



Westchester Physicians Join their Colleagues for MSSNY's Annual March on Albany

On Tuesday, March 9th, members of the Westchester County Medical Society went to Albany to convey important messages to state lawmakers and regulators, namely: *Patients Come First* and *Enough Is Enough!*

WCMS members, representing a cross section of specialties, listened to state physician leaders and lawmakers regarding legislation that will impact the practice of medicine and patient care. (See photos of this event on pages 10 and 11 of this issue.)



L-R: Joseph Tartaglia, MD and Joseph McNelis, MD at the "White Coat Rally"

A "White Coat Rally" was held on the south steps of the State Capitol led by MSSNY President David Hannan, MD, a family physician from Newark, NY, and joined by several state lawmakers. The purpose was to send a strong message: *patient access to medical care will be severely compromised if reforms to the medical liability system, managed care and overall insurance reform are not enacted soon. Doctors will simply not be able to maintain their practices and see patients without making changes that will affect patients' access to care.*

Immediately following the Rally, your Westchester colleagues met with nearly every state legislator in the Senate and Assembly who represent Westchester County to reinforce the MSSNY messages listed below, discuss related medical practice and patient care issues, and convey personal stories about what is currently happening in their home towns. WCMS President John Stangel, MD, who led our members on this march, conveyed to our legislators that although the quality of medical care in Westchester

County has been excellent, unless these reforms are addressed the ability to maintain that quality of care will become more difficult.

Your WCMS colleagues spoke with legislators regarding the key changes that were needed in New York's health care system. Such as:

- **Medical Liability Reform** – *Comprehensive legislation is needed to change the current, failed medical liability adjudication system, which neither accurately identifies malpractice nor fairly compensates victims. At a time when the state faces an extraordinary budget deficit, we can no longer*

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The Westchester Physician

Published by the
Westchester County Medical Society

333 Westchester Avenue
Suite LN-01
White Plains, NY 10604
(914) 967-9100 / FAX (914) 967-9232

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Mark Your Calendar

April 1, 2010

WCMS Board Meeting - 6:30 pm

April 5, 2010

CME Committee Meeting - 5:00 pm

April 7, 2010

Committee on Public Health - 6:00 pm

April 12, 2010

Delegates Meeting - 6 pm

April 16-18, 2010

MSSNY House of Delegates
Westchester Marriott, Tarrytown

**All meetings held at WCMS offices
unless otherwise specified.*

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 April issue is **Wednesday, March 31st**.

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

WCMS BLAST E-MAIL SERVICE

In order for you to receive important and timely communications via WCMS' Blast E-mail Service, we need your e-mail address. If you have not sent your email address to us, please send this to Denise O'Neill at doneill@wcms.org

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FROM THE EDITOR

Risk Analysis

By Peter Acker, MD

A few years back, when the West Nile Virus had just recently made its local debut, I took a call from a worried mother. Our staff, per office policy, is quick to get us if they pick up any worry vibes over the phone line and so I was buzzed out of an exam room. Not surprisingly, it was yet another call about the West Nile, which we were being flooded with during that time. I don't remember exactly what circumstances had prompted the sudden concern, but I generally strike a practiced reassuring tone in such situations, pointing out the extreme rarity of the condition, etc. At some point, I became aware that she was driving on an expressway with several kids in the car. The irony was so potent that I could not suppress the urge to tell her that an imminent car accident was far more likely than the West Nile virus to endanger her kid's health and she signed off rather abruptly not too happy with me I think.

It is fairly obvious that a human's ability to accurately assess risk is frequently skewed by novelty and/or drama of a particular situation. Any new risk is given much more weight than those that have been around for awhile. When I first started practice, Lyme disease had just loomed into the public consciousness and many of my patients worried about it constantly, came into the office at the drop of a hat and even sought out exotic, expensive treatments. Gradually, over the years, attitudes have changed so that now Lyme has found a place in the long list of possible maladies that can be contracted on a summer day, like poison ivy or falling out of tree. Though Lyme can still be a formidable illness, people today simply don't worry about it as much, just like when you set off on your commute, you don't worry particularly about getting into a car accident.

Please do not think that I am immune to these biased assessments. I am fearless behind the wheel, though I know that thousands and thousands of people die on our highways every year, whereas I am never completely relaxed on an airplane. I am an infrequent flier so it is a somewhat novel experience and a plane crash is so much more dramatic than a car accident. I was flying back from the West coast several years ago via a layover in Chicago. The weather turned bad with a series of thunder storms and my plane stood on the runway at O'Hare for two hours. The pilot then announced with Lindberghian excitement, "There's a break in the weather, we're going to go for it." No, no!, I silently pleaded, don't go for it. But off we went as I clutched the armrests and pulled up on them to give the plane a little more lift. Having a preponderance of Northern European genes in my family tree, I am not one to spill my emotions out for all to see in public places, stiff upper lip and all that rot, but there must have been some subtle signs of my distress, because the young man next me, a twenty something with long dread locks (though he was Caucasian), multiple piercings, in a word – really out there – turned to me and asked if I was worried. The plane lurched and I gave him a tense smile and nodded, "just a little", I admitted. "Don't worry," he assured me with a beatific smile, "I've been talking to God and he tells me that it will be fine." Strangely, his words calmed me down. We did not exchange another word until the plane touched down at La Guardia when he turned to me again, with a big grin. "You see? What did I tell you?" So in summary, I'm not afraid in a car when my statistical chances of being maimed or injured are far, far greater than being in an airplane, whereas when flying I'm terrified by every bump along the way, yet I find solace in the words of a random, stoned dude next to me.

So we all muddle along, both patient and doctor, attempting to assess risk in a cool detached way, but frequently not succeeding! Next time I fly, I'm going to try to get a seat next to the "dude". ♦



A MEMBER'S OPINION

*By Joseph Tartaglia, MD
WCMS President-Elect*

As Congress struggles to revise the nation's healthcare, the future of the bill has become uncertain. However, I have become less in favor of a government take-over of health care and more in favor of tighter insurance legislation, eliminating insurance anti-trust protections, and attempting to increase the number of people in affordable private insurance rather than expand Medicare and Medicaid for all. The reason for my shift in position has come about after seeing just how "heavy handed" the government can be when it attempts to change physician behavior through payment reforms.

Many of you may not remember in 1990 when Medicare decided that new physician services weren't worth that of an experienced older physician and an arbitrary decision was made to reimburse a new physician only 80% that of an older physician for the first year, increasing it 5% per year over five years until the new physician gained sufficient experience. I suffered 3 years of that injustice before the program was dropped. Perhaps you remember when Medicare stopped reimbursing for the EKG claiming they read themselves, making it similar to a lab test? After a year of protests, that measure was finally dropped. But, I think this year, as a cardiologist, I have seen the most outrageous example of government's interference in medicine with the CMS decision to increase primary care incentives at the expense of our specialty, while keeping the overall budget for physicians neutral. CMS decided to reduce specialist reimbursements for imaging and consultations and increase some of the lower visit codes. At first glance, this may seem a good idea, especially if you practice primary care. You may reason that since more primary care is needed, it would be good to provide more incentives for primary care.

However, the details of the policy reveal that it is based on unfair assessments and it will do little to achieve the goal of promoting more primary care. In devising the reimbursement policy, CMS relied heavily of the Physician Practice Information Survey (PPIS) by the AMA which concluded the absurd –cardiologist's costs have declined 40% over the last five years while other surveys show a 4 to 5% increase. When studying the survey, it becomes apparent how this absurd conclusion was reached. The survey included only 55 cardiologists, less than 5% of the intended number, and 11 were full time cardiologists not in private practice who probably had no idea what it costs the institution to employ them. Naturally, the statistically invalid and flawed survey was not validated by the AMA, but this did not stop CMS from seizing the opportunity to cut nuclear stress tests a whopping 36% and echocardiograms 40%. Meanwhile the hospitals will see a slight increase in the reimbursement for these procedures, naturally because their expenses have increased over the last five years. To add insult to injury, CMS also decided in an unprecedented fashion to eliminate reimbursements for all consultations making them all "new patient visits". Ironically, this will affect internists, as well because they also consult; for example, pre operative consults. This will in fact, have the effect of reducing the estimated overall increase in internal medicine income to only 2%, not even enough to keep up with inflation. I don't see this paltry increase enticing more people to practice Internal medicine. Furthermore, the changes have some surprising additional effects; Income for ophthalmologists, orthopedic surgeons and family medicine will rise by 5%. Since ophthalmologists and orthopedic surgeons do visits, they will see a substantial rise in their income although it was not what I considered to be the type of primary care the nation wanted to encourage.

(continued on page 6)



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A Member's Opinion *(continued from page 4)*

Rather than "lie down and play dead" over this policy change, I decided to fly to Washington with my colleagues to lobby our NY state Congressmen about the drastic cuts to cardiology. I argued that over the past decade there has been a 30% reduction in death from cardiovascular disease and these cuts stand to reverse those gains by reducing access to care; and by forcing more cardiologists to join hospitals to get the higher reimbursements it may ultimately increase costs to CMS. Our efforts resulted in more than 55 members of the house signing on as original co-sponsors of the Gonzalez bill. Representative Charlie Gonzalez (D-TX) introduced H.R. 4371, which would keep the practice expense portion of cardiology RVUs affected by the AMA Physician Practice Information Survey (PPIS) at the 2009 Medicare Physician Fee Schedule rate. The bill would include the nuclear codes that have been bundled under the final fee schedule, and most importantly, we arranged it so that it would not affect other medical specialties' 2010 Medicare reimbursement increases. Unfortunately, the bill has not come out of committee. I found out that in some part this was due to the ophthalmologists lobbying against the cardiologists whom I presume would be afraid that the bill may somehow ultimately jeopardize their increased reimbursements.

As it stands now the draconian cuts have gone through and I'm seeing a terrible impact on my practice and my ability to remain a viable business. I think physicians are intelligent enough to realize that total dependence on a government system has its pitfalls. I may be the one to suffer this year, but who knows how this "zero sum game" will affect the rest of us in the years to come. It seemed easy for CMS to divide us and get us to fight each other over a shrinking budget, rather than fight the principal that one income should not be linked to another's but should be based fair and reasonable assumptions of practice expenses and the value of services. I never thought I would see the day when the government can arbitrarily decide that the medical consult was no longer necessary and not hear vigorous protest from every field of medicine. This is not only about money, but about our ability to practice our profession and decide for ourselves how the profession should be practiced. These changes in my profession have taken place before the proposed enactment of government panels that will be able to cut Medicare without Congressional oversight. I for one have lost my appetite for more government intrusion and oversight of the entire health care system. ♦

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MEDICAL STUDENT CORNER

By *Richard Menaik*
NYMC Class of 2012



NYMC Students Gather to Share Views on Health Care System Reform

On Friday January 29, 2010, WCMS Executive Board Members, Robert Lerner, MD and Andrew Kleinman, MD, led a discussion on health care financing systems for New York Medical College students in Valhalla. Dr. Lerner offered the benefits that a single-payer system could have in the US, while Dr. Kleinman presented the merits of private sector financing. In addition, Charles Rothberg, MD and T.R. Eckler, AMA Government Relations Advocacy Fellow, made significant contributions to the debate.



(left to right) TR Eckler, Andrew Kleinman, MD, Robert Lerner, MD, Richard Menaik

Following the presentations, there were many questions from students eager to share their thoughts and gain perspectives from practicing physicians. It was clear from the stimulating dialogue between the students and the speakers, that there was concern from the students about the course of health care reform. After the event, many commented that they enjoyed hearing both sides of the much-debated issue and would welcome more information on how public policy will affect medical practice. As students, it is easy to get lost in our medical coursework; thus, we appreciate insight into the practical and political aspects of our profession. The students at NYMC look forward to working with WCMS on future similar events.

NYMC's Luke Selby Elected 2010-11 Chair of MSSNY's Medical Student Section (MSS)

NYMC student, Luke Selby, was elected to serve as the Chair of MSSNY's Medical Student Section. Luke previously served as the Secretary of MSS from 2009-2010 and was Chair of the Membership Recruitment Committee for 2008-09.

Congratulations Luke!

NYMC Community Health Fair

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For more information regarding the Health Fair, contact Richard Menaik at richard_menaik@nymc.edu

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MSSNY ANNUAL MARCH ON ALBANY

(continued from page 1)

afford a system that is grossly inefficient and causes physicians to practice defensive medicine, adding significantly to health system costs for both the private and public sectors.

- **Collective Negotiation** – Because six health insurance companies control 77% of the NYS managed care market and because most regions are dominated by only one or two health insurers, most health plans currently offer physicians "take it or leave it" patient care and contract terms. Physicians, therefore, need to have the right to collectively negotiate with health insurers.
- **Medicaid Reform** – Payment reform and the elimination of administrative hassles is necessary to maintain and increase physician participation in the Medicaid program and thereby increase patient access to affordable quality healthcare.
- **Expansion of Doctors Across New York Program** – A continuation of this partial loan repayment and practice support program is necessary to attract more physicians to serve patients in rural and inner-city underserved areas.
- **Surcharge on Payors** – The proposal to require health insurers to pay a surcharge on certain services billed, if enacted, must assure that the surcharge is not passed on to physicians, patients or employers.
- **Insurance Department Oversight of Premium Increases** – The authority of the New York State Superintendent of Insurance to oversee health insurance premium rate increases should be reinstated.
- **Excise Taxes on Cigarettes and Sugary Drinks** – The proposed excise taxes on cigarettes and sugary drinks should be approved to lower long-term healthcare costs by discouraging unhealthy consumption habits and to increase revenues for healthcare.



L-R: Robert Lerner, MD, Lois Stangel and WCMS President, John Stangel, MD



Bonnie Litvack, MD (left) Joseph Tartaglia, MD (front) and Scott Bookner, MD (rear) on the bus to Albany.



MSSNY ANNUAL MARCH ON ALBANY



Clockwise from top: NYMC Students Richard Menaik and Luke Selby; Laura Wiegand, MD and son Aron; Parag Shah, MD, President, Medical Society of the County of Rockland; High School Students, the future of medicine, march on Albany; Rally on the Capitol Steps!



GUEST COLUMN

By Bruce M. Molinelli, MD
Chief of Staff, Greenwich Hospital

Why is the quality of Medical care worse today than it used to be?

Why is personal lifestyle more important to new doctors than their patients?

What is going to be the new face of Healthcare in America once Congress has passed the healthcare reform bill?

These are just a few of the seemingly endless topics of conversation I have had over the last two months questioning our profession's future. Although I have heard many opinions, some solicited others not, and have rendered a few opinions myself, oblivious to whether they were solicited or not, there is one thing that I've realized. We are not going to change progress; rather progress will change us. Let me explain.

Historically, the black bag carrying physician of the early 1900's with a limited assortment of medical therapies made house calls and spent an inordinate amount of time at the patient's bedside offering comparatively primitive remedies. The doctor was respected and a pillar of the community. The post World War II physician slowly transforms to one, whose practice, though still broad-based, has an increased armamentarium of medicines, tests and fund of knowledge more readily available. Patient contact, the history and physical, are still central to treatment but are augmented by new machinery. His dedication is unquestionable and duly noted by society. The turn of the century physician (the 21st that is) has explosive technology, evidenced based data, telemedicine, and highly specialized skills. The physician becomes much less broad based but immensely more learned in a specialty. Patient contact, by the physician, is now often replaced by the machine, the tech or the allied medical personnel. The patient's diagnosis and treatment is no doubt better with these emerging technologies. We can diagnose with less invasive, more sensitive and specific technology and can treat with more pinpoint and nontoxic efficacy. Dare I say, *we often can diagnose and treat without any direct physician-patient contact?*

Herein lies a potential explanation to the perception of poorer quality of care. Herein lies a potential explanation of the rift between new and old physicians. Herein lies the potential glimpse of the new face of healthcare. Herein lies how progress has changed us.

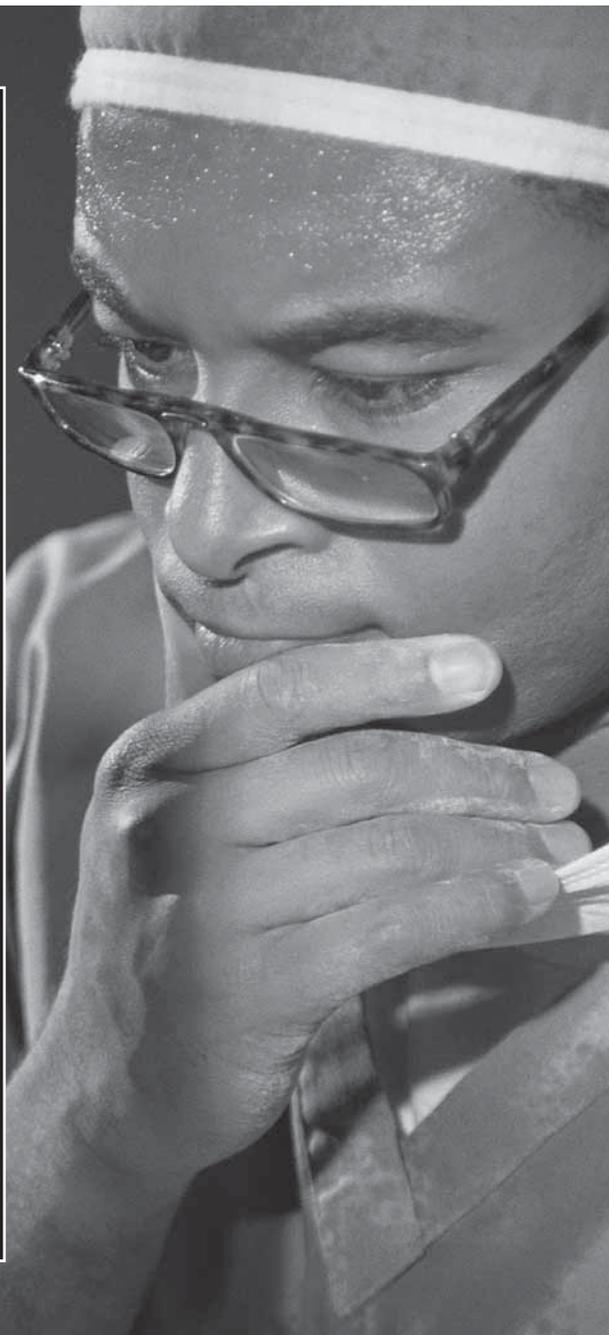
This is by no means a comprehensive explanation of the problems of medicine today. Neither is it a dissertation of what is on the medical professions collective mind these days, nor is it an evidenced based conclusion that technology has ruined medicine. It is simply an observation from which we could acknowledge and possibly redirect our efforts. As our focus has changed from patient care to financial stability, further dehumanized by technologic advances, we have changed, thus changing the physician-patient dynamic.

The progress of technology and advancing medical knowledge has insinuated itself between the physician and the patient. As a texter seems disengaged from another who is physically in their midst, the physician's focus on computerization can prevent their attention to their patient. We physicians must continue to strive to maintain patient contact. We need to spend time with our patients despite the forces that pull us away. We have to remind each other of this and further cultivate this culture in our younger medical colleagues. This is something we have done well here at Greenwich Hospital and would be remiss to forfeit. ♦

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WCMS/WAM NEW MEMBERS



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 Michael A. Cushner, MD (Orthopedic Surgery) *Yorktown Heights, NY*
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 Arthi Thirumalai, MD (Internal Medicine Resident) *Sound Shore Medical Center*
 Eileen Zambetti, MD (Diagnostic Radiology) *Englewood, NJ*



IN MEMORIAM

James Cimino, MD

Dr. Cimino, former Medical Director of Calvary Hospital in the Bronx and WCMS/WAM Life Member, passed away on February 11, 2010. Among his many accomplishments, Dr. Cimino led the team that developed the arteriovenous (AV) fistula to provide necessary blood flow for people with kidney failure at Bronx VA Hospital in 1967. Dr. Cimino also played a key role in the transformation of Calvary Hospital into an accredited institution for terminal patients. Although he retired as Medical Director in 2003, he continued to teach there until shortly before his death. His services were held on February 18th at the Holy Name of Jesus Church in Valhalla.

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GUEST ARTICLE

Transparent Health Network

While the health care reform debate continues raging in Washington, growing numbers of patients across Westchester find themselves uninsured, for a wide range of reasons. Many are young professionals, entrepreneurs, sole proprietors or part-time employees with nice homes, cars and credit cards – but no insurance cards -- in their wallets. In fact, many are former executives and even physicians, who've lost their jobs in the wake of the recession: According to the US Census Bureau, there are more than 500,000 households in the NY Metro area with annual incomes over \$60,000, but no health insurance. Now, providers can help uninsured patients access services at an affordable price, without the hassles of insurance company or government red tape.

A groundbreaking new health care access plan, Transparent Health Network, was recently introduced in the New York metropolitan area. Founded by local entrepreneurs Betty Heiman (CEO) and Anthony DiPietro (Director, Provider Relations) – both also founding managers of a local radiology MSO -- Transparent Health Network is not insurance. Members pay a monthly fee of \$39 for an individual, \$54 for a family. In return, they gain access to a growing network of providers who offer their services for reduced fees. In exchange, members pay providers directly, at the time of service. The regional contracted fee schedule is based on the 2009 Medicare fee schedule, and is posted on the Company's website for full transparency. Also included is a discount prescription plan with Rite Aid Pharmacies, and a 24-hour nurse hotline.

"Transparent Health Network fills not just a niche but a vital segment of the healthcare population, in a straightforward manner. In these difficult and sometimes desperate times it is a life-line for patients, employers and providers," says Anthony Demetracopoulos, Executive Director of MFHA-IPA, a Hudson Valley IPA that serves approximately 500 providers.

The target audience for Transparent Health Network is the employed uninsured – people with incomes ranging from \$60,000 to \$180,000 per year. Often, these people, who've never needed to ask for financial assistance before, are embarrassed to ask providers for discounts.

"With Transparent Health Network, patients pay as they go. Providers benefit from receiving cash payment when they render services – with no claims to file, no pre-authorization requirements and no denials -- so high administrative costs and plenty of frustration are eliminated from the process," said Mr. DiPietro. "They also get satisfaction in the knowledge that their patients are getting quality care at fair prices. Really, it's a win-win situation."

Transparent Health Network continues to recruit local providers from all specialties to join its network of more than 1600 provider locations across Westchester, the five boroughs, Long Island and Essex County, New Jersey.

For more information, visit the Company website at www.transparenthealthnetwork.com or call toll free: 877-297-8864.

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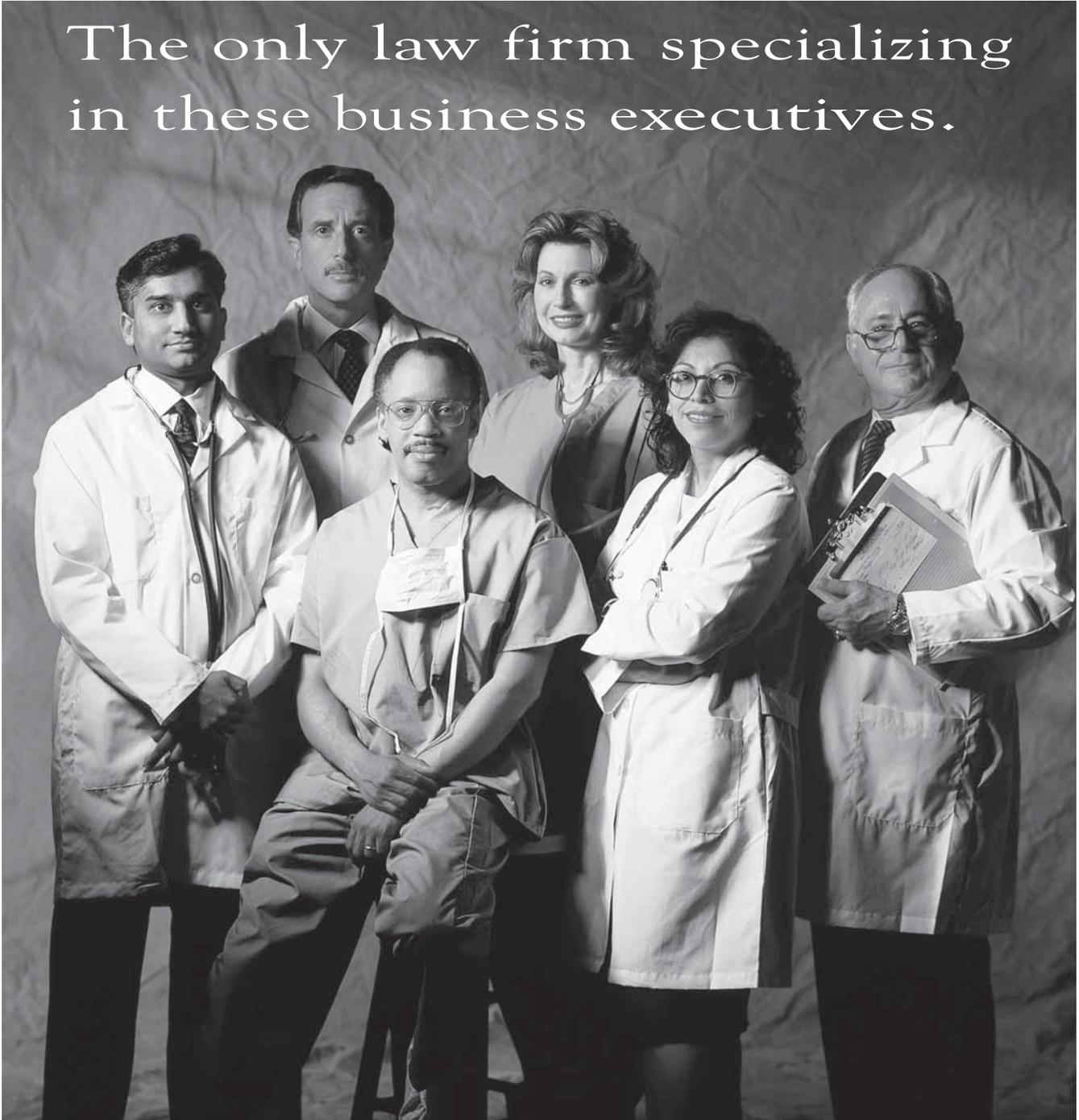
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WCMS MARCH BOARD HIGHLIGHTS



At its meeting on **March 4, 2010** at WCMS Headquarters, the Board...

- Welcomed David Hannan, MD, President, and Rick Abrams, EVP, from MSSNY, who discussed current programs and activities ongoing in MSSNY as well as advocacy efforts by the AMA. A considerable portion of the meeting was devoted to a discussion of tactics and strategy by the AMA, and largely supported by MSSNY, regarding health system reform efforts in Congress. Dr. Hannan acknowledged the WCMS position statement on reform, which opposed the AMA strategy, and encouraged increased dialogue and cooperation between WCMS and MSSNY as the process continues to unfold.
- Received an update from Andrew Kleinman, MD, past president and current 9th District Branch Councilor to MSSNY, regarding the MSSNY Commissioned statewide study on the "Economic Impact of Private Practicing Physicians." Copies of the brochure with Westchester-specific data were distributed to all Board members. The study clearly shows the direct and indirect economic value a private physician's practice has on the local economy in the form of employees, products and services purchased and rendered, and tax generation. The entire study is available on MSSNY's website at www.mssny.org, by clicking on the link at the top of the home page. Following an executive summary describing the study parameters and data collection process, the statewide data is broken down by county. WCMS has already provided this data in meetings with Westchester County government and the business community, and plans to distribute and discuss this data with Westchester legislators in Albany. Please contact Brian O. Foy, WCMS Executive Director, if you have any questions regarding this study, have any trouble accessing the data, or simply want to identify opportunities in your respective community to share the data.
- Heard from the President of the Westchester Academy of Medicine, Joseph McNelis, MD, who reported that letters accompanied by questions (on pre-selected medical topics) were sent to all Westchester High Schools in early February for the Academy's annual Scholarship Essay Contest. Deadline for essay submissions is April 1, 2010. Winners will be recognized at the WCMS Annual Meeting in June. If you would be interested in serving as an essay reviewer, please contact Denise O'Neill at the Academy, (914) 967-9100.
- Also heard from Dr. McNelis that the Academy has been asked once again to help sponsor the annual Westchester Science and Engineering Fair (WESEF), to be held at Sleepy Hollow High School on March 13, 2010. High school students from all over the county will display their posters and projects in competition for scholarship prizes. The Academy has been involved in this event for several years and many of these students are inspired to pursue education in medicine. Several physicians on the Board have volunteered to serve as judges. *The Academy Board approved a \$2,000 contribution from its Scholarship Fund to support this worthy event.*

WCMS March Board Highlights *(continued from page 17)*

- *Approved the report of the Committee on Membership/Member Credentials*, which included four new members: Simon H. Chin, MD, plastic surgery, Katonah; Jason A. Cohen, MD, dermatology, Port Chester; Michael A. Cushner, MD, orthopedic surgery, Yorktown Heights; and Nan Hayworth, MD, ophthalmology (retired). The Board also approved: re-instatement for Tauseef Ahmed, MD, medical oncology, Valhalla; and welcomed five (5) new resident members via the MLMIC-sponsored project – Omar F. Dueñas, obstetrics and gynecology, Bronx; Harneet Kaur, MD, internal medicine, NY Medical College; Arthi Thirumalai, MD, internal medicine, Sound Shore Medical center; Jonathan A. Ellias, internal medicine, Winthrop University Hospital; and Prasanna K. Marpu, internal medicine, Mount Vernon Hospital. The Board had a moment of silence for deceased member James Cimino, MD, life member, who passed away on 2-11-10.
- Heard from the Chair of the Legislative Committee, Thomas Lee, MD, that the Committee met with Congressman John Hall on 2-8-10. Congressman Hall represents NY Congressional District 19, which covers most of the northern Westchester county areas. The Committee also recently met (2-24-10) with Paul Wasserman, a candidate for the NY Congressional District 18 seat, currently held by Congresswoman Nita Lowey. *If you have any questions regarding these interviews, please contact Brian O. Foy, Executive Director, at WCMS Headquarters, 914-967-9100.*
- *Approved a protocol presented by Peter Liebert, MD, Chair, Budget and Finance Committee, covering oversight of the Society's finances, meetings of the Committee, meetings with the Society's Investment Advisors, and regular reports to the Board.*
- *Approved nine additional resolutions for submission to MSSNY in advance of the MSSNY Annual Meeting, April 16-18, 2010, at the Tarrytown Marriott.* The MSSNY resolution deadline is March 16 and WCMS will submit a total of 15 resolutions. Bonnie Litvack, MD, Delegation Chair, stated that any further resolutions received by WCMS can be submitted to MSSNY (by March 16) as individual resolutions and the WCMS delegation will consider later. The next meeting of the WCMS Delegation to MSSNY will be on Monday, April 12, 2010 at the WCMS Offices.
- Heard from Brian Foy, Executive Director, that MSSNY Legislative Day is fast approaching. The day is March 9th and all members have and will continue to be reminded to SAVE THE DATE and join their colleagues for the annual trip to Albany to discuss issues of concern to physicians with their respective legislators. Deadline for reserving a seat on the bus is March 5th. Board members were encouraged to confirm their participation. Buses will leave from the WCMS Office at approximately 6:30 am.

Physician Judges Needed!

MSSNY RESIDENT & FELLOW SECTION POSTER SYMPOSIUM

April 16th, 2010—Westchester Marriott, Tarrytown

MSSNY is looking for members to participate as judges for its *MSSNY Resident and Fellow Section Poster Symposium* which is held during the MSSNY House of Delegates. This will be held on Friday afternoon, April 16, from 2 – 5 pm. Since this is being held in Westchester this year, this is an opportunity for WCMS members to participate.

If you are interested, contact sbennett@mssny.org or (516) 488-6100 extension 383.



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