



Reflections on a Busy Year

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



The following remarks were presented by outgoing president, Joseph Tartaglia, MD, at the WCMS Annual Meeting, June 9, 2011.

Tonight I wish to make a few outgoing remarks and let you know what a great year it has been for the Medical Society, which is adapting to the changing needs of physicians today. We have not been lying down and playing dead, but reinventing ourselves and responding to our constituents needs and preparing for the apparent inevitability of increased healthcare cost containment, more third party oversight and further government regulation. I just met yesterday with a young physician in a large group who was unhappy with the group's constraints, leaving him most of the work for the least pay with little hope of partnership. When I asked him why he didn't strike out on his own, he look at me, deathly afraid, and wondered how on earth a doctor could do that today with all the rules and the complexities of billing. This is not right – that a highly trained physician, the brightest America has to offer, is intimidated by the business of medicine.

Only physicians enjoying the practice of medicine, secure in their job, can deliver excellent care. No matter what we do, we must never lose sight of our ultimate goal – the health and welfare of the patient by supporting one another, tearing down the barriers that prevent a physician from doing what he does best – taking care of his patients. No matter how much we may sometimes disagree on the methods to achieve that goal, all physicians really have the same goal.

The Medical Society has been the only place where physicians alone can come together, help each other, discuss how to achieve our aims in the community, educate our politicians in healthcare matters and advocate for the preservation of good healthcare practices.

As the pharmaceutical industry has stopped including families in their educational programs, and as physicians stop making rounds in the hospital, they have become increasingly isolated from one another. This past year we started by increasing our social activities and encouraging more physicians and their families to leave the isolation of their jobs and meet their fellow physicians to share experiences and have fun. We began last August with a wonderful family pool party hosted by Drs. Kira and Robert Ciardullo. Dr. James Goldzier brought his five sons to splash in the pool and Dr. Nan Hayworth talked to us about how she would change Washington, if elected. In September, we had a fun golf outing at the Pelham Country Club where we raised thousands for the Westchester Academy of Medicine. *(continued on page 4)*

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Upcoming Events Mark Your Calendar

Saturday, August 20th
Members/Families Pool Party

Thursday, September 8th
Board of Directors Meeting

Monday, September 12th
CME Committee

Wednesday, September 21st
Academy Golf Outing

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

Members are encouraged to submit articles, letters to the editor, classified ads, members in the news, etc. for publication in the *Westchester Physician*.

**The deadline for the
July/August 2011 issue is June 30th.**

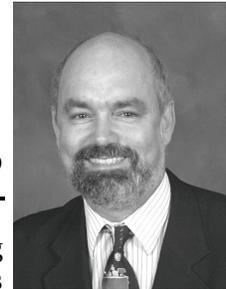
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FROM THE EDITOR

Coincidence

By Peter Acker, MD



One of humankind's pleasurable experiences is that of coincidence – running into someone that you were just thinking about, reading a novel that outlines an experience you just had, or finding out that the person next to you on a train shares the same birthday. I suppose it is that element of surprise that lifts us out of our humdrum quotidian existence and freeing us just for an instance from the predictability of life, allowing us to forget the Newtonian physics of cause and affect and enter a more Einsteinian time warp. Sometimes, as is our nature, there is an attempt to insert meaning into coincidence and indeed it is hard not to do so if, you say, meet the love of your life via noticing that a person on the subway is carrying the same book that you are reading and a meeting ensues.

Coincidence is oft used as a literary device – in skilled hands it can reveal irony or hidden meaning. In less skilled hands, it can be merely a lazy author's way of injecting suspense or advancing plot. One of the most common types of coincidence in literature involves birth such as Oedipus banished as a baby, who by sheer chance ends up marrying his mother and killing his father. Another example is in Oliver Twist in which a major plot element hinges on the secret origins of the orphan Oliver and the way he discovers them, which enriches the plot and also puts into sharp relief the irony of class distinction and privilege.

Hopefully, the reader has followed me onto this third paragraph, but is probably wondering where I'm going with this and perhaps thinking that he or she got enough literary stuff while fulfilling the one year English requirement for premeds. But, as I often say to my kids after a long preamble, I'm getting to the point! I had two recent experiences that involved birth and coincidence.

My eldest daughter, Karen, was born at NYU where I did my residency and in fact, due to some artful planning, came into life exactly one week after my residency had been completed. It was a long overnight labor on July 4th weekend. One obstetrician was covering for many, and the house was packed. As it turned out, my best friend in residency, an Aussie named John Paul, a third year resident, was on call and though the delivery was not high risk, attended at 3 a.m. on a Sunday, did the first exam and assigned the APGARs (10, 10 – I mean that's what friends are for). John Paul, after various peregrinations, returned to Australia and over a number of years we completely lost touch, to the point that I no longer had his phone number or email. Out of the blue, I got a call from him and we had very nice reunion with him, my wife and my daughters.

The more discerning of you are probably crying foul – that really isn't a coincidence! Hang on, there's more. Shortly after John Paul winged his way back to Sydney, my youngest daughter Daniella was scheduled to have minor surgery at Greenwich Hospital. She needed some pre-op tests and she asked that I meet her at the hospital. After finishing rounds, while I was waiting in the lobby for her, I spotted a familiar face moving towards me. It took me a minute to recognize her. It was the OB nurse who had attended Daniella's birth 18 years before, who I had not seen in a decade or more. We had a great talk, though she seemed nonplussed on learning that it had been 18 years!

What does this all mean? Nothing in the grand scheme of things, but it was exciting to have memories jogged of the births of two of my three children. Now I'm sure, just around the next corner, is one of the attendees of Jessica's birth 24 years ago! ♦

Reflections on a Busy Year *(continued from page 1)*

We had a fabulous holiday party here at Knollwood Country Club only six months ago. We started quarterly socials with the medical students, over one hundred of who became members. Who can forget our wine makers' social event? Drs. Paul Gerardi, Tancredi Abenavoli, Ann Cea and I brought our home made wines for the students to sample and learn how it's made. If you missed any of these events don't worry, they were so well received that they are all becoming annual events and I am already looking for members to serve on the golf committee.

And of course, as I promised last year, I kept our membership fully informed on our new web site, www.thewestchesterphysician.com, as an adjunct to our printed newsletter, the *Westchester Physician*. The website, a placeholder until we complete our new website, allowed our members to keep blogs active, survey members and share pictures of all our events. Our new official website, nearing completion, will do much more. Thanks to the Communications Committee, chaired by Peter Acker, MD, who lead in the planning, it will have a patient portal with web optimization to direct patient's to our member physicians. You will be able to pay your dues on line, attend a web conference, and access a member's area where we can securely refer to each other, highlight individual physicians and learn about what special treatments or expertise our doctors have to offer on their own web pages.

Our Legislative Committee, chaired by Thomas Lee, MD, has been extremely active this year fighting for physician causes. Here in this hall we had our legislative brunch in September, where both our Democratic and Republican representatives debated side by side the health care issues most important to us, so our membership could contrast their views. We lobbied both locally and in Albany, fighting for what is reasonable, reducing the highest malpractice premiums in the world and enabling the doctor to negotiate a fair fee above the cost of doing business. We shared common goals with the Westchester County Association and have continued to work closely with them on healthcare matters such as the lack of tort reform, the lack of a supply and demand model in healthcare, the misaligned payment incentives between provider groups, and the effect radical cost reductions will have on the Medicare population and access to care. We organized the neurosurgeons and other physicians to lead them in fighting the out of network caps, and have heard our oncologists' concerns about the proposed Memorial Sloan Kettering cancer center in Westchester, which will duplicate services for the wealthy patient and leave the indigent patient with shrinking resources to fight and prevent cancer. We plan to work as part of a coalition to address these concerns.

As healthcare reform evolves, we are keeping our members informed about ACO's and "meaningful use." The Medical Society has sought to increase its membership by reaching out to a local IPA to find a way of making private practice viable for those who wish to retain their small practice setting and its intimacy in giving personal care. Toward that aim, we have sought to explore relationships with the IPA structure that can clinically integrate over wide geographical areas using electronic health records and thus enable it to have some legal negotiating power to preserve the small business practices out there that are struggling to survive. It's not about promoting one way of practice over another. It's about the freedom for a physician to have a choice, to practice the way he/she chooses.

It's all about helping our physicians survive by increasing reimbursement and cutting costs for the small business medical practice. In this regard, I'm pleased to announce that we have formed a partnership with a PEO (Professional Employer Organization) that will cut healthcare costs and result in significant savings for small practices. Now, through the Medical Society, a physician can obtain true meaningful healthcare benefits for himself and his employees, a national plan, with dental and prescription benefits, no out of network caps and at a cost far less than what he pays today. (For more information about PEO's, see the article on page 7.)

We revitalized the Academy of Medicine, our charitable and educational arm, and have increased its funding by raising the fee for providing category I CME credits for approved programs. The Academy has been active in promoting medical education everywhere, from supporting students in the high school science fair to the Residents in medicine at New York Medical College. We have also partnered with the PGA through their TicketsForeCharity Program. Any ticket purchased for the Senior Players' golf tournament this August at Westchester Country Club through our promotional website will result in 100% of the proceeds going back to the Academy.

(continued on page 5)

Are you *FORE* the Academy?



Some of you may know that Westchester County is once again hosting a major golf event, this time the *Constellation Energy Senior Players Championship*. The tournament is scheduled for August 17-21, 2011 at Westchester Country Club in Harrison, NY. The tournament will feature many popular players who once played on the regular PGA Tour, such as Mark O'Meara who has committed to defending his championship. There will be many others who will commit soon.

Your Westchester Academy of Medicine, a 501c3 not-for-profit, charitable entity, seized upon an opportunity to register as an official charity for this event. Thus, anyone interested in attending this event can purchase tickets online through a special link reserved for the Academy and **ALL proceeds (less tax) will go to the Academy!** "Any Day Grounds" tickets will be available at \$20 per ticket. To purchase, simply go online to www.buytfc.com, click on the "Constellation Energy Senior Players" event logo, then click on "buy tickets" page. You will then see a list of registered charities and their designated codes. **To support the Academy, click "buy tickets" and then follow the instructions, entering the Academy code 6UKDE7. It is as simple as that!**

For every ticket you purchase, \$20 will benefit the charitable and educational activities of the Academy. This past March, the Westchester Academy of Medicine strongly supported the Westchester Engineering and Science Fair, an annual science fair attracting hundreds of science projects of high school juniors and seniors throughout Westchester. The Academy sponsored all 4th place awardees. Additionally, Joseph Tartaglia, MD, WCMS President, and Joseph McNelis, MD, WCMS Vice President, served as official judges. Dr.'s Tartaglia and McNelis selected three of the 4th place finishers whose projects were germane to medicine and health; these students were recently recognized at the WCMS/Academy Annual Meeting on June 9, 2011, and were able to display their project posters.

This is but one example of the charitable work of the Academy. Whether you are an avid golfer, just a casual fan of the game, or simply want an excuse to see the beautiful grounds of the Westchester Country Club, **please consider purchasing your tickets through the Tickets Fore Charity link above and support your Academy of Medicine!**

Reflections on a Busy Year *(continued from page 4)*

This year we have revitalized our committees, including ethics, socio-medical economics, communications and membership. I wish I had time to discuss all the wonderful accomplishments that our individual committee chairs and members have achieved, but I want to thank them collectively. Let's have a round of applause for them! Our staff, Karen Foy, Amanda Malfitano, Rhonda Nathan and Brian Foy has worked diligently to make it all possible. Let's give them a hand of thanks as well!

I want to thank all of you for your continued support of the medical society and ask you all to encourage your fellow physicians to become members and to participate in our endeavor. We all chose to do medicine because we felt the calling to aid the sick and dying. What could be nobler than helping physicians help their patients? Let's continue to work together to preserve what is good about our profession. ♦

GUEST ARTICLE

Cancer Risks of CTs

By Joseph McNelis, MD
Vice President, WCMS



Computerized tomographic (CT) scans have seen increased utilization in medical diagnostics. In 1980, three million CT scans were done in the U.S. By 2006, the number reached 67 million. CT radiation contributed 24% of the US radiation dosage in 2006, compared with 0.4% in 1980. There has been growing concern about the increased use of this technology over the last decade, especially for the pediatric age group.

In 2001, biophysicist David Brenner released an article in the *American Journal of Roentgenology* concerning the use of CT scans in the pediatric population. Given that 600,000 abdominal and head CT scans were performed on children yearly, Brenner estimated that 500 would die from cancer caused by the CT scan. The relative risk was tabulated at 1.06. Brenner extrapolated from data among A-bomb survivors of Hiroshima and Nagasaki who were at significant distances from the blast to be exposed to 5-10 millisieverts of radiation.¹

In 2009, Amy Berrington de Gonzalez expanded on this theme in the *Archives of Internal Medicine*. One excess cancer death per 2000 scans was predicted, assuming 10 millisievert per scan and a risk of 5% per sievert. The study excluded those already diagnosed with cancer and those in the last five years of life. Based on this risk projection, 57 million scans in 2007 would result in 27,000 future cancer deaths.²

Much controversy has emanated from the above projections. A recent conference of the Radiological Society of North America was evenly split on the legitimacy of Brenner's and Berrington de Gonzalez' projections. Nevertheless, all observers aim for a decrease in radiation dosage adequate to retain clinical utility.³

The Food and Drug Administration (FDA) oversees the production specifications of the CT machines, but not the actual clinical use of the scans. Despite voluntary efforts by the radiological societies to limit radiation in children, there has been a wide variation in radiation dosages amongst facilities when they are examined. According to cancer epidemiologist Rebecca Smith-Bindman, "every doctor reinvents the wheel in order to get a readable scan." At this point, then, the FDA needs to intervene in the construction and enforcement of appropriate CT radiation dosages.⁴

The fear of litigation clearly is a driving force in many of the CT scans performed. Hedvig Hricak, M.D., chairman of the radiology division at Memorial Sloan-Kettering, has observed that CT scans often are performed in the ER before the patient has been examined by a physician. While there is a clear diagnostic benefit to many of the CTs done, meaningful tort reform clearly would reduce much of the unnecessary testing.⁵

Information technology already has played a role in decelerating use. At Massachusetts General Hospital, software has allowed physicians to consider alternatives to CT scans in certain clinical scenarios. As a result, there has been 0.25% increase in usage per quarter, compared to the previous rate of 3% before implementation of the software.⁶

Cumulative damage from radiation may be difficult to gauge in the long term, particularly if there is a significant time interval between radiologic studies. Taking IT utilization further, each patient could be given a total radiation exposure from all x-ray studies performed. As well, similar to the Dunkin' Donut calorie count, each x-ray study should have the corresponding radiation exposure revealed at the time of exam. This might serve additionally to temper the utilization of CT scans done in the practice of "defensive medicine".

References

¹Brenner D, Ellston C, Hall E, Berdon W, "Estimated Risk of Radiation Induced Fatal Cancer from Pediatric CT", *American Journal of Roentgenology*, 2001; 176(2):289-296.

²Berrington de Gonzalez A, Mahesh M, Kim K-P, et al., "Projected cancer risk for computed tomographic scan performed in the United States in 2007", *Archives of Internal Medicine*; 2009;169(22):2071-2077.

³Schenkman L, "Second Thoughts About CT Imaging", *Science*, 2011; vol. 331:1003.

⁴*Ibid*, pg.1004.

⁵*Ibid*, pg. 1004.

⁶*Ibid*, pg.1003.

New WCMS Member Benefit

The ABC's of PEO

By Kevin Lynch

WCMS is **pleased** to announce a new membership benefit that will allow our physicians to join a professional **employer organization (PEO)** at a *members only discounted fee*. A PEO is a single source provider of integrated services which enable business owners to cost-effectively outsource the management of human resources, employee benefits, payroll and workers' compensation and other strategic services, such as, recruiting, risk/safety management, and training and development.

A PEO helps companies in four core areas of their business *Payroll, Employee Benefits, Worker's Compensation and HR Service and Support*. The PEOs are able to do this through their immense buying power in the market; the PEO operates as the single employer and they are buying their insurances for thousands and thousands of employees, versus you buying them on your own.

The concept of a Professional Employer Organization (PEO) has grown in popularity amongst small to medium size businesses. The reason for that is because of rising healthcare costs, increased state and federal laws and the increasing popularity of employer related lawsuits.

A PEO is a large employer that that has several thousand client companies; their clients are able to reap the benefits of offering Fortune 500 benefits, HR, Payroll /Employee Administration and Risk Mitigation at a reduced rate. By joining the PEO you join thousands of other companies and enjoy the perks. Your practice still operates in the same fashion as it does now, however your liability related to your staff is reduced, as well as your administrative burdens. The PEOs support you and relieve the need for additional HR staff. In exchange for the PEOs services, they charge an administration fee per employee. **The WCMS has been able to negotiate 1.5% of payroll as the administrative fee as a Membership Benefit making the PEO concept affordable to most practices.**

The benefits of PEO are endless and many companies that are with a PEO would never leave. The reason is that a PEO **simplifies** so many issues for a company. In addition to eliminating risk and liability, here are some key aspects of PEO that are essential to a business.

- *National Medical Benefit Plans with Top Tier Insurance Providers*
- *Errors and Omissions Coverage and EPLI*
- *Ancillary Benefits – Vision, Dental, Life Insurance, Pet Insurance, WageWorks, STD, LTD*
- *State Unemployment Arbitrage – reducing your rate to their effective rate*
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- *Human Resource Management System with web-based Employee Service Center*
- *Recruiting and Background Screening*

For small and mid size practices these benefits would never be able to be offered without extensive HR departments and Fortune 500 budgets. PEO enables our Membership groups to realize them. PEOs are not perfect for all practices. Our endorsed Health Benefits Broker, Kevin Lynch, offers a complementary review of your present plan and will help you decide which plan suits your office needs best. You can contact Kevin at (914) 755-8837 or email at kl@dinsmorestele.com.

PEOs are a great way to streamline human capital management, while being able to place a fixed price on a necessary expense. PEOs are instrumental in helping their client companies attract and retain the upper echelon of talent. Most Physicians today outsource their payroll, so many are accustomed to outsourcing in one form or another. With the economic downturns realized in the last few years, it's more important than ever for practices of all sizes to be competitive, while still watching their human capital spending. ♦

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 May and June, 2011, Board of Directors Meetings.

Richard Cho, MD
(Internal Medicine)
Yorktown Heights

Christine Curran, DO
(Internal Medicine/
Sports Medicine)
Hawthorne

Robert Fekete, MD
(Neurology)
Hawthorne

Thomas J. Lester, MD
(Hematology/Oncology)
Mount Kisco

Bella Malits, MD
(Anesthesiology/
Pain Management)
Mount Kisco

Donna E. Morrison, MD
(Internal Medicine)
Briarcliff Manor

Christopher B. Nicora, MD
(Internal Medicine)
Somers

Anila Thomas, MD
(Neurology)
Hawthorne

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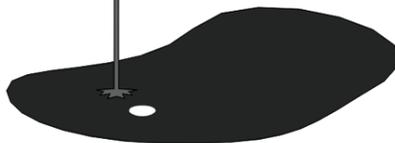
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September 21, 2011

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WCMS Board Highlights

By **Brian O. Foy**
Executive Director



At its meeting on May 12, 2011, the Board...

- Welcomed Assemblyman Steve Katz, who represents New York's 99th Assembly District, including the northern parts of Westchester County. Assemblyman Katz lives in Putnam County and maintains a veterinarian practice in the Bronx. As this was Assemblyman Katz' first meeting with the WCMS, the Board discussed the Society's three most important legislative priorities: resolving through legislation or regulation the action by insurers to cut out-of-network benefits to patients by tying physician reimbursement to Medicare benchmarks; achieving collective negotiation power for physicians with insurers; and securing meaningful medical liability reform to stabilize premiums and lower health care costs. Assemblyman Katz indicated he supported these issues, especially the pursuit of medical liability reform and a \$250,000 cap on non-economic damages. He asked for additional information concerning the out-of-network issue and stated that he looks forward to working with WCMS going forward.
- Heard from the President, Joseph Tartaglia, MD, who reported that, the Westchester Academy of Medicine has registered as an official charity of the upcoming Senior Tour PGA Event, the Constellation Energy Senior Players Championship, to be held August 18-21, 2011, at Westchester Country Club. The program is known as Tickets For Charity. The Academy has received a special online link to use for the purchase of general admission (grounds) tickets at \$20 per ticket. For every ticket purchase through this link, the Academy will receive the full \$20.00. The WCMS and Academy will be promoting this link to all physicians, friends and families throughout the summer.
- Approved the Report of the Membership Committee welcoming three (3) new members to the WCMS and Academy (see page 8 for listing of May members). The Board also received a list of unpaid members for 2011 and agreed to assist in contacting these members. The Board thanked Dr. Levy for sending a special letter to all members of the Mount Kisco Medical Group encouraging them to join the WCMS. Thus far, at least three new members have joined in response to this letter.
- Heard from Thomas Lee, MD, Chair Legislative Committee, regarding the ongoing advocacy both locally and in Albany in support of legislation to bring transparency and fairness to out-of-network reimbursements to physicians. The legislation (A.7489 – Gottfried; S.5068 – Hannon) has been introduced in both Houses. A special day arranged by MSSNY to lobby on this issue is set for May 17. Dr's Lee and Andrew Kleinman will be representing Westchester and many legislative appointments have been scheduled. Dr. Lee will keep the Board apprised on this issue and others, such as Collective Negotiations and scope of practice legislation, as the Legislative Session winds down.
- Welcomed Kevin Lynch, WCMS-endorsed health insurance and benefits agent, who was there to answer any questions regarding the Professional Employer Organization (PEO) concept that he would like to add to his portfolio of benefits that he can offer members who are searching for less expensive health insurance. The PEO benefit, explained more fully on page 7 of this issue of the newsletter, can offer significant reductions in health insurance costs to member practices. *After a presentation to the Membership Committee, the Committee recommended to the Board that this PEO benefit be offered to all interested members. After some discussion, the Board approved adding the PEO as a benefit to WCMS members ONLY.* Information will be sent to all WCMS members in the near future announcing this member benefit.



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WCMS Public Health Corner

NYS Health Commissioner Bans Sale and Distribution of Dangerous Substances Marketed as Bath Salts

On May 23rd, New York State Commissioner of Health Nirav R. Shah, MD issued a Commissioner's Order to ban the sale and distribution of dangerous amphetamine-type substances marketed as "bath salts" that are sold over-the-counter and have resulted in hundreds of hospitalizations nationwide.

In an effort to mask their true purpose, a number of products are marketed as "bath salts" and are being sold online, in small convenience stores and other retail outlets. They produce similar effects to cocaine and amphetamines, including hallucinations, paranoia, delusions, suicidal thoughts, and violent behavior as well as chest pains, increased blood pressure, and increased heart rates.

The substances are sold under names like White Lightening, Snow Leopard, Tranquility, Zoom, Ivory Wave, Red Dove, Vanilla Sky, and others.

Commissioner Shah said, "These chemicals marketed as bath salts are a growing and dangerous threat to the public health, and this action to end the sale and distribution of these harmful substances is a critical step needed to stop the proliferation of these drugs here in New York State. These substances present a real and immediate threat to the health and safety of our young adults and the public at large."

The order takes effect immediately and is allowed under Public Health Law provisions that empower the State Health Commissioner to issue orders for summary action in circumstances where he believes people or entities are engaging in activities which constitute a danger to the health of the people and it would be prejudicial to delay action.

The Commissioner's Order will ban the sale and distribution of these chemicals and products in New York State. Commissioner Shah is contacting county health commissioners throughout the state for their assistance in carrying out this order.

The compounds are sold in a variety of forms that contain a number of synthetic chemicals including MDPV (methylenedioxypropylvalerone) and mephedrone. Use of these drugs has resulted in hospitalizations and death, as well as violent reactions in individuals.

Nationwide, calls to poison centers regarding use of bath salts through May of 2011 has increased more than 700 percent from the total amount of calls taken in all of last year.

Legislation to add the synthetic drugs to the list of controlled substance have been introduced in Congress by Senator Charles Schumer, who has worked closely with the Department of Health to identify options for New York to address the spread of bath salts. In addition, the Drug Enforcement Administration (DEA) has called addressing bath salts a top priority. The Department of Health also has submitted a departmental bill to limit the sale of these many chemicals to research purposes only.

For further information contact Jeffrey Gordon at (518) 474 7354, ext. 1



WCMS Public Health Corner

UK, US Government Recommendations for Minimum Sunscreen SPF Levels Under Fire

"The British and US governments' official recommendation for minimum SPF levels in sunscreens has come under fire from a leading medical journal as offering inadequate protection." Specifically, in an "unsigned commentary, the editors of Drug and Therapeutics Bulletin...attacked the UK National Institute for Health and Clinical Excellence (NICE) guidance on sun protection, calling it 'not in the interests of public health.'" NICE, as well as the US Centers for Disease Control and Prevention, both say that sunscreens with SPF 15 provide adequate protection. According to the commentary, "an SPF of 15 may superficially seem to offer reasonable protection, but the reality of how people actually use sunscreen makes it far less than enough."

Notice to Health Care Providers

Shiga Toxin-producing *E. coli* O104 (STEC O104:H4) Infections in U.S. Travelers Returning from Germany

CDC is monitoring a large outbreak of Shiga toxin-producing *Escherichia coli* O104:H4 (STEC O104:H4) infections ongoing in Germany. The responsible strain shares virulence characteristics with enteroaggregative *E. coli* (EAEC). As of May 31, 2011, the Robert Koch Institute (RKI) reported 470 patients with hemolytic uremic syndrome, or HUS (a severe condition associated with STEC infection that can lead to kidney failure), and nine deaths. The strain of STEC that is causing this illness, STEC O104:H4 is very rare. The illness that it causes is similar to that caused by *E. coli* O157:H7 or STEC O157:H7, which is also a Shiga toxin-producing *E. coli*.

STEC infections can cause different gastrointestinal symptoms, which often include severe stomach cramps, diarrhea (often bloody), and vomiting. If there is fever, it is generally not very high (less than 101°F [38.3°C]). HUS is a disorder that usually occurs when an infection in the digestive system (such as STEC) produces toxic substances that destroy red blood cells and cause kidney injury. Early symptoms of HUS include decreased frequency or volume of urination, feeling very tired, and losing pink color in the cheeks and inside the lower eyelids. Signs of HUS typically start 5–7 days after the start of diarrhea, and diarrhea or bloody stools may no longer be present when HUS develops.

Advice for Clinicians: If you care for a patient with bloody diarrhea or HUS who has recently been in Germany or has been in contact with someone recently returned from Germany, it is important to test for STEC O104:H4. Complete testing for STEC O104:H4 includes simultaneous culture of stool for *E. coli* O157 and assay of the stool for non-O157 STEC with a test that detects Shiga toxin. Clinicians and clinical laboratories should send *E. coli* O157 isolates and Shiga toxin-positive samples to public health laboratories as soon as possible for additional characterization. Any suspected STEC O104:H4 and HUS cases should be reported to health departments.

For more information, go to <http://emergency.cdc.gov/HAN/han00322.asp> to access the CDC Health Alert Network (HAN) Health Advisory in its entirety.



Expedited Partner Therapy (EPT)

Letter from NYS Health Commissioner Nirav R. Shah, MD, MPH

In 2009, Expedited Partner Therapy (EPT) was signed into law in New York State (NYS). Article 2312 of the NYS Public Health Law permits health care providers (i.e. physicians, midwives, nurse practitioners and physician assistants) to provide *Chlamydia trachomatis* (Ct) patients with antibiotics or a written prescription for antibiotics to deliver to his or her sexual partner(s) without prior clinical assessment of those partners. This law is intended to decrease the morbidity caused by Ct infection and re-infection. It does so by enabling timely treatment of Ct within partner networks.

Ct is a leading cause of tubal infertility, pelvic inflammatory disease (PID), infertility and ectopic pregnancy. In 2009, over 92,000 Ct cases were reported in NYS. Untreated partners are an important source of re-infection, and each re-infection increases the risk of negative reproductive health outcomes. EPT has been shown to reduce Ct re-infection, and augments provider options for managing the care of partners of Ct patients.

In NYS, the use of EPT is limited to Ct infection only. The recommended EPT treatment for Ct is **1g of azithromycin in a single oral dose**. Other key provisions of the law are listed below:

- EPT should not be provided to Ct patients concurrently infected with gonorrhea or syphilis.
- EPT use is *not* recommended for treating men who have sex with men due to a high risk of HIV co-morbidity in partners.
- EPT prescriptions must include the phrase: "EPT" in the body of the prescription. Prescriptions can be provided to patients without name, address or date of birth of the sex partner; the written designation of "EPT" shall be sufficient for the pharmacist to fill the prescription. If needed, pharmacists can obtain the demographic information at the time of prescription drop-off or pick up.
- **Health care providers or pharmacists who dispense EPT in accordance with this law shall not be subject to liability or be deemed to have engaged in unprofessional conduct.**
- EPT issued as medication or as a prescription to the original patient must be accompanied by written materials for patients and partners, addressing possible side effects and contraindications to EPT medication.

For these written materials and other resources available to health care providers and pharmacists, please visit the NYS Department of Health web site (health.ny.gov/diseases/communicable/std/) or the New York City Health Department website (nyc.gov/html/doh/html/std/ept.shtml). Questions may be sent to the NYS Department of Health at ept@health.state.ny.us or the New York City Health Department at ept@health.nyc.gov.

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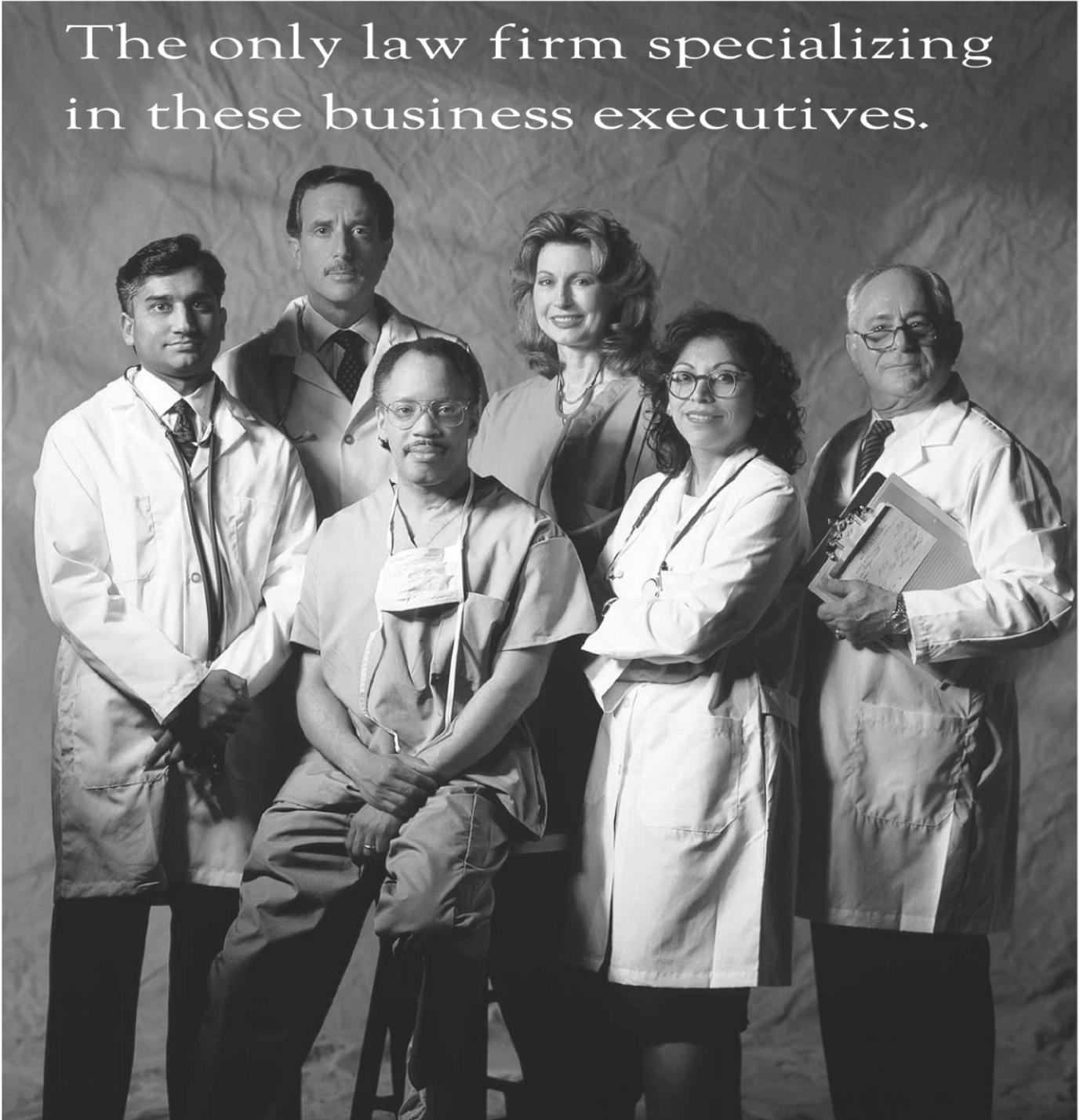
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Last Ophthalmology Section Meeting of the Academic Year

By Morris Glassman, MD



On May 12, 2011, the Ophthalmology Section of the Westchester Academy of Medicine held its 24th educational program. The section has been very successful in continually reaching local ophthalmologists throughout Westchester County and bringing them together for these valuable symposia. Approximately 50 ophthalmologists met at Dolphin Restaurant in Yonkers for this event. Not only do these events enable those attending to learn from well-known experts in their respective fields, they permit a continuation of collegial interactions, which benefit all.

After brief discussion of the importance of joining local medical and specialty societies, Dr. Beth Bromberg, an ophthalmologist from Yorktown Heights, New York, reported on her trip to Haiti. She and Dr. Mitchell Stein, from Mount Kisco, went to deliver eye care to an underserved and overly challenged population. While there, they treated both medical and surgical problems and taught the local eye care practitioners the latest ways to treat many of these disorders. The evenings program then turned its focus towards pediatric ophthalmology.

Three speakers were present. Dr. Steven Kane, an associate clinical professor from Columbia, discussed the treatment of pediatric glaucoma. This disease, which in the pediatric population is always associated with increased intraocular pressure, has multiple etiologies. Therefore, the therapy has to be appropriately directed and begun early in life.

Dr. Daniel Salchow, an associate clinical professor from Yale University and medical director of the Yale Eye Center discussed new trends in pediatric cataract surgery. One of the major difficulties is appropriate refractive correction. There is a significant myopic shift, a trend towards increased nearsightedness, between birth and later youth. The prevention of amblyopia is a significant consideration in these children.

The third talk was given by Dr. Paul Chan, an associate clinical professor from Cornell Weill Institute who discussed the treatment of retinopathy of prematurity with Avastin, an anti-VEGF medication. Retinopathy of prematurity is a disease that, untreated, leads to blindness in the smallest and sickest premature infants who are now able to reach maturity. Newer therapy with anti-VEGF medications seem to be able to prevent the progression and even lead to resolution of this otherwise blinding condition.

HIPAA Version 4010A and Version 5010: Do You Bill Electronically?

If so, your system is/was using HIPAA Version 4010A to capture your claim information to file with various payers. Now, the system needs to be upgraded to HIPAA Version 5010. This must be accomplished by January 2012. If not, your system will not be able to communicate and electronically file your claims.

So, if you use a software program, you must speak with your vendor to see if the upgrade has been applied to your system and tested. If you use a clearinghouse, you need to ask them if they upgraded and tested their system.

Again, physicians who use a practice management system in their offices should question their billing software vendor to ensure that the proper updates to their software have been made. If they are using a reliable vendor, this has been done; but you should verify to be certain. If the physician is using a billing service or clearing house for their claims, they should question if testing has been done and should ask for a show of proof that the testing has been completed.

Physicians should be aware that the conversion is happening and that testing is done and completed on a timely basis. Physicians who are not aware could be caught off guard and might suffer claim disruption until the proper conversion is completed.

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In Memory of

Christian M. Hynes

November 2, 1941 - May 30, 2011

Chris Hynes, 69, former WCMS Executive Director from 1987 to 1995, passed away quietly on the morning of May 30, 2011. Born November 2, 1941 in the Bronx, NY, he was a son of the late James Hynes and Josephine Riley Hynes. Chris was also preceded in death by a sister, Joan Hynes McGrail of Charlotte, NC and by a brother, James Patrick Hynes of Bergenfield, NJ.

A 1965 graduate of Marist College, Chris went on to teach English and history, as well as coach track, at Mount Saint Michael Academy in the Bronx. Following a career change, he went on to become the Executive Director of the Queens County Medical Society, in Forest Hills, NY, and then later as the Executive Director of the Westchester County Medical Society, in Purchase, NY. He was an active member of the Lions Club of Yorktown Heights, NY; the Rotary of Purchase, NY; and Friendly Sons of Saint Patrick of Westchester County. He was also a devoted member of Saint Patrick's Church in Yorktown Heights. He had a life-long devotion to his beloved Yankees and New York Giants.

In 1973 he married Lynda Jayne Blackmore of Ozone Park, NY. They went on to raise their three children in Yorktown Heights, NY. In 2001, Chris and Lynda moved from NY to Charlotte, NC, where he became very active with Saint Thomas Aquinas Roman Catholic Church. Chris sat on the Church Parish Council and joined the Knights of Columbus, where he earned his 4th degree knighthood and became the chairman of the LAMB project.

Chris is survived by his wife, Lynda; daughter, Meredith Hynes and grandson, Christian Marrero of Charlotte, NC; son, Joseph Hynes and his wife, Ann Tolley Jones Hynes of Charlottesville, VA; and daughter, Amanda Hynes Thornburg, her husband, Jonathan Thornburg, and their son, James Bertram Thornburg, also of Charlottesville, VA. He is also survived by a brother, Edward Hynes and his wife, Judy Hynes, of Lords Valley, PA.

The Board of Directors and staff offer our condolences to his wife, Lynda, and their children, Meredith, Joe and Amanda, whom many of us watched grow up.

From MSSNY Enews . . .

Second Chance to Avoid Penalty for Failing 2011 E-Prescribing Rule

Physicians who see Medicare patients would have more opportunities to avoid being penalized for failing to prescribe medications electronically by a June 30 deadline under a proposed rule from CMS. The proposed revisions would provide relief to eligible physicians who do not expect to report at least 10 paperless drug orders to CMS by June 30. **Medicare will penalize doctors for failing to meet 2011 e-prescribing requirements by reducing payments by 1% in 2012. On May 26, the Medicare agency said it would give doctors a second chance to avoid the penalty after the deadline. It would allow physicians who did not meet the minimum reporting requirements to claim one of several hardship exemptions through a special website by Oct. 1.**

The proposed rule would also apply to physician practices that already have adopted certified electronic medical record systems in an effort to earn Medicare or Medicaid meaningful use bonuses. Those practices could use those systems to satisfy the e-prescribing requirements as well. Under the current program, practices that use certified EMRs to send paperless drug orders will satisfy the e-prescribing requirement as long as the system meets four specific functionalities. If the proposed rule is finalized later this year, certified EMRs will be acceptable for e-prescribing in future reporting years even if they do not technically meet the four specific functionalities.

Physicians complained that because the requirements for the e-prescribing incentive program and the EMR meaningful use incentive program were different, some paperless practices were concerned that they would need to buy and use a stand-alone e-prescribing system to avoid the 1% reduction in 2012. Some groups used temporary e-prescribing software, independent of their EMRs, and discarded the systems after reporting the minimum 10 e-prescribing encounters per physician. Others, such as some surgery practices, struggled to find ways to prescribe medications during office visits just so they would not be penalized in 2012.

Expanded Hardship Exemptions

Approximately 109,000 to 209,000 physicians and other health care professionals could be eligible to file for hardship exemptions to the e-prescribing penalty by Oct. 1, CMS said in the proposed rule. The Medicare agency has proposed developing a special website for doctors and others to claim one of several hardships. CMS would approve the claims on a case-by-case basis. The initial rules had provided only two hardship exemption categories:

- *physicians who practiced in rural areas with limited high-speed Internet access, and*
- *physicians who worked in areas with a limited number of pharmacies that accept electronic drug orders. CMS had required one of these exemptions to be reported before June 30.*

The proposed rule would allow doctors to choose from these two hardships as well as four new exemptions on the website by the October deadline. The expanded list of hardship exemptions would include:

- *Physicians who register to participate in the Medicare or Medicaid EMR incentive program, and adopt and use certified EMR technology by the 2011 deadline.*
- *Physicians who cannot prescribe enough drug orders electronically due to local, state or federal laws, such as those prohibiting paperless orders for narcotics.*
- *Physicians with limited prescribing activity.*
- *Physicians with insufficient opportunities to report the e-prescribing measures because the types of patient visits they claim are not eligible under the program.*

Those who report that they e-prescribed 10 times before June 30 automatically would not be subject to the 2012 penalty. Of that subset, those physicians who report 25 e-prescribing encounters by Dec. 31 would receive a 1% bonus in 2012, assuming they do not opt instead for a Medicare bonus for meaningful EMR use in 2011. ♦

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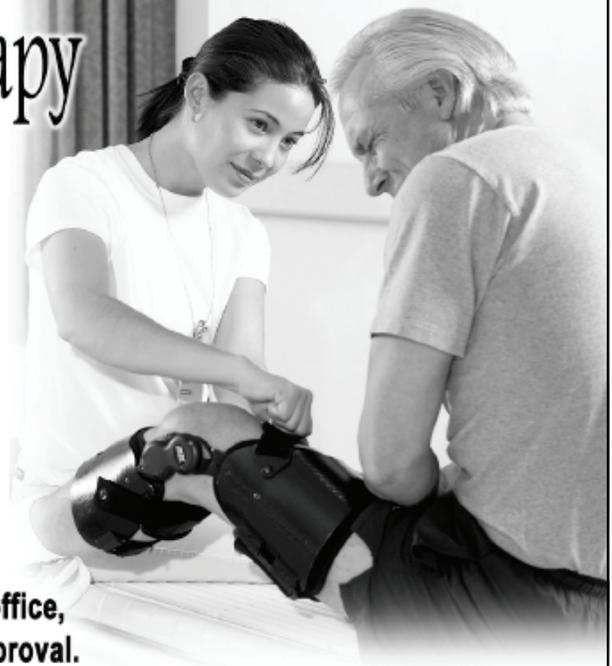
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