



# WESTCHESTER PHYSICIAN

September 2015

Volume 31, Issue 8



## PRESIDENT'S MESSAGE

### CAN YOU HEAR ME NOW?

I began my association with the WCMS in 2008, when Abe Levy asked me to present the CME courses for the Mount Kisco Medical Group to Matthew Genovese, then Chair of the CME Committee. I can remember preparing the applications with the speakers, and anxiously presenting the Learning Objectives to the Committee. It was a valuable experience, and over the years I learned a great deal about CME Certification from MSSNY, and the ACCME. In 2012, when Dr. Genovese retired, I became the Chair of the CME Committee, and remain so to date. I get a great deal of enjoyment approving programs from groups in Westchester County to educate their staff to provide high quality care. It is particularly rewarding because it is not a paid position. I volunteer my time in order to help others in the Society.

As part of the Board of Directors, and recently, the Executive Committee, I have noticed the same faces at all of the meetings, and events. Although our membership has stabilized with the addition of the entire staff at Northern Westchester Hospital, I am concerned about participation in the WCMS, and how we can improve input from our members. This is just my second communication through our newsletter, and I wonder how many are reading my presentation. I wonder what services we should be providing our members, and whether there are great ideas out there that I am not aware of. I would love to hear from you to understand what you think of the Medical Society, and how we should be spending our time, and efforts on your behalf.

Janine Miller, our new Executive Director, has helped me prepare a brief survey with just three questions about the Medical Society. Please take a few minutes to complete the survey by visiting:

<https://www.surveymonkey.com/r/9T2578Q>, and help guide our mission in a way that is meaningful to you.

Can you hear me now?  
I would like to hear from you!!!



**THOMAS J. LESTER, MD**  
*President, WCMS*

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### UPCOMING EVENTS

Academy Golf Outing  
Westchester Country Club  
Rye, NY  
**October 8, 2015**

**WESTCHESTER PHYSICIAN**

Published by the  
Westchester County Medical Society  
333 Westchester Ave., Suite LN01  
White Plains, NY 10604  
914.967.9100 / FAX 914.967.9232

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***FROM THE EDITOR...***

**PETER J. ACKER, MD**

**BOOK REVIEW: MASCULINITY DEFINED: GYNECOMASTIA AND THE SEARCH FOR THE PERFECT PECS**

**BY MORDCHAI BLAU MD WITH ALLISON KADE**



I have in these pages reviewed books written by physicians such as Abraham Vargese, Atul Gwande and Jerome Groopman. It occurred to me recently that it has been quite a while since I had reviewed any books and perhaps I should correct that. As it so happened, two very fine books written by local physicians, have recently crossed my desk and while they seem to cover entirely different subjects, I decided to review consecutively as they both involve specialized care of populations that do not always get the attention and good care that they deserve.

When one thinks of plastic surgery, the first thing that comes to mind that it is cosmetic, a world of tummy tucks and eye lifts in order to maintain beauty and fight the appearance of aging in the vain. As a pediatrician, I see a different side. My teenage patients are acutely aware of their bodies and there are numerous situations where “cosmetic surgery” has the potential to be transformative in their psychological development. I recall a young man of 16 who had protuberant ears which he had become fixated on. This was early in my career and I have to say I initially gave short shrift to his concern as did his parents. I mean, really, it is superficial and everybody has to adjust to their bodies as they are. Over time, however, I began to see just how important this was to this young man and I began the process of convincing his parents to allow him to see a plastic surgeon. Finally, he did have a procedure done and I have to say it was transformative. He became much more confident, his social life improved and even his grades went up.

Dr. Mordchai Blau in his book [Masculinity Defined, Gynecomastia and the Search for the Perfect Pecs](#), describes in detail all the issues that come up in the treatment of male gynecomastia. He focuses on the extreme psychological effects that gynecomastia has upon teenagers and young adults. He describes many of his patients and the torment they underwent, avoiding the locker room and swimming pools, dressing in multiple layers and eschewing the pursuit of romantic relationships.

*(continued on page 5)*

## **Pre-Exposure Prophylaxis: A New Strategy in HIV Prevention**

By Varsha Koripella, M2,  
Wayne State Medical School

Terri L. Wilder, MSW, Mt. Sinai Institute for Advanced Medicine

Antonio E. Urbina, MD, Mt. Sinai Institute for Advanced Medicine

Although the *total* number of new HIV infections in NYS is decreasing, rates continue to rise in some populations. For these persons, an effective intervention may be pre-exposure prophylaxis, or PrEP, a once-daily pill consisting of 300 mg tenofovir and 200 mg emtricitabine.

### ***Who should be prescribed PrEP?***

PrEP is beneficial for individuals who are HIV-negative, but at ongoing high risk for HIV infection, namely men who have sex with men, injection drug users, and serodiscordant couples where one partner is HIV-positive and the other is HIV-negative. It is important that a negative HIV test result be confirmed immediately before initiation of PrEP. Since PrEP is a prevention tool to use during high-risk periods and

not a life-long intervention, the length of use will depend on the individual's risk behaviors.

### ***Pre-education***

Before prescribing PrEP, providers must explain to the patient how the medication works and the need for strict adherence. Patients must also understand that PrEP is not a sole intervention, but part of a comprehensive prevention plan that includes counseling about the following: consistent condom use, safer-sex practices, the importance of frequent HIV testing and, for individuals in serodiscordant relationships, the importance of suppressive ART (anti-retroviral treatment) for the HIV-infected partner.

### ***Follow-Up and Monitoring***

The first prescription of PrEP should be for 30 days. A follow-up visit should be scheduled at 2 weeks and 30 days to assess adherence and tolerance. At the 30-day visit, a prescription for 60 days may be given and, after that visit, prescriptions for 90 days may be given as long as the patient is adherent. Follow-ups should occur at least every 90 days. At each follow-up, the medical provider must give an HIV test, provide risk-reduction counseling, and manage side-effects.

Discontinue PrEP *immediately* if the patient receives a positive HIV test result, develops renal disease, is non-adherent or using the medication for unintended purposes, or has reduced risk behaviors to the extent that PrEP is no longer needed.

### ***Are you up-to-date on PrEP?***

The New York State (NYS) Department of Health Clinical Education Initiative (CEI) provides free trainings on PrEP for medical providers in NYS. To request a training or to view on-line PrEP courses, please visit [www.ceitraining.org](http://www.ceitraining.org). To speak with a clinician experienced in managing PrEP, call the CEI line toll-free at 1-866-637-2342.

The complete NYS DOH PrEP guidelines can be found at <http://www.hivguidelines.org>.

### **References**

*HIV Clinical Resource*. NYS Department of Health AIDS Institute, Jan. 2014. Web. 15 June 2015. <<http://www.hivguidelines.org/clinical-guidelines/pre-exposure-prophylaxis/guidance-for-the-use-of-pre-exposure-prophylaxis-prep-to-prevent-hiv-transmission/>>



## COUNTDOWN TO ICD-10 IS YOUR PRACTICE READY FOR LAUNCH?

**Yes, ICD-10 is really going to happen.** The launch is set for October 1, 2015, and if you're not ready for implementation, the alarm bells should be going off.

Ideally, you will have everything in place by early September, giving you and your team time for testing and trial runs. However, if you have not taken all the necessary steps, you'll need to prioritize your activities in the limited time before October 1.

### **Consider these five mission-critical steps for ICD-10 readiness:**

**1. Make sure all (data) systems are a go.** Specifically, ensure that your data systems are updated for ICD-10 capability. This means your vendor has delivered the most recent version and current user materials to guide you, and your staff has updated systems appropriately. Likewise, all systems involved in documentation, coding and billing should be updated.

**Action:** Verify with your EHR vendor that all software products and applications are ICD-10 compliant. Note that vendor resources are being stretched very thin with the nationwide rollout, so keep in touch with your vendor and get these updates scheduled.

**2. Master the codes that matter.** You don't need to master them all but you do need to master the codes for the top conditions you treat. Consult the ICD-10 code set to determine what and how you will need to document. For example, when coding for diabetes with the new code set, you'll need to document the manifestation of the disease as well as insulin use and presence of coma.

The key is specificity. In fact, some experts are saying that the five most important words you can master under the new system are: "mild, moderate, severe, chronic and acute."

**Action:** Select charts that correspond to your practice's most frequent diagnosis codes. Then review each medical record and see if there is sufficient documentation to support appropriate ICD-10 codes. If clinical information is missing, make a list and begin addressing the lapses in those areas.

**3. Root out unspecified diagnosis codes.** A good way to tell if you're going to have trouble with ICD-10 is to see how much trouble you're having with ICD-9. Hint: If you currently have a substantial number of claims denied as "not medically necessary" or have pre-authorizations for diagnostic tests denied because there is "no covered indication," you're probably suffering from diagnosis-code issues. The problem is only going to get worse in ICD-10.

**Action:** Run a report to find the frequency of unspecified codes (codes ending in .9). If you find a high percentage, start using specific ICD-9 diagnosis codes now to ease the transition to the more detailed and descriptive ICD-10 system.

*(Continued on page 10)*

**PETER J. ACKER, MD****BOOK REVIEW: MASCULINITY DEFINED: GYNecomASTIA AND THE SEARCH FOR THE PERFECT PECS***(Continued from page 2)*

Dr. Blau entered the field almost serendipitously. Six months into his career as an independent practitioner, he met Paul, a young man who stated “If I don’t have this fixed I will die”. He did the surgery and saw the dramatic way he changed this young man’s life. Throughout the book, he relates many other narratives outlining the careful assessment he performs to determine the psychological readiness of the patient. This book is very well written and has a very nice narrative flow combining patient’s stories with his own personal journey towards becoming a specialist in gynecomastia surgery. This serves to make this book not only informative, but extremely engaging. His empathy for his patients is evident through the book. I highly recommend this book for those of us in the primary care world who are the first to see our teenage boys with gynecomastia.

Next month I will review the latest book from Dr. Martin Kutscher, a pediatric behavioral neurologist.

**Members Only: Your Patients Can Save Up to 75% on Prescriptions**

With the rising cost of both generic and name brand medications, your patients could all use some help these days! The New York RX Card, MSSNY’s newest Member Benefit, is a 100% Free and 100% confidential point of sale prescription discount card that can save your patients up to 75% on prescription medications! It is free to everyone with no minimum nor maximum uses, no age or income requirements, no enrollment or approval process and it is accepted at over 68,000 pharmacies, nationwide!

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The NYRX Card works on lowest price logic, to guarantee the best prices on medications. It won’t lower co-pays or replace existing insurance, but in some cases the New York Rx price is even lower than your patients’ co-pay! It can be used during the deductible periods in Health Savings Accounts and High Deductible Plans, lowering out-of-pocket-expense on prescriptions. Medicare Part D recipients can use the card to discount their prescriptions not covered on their plan as well as receive discounts on medications not discounted when in the “donut hole.”

The NYRX Card is pre-activated and ready to go with no personal information taken or given. NYRX will mail as many cards you desire, directly to your office, with display stands. The cards typically are placed at the patient check out area...additionally, some doctors place them at the check in area too. Contact [rraia@mssny.org](mailto:rraia@mssny.org) for your cards!



## ANNUAL POOL PARTY & BARBECUE

On Saturday, August 8, 2015 Robert & Kira Geraci Ciardullo opened their home for our Annual Pool Party and Barbeque. More than 70 people were in attendance for the event. Special guests included: Dr. Joseph Maldonado, President MSSNY; Dr. Malcom Reid, President-elect MSSNY; Dr. Adolph Meyer, Past President Queens County; Dr. Nan Hayworth; Dr. Joshua Cohen, New York County; Dr. Michael Goldstein, President New York County; Dr. David Jakubowicz, President-elect Bronx County, Diane Miller, Executive Director Bronx County. We enjoyed the beautiful sunshine and the amazing atmosphere of the Geraci-Ciardullo home. A wonderful time was had by all!

WE WOULD LIKE TO THANK OUR POOL PARTY SPONSORS: CHARLES J. SELLERS & CO.; PARK AVENUE BENEFIT PLANNING, INC.— MICHAEL LAVALLEY; WEBSTER BANK—BRUCE DAVISON; AND THOMAS T. LEE, MD.

THANK YOU ALL FOR YOUR CONTINUED SUPPORT.!

WITHOUT IT, THESE EVENTS WOULD NOT BE POSSIBLE!



Dr. Kira Geraci-Ciardullo & Dr. Robert Ciardullo (hosts of the event).



Dr. Thomas T. Lee, Margaret Lee & Family



Dr. & Mrs. Giostia



John Pilkington, Esq., Mary Ellen Pilkington, Anastasia Lester, & Dr. Tom Lester



Tom Sellers, Eileen Sellers-Fitsgibbons, & Rhonda Nathan



Dr. Joshua Cohen, New York County, Dr. Kira Geraci-Ciardullo, Dr. Nahid Shirazy-Majd, Diane Miller, Executive Director Bronx County



Antonella Tartaglia, MD & Steve Malfitano



Dr. Tom Lester & Anastasia Lester



September 1, 2015

*Late breaking news on medical-legal developments  
affecting physicians and health care professionals*

## New Federal Communications Commission's Ruling Affects Medical Debt Collecting

**Question:** How does the new FCC ruling on medical debt collections affect my practice? Can I be held responsible and fined for my vendor's violation of the new rule?

**Answer:** The Federal Communications Commission ("FCC") issued an interpretive ruling this summer clarifying an area of much confusion under the Telephone Consumer Protection Act. Prior to the FCC's ruling, there was little guidance regarding autodialing, consent to call and reaching wrong numbers, particularly for cellphones. The new FCC ruling, though, will present a challenge to medical-debt collectors seeking to contact patients on their cellphones.

Pursuant to the ruling, the onus is on debt collectors to confirm express consent before autodialing a cellphone. Debt collectors complain that the ruling provides no relief or viable alternative when a collection agency does not know they have the wrong number for someone.

The FCC's ruling does provide some exceptions for appointment reminders and test results; however, the FCC was explicit that the exemptions did not extend to bill collection efforts. Industrywide, medical debt collectors are now working to implement this ruling and be in compliance with the new requirements. Under the rule, debt collection companies' penalties start at \$500 and can swell to \$1,500 for willful violations.

Healthcare providers also need to be aware of the interpretive ruling since they too can be held liable even when it is their vendors who fail to comply with regulations. Healthcare providers must obtain express written consent to call patients on their cellphones about billing issues.

This issue must be addressed immediately by all practices, as a number of health systems are reporting an increase in bad debt due to the increase of patients coming in with high-deductible plans. Patients' failure to pay their deductibles adds up to millions of calls from healthcare debt collectors each year.

If you have any questions, please contact Kern Augustine Conroy & Schoppmann, P.C. at 1-800-445-0954 or via email at [info@DrLaw.com](mailto:info@DrLaw.com).



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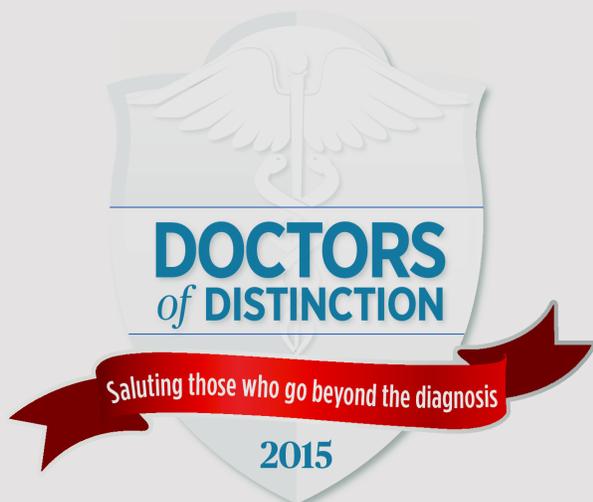
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THIS THIRD ANNUAL AWARD PROGRAM CELEBRATES THE ACCOMPLISHMENTS OF FIVE PHYSICIANS IN WESTCHESTER COUNTY JUDGED BY A PANEL OF PEERS AND SCHOLARS TO BE THE MOST EXEMPLARY IN THE PROGRAM'S CATEGORIES. THIS PRESTIGIOUS EVENT IS SPONSORED BY ACCOUNTING AND CONSULTING FIRM CITRIN COOPERMAN, THE WESTCHESTER COUNTY BUSINESS JOURNAL, AND THE WESTCHESTER MEDICAL SOCIETY.

*Open to nominations from the public, this is an opportunity to recognize those physicians who make an impact each and every day on people's lives.*

**NOMINATIONS** will be open from now until September 18. To nominate please visit [westfaironline.com](http://westfaironline.com) for instructions and nomination forms or call Holly DeBartolo at (914) 358-0743.

# NOMINATE A DOCTOR

## IN THE FOLLOWING CATEGORIES:

- ▶ **HUMANITARIAN AWARD:** In recognition of a physician whose project or service significantly enhanced the quality of life for people in the region, the nation, or the world.
- ▶ **LIFETIME ACHIEVEMENT AWARD:** In recognition of a physician respected for a lifetime career in the medical profession.
- ▶ **LEADERSHIP IN MEDICAL ADVOCACY AWARD:** In recognition of a physician who has provided exceptional leadership in the form of advocacy on behalf of the medical profession at the local, state, or national level.
- ▶ **COMMUNITY SERVICE AWARD:** In recognition of a physician for providing pro bono patient medical care services for people in need.
- ▶ **EXCELLENCE IN MEDICAL RESEARCH AWARD:** In recognition of a physician whose ingenuity or clinical research significantly contributed to the advancement of medical practice.

## AWARD PRESENTATION

A distinguished panel of judges will choose a winner in each category, all of whom will be awarded at the elegant reception and ceremony below.

**Thurs., October 29**  
5:30 to 7:30 p.m.

**The Bristol at Armonk**  
90 Business Park Dr.  
Armonk, N.Y.

## SPONSORS



## COUNTDOWN TO ICD-10 IS YOUR PRACTICE READY FOR LAUNCH?

*(Continued from page 4)*

4. **Revise forms and templates.** Evaluate how the transition to ICD-10 will affect your EHR or paper records. Revise forms and electronic screens, including those for:

- Pre-admission/Pre-certification
- Authorization
- Super Bills/Patient Encounters
- Orders
- Quality Reporting
- Referrals
- Inpatient and Outpatient Scheduling
- Public Health Reporting

**Action:** Look for all forms and tools that document diagnosis code information.

5. **Conduct a test launch.** The Workgroup for Electronic Data Interchange (WEDI) suggests identifying the payers that process the highest percentage of your claims and testing ICD-10 readiness with them. Here, your clearinghouse or billing service may be able to provide assistance.

Note also that some payers are creating their own web-based, self-service testing opportunities. And, if you haven't already, contact Medicare Administrative Contractors (MACs) and the Centers for Medicare & Medicaid Services (CMS) to register for ICD-10 testing during the remaining testing period.

**Action:** After you have completed ICD-10 testing, work with your payers to understand any errors that may have occurred and develop strategies to prevent payment snags once ICD-10 implementation is in full swing.

### **Prepare for Blast-Off!**

As you complete implementation plans and prepare for go-live in October, don't forget to establish a financial reserve that will see you through the inevitable payment delays.

If an outright cash reserve is unfeasible, experts recommend that practices establish a credit line that can cover at least three to six months of operating expenses.

For further resources on preparing your practice for ICD-10, please visit [mssny.org](http://mssny.org).



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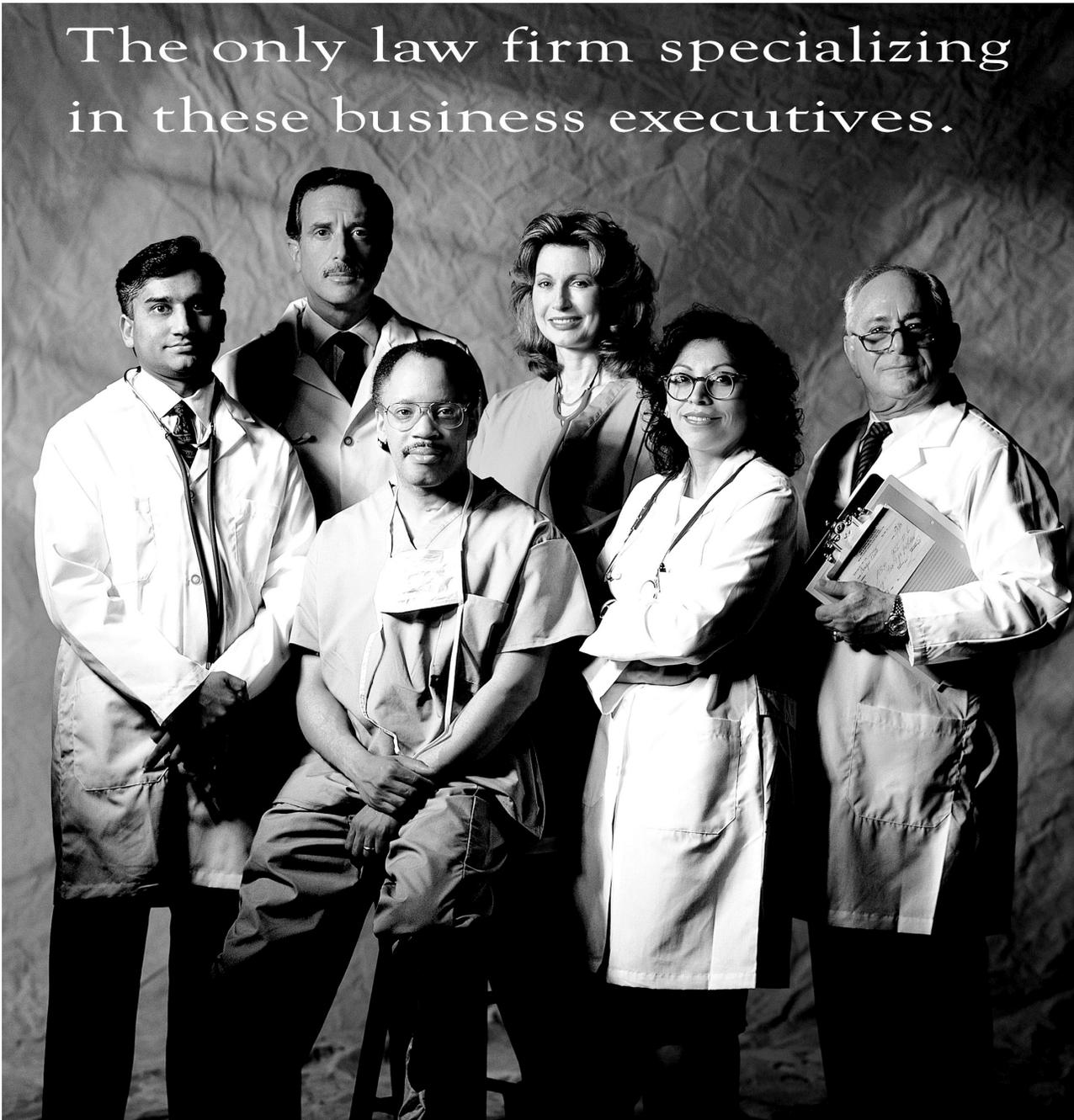
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# Westchester Academy of Medicine 2015 Golf Outing & Fundraiser

Thursday, October 8, 2015  
Westchester Country Club  
99 Biltmore Avenue  
Rye, NY 10580



Registration, Driving Range & Halfway House Lunch—11:00 AM  
Shotgun Start at 12:30 PM  
Golf Format: Scramble  
6:00 PM—Cocktails  
6:45 PM—Buffet Dinner/Awards/Raffle/Comedy Show

*If you are unable to attend, please consider making a tax-deductible donation. Contact Kalli Voulgaris [kvoulgaris@wcms.org](mailto:kvoulgaris@wcms.org) or 914-967-9100 for more details.*

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Cocktails/Dinner Only—\$150 per person/\$250 per couple

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contact Janine Miller at 914-967-9100 or [jmiller@wcms.org](mailto:jmiller@wcms.org)

**Please complete the reverse side and return to WCMS, fax #914-967-9232**

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# Westchester Academy of Medicine 2014 Golf Outing & Fundraiser Thursday, October 8, 2015 Westchester Country Club

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## PHYSICIAN QUALITY REPORTING SYSTEM 2016 INFORMAL REVIEW PROCESS

In 2016, CMS will apply a negative payment adjustment to individual eligible professionals (EPs), Comprehensive Primary Care (CPC) practice sites, and group practices participating in the Physician Quality Reporting System (PQRS) group practice reporting option (GPRO) (including Accountable Care Organizations [ACOs]) that did not satisfactorily report PQRS in 2014. Individuals and groups that receive the 2016 negative payment adjustment will not receive a 2014 PQRS incentive payment.

EPs, CPC practice sites, PQRS group practices, and ACOs that believe they have been incorrectly assessed the 2016 PQRS negative payment adjustment may submit an informal review between **September 9, 2015 and November 9, 2015** requesting CMS investigate incentive eligibility and/or payment adjustment determination. All informal review requestors will be contacted via email of a final decision by CMS within 90 days of the original request for an informal review. **All decisions will be final and there will be no further review or appeal.**

All informal review requests must be submitted electronically via the Quality Reporting Communication Support Page (CSP) which will be available September 9, 2015 through November 9, 2015 under the Related Links section of the Physician and Other Health Care Professionals Quality Reporting Portal.

Please see How to Request an Informal Review of 2014 PQRS Incentive Eligibility and 2016 PQRS Negative Payment Adjustment (available soon on the Analysis and Payment section of the PQRS website) for more information.

For additional questions regarding the informal review process, contact the **QualityNet Help Desk** at **1-866-288-8912** (TTY 1-877-715-6222) or [Qnetsupport@hcqis.org](mailto:Qnetsupport@hcqis.org) Monday-Friday from 7:00 a.m. to 7:00 p.m. Central Time. To avoid security violations, do not include personal identifying information, such as Social Security Number or Taxpayer Identification Number (TIN), in e-mail inquiries to the QualityNet Help Desk.



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