



Restoring Competition to Health Care to Control Costs

Joseph Tartaglia, MD, FACC, WCMS President



The new "Patient Protection and Affordable Care Act," provides for a new type of care arrangement that will combine doctors and hospitals in a way that would make them responsible for the cost of care and allow rewards to be given for providing more cost-efficient, "quality" care: the Accountable Care Organization or ACO. An article in the *New York Times* on November 21, 2010, is now expressing concern that in anticipation of the new law there is a growing merger of hospitals, clinics, and doctor groups eager to share these cost-savings, but at the same time, creating superstructures dominating health care delivery in large geographical areas. The fear is that these groups will become dominant providers who will become powerful enough to thwart competition and exclude poorer, high risk patients who would reduce their ability to profit. In the article, Peter Thomas, a lawyer for the Consortium for Citizens with Disabilities, said "anyone who has a disability or chronic condition, anyone who requires specialized or complex care, needs to worry about getting access to appropriate technology, medical devices, and rehabilitation." In shifting doctors away from a "fee for service" system, where they are rewarded for doing more tests and services, toward a system where they are rewarded for doing less, we are reminded of the HMO capitation plans of the last decade that failed miserably because they encouraged less care and were very unpopular programs for both doctors and patients.

The article in the *Times* has it right that suppressing competition is a bad development for the consumer of health care, i.e. the patient. However, what they fail to mention in the article is that competition has already been suppressed by the insurance industry. The insurance companies already enjoy complete protection from the Federal Sherman Antitrust Act through the statutes governing business insurance plans. Thus, we already have in place fixed fee structures governed by insurance companies that have the ability to fix prices, and merge at will against physicians who cannot discuss fees because they themselves are subject to the Sherman Antitrust Law. This uneven playing field is an intolerable situation. An attempt to reverse their exemption from the Sherman Antitrust Law by Nancy Pelosi in the America's Affordable Health Choices Act (HR 3200) was blocked in the Senate by Senators whose states have strong insurance lobbies. A natural consequence of the situation will be just as the article states: increasing growth and consolidation of physicians and hospitals into large conglomerates, so that they can negotiate higher fees against fewer larger insurers seeking to maximize profit through premiums. Who loses? The patient. Left unchecked, the system may collapse because of unsustainable costs. We will become exhausted and in the eyes of the current administration, the only answer left will be a public option that becomes the only option, i.e. a single-payer system in the image of the British or Canadian system, where prices are fixed and negotiated by a central government. To be fair, there are a number of physicians

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Happy Holidays
to our Members &
their Families
from the
Board of Directors & Staff

Mark Your Calendar

December 24, 2010
WCMS Office Closed—Christmas Eve

December 31, 2010
WCMS Office Closed—New Year's Eve

January 6, 2011
WCMS Board Meeting—6:30 pm

January 10, 2011
CME Meeting—5 pm

January 19, 2011
Academy Ophthalmology Section
4th Annual Westchester Ophthalmology Grand Rounds
Eclipse Restaurant, White Plains

March 8, 2011
MSSNY Legislative Day
Albany, NY

April 8-10, 2011
MSSNY House of Delegates
Westchester Marriott
Tarrytown, NY

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

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FROM THE EDITOR . . .

Mi Casa es su Casa

By Peter Acker, MD



I have had occasion of late to come in contact with medical students via a confluence of events; a perfect storm you could say. It has stirred up many memories in the dusty recesses of my mind: the long hours hunched over a formaldehyde-drenched cadaver, punctuated by the inevitable crass humor of the first year med student, scanning slide after slide of brightly stained tissues feeling like I was floating over a marvelous coral reef full of life and colors, my first patient history at the beginning of my peds rotation – a bright eyed four year old boy which solidified my desire to go into pediatrics (yes, in those halcyon days we had absolutely no contact with “real patients” in the first two years. I agree with the current didactic methodology of interacting with patients from day one, but one distinct advantage of the old method is the pent-up anticipation which makes that first contact quite memorable).

So what are the events setting off the above reverie? Well, first and foremost, my two eldest daughters, one who is a third year medical student who regularly calls me to keep me briefed on the triumphs and travails that are so characteristic of a third year’s hectic life; the other is applying to med school having undergone all the required rigors of that process. Secondly, my medical school, Sackler School of Medicine in Israel, recently had a reunion celebrating 30 years of the existence of the New York State program. All the classes were well represented and included a table of 4th year students who were in New York doing electives. I was struck by their enthusiastic bonhomie, and palpable eagerness to enter our profession. Lastly, I have had a lot of contact with medical students from our county’s own New York Medical College via a recently expanded program to put more students into local doc’s offices and through the efforts of Brian Foy, Executive Director of the Medical Society, to encourage interaction between established physicians and those in training (there are now periodic social events organized for that purpose).

Just last week at the WCMS office, I met Kristen Aland, a first year medical student, who told me about a student-run program that provides a perfect nexus for medical cross pollination. It’s called **La Casita de la Salud** and is a clinic housed at Metropolitan Hospital’s satellite clinic. The program was started by NYMC students in 2005 and runs each Saturday morning. Further information can be found by going to their link at <http://complab.nymc.edu/Casita%20de%20la%20Salud/index.php>. Their **Physician Recruitment Flyer** can be found on the next page of this newsletter

I think many of our physicians would find this mentoring opportunity to be richly rewarding. ♦

NEWSLETTER SUBMISSIONS

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 January 2011 issue is **December 31st**.

Please email these to Peter Acker, MD, Editor at peterrba@aol.com, Brian Foy, Executive Director at bfoy@wcms.org, and Lori Van Slyke, Newsletter Coordinator at lvanslyke@gmail.com

FROM THE EDITOR . . . Mi Casa es su Casa (continued from page 3)**INFORMATION FOR PHYSICIANS**

La Casita de la Salud

New York Medical College's Student-Run Clinic
A collaboration with Metropolitan Hospital Center



**La Casita
de la Salud**

About the Clinic

Since October 2005, La Casita de la Salud has offered culturally competent medical services for the uninsured people of East Harlem. It is located in conjunction with La Clinica del Barrio, an existing Metropolitan Hospital satellite clinic at 413 East 120th Street. Patients are taken by appointment on Saturdays from 8am to 12pm.

In addition to providing basic medical care and distributing information about community resources, La Casita also serves as a teaching facility to enhance medical education. We have a seemingly unlimited number of eager students, yet only a few devoted physicians who volunteer on a regular basis. We are looking for more attending physicians and 4th year residents to help keep the clinic open on a weekly, reliable schedule to provide a more continuous and regular care for our patients.

How it Works

- A Clinical Care team, consisting of two students, completes an interview and physical exam, formulates a preliminary management plan, and then presents the case to the attending physician.
- Two Clinical Care teams work each Saturday, and it is our goal to provide care to ten patients per Saturday.
- The attending physician sees each patient to confirm the assessment and plan.
- A dedicated, paid medical interpreter is on-site each Saturday.
- The student Patient Education team gives presentations in the waiting room about health topics relevant to the community.
- The student Community Resources team refers patients to community organizations as needed.
- Malpractice is covered under Metropolitan Hospital's indemnification agreement with New York City.
- There are approximately ten students at the clinic per Saturday, and all students work strictly on a volunteer basis.

We need your help!

As a volunteer physician, you can be a positive role model for future physicians by supervising and mentoring student teams.

How to get involved

As a partner of La Clinica Del Barrio, we are supported by Metropolitan's infrastructure. Therefore, it is very simple for Metropolitan physicians to volunteer their time, and requires little to no paperwork. If you are not a Metropolitan-Affiliated Physician, you will need to obtain privileges through their medical board – free of charge. One of our Physician Coordinators will have an application sent directly to you from the Metropolitan Medical Board. To get involved, please contact one of the following Physician Coordinators or fill out this form and mail it to:

La Casita de la Salud

c/o Physician Recruitment
1408 Old Farm Rd
Valhalla, New York 10595

Becky Lou - Becky_Lou@nymc.edu • Breige O'Donnell - Mary_Odonnell@nymc.edu

NAME: _____

SPECIALTY: _____

MAILING ADDRESS: _____

TELEPHONE: _____ E-MAIL: _____

DO YOU CURRENTLY HAVE PRIVILEGES AT MET? _____

Thank you for your interest in volunteering with La Casita de la Salud!
We look forward to working with you.

FOR MORE INFORMATION VISIT: WWW.NYMC.EDU/STUDENT_CLINIC/

Restoring Competition to Health Care to Control Costs *(continued from page 1)*

who advocate for a single payer system as being more cost efficient and fair. The administrative costs of the Medicare system are about one-tenth that of America's private health insurers. Many doctors have grown tired of insurance companies' abuses and high profit margins at the expense of the patient. However, single payer systems have problems with demand and supply as the American public is well familiar. Stories abound how Canadians must flock to America for procedures that they must wait for years to have in their country. Furthermore, who wants their pay to be forever tied to a balanced US budget? It seems inevitable that Medicare will become Medicaid for all as it is in Japan where doctors get very low fees by American standards (i.e. \$20 for a standard consultation).

But what is the alternative? How can we restore competition in our health care system and restore pressure to reduce costs? When I first started practice 20 years ago, I had a fee schedule. A follow-up office cardiology visit was \$125 and the EKG was \$50. That fee schedule has not changed in 20 years. It was first supplanted by fee schedules of various HMOs that were soliciting my business. Lately, my contracts have become automatically renewed by insurance companies which send me what fees I am to accept. Usually, I learn about changes in fees when I submit a claim to insurance and find out what they are paying this year. They started with my 1990 fee schedule and have ratcheted down the fees every year until a follow up can be less than \$50 and an EKG \$10 and yet, health care premiums have risen astronomically even as my fee schedule has declined dramatically. My only choice is to drop the plan, but there are so few of them left that to do so would mean to lose a good chunk of my practice. This whole scenario is wrong. I don't see the cost savings being passed down to the consumer. Instead, insurers drive down my fees but they are not passing the cost savings to the patient; rather they are profiting themselves from the difference. If an insurance company pays one doctor more money for a visit or procedure, why isn't that reduction in cost passed on through a lower premium to the patient? Then lower cost doctors would be rewarded with more volume. The system should reward efficiency and quality of care and a certain level of satisfaction to the patient. There should be more transparency in the system and patient needs to be incentivized to shop and compare prices and value.

Health savings accounts (HSA) are an idea which should be implemented more widely and which give the consumer a choice as to how to spend their health care dollars. The HSA would encourage the consumer to know the fees of the healthcare service providers. Since the patient pockets what isn't used, there is incentive created to save money and spend less. "How much will this cost me?" are very unfamiliar words to most physicians. In the HSA the insurance company only covers catastrophic illness leaving patients to manage their own expenses up to a deductible which is usually high (typically around \$3000). What they don't use gets saved toward any deductible in subsequent years. This is a good method of having the patient decide what is best and to choose between costly and inexpensive services, driving down costs. Health savings accounts put the patient back in control of their health care and restore market forces back into our health care system. It relegates the insurance companies to providing financial aid for catastrophic care, instead of day to day management of costs.

Medical care should be affordable, but it should never be free. Paying a fixed premium and then getting everything free for the same price only encourages overutilization. This has plagued Medicare and Medicaid since their inception and the entitlement programs are an increasing burden to our national deficit. The concept of increased competition could easily apply to Medicare patients. Rather than pay as much as \$400 a month to cover the 20% of Medicare Part B, we should experiment with programs that give the Medicare beneficiary a higher deductible and a small copayment, but which would cover more than the current 80% beyond that deductible. The combination of revenue from the small copayment and reduction of overutilization can partially balance the Budget requirement of the sustained growth formula and place some pressure to contain costs.

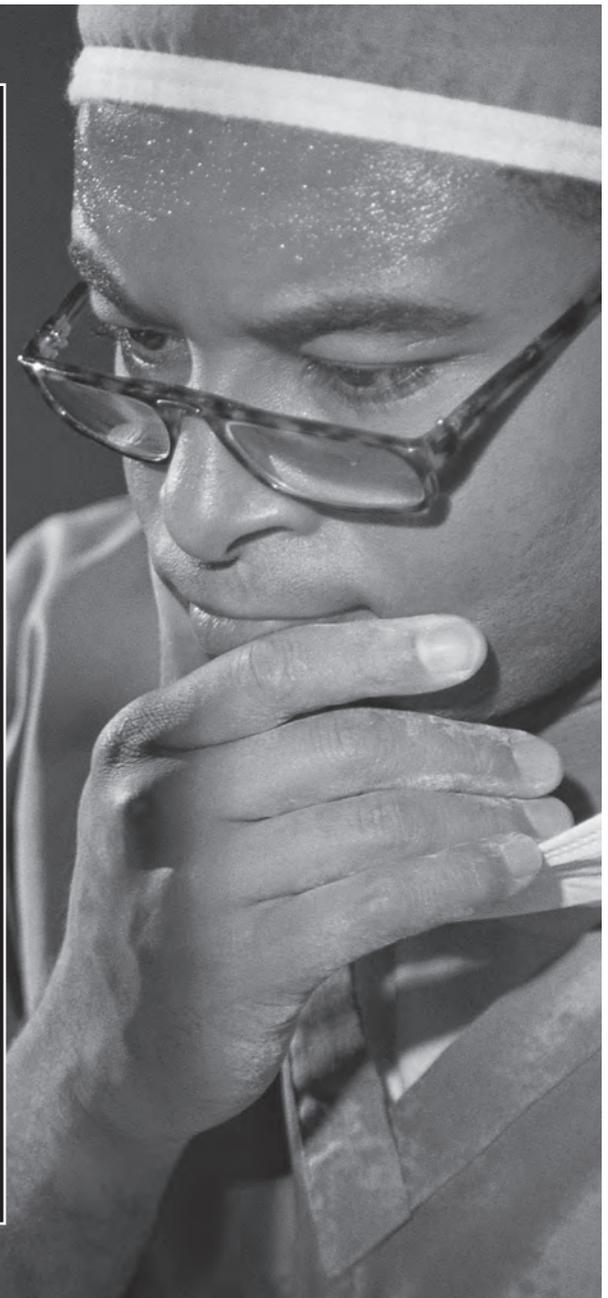
Government insurance for everyone is not the solution, nor is the current system where insurance companies are granted complete immunity from antitrust laws. We need to protect innovation and traditionally we have done this by protecting our free enterprise system. Doctors must also subject themselves to a measure of healthy competition to control costs. This is America; we should embrace competition not fear it. Corporations are not inherently evil. They need to be regulated but, when we use competition intelligently as an engine to drive our economy we can achieve better value. America must design its own health-care system best suited to its needs. If we adopt someone else's system we will also adopt their problems. Americans have always been willing to push the envelope and experiment and innovate.

I invite you to visit the President's page at www.thewestchesterphysician.com and register your opinions about health care. ♦

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An Insider's View of the 2010 AMA Interim Meeting

*Kira Geraci-Ciardullo, MD, MPH
WCMS Past President, Chair of the Membership Committee*



I had the honor of representing many of you as part of the Delegation of the Medical Society of the State of New York (MSSNY) at the recent AMA Interim Meeting held in San Diego, November 5-9, 2010. It should first be known that **ANY** AMA member can attend these meetings and can address the various reference committees. You can participate in discussions on any number of issues in health policy, public health, medical education, issues impacting the business of the practice of medicine, and health law.

When one attends these meetings on behalf of the doctors in the state, you are usually assigned to review in detail the resolutions of a single committee. I was assigned to public health and scientific affairs. In my own committee, one of many issues we addressed was concussions in youth sports and we supported AMA policy that would ensure that a student not return to sports unless cleared by a physician. There are pending state bills on just this issue. In addition, we also heard testimony and discussion on the impact of changing marijuana from a Schedule 1 to Schedule 3 status to allow more clinical research on its potential benefits. AMA existing policy does support the Institute of Medicine report and asks for consideration of a schedule change to promote research.

There were three major discussions that took place on the floor of the House of Delegates, the main deliberating body. The first was the adoption of the California delegation's Principles for an Accountable Care Organization. The Accountable Care Organization (ACO) is one of the latest designs for managing costs and quality for Medicare patients. A typical Medicare ACO would include a hospital, primary care physicians, and specialists. Care would be coordinated among them with the goal of meeting quality benchmarks, and all would accept joint responsibility and share in cost savings that stem from less duplication of services and streamlined care. There was a great deal of concern and discussion about physicians starting up ACOs or joining ACOs started by hospitals. California's entire set of principles, endorsed and accepted by the AMA House, establish guidelines to help the medical profession establish standards. They call for placing the well-being and safety of the patient first. They encourage physician-led organizations with strong collaboration among medical professionals so that clinical decisions are not based strictly on commercial interests, but rather on professional medical judgment. The entirety of the document is available online at www.ama-assn.org. Click on Interim Meeting Reports and Resolutions; it is Resolution 819. These principles establish physicians as leaders and as guardians of patient care quality and the physician patient relationship. *(See article on page 12 regarding the AMA's comments to the CMS regarding ACOs.)*

The second major issue discussed was NEWLY drafted legislation by the AMA entitled the **Medicare Patient Empowerment Act**, guaranteeing freedom of choice and contracting for patients. This legislation, if enacted, would amend Title XVIII of the Social Security Act to establish a Medicare payment option for patients and physicians to freely contract, without penalty, for Medicare fee-for-service services, while allowing Medicare beneficiaries to use their Medicare benefits. This is very different from the present situation in which both physician and patient have to opt out of Medicare altogether for a period of three years. That is, the patient would be able to keep their benefits and not have to opt out. In some ways, it may be the best solution to the ongoing financial issues incurred every year by a flawed SGR formula that threatens physician payments and patient access. This was given a priority status by the AMA as it awaits a congressional champion in the new Congress 2011.

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An Insider's View of the 2010 AMA Interim Meeting

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Another very important discussion that took place was the issue of an individual mandate for health insurance. It is existing AMA policy, H-165.848, to endorse individual responsibility to obtain health insurance. Yet several delegations asked for both a rescinding of this policy and for the use of tax incentives and other non-compulsory measures rather than a federally imposed requirement that individuals purchase health insurance. This created a spirited and extensive debate on the House floor. Due to significant disparities of opinions and the extensive information discussed, the issue was referred to the Board of Trustees for study and report.

I hope this gives you insight as to how policy is debated and formed at the AMA. I have just selected a fraction of all the issues debated, reviewed, discussed and researched! Please visit the AMA website and look over all the issues that were presented at <http://www.ama-assn.org/ama/pub/meeting/index.shtml>.

Our own House of Delegates for the MSSNY is April 8-10, 2011, right here in Westchester, at the Marriott in Tarrytown. Think about issues and concerns you have on health policy, public health issues, medical education, health system reform, ethical issues as well as governance and structural issues regarding the medical society itself. Participate in the MSSNY House this year. **All dues paid members can submit resolutions through the Westchester County Medical Society and speak to them at the reference committees.** You can present documentation and your experiences.

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WCMS Board Highlights

Brian Foy, WCMS Executive Director



At its meeting on November 11, 2010, at WCMS Headquarters, the Board...

- Welcomed Congresswoman-elect Nan Hayworth, MD, a member of WCMS and MSSNY, who thanked the Board members for their personal support and well-wishes during the campaign to become the next member of Congress from New York's 19th District, replacing John Hall. Dr. Hayworth is a retired ophthalmologist from Mount Kisco. She appreciated the opportunity to address the Board and answer questions on many topics, including Medicare physician payment reform, the need for private contracting and balance billing in Medicare, the Patient Protection and Affordable Care Act, government debt, progressive health insurance reform ideas, the unchecked power of the health insurers, and medical liability reform. She also discussed the new political environment in Washington, DC and the prospects for the upcoming Lame Duck Session of Congress. She indicated that she planned to be in regular contact with the medical community and looked forward to frequent dialogue with the Medical Society and its members on matters important to physicians and patients. **The Board applauded Dr. Hayworth on her election victory and welcomes the opportunity to be a resource to her and her staff during her Congressional term.**
- Heard from Joseph Tartaglia, MD, President, who reported on the Medical Student Social hosted by the Board at New York Medical College on October 20. The event was very well-received and attended by medical student members, who enjoyed the personal interaction with Board members. He also reported on the presentation by Specialdocs Consultants, Inc., on October 25. Approximately 15 physicians attended to hear information regarding how to transition a medical practice to a concierge medical practice. Specialdocs plans to hold additional seminars for interested physicians in 2011.
- On behalf of the Academy of Medicine, **the Academy Board convened and approved, after much discussion, a conditional increase in Academy CME fees to at or near 90% of the fees being charged by other providers of Category I CME in the Westchester area.** This increase will take effect in 2011. This decision is reflective of the cost of administering a very active CME program encompassing approximately 10 hospitals, three specialty sections of the Academy, and numerous other independent medical organizations, all offering CME jointly sponsored by the Westchester Academy of Medicine. In 2009, the Academy approved over 600 hours of Category 1 CME benefitting roughly 8,000 attendees.
- **The Academy Board also reported that the Golf Outing/Fundraiser held on September 29, 2010, at Pelham Country Club, netted just over \$8,000 to the Academy, including \$2,100 for the Scholarship Fund,** benefitting the various projects in which the Academy is involved with Westchester County area high schools promoting interest in science and medicine. **The Board applauded the efforts of Dr. Tartaglia in making this event so successful within a relatively short planning period.** The Academy plans to host another golf outing/fundraiser in 2011 and will begin planning well in advance of the selected date.
- ***Approved the Report of the Committee on Membership/Member Credentials***, as presented by Dr. Tartaglia (on behalf of Dr. Kira Geraci-Ciardullo, Chair). **The report included nine (9) new members: Theodore Chambers, MD, Vascular and Interventional Radiology, White Plains; Ann Engelland, MD, Pediatrics, New Rochelle; Jennifer Koestler, MD, Internal Medicine/Pediatrics, Valhalla; Amy Tye Magnuson, MD, Obstetrics and Gynecology, White Plains; Kerline Marcelin, MD, Ophthalmology, Cortland Manor; Mary Rosser, MD, Obstetrics and Gynecology, Bronxville;**

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WCMS Board Highlights *(continued from page 9)*

- Monica Scantlebury, MD, Internal Medicine/Endocrinology, Bronx, NY; Gerard Schiller, MD, Ophthalmology, White Plains; Jeffrey Yormak, MD, Orthopedic Surgery, Carmel, NY. Additionally, one member, Elliott Gross, MD, was approved for life membership; one member, Raj Murali, MD, transferred in from New York County Medical Society, and one member, Jane Petro, MD, transferred her membership to another state (MA). The Board asked that a list of all new members and their contact information be circulated to Board members to allow for personal contact and welcome.

The Board also approved and welcomed 19 new medical student members: Kristen Aland; Esfahani Anim; Javier Baez; Matthew Decker; Christopher Enwonwu; Erin Higgins; Alice Hsien-Hwa; Kenneth Knowles; Mary McAfee; Elise McKenna; Matthew McShane; Jim Packard; Frinny Polanco; Amy Reed; Lacey Robinson; Evan Schloss; Bryan Stefen; Kate Steinberg; and Samuel Sunghyun.

With sadness and a moment of silence, the Board acknowledged the passing of three members: Richard L. Fenton, MD, WCMS Past President, 1984; Thomas D. Rizzo, MD, WCMS Past President, 1975; and Paul Tucci, MD. The Board asked that memorial resolutions be prepared for the next MSSNY House of Delegates meeting in April, 2011.

Dr. Tartaglia also reported that the Membership Committee will meet on Tuesday, November 16th and welcomes the input and participation of interested members. Email Dr. Kira Geraci-Ciardullo at kageraci@optonline.net or Brian Foy at bfoy@wcms.org. Items for discussion include inviting non-members to the December Holiday Party, packaging and better promoting the benefits of membership in WCMS, and celebrating Doctors Day, March 30, 2011.

- The Board approved financial statements for the WCMS and the Academy of Medicine reflecting 2010 YTD activity through October 31. On behalf of the Treasurer, Robert Ciardullo, MD, Brian Foy, WCMS Executive Director, reported that approximately 45% of billed dues for 2011 have been paid thus far. A 2011 budget will be presented to the Board for approval in December.
- The Board discussed the downward trend in membership, the decline in numbers of solo or small practices, and what efforts can be undertaken to retain current members and attract new members. Recognizing that many members are still upset about the AMA's decision to support the Patient Protection and Affordable Care Act, and that only 20% of the dues paid thus far for 2011 include AMA dues, *the Board approved a motion to ask MSSNY to remove the AMA from the dues bills for the remainder of 2011 or, if not possible, make plans to remove the AMA or adjust its location on the dues statement for 2012 so that it is clearly presented as optional dues and not above the "total" line.*
- Heard from Thomas T. Lee, MD, Chair of the Legislative Committee, who reported on legislative activities since the last meeting, including *a Meet and Greet hosted by Andrew Kleinman, MD, Vice Chair, at his office on October 26 for candidate Bob Cohen, who challenged Senator Suzi Oppenheimer in NY District 37.* The WCMS was very active prior to the recent elections, conducting many interviews with prospective candidates and meeting with sitting legislators.
- On behalf of Peter Acker, MD, Chair, Committee on Communications and Public Relations, Dr. Tartaglia reported that the Committee has recently met twice and is making progress on an initiative to develop a new web site for the WCMS, with plans to debut in January 2011.
- Heard from the WCMS Executive Director, Brian Foy, who discussed upcoming opportunities for members to learn more about their options in purchasing health insurance for themselves, their families and office personnel, in light of the changes under the new health care law. Kevin Lynch, WCMS' endorsed health benefits administrator, will be hosting open forums at the WCMS Office on November 17, November 30 and December 15. Flyers will be sent to the membership.
- Mr. Foy also briefly discussed highlights of the AMA Interim Meeting, which he attended, as well as Dr. Kira Geraci-Ciardullo, a MSSNY Alternate Delegate to AMA. A detailed report on that meeting is presented by Dr. Geraci-Ciardullo beginning on page 7. ♦

New Workers' Compensation Treatment Guidelines go into Effect

On December 1st, the Medical Treatment Guidelines for treating Workers' Compensation cases became the mandatory standard of care for the mid and low back, neck, shoulder, and knee, along with a 30% increase to the Evaluation and Management services fee schedule. All medical providers who treat injured workers covered by Workers' Compensation should have received a letter from Robert Beloten, Chair of the NYS Workers' Compensation Board, advising medical providers of the implementation of workers' compensation Medical Treatment Guidelines and also the Medical Fee Schedule Increase.

If you would like to access Commissioner Beloten's letter, visit MSSNY's link at: http://mssny.informz.net/MSSNY/data/images/medical_treatment_guidelines_letter.pdf

Senate Passes Legislation to Fix FTC "Red Flags" Rule

Earlier this week, the United States Senate unanimously passed S. 3987, the "Red Flag Program Clarification Act of 2010," legislation that would limit the type of "creditor" that must comply with the FTC "Red Flags" Rule. To further clarify protection for physicians, the sponsors of the legislation, Senators John Thune (R-SD) and Christopher Dodd (D-CT), spoke in support of the legislation and for the *Congressional Record* indicating that the purpose of this legislation is to clarify that doctors should no longer be classified as "creditors" for the purposes of the "Red Flags" Rule.

The "Red Flags" Rule requires "creditors" to develop identity theft prevention and detection programs, and was originally scheduled to take effect on November 1, 2008. According to the FTC, physicians who do not accept payment from their patients at the time of service are considered "creditors" and must comply with the Rule by developing and implementing written identity theft prevention and detection programs in their practices, a potentially significant administrative burden. The bill moves on to the United States House of Representatives for consideration.

As a result of AMA and federation advocacy in opposition to the application of this rule to physicians, the FTC delayed the original November 1, 2008, compliance deadline on multiple occasions, currently through December 31, 2010.

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AMA Makes Recommendations to CMS for Physician-Led, Patient-Centered ACOs

The AMA submitted its most detailed comments to date to the Centers for Medicare & Medicaid Services (CMS) on how Medicare should structure physician-led and patient-centered accountable care organizations (ACOs). The recommendations were submitted December 2nd, in response to a specific request from CMS for comments on how to ensure that solo and small group practices have the opportunity to actively participate in Medicare's ACO program.

The AMA's top recommendations to CMS on structuring physician-led ACOs include:

- *Developing new payment models for physicians that move Medicare away from today's dysfunctional physician payment system—the threat of Medicare physician payment cuts will impede physicians' efforts to improve care coordination, such as employing case managers and investing in infrastructure to monitor and improve quality*
- *A range of specific new payment methods that CMS should consider in addition to shared savings, including an accountable medical home payment system and bundled payments for specific medical conditions, such as congestive heart failure*
- *Increased access to loans and grants for small physician practices*
- *Easing of antitrust restrictions that prevent physicians from collaborating*
- *Timely access to quality data*

The AMA also urges CMS to allow patients to voluntarily select a Medicare ACO and to undertake a proactive effort to educate and encourage beneficiaries to take steps that will help make ACOs successful. For example, patients should be able to:

- *Choose and consistently use a primary care physician as a medical home*
- *Select specialty physicians, hospitals and other providers that coordinate effectively with their primary care medical home and each other*
- *Engage in shared decision-making processes with their physicians about appropriate treatments for their conditions*
- *Participate in other types of programs developed by their physicians to maintain and improve their health at an affordable cost*

This education effort should be developed in cooperation with physicians and launched well in advance of the ACO program's initiation.

The AMA also makes recommendations on the types of quality measures ACOs should use. At least in the initial years of the program, CMS should avoid making ACOs collect and report quality measures beyond those already required under other CMS programs, such as the Physician Quality Reporting System (PQRS), formerly known as the Physician Quality Reporting Initiative.

Although additional quality measures may ultimately be warranted, it is impractical to develop a single national set of such measures prior to implementation of the Medicare Shared Savings Program, because the areas where ACOs will focus their cost reductions will likely vary significantly from region to region. Furthermore, measures that may be appropriate for one ACO model may not be appropriate for another. ACOs should be allowed to report on a hybrid of nationally and locally focused quality measures related to their particular patient population.

When the AMA submitted its comments, AMA President Cecil B. Wilson, MD, said, "*The physician-led ACO model injects competition into the market by eliminating the need for consolidation under a hospital system. Competition fosters innovation, which ultimately helps patients receive efficient, high-quality care. Care coordination is vital, and physicians can work together with a health care team to keep patients healthy and out of the hospital while maintaining independent medical practices. CMS should adopt policies that facilitate physician-led ACOs and do not inadvertently bias participation in favor of large health systems and hospitals. Our goal is to ensure that new models of care benefit patients, and for this to happen physicians must be able to successfully participate in and lead ACOs.*" To view the AMA letter to CMS regarding ACOs in its entirety, please visit their link at <http://www.ama-assn.org/ama1/pub/upload/mm/399/cms-aco-comment-letter-2dec2010.pdf> ♦

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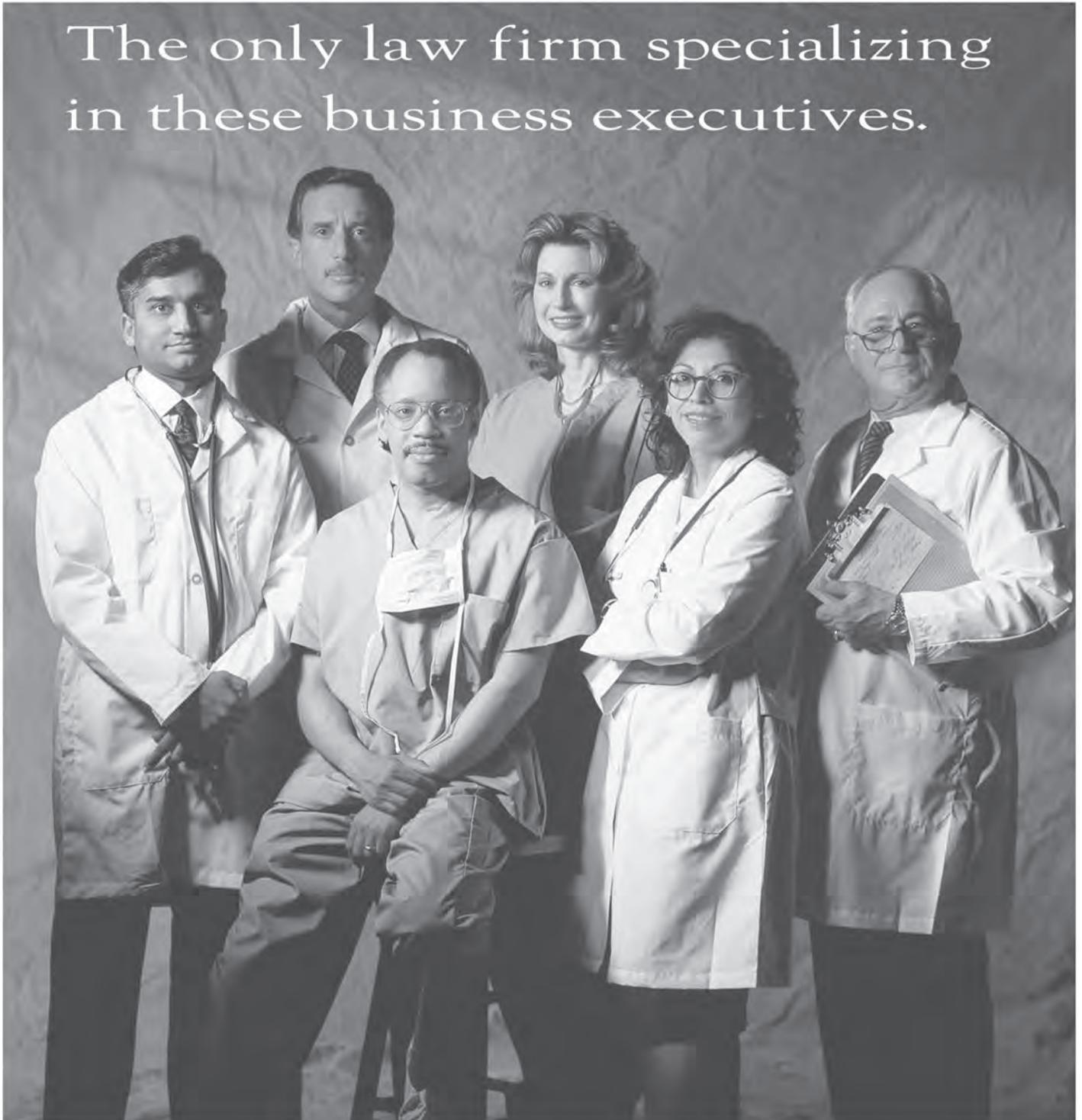
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GUEST COLUMN . . .

Reflections on a Thanksgiving Day Service

By Joseph McNelis, MD, Vice President
Westchester County Medical Society



*Keep Ithaca always in your mind
Arriving there is what you are destined for.
But do not hurry the journey at all.
Better if it lasts for years,
So you are old by the time you reach the island,
Wealthy with all you have gained on the way,
Not expecting Ithaca to make you rich.
Ithaca gave you the marvelous journey.
Without her you would not have set out.
She has nothing left to give you now.
And if you find her poor, Ithaca won't have fooled you.
Wise as you have become, so full of experience,
You will have understood by then what these Ithacas mean.
-Konstantinos Kavafis*

On Thanksgiving Day, the Interreligious Council of New Rochelle held its annual Community Thanksgiving Service. The service rotates among the various congregations with this year's service being held at the Holy Trinity Greek Orthodox Church at 10 Mill Road at the very northern extent of North Avenue. The service was broadcast live on WVOX-1460 AM with guest commentator Dino Yotides and will be telecast via tape delay on the local cable channel 75.

The Interreligious Council was founded in 1975 by Rabbi Amiel Wohl of Temple Israel, the late Rev. Peter Kyriakos of Holy Trinity Greek Orthodox Church, and the late Sister Dorothy Ann Kelly of the College of New Rochelle, as a way to bridge divides in the rather diverse Queen City. The Thanksgiving service highlights its activities and has grown to encompass most of the religious institutions in New Rochelle.

The church filled quickly and the service began at 9am sharp with the clergy and the other representatives proceeding to seats in front of the altar. The Rev. Susan Postal of the Empty Hand Zen Center began the service with a verse of gratitude, thankful "for the opportunity to come together: to celebrate our common humanity, to appreciate our shared commitment to the life of the spirit, we are grateful." At the end of her prayer, Rev. Postal struck the Zen Temple Bell to invoke peace. A second invocation prayer then was given by the Rev. Fr. Robert Gahler of the Trinity St. Paul's Episcopal Church, the oldest congregation in New Rochelle, tracing its lineage back to the founding Huguenots. His prayer ended with the chime-less but irenic plea that "we share our blessings with the needy, And seek to lift the burden of care from the heavy-laden, so that all may celebrate this day of you before You."

The Rev. Nicholas Ancil, pastor of the hosting Holy Trinity Greek Orthodox Church, officially welcomed the participants as did the President of the Interreligious Council, Prof. Carl Procaro-Foley, who also serves as Director of Campus Ministries at Iona College. Rev. Ancil saluted the founders; Rabbi Wohl, who was in California celebrating his granddaughter's bat mitzvah; the late Sr. Kelly, and his predecessor, the late Rev. Kyriakos. He also noted that this year's Thanksgiving falls on the feast day of St. Katerina, but did not expound further on this.

Singlea Hall, a parishioner of the Presbyterian Church of New Rochelle, read a statement of purpose for the Thanksgiving Holiday: "Our Thanksgiving heritage reminds us that our Pilgrim forebears overcame perilous hardships and set aside a special day to thank God for answering their prayers."

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GUEST COLUMN . . . Reflections on a Thanksgiving Day Service

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Immediately following her to the podium was Rev. DeQuincey Hentz, Pastor of the Shiloh Baptist Church, who gave a prayer of Thanksgiving for the Nation. Prior to beginning the prayer, he reminded us that on "on this day of gratitude, prayer is the appropriate attitude." In the mood of coming together, one of the stanzas read as follows, "We thank you for the faiths we have inherited in all their rich variety. They sustain our lives, though we have been faithless again and again."

With the pleas and thanks to God that are at the basis of such an event, we must acknowledge that there are many doubters and non-believers in our midst, probably even at the service. After all, we proudly display the cottage of Thomas Paine, the most famous doubter/non-believer of our republic. President Obama recognized them in his Inaugural Address. Granted, it would be a bit tricky to embrace them in an inter-religious service. Like July 4, Veteran's Day, and Memorial Day, Thanksgiving is a holiday designated for all Americans, including secular humanists.

After Rev. Hentz, three Presidential proclamations of Thanksgiving of Presidents George Washington, Abraham Lincoln, and Barack Obama were read respectively by Rabbi Scott Werner, Senior Rabbi of Temple Israel, Rev. Msgr. Ferdinando Berardi, pastor of Holy Family Roman Catholic Church and NY State Assemblyman George Latimer. President Obama's proclamation concludes in encouraging "all the people of the United States to come together-whether in our homes, places of worship, community centers, or any place of fellowship for friends and neighbors-to give thanks for all we have received in the past year, to express appreciation to those whose lives enrich our own, and to share our bounty with others." That should go a long way in appeasing the acolytes of Thomas Paine.

Rev. Taejoon Lee, Pastor of the Korean Presbyterian Church of Westchester, read from Isaiah 35:4. His delivery was somewhat erratic and choppy, less likely from language issues than from the timeliness of the words to the demonic threats hovering over his homeland. "Say to those who are of fearful heart: 'Be strong, do not fear! Here is your God. He will come with vengeance, with terrible recompense. He will come and save you.'"

Fr. Joseph Flynn, Campus Chaplain at the College of New Rochelle then read from Matthew 25:32-46, a New Testament passage a bit heavy on the fire and brimstone. "All the nations will be gathered before Him, and He will separate people one from another as a shepherd separates the sheep from the goats, and He will put the sheep at His right hand and the goats at the left. . . Then He will say to those at His left hand, 'You that are accursed, depart from Me into the eternal fire prepared for the devil and his angels; for I was hungry and you gave Me no food, I was thirsty and you gave Me nothing to drink, I was a stranger and you did not welcome Me, naked and you did not give Me clothing, sick and in prison and you did not visit Me. . . Truly I tell you, just as you did not do it to the least of these, you did not do it to Me.' And these will go away into eternal punishment, but the righteous into eternal life." No Kumbaya for you!

Francis Hayden, MD, member of the B'hai community, read from the writings of Baha'u'llah and initially lowered the collective blood pressure of many of us goats in the audience. "The fundamental purpose animating the Faith of God and His Religion is to safeguard the interests and promote the unity of the human race, and to foster the spirit of love and fellowship amongst men." His therapeutics were rather short-lived, ending with some sobering thoughts. "The winds of despair are, alas, blowing from every direction, and the strife that divideth and afflicteth the human race is daily increasing. The signs of impending convulsions and chaos can now be discerned, inasmuch as the prevailing order appeareth to be lamentably defective. I beseech God, exalted be His glory, that He may graciously awaken the peoples of the earth, may grant that the end of their conduct may be profitable unto them, and aid them to accomplish that which beseemeth their station."

Passages from the Qur'an scheduled to follow were skipped as the reader was a no show. It's possible that the anonymous effendi was still resting from Id-al-Adha exertions, including the ritual, er, goat sacrifice. Absent and not scheduled to speak were representatives of the burgeoning Young Israel congregation. The substitute mailman must have gotten confused again and dropped the invitation at the

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GUEST COLUMN . . . Reflections on a Thanksgiving Day Service

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neighbors. As well, no representation from the Hindu community was present. While there is no Mandir in New Rochelle, there is a significant Hindu presence in New Rochelle, many of whom provide medical care for our community, making themselves available at all hours.

The featured speaker for the service this year was Dr. Antonios Kireopoulos, Associate General Secretary for Faith and Order and Interfaith Relations of the National Council of Churches of Christ in the USA. He was very ably introduced by New Rochelle's own Rabbi David Kosak of Beth El Synagogue. Rabbi Kosak related his experiences at an interfaith meeting in Texas, when he felt "wicked joy" at the internal divisions amongst the Baptists. To him, this was very reminiscent of similarly pedantic intra-faith divisions in Judaism. He encouraged the audience, despite the difficulties, to maintain a proper balance and simultaneously "hold fast to unity and uniqueness."

Dr. Kireopoulos' talk was entitled "Do Neighbors Still Matter: A Thanksgiving Reflection." He immediately struck out at the crass commercialization of our holidays as Halloween marketing transitions directly into the Christmas drive. Christmas "has become a measure of consumer confidence," cheapening the holiday. Thanksgiving has been dominated in recent years by Black Friday, bypassing our "National Myth" that the Indians and European settlers came together as neighbors.

Dr. Kireopoulos suggested that we might help our neighbors "through harvests of our time." We must work on a personal, societal, and philosophical level. On a personal level, we must "break down barriers and create true friendships." On a societal level, we must provide for the 14% who can barely afford Thanksgiving dinner; we must stop pushing away immigrants; we must combat global warming; and we must avoid fear and fear-mongering as occurred this summer during the Cordoba House debates. On a philosophical level, we must strive for the "Common Good," as our nation so ably demonstrated in its past through the Revolutionary War patriots, the Civil War's abolitionists, the Doughboys of WWI fighting for Wilson's Fourteen Points, the GIs of WWII fighting for FDR's Four Freedoms, and the Civil Rights marchers of the 1960s. Most recently, we briefly experienced this feeling during the coming together in the days after the 9/11 Tragedy, quickly to become mired in "partisan politics, personal gain, fear-mongering, and grandstanding."

Dr. Kireopoulos then lauded the work that the National Council of Churches has done recently to unite us for the Common Good. They have condemned the near burning of the Qu'ran by Gainesville, Florida Pastor Terry Jones, as well as the contemporaneous bombing attacks on the Iraqi churches.

It would appear that the National Council of Churches is doing much useful and honorable work, done by honorable people. However, a little less self-righteous moral equivalency might be more unifying. A media-hungry leader of a small congregation threatening to exercise his First Amendment rights to an exponentially moronic degree does not compare with the murderous actions of jihadist cults with genocidal designs on the Iraqi Chaldeans. "Fear and fear-mongering" was mentioned as stimuli for the Cordoba House opposition, but respect and honor for the martyred was the far likelier motivation. Given the prevailing theme of moral equivalency, it only would have been proper to play to the home team audience by referencing the much delayed construction of the St. Nicholas Greek Orthodox Church, the only house of worship to be demolished during the Terror Attacks of September 11, 2001.

Carole Troum, the director of the Hope Community Services, thanked the assembled for their upcoming Thanksgiving offering. Those benefiting from the offerings were the Brown Bag Lunch Program of Trinity St. Paul's Episcopal Church, Project HOPE, Manna Ministries of Union Baptist Church, and Love in Action Soup Kitchen Ministry of First Assembly of God. As offertory baskets were distributed by the ushers, a notorious hemi-Hellene tightwad was heard to exclaim, "Hey, I thought we were going to skip this part today!"

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GUEST COLUMN . . . Reflections on a Thanksgiving Day Service

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Rev. Andres A. Fernandez-Lopez of St. Gabriel's Roman Catholic Church gave an offertory prayer, which he recited in English and Spanish. Rev. Martin Nelson, pastor of Bezer Holiness Church, gave a closing prayer after apologizing for reciting it in English only. "On this Thanksgiving, we pray to you, most loving God, that you will unite your diverse peoples who strive to live out your vision of justice, equality, freedom, and peace."

Rev. Anctil concluded the service, introducing congregant and Deputy US Trade Ambassador Demetrios Marantis, fresh from G-20 deliberations, and latecomer Jim Killoran, President of the Westchester Habitat for Humanity. He acknowledged the wonderful work done by the Junior Choir of the Holy Trinity Church and its director, Georgann Mavrovitis, and organist, Sia Tofano. Led by Deacon John Mamangakis (aka Vice President of Operations at New Rochelle Hospital), the attendees then made a beeline to the reception hall where various sweets and hors d'oeuvres had been prepared by the Parish Council, the Ladies Philoptochos Society, and parishioners of Holy Trinity Church. Cookies, baklava, tiropitas, and spanakopitas were piled high on the plates. Nothing too healthy for Thanksgiving was available, such as lentil soup or horta (purslane). Remember, we have to make room for the turkey. No omega-3 for you!

Despite the preceding quibbling, carping and Thursday morning quarterbacking, Dr. Kireopoulos' main message was on target. We always need to strive for the Common Good and reach out more to our neighbors. As well, Thanksgiving Day remains the holiday to which the immigrant best can relate, even as the immigrant story may change from generation to generation. Chicago Mayor Anton Cermak is best remembered as the unfortunate soul who ran interference for the bullets fired by Italian immigrant and anarchist-bricklayer, Giuseppe Zangara, at the patrician President-elect, Franklin Delano Roosevelt, during his Miami motorcade on February 15, 1933. Cermak had arrived in Chicago as a child from his native Bohemia in the Austria-Hungarian Empire, and had made his way up the political ladder by fostering friendships and alliances amongst a variety of classes, races and ethnicities. During the vitriolic 1931 mayoral campaign, Cermak was derisively monickered "Pushcart Tony." When Cermak was prodded one too many times about his Eastern European origins, Anton blasted back with his timeless, but unfortunately long ignored and forgotten, maxim: "I may not have come over on the Mayflower, but I got here as fast as I could."

Rev. Anctil had mentioned St. Katerina, but just who was she? In the Orthodox Calendar of Saints, Katerina, the Great Martyr of Alexandria, is described as "a young woman of rare beauty and education. She was beheaded during the reign of Maximian (285-305 AD). Her relics were taken to the mountain of Sinai. She is the Patron Saint of students." Maybe St. Katerina does have some relevance to us. We are a nation that at this time stresses education as the key to success. Of course, there must be a balance, as we all don't want to be martyred like St. Katerina. From a policy perspective, we might need a little more emphasis on our manufacturing and agricultural sectors. Needless to say, however, we read the tea leaves. We can only hope that there will be more Katerinas both produced and accepted by our immigrant nation. ♦



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Congress Passes Legislation to Prevent Medicare Cuts for 2011

Legislation (H.R. 4994, the "Medicare and Medicaid Extenders Act of 2010") to stabilize Medicare physician payments at current rates through the end of 2011, passed the United States Congress this week. President Obama is expected to sign the legislation into law

This includes extending through 2011 additional payments for mental health services covered under Medicare, and extending the Medicare GPCI "floor" which prevents cuts for rural areas across the country, including the upstate Medicare payment locality. The bill also includes funds to enable Medicare contractors to reprocess claims for physician services affected by provisions of the Patient Protection and Affordable Care Act passed last spring with a retroactive effective date of January 1, 2010. According to reports from the American Medical Association, the lame duck Congressional session is expected to continue for up to three weeks, during which time additional legislation is under development to stop a 25% Medicare physician payment cut that is scheduled for January 1, 2011.

MSSNY, together with all 50 state medical societies, 66 national specialty societies and the AMA, have been urging Congress to provide stable physician payments through the end of 2011, until a new payment proposal can be developed to replace the broken sustainable growth rate formula for determining Medicare payments. Efforts will continue in the next session of Congress to achieve a more long-lasting reform, a position that has bipartisan support. As noted in a statement issued yesterday by President Obama: *"It's time for a permanent solution that seniors and their doctors can depend on and I look forward to working with Congress to address this matter once and for all in the coming year."* ♦



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