# WESTCHESTER PHYSICIAN

**May 2023** **Volume 39, Issue 5**

## PRESIDENT'S MESSAGE
## ARTIFICIAL INTELLIGENCE (AI): FRIEND OR FOE, HAL OR HELL?
## BRUCE MOLINELLI, MD PRESIDENT

Am I really writing this or did I get ChatGPT to produce this month's newsletter? Perhaps you have you're own opinion but only I truly know what I did. (Was that grammatical error usage of the contraction "***you're***" invented by AI to seem "human" or just my poor writing skills? Hmmmm)

***Ok let's get right to it. Can AI make my daily work as a physician better?***
Yes.

***When , now?***
No, but soon. AI is certainly infiltrating into our world whether we are ready or not and accelerating its applications since its conception nearly 70 years ago.

But before we bemoan our unprepared psyche and AI's potentially negative implications in our daily medical practices, let's remember how soon after the electronic medical records entered our lexicon that we were wishing we were back in the days of writing notes on paper with poor penmanship (in cursive no less!). Yes, there are many faults about the electronic medical records, but the advantages are unequivocal legibility, reproducibility and accessibility. (Content however, is a different matter altogether but that discussion is for another time). So what about AI?

***Will artificial intelligence significantly change our medical practice for the better?***
Potentially yes, since the forefront of Medicine is already investigating its applications.

Dr Shikha Jain, a physician with a *Helio.com* podcast, presented a wonderfully informative episode on AI in medicine entitled, "Marrying Human Interaction and AI with Navid Alipour" on April 20, 2023.
Her guest, Navid Alipour, is an entrepreneur and CEO of Analytics Ventures and co-founder of CureMetrix and CureMatch who has his fingers in the rising AI Health Care space. He discusses the benefits of

*(Continued on page 5)*

*BRUCE MOLINELLI, MD*
*President, WCMS*

**INSIDE THIS ISSUE**



Upcoming Events:

WCMS/WAM
ANNUAL MEETING
June 8, 2023—6pm
Westchester County Club
*More info on page 14*

***WESTCHESTER PHYSICIAN***

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

**PETER J. ACKER, MD**
*Editor*

**OFFICERS 2022-2023**

**BRUCE MOLINELLI, MD**
*President*

**PETER ACKER, MD**
*President-elect*

**KHAM ALI, MD**
*Vice President*

**JEFFREY JACOBSON, MD**
*Immediate Past President*

**THOMAS LEE, MD**
*Treasurer*

**ANAÏS CARNICIU, MD**
*Secretary*

**DANIEL GOLD, MD**
*President*
*Westchester Academy of Medicine*

**STAFF**

**JANINE MILLER**
*Executive Director*

**Kalli Voulgaris**
*Membership/CME Director*

**RHONDA NATHAN**
*Accounting*



## *FROM THE EDITOR...*

**JANUSZ KORCZAK**
**PETER ACKER, MD**

I recently returned from a remarkable trip to Poland. It was a trip sponsored by the New York Jewish Holocaust Museum. It is a trip that my wife Gila, and I had been wanting to do for many years. It was a trip fraught with emotion on many levels, but especially since Gila's parents were both from Poland. Her father was from Warsaw and he and his family were able to leave before the war started and he spent the war years in the British army before immigrating to Palestine. Her mother's family was not so lucky. Her mother was raised as an only child in Lviv, Poland (now part of Ukraine). Her parents were part of a thriving middle class Jewish community and her childhood was a happy one. This ended abruptly when Poland was conquered by Germany.

Gila's grandmother was the first. She was taken into the woods and shot. Her mother (Pola) and grandfather were taken to the Jewish ghetto. He managed to sneak her out of the ghetto and for a time she was hiding with a gentile family. She was 14 years old. At some point, she detected fear in the family that was hiding her and she somehow came in contact with the Jewish underground and made her way to Germany, where it was easier to pass as a non-Jew. After the war, she went to Cyprus and then finally to Palestine. A number of years ago, Pola recorded her account of those harrowing years as part of Steven Spielberg's Shoah project. This account is in Hebrew and is hours long. This trip has inspired me to get it translated.

Gila as it turned out was herself also an only child. Her father was a lawyer and sadly passed away shortly before I met her. He was a quiet, thoughtful intellectual and avid reader. I spent hours looking through his book collection which contained novels in multiple languages and included many of the English classics that I was familiar with. Pola had a long successful career as a nurse. Gila had a happy stable childhood, but with the shadow of the Holocaust hanging over. Many survivors tend to suppress the memories and never talk about it. Pola was not one of those and Gila's childhood was imbued with tales of the war times.

We landed in Warsaw and spent time touring the old city, listening to lectures on the Jewish history and listening to Chopin. We then made our way to Krakow. Our group of about 30 consisted of many who had Jewish Polish roots. It also included a few non-Jews (I was one of them) who wanted to learn more about this time. We visited synagogues, Jewish cemeteries, Jewish Ghettos and Auschwitz. It was hugely cathartic and emotional but also strangely uplifting.

In one of the Jewish Cemeteries in Warsaw we came across a statue of a solemn man carrying a child and followed by several small children. This was Janusz Korczak. I was not familiar with his story, but Gila was. He was a writer of books for both children and adults and she had read them while growing up. He was also a pediatrician. Later in his career,

*(Continued on page 11)*

## PRESIDENT'S MESSAGE
## ARTIFICIAL INTELLIGENCE (AI): FRIEND OR FOE, HAL OR HELL?
## BRUCE MOLINELLI, MD PRESIDENT

*(Continued from page 1)*

AI in practical medicine. For example, through CureMetrix, he is developing the capability of AI in utilizing mammograms for not only identifying early breast cancer but potentially predicting heart disease based on calcium seen in the small vessels of the breast. With the AI applications, reproducible quantification of the calcium lining of the breast vessels noted on mammogram appears to correlate with heart disease risk. This is currently under investigation but with promising results. Likewise, CureMatch uses AI to accumulate a consortium of all the data of the genetics of the cancer cell lines which then assigns a biological "match" of combination chemotherapy drugs currently available for a more specific efficacious treatment. This too is under investigation but with potentially revolutionizing results.

***Encouraging! How actually does AI work and who is feeding it the information***?

Well, we all are. To elucidate, Mr Alipour notes four important developments that have contributed to our current status:

1. A plethora of data has been mined by numerous "nodes" (your tesla or computer, iPhone, iPad, etc.) which gather and send all the data bits to a central retrievable location.

2. There are more powerful GPU chips developed for the video gaming systems that can apply to creative production in AI. (See Mom and Dad!! Playing video games ***IS*** productive!!).

3.Stronger more powerful computers allow us to mine the data faster, better, and more comprehensively (just wait until quantum computing enters the arena!).

4. AI has further exploded because of the Cloud, which eases accessibility by companies to mine the data without the cost of data hardware collection devices.

So there is an explosion to develop more algorithms on more data with increased computing capability. Once AI gets started, it drives itself with expanding accuracy. AI is not only in your future, but by God (perhaps not an accidental use of a deity-included phrase here) is already in your present. Maybe this is the fix we need to address our overburdened workflows or our EMR woes.

***Can AI bring physicians back from the breaking point?***

Perhaps. Currently we experience an unintentional outcome of the digital era with the EMR that converted us physicians to data enterers. It has been argued that the EMR was propagated by the insurance industry for coding and billing purposes mainly, The burden of entering the data has fallen onto the physicians which has added to the amount of menial tasks cluttering our already overfilled days. Perhaps AI steps in here and enters the basic, repeatable data, freeing up your time for more patient facetime. Further imagine your own *avatar* who can converse with your patient for the more routine discussion- "your CBC is normal", "you are not anemic", or "your MRI shows mild degenerative disc diseases but no further treatment is needed", leaving you time for the more weighted human interactions of discussing serious conditions and life changing diagnoses. Your avatar will look like you, speak like you, think like you and interact like you, but it's not you, which is liberating of your time. Think of all the effort you must use to focus on your desktop answering patient questions, call backs, checking labs, wondering which ones were missed or whom you forgot or couldn't call. Suddenly these tasks are being done more efficiently, comprehensively, and accurately- a more immediate patient contact, with your own personal touch- yet by an AI generated friendly interloper, your avatar. The patient benefits as well as you. The possibilities do not simply stop at the cognitive, but will most likely transcend into the proceduralist's realm as well since human movement has already been digitalized and enhanced with robotics technology. The possibilities abound—concerning but exciting. The advances of AI could expand our capability, decrease burnout, spare the physicians from menial tasks, extend workforce lifespan and promote updated and comprehensive access of emerging treatments and technology.

This could drive the costs down reducing inefficiencies, redundancies and unnecessary testing. Value many be quantifiable! Think of the possibilities….

Wait!! …..*OH NO! ….think of the possibilities…..*

*(Continued on page 9)*

**STOP THE TRAIN**
**Elliot Barsh, MD**

***"Here she cold regret freely, she could hope openly, she could be herself."*** *-Nana Kwame Adjei-Brenyah (Chain-Gang All-Stars)*

*Hi everyone.*

*I hope that you have been able to live happily this month.*

*Who are the people that see us with the wonder that knowing another deserves?*

*Can we see ourselves with that same wonder?*

*Where is this possible?*

*Children have their imaginations.*

*Spaces that are safe and secure.*

*Alive with acceptance, companionship, and love, to affirm that they matter.*

*There are no expectations to meet, no one to disappoint, and nothing to be ashamed of.*

*No matter what they hear anyone else say, or see anyone else do, this is where they are themselves.*

*We can create such a space for our patients.*

*We can transform the patient's visit into a well of being.*

*A place where we meet and try to uncover the reasons for our dis-ease.*

*To be curious, and learn, what we need to know.*

*To be compassionate and listen to understand.*

*To deliberately give our time and effort, and in return, receive more than we could ever hope to have.*

*A moment, a space, not unlike a child's imagination, of aliveness where we can be truly well.*

*Thanks for reading.*

*Bye for now.*

*Be safe.*

*E*

*"Love,...is the only truly real and lasting experience of life"*
**'No Love Is Ever Wasted'**
Even when it leads to heartbreak.

*"Listen. Don't talk. Ask about them."*
**Engineering for Grief**

*"How can we talk so we open the door to a dialogue that will generate choices?"*
**Breast of Bottle-The Illusion of Choice**
*"Living deliberately, on the ideas and habits of others, finding ourselves in the space that has always been there for us."*

**Why Universities Should Be More Like Monasteries**
College students need a taste of the monk's life.

*"Knock gently...count to four...breathe in...breathe out...walk in slowly with attention and curiosity"*
**The Breast Biopsy and the Buddhist Half-Smile**

"*What transforms us in an instant just by the act of making contact?"*

**The Swan** *by Ranier Maria Rilke (translation by Robert Bly)*
This clumsy living that moves lumbering
as if in ropes through what is not done,
reminds us of the awkward way the swan walks.

And to die, which is the letting go
of the ground we stand on and cling to every day,
is like the swan, when he nervously lets himself down
into the water, which receives him gaily
and which flows under
and after him, wave after wave,
while the swan, unmoving and marvelously calm,
is pleased to be carried, each moment more fully grown,
more like a king, further and further on.

♦


The Medical Society of the State of New York
Feeling Stress?
Let's Talk
MSSNY Peer to Peer Program is now available.
1-844-P2P-PEER • p2p@mssny.org
MLMIC
Pfizer The Pfizer Foundation
WE'RE YOUR COLLEAGUES
AND WE'RE HERE TO HELP
Call: 1-844-P2P-Peer
Email: p2p@mssny.org


# MSSNY Announces two NEW Podcasts on COVID-19

## ★ A Discussion on COVID Vaccine for Patients ★

MSSNY President, Dr. Bonnie Litvack, President-elect, Dr. Joseph Sellers and Dr. William Valenti, Chair of MSSNY's Committee on Infectious Diseases discuss vaccines currently available for COVID-19 and answer many questions patients may have about the vaccines.

## ★ How to Talk to Patients About Vaccine Hesitancy ★

Dr. William Valenti, Chair of MSSNY's Committee on Infectious Diseases discusses the history of vaccine hesitancy and offers sage advice to listeners on talking to vaccine hesitant patients.

**★★The additions of these podcasts marks 100 podcasts published on the MSSNY Podcast website!★★**

## PRESIDENT'S MESSAGE
## ARTIFICIAL INTELLIGENCE (AI): FRIEND OR FOE, HAL OR HELL?
**BRUCE MOLINELLI, MD PRESIDENT**

*(Continued from page 5)*

***Is AI opening a whole new set of woes?***

So the next sensible question (also not an accidental use of a human adjective ) is:

***Is AI replacing us physicians?***

And are we enabling less well-trained , or untrained individuals and entities to rise to our knowledge base as AI becomes more readily available.? Are patients becoming fortified with nodes of knowledge that will create self care scenarios thereby rendering the physician obsolete? As man trends toward omniscience of a supreme being, surely we physicians will be overrun by patients fortified with an AI advocate who is not our avatar, but one off a website or even worse, a black market. Let's face it, what could be better for each of us than our very own all-knowing, human-looking, empathy-infused, physician-robot readily accessible and incredibly accurate with whom we can consult at any time with our biological misgivings? Who needs a doctor? Is there an AI in the house?

I do not pretend to know the answer or predict the future, but I do think this will be a very spirited (another purposefully used animate adjective not yet "achieved" by AI) debate just as Alan Turing demonstrated in 1950 as he described the Imitation Test, aka the Turing test, to determine human vs machine. The Turing test depicts human sentience as an incalculable divide. Once a determinable line is crossed, it is deemed no longer "human". However, that line is at the perception of the human. Will that hold up or even be pertinent ?

Does it matter if medical knowledge is human or not ? Where does the human factor reside and will it remain relevant and consequential?

***Where should we look for answers?***

One option is to look back to those who have thought of this >60 years before, like the Isaac Asimovs and Gene Roddenberrys of this world. Science fiction has debated the many possibilities well before reality has caught up. There are plenty of sci-fi movies and books where pseudo-utopian worlds depict independent AI imprisonment or extermination of the human race..... (I'd prefer a more optimistic, albeit puerile, viewpoint of a Jetsonian interaction of AI and humanity in which we humans remain the masters, but enjoy the benefits of machines like an incredibly efficient and friendly robotic maid).

But maybe there is a more present and qualified source in which to turn for answers, who are right among us, and are already here and available. A source who has skin in the game, is still breathing, moving, living a biological existence, unafraid of the virtual realm and who will face the questions and ultimately come up with the answers.....

I think I'll go ask my kids!

♦

# OBITUARY

John J. Stangel MD

June 12, 1941- April 25, 2023

WCMS President 2009-2010

It is with deep sadness that we share the news that Dr. John Stangel passed away on April 25, 2023, surrounded by his beloved family at his home in Mt. Kisco, NY.

Dr. Stangel was born in New York City on June 12, 1941, to immigrants Regina and Abraham Stangel. He graduated with honors from Stuyvesant High School, and went on to study at Cornell University, class of 1963. While doing post-graduate work at Syracuse University he met Lois Borenkind, the love of his life and his wife of 57 years. They married on December 26, 1965, and together raised their two exceptional sons, Justin and Eric, in Chappaqua, NY. Upon graduating from New York Medical College in 1969, Dr. Stangel completed his internship at Beth Israel Medical Center and his residency in Obstetrics and Gynecology at Mount Sinai Medical Center. He returned to New York Medical College for a fellowship in Reproductive Endocrinology and Infertility. He was one of the first group of physicians to take and pass the new medical boards for this subspecialty. Throughout his career, he worked on the cutting edge of fertility treatments including being a pre-eminent researcher, surgeon and lecturer. He became the Medical Director of IVF Australia/IVF America in Port Chester, NY, one of the earliest and largest in-vitro fertilization programs in the US. In addition he was the Westchester County Medical Director of Reproductive Medicine Associates of Connecticut (RMACT), and had the distinction of maintaining a private practice for four decades in White Plains and Rye, NY, where he personally treated every patient with the assistance of a brilliant nursing and support staff. Dr. Stangel was regularly honored by his peers and the press for excellence in fertility research and treatments. He was a member of the Society of Reproductive Endocrinologists and the American Society for Reproductive Medicine, and was proud to be named President of the Westchester County Medical Society. He also published numerous impactful scientific papers and articles, and wrote, edited, and contributed to many essential texts in his specialty. In 1979 he wrote Fertility and Conception: The Essential Guide for Childless Couples (Paddington), and he co-authored The Unofficial Guide to Getting Pregnant (Wiley) in 2005. Though he had many interests (his perfect afternoon was stumbling upon a bookstore and grabbing everything he could carry), his two great passions were his work and his family. As a specialist in reproductive endocrinology and infertility, he pioneered advances in in-vitro fertilization which helped create countless families and changed lives. Patients traveled from around the world to seek his treatment. Many of his patients became his lifelong friends. He was available to every patient day and night, and nothing pleased him more than watching his patients' families grow. He will be deeply missed by his many friends and colleagues, and above all by his very close family. He shared adventures and constant laughter with his wife, two sons and daughters-in-law (Lara and Elizabeth), and his three adored granddaughters (Emily, Ashley and Eva). He taught them all the importance of enjoying every moment.

## *FROM THE EDITOR…*

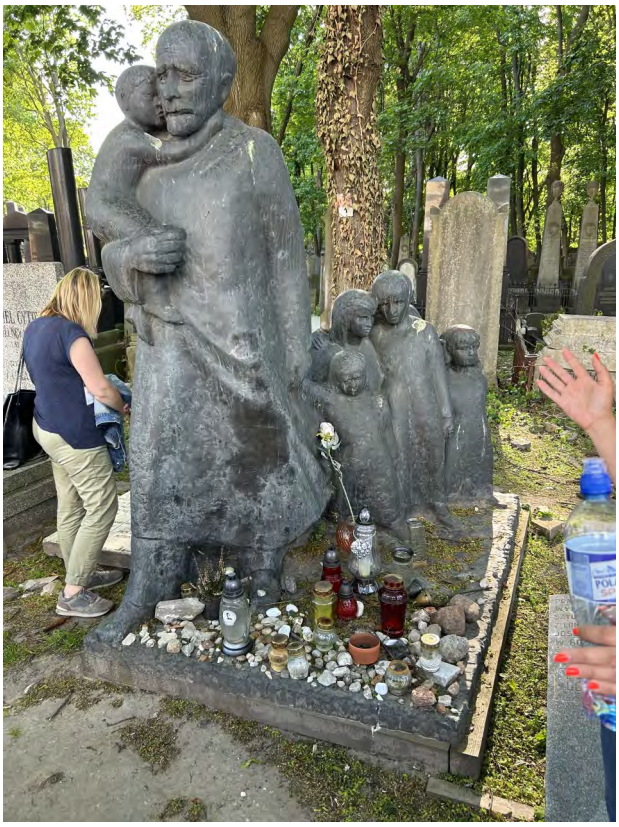
**PETER ACKER, MD**

*(Continued from page 2)*

he founded an orphanage and he was its director for many years. During the war, the children were ordered to assemble in order to transport them to a camp. Dr. Korczak was offered safety since he was a well-known literary figure. He refused repeatedly and instead led his children to the transport, soothing and comforting them as they walked. They all perished together at Treblinka.

♦





# New York leads the nation in medical liability payouts.

The introduction and passage of the Grieving Families Act in 2022 and its subsequent reintroduction in 2023 raises serious cost implications for physicians, hospitals and all health care professionals. The bill creates a new category of damages in wrongful death cases, which will increase the costs of medical liability insurance for New York health care providers and institutions.

Before considering whether to vote for this legislation, it is important to also consider the current costs of the New York medical liability system. As the following will demonstrate, actual statistics clearly show that New York is already the most expensive state in the nation when it comes to medical liability costs.

1) A report from the US Chamber of Commerce's Institute for Legal Reform, entitled "Nuclear Verdicts – Trends, Causes and Solutions" September 2022, studied nuclear verdicts issued in all 50 states of the U.S. during the years of 2010 through 2019[1]. A nuclear verdict is defined as a jury verdict of $10 million or more. Pages 17 and 18 of the report note that New York State ranks third highest in the country for nuclear verdicts, with 151 reported nuclear verdicts during this 10-year period. Medical liability cases were the 2nd highest category of cases at 22.5 percent of all nuclear verdicts in New York during those years. The report also pointed out that NY medical liability cases resulted in several verdicts exceeding $100 million with some of these cases' verdicts consisting primarily of noneconomic damages (i.e., pain and suffering).

**New York State Medical Malpractice Payouts and National Rank[2]**

| YEAR | Per Capita Payment and Rank | Total Payouts and Rank |
|---|---|---|
| 2022 | $21.54 \| 1st | $434M \| 1st |
| 2021 | NOTE: no figures by Diederich for this year due to Covid leading to Court shutdowns | |
| 2020 | $34.01 \| 2nd | $661M \| 1st |
| 2019 | NOTE: no figures by Diederich for this year | |
| 2018 | $31.13 \| 1st | $617M \| 1st |
| 2017 | $35.49 \| 2nd | $700M \| 1st |
| 2016 | $35.95 \| 1st | $711M \| 1st |
| 2015 | $36.15 \| 1st | $713M \| 1st |
| 2014 | $38.83 \| 1st | $690M \| 1st |
| 2013 | $38.99 \| 1st | $763M \| 1st |

2) The table to the left is compiled by Diederich Health Care, a leading nationwide insurance brokerage specializing in providing medical malpractice insurance for health care professionals and facilities. Diederich obtains the information from the National Practitioner Data Bank, which by law receives detailed information on all medical malpractice awards and settlements.

The summary below contains the number of payouts for each year, the per capita payment for each year and NY's respective ranking in each year for those two items (with #1 in this case meaning the costliest ranking for those two items). In addition, the link to the website where you can see the complete payout analysis is at: https://www.diederichhealthcare.com/med-malpractice-payout-analysis-2022/, merely scrolling down on that page will reveal the payout analysis for years prior to 2022 (each payout year represents the payouts from the prior calendar year, i.e., the 2022 analysis is for 2021 payouts, whether through a verdict award or a settlement).

It is very instructive to take a closer look at the 2020 summary, which consists of medical liability payouts in New York during 2019 since of course Covid in 2020 lead to lengthy shutdowns of the New York State court system. In fact, it has taken until roughly December of 2022 for the New York court system to finally operate at the level it was operating at in 2019. For that reason, the 2021 payout figures for New York (as reported in year 2022) are much lower than the pre-Covid year of 2019. However, even though many other state courts were fully operational throughout 2021, New York courts struggled to open and were frequently closed for long stretches

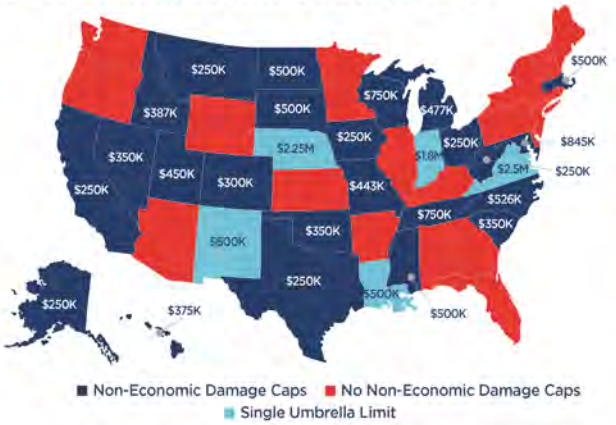
during that year. As seen below, New York still led the nation in 2021 medical malpractice payouts.

New York was the clear leader in medical malpractice payouts in 2019 with a total of $661,703,250 in payments. New York was also second in the nation on a per capita basis, with a per capita amount of $34.01. The second highest state, Pennsylvania, had a payout total that was over $260 million **LESS** than New York. In fact, the *entire Western U.S.* (including California) paid out only $28 million more in medical malpractice payouts than New York.

3) According to the New York State Division of the Budget ("DOB") Memorandum[3] from the Bill Jacket for Governor Hochul's veto of S74A/A6770 (the commonly-called "Grieving Families Act"), the total medical malpractice expense currently for Safety Net hospitals (who are already heavily subsidized by New York State in the amount of $1.7 billion annually), SUNY Academic facilities and State-run healthcare facilities is over $475 million dollars. See page 4 of the DOB Memo.

4) Supporters of the Grieving Families Act frequently point out that numerous states already have established the proposed new category of damages contained in the Act, namely damages for grief, anguish and loss of love. However, many of these states include in their laws a monetary limit on the total amount of damages that can be recovered in a lawsuit. As of May 2022, a majority of states (29) had a limit ("cap") on damages in medical liability cases.[4]

**US MPL — Non-Economic Damage Caps[4]**




* 500K in wrongful death cases only.



**CONCLUSION:** New York is the most expensive state in the nation for medical liability costs. No other state even comes close. Any expansion of damages for wrongful death cases will dramatically increase these wildly excessive medical liability costs. Such an increase will lead to higher health care costs for all New Yorkers and a greater lack of availability of necessary health care for New Yorkers.

LRANY | Lawsuit Reform Alliance of New York
Justice. Fairness. Common Sense.

1. https://instituteforlegalreform.com/research/nuclear-verdicts-trends-causes-and-solutions/
2. https://www.diederichhealthcare.com/med-malpractice-payout-analysis-2022/
3. https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:8591a402-367a-31a0-a423-9e46face16f0
4. AM Best data and research

## The Medical Society of the County of Westchester

*and*

## The Westchester Academy of Medicine

*Cordially Invites you to Attend our*

# Annual Meeting and Program

## Thursday, June 8, 2023

### Westchester Country Club

99 Biltmore Avenue
Rye, NY 10580

6:00 - 7:00 p.m.
Networking Reception
7:00 p.m.
Buffet Dinner
Installation of 2023-2024 Medical Society & Academy Officers

***Remarks of Bruce Molinelli MD***
*Outgoing WCMS President*

***Remarks of Peter Acker, MD***
*Incoming WCMS President*

***Charles J. Sellers, President***
***Charles J. Sellers & Co., Inc.***
*"Friend of the Society" Awardee*

***Lindsay Farrell, MBA, FACMPE, President & CEO***
***Open Door Family Medical Center & Foundation***
*"Friend of Medicine" Awardee*

No Cost for WCMS Members & Spouse or Guest; Additional Guests of Members $150; Non-members & Guests $300/per person
Guest non-member Tables of 10 - $2000

RSVP TODAY to Janine Miller, 914-967-9100, by email to jmiller@wcms.org or fill out the form below and mail to:
40 Sunshine Cottage Road, Valhalla, NY 10595.
Checks should be made payable to the Westchester County Medical Society.

Name: _____ Guests:_____

Email:_____ _____


*Sponsored by the Medical Society of the State of New York*

## Available Programs for 2022-2023

***COVID-19 and its Impact on Veterans***
**Educational Objectives:**
- Identify the wide ranging medical and mental health impacts of COVID on veterans
- Discuss post-traumatic growth of veterans who have experienced COVID-related post-traumatic stress
- Recognize the role of physicians in assessing the impact of the pandemic on veteran patients

***Military Culture: Everything Physicians Need to Know about Veterans as Patients***
**Educational Objectives:**
- Describe the unique aspects of military culture and how they impact patients who are veterans
- Explain the Dwyer Peer-to-Peer program as a resource to assist veteran patients re-acclimating from a group to an individual mentality
- Review and identify resources to improve physician's ability to fully treat veterans who are transitioning back into civilian life

***PTSD in Returning Veterans***
**Educational Objectives:**
- Identify diagnostic criteria for PTSD
- Discuss medical and psychiatric comorbidities of military related PSTD
- Discuss evidence-based treatment modalities for PTSD including medications and psychotherapy
- Discuss strategies to help veterans overcome stigma to seek and accept treatment for military related trauma

***The Special Mental Health Needs of Women Veterans***
**Educational Objectives:**
- Review how the increased role of women in the military has impacted their mental health
- Describe mental health concerns unique to women veterans and how to identify and treat them
- Identify the barriers that women veterans face in getting the specific care they need

***Substance Use Disorders in Veterans***
**Educational Objectives:**
- Identify Substance Use Disorders (SUDs) in V=veterans
- Discuss evidence-based psychosocial strategies to treat veterans with SUDs
- Discuss Medication Assisted Treatment (MAT) for veterans with alcohol or opioid use disorders
- Identify barriers to diagnosis and treatment of SUDs in veterans and methods to overcome them

***Suicide in Veterans***
**Educational Objectives:**
- Address the causes and warning signs of suicide and suicidal behavior among veterans
- Explore evidence-based diagnostic, intervention and treatment options
- Identify barriers to identification and treatment in military culture and methods to over come them

***TBI in Returning Veterans***
**Educational Objectives:**
- Identify signs and symptoms indicative of the spectrum from concussion/mild TBI to severe TBI
- Examine evidence based treatment modalities for TBI and when to refer to a specialist
- Identify red flags that indicate alternate or more severe pathology
- Outline an appropriate management plan for a patient presenting with concussion/TBI including a return to "normal life" protocol

***The Impact of Military Sexual Trauma (MST) on Veterans*** ★ **New Program—NOW AVAILABLE** ★
**Educational Objectives:**
- Define military sexual trauma (MST)
- Identify some of the residual effects MST can have on patients
- Prepare providers to treat patients with MST

For more information, contact:
**Nicholas Hospodar at nhospodar@mssny.org or call (518) 465-8085**

*Funding provided by the New York State Office of Mental Health*

The Medical Society of the State of New York 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 each live activity for a maximum of 1.0 *AMA PRA Category 1 credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**MSSNY WILL PROVIDE HOSTS WITH :**

- A Facilities Fee
- Marketing
- Materials
- Program Handouts
- Program Evaluations
- Sign-in Sheets
- CME Certificates for all participants

***MEMORANDUM***

**MEDICAL SOCIETY OF THE STATE OF NEW YORK**
155 WASHINGTON AVENUE, SUITE 207, ALBANY, NY 12210
518-465-8085 • Fax: 518-465-0976 • E-mail: albany@mssny.org

## The Ending of the Federal Public Health Emergency on May 11, 2023

On May 11, 2023 the federal COVID-19 Public Health Emergency (PHE) https://www.cdc.gov/coronavirus/2019-ncov/your-health/end-of-phe.html ended and New York State is expected to end its public health emergency, including ending of the various executive orders related to the emergency, on May 22, 2023. Based on the collection of information from the federal government and from officials from NYS Department of Health and New York City Department of Health and Mental Health, the following is information that physicians need to know. Please note that this information will continue to change in the weeks ahead and the Medical Society of the State of New York will continue to keep you informed of those changes.

### COVID 19 Vaccines

The U.S. government is currently distributing free COVID-19 vaccines for all adults and children. New York State physicians and other immunizers still must be enrolled in the New York State Immunization Information System (NYSIIS)/CIR to order vaccine. The FDA amended its emergency use authorizations (EUAs) (FDA announcement) to authorize bivalent Moderna and Pfizer-BioNTech COVID-19 vaccines to be used for all doses administered to individuals 6 months of age and older. The monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines are no longer authorized for use in the United States. The Advisory Committee on Immunization Practices (ACIP) has meet and CDC issued the CDC issued recommendations and update the Interim Clinical Considerations (ICC).

When this transition to traditional health care coverage occurs later this year, many Americans will continue to pay nothing out-of-pocket for the COVID-19 vaccine. Vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are a preventive health service for most private insurance plans and will be fully covered without a co-pay. Currently, COVID-19 vaccinations are covered under Medicare Part B without cost sharing, and this will continue. Medicaid will continue to cover all COVID-19 vaccinations without a co-pay or cost sharing through September 30, 2024, and will cover ACIP-recommended vaccines for most beneficiaries thereafter.

Health and Human Services (HHS) announced its HHS Bridge Access Program for COVID-19 Vaccines and Treatment Program to maintain broad access to COVID-19 vaccines for millions of uninsured Americans. The program will create a unique $1.1 billion public-private partnership to help maintain uninsured individuals' access to COVID-19 care at their local pharmacies, through existing public health infrastructure, and at their local health centers.

### Treatments and Testing for COVID-19

Medications to prevent severe COVID-19 will remain available for free while supplies last. After that, the price will be determined by the medication manufacturer and the individual's health insurance coverage. After the transition to the traditional health

care market, out-of-pocket expenses for certain treatments, such as Paxlovid and Lagevrio, may change, depending on an individual's health care coverage, like costs that one may experience for other covered drugs. Medicaid programs will continue to cover COVID-19 treatments without cost sharing through September 30, 2024. After that, coverage and cost sharing may vary by state. See more information for messaging and coverage for vaccines, treatments, and testing. The New York State Department of Financial Services has also issued a letter on insurance coverage post public health emergency.

**COVID-19 At-home Tests**

New York State Medicaid members will continue to have access to up to eight over the counter at-home COVID-19 tests per-month. This coverage will remain in place for six months following the end of the PHE. Essential Plan Issuers must continue to cover over the counter or "at-home" COVID tests without cost sharing through September 30, 2024 (up to eight over-the-counter tests per month).

**DEA/SAMHSA Extends COVID 29 Telemedicine Flexibilities For Prescribing of Controlled Substances**

Effective May 11, 2023 the Drug Enforcement Administration (DEA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) issued the "Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescriptions of Controlled Medications" – a temporary rule that extends telemedicine flexibilities adopted during the COVID-19 public health emergency (PHE). The temporary rule extends the full set of telemedicine flexibilities adopted during the COVID-19 public health emergency for six months – through November 11, 2023. For any practitioner-patient telemedicine relationships that have been or will be established up to November 11, 2023, the full set of telemedicine flexibilities regarding prescription of controlled medications established during the COVID-19 PHE will be extended for one year – through November 11, 2024. The NYS Department of Health and the NYS Office of Mental Health will align with the federal rule allowing the prescription of controlled substances via telemedicine. The New York State Department of Health as already updated its website regarding this matter. The full text of the temporary rule may be found here.

**What The End of COVID-19 Public Health Emergency (PHE) Means for State & Federal Telehealth Policy**

The COVID-19 pandemic significantly transformed the use of telehealth services, creating new options for patients to receive care and their physicians to deliver care. With the end of the COVID-19 Public Health Emergency (PHE), please look to this brief summary e-Telehealth-End-of-PHE-1.docx (live.com) that describes the ongoing coverage for telehealth delivered services even after the end of the PHE.

Importantly, several years ago New York enacted a law to require insurance coverage by state-regulated plans and Medicaid for telehealth delivered services. Furthermore, last year, we successfully advocated for a law requiring these services to be paid at the same rates as comparable in-person services. That law expires in March 2024, but MSSNY is working with allies to extend this payment parity requirement, including legislation (A.4940/S.2776) that would make this requirement permanent.

For Medicare, last December Congress passed provisions to extend many of the telehealth coverage flexibilities through the end of 2024, including provisions which enable Medicare beneficiaries in any geographic area can receive telehealth services,

# URGENT CALL TO ACTION!
# CONTACT YOUR LEGISLATORS TODAY TO OPPOSE THE WRONGFUL DEATH BILL

Your voice makes a difference, and together,
physicians are a **force for change**!

*Pending Alert:* Oppose Harmful Liability Expansion Bills That Impede Patient Access To Care!

Earlier this year, due in large part to your overwhelming grassroots response, Governor Hochul rightfully vetoed a bill passed by the legislature that would have greatly expanded damages awardable in wrongful death actions and dramatically increased liability insurance premiums. As anticipated, a similar version of this bill (A.6698/S.6636) has been re-introduced in the Senate and Assembly. Unfortunately, this legislation once again fails to address the significant concerns raised by physicians, hospitals, businesses and municipalities, as it would significantly increase the type of awardable damages in New York, potentially increasing liability premiums by 40%. This would have a devastating effect on our health care safety net, and reduce patient access to care. Please urge your local legislators and legislative leaders to reject this proposal and develop balanced legislation to address New York's already exorbitant liability costs.

**This bill will likely be up for a vote in the next couple weeks. Please take action by clicking on the link below and contact your legislators and Governor to prevent the passage of this devastating legislation for New Yorkers.**

Take Action to Prevent Untenable Increases in Malpractice Premiums in New York

*Don't forget, please do it today.*

Thank you.

Westchester County Medical Society

Bruce Molinelli, MD, President
Peter Acker, MD, President-elect
Kham Ali, MD, Vice President
Thomas Lee, MD, Treasurer, Chair MSSNY PAC
Anaïs Carniciu, MD, Secretary
Daniel Gold, MD, 9th District Councilor MSSNY

**MODIFIER 25/CIGNA MSSNY WIN!**

The Payment and Practice Division received multiple concerns from our members including the letter that was sent to them advising of burdensome change coming soon from Cigna approximately 3 months ago. That week when all of these consults/call/texts/emails were coming in I happened to have an AMA workgroup meeting which I brought all of the concerns. Together with the AMA and many other organizations we have been successful as Cigna is **NOT** moving forward with the requirement of sending medical records whenever modifier 25 is used. It was supposed to go into effect today but, is not happening! There will be a write up in tomorrow's Pulse. Have a fabulous rest of the day!

**Specifics Are Below from the AMA.**

Cigna has updated its modifier 25 policy to announce a delay in implementing the required submission of documentation to support the use of modifier 25 when billed with E/M CPT codes 99212 – 99215 and a minor procedure.

Although the AMA has not yet received a formal response to the sign-on letter sent in April to Cigna about the policy, we have received the following details regarding its announced delay:

**Cigna is delaying the implementation of the modifier 25 policy.**

- Cigna is currently reevaluating this reimbursement policy update, which will delay implementation.
- Cigna will look to implement this policy later, when it can optimize the provider experience and perform additional provider education in partnership with key national medical associations.
- Cigna will communicate a new implementation date and additional details later.
- Cigna appreciates your partnership and patience and look forward to working more collaboratively with provider partners, medical associations, and their membership to ensure that modifier 25 is used appropriately and in alignment with national guidelines and industry standards.

Contact Heather Lopez for help with all of your physician payment issues: hlopez@mssny.org

*(Continued from page 17)*

not just those living in rural areas. Moreover, for behavioral/mental telehealth services, originating site geographic restrictions are permanently waived.

**COVID-19 Data Collection**

After May 25, the CDC will report regional-level test positivity data from the **National Respiratory and Enteric Virus Surveillance System (NREVSS),** a longstanding system with over 450 labs from across the country that voluntarily submit data. These data can provide early indications of COVID-19 transmission. All hospitals are required to report data through the end of April 2024. The National Vital Statistics System (NVSS) is the most accurate and complete source of death data, and timeliness of death certificate reporting has improved over the course of the pandemic. A new metric, the percent of deaths that are COVID-19-associated, and other metrics from NVSS will be reported weekly. New York State Department of Health is also moving towards data collection on hospital admissions, and emergency rooms through the Health Emergency Response Data System (HERDS); HERDS collects real time data and there will be new pages looking at ED data and syndromic data as well as wastewater on the DOH website shortly.

Further questions on the end of the public health emergency can be directed to Pat Clancy, Sr. VP/Managing Director, MSSNY Public Health and Education at pclancy@mssny.org.