry
Department of Psychiatry, New York Medical College
Maria Fareri Children's Hospital and
Behavioral Health Center at Westchester Medical Center*

From MSSNY eNews

NGS Revised Fee Schedules Available

The National Government Services (NGS) has replaced the -21.2% Medicare Physician Fee Schedule (MPFS) with the current January/February MPFS. The revised fee schedules can be located by visiting the link listed below at:

<http://www.ngsmedicare.com/content.aspx?CatID=2&DOCID=20819>

NYS Limiting Charge Law of 105% of the non-par fee schedule relates to all codes except office medical care (AMA-CPT99201-99215) and home medical care (AMA-CPT99341-99350) visit codes. For those non-assigned claims for which the physician is billing the patient, the NYS Limiting Charge Law requires that the non-par fee schedule be multiplied by 105% for all services except home and office medical care visit codes. The NGS Medicare fee schedule uses only the federal limiting charge, which is set at 115% of the non-par fee. Therefore, physicians need to recalculate for the NYS Limiting charge.

To download a copy of the fee schedules for January-February 2010 at the above referenced website, in PDF, Excel, or Text format, click on the link that says Area 01 - January - February Medicare Physician Fee Schedule. (Note: You may find that the most convenient format is the one at the top of the list, Text (793 KB). The PDF format is also usable, but you may have to switch from portrait to landscape for printing.)

If Congress does not take any further action before February 28, the -21.2% MPFS will be back. If you have any difficulty locating your specific regional fee schedule for Medicare, please call Regina McNally, MSSNY VP, Socio-Medical Economics Division, at (516) 488-6100 ext 332.

The Centers for Medicare & Medicaid Services (CMS) Launches Fifth Annual Medicare Health Care Provider Satisfaction Survey

For Immediate Release: January 5, 2010

Contact: CMS Office of Public Affairs (202)-690-6145

The Centers for Medicare & Medicaid Services (CMS) has launched the fifth annual health care provider satisfaction survey of the Medicare fee-for-service (FFS) contractors that process and pay more than \$370 billion in Medicare claims each year.

The Medicare Contractor Provider Satisfaction Survey (MCPSS) offers Medicare FFS providers an opportunity to give CMS feedback on their satisfaction, attitudes, perceptions, and opinions about the services provided by their respective contractor. Survey questions focus on seven key business functions of the provider-contractor relationship: Provider Inquiries; Provider Outreach & Education; Claims Processing, Appeals; Provider Enrollment; Medical Review; and Provider Audit & Reimbursement.

CMS is sending the 2010 survey to approximately 30,000 randomly selected providers, including physicians and other health care practitioners, suppliers, and institutional facilities that serve Medicare beneficiaries across the country. Those health care providers selected to participate in this year's survey will be notified starting in January 2010.

Participation in the 2010 MCPSS is simple and confidential. Selected providers can easily access and complete the survey on the Internet via a secure website. The Internet is a quick and environmentally friendly way for providers to contribute directly to CMS' understanding of contractor performance. Responses can also be submitted via mail, fax, and over the telephone.

The MCPSS is a result of the Medicare Prescription Drug Improvement and Modernization Act of 2003, which mandated CMS to develop contract performance requirements, including measuring health care provider satisfaction with Medicare contractors. The MCPSS enables CMS to hear provider concerns, monitor trends, improve contractor oversight, and increase efficiency of the Medicare program. The MCPSS provides contractors with more insight into their provider communities and allows them to make process improvements based on provider feedback.

CMS will analyze the 2010 MCPSS data and release a summary report on the CMS website in the summer of 2010. CMS urges all health care providers selected to participate in the 2010 MCPSS to take a few minutes to complete this important survey.

For more information about the MCPSS,
please visit www.cms.hhs.gov/MCPSS on the CMS Website.

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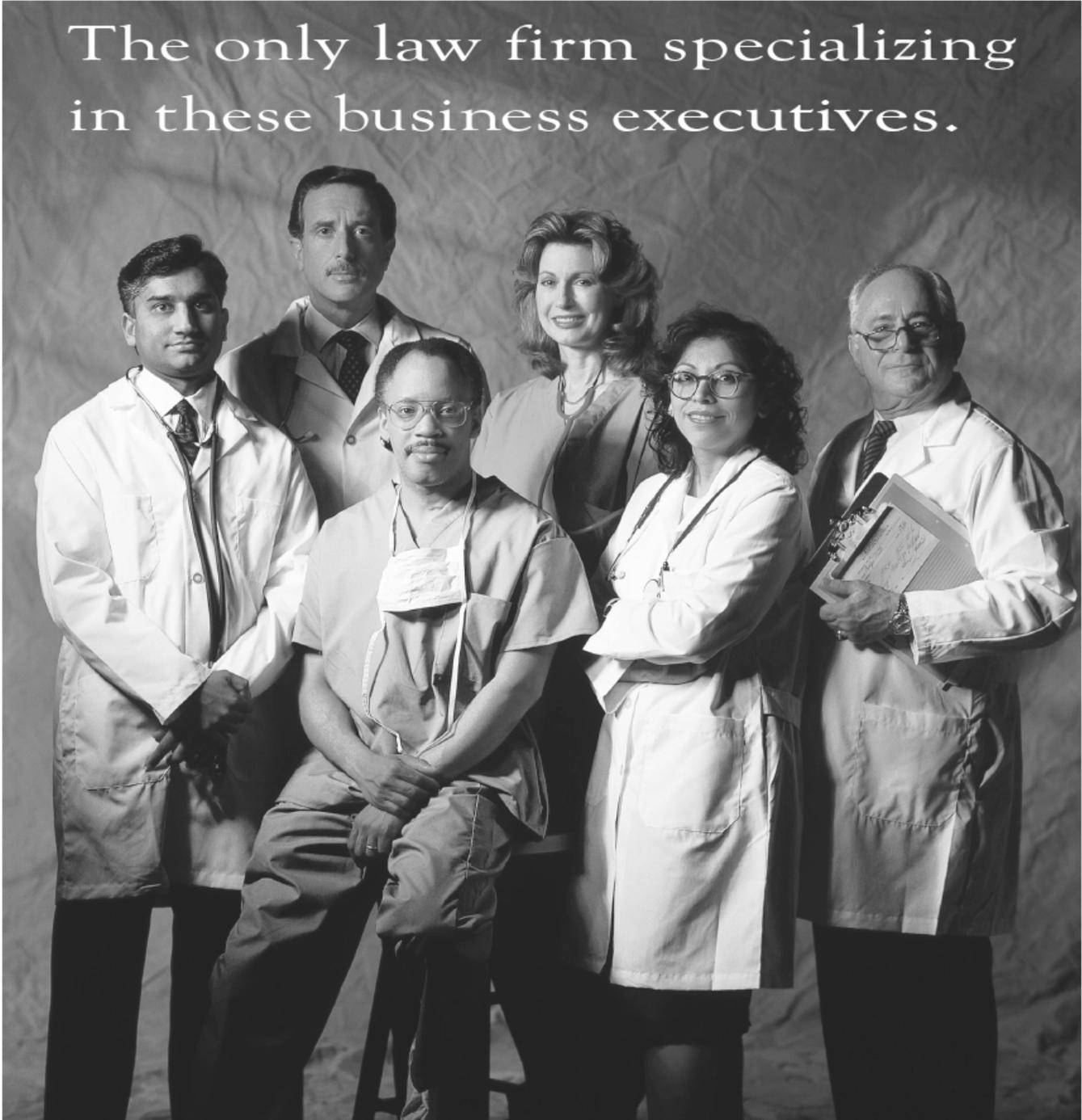
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Membership Begins with "ME"!

By Brian O. Foy, Executive Director



I'm sure you have heard this saying a hundred times; however, it has never been more relevant than it is today! Membership is the lifeblood of any association. No members, no Association. No Society. Without members, their dues, the energy and interest they bring in advancing the cause...in our case, the practice of medicine and patient care, there is nothing. We cease to exist. We have no relevance.

Why do members join? In our specific case, why do physicians belong to the Westchester County Medical Society? Is it for the collegiality or camaraderie? Referrals? The sense of strength in numbers as we advocate for common interests? CME? Practice management education? Program interest? Committee service? Advocacy in Albany and Washington? The list goes on and everyone has their own specific reason, which is great.

Why did YOU join the Medical Society? My bet is you joined because someone ASKED you to! Think back. Was it in Medical School? Residency? While you were starting your practice? When you were established in your practice? At the hospital? While attending a medical education program? I think almost all of you can remember that one person who urged you to join and get involved, or at least pay your dues. That person was your MENTOR, whether you realized it then or not. We are all mentors for someone, whether it be in medicine or otherwise. Our kids, our friends, our colleagues. The list is endless if you think about it. **It is no coincidence that Mentor also begins with ME!**

In my opinion, organized medicine will not survive without effective mentorship and peer-to-peer recruiting. When was the last time you asked someone to join WCMS/MSSNY? I am sure many of you are surrounded by and work daily with non-member physicians. Do you ever ask if they are a member? If they haven't joined, do you ask why not? The work that you and WCMS performs benefits ALL physicians; therefore, all physicians should be members! When only a percentage of physicians belong, our resources are limited and our effectiveness as advocates for our fellow physicians and their patients is diminished. There is strength in numbers and our collective voice is louder and stronger when we are all under the same roof. The less together we are, the easier to divide us. Differing points of view are healthy and make an association stronger. As physicians and as an association, we need to respect all points of view; however, issues should be debated "inside" the House of Medicine and then once consensus is reached, a united front presented to the public. Fractionization in medicine is crippling our ability to be effective physician and patient advocates.

The next time you encounter a colleague who is not a member of WCMS or MSSNY, ask them why not? I would certainly appreciate the feedback. However, YOU are the most critical person in encouraging the physician to join. Invite the doctor to join you at a meeting of the Society or to join you at the annual MSSNY State Legislative in Albany. That one event could lead to further interest and participation. PLEASE BE A MENTOR! You never know...that physician working next to you may one day be a president of the medical society. ♦

WCMS January Board Highlights

At its meeting on January 7, 2010 at the WCMS headquarters office, the Board:

- Discussed the current status of the ongoing health system reform debate in Congress, as presented by John Stangel, MD, President, and Andrew Kleinman, MD, past president and 9th District Councilor to MSSNY. Several Board members attended a roundtable discussion with Congresswoman Nita Lowey in White Plains and expressed concern about the unintended negative consequences the proposed legislation would have on patient access to care, especially in the Medicare and Medicaid programs. Eliminating funding for the Child Health Plus program in Medicaid and further ratcheting down of payments to New York physicians in Medicare will only exacerbate current access problems. The 21.2% proposed cut in physician payment has been delayed two months, to March 1, 2010, but after that it is not clear if the flawed SGR formula will be fixed, the cuts will take effect, or a payment freeze established. To make matters worse, the conference committee has been essentially disbanded in favor of a handful of democratic leaders who are crafting the final bill. Speculation is that House and Senate Leadership want a final bill to the President as soon as possible and are willing to take whatever steps are necessary to make that happen. **In light of this rapidly moving scenario, the Board approved sending a blast email to the membership as soon as possible asking them to be alert and ready to act as soon as the final bill's details are known. Once they are, the WCMS will immediately communicate with the membership via blast email and blast fax with talking points and contact information for New York House and Senate members. It will be critical for members to act as soon as this information is received!**
- Noted that long-time WCMS Board member and Westchester Commissioner of Health, Joshua Lipsman, MD, JD, MPH, was not re-appointed as Commissioner by the new Westchester County Executive. The Board acknowledged the many years of service Dr. Lipsman provided to the citizens of Westchester and the WCMS. The interim Commissioner is Patsy Yang-Lewis, MPH. The Board asked that Ms. Lewis be invited to a future WCMS Board meeting.
- Heard from the President of the Academy of Medicine regarding the Annual Scholarship Essay contest, supported by the Academy. Questions on pertinent medical topics are being finalized and will soon be sent to all high schools in Westchester. Essays are judged by volunteer physicians and scholarships are awarded with monies raised via the Holiday Party Silent Auction.
- Approved the Report of the Membership and Member Credentials Committee, which included the addition of 10 new members (*see page 12*). Board members will call each of them personally to welcome them to WCMS. A moment of silence was held for deceased member Peter Duncan, MD, pediatrician and life member.
- Heard from the Executive Director that the annual Holiday Party, held at Pleasantville CC on December 11, 2009, had approximately 90 attendees, including sponsors and WCMS partners.
- Was further informed regarding the logistics of the scheduled debate between Dr. Andrew Kleinman and Dr. Robert Lerner on the subject of "single payer." The debate will be held in front of the medical students at NYMC in Valhalla on January 29, 2010. All are welcome. Contact the WCMS for more details.
- Heard from Bonnie Litvack, MD, past president and Chair, WCMS Delegation to MSSNY, that the Delegates met immediately prior to the Board meeting to discuss preparations for the MSSNY Annual Meeting, April 16-18, 2010, at the Tarrytown Marriott. Several proposed resolutions were considered. The Delegates will meet again on January 26. Any member interested in presenting a resolution for consideration should contact the WCMS Executive Director at 914-967-9100.
- Heard from Thomas T. Lee, MD, that the Legislative Committee met with Nan Hayworth, MD, an ophthalmologist, on December 22, 2009, to discuss her candidacy for the 19th Congressional House seat currently occupied by Rep. John Hall.



MSSNY HOUSE OF DELEGATES

Call for Resolutions

Any WCMS member interested in presenting a resolution for consideration at the April 2010 House of Delegates should contact Brian Foy, *WCMS Executive Director* at (914) 967-9100. Resolutions need to be received by Friday, January 22, 2010.

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