WESTCHESTER PHYSICIAN

January 2012 Vol. 22 No. 5

President's Message

"No Solution in Sight for Rising Healthcare Costs"

Abe Levy, MD

Healthcare costs continue to rise, and some have claimed that increasing quality or increasing the coordination of care or increasing the number of Americans with health insurance will help this problem.

Rest assured that none of the above will solve the problem. There are 3 things that can cause a substantial decrease in healthcare costs:

1. Tort reform remains one of the pillars of lowering healthcare costs by eliminating the need to order tests and imaging with a one in a million chance of finding something important. The cost of malpractice insurance is a minute fraction of the costs of laboratory tests and imaging ordered for one in a million chances of being abnormal.

2. Managing patient expectations, so that patients do not expect perfection in healthcare, any more than in any other human endeavor, would go a long way towards controlling healthcare costs. The expectation that diseases will be discovered at the first office visit raises cost substantially, as does the expectation that they will be cured by the second office visit.

3. As long as hospitals employ more and more physicians and can charge for their ancillary services a multiple of the usual out-patient rate, there will be a continuing increase in healthcare costs. We need strong hospitals to take care of our patients, but they should be strong by focusing on in-patient care, and not by charging a multiple of the usual out-patient rate for ancillary services.

If we combine the above 3 steps with closing in-patient beds wherever possible, we can achieve a substantial reduction in healthcare costs.

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A Look Inside . . .

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

Upcoming Events
Mark Your Calendar

Monday, February 20th
Office Closed - President's Day Observed

Wednesday, February 22nd - 6:30 pm
WCMS Medical Student Section Wine Tasting –
NYMC Alumni House - *"Open to All Members"*

Friday, February 24th
Deadline for ALL RESOLUTIONS to WCMS

Thursday, March 1st - 6:00 pm
WCMS Board of Directors

Monday, March 5th - 5:00 pm
CME Committee

Saturday, March 10th
WESEF – Sleepy Hollow HS

Tuesday, March 13th - 6:30 pm
"Meaningful Use of EMR" Presentation

Tuesday, March 20th -
MSSNY Legislative Day - Albany

Wednesday, March 28th
Doctors Day Symposium
Albert Einstein College of Medicine, Bronx, NY

Friday, April 20th - Sunday, April 22nd
MSSNY House of Delegates Meeting
Saratoga Hilton and City Center, Saratoga Springs, NY

(All meetings at the WCMS office unless otherwise noted)

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 March 2012 issue is February 15th.

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

From The Editor
Beethoven

By Peter Acker, MD

In the popular imagination, suffering and creativity go hand in hand. The image of the creative artist locked in mortal combat with himself as he engages in the promethean struggle to produce works of genius is one fixed in the consciousness of the lay public. Indeed, it is often the outward manifestations of the suffering that capture the public's interest rather than the work itself. Van Gogh is known by millions who have probably rarely ventured into a museum as the artist who cut off his ear. Still, this question of whether suffering is part and parcel of creative genius is not merely sensationalistic, but is deserving of careful consideration. The development of more effective psychotropic drugs has added a new twist to this debate, though it is easy to trivialize. Peter Kramer, the author of Listening to Prozac, has recounted that on book tours there is inevitably some "wiseguy" in the audience who asks if Van Gogh would have ever painted a starry night if he had had access to Prozac.

Last December, I was at a remarkable lecture entitled "Music and the Mind: Beethoven" which brought the above questions into sharp focus and was part of the grand rounds offered at Four Winds Psychiatric Hospital in Katonah, New York. Richard Kogan MD, has an extraordinary resume. He attended Julliard and then went on to Harvard Medical School. He is currently a professor of psychiatry at Weil–Cornell Medical School where he is co-director of the Human Sexuality Program. He also maintains an active career as a concert pianist. He was a first prize winner at a Chopin Competition and he performs regularly with cellist Yo Yo Ma and violinist Lynn Chang.

He began the lecture, which by the way was in a rather small room just big enough to accommodate the 40 or so attendees and thus was an intimate venue, with a self deprecating smile and launched into a recounting of the formative events of Beethoven's life with particular emphasis on the psychodynamic factors. Dr. Kogan has a soft conversational style well suited for the size of the audience and carries himself with utter ease. If he has suffered mightily for his art, he has done a masterful job of concealing it. Beethoven, on the other hand, by all accounts, wore his feelings on his sleeve. He was stubborn, pugnacious and utterly contemptuous of artists less able than he (a rather large group after all). To a prominent violinist who hesitantly asked if he could lower one small passage by one octave, he exclaimed in a typically vituperative explosion his total unwillingness to sacrifice his "artistic vision" because of the musician's incompetence. Dr. Kogan gave a compelling account of Beethoven's suffering. His father was an alcoholic who had dreams of raising another Mozart and would stumble in late after a night of drinking, rouse his son and force him to practice until the morning. Beethoven had numerous unrequited loves. Apparently his criteria for a potential lover was that she already be married and also be a member of royalty. Talk about setting yourself up for failure. The onset of deafness in his late twenties, of course, was the quintessential coup de grâce and drove him to the brink of suicide. Dr. Kogan was spellbinding in weaving these biographical facts with a discourse on the connection between suffering and artistic expression. Periodically, Dr. Kogan would move over to the piano and play. In the end, about half of his time was at the piano and he played entire sonatas from different periods of Beethoven's life.

Some of Dr. Kogan's lecture/performances are available on DVD. He has previously lectured on Schumann and Tchaikovsky.

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Commissioner's Corner

February, 2012

Dear Colleagues:

During the past few months, there have been a number of lab confirmed pertussis cases in Westchester residents, particularly in students and high school athletes. Although there has not been a significant increase in pertussis in Westchester County (39 cases in 2010 and 43 in 2011), neighboring areas including New York City, have experienced an increase in the number of pertussis cases since August 2011. Suffolk County has an ongoing outbreak with over 200 cases reported between June and December 2011, and two infants in New York State outside of Westchester County died due to pertussis during 2011. Of the 43 cases identified in Westchester County during 2011, 34 (79%) of cases were among children or adolescents (≤19 years old) and 17 (40%) of these were in 10-19 year olds.

The Health Department recently sent a public health update on pertussis by fax to physicians and other medical professionals. This update, along with additional detailed information, including a list of New York State treatment protocols and approved laboratories for PCR testing, vaccine dosing information from the CDC, and Post-exposure prophylaxis (PEP) guidelines, can be viewed on the Health Department's website. Please visit www.westchestergov.com/health and click on the Professionals Corner link located on the gold bar along the top of our home page.

Strongly Consider Pertussis

Physicians should maintain a high index of suspicion for pertussis especially in patients with prolonged cough. When pertussis is suspected based on clinical presentation or known exposure to a pertussis case, providers should collect a nasopharyngeal (NP) swab and send it for polymerase chain reaction (PCR) testing. A list of labs approved by the state to perform *Bordetella pertussis* PCR is available on the Health Department's website. The most accurate results are likely when patients are exhibiting symptoms and specimens are collected within the first four weeks of cough onset and no later than five days after starting a course of antibiotics.

Antibiotic treatment can lessen symptoms and decrease the likelihood of pertussis transmission. Physicians should prescribe a macrolide or, for macrolide allergic patients, trimeth oprim-sulfamethoxazole. If pertussis is strongly suspected, treatment should be provided to infants who have been coughing less than six weeks and all others who have been coughing less than three weeks. Treatment after three weeks of cough is not recommended and is not expected to shorten the duration of cough or transmission to others. Patients should be excluded from school, work, team sports and other activities until they complete five days of appropriate antibiotic treatment. Post-exposure prophylaxis (PEP) should also be provided to close contacts of confirmed pertussis cases to prevent illness and transmission. If pertussis is strongly suspected, providers should prescribe PEP while awaiting laboratory confirmation.

Verify Children's Vaccination Status

Vaccination remains the best way to prevent pertussis, yet many children are not fully immunized with the complete series of diphtheria-tetanus-acellular pertussis (DTaP) vaccine. In New York State outside

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of New York City, vaccination rates for children 19-35 months of age with 3 doses of DTaP is 95.3% (± 4.0) but decreases to 84.7% (±6.2) for 4 doses (source: 2010 National Immunization Survey) Children need a total of five doses of DTaP vaccine with vaccine doses given at two, four, and six months of age, a fourth dose between 15–18 months of age, and a fifth dose between four to six years of age.

Adolescents and adults should receive a single booster dose of tetanus-diphtheria-acellular pertussis (Tdap). Students in grades six through ten are required to receive a dose of Tdap vaccine for school entry.

Vaccinate Adults to Protect Infants

Infants who have not yet completed the primary three-dose series of DTaP are at greatest risk for severe complications of pertussis. That's why family members, caregivers, and other close contacts of newborns should receive the Tdap vaccine. Tdap should be administered regardless of when they received their last tetanus-diphtheria (Td) vaccine. Tdap is especially important for:

- All healthcare personnel.
- Women who are pregnant, preferably after 20 weeks gestation.
- Post-partum women who did not receive Tdap during pregnancy.
- Adults 65 years and older (i.e., grandparents, child care providers) who will be in close contact with infants.

Clinicians who suspect pertussis should notify the Health Department immediately and should not wait for laboratory confirmation. Early reporting allows the Health Department to investigate cases and implement measures to reduce the spread of pertussis transmission. To report a suspected case, clinicians should call the Westchester County Department of Health at (914) 813-5159.

As always, your assistance and cooperation in addressing important public health issues is greatly appreciated.

Sincerely,

Sherlita Amler, MD
Westchester County Commissioner of Health ♦

WCMS Blast FAX & Email Service

If you have not been receiving WCMS blast FAXES 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 third parties.

News from MSSNY

Coding Expert: 5010 Transition Delayed to March 31- Not That Simple

On December 14, 2011 CMS announced they will continue to accept claims submitted in the 4010 version until March 31, 2012. However, those practices who are not 5010 ready by the compliance deadline (which is still in effect) of January 1, 2012 will be required to submit a transition plan to CMS. By mid-December your Medicare Administrative Contractor (MAC) should have notified practices that a transition plan must be submitted. **If you have not tested with CMS you must submit a transition plan and timeline within the next 30 days by the date on the letter from your MAC.**

Failure to turn in a transition plan may result in rejected claims; however, all MACs have been instructed by CMS not to rejected 4010 claims until April 1, 2012. There is no particular format for a transition plan; however, once your plan has been submitted you will have until March 31, 2012 to be in full compliance with the HIPAA 5010 standard.

If your practice utilizes a clearinghouse to transmit claims, CMS will notify the clearinghouse and not your practice. You are responsible to contact your clearinghouse to determine if they have been contacted.

Practices that have successfully tested and have been approved to send claims in the 5010 format will have 30 days from the date of the MAC letter to fully transition and send all Medicare claims in the 5010 format. Although the 90 day grace period applies to all insurance plans each plan may have their own contingency plans for practices that are not ready to submit with the 5010 standard. It is recommended you check with all of your insurance carriers and ask what their policy is regarding the 5010 transition.

Ms. Jacqueline Thelian CPC, CPC-I is a Healthcare Consultant, Certified Professional Coder, Author and sought after educator with over 20 years experience in business management and medical coding. She has been involved in physician practice management, billing and reimbursement issues and has taught extensively in academic medical centers, hospitals and private physician practices. For more information, call Medco Consultants at (718) 217-3802.

Coverage for Orally Administered Chemotherapy

A new law went into effect on January 1, 2012, that requires health plans in New York to cover orally administered chemotherapy treatment no less favorably than intravenously administered or injected chemotherapy treatments. According to the legislation, one of the medical advances over the years has been the development of an oral chemotherapy treatment. With this treatment, a cancer patient is able to undergo chemotherapy by taking a pill at home, and this may reduce the number of required hospital visits. However, as this chemotherapy treatment comes in the form of a pill, many insurance companies classified this treatment as prescription drug treatment covered under the policy's prescription drug benefit. Traditionally, chemotherapy treatment, administered by intravenous means or by injection, is usually covered under the major medical benefits. Patients receiving orally administered chemotherapy treatment were usually responsible for more out-of-pocket costs than they would be required to pay if they received intravenously administered or injected chemotherapy treatments. The new law is intended to address this discrepancy to ensure that chemotherapy treatment, no matter how administered, is covered equally by insurance companies.

The legislation provides that every policy issued in this State that provides Medical, Major Medical, or similar Comprehensive-Type coverage and provides coverage for prescription drug and also provides coverage for cancer chemotherapy treatment shall provide coverage for a prescribed orally administered anticancer medication used to kill or slow the growth of cancerous cells and shall apply the lower cost sharing either of (I) Anticancer Medication under the prescription drug benefit or (II) Intravenous or Injected Anticancer Medications. "Cost Sharing" is defined to include Co-pays, coinsurance, and deductibles, as deemed appropriate by the Superintendent.

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9th Annual Doctors' Recognition Day Symposium,
Poster Presentations & Physicians' Exposition

Symposium

"Pearls in Peri Operative Management for the General Practitioner"

Surgical Optimization and Innovation
Case Studies – Stroke/ Cardiology, Advanced Liver Disease & The Elderly & Surgery
Panel Discussion – Ask the Experts
Bronx Hospitals Surgical Departments – What's New in Your Hospital

Wednesday, March 28, 2012

Albert Einstein College of Medicine of Yeshiva University
Forchheimer Building – Robbins Auditorium
1600 Morris Park, Bronx, New York 10461

Physicians Exposition Opens 3:30 pm
Symposium 5:30 pm – 7:00 pm

Hosted by:
Bronx County Medical Society
Westchester County Medical Society
NY Chapter American College of Physicians

Westchester County Medical Society &
The Medical Student Section of New York Medical College

Invite you to join them for a

Wine Tasting

Wednesday, February 22, 2012

New York Medical College Alumni House
10 Sunshine Cottage Rd, Valhalla, NY 10595
6:30 pm – 9:00 pm

If you would like to attend, please RSVP to Karen Foy at 914-967-9100 or kfoy@wcms.org. There is no cost to attend this event.

Report of the Vice Speaker on MSSNY Council and Upcoming HOD

Kira Geraci-Ciardullo, MD, MPH
MSSNY Vice Speaker and WCMS Past President

This year the State Medical Society's House of Delegates will be meeting in Saratoga Springs, New York, April 20-22, 2012. While this is not quite right around the corner for many of our Westchester doctors, it is not too far away. A pleasant two and a half hour drive to a resort community might just do some of us some good. Once again, I invite all Medical Society members to take the opportunity to attend the HOD and share your concerns, thoughts and opinions. You can freely discuss the resolutions brought to the reference committees on Friday, April 20th; any member can speak at the microphone if recognized by the chair. You can stay and listen to the deliberations of the delegates to the House on Saturday if you choose to remain. All members are represented by delegates from each county and some specialty societies such as ACOG. This year the Reference Committees will probably run from about 11 am to 2 pm on Friday. Each committee deals with different issues ranging from Public Health and Education, to governmental affairs and socioeconomic issues. Make sure to stop me, say hello and let me know you came.

At the MSSNY Council meeting on January 12, 2012, the Division of Governmental Affairs provided us with an updated 2012 version of the Legislative Program. This booklet is available from MSSNY for all members. It is an excellent review of key issues affecting physicians at the state level and discusses pending legislation such as scope of practice issues, malpractice and tort reform, insurance company dominance in the marketplace, and collective bargaining for physicians. It also includes several public health initiatives. A legislative update summary is available focusing on key components of the Medicaid Redesign Team work product and the latest on collective negotiation legislation (S.3186-A Hannon/A.2474-A,Cannestrari) as well as Out of Network Coverage Transparency bills (S.5068A,Hannon/A.7489,Gottfried). For those who plan to attend our Legislative LOBBY day being held March 20th in Albany, this is important reading material.

Those of you who attended last year's House of Delegates in Tarrytown may be wondering what occurred with those resolutions and issues REFERRED to COUNCIL. Well, each of those resolutions undergoes further study by select committees established within the Medical Society's existing structure or the President assigns a special task force to investigate a certain issue. One of the things the MSSNY Council does when it meets is to discuss the work of committees on these resolutions, listen to reports, and then discuss revised resolutions. If anyone has a particular concern about a referred resolution, let me know and I will personally find out how it was handled. This past Council meeting we dealt with resolutions on screening breast MRI imaging and the possible development of a MSSNY peer-reviewed journal.

MSSNY Council meets at least five times per year to address concerns of the membership that are important to the Medical community it serves between the annual HOD meetings. This past Council meeting, held on January 12th, dealt with several important issues. An important and spirited discussion took place regarding MSSNY's participation in developing a Consumer Operated and Oriented Plan in the State of New York. A COOP is a not-for-profit health insurance company that physicians would form to serve themselves and their patients. It is created pursuant to Section 1322 of the Affordable Care Act. The federal government will provide startup and solvency funding in the form of loans. This a highly complex issue studied at length by the Health Care Implementation Committee of MSSNY. Several other county and specialty societies have also shown great interest in this project.

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ATTENTION PHYSICIANS

IT IS TIME TO MAKE A DIFFERENCE AND BE HEARD!!!

HEALTH CARE CHANGES CAUSING YOU HEADACHES?

WONDERING WHAT IS COMING NEXT? FRUSTRATED?

NOT WILLING TO TAKE IT ANYMORE?

HAVE A BETTER IDEA?

Get off the email blogs and come out of the closets!

Write a Resolution for the Westchester Delegation to take to the State House of Delegates meeting in April!

We need to hear your voice!

We need to know your thoughts and ideas!

Physicians and Surgeons need to be involved in the changes of the health care delivery system happening every day around us!

Contact Brian Foy, Executive Director, @ bfoy@wcms.org to find out how to write a brief resolution that can be brought to the Westchester Delegation meeting.

DEADLINE IS FEBRUARY 24th.

Resolutions can be written addressing public health issues; malpractice and tort reform; changes in health care payment models; insurance industry practices; etc.

WCMS Board Highlights - January 2012

At its meeting on January 5, 2012, the WCMS Board...

- Received the Report of the Executive Committee and the President, as presented by Abe Levy, MD. Dr. Levy reported:
  - That once all outstanding revenue is received, both the Holiday Party and Academy Golf Outing will net a profit in support of the Academy's Scholarship Fund and CME activities.
  - That MSSNY is seeking physician members interested in serving on a MSSNY Committee in 2012-13. Interested physicians should contact Brian Foy, Executive Director.
  - That Sherlita Amler, MD, Westchester County's new Health Commissioner, will address the Board at its February 2nd meeting.
  - The annual Westchester Science and Engineering Fair (WESEF) will be on Saturday, March 10, 2012, at Sleepy Hollow HS. A call for physician judges will be in the February newsletter. The Westchester Academy of Medicine has agreed to be a sponsor of all 4th Place Awards. See page 18 for more details.

- *Approved the Report of the Membership Committee* welcoming one new member to the WCMS and Academy – Samuel A. Berger, MD, Ophthalmology – as well as thirteen (13) new resident members from the Westchester Medical Center (see page 13 for listing of new members). The Board also elected two life members and welcomed three new medical students to membership.

- Heard from Brian Foy, Executive Director, that the Lawsuit Reform Alliance of New York will make an informational presentation to the Board on February 2nd. Mr. Foy also announced that the *Westchester Physician* newsletter will be cut to 10 issues in 2012, allowing for double-month issues in July-August and December-January. All advertisers have been notified. Lastly, Mr. Foy reported that the Medical Students and WCMS will be jointly hosting a Wine Tasting Social open to all WCMS members and spouses on Wednesday, February 22, 2012, beginning at 6:30pm at the New York Medical College Alumni House (see page 19 for more details).

- Heard from Thomas Lee, MD, President-elect and Chair, Legislative Committee, that the WCMS will host a Legislative Brunch on Sunday, September 23, 2012, from 10:00am – 1:00pm at Knollwood Country Club in Elmsford. All members will be invited to hear remarks from incumbent legislators and candidates for office in Westchester County. Dr. Lee also discussed plans for Legislative Committee advocacy and candidate interviews with the Committee during the upcoming election year.

- Heard from Matt Talty, JD, Kern Augustine Conroy & Schoppmann, Legal Counsel to WCMS, regarding the ongoing due diligence to bring DocBookMD as a member-only benefit to WCMS members. More details will be forthcoming.

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Welcome to our Newest WCMS/Academy Members

Join us in welcoming the following new member who was elected into membership of the Westchester County Medical Society and the Westchester Academy of Medicine by the Board of Directors in January.

New Member

Samuel A. Berger, MD	Ophthalmology	Suffern

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In addition, we heard a very interesting presentation by Daniel Lynch on KEY Fitness, an organization of several exercise facilities that tailor exercise to individual patient needs based on a physician's prescription. The focus was also on wellness and prevention and he emphasized how important exercise is for many chronic medical conditions as we well know. A person gets a unique radiofrequency identification key that is used to upload an individually designed exercise program that can be "plugged into" equipment in participating gyms. They have partnered with Duke University and Mayo Clinic.

An excellent report was also provided to the Council on how MSSNY communicates with physicians through several social media venues, including Facebook, blogs, twitter and email. Is your voice being heard?

We also heard a presentation on a project run by United Healthcare called OPTUM, which promotes an online consultation clinic. This generated much discussion and criticism and some concerns. The project, called the NOW clinic, gives patients online access to physicians at the patient's convenience.

For more detail on any of these topics please refer to the MSSNY website and look for minutes of the meeting. Feel free to contact me at mdkira@aol.com and I will be happy to answer any questions or have additional information forwarded to you, including the actions taken by Council. Westchester County is part of the Ninth District Branch of MSSNY which also includes Rockland, Putnam, Dutchess and Orange Counties. You are ably represented at Council by the Ninth District Councilor, Dr. Bonnie Litvak. I am sure she would be available to answer your questions and concerns about the activities of Council meetings as well.

I hope to see some of you in Saratoga !

Kira Geraci-Ciardullo, MD, MPH ♦

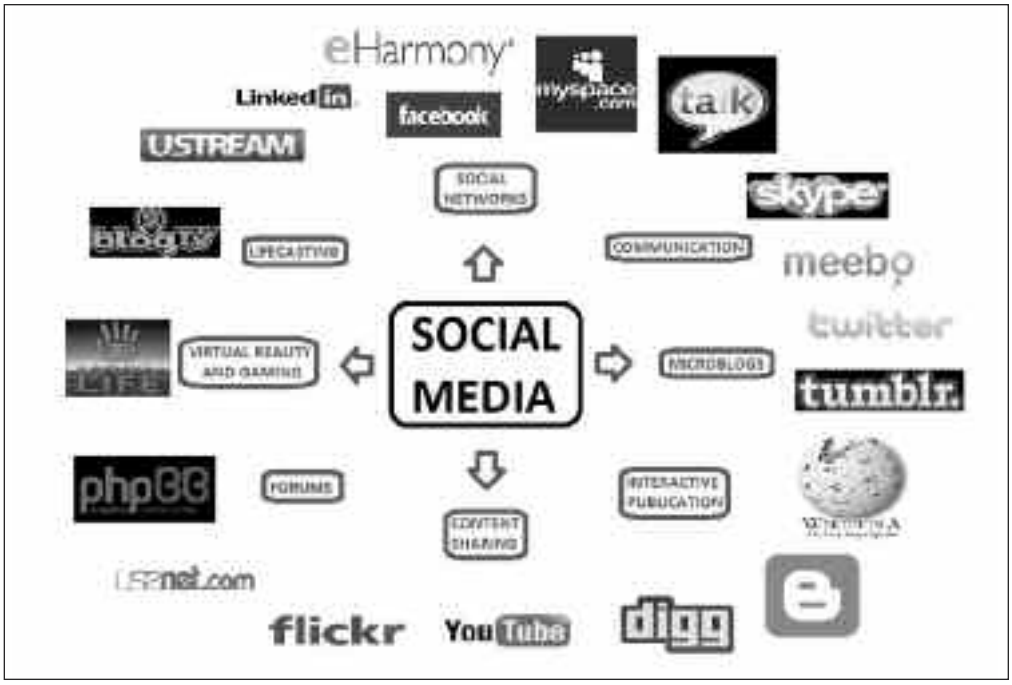
Physicians, Practices and Social Networks – Gauging the Risks

By: Michael J. Schoppmann, Esq.
Kern Augustine Conroy & Schoppmann, P.C.

As physicians react to the growing market pressures to grow and/or maintain their patient populations, many are embarking upon an entry into the world of social networks. While such environments may hold great reward for many businesses, they also hold many concerns and risks unique to physicians and their medical practices.

A "Social Network" is defined by dictionary.com as an online service, platform or site wherein "family, friends and their families, that together create an interconnected system through which alliances are formed, help is obtained, information is transmitted, and strings are pulled. In an organizational setting, it usually constitutes the group of one's peers, seniors, and subordinates who provide information on how to get things done, how the power structure operates, and who holds the strings."

The number of social networks continues to grow exponentially every day and a social network heavily favored one moment may quickly find itself an afterthought or viewed as outdated the next moment. Examples of social networks are illustrated in the chart below:*



Seemingly attractive, an increasing number of physicians interacting within social media are creating some notable, and dire, consequences. As exposed by the Journal of the American Medical Association, a large number of medical students have admitted to using the forums inappropriately to discuss individual patients. Other recent incidents have involved a physician's office staff posting entries on Facebook and/or Twitter complaining about "difficult" patients and in one case, a Boston pediatrician who blogged throughout his malpractice trial.

Before any physician contemplates their entry into this new, ever evolving environment, they should consider certain preemptive risk management factors before doing so, such *(continued on page 16)*

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- Is the practice prepared to devote ongoing time and capital to this environment?
- Is the practice prepared to vigorously monitor the information posted in response?
- Is the practice committee to routinely updating the information posted?

Absent positive responses to the above noted factors, physicians and medical practices would be better served to withhold their entry in the realm of social media until such time as they are prepared to provide a strong commitment to the demands of social networking. Absent such a commitment, a partial or half-hearted effort will only leave the practice exposed to not only potential liabilities but adverse internet "standing".

If the practice or physician decides to engage in social networking, a large degree of advance planning and the assigning of structural responsibilities must be considered, such as:

- Who creates the data to be entered?
- Who physically (and routinely) enters the data within the network (and updates the data)?
- How often is the data reviewed and authorized by the physicians of the practice?

Regarding the actual data posted within a social network itself, physicians and practices must also be mindful of standards and/or codes of conduct they are bound to abide by – not only those required by the social network itself, but also those required exclusively of physicians. Issues such as patient confidentiality under state and federal law (HIPAA), conduct requirements under state licensing requirements (boundary violations), contractual terms under payor (both public and private) and the general obligations of law (i.e., prohibiting defamation, libel, etc.) all dictate that great care be taken, especially for physicians and medical practices, as to the actual content within a social network and vigilant scrutiny over the ever changing/updating data.

For even those practices which might decline to pursue efforts within social media, caution should be held over the activities of employees of the practice. Use of personal e-mail accounts while working should be strictly curtailed due to the growing number of unintentional and intentional violations of patient-privacy laws. Moreover, many disgruntled former employees use social networking sites to disparage the practice and/or solicit present employees to join pending workplace claims. Moreover, an increasing number of work-place claims (i.e., harassment, stalking, cyber-bullying, discrimination, hostile work environment, etc.) are originating from social media (Facebook, etc) interactions between employees. To risk management such threats, every medical practice should develop, adopt and issue a written set of detailed policies addressing these issues and prohibiting the crossover of their role (and responsibilities) as employees and social networking. Such policies should be reviewed directly with all practice staff, updated routinely and acknowledged in writing, by every member of the practice.

In conclusion, while not prohibited directly by and law or regulation, any environment which holds unknown risks and is ever changing at a breathless pace, should be disquieting to physicians and medical practices alike. Unlike other forms of business, the practice of medicine carries an extremely onerous degree of oversight and an increasingly powerful body of restrictions. As a result, the best risk management tool for medicine may well be to simply not enter the world of social media until society sets the permissible boundaries to do so.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.drlaw.com has offices in New Jersey, New York, Pennsylvania and Illinois. The firm's practice is solely devoted to the representation of health care professionals. Mr. Schoppmann may be contacted at 1-800-445-0954 or via email - schoppmann@drlaw.com.

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*Chart reprinted with permission

Physicians Needed to Judge Westchester Science & Engineering Fair

Physicians are needed to serve as judges for the Westchester Science & Engineering Fair 2012. The Westchester Academy of Medicine provides sponsorship for the "Fourth Place in Category" awards and the special recognition for the top projects in Medicine and Health.

Westchester Science & Engineering Fair (WESEF) provides a forum for high school students to showcase their scientific research studies and compete for scholarships and prizes, including a grand prize all-expenses paid trip to the INTEL® International Science & Engineering Fair. Students prepare a poster detailing their projects which, in most cases, have involved complex research conducted under the guidance of a professional researcher in their field of interest, and deliver formal presentations to scientists, business leaders, and the general public.

The top 8 individual projects and top 4 teams are awarded the honor of representing Westchester & Putnam counties in the INTEL® International Science & Engineering Fair, where they will compete with over 1500 top high school research students from over 50 different countries worldwide! Year after year, WESEF Finalists compete and win against the best High School research students.

Since its inception in 2000, the WESEF organization has grown tremendously; last year almost 200 students participated in the fair from over 23 different schools.

This year's fair will be held on Saturday, March 10, 2012, at Sleepy Hollow High School. If you would like to serve as a judge, please call or email Karen Foy at the Medical Society at 914-967-9100 or kfoy@wcms.org.

CLASSIFIED

- Armonk -

Home-office (zoned for prof. practice by home-owner). 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 swtich. Updated central air. Ideal for practitioner w. young family. 795K.
Contact #: 845-493-0274

- White Plains -

White Plains medical office fully equiped and furnished for rent or sale.
914-835-5344

Westchester County Medical Society

Presents

Meaningful Use of Electronic Medical Records

"Meaningful Use: The Essentials for Stage I"

Holly Miller, MD, MBA
Chief Medical Officer
MedAllies, Inc.

Dianne Koval, MHSA, RHIA, CPEHR
Senior Vice President of Operations, Hudson Valley Initiative
MedAllies, Inc.

"Meaningful Use, Adoption Incentives and the EHR Adoption Process"

Paul L. Wilder
Director of Healthcare IT Adoption
New York eHealth Collaborative

Tuesday, March 13, 2012
6:30 – 8:30pm
Medical Society Offices
333 Westchester Avenue, Suite LNO1
White Plains, NY 10604

Please RSVP to the Medical Society at 914-967-9100 or by email to kfoy@wcms.org
Or return this completed form via fax to 914-967-9232.

Name(s):_____ _____

email(s): _____ _____

SAVE THE DATE - Westchester County Medical Society

LEGISLATIVE BRUNCH

Sunday, September 23, 2012
10:00 am – 1:00 pm
Knollwood Country Club

Come, listen to, and chat with your elected representatives and their challengers as they share their views on issues important to physicians and the practice of medicine prior to the very important Fall elections.

WESTCHESTER COUNTY MEDICAL SOCIETY
333 Westchester Avenue
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