



Medicaid Redesign Team Says Tort Reform A Must

Joseph Tartaglia, MD, FACC, President - Westchester County Medical Society



Dr. Leah McCormick, current President of the Medical Society of the State of New York, said in an address to Jason Helgeson, New York's Medicaid Director, "Medicaid fails the taxpayer, fails the providers, and, most importantly, fails its intended beneficiaries -- our state's most needy citizens." You can read Dr. McCormick's full statement at "www.thewestchesterphysician.com" on Medicaid payment reform. Whether you participate in Medicaid or not, it is crucial that every physician pay attention and participate in the much-needed reform of the Medicaid program; if enacted, it may spread to other insurance programs. Furthermore, physicians may benefit from the overhaul. We certainly couldn't do worse. As the cost of the Medicaid fee-for-service program increased between 2004 and 2007 from \$28B to \$34B, the percent of fee-for-service Medicaid dollars which have been allocated to pay for physician services remained at 0.9% in 2004, 2005 and 2006 and decreased even further to 0.77%. Out of the \$34B spend on fee-for-service Medicaid in 2007: \$8.3B was allocated for hospital inpatient services; \$6.7B was allocated to skilled nursing home services; and \$1.5B was allocated to free-standing clinic services. Less than \$268M was devoted to pay for physician services. They pay physicians next to nothing and Medicaid costs are STILL bankrupting the state!

In an effort to restructure the Medicaid to achieve better outcomes at a lower cost, Governor Andrew Cuomo has begun a "Redesign of the Medicaid Program." The Department of Health charged a Medicaid Redesign Team with evaluating ideas generated through a "stakeholder engagement process" to come up with a plan to cut costs and improve quality. The team selected 79 key proposals via the Internet (<http://www.health.ny.gov/healthcare/medicaid/redesign>), which were voted to be submitted to Governor Cuomo for his consideration and ultimate submission to the state legislature. **Among the positive proposals is strong support for a meaningful medical liability reform, including a \$250,000 cap on pain and suffering,** a proposal for expansion of patient centered medical home initiatives, promoting managed-care for home health, expanding coverage for smoking cessation, intervention for alcohol and drug rehabilitation in the outpatient setting, and to explore models through which to implement accountable care organizations (ACOs) for Medicaid beneficiaries. There are also proposals about which the medical society has some concerns, such as extension of the HCRA 9.63% surcharge on health insurers for radiological and surgical services provided in a private physician office setting, elimination of the 'physician prevails' requirement for prescriptions for Medicaid beneficiaries, elimination of the Medicaid crossover payment, increasing the number of immunizations a pharmacist may administer, and requiring prior authorization for certain previously exempt drugs such as antidepressants, atypical antipsychotics, anti-retrovirals, and immunosuppressants. *(continued on page 3)*

A Look Inside . . .

WCMS Leadership Visits Albany.....	4
MSSNY Endorses Medicaid Redesign Program: ACOs - What They Are, What They Are Not and What They May Be	5
MSSNY House of Delegates—April 8-10, Tarrytown, NY.....	8-9
A Change Journey in Primary Care.....	11
Invitation from MSSNY Vice Speaker.....	14
NYMC Health Fair, April 2nd —Physicians Needed	15
WCMS March Board Highlights	17
WCMS/Academy New Members.....	18
Letter to the Editor	19

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

Officers

Joseph J. Tartaglia, MD
President

Abe Levy, MD
President-elect

Joseph McNelis, MD
Vice President

Robert Ciardullo, MD
Treasurer

Thomas Lee, MD
Secretary

Karen G. Gennaro, MD
President
Westchester Academy of Medicine

Peter J. Acker, MD
Editor

Thomas Lansen, MD
Historian

Staff

Brian O. Foy
Executive Director

Karen Foy
Membership and CME

Rhonda Nathan
Accounting

Lori W. Van Slyke
Newsletter Coordinator

Mark Your Calendar

March 29, 2011

ACOs—What They Are, What They Are Not
and What They May Be—6-8:30 pm
Sam's of Gedney Way, White Plains

April 4, 2011

CME Committee Meeting—5 pm

April 8-10, 2011

MSSNY House of Delegates
Westchester Marriott
Tarrytown, NY

April 14, 2011

WCMS Board Meeting—6:30 pm

May 5, 2011

WCMS Board Meeting—6:30 pm

June 9, 2011

WCMS Annual Meeting
(details to follow)

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

WCMS Blast FAX & Email Service

If you have not been receiving WCMS blast FAXs and emails, we may not have your correct fax number or email on file. This is how we communicate with our members on important and timely issues, including legislative alerts and upcoming events.

Please update this information by sending it to Karen Foy at kfoy@wcms.org. Your information will be used for WCMS communications only and will not be shared with 3rd parties.

NEWSLETTER SUBMISSIONS

We encourage 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 2011 issue is March 31st.

Please email your submissions for review to
Brian Foy, Executive Director at bfoy@wcms.org.

Articles published in *The Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society (WCMS) or the Westchester Academy of Medicine (Academy). This publication or any part thereof may not be reproduced without the express written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in the publication. There is a \$3/issue subscription rate with a minimum of 11 issues.

MEDICAID REDESIGN TEAM SAYS TORT REFORM A MUST *(continued from page 1)*

To his credit, however, the Governor included union representatives, as well as healthcare providers, to help craft the plan. To avoid having to enact across-the-board cuts, he managed to get all to agree to endorse a 4% spending growth cap to compel all providers to become more efficient. In this fashion he avoids the negative Union TV ads that usually occur around any attempt to cut Medicaid spending

On the website, www.crainnewsyork.com, an opinion piece titled "A Medicaid Fix Is In" reports that a key part of the solution is "snuffing out the 'I know best' mentality of many doctors and standardizing care based on what works." The piece argues that doctors waste money doing unnecessary tests and procedures in the name of defensive medicine. Well, in my experience, most physicians certainly don't treat Medicaid patients for financial gain and either don't bill because the reimbursement is so low, or are on full-time salary and, therefore, don't earn any more money for ordering more tests. The Medicaid program is where tort reform is especially needed. Some concrete examples that are pointed out in the article as examples of wasteful care are: the 85% of cesarean deliveries that are deemed unnecessary; the screening and treating of prostate cancer when recent studies have shown that treating 1,410 men for a decade benefits just one in improved survival, while causing a lot of impotency and incontinence; coronary artery bypass operations, which may prolong life only in 2% of patients who get them; and nineteen out of every twenty patients who get angioplasty and stents have chronic stable angina where survival is not impacted.

We must be careful about quickly labeling these procedures as wasteful and taking away the physician's ability to judge the situation in a given individual's case. For example, while screening and treating prostate cancer may not improve survival, the studies do not take into account the suffering of patients who may have bone metastases. Furthermore, although many angioplasties are done for chronic stable angina, it is the patient's preference to treat the chest pain with angioplasty rather than medicine. In some cases, the angina may be quite disabling and alter the patient's lifestyle considerably.

If the Governor wants his efforts in cutting costs to succeed, then he must take seriously the recommendation from his own Medicaid Redesign Team to cap non-economic damages on torts to curb the runaway costs of our out-of-control civil litigation system. In a state where a neurosurgeon would have to perform 500 brain surgeries at the Medicaid rate just to pay his/her malpractice insurance, it is impossible to conceive of meaningful cuts in costs for the Medicaid program without it. Many of the examples furnished in this article point to situations where, if the procedure is denied, there is little improvement in survival (economic damages) but there are possible differences in quality of life (pain and suffering). The cap on non-economic damages is precisely the tool we need as we forge ahead in new managed-care situations and ACOs to make the tough decisions that physicians must make when resources are scarce.

As the reforms that the Medicaid Redesign Team has proposed reach our State Senate and Assembly, it is very important for physicians to carefully study the proposals and make our case for preserving as much as possible physician autonomy and judgment in matters concerning the doctor-patient relationship. We do not need cookbook medicine to completely strip us of the right to obtain the best care we can for our patients. On the other hand, we welcome the opportunity to practice good evidence-based medicine and reform our practice methods in light of the new scientific evidence to control costs, as long as we perceive the outcomes are beneficial to the patient. However, we must have meaningful tort reform so that we do not have to worry about ensuring infinity, or that a malpractice attorney will hold us liable for not knowing the future. We need protection to practice within acceptable standard guidelines. If the State Assembly blocks the tort reform proposal, the other reforms will prove impossible to carry out. This is precisely the position of MSSNY. We will support the report of the Medicaid Redesign Team only with Medical Liability Reform (see full position statement in this issue on page 5.) We have never in the past 30 years been so close to achieving our goal of meaningful tort reform. The Trial Bar is working fervently to block these essential reforms. I encourage all physicians to reach out immediately to their legislators, local media contacts and community organizations to encourage enactment of medical liability reform as part of the state budget for FY2011-12. ♦

¹3.5 million recipients (66%) are enrolled in a managed care model of care at the cost of \$16.5B. and 1.4 million recipients (27%) are excluded or exempt from Managed care at a cost of \$28.6B. The Alternative would be to modify statutes and waivers to require enrollment of high-cost excluded/exempt populations in order to coordinate care, implement accountable structures, and ultimately improve health outcomes.

WCMS Leadership Visits Albany

Brian Foy, WCMS Executive Director



On **Tuesday, March 8th**, WCMS physician leaders and staff spent the day in Albany in conjunction with the annual MSSNY Legislative Day at the Capitol. Following early morning updates by MSSNY Leadership and staff on issues important to physicians (as well as matters affecting the New York health care system) at the Hampton Inn, shuttle buses arranged by MSSNY brought physicians to the Capitol to meet with their local legislators.

The WCMS team consisted of: Joseph Tartaglia, MD, President; Abe Levy, MD, President-elect; Joseph McNelis, MD, Vice President; Thomas Lee, MD, Secretary and Chair, WCMS Legislative Committee; Kira Geraci-Ciardullo, MD, WCMS past president and current MSSNY Vice Speaker; and Brian O. Foy, Executive Director. Accompanying WCMS on its visits were Theodora Budnik, MD, from Dutchess County Medical Society, and David Welsh, MD, Essex County Medical Society.

Despite their busy schedules, WCMS was able to meet with **Assemblywoman Amy Paulin** (District 88), **Assemblyman Robert Castelli** (District 89), and **Assemblyman Thomas Abinanti** (District 92). We also visited with the Chief of Staff for **Senator Greg Ball**, who was called unexpectedly to another meeting in the Capitol. Priority issues addressed included: the Medicaid Redesign Team (MRT) Report included in the Governor's Budget proposal (see President's cover page article and the official position statement adopted by MSSNY on page 5), the need for legislation or other remedies to resolve the out-of-network physician and patient payment inequities, the need for passage of legislation allowing physicians to collectively negotiate with payers, and strong opposition to various scope of practice bills that would permit non-physicians to perform medical procedures now limited by law to allopathic and osteopathic physicians. A highlight of the day included introduction and recognition on the Assembly Floor, courtesy Assemblyman Castelli, followed by a personal tour of the Capitol. (See photos on page 5).

WCMS Leadership, through its Legislative Committee, will continue to engage ALL Westchester-based legislators throughout the remainder of the 2011 Legislative Session to communicate our positions on the issues mentioned above. Recent "in-district" meetings were held with **Assemblywoman Sandra Galef** (District 90) and **Assemblyman George Latimer** (District 91). Others are scheduled through the remainder of March, including a meeting with **Congresswoman Nan Hayworth, MD**, a WCMS member.

Your input and action are crucial to our success in representing you! Please ensure we have your correct email address and fax # so we can communicate with you in a timely manner throughout the Legislative Session. A good test was the blast email and blast fax we sent to all members on Friday, March 11th, asking members to contact their legislators to tell them to support the Governor's MRT Budget Proposals, which currently contain a \$250,000 cap on non-economic damages and the creation of an indemnity fund for neurologically-impaired infants. If you did not receive either one of these, we may not have your correct contact information. Please contact either Karen or Amanda at WCMS (914) 967-9100 so we can update our database.

Feel free to contact me anytime for an update on our advocacy efforts in Albany or if you have an issue to bring to our Legislative Committee. I can be reached at bfoy@wcms.org or at (914) 967-9100. Thank you for your interest and support!♦

MSSNY ENDORSES MEDICAID REDESIGN TEAM REPORT

The report of Governor Cuomo's Medicaid Redesign Team was the top agenda item of the Medical Society of the State of New York (MSSNY) at its March 7th Council meeting. After lengthy discussion and careful consideration of the MRT's 79 proposals, MSSNY's Council – representing physicians and medical students across the state – issued the following statement:

"The Medical Society of the State of New York will support the report of the Medicaid Redesign Team, as incorporated into Governor Cuomo's Budget Amendment, if, and only if, the Medical Liability Reform proposals remain intact. The Medical Society of the State of New York has decided to support this Report for one overriding reason --Medical Liability Reform. Medical liability reform is the linchpin of successful reform; Medical Liability Reform is Medicaid Reform. Without Medical Liability Reform, specifically, the \$250,000 cap on non-economic damages, the Redesign Plan is not sustainable. Without medical liability reform, the Medical Society will not support this report.

Like many of our colleague organizations, the Medical Society of the State of New York has concerns with some of the recommendations in the Report. We will continue to advocate for the physicians and patients of New York State. We will seek changes in the Medicaid program to address inadequate physician payments; unwarranted non-physician scope-of-practice expansions; and insurer surcharges on payments for physicians' services. We look forward to working with Governor Cuomo, the Legislature, and other like-minded organizations to achieve meaningful medical liability tort reform and Medicaid reform."

In a unique and innovative stroke, Governor Cuomo brought significant stakeholders to the negotiating table, rather than fight with them. The Medical Society of the State of New York applauds the Governor's visionary efforts to improve the Medicaid and healthcare systems in New York State. We are especially pleased that he recognizes the need for meaningful tort reform.

Proposed liability reforms in the MRT's proposals include a \$250,000 cap on non-economic damages, a medical indemnity fund for neurologically impaired infants, disclosure of expert witnesses, peer review confidentiality and certificate of merit reforms. These reforms could produce an almost -25% reduction in medical liability premiums. ♦

WCMS Leadership Visits Albany on March 8th



On the steps of the Capitol Rotunda. L-R: Abe Levy, MD, President-elect; Brian Foy, Executive Director; Kira Geraci-Ciardullo, MD, MSSNY Vice Speaker; Joseph Tartaglia, MD, President; Thomas Lee, MD, Secretary; and Joseph McNelis, MD, Vice President.



On the Assembly floor. L-R: Joseph McNelis, MD; Abe Levy, MD; Thomas Lee, MD; Theodora Budnik, MD; Assemblyman Robert Castelli; Kira Geraci-Ciardullo, MD; Brian Foy, and Joseph Tartaglia, MD.

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

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

We are MLMIC.
Our defense never rests.



Medical Liability Mutual Insurance Company (MLMIC) is the one ally you want when you enter the courtroom and your practice and reputation are on the line. The jury may be out. But, you can feel confident, knowing you are protected by the one company that has successfully defended more New York physicians than all other insurers combined.

■ Exclusively endorsed by MSSNY since 1975, MLMIC is a mutual company, owned and operated by the physicians we insure. ■ For more information and an application, call 800-275-6565 (NYC), 800-356-4056 (Syracuse), 877-777-3560 (East Meadow), or 800-635-0666 (Latham). ■



Endorsed by
MSSNY



Our defense never rests.

New York
Latham
Syracuse
East Meadow
©2010 Medical Liability
Mutual Insurance Company



Westchester County Medical Society

Invites you to

"ACOs– What They Are, What They Are Not and What They May Be"

Presented by

Kern Augustine Conroy & Schoppmann, P.C.

Speakers:

Marion Davis, President, Health Priorities, LLC & Matthew J. Levy, Esq.

Tuesday, March 29, 2011

6:00 p.m. Social – 6:30 p.m. Program

Sam's of Gedney Way

52 Gedney Way

White Plains, NY 10605 ♦ 914-949-0978

Some of the issues to be covered include:

- *Key Themes of Healthcare Reform Physicians Must Know*
- *Entities/Organization Structures That Can Be Used in Forming ACOs*
- *Why Physicians Cannot Ignore ACOs*
- *Differentiation with Full Risk Contracting of the 1990s*
- *Clinical Integration*
- *Legal Issues*
- *Timeline and Criteria for Participation, including NCQA Draft Accreditation Standards; Initial Criteria/CMS Solicited Input from Physician Community*
- *Reimbursement Models*
- *Accountability" – Does it All Rest with Physicians?*
- *Can Physicians Do It Alone or Do They Need Strategic Partners*

A Buffet Dinner will be served. There is no charge for WCMS Members; \$30 for non-members

***This program is being sponsored in part by
Citibank - A Preferred Business Partner of the WCMS***

To RSVP for this event call the WCMS at 914-967-9100 or email Karen Foy at kfoy@wcms.org or fill out the information below and FAX to (914) 967-9232

Name: _____ # Attending: _____

Email: _____ Phone #: _____

MSSNY House of Delegates Meeting

April 8-10, 2011

Westchester Marriott, Tarrytown, NY

A reminder that WCMS members are welcome to participate in the MSSNY Annual Meeting. You do not have to be a delegate to MSSNY to attend. Below is a summary of the resolutions submitted by the Westchester County Medical Society and the 9th District Branch. Members can sit in on the deliberations of the MSSNY House of Delegates (all day Saturday, April 9 and Sunday morning, April 10) as it debates/establishes policy based upon resolutions submitted by physicians from all over New York State. If you are interested in attending, please contact Brian Foy, Executive Director, at (914) 967-9100 or bfoy@wcms.org so you can be registered in advance.

Compensation for Emergency Department Coverage

RESOLVED, That the Medical Society of the State of New York (MSSNY) recommend that hospitals that utilize voluntary physicians to provide coverage for emergency departments provide appropriate compensation for these services; and be it further

RESOLVED, That voluntary physicians should not be required by hospitals to provide emergency department coverage without compensation.

Deductible Transparency

RESOLVED, That MSSNY seek legislation and/or regulation requiring insurance cards list all in-network and out-of-network deductibles; and be it further

RESOLVED, That MSSNY require the status of in and out-of-network deductibles be readily available to the treating physician and the patient via the internet.

Out of Network Reimbursement

RESOLVED, That MSSNY support legislation and/or regulation that requires managed care organizations to use the Fair Health schedule as the basis for reimbursement for out of network charges for any policy that provides out of network benefits.

Specialty Exams

RESOLVED, That the Medical Society of the State of New York request of the American Medical Association delegation to recommend to the American Board of Medical Specialties that a physician in private practice be required to take only one proctored board exam within that physician's specialty every ten years, and that within the maintenance of certification at the same exam other optional sections should be devoted to the added qualifications; and be it further

RESOLVED, That the MSSNY AMA delegation ask the AMA to request that its component specialty societies restrain from dividing every aspect of their specialist physician practice into numerous added qualification exams and that whenever possible, alternate methods be sought to ensure adequate qualifications and make the process less onerous for physicians in private practice.

(continued on page 9)

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

Memorial Resolution—Richard L. Fenton, MD

Whereas, *It is with profound sadness that the Westchester County Medical Society reports the passing of Richard L. Fenton, MD, on October 5, 2010; and*

Whereas, *Dr. Fenton served as President of the Westchester County Medical Society in 1984, was a member of the Medical Society of the State of New York and the American Medical Association; and*

Whereas, *Dr. Fenton served as President of the Phelps Memorial Hospital Medical Board from 1976-1979; and*

Whereas, *Dr. Fenton was a specialist in orthopedic surgery and a fellow of the American College of Orthopedic Surgeons and the American College of Surgeons; and*

Whereas, *Dr. Fenton served in the Korean War as an Army Captain and Chief of Orthopedics at Fort Bragg, North Carolina; and*

Whereas, *In all respects, Dr. Fenton served his patients; his profession; his national, state and county medical societies; and his country with insight, care and dedication; therefore be it*

RESOLVED, *That this House of Delegates of the Medical Society of the State of New York (MSSNY) express its sorrow at the passing of our dear friend and colleague, Richard L. Fenton, MD, and that this resolution be made part of the proceedings of the 2011 House of Delegates, with a copy of the resolution to be sent to his wife, Ruth, as an expression of our heartfelt sympathy.*

Memorial Resolution—Thomas Dignan Rizzo, MD

Whereas, *It is with profound sadness that the Westchester County Medical Society reports the passing of Thomas Dignan Rizzo, MD, on November 2, 2010; and*

Whereas, *Dr. Rizzo served as President of the Westchester County Medical Society in 1975, was the father of Peter Foley Rizzo, MD, Westchester County Medical Society President in 2006, was a member of the Medical Society of the State of New York, the American Medical Association, the Alpha Omega Alpha Honor Medical Society and a member of the University of Georgia School of Medicine Board of Visitors; and*

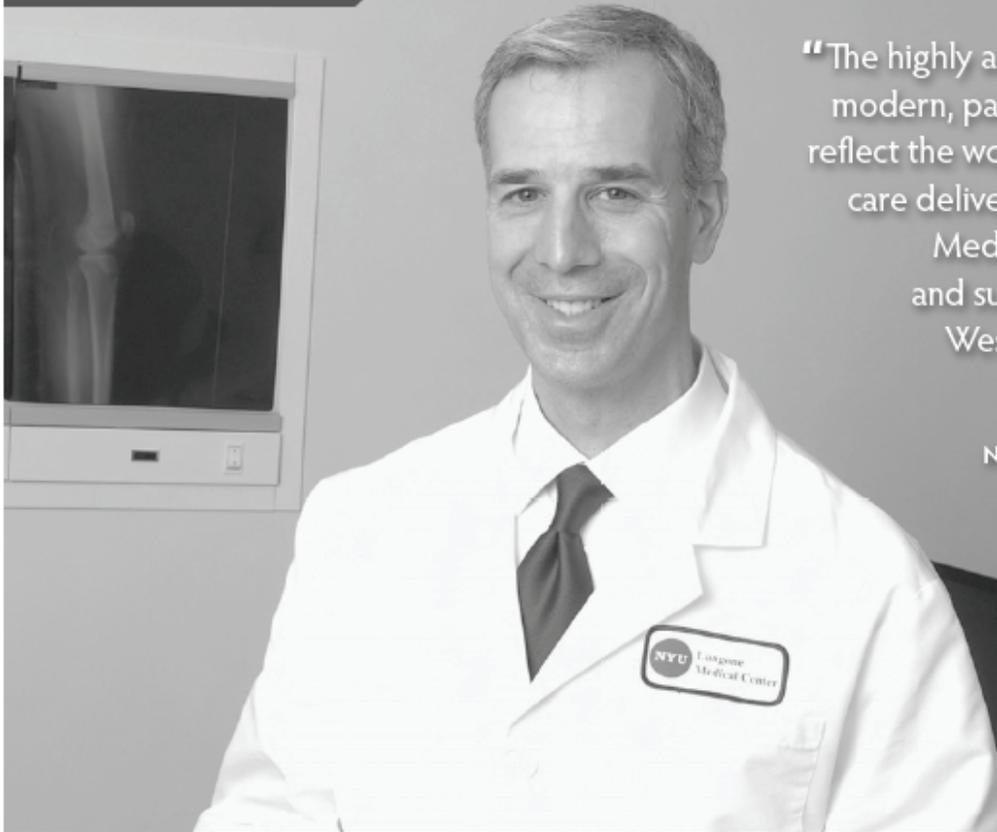
Whereas, *Dr. Rizzo was an orthopedic surgeon and a fellow of the American Academy of Orthopedic Surgeons and a member of the surgical staff at Lawrence Hospital in Bronxville, NY; and*

Whereas, *Dr. Rizzo served in the United States Air Force as a Captain from 1959 until 1961; and*

Whereas, *In all respects, Dr. Rizzo served his patients, his profession, his national, state and county medical societies, and his country with insight, care and dedication; therefore be it*

RESOLVED, *That this House of Delegates of the Medical Society of the State of New York (MSSNY) express its sorrow at the passing of our dear friend and colleague, Thomas Dignan Rizzo, MD, and that this resolution be made part of the proceedings of the 2011 House of Delegates, with a copy of the resolution to be sent to his wife, Jean Kathryn Foley and his son, Peter Foley Rizzo, MD, as an expression of our heartfelt sympathy.*

NOW LEASING



“The highly accessible location and modern, patient-friendly facilities reflect the world-class orthopaedic care delivered by NYU Langone Medical Center physicians and surgeons – right here in Westchester’s backyard.”

Adam Soyer, DO
NYU Langone Medical Center’s
Orthopaedics at Westchester



The Perfect Fit For Today's Medical Practice

With its beautifully landscaped campus, state-of-the-art medical space and central location, the Westchester Medical Pavilion is becoming the new hub for medical practices in Westchester. No wonder it's getting rave reviews from the medical community.

This 72,000-square-foot technologically advanced medical complex can accommodate requirements from 1,000 to 30,000 square feet.

For Leasing Information Call (914) 422-0100 ext. 15
Exclusive Leasing Agent: Rakow Commercial Realty Group



**WESTCHESTER
MEDICAL PAVILION**



311 North Street
White Plains, NY 10605
www.westmedpavilion.com

Guest Column

A Change Journey in Primary Care

By Roberta Greenspan, Specialdocs Consultants, Inc.

In my 30 years working closely with physicians, I have been privy to many conversations related to their career satisfaction. In recent years, these conversations have begun to have an alarming familiarity—more and more physicians are telling me they feel that they are losing control of their professional lives.

Physician frustrations are a reflection of the state of the traditional practice of medicine – in particular, primary care. At the core of this dysfunction are the constraints of managed care, increases in practice overhead, declining reimbursements, and the resulting increased demands of the paperwork and phone calls...ultimately resulting in less time to see more patients. These disconnects have negative consequences for both patients and doctors alike. Despite physicians' usual high level of commitment to their practice, many patients consistently express dissatisfaction with long wait times and abbreviated "face time" with their doctor. Unfortunately these expressions are frequently justified. To merely cover their practice overhead, physicians are seeing more patients—on average between 17 to 30 patients daily. The end result is understandably dissatisfied patients and frustrated and exhausted physicians.

Unless a physician is content to remain on this treadmill, the options are few: retire, merge practices with another group, or become a salaried employee of a hospital or major medical group. In recent years, concierge, or personalized medicine, has become one solid option that has gained traction and acceptance within the medical community and with patients across the country. In 2003, the American Academy of Private Physicians (AAPP) was formed with the purpose of supporting the "growth of medical practices that provide 'concierge' and other forms of personalized medical care." Additionally, that same year, the American Medical Association (AMA) House of Delegates approved ethical guidelines for physicians providing concierge medical services.

Practice Model Difference

Unlike fee-for-service (cash only) practices that essentially operate with a "no-insurance-accepted, pay-as-you-go" philosophy, the concierge practice requires each patient to pay an annual fee (usually ranging from \$1,000 to \$3,000) for services not covered by Medicare or commercial insurance. Depending on state insurance regulations, individual insurance contract stipulations and the type of concierge model, covered medical services may be billed to insurance with the physician's status being either an in- or out-of-network provider. While fee-for-service practices provide improved cash flow and allow the physician to disengage completely from all insurance, the end result is often a business-as-usual approach to the practice of medicine. Cash-only models eliminate much of the paperwork and frustrations associated with the collection of fees, but often require physicians to maintain a substantial practice size in order to remain financially viable. However, a pure concierge practice means a significant reduction in practice size, personalized care, and increased time with patients — the true hallmarks of a concierge practice.

The concept of concierge medicine is roughly 12 years old, and there are now several thousand physicians around the country who have made successful transitions. However, physicians need to realize that a practice change of this magnitude still requires dogged determination and commitment to the ultimate goal. A transition to a concierge practice model is undeniably daunting.

No one can predict with 100% confidence the guaranteed success of a physician's transition...but there are some important factors that should weigh heavily into consideration:

- The longer a physician has practiced in the same location the greater the likelihood of patients' loyalty and their desire to remain with the physician in the new practice.

(continued on page 12)

A CHANGE JOURNEY IN PRIMARY CARE *(continued from page 11)*

- The physician must clearly understand the socioeconomics of the patients in his geographic area to accurately estimate the affordability of the annual fee and to structure a financially viable practice with attractive membership benefits for his/her patients.
- The physician must possess a reputation for excellent clinical skills and superior physician-patient relationships.

Even if the above criteria appear to optimize the opportunity for success, no conversion is immune to potential roadblocks. In fact, the risks of inadequate or naïve planning can be:

- A maze of legal problems: Medicare fines/dismissal; state, civil and criminal penalties; even possible practice termination.
- Issues of perceived patient abandonment around the dismissal of and lack of assistance offered to patients who leave the practice.
- Inappropriate statements made by the physician, such as saying “better” medical care will be offered to patients.
- The potential envy and resentment of non-concierge physician colleagues. In a group situation or partnership, legal issues related to the dissolution of the professional relationship.
- The ability to manage 24/7 availability to patients and to find acceptable coverage when planning time away.
- Poor utilization of financial resources without adequate guidance. Some physicians allocate funds for items that do not ultimately contribute to the patient’s decision to stay with the new practice. Unnecessary initial costs may cripple the physician’s ability to build the new practice and stay the course.
- Staff who are inadequately qualified. Patient satisfaction with both the physician and the support staff takes on even greater importance and require staff who understand and support this model.
- The potential compromising of patient care services during the transition period. The need to separate the practice from the conversion process is essential.
- An inability to cope with the potential flurry of patient questions and concerns. Patient responses can vary from unwavering support and encouragement to expressions of contempt and legal threats. The physician and his or her staff must have a constructive plan for dealing with all forms of patient feedback.

Despite the challenges, physicians who have weathered the conversion complexities and have developed a successful concierge practice report the following benefits:

- Regaining control of their professional life
- Confidence that they have the time to deliver their best care
- A significantly improved, non-insurance-dependent income
- More gratifying relationships with patients and a dramatic improvement in patient satisfaction
- The ability to focus on patients’ long-term health and wellness in contrast to the traditional focus on managing or resolving illness
- An increase in available personal time.

Once a successful personalized care/concierge practice has been established, long term success hinges on three key factors: exceeding patient expectations, retaining the current patient base and growing the practice. The practice should remain fresh and focused. Remember, patients always have the option to change physicians if they feel their needs are not being met. It is critically important to recognize that when a patient writes a check for an annual membership fee, every year the expenditure must be perceived as justified. ♦

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

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

capitalize on opportunities unique to your profession – while taking careful steps to avoid risk. To profit from our expertise, please call our nearest office today.

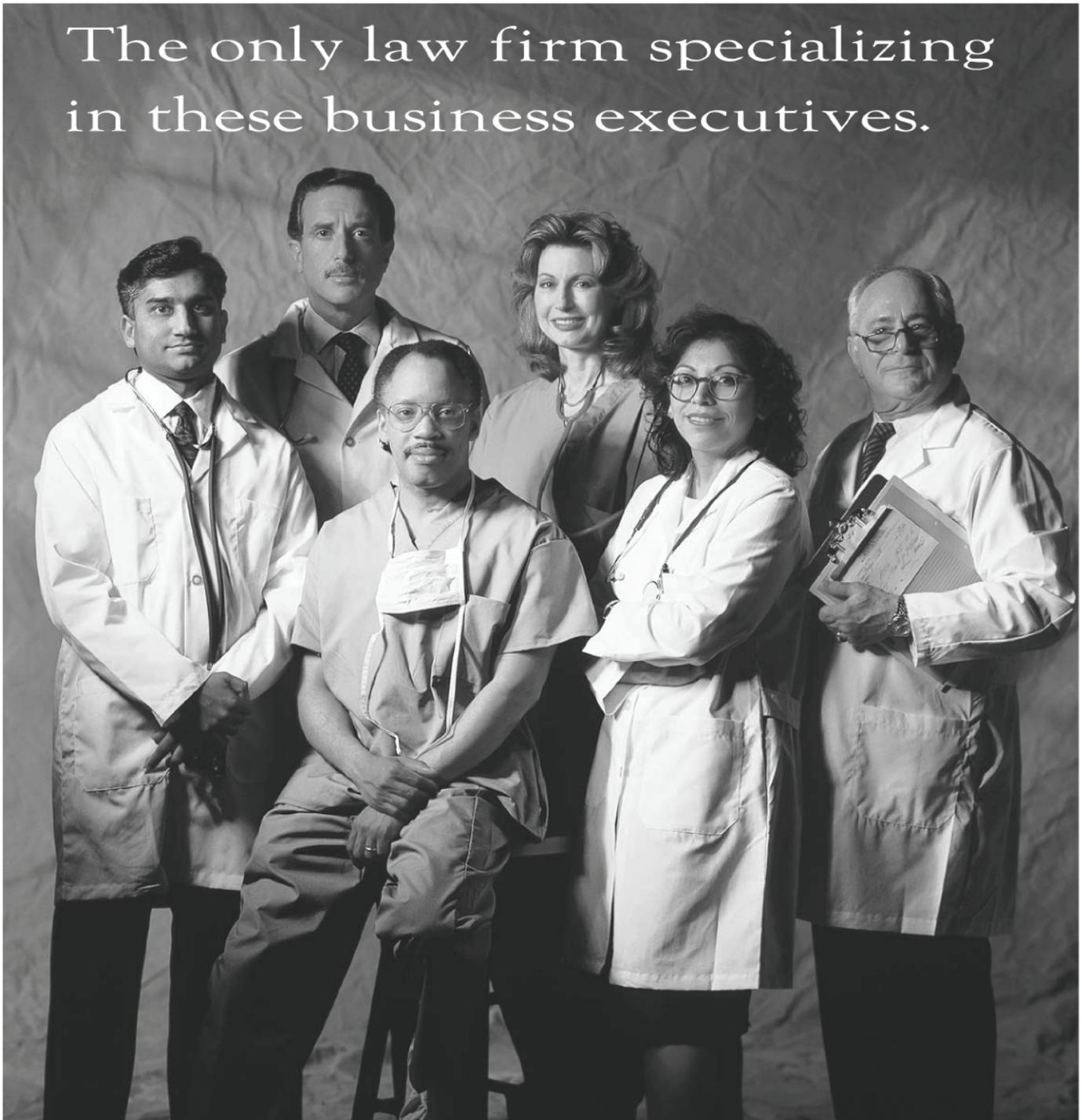
**Kern Augustine Conroy
& Schoppmann, P.C.**

"Attorneys to Health Professionals"

Endorsed by and Counsel to The Westchester County Medical Society

New York City (212) 521-4221 • Long Island, NY (516) 294-5432 • Out of Area (800) 445-0954 • www.drllaw.com

The only law firm specializing in these business executives.



Letter of Invitation from the Vice-Speaker of the MSSNY House of Delegates



Dear Colleagues:

Please accept my invitation to attend the State Medical Society's House of Delegates on Friday, April 8, 2011, beginning at 9:30 a.m. at the Westchester Marriott in Tarrytown. All members of the Medical Society of the State of New York can attend and be heard. We are fortunate that this meeting takes place in Westchester almost every year. Doctors from all over the State come to the House of Delegates to debate, discuss and form policy. They represent the voices of the physicians in the entire state.

Westchester County, like all other counties in the state, is represented by selected delegates and alternate delegates that volunteer their time to present, defend, and discuss resolutions generated by Westchester physicians. These delegates can also support resolutions from other counties.

However, on Friday morning, April 8, any member of the medical society, as well as guests, can speak on resolutions brought before the reference committees. These committees hear testimony from all interested parties on resolutions brought to their review by other physicians. I myself chaired the public health committee when the case for medical marijuana was debated.

There are five reference committees dealing with many issues from legal issues, to regulatory issues, to socioeconomic issues, as well as public health concerns. If you have an experience to share or have significant interest or knowledge in a subject, please share your expertise and opinion at the reference committee on Friday, April 8.

I Hope to see many of you there! Make sure you find me and let me know you came at my invitation!

Sincerely,
Kira Geraci-Ciardullo, MD
Vice Speaker MSSNY HOD

Save the Date

*Westchester Academy
of Medicine*

GOLF OUTING

September 21, 2011



**Westchester
Hills Golf Club**
White Plains



Watch for Details!

PROFESSIONAL CONDUCT EXPERT

Robert S. Asher, J.D., M.P.A. in Health, former Director Professional Conduct, N.Y.S. Bd. of Regents, concentrating on professional practice, representation before government agencies on disciplinary, licensure and restoration, narcotic control, Medicare, Medicaid and third-party reimbursement matters, advertising and buying and selling a practice.

ROBERT S. ASHER, ESQ.
OFFICES IN SCARSDALE & NYC

43 DRAKE ROAD
SCARSDALE, NY 10583
(914) 723-0799
NYC: (212) 697-2950

Physician Volunteers Needed for NYMC's 3rd Annual Health Fair

New York Medical College will hold its 3rd annual health fair from 10am to 4pm on Saturday, April 2nd, at the Bed, Bath and Beyond located at 251 Tarrytown Road in Elmsford.

Physician volunteers are needed to supervise the students who will be performing blood pressure screenings for the following shifts:

10am - 12pm
12pm - 2pm
2pm - 4pm

If you are interested in volunteering, please contact Karen Foy at the Monroe County Medical Society at (914) 967-9100 or kfoy@wcms.org.

DataMatrix
KEEPING THE HUMAN TOUCH IN MEDICAL TRANSCRIPTION

Your Source For Hassle-Free Medical Transcription

- Everything Done In-House
No Outsourcing or Subcontracting
- Each report proofread by an expert in physician's specialty
- Local Personalized Service
(Over 98.5% accuracy)
- HIPAA compliant
(128 bit encryption both audio & data)
- Certified Medical Transcriptionists
- Adherence to AAMT rules and specifications
- Free Customized Interface with any EMR.

First Month FREE to WCMS members!

For Information call:
Toll Free **1-800-399-DATA (3282)** or **1-914-948-9065**
or e-mail inquires to: sales@datamatrixtech.com

DataMatrix Technologies, Inc. • 333 Westchester Ave. Suite ET03 • White Plains, NY 10604

HealthPro

STAFFING RESOURCES

Over 20 years of **Excellence** in comprehensive staffing and human resources.

Placing medical professionals throughout the Tri-state area.

- ◆ Registered Nurses
- ◆ Licensed Practical Nurses
- ◆ Medical Assistants
- ◆ Medical Billers
- ◆ Business Coordinators



- ◆ Physical Therapists
- ◆ Occupational Therapists
- ◆ Physican Assistants
- ◆ Nurse Practioners
- ... and other medical professions

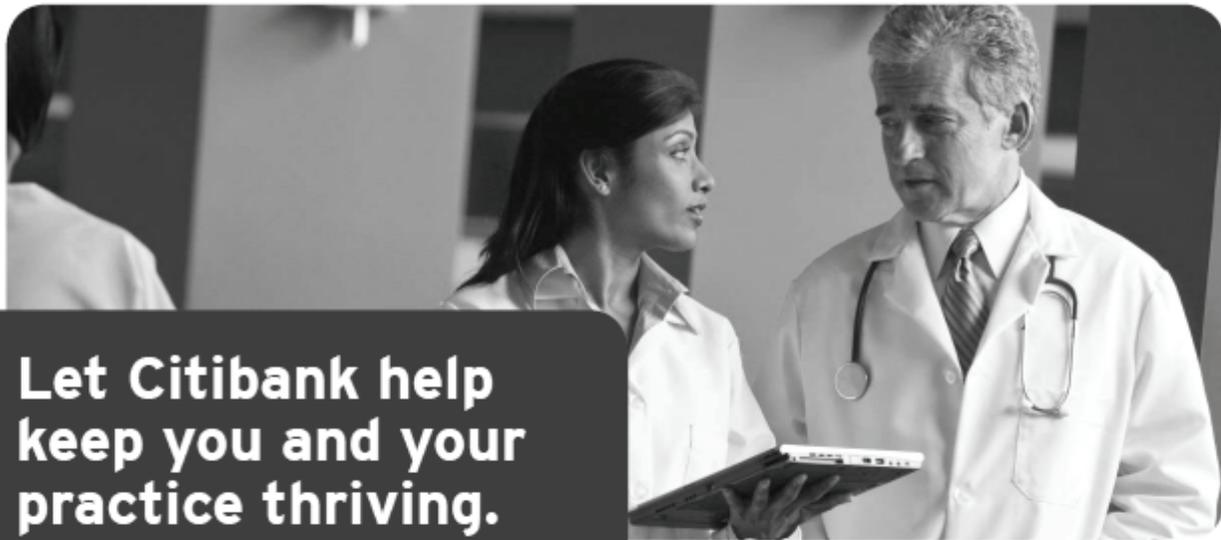
Carol M. McKenna, RDH, Certified Personnel Consultant, Director

Ph 914-245-3200 ◆ Fx 914-245-3888
info@healthprosearch.com ◆ www.healthprosearch.com

*Your partner in building a positive and productive staff
and delivering superior patient care.*

HRBox

Ask about our
HRBox--the
human resources
toolkit every
office needs.



**Let Citibank help
keep you and your
practice thriving.**

Citibank® Business Banking and Westchester County Medical Society
are pleased to be **working together** to provide you banking solutions.

Special Offers from Citibank for Healthcare Professionals:

To Simplify your Day to Day Business Banking

- No fee checking¹
- Free remote deposit scanner²
- 20% discount on CitiBusiness® Payroll Manager⁵

Enhance your Personal Banking

- Premier Citigold® personal package waived monthly fee³
- Bonus rewards program

To Finance Growth or Expansion

- Special rate discounts on loans and lines⁴
- Commercial mortgage application and origination fees waived⁴

Ask about our Member Get Member Program

- \$100 each for your practice and \$100 for Westchester County Medical Society⁶

**>> For more information, contact Pamela Guerrero,
Vice President and Relationship Manager:
914-234-4023**

citibank®

¹ Waived monthly maintenance fee applies to new business checking accounts only; all other fees apply.

² Free \$325 basic remote check scanner (or \$325 credit for other scanners) to be used with Remote Check Deposit with one month free service when you have or open a business checking account; \$40 monthly service fee applies after the first month of waived monthly service fee (monthly savings of \$20). Other fees and charges apply. Eligibility and other criteria apply.

³ Citigold is a service of Citibank, N.A., which provides banking services. Offer applies to authorized signers on the business checking account.

⁴ Loan products subject to credit and document approval. Option for waiver of commercial mortgage application or origination fees may increase your effective interest rate; maximum fee waiver of \$5,000.

⁵ Reduced fee of \$20 per month, which includes processing payroll for up to 10 employees. For each employee over 10, there will be a \$150 per employee processing fee; services provided to payroll product customers directly by SurePayroll Inc., a third party provider unaffiliated with Citibank, N.A.

⁶ Referring Customer/Association: Westchester County Medical Society ("WCMS") can earn \$100 for each new eligible CitiBusiness checking account. Referring Customer must have an existing CitiBusiness Streamlined Checking, CitiBusiness Flexible Checking, CitiBusiness Checking, CitiBusiness Interest Checking or CitiEscrow Control Account to be eligible. Citibank employees who work in Citibank branches are not eligible. Limit twenty referrals per customer. Cash bonus will be automatically deposited into the WCMS account within 120 days of verification of the new CitiBusiness customer's account opening. **New CitiBusiness Customer/Practice:** To receive this offer, the New Customer must open a new CitiBusiness Streamlined Checking, CitiBusiness Flexible Checking, CitiBusiness Checking, CitiBusiness Interest Checking or CitiEscrow Control Account. Within 60 days of account opening, the New Customer must fund the account with \$500 or more. In addition, within 60 days of account opening, the New Customer must either (1) write two checks per month, make two online bill payments per month, or make two signature debit purchases using the CitiBusiness® Debit MasterCard—and continue doing so for two consecutive months, OR (2) sign up for one of the following cash management services: CitiBusiness Payroll Manager, Citi Merchant Services, or Remote Check Deposit. Qualifying bill payments and wire transfers are those using CitiBusiness® Online. Qualifying signature based purchase transactions must be submitted to the MasterCard® Network and are those for which either the New Customer or a merchant designates as a "credit" transaction (including purchase you sign for, small dollar purchases that do not require a signature and use of your MasterCard® PayPass™, internet, phone and mail order transactions. Qualifying purchases do not include those initiated using a Personal Identification Number (PIN) or other transactions submitted through other payment processing networks. Regular account charges apply. Existing CitiBusiness Checking Customers are not eligible to receive the offer. Limit one offer per new Citibank Customer and account. Offer not available on account conversions and cannot be combined with other offers. Cash bonus will be credited to your account within 120 days of your satisfying the terms of this offer. All referees must open a new eligible checking account by the expiration date on the certificate. Applies to Referring Customers and New CitiBusiness Customers: Offers available only in Citibank branches. Customer must be a citizen or resident alien of the United States (U.S.) with a valid U.S. taxpayer identification number to receive credit. Taxes, if any, are the customer responsibility. Offer may be modified or withdrawn at any time without notice. Offer applies to CitiBusiness accounts. See account opening materials for additional information; other conditions may apply. Ask for details on the terms that apply for referrals of new consumer accounts.

Terms and conditions of accounts, programs, products and services are subject to change.

Fees and charges apply to various products and services. Please speak with a Citibank Representative for full details of this Solutions for Healthcare Professionals Program including preferred loan eligibility criteria and any applicable loan fees.



WCMS March Board Highlights

Brian Foy, WCMS Executive Director

At its meeting on March 3, 2011 via teleconference, the Board...

- Heard from the President, Joseph Tartaglia, MD, who reported that he, Executive Director, Brian Foy, and endorsed insurance agent, Kevin Lynch, are working hard to bring a new health insurance benefit to members only. More will be reported at the April Meeting. He also reported on the Wine Tasting event with the New York Medical College medical students held on February 25th. The event was well attended by both physicians and medical students. Lastly, Dr. Tartaglia mentioned that he recently met with the Executive Board of the Westchester Medical Center (WMC) to discuss establishing a liaison committee between the WCMS and WMC to regularly dialogue on issues of mutual concern affecting physicians.
- Heard from Mr. Foy regarding the annual Westchester Science and Engineering Fair – set for March 12, 2011 at Sleepy Hollow HS. The Westchester Academy of Medicine is sponsoring the 4th place awardees and providing judges for the event, which draws hundreds of area HS students every year. He also mentioned that The Affinity Group, endorsed by the WCMS, will be presenting two upcoming financial sessions for physicians on March 17 and 22. Details are being sent to all members via blast email and fax. Lastly, Mr. Foy announced that the educational program on “ACO’s: What They Are, What They Are Not, and What They Can Be,” will be presented on Tuesday, March 29, 2011, beginning at 6:00pm, at Sam’s of Gedney Way in White Plains. The speakers are from Kern Augustine Conroy & Schoppmann, legal counsel to WCMS. Registration information will be sent to members via blast email and blast fax.
- Approved the Reports of the Membership Committee welcoming eight (8) new members to the WCMS and Academy (see page 18 for a listing of March members).
- Approved three additional resolutions for submission to the MSSNY House of Delegates, April 8-10, 2011, at the Westchester Marriott, Tarrytown. All resolutions submitted by WCMS, listed by title and resolves, can be found on pages 8 and 9.
- Discussed final planning for MSSNY Legislative Day, March 8, and scheduled visits with Westchester-based legislators. A report of Legislative Day activities can be found on page 4.

CLASSIFIED

Home-office (zoned for prof. practice by homeowner). Raised ranch, 3000+ SF. Office about 1300 SF. 1 acre. Excellent school system. Turn-key. Proven successful practice location. Armonk, NY. Back-up 20KW generator with automatic transfer switch. Updated central air. Ideal for practitioner w. young family. 795K. Contact# 845 493-0274

INFORMATION
DESTRUCTION
SYSTEMS, LLC

- > Secure Onsite Paper Shredding Services
- > Media & IT Destruction/Recycling
- > Free Equipment With Scheduled Service
- > Fully Bonded & Insured Reps.
- > Fully Uniformed with Picture ID Badges
- > HIPPA / HITECH Compliant
- > NAID AAA Certified
- > Flat Rates NO Hidden Fees
- > Call for Free Consult 1-877-777-4371

101 7th Street, Passaic, NJ, 07055 www.ids1.net

Welcome to our Newest WCMS/Academy Members

Join us in welcoming the following new members who were elected into membership of the Westchester County Medical Society and the Westchester Academy of Medicine at the March, 2011, Board of Directors Meeting.

Joseph E. Casino, MD
Pulmonary Diseases & Care
Critical Care
Larchmont, NY

Alex Gitelman, MD
Orthopedic Surgery
Dobbs Ferry, NY

John F. Perilli, MD
Internal Medicine
Ossining, NY

Clifford M. Gevirtz, MD
Anesthesiology
Harrison, NY

Neil S. Goldberg, MD
Dermatology
White Plains, NY

Robert S. Schepp, MD
Diagnostic Radiology
New Rochelle, NY

Melissa Gill, MD
Dermatopathology
Dobbs Ferry, NY

John A. Mitamura, MD
Orthopedic Surgery
Dobbs Ferry, NY

George J. Stivala, MD
Internal Medicine
New Rochelle, NY



NEWS FLASH:

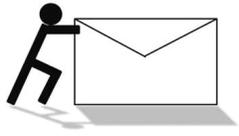
Running a medical practice shouldn't require an accounting degree

Let Citrin Cooperman help you:

- ✓ Systematize billing procedures to capture ALL the income you deserve
- ✓ Set up a "dashboard" system to monitor key financials in real-time
- ✓ Negotiate hospital contracts & equipment purchases/leases
- ✓ Structure acquisitions or new hires
- ✓ Protect assets via proactive tax planning
- ✓ Properly budget and forecast to improve your bottom line

Contact: John Bryan, CPA
Citrin Cooperman & Company LLP
jbryan@citrincooperman.com | 914.949.2990
709 Westchester Avenue
White Plains, NY 10604

www.citrincooperman.com



Letter to the Editor

OUT OF NETWORK INSURANCE PLANS *BAH HUMBUG*

I enjoyed reading the front page article by Joseph Tartaglia, MD, (January, 2011) since it hit home with my family. We pay a hefty premium for out-of-network coverage, as do many of our patients and their families. I am beginning to think that it is a farce. One reason is the incredibly high out-of-network deductibles that are becoming more and more onerous will not allow the average family to access this option in the future. Another reason is the cap on benefits instead of applying the usual and customary charges associated with a procedure.

Well, that cap is already in place with self-funded plans that cross state lines. These plans are not regulated by the state, but by the federal government. Recently, a family member had to undergo another surgery. The family member has a very rare condition, especially for someone young, which is very rarely seen in a child. She has had previous surgeries, which were all paid for either in-network or out-of-network after meeting our deductible. Prior to the procedure, we wrote a letter for our surgeon to send to the insurance company so they would pre-certify the procedure and give the physician a fair and proper fee. The surgeon stated to us that he could not be bothered, and would just accept whatever they paid. I tried to dissuade him to no avail.

We had the surgery and, thank God, everything went well...until the EOB came. The surgeon's fee was approximately \$6000. We had already met the out of network ceiling. When the insurance company EOB came back and stated they paid the doctor \$445.00, we could not believe it. Neither could the surgeon. We called the insurance company and were told if he had been in-network, he would have been paid more...but this is what they pay. So it has been a 3 month quest for justice and education for me in this wonderful world of health insurance.

First, we called our NY state assemblymen and senators along with the state insurance commissioner. After a few weeks, we got letters back telling us it was a federal matter since it was a multi-state self-funded health plan. Next, we contacted our US senators and congresswomen. Finally, we received a letter from a federal agency that explained that federal regulations allow an employer to choose the manner in which they want to pay for out of network bills. The first is by "usual and customary charges." The second is as a percentage of Medicare fees. There are 3 rate points under this plan, 140%, 120%, 110% of Medicare fees. Can you guess what our employer chose as their fee rate... (110%). I am glad our federal representatives have protected their constituents so well...hats off guys and girls.

Next time we have the choice to choose the more expensive out-of-network plan or an in-network plan, my eyes will be more open. It is a joke choosing the former. Hopefully our state's elected officials will not let this take place in New York. Open your eyes, inform your patients and yourself with this kind of health care reform.

Open your eyes,

Mason Gomberg MD



Your Medical Billing Specialists

www.mkbilling.com

MK Professional Billing Services
Joseph Khoury Chief Executive Officer
Ph(914)358-4574 Fax (914)358-4575

244 Westchester Ave

Suite 316

White Plains, NY 10604

Jkhoury@mkbilling.com

www.mkbilling.com



● Web Based

● Accessible FREE CONSULTATION

● Transparent

WESTCHESTER COUNTY MEDICAL SOCIETY
333 Westchester Avenue
Suite LN01
White Plains, NY 10604

PRSR STD
US POSTAGE
PAID
BUFFALO NY
PERMIT #1242

Pain Management and Palliative Care in the Home

Call
24 Hours
7 Days
a Week

Chronic pain is the leading reason people seek health care today.

VNSW offers an unmatched program of home health care for patients suffering from chronic pain.

PROGRAM FEATURES

- Improve quality of life for patients & caregivers
- Management of pain & other physiological symptoms related to disease
- Help with psychological, social and spiritual issues
- In-home complementary care therapies, including Therapeutic Massage, Acupuncture, Reflexology and Music Therapy

VNSW accepts direct referrals from the physician's office, or from the emergency room with the physician's approval.



 **Visiting Nurse**
Services in **Westchester**
100% Westchester for 100+ Years!

Call 1-888-FOR-VNSW ext 621
or visit www.vns.org

360 Mamaroneck Avenue White Plains, NY 10605
A Not-For-Profit Agency

