WESTCHESTER PHYSICIAN

January 2020 **Volume 36, Issue 1**

PRESIDENT'S MESSAGE
THE BEST OFFENSE IS A GOOD DEFENSE

It has been well documented that the cost of healthcare per capita in the US is one of the highest in the developed world. One of the underlying factors identified is our medical practice climate which requires all physicians to practice a form of defensive medicine. The system as currently designed, coerces us into ordering additional testing and imaging to defend against a potential missed diagnosis or comorbid factor which could open us to liability. As physicians, this leaves us feeling that we are constantly at war with outside forces beyond our control.

> *"The collective power of our local, state and national societies as a representative is our best defense in our ongoing battles."*

Physicians can take a lesson from our colleagues in the world of competitive sports. The general adage of " the best offense is a good defense" is also known as "the strategic offense of principal of war". Generally, the idea is that proactivity (a strong offensive action) instead of a passive attitude will preoccupy the opposition and ultimately hinder its ability to mount an opposing counterattack, leading to a strategic advantage. This is one of the foundational tennets of football and soccer (the other football). In many ways, pressures from insurance companies, government entities and regulators have kept us tied up unable to transition ourselves out of our defensive mode. As physicians, we are constantly finding ourselves defending our actions to patients, insurance companies and government auditors. We are therefore constantly at a disadvantage in an environment that should be optimally managed under our control.

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DANIEL GOLD, MD
President, WCMS

INSIDE THIS ISSUE

UPCOMING EVENTS

MSSNY Physician Advocacy Day
Wednesday, March 4, 2020
Albany, NY

MSSNY House of Delegates
April 24-26, 2020
Tarrytown, NY

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
40 Sunshine Cottage Road
Valhalla, NY 10595
914.967.9100 / FAX 914.967.9232

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FROM THE EDITOR…

PETER J. ACKER, MD

EXCERPT FROM SEQUEL IN PROGRESS : BLOOD BRAIN BARRIER

"Dr. Egan, Dr. Egan."

Eric Egan, in blue scrubs and sprawled out on the on call bed opened his eyes with start. He started upward at the large visage Tina's face bending over him, her long black braids hanging down. An amused smile animated her face. Egan rubbed his eyes as if to remove the apparition before him. He removed his hands and looked again at Tina.

"You enjoy this, don't you, rousing me at god awful times of the night."

Tina chortled, "Yes, my dear Dr. Egan, my life, a trail of thorns and sorrows needs an occasional moment of joy and levity. And nothing pleases me more than to watch the esteemed and brilliant Dr. Egan emerge from sleep-deprived induced coma to a state of befuddled irritation."

Egan smiled and couldn't help but chuckle. "Well, Tina, as you well know my path is not exactly strewn with wine and roses and to have my only pleasure I have in this world snatched from me, it's almost more than I can bear."

Their companionable banter continued for a moment longer, allowing his head to clear enough to take in whatever clinical problem that necessitated his presence. It was a routine of mutually admiring insults whose underpinnings were a deep and abiding respect and affection they had for each other. Egan could not help but flash back to that fateful day when Tina woke him to see a young baby with fever who turned out to have meningitis and all that had led to. He and his girlfriend Gail had investigated and subsequently unearthed a complicated scheme involving the in vitro fertilization clinic and organ transplantation service carried on by two rogue doctors which shook the Mallone Medical Center to its very core. That, what was considered a world class institution, could be subverted into a black market organ provider for children and babies using cloned embryos as their original source, still had doctors and hospital administrators shaking their heads in disbelief. The Mallone Medical Center had barely survived the scandal. Things had looked grim in the days following revelation that a Saudi prince had procured a heart from a baby that was clone of his own son created via the hospital's world famous in vitro fertilization clinic. The medical center was engulfed by armies of law enforcement officials and health care regulators. The New York Times had devoted five full pages to a detailed description of the unfolding scandal and included pictures of all the principals – Dr. John Oden, Dr. Michael Meiselman, Dr. Blake George, Dr. Jack Newhouse as well as of Dr. Eric Egan and soon to be MD Gail Roscoe. Lawyers around town were jockeying for position, trying to get pieces of the malpractice largesse that was likely to reign down as investigators looked over the previous five years of in vitro fertilizations and transplants. "There is a viable lawsuit in each one of those in vitro cases," crowed Seymour Mooney Esq., New York's preeminent medical malpractice plaintiffs' lawyer.

(Continued on page 6)

STOP THE TRAIN

Elliot Barsh, MD

Healthcare today rewards us for taking good care of our patient's medical conditions. We are paid for office visits, treatments, and procedures. These are the things we know how to do. We are careful to know the current standards of care and protocols. We make sure that we document the care we deliver.

But is this what taking good care of our patients looks like?

Are we being careful to know them? Include them? Honor them? Appreciate their situation? How are we listening?

Does our listening make it easier for our patients to express themselves?

Does it help us understand what we are thinking so we can know how to use our expertise?

As Victor Montori writes in his book, Why We Revolt, ***"healthcare standardizes practices for patients like this, rather than caring for this patient."***

So how do we change our day and intentionally care about this patient, one patient at a time?!

We need to change our day from one in which we interrogate patients for the information we need in order to tell them what their treatment plan is to one where we curiously explore so we can get to know them. Get to know what they want, what they prefer, and what their circumstances are.

It is possible to take care of our patients and their medical conditions at the same time. It does not have to be "either…or". It can be "both…and".

Here are four simple steps.

1. First we need to understand their medical problem.
2. Then we can try to get to know and understand them.
3. Now we can figure out what they want and why they want it.
4. Hopefully, in time, with a connection made, we can know what to do for them.

Now instead of just documenting what we have to do, we can document our mutual goals of care.

Thanks for reading.
Enjoy the links.

What do we do to let our patients know that we are ***interested*** in them, that their concerns are ***valid,*** and that you ***respect*** them?
It starts with knowing how to ***pronounce their name!***
https://hbr.org/2020/01/if-you-dont-know-how-to-say-someones-name-just-ask?autocomplete=true

What do our patient's want to ***accomplish*** with their treatments and why?

From The New York Times:
Getting to Know Our Patients
Listening to patients is a critical part of a doctor's education.
https://www.nytimes.com/2019/04/24/well/live/getting-to-know-our-patients.html

How does what our patient want to achieve ***resonate*** with what we know how to do?
Does our listening make it easier for our patients to ***express*** their concerns, and help us ***understand*** our own thinking?
Are we ***exploring*** to try to understand our patients point of view, or are we i***nterrogating*** them for the information we want?

From The New York Times:
Talk Less. Listen More. Here's How.
Lessons in the art of listening, from a C.I.A. agent, a focus group moderator and more.
https://www.nytimes.com/2020/01/09/opinion/listening-tips.html

We cannot know unless we ask them why!
"What's meaningful to our patients trumps anything medical that we can offer."

From The New York Times:
The Best Medicine? What's Meaningful to Our Patients
Living their own lives helps doctors and nurses make better decisions about how to care for their patients.
https://www.nytimes.com/2018/05/03/well/live/doctor-patient-medicine-cancer-treatment-leukemia-meaning.html

(Continued on page 14)

FROM THE EDITOR…

PETER J. ACKER, MD

EXCERPT FROM SEQUEL IN PROGRESS : BLOOD BRAIN BARRIER

Dean Howard P. Yodell MD, PhD in the early days acted decisively and adroitly. He quickly grasped the complexities of the situation and while assembling a team of lawyers of his own, projected an openness and transparency – to get all the facts, however ugly and damaging out in the open as soon as possible. He placed both Dr. George and Dr. Newhouse on indefinite administration leave, hired an experienced forensic investigation company, Krieger and Sons, and quickly hired two well respected clinicians to head the in vitro clinic and transplant service. Now, six months out, it appeared that the ship was listing, but no longer in danger of capsizing.

Both Newhouse and George had dropped out of sight, Newhouse to his palatial country estate and George to a large yacht that he maintained with a full crew and had set sail for an indefinite sojourn. It had become quickly clear that the two of them had no complicity in the conspiracy, but instead it was in some ways worse in that their total ignorance of what was happening literally under their noses was a cause of much talk and even derision among their colleagues. Some believed it was a deserved comeuppance for their fatal combination of hubris and ignorance.

Dr. John Oden who was pulled unceremoniously from the New York harbor after his ill-fated attempt to escape via hang glider, was imprisoned without bail and is awaiting what should promise to be complicated and engrossing trial. Bob and Ray, Dr. Newhouse's two nurses had made a run for it, but had been captured in Southern Texas presumably on their way to Mexico and points beyond.

It was Michael Meiselman MD of all the conspirators that occupied Egan's mind the most. He still from time to time, would shake his head in grim astonishment at the true colors of his "good friend" that had been revealed. His whereabouts were unknown, though the subject of a worldwide search. *He's a wily one – he'll figure out a way to survive.*

All of this flashed through his head albeit in an inchoate way, but with astonishing clarity every time he was woken by Tina.

"OK, Tina what is it this time?"

"Eric, nothing too urgent and I bet even with your limited skills should be able to handle it, particularly if I'm watching your back. Anyway it's a boy breathing a tad rapidly, thought it couldn't wait."

"OK Tina, I'm on it."

Egan got to his feet, smoothed down the front of his wrinkled scrubs and ran a quick comb through his unruly hair and followed Tina down the corridor.

♦

PRESIDENT'S MESSAGE

THE BEST OFFENSE IS A GOOD DEFENSE

A recent example of the increasingly hostile environment is the newly proposed expansion of the Department of Health and OPMC to disclose to the public complaints filed against physicians. Initially intended to be a consumer protection effort (in response to some bad actor physicians), the unintended consequence has been to make physicians more defensive in their medical practice. This will make an already unfavorable practice environment in New York State more untenable for physicians. Once again, we find ourselves at a strategic disadvantage in a war that we did not sign up to fight. Fortunately, on this front, we have our representatives at MSSNY who are interacting with the governor's office and OPMC to negotiate a better process that will not put our doctors under such significant strain.

As physicians, we should recognize that our battle with insurance companies and regulators is one of asymmetric warfare. Only as an organized force can we hope to maintain a strategic position and defend ourselves from these outside enemy combatants. The collective power of our local, state and national societies as a representative is our best defense in our ongoing battles.

♦

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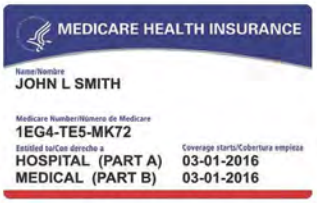

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Some Satire For a Good Laugh…

Become Board Certified in Administrative Medicine—By Gomerblog Team—Originally published on Gomerblog.com

Philadelphia (PA). On Monday, the ABIM presented the first group Diplomats in Administration and Management Medicine. The DAMMed, for short, graduated a residency started "out of the desire to create physician led health care systems," in the words of Douglas Pennipintcher, who spearheaded the development.

"Traditionally we would have expected physicians with years of clinical experience go into admin," said Pennipintcher. "This was a disadvantage. These individuals often have a sense of obligation to the patient and residual empathy. This has proven to be a problem in health care management."

Initially the program used physicians that have dropped out of clinical practice due to burn out, but that proved difficult . "For some reason these physicians have a very negative attitude towards hospital administrators," said Cody Biller, the programs co-chair. "We had the insight of recruiting straight out of medical school. That way physicians are untainted by patient contact that could dissuade them from their task of maximizing profits. "

The program is 2 years in length. It consist of a year long computer resilience acquisition program (CRAP), followed by 3 month rotations in coding, billing and scheduling. There is a 3 month elective as all. "We encourage trainees to seek experience outside medicine. Our collaboration with the Asian textile industry has proven very helpful in providing a skill set needed to run a hospital, " said Biller.

The second class of DAMMed are set to graduate soon. So far, there is just one residency, run out of the headquarters of Aetna in Hartford, CT. "We decided to have a chief resident year for the highest achieving physician, called the Senior Administrative Track Award Newcomer (SATAN). It comes with a $1M compensation and a company car. Not bad for a starting salary!" added Pennipintcher.

Area Hospital Announces Plans to no Longer Provide Complimentary Room Air—By NP Kiki Lopez—Originally published on Gomerblog.com

The current trend of monitizing all aspects of human existence has spread into all corners of society, including health care. Insurance companies have required that physicians prove medical necessity for even the most basic of treatments. This includes the use of room air. Up until recently, Riverside hospital was resolute in its promise to provide room air free of charge. Unfortunately things have changed and now room air is considered a medical treatment to be coded and billed as such.

CEO Jen Nitro told reporters on Tuesday that Riverside, in spite of budget shortfalls and economic woes, had been providing complimentary room air to all visitors patients and staff as a way to show their commitment to excellence. This indiscriminate allocation of room air has put the hospital in financial arrears. Ms. Nitro told reporters that this is no longer financially feasible. Insurance reimbursement for room air has been next to nothing because doctors are required to fill out lengthy paperwork to establish medical necessity. In addition, the supply of room air has been dwindling as the natural manufacturers such as forests and vegetation, are being decimated by forest fires and commercial logging.

Traditionally, Riverside has relied solely on atmospheric room air to satisfy its increased demand. However, due to a recent increase in the amount of hyperventilation, they are now trucking it in from the North Pole. This hyperventilation is believed to be happening in the hospital due to anxiety regarding the increasing cost of room air.

Riverside is also mandating that staff decrease their respiratory rate to 5 inhalations and 2 exhalations per minute. The latter point was added to reduce Riverside's carbon footprint. Staff that is found to consistently breach the preset allotments of atompspheric gas would be required to attend Yoga class to learn how to breath.

Gen Nitro told reporters "all options are on the table. We just have to find out what works best for our patients. We know that they are very attached to their room air. Some of them just can't see themselves surviving without it. At the present time, we are forced to add a nominal charge to patients for room air. We also ask that the public not just breathe indiscriminately whenever they feel like it so that we can keep the room air fee low"

THE BUSINESS OF MEDICINE
YOUR SALARY IS NOW REDUCED; NOT SORRY

Rick Weinstein, MD, MBA
Director Orthopedic Surgery Westchester Sport& Spine at White Plains Hospital Center

A Headline taken from the New York Daily News on 1/2/20 is starting the year off great for physicians. "**New York Cuts Medicaid Payments By 1 Percent This Year.**" You may think oh well, it's just Medicaid and I don't take Medicaid or it is only a small percentage of my practice. Likewise, you may think, it is just a 1% cut which is insignificant. However, this is a dire warning for your future income that portends the great calamity that is coming.

Every year things get more expensive. The average of cost of living has gone up 2.4% annually (COLA) over the past 20 years (Social Security Administration, www.ssa.gov/OACT/COLA/colaseries.html). This is why my grandfather paid a nickel for a movie and now I am paying $12 to see Star Wars. In order to stay where you are financially, your income must increase by 2.4% every year. Medicare and Medicaid do not increase their payments to doctors annually which results in a virtual **decrease** in your income. Further adding insult to this injury of no annual raise is the newly announced pay cut of 1%.

There are much bigger implications for this unilateral decision to cut your income. Medicare for All, or whatever the socialists will relabel this plan, will destroy the practice of medicine. Americans are waking up and realizing these anti-free market plans will devastate our economy. Why did New York decide to cut Medicaid payments this year? The government simply cut your income to help cover the budget deficit. So, on a national level, if the government is having a bad financial year, they will decide to decrease the payments from Medicare to doctors. Any time the government has had a good year, they have never decided to increase payments to doctors. However, as in this year, a bad year will be taken out of your income.

The pay cuts are already happening with many of the CPT codes such as cardiology procedures and joint replacements. We can handle these decreases now because most of us are not completely dependent on government insurances (Medicare and Medicaid) as our only sources of income. If you have only one payor and they cut your payments, you will "feel the burn." This is a one-sided decision and you can whine about it, but no one will be listening. If we don't speak up now and fight to prevent us from all becoming government employees, every physician's practice will be decimated. Your income will plummet. The little bit of independence that we still have will be terminated.

So what can we do as lowly physicians? Get involved with your local medical society and specialty societies and make sure they know how you feel. Better yet, reach out to your elected officials and let them know. When you get emails asking you to contact your senator or congress rep, spend the 20 seconds and send the email. Stand up for yourself now or you will be stepped on.

♦

Mark Your Calendar!
Board Meeting Dates 2019-2020:

February 13
March 12
April 2
May 14

MSSNY Physician Advocacy Day
March 4, 2020
Albany, NY

MSSNY House of Delegates
April 24-26, 2020
Tarrytown, NY

Health Information Exchange for the Hudson Valley: Are you in?

As a primary care physician for more than 40 years, I consider the health information exchange to be the most beneficial innovation that I have experienced in all that time. HealtheConnections is the first place we look when information is missing or we need to view imaging studies.

Health information exchange, or HIE, is the secure exchange of patient information. With a patient's consent, any authorized member of your team can access that patient's record compiled from sources across the state, giving you a more complete picture of their health. Unlike expensive proprietary systems like Epic, HealtheConnections has a broad regional scope, including statewide and federal system databases.

I recently had the opportunity to address your Westchester County Medical Society Executive Committee about the new features that HealtheConnections brings to your area. HealtheConnections is a Qualified Entity (QE) of the State Health Information Network of New York (SHIN-NY), designated by the NYS Department of Health to manage and govern the HIE for Westchester County, and it is:

- 100% free!
- Receiving data from *all* regional hospitals
- Able to view X-ray and MRI images from our sources with a robust viewer
- Accessible even without an EHR system.

When you and your referral partners are all engaged and sharing data, we're increasing office efficiency, reducing gaps in information, and improving patient care. I encourage you to listen to the stories below of physician leaders who have used HealtheConnections with great success in their everyday operations.

Turning the promise of interoperability into a functional reality is possible if we all work together. We welcome your questions about HealtheConnections and how it can help your organization. Please reach out to us at info@healtheconnections.org.

Sincerely yours,
Jef Sneider, MD, FACP
Medical Director
HealtheConnections

Success Stories

Immediate data access leads to life-saving care in the Emergency Department.
David Seeley, MD
Emergency Medicine Specialist

Data-driven philosophies are the key to population-level improvements.
Indu Gupta, MD, MPH, MA, FACP
Internal Medicine Physician

The most complete information means better solutions, better outcomes.
David Wormuth, MD
Thoracic Surgeon

Medical Society of the State of New York

Proudly Presents

2020 YPS/RFS/MSS Joint Educational Symposium

February 29th, 2020
8:30 A.M. - 12:30 P.M.
The New York Academy of Medicine
1216 5th Ave, New York, NY

MSSNY member FREE
Non-member $75

Preregistration at www.mssnyconference.org required. 3.0 AMA PRA Category I CME Credits available. Lunch will be provided.
MSS Business Meeting 12:30-4:30 P.M.

Keynote Speaker
Jesse Ehrenfeld, MD
AMA Board of Trustees, Chair
The Evolving Healthcare Landscape: Challenges and Opportunities for Young Physicians

Medical Malpractice Defense Attorney
William Hassett, Esq.
How to Avoid Malpractice Lawsuits in the First 5 Years of Practice

Millennials in Private Practice: Is it Even Possible?
A Panel Discussion by Millennial Independent Physicians
Sonia Bahlani, MD; Dhaval Bhanusali, MD; Purvi Parikh, MD; Saya Nagori, MD; Moderated by: Daniel E. Choi, MD

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CHEERS TO 20 YEARS
NYPT

The Medical Society of the State of New York (MSSNY) is accredited by the Accreditation Council for Contvinuing Medical Education (ACCME) to provide continuing medical education for physicians.

MSSNY designates this live activity for a maximum of 3.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Westchester Science and Engineering Fair

A Regeneron- ISEF affiliated fair
Sleepy Hollow High School
210 North Broadway, Sleepy Hollow, NY 10591
Saturday, March 21, 2020

We are looking for JUDGES to help at our regional science fair.

Professionals in all fields of Science are needed to lend expertise and advice in selecting the top regional high school science students to represent Westchester and Putnam counties at the Intel® International Science and Engineering Fair. Please pass this on to a friend or colleague. Your help is greatly appreciated.

Please register online at:
http://wesefreg.org/judges/

Qualified judges...

- Have a minimum of 2 years related professional experience beyond receiving their B.A., B.S., or Master's degree. This would include school psychologists, social workers, registered nurses, EPA and DEA professionals.
- Have a Ph.D., M.D., or equivalent (D.O., Ed.D., D.D.S., D.V.M., etc.)
- Are current graduate students with more than 2 years of doctoral-level research experience or within one year of doctoral dissertation defense.
- Will be reimbursed for round-trip train fare to and from Manhattan. However, reimbursement for taxis, Uber, Lyft, etc. will **NOT** be covered.

Tentative Schedule of the Day:
9:30 AM Judge Registration/ Complimentary Light Breakfast
10:00 AM Judging Sessions Begin (posters may **NOT** be viewed prior to judging)
Complimentary Lunch Available after 12:30 PM

Thank you in advance and please consider passing this information along to a colleague or friend.

MICHELE SUGANTINO, PH.D.
Judge Coordinator
Wesefjudges1@gmail.com

FREQUENTLY ASKED QUESTIONS ABOUT JUDGING AT WESEF

Q: **IS** THERE ANY SPECIAL TRAINING NEEDED TO BE A JUDGE?
A: No. we will send a presentation, about a week before the fair, that will review the entire grading rubric and the judging process.

(Continued on page 13)

FREQUENTLY ASKED QUESTIONS ABOUT JUDGING AT WESEF

Q: **How many projects will I be asked to judge? A**:
Approximately 8.

Q: **HOW DO I** JUDGE/RATE/SCORE THE STUDENTS?
A: Each student is judged 5 times in one-on-one fashion. Judges use a scoring rubric supplied by WESEF to help guide them.

Q: **DO I** HAVE TO STAY TO HELP DETERMINE THE WINNERS?
A: No but you are welcome to join us for the award ceremony that starts at 7:00 at the same location as the fair.

Q: **CAN I STAY FOR** PART OF THE DAY, OR DO I HAVE TO STAY THE WHOLE DAY?
A: We would prefer that you stay for the whole day as we have a definite need for judges but you are welcome to stay for half of the day if you are unable to stay until 2:30. If you can only stay for half of the day, please email our judge chairperson at wesefjudges1@gmail to make arrangements.

Q: **DO I HAVE TO** JUDGE A PROJECT IF THE PROJECT IS OUT OF MY KNOWLEDGE AREA?
A: No. After seeing the poster, you can just return the grading rubric to the judge table and ask for a different project to judge.

Q: **SHOULD** I JUDGE A PROJECT IF I HAVE A CONNECTION/CONFLICT WITH THE SCHOOL THAT THE STUDENT COMES FROM OR IF I KNOW THE STUDENT?
A: No. After seeing the poster, you can just return the grading rubric to the judge table and ask for a different project to judge.

STOP THE TRAIN

Elliot Barsh, MD

(Continued from page 5)

From The New York Times:
The Best Medicine? What's Meaningful to Our Patients
Living their own lives helps doctors and nurses make better decisions about how to care for their patients.
https://www.nytimes.com/2018/05/03/well/live/doctor-patient-medicine-cancer-treatment-leukemia-meaning.html

You can say that the way healthcare provides care meets the clinicians needs, but are patients and clinicians getting ***what we want***, or the ***only thing we can get***?
From The New York Times:
How Connected Are You to Your Doctor?
Patients with the strongest relationships to specific primary care physicians are more likely to receive recommended tests and preventive care, a new study found.
https://www.nytimes.com/2009/03/26/health/26chen.html

Are we having a real discussion that is ***mutual, responsive, and vital***, or are we just ***"clicking the box"***?
From The New York Times:
Afraid to Speak Up at the Doctor's Office
Patients felt limited to certain ways of speaking with their doctors, and many believed they were best served by acting as "supplicants" toward the doctor "who knows best," according to a new study.
//well.blogs.nytimes.com/2012/05/31/afraid-to-speak-up-at-the-doctors-office/

MSSNY's Physician Advocacy Day
Wednesday, March 4, 2020

Join MSSNY and your colleagues to lobby your elected leaders at this year's annual "Physician's Advocacy Day" in Albany. Encourage your Senators and Assembly members to support legislation that is crucial to your practice and oppose the bills that place restrictions and add unreasonable burdens. This year's event will be held at the Lewis Swyer Theater at The Egg in Albany from 8am to 12 noon, ending with a catered lunch and the opportunity to speak more directly with your legislators.

The Medical Society of the State of New York (MSSNY) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

The Medical Society of the State of New York designates this live activity for a maximum of 3.0 AMA PRA Category 1 Credits™ Physicians should claim only the credits commensurate with the extent of their participation in the activity.

Register at:http://mssny.org/MSSNY/2020/GovernmentalAffairs/State/Lobby_Day_2020.aspx?

NEW YORK MEDICAL COLLEGE
A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

"Medicare for All?"

A Discussion with Dr. Adam E. Block

Assistant Professor of Public Health: Division of Health Policy and Management at New York Medical College

Hosted by
The American Medical Association
and Physicians for Human Rights Clubs

Wednesday, February 5, 2020
Chouake Auditorium
12:00 - 1:00 PM
Lunch will be served.

What really does "Medicare for All" even mean? Will it happen? What are the stakes? Please join us to learn more about this very complex and intriguing health policy proposal from one of the experts! Dr. Adam Block has extensive experience in healthy policy, ranging from his leadership in hospital administration to working on the Affordable Care Act during the Obama Administration. This is a great opportunity for future physicians to ask questions about the future of healthcare! For more information, please email: aschulz3@student.touro.edu

CAPITAL UPDATE: GOVERNOR ANNOUNCES PROPOSED 202 BUDGET

Governor Cuomo this week released his proposed $178 Billion Budget for the 2020-21 State Fiscal year, including measures to close a $6.1 billion Budget deficit, through creating a new Medicaid Redesign Team (MRT) to recommend

$2.5 Billion in Medicaid savings, assuming an additional $2 billion in new tax revenue, and $1.8 billion in reduced payments to localities. While we are still poring through the tens of thousands of pages of Budget bills, among the most notable items for physicians upon initial review:

Items of Significant Concern Include:

- As previously announced, expanding the ability of the Commissioner of Health to notify the public that a physician is under investigation and to make it easier for the Commissioner to summarily suspend a physician license during a disciplinary investigation. Send a letter to your legislators here: Please click here
- Expanding the information on the physician profile to include office hours, whether accepting new patients, insurance participation information, and mandatory completion of a workforce survey.
- Legalizing, regulating and taxing the production, distribution, transportation, and sale of recreational or "adult-use" marijuana.
- Expanding the list of adult immunizations that can be provided by pharmacists to all those recommended by the ACIP.
- Expanding the existing physician-pharmacist collaborative drug therapy program to include nurse practitioners and physician assistants

Positive Items Under the Proposed Budget

- Require the regulation of Pharmaceutical Benefit Managers (PBMs) with the Department of Financial Services (DFS) and to disclose financial incentives they receive
- A comprehensive anti-smoking package including: prohibiting the sale or distribution of e-cigarettes or vapor products that have a characterizing flavor; prohibiting the sale of tobacco products in all pharmacies; expanding the definition of "place of employment" to define indoor space and limit second hand smoke exposure; restricting the advertising of vapor products; requires manufacturers of vapor products to disclose to the DOH Commissioner and the public, information regarding the ingredients, by-products, or contaminants in vapor products; bans coupons and manufacturer discounts and displays in shops; and increases penalties for illegally selling tobacco products to minors.
- Creating an administrative simplification work group to address health insurance hassles and to expedite physician credentialing applications.
- Establishing the Behavioral Health Parity Compliance Fund for the collection of penalties imposed on insurance carriers who violate New York's Behavioral Health Parity laws, which will be used to support the Substance Use Disorder and Mental Health Ombudsman program
- Significantly reduce the interest rate on medical malpractice and other court judgments, from 9% to a market- based rate
- Reduce the business income tax rate from 6.5% to 4% for businesses with 100 or fewer employees and with net income below $390,000 that file under Article 9-A.
- $14.2 million in funding to ensure access to a full array of reproductive services for women due to the loss of Title X funding.
- $8 million to improve maternal health outcomes and for the implementation bias training and incentives for an expansion of community health workers related to Maternal Mortality.
- Continuation of funding for the Excess Medical Malpractice Insurance Program
- Continuation of funding for the Committee for Physicians' Health

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Other Items of Note

- Expanding the scope of New York surprise bill law to include inpatient services following an emergency admission.
- Convene a new Medicaid Redesign Team (MRT) to come up with $2.5 billion in savings
- DFS will be authorized to investigate pricing of any prescription drug if the price of such drug has increased by more than 100% within a one-year time period.
- Capping the co-payments required of insured patients at $100 for a one-month supply of insulin.
- Development of "NYHealthCareCompare", a website that will allow New Yorkers to look up charges for medical services, the quality of services provided, and access information about financial assistance programs, as well as what to do about a surprise medical bill.
- Local governments will be required to stay within 2% property tax increase, or be held accountable for excess growth in Medicaid costs

Several items of concern from previous Budgets, proposed but rejected, such as cuts to Medicaid payments for treating dual eligible patients, elimination of "prescriber prevails" under Medicaid, and expansion of CRNA scope of practice WERE NOT included (but could be brought up under the new MRT).

(DIVISION OF GOVERNMENTAL AFFAIRS)