MEDICAL SOCIETY OF THE STATE OF NEW YORK

NEWS OF NEW YORK

RESIDENCY EXIT SURVEY
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RANGE OF MEDICARE PAYMENTS (Low-25th Percentile/High-75th Percentile) for Top Five ELECTIVE INPATIENT HOSPITAL PROCEDURES

	NY	US
Hip/Knee Replacement Low	$10,443	$10,085
Hip/Knee Replacement High	$15,245	$12,257
Gallbladder Removal By Laparoscope With Complications or Preexisting Conditions Low	$10,070	$9,474
Gallbladder Removal By Laparoscope With Complications or Preexisting Conditions High	$15,467	$11,378
Insertion of Heart Defibrillator Low	$35,036	$29,410
Insertion of Heart Defibrillator High	$50,933	$37,779
Back & Neck Operations Except Back & Neck Fusion Low	$7,607	$7,258
Back & Neck Operations Except Back & Neck Fusion High	$11,712	$9,010
Repair of Previous Hip or Knee Replacement Low	$14,172	$12,763
Repair of Previous Hip or Knee Replacement High	$20,946	$16,228

Source: *The Henry J. Kaiser Family Foundation*

Charter Gives Physicians Hope for Fair Rankings

The Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs, follows recent agreements between New York Attorney General Andrew Cuomo and seven health plans over their physician-ranking programs.

The charter, which was created by the Consumer-Purchaser Disclosure Project, asks all health plans to retain, at their own expense, a nationally recognized, independent healthcare quality standards group to review their physician performance programs within three months of signing the charter, and with the review conducted within six months.

Health plan measures should include both quality and cost information and have a clear process for resolving consumer and physician complaints and appeals, according to the charter. Physicians should provide input into the process; and measures and methodology should be transparent, valid and based on those endorsed by the National Quality Forum.

The patient charter is backed by major consumer and business groups including the AARP, AFL-CIO, National Business Coalition on Health and Leapfrog Group.

Of course, the proof is in the details, and physician groups, which generally oppose report cards, say that data-collection methods and other factors need to better reflect the physician-patient relationship.

For instance, small and medium-size practices might have 200 diabetic patients, of whom a small subset of, say 25, have Aetna as their insurer. Aetna should judge a physician's performance treating diabetics based on aggregate data from all 200 patients, not just the 25 people who carry Aetna, says Douglas Henley, executive vice president of the American Academy of Family Physicians, which also is supporting the charter.

Among the complaints is that insurers use too-small sample sizes that inaccurately reflect physician performance, and that physicians have no way to appeal the rankings, AMA President-Elect Nancy Nielsen said. Cuomo has concerns that the rankings were based solely on cost instead of quality. So far, Aetna, Cigna Corp., UnitedHealth Group and WellPoint say they support the patient charter, stressing that the principles reflect their physician-performance programs.

As part of the New York agreements, health plans are required to have a third party vet their physician-ranking programs, and, so far, three insurers—Aetna, Cigna and UnitedHealth Group—have contracted with the National Committee for Quality Assurance to perform this task.

Federal Insurers Add Substance Abuse Services for Screening/Brief Intervention

The White House Office of National Drug Control Policy announced that approximately 5.6 million federal workers with federal health insurance will now be covered for a substance abuse prevention and treatment procedure called Screening and Brief Intervention (SBI). The new coverage will reimburse doctors who screen their patients for a full spectrum of substance use behaviors, including for alcohol, illicit drugs and prescription drug abuse/addiction, and provide appropriate intervention.

The US Office of Personnel Management asked carriers participating in the Federal Employees Health Benefits program to review new Current Procedural Terminology (CPT) codes for screening and short-term intervention for alcohol and substance abuse. The new AMA CPT codes are 99408 and 99409.

SBI is a medical procedure that aims to break the cycle of drug and alcohol abuse and addiction, and the negative consequences resulting from these behaviors. SBI procedures are performed in primary medical settings – including doctors' offices, emergency and trauma centers, pediatric and prenatal care clinics, and school-based healthcare settings. SBI facilitates a constructive dialogue between doctors and patients about the harms of substance abuse, risks for the disease of addiction, and strategies to help patients achieve sobriety. According to the 2007 National Survey on Drug Use and Health, over 20 million Americans meet the clinical definition of substance abuse or addiction. It is estimated that 95.5 percent of these individuals are unaware of their problem or have not sought treatment or interventions from healthcare professionals.

The Centers for Medicare and Medicaid Services (CMS) adopted SBI procedures in January 2007, while the AMA's addition of two CPT codes became effective in January 2008. CMS has also line-itemed SBI in its annual budget, with a $265 million set-aside to match state contributions for Medicaid for those states implementing the codes and reimbursing for SBI services.

Physician Advocacy Essential as Discussions on Medical Liability Reforms Proposals Pick Up

Physicians must continue their advocacy to their elected officials, as well as education of their patients, regarding the pressing need for meaningful medical liability reform. At this time, it is unknown what premium increases and possible surcharges will be imposed upon physicians for the policy year beginning July 1. The State Insurance Department has indicated that significant rate increases and premium surcharges may be necessary in the absence of legislative action as a result of the financial condition of some of the medical liability insurers in New York State. Such increases would exacerbate the already intolerably high medical liability premiums paid by physicians, which went up 14% last July and have gone up 55-80% in the last five years.

MSSNY representatives have had extensive discussions with the governor's office and representatives of the Departments of Insurance and Health to discuss proposals that may be included in the Medical Malpractice Advisory Liability Task Force report.

Given the fluidity of this situation, physicians must continue to take the following steps:

- Call the Liability Reform Hotline, 1-866-728-3397, which will generate a faxed letter to Governor Paterson, Assembly Speaker Silver and Senate Majority Leader Bruno.
- Urge your patients to call the 1-866 hotline. There is a patient access point that generates a similar patient focused letter to the above-referenced leaders.
- Call and write your local legislators. You can send a letter to your local assemblymember and senator from the MSSNY website www.mssny.org. There is a link on the front page of the MSSNY website to the sample letter. There is also a patient letter on the website.
- Arrange to meet with your local legislators; and
- Seek opportunities to speak to community organizations such as a local Chamber of Commerce, Kiwanis, etc. to convey the seriousness of this situation.
- Seek opportunities to interface with your local media to convey the serious of the situation.

MSSNY Lobbies to Make HIV Testing Routine for All

The MSSNY and other medical experts participated in a press conference calling for the simplification of the HIV screening process by eliminating written consent and pre-test counseling. William Valenti, MD, chair of the MSSNY HIV, Hepatitis and STI Advisory Panel, also joined other HIV medical experts in discussing A. 4813B with representatives from the governor's office and the state senate. A. 4813B would eliminate the mandates for written consent and pre-test counseling which are currently required under the public health law.

MSSNY supports this initiative as it most closely resembles the recommendations made in the US Centers for Disease Control and Prevention 2006 guidance – to make HIV screening part of routine medical care in all health care settings. The objective of the legislation is to have patients know their HIV status and to destigmatize HIV and its test.

INSIDE NEWS

ALBANY UPDATE

MSSNY OPPOSES LEGISLATION THAT COULD INCREASE LIABILITY COSTS

Legislation (S.7482, DeFrancisco) has advanced from the Senate Judiciary Committee to the Senate floor that would, in civil cases involving multiple defendants where one defendant has settled, require the non-settling defendant to choose prior to trial whether to reduce his/her liability exposure by the stated settlement amount or the settling defendant's proportionate share of fault, as determined by the jury.

Because this bill has the potential to increase liability awards to levels even higher than the jury's verdict, MSSNY has expressed opposition to this legislation. Under current law, in civil cases involving multiple defendants where one defendant has settled, the non-settling defendant(s) can choose after trial how their liability will be reduced based upon the settlement of one co-defendant.

A jury verdict is, therefore, reduced by the greater of the dollars paid by the settling defendant or the share of fault allocated by the jury to a defendant who has already settled. With this legislation, however, the non-settling defendant must "roll the dice" pre-trial and guess whether they would be better advantaged by choosing whether to reduce their liability exposure by the settling defendant's settlement amount or share of fault. Identical legislation (A.9157, Weinstein) is on the assembly floor. Physicians are urged to call their senators and assemblymembers in opposition to this legislation, and in support of needed medical liability reform

AG REPORT DETAILS MEDICAID FRAUD RECOVERIES IN 2007

New York State Attorney General Andrew Cuomo recently released a report indicating that the Medicaid Fraud Control Unit (MFCU) had obtained $112.5 million in civil damages and court-ordered restitution in 2007. Of the 330 investigations closed against providers in 2007, 37 were resolved through criminal prosecution and 161 through civil proceedings. Most of the remainder of the investigations were closed due to insufficient evidence of fraud. The report indicated that, of the total recoveries in 2007, $41.6 million was derived from investigations of home health care organizations; $35.6 million was recovered from investigations of managed care organizations; $7.8 million from investigations of pharmaceutical companies; $7.2 million from investigations of nursing homes; $2 million from investigations of hospitals; $1.8 million from investigations of pharmacies; and $1.7 million from investigations of physicians.

The report noted that the most significant reason for MFCU investigation and recovery from physicians in 2007 was inappropriate billing for drugs administered on-site in a physician's office. Medicaid rules only permit physicians to be reimbursed for their invoice costs for administering a drug in-office, which differs from reimbursement rules under the Medicare program.

MSSNY SUPPORTS EXPEDITED PARTNER THERAPY LEGISLATION

The Medical Society of the State of New York supports legislation that would allow a physician to prescribe or dispense antibiotics to a patient's sexual partner. Assembly bill A.8730-A, sponsored by Assemblymember Michelle Schimel, is currently before the full Assembly. At the 2008 House of Delegates, MSSNY supported the Centers for Disease Control and Prevention's guidance on expedited partner therapy that was published in its 2006 white paper, and voted to support legislation to allow physicians to prescribe or dispense antibiotics to a person's sex partner. However, support for the legislation was contingent upon liability protections. A.8370-A was recently amended to provide civil or criminal liability protection for physicians.

NYS TOBACCO CONTROL PROGRAM ATTRACTS 400

The New York State Tobacco Control program held a statewide meeting May 6 – 8 in Albany focusing on "Shaping a Tobacco Free Future: Strategies for 2010 and Beyond." The meeting was well attended by almost 400 participants from across the state who work in tobacco prevention and control. Nationally recognized speakers shared their enthusiasm and suggested strategies for reaching the ambitious goal of one million fewer smokers by 2010 in New York State. Commissioner Daines delivered an inspiring keynote address and stressed the need for widespread availability of NRT (nicotine replacement therapy), as well as the availability of counseling benefits for tobacco dependence treatment. He also emphasized the importance of ongoing public education regarding the dangers of tobacco and the safety of NRT.

MSSNY URGES ACTION ON MANAGED CARE REFORM LEGISLATION

Several Westchester County physicians, including MSSNY President Michael Rosenberg, MD, met with recently appointed Assembly Insurance Committee Chair Joseph Morelle and Assemblymember Adam Bradley to urge the enactment of legislation to address abusive managed care practices. Such practices interfere with the ability of physicians to provide timely necessary care for patients and make it difficult for physicians to maintain viable practices.

Assemblyman Bradley has introduced numerous MSSNY-backed initiatives to address these problems, including: legislation to prohibit material adverse unilateral contract amendments by health plans (A.6508); legislation to permit patients to assign benefits to their non-participating treating physicians (A.4468-B); legislation to hasten the timeframes for health plans to make payment, as well as to increase fines for late payment (A.10098); and legislation that would enact numerous managed care reforms (A.7591-A). In addition to Dr. Rosenberg, attendees included MSSNY Councilor Andrew Kleinman, MD, Wayne Eisman, MD, Kira Geraci, MD, Tom Lee, MD, Peter Liebert, MD, Abe Levy, MD, John Stangel, MD, William Walsh, MD and Westchester County Medical Society Executive Director Stu Hayman.

MSSNY OFFERS CME PROGRAM ON ADHD

MSSNY is partnering with IPRO, NYSDOH, the NYS Academy of Pediatrics and the NYS Academy of Family Physicians to present a CME program for pediatricians, family practitioners, physician assistants and nurse practitioners on Wednesday, June 18, 2008 from 8 am to 5 pm at the New Yorker Hotel, 481 Eighth Avenue, New York, NY. This program also includes a four-month distance learning program. These programs will teach participants to correctly identify and diagnose ADHD and distinguish this from normal developmental variations, effectively manage psychopharmacology, and create and implement a treatment plan by mobilizing existing resources.

CME credits are available (8 for one-day live program and 1 for each telephone conference, for a total of 16 credits). Register electronically at www/.ipro.org/events. Register early. Space is limited. For further information, call Dana Jaffe at 1-800-852-3685 X 225.

EXPERT PANEL ON PALLIATIVE CARE ISSUES HOLDS INITIAL MEETING

The Department of Health's newly formed expert panel on palliative care met on April 18 in New York City to begin discussion that will result in the development of guidance and advise the state health commissioner on best practices in pain management and end-of-life care. The creation of the panel was provided for in the Palliative Care Education and Training Act as part of the 2007 state budget legislation.

The panel's responsibilities include recommending: standards and regulations to determine eligibility for designation of Palliative Care Certified Medical Schools; standards and regulations to determine eligibility for designation of Palliative Care Certified Residency Programs, grants for palliative care curricula for trainees; criteria for designating Centers for Palliative Care Excellence, and criteria for designating Palliative Care Practitioner Resource Centers.

Jeffrey Berger, MD, chair of the MSSNY's Biomedical Ethics Committee, has been appointed as the MSSNY representative to the panel by New York State Health Commissioner Richard Daines, MD.

MSSNY OPPOSES MEASURE TO BAN USE OF LINDANE

A bill which would limit the use of gamma benzene hexachloride or hexachlorcyclohexane (Lindane) will be considered by the Assembly Health Committee. The bill would prohibit the use of Lindane for the treatment of lice in persons under the age of sixteen and limit the use of Lindane to the treatment of scabies. Moreover, the bill would require that where Lindane is prescribed for the treatment of scabies, it must be commenced under the supervision of an appropriate health care provider. Under the provisions of the bill, a patient would have to leave the provider's office, fill the prescription at a pharmacy and then return to the provider's office to wait to be seen so that the treatment may be commenced.

MSSNY believes the bill is too prescriptive and is practically unworkable. Additionally, it is a significant departure from the weight of scientific and medical expertise, which continues to hold that Lindane is an effective second-line treatment for both scabies and lice. Consequently, the Medical Society opposes this bill.

EMTALA TAG REPORT PUBLISHED

The Center for Medicare and Medicaid Services has posted the final report of the Emergency Medical Treatment and Active Labor Act (EMTALA) Technical Advisory Group (TAG), submitted to the Secretary of HHS, on its website. The Medicare Modernization Act created the EMTALA Technical Advisory Group (TAG). The TAG has met several times over the past several years and expired last year. This report consolidates its findings and recommendations. The report can be found at: www.magpub.com/emtala/EMTALA%20Final%20Report_FINAL.PDF.

NYS-DOH Advisory: Thimerosal Prohibited for Most Pregnant Women and Children under Age 3 after July 1

The NYS-DOH has issued an advisory to inform all healthcare providers, including physicians, that as of July 1, 2008, state law will prohibit the administration of vaccine that contains more than trace amounts of thimerosal – to **children under age three** and to **pregnant women**. The advisory is particularly targeted to pediatricians, obstetricians and primary care physicians; i.e. those who are most likely to treat and immunize these patient groups. The advisory is in response to the new, New York State Public Health Law (PHL) 2112.

Table 1. Thimerosal Content of Influenza Vaccines Anticipated for 2008-2009 Season

Vaccine	Package	Dose (ml)	Approved Ages	Thimerosal	Mercury (mcg/0.5 ml)
Afluria - trivalent inactivated vaccine (TIV) (CSL Limited)	Single-dose syringe	0.5	>18 yrs	No	
	Multidose vial	0.5	>18 yrs	Yes	24.5
Fluzone - TIV (Sanofi Pasteur)	Multidose vial	Age-dependent	>6 mos	Yes	25
	Single-dose syringe	0.25	6-35 mos	No	
	Single-dose syringe	0.5	>36 mos	No	
	Single-dose vial	0.5	>36 mos	No	
Fluvirin - TIV (Novartis)	Single-dose syringe	0.5	>4 yrs	Trace	0.98
	Multidose vial	0.5	>4 yrs	Yes	25
Fluarix - TIV (GSK)	Single-dose syringe	0.5	>18 yrs	Trace	1
	Multidose vial	0.5	>18 yrs	Yes	25
Flulaval - TIV (GSK)	Single-dose syringe	0.5	>18 yrs	Trace	1
	Multidose vial	0.5	>18 yrs	Yes	25
FluMist - live attenuated influenza virus (LAIV) (MedImmune)	Single-dose dispenser	0.2	2 - 49 yrs	No	

Source: *NYS-DOH, 4/23/2008*

The advisory emphasizes, however, that this new law will become effective, despite the fact that there is **NO valid evidence that thimerosal contained in existing vaccines is harmful in any way**, other than to sometimes cause minor reactions such as redness or swelling. The advisory also lists circumstances for which exemptions will be granted to this law. In situations where only thimerosal-containing vaccines are available, it is still preferable to administer vaccines with thimerosal than to not administer vaccine at all. The advisory states: **"The risk of disease from lack of vaccination far outweighs the risk of harm, if any, from thimerosal."**

To comply with the timetable of this new law, affected physicians, need to make every effort to obtain sufficient supplies of permissible vaccines for their patients who will need them.

Table 2. Thimerosal Content of Vaccine Formulations Available for Diphtheria, Tetanus, and Pertussis

Vaccine	Trade Name	Manufacturer	Thimerosal Concentration	Mercury
DTaP	Tripedia	Sanofi Pasteur	<=0.00012%	<=0.3 mcg/ 0.5 ml dose
DTaP	Infanrix	GlaxoSmithKline	0	0
DTaP	Daptacel	Sanofi Pasteur	0	0
DTaP-HepB-IPV	Pediarix	GlaxoSmithKline	0	0
DT	None	Sanofi Pasteur	<0.00012% (single dose)	<0.3 mcg /0.5 ml dose
Td	None	Mass Public Health	0.0033%	8.3 mcg/ 0.5 ml dose
Td	Decavac	Sanofi Pasteur	<=0.00012%	<=0.3 mcg /0.5 ml dose
Td	None	Sanofi Pasteur	0	0
Tdap	Adacel	Sanofi Pasteur	0	0
Tdap	Boostrix	GlaxoSmithKline	0	0
TT	None	Sanofi Pasteur	0.01%	25 mcg /0.5 ml dose

Source: *NYS-DOH, 4/23/2008*

What Is Considered "Trace" Amount of Thimerosal

The definition of the term "trace" as it pertains to "trace amounts of thimerosol" permissible in vaccines covered by this law, varies with the vaccine as follows:

• For all vaccines except influenza vaccine, the term "trace" means no more than 0.5 micrograms of mercury per 0.5 milliliter dose.

• For children under 3 years of age, an influenza vaccine may contain no more than 0.625 micrograms of mercury per 0.25 milliliter dose.

• For pregnant women, an influenza vaccine may contain no more than 1.25 micrograms of mercury per 0.50 milliliter dose.

Exemptions to PHL 2112 and Required Documentation

The NYS Commissioner of Health can exempt physicians and other health care providers from complying with this law under the following circumstances:

• The restriction on vaccinating pregnant women with influenza vaccine is only applicable when there is an adequate supply of influenza vaccine with only the defined trace amount of thimerosal. Also, the law only applies to women who are known to be pregnant; physicians are not expected to test women for pregnancy.

• The commissioner can authorize the use of influenza vaccine with more than trace amounts of thimerosal for both children under age 3 and pregnant women:

a) When the commissioner determines that vaccine with lower thimerosal levels is not available for distribution in this state.

b) When the commissioner determines there is an influenza outbreak or threat of an outbreak.

When vaccine shortage is a physician's reason for administering vaccine with higher levels of thimerosal, the physician must:

1. Document good faith attempts to locate and obtain the preferred vaccine. The physician must likewise contact either the NYS-DOH or the NYC-DOHMH to discuss their failed efforts, to help the DOHs determine the extent and cause of the shortage and try to correct it.; and also

2. Obtain written consent to vaccinate with the higher-thimerosal dosage from the pregnant woman and/or from the parent/guardian of the child.

When an outbreak or threat of an outbreak is the reason, neither documentation nor informed consent are required.

Ways to Inform and Document Consent

To comply with the new law's requirement that physicians obtain informed consent prior to administering a vaccine that contains more than trace amounts of thimerosal, physicians should do the following.

• Document the fact that verbal or written consent has been obtained by asking the patient or parent/guardian to sign a documentation/consent form and filing it, or make a notation in the patient's medical record or on the immunization record.

• Inform by giving the patient or parent/guardian the most current vaccine information statement (VIS). The VIS for inactivated influenza vaccine contains information on thimerosal and mercury used in the vaccine and can be used as background information for the purpose of obtaining informed consent. The information about thimerosal contained in the influenza VIS can also be helpful when obtaining informed consent prior to administering other vaccines that contain more than trace amounts of mercury. The influenza VIS is printed in several languages and can be obtained at www.cdc.gov/vaccines/pubs/vis/default.htm. A physician or someone in the office should read or paraphrase the VIS to the parent and make sure (to the best of their ability) that the parent understands it. The VIS is available in several languages.

Adequate Supply of Influenza Vaccine Currently Anticipated for this Year

It currently appears that there will be an adequate supply for the 2008-2009 flu season of mercury-free influenza vaccine or vaccine containing no more than trace amounts of mercury. In May the CDC announced that the five companies that make flu vaccine expect to produce an overall supply of 143 million doses for the US, 3 million more doses than last year. A final determination of the adequacy of the supply will be made by August 15. Supplies are generally available for shipping starting in September.

Vaccines Currently Known to Have More than Trace Amounts of Thimerosal

According to the FDA, the following vaccines contain more than trace amounts of thimerosal. A complete list is on the FDA's website: www.fda.gov/cber/vaccine/thimerosal.htm. Physicians should, therefore,

(Continued on page 10)

Table 3: Thimerosal Content of Other Vaccines Currently Licensed & Manufactured in US (not referenced in Tables 1 & 2)

Vaccine	Trade Name	Manufacturer	Thimerosal Concentration	Mercury
Anthrax	Anthrax vaccine	BioPort Corporation	0	0
Hib	ActHIB/OmniHIB4	Sanofi Pasteur, SA	0	0
	HibTITER	Wyeth Pharmaceuticals, Inc.	0	0
	PedvaxHIB liquid	Merck & Co, Inc	0	0
Hib/HepB	COMVAX5	Merck & Co, Inc	0	0
Hepatitis B	Engerix-B	GlaxoSmithKline Biologicals		
	Pediatric/adolescent		0	0
	Adult		0	0
	Recombivax HB	Merck & Co, Inc.		
	Pediatric/adolescent		0	0
	Adult (adolescent)		0	0
	Dialysis		0	0
Hepatitis A	Havrix	GlaxoSmithKline Biologicals	0	0
	Vaqta	Merck & Co, Inc	0	0
HepA/HepB	Twinrix	GlaxoSmithKline Biologicals	< 0.0002%	< 1 µg/1mL dose
IPV	IPOL	Sanofi Pasteur, SA	0	0
	Poliovax	Sanofi Pasteur, Ltd	0	0
Japanese Encephalitis[7] dose	JE-VAX	Research Foundation for Microbial Diseases of Osaka University	0.007%	35 µg/1.0mL dose 17.5 µg/0.5mL
MMR	MMR-II	Merck & Co, Inc	0	0
Meningococcal	Menomune A, C, AC and A/C/Y/W-135	Sanofi Pasteur, Inc.	0.01% (multidose) 0 (single dose)	25 µg/0.5 dose 0
	Menactra A, C, Y and W-135	Sanofi Pasteur, Inc	0	0
Pneumococcal	Prevnar (Pneumo Conjugate)	Wyeth Pharmaceuticals Inc.	0	0
	Pneumovax 23	Merck & Co, Inc	0	0
Rabies	IMOVAX	Sanofi Pasteur, SA	0	0
	Rabavert	Novartis Vaccines and Diagnostics	0	0
Smallpox (Vaccinia), Live	ACAM2000	Acambis, Inc.	0	0
Typhoid Fever	Typhim Vi	Sanofi Pasteur, SA	0	0
	Vivotif	Berna Biotech, Ltd	0	0
Varicella	Varivax	Merck & Co, Inc	0	0
Yellow Fever	Y-F-Vax	Sanofi Pasteur, Inc	0	0

Table Footnotes

[1] Thimerosal is approximately 50% mercury (Hg) by weight. A 0.01% solution (1 part per 10,000) of thimerosal contains 50 µg of Hg per 1 ml dose or 25 µg of Hg per 0.5 ml dose.

[2] Sanofi Pasteur's Tripedia may be used to reconstitute ActHib to form TriHIBit. TriHIBit is indicated for use in children 15 to 18 months of age.

[3] This vaccine is not marketed in the US.

[4] OmniHIB is manufactured by Sanofi Pasteur but distributed by GlaxoSmithKline.

[5] COMVAX is not licensed for use under 6 weeks of age because of decreased response to the Hib component.

[6] Children under 3 years of age receive a half-dose of vaccine, i.e., 0.25 mL (12.5 µg mercury/dose).

[7] JE-VAX is distributed by Aventis Pasteur. Children 1 to 3 years of age receive a half-dose of vaccine, i.e., 0.5 mL (17.5 µg mercury/dose).

Source: *CDC, updated 3/14/2008*

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PRESIDENT'S COLUMN

Where we stand...

Dr. Michael Rosenberg

Last July, the Superintendent of Insurance approved a 14% rate increase in our malpractice premiums, on top of a 15% increase the year before (and there are those who say we have no crisis in New York…). At that time, Superintendent Dinallo issued a statement that, at the Governor's request, and with the support of the Health Commissioner, he would convene a task force to "confront the fundamental drivers of high medical malpractice costs." He described the current environment very well: "…We have inherited the worst of both worlds — physicians who cannot afford to practice medicine, and insurers whose financial condition is rapidly eroding. The cause is high medical liability costs…"

Through the fall of 2007, in a series of meetings with all interested parties, the goals of the task force were defined:

- Premium relief for physicians and hospitals
- Meaningful tort reform to improve the system
- Stabilization of the malpractice carrier market
- Quality assurance and patient safety

MSSNY has been thoroughly involved in every step of the process, initially forming a coalition with the hospitals and specialty societies to provide balance and insight to the task force. We were forcefully represented by MSSNY Past-President Dick Peer, MD, who clearly presented our view of the dimension of the current problem:

- The current medical malpractice civil litigation and medical liability insurance environment is jeopardizing access to care in some medical specialties and/or in some geographic areas of NY State.
- It has placed physicians, hospitals and medical malpractice insurers in a precarious financial state.
- Our medical malpractice civil litigation system is not responsive to the needs of either plaintiffs or defendants.
- It is compromising the trusted relationship between physician and patient.
- The current liability environment does absolutely nothing to improve patient outcomes or to enhance the process of providing care, and often inhibits these processes.

Now, as the Superintendent begins formulating our rates for the coming year, beginning in July 2008, we need to bring all of our forces to bear to assure the task force report addresses the current crisis in a meaningful way, and more importantly, that any recommendations that redress the problems in the system are enacted in regulation or through legislation.

Finally, let me note on the specific issue of patient safety, new legislation is being proposed that would modify the way OPMC and the physician discipline process works. We support the concept of quality improvement within the context of an overall reform package. We will forcefully advocate for an appropriate balance of due process rights and patient safety. Our entire profession, whether by our insistence on continuing medical education, or by our battle to protect the sanctity of the peer review process, is dedicated to continually improving our quality, and we must remain leaders in the process.

Our patients deserve no less…

Michael Rosenberg, MD
MSSNY President

Top Reasons Why Your Medicaid Claims Are Denied

Only fifty percent of all Medicaid claims are successful in receiving reimbursement. Medicaid recently shared with MSSNY the top reasons for denied claims. The top reasons are:

Error Reason	Code Error Description
706	Duplicate claim in history
1154	NoUT Service Authorization Record on File
152	Recipient file indicates Medicare/No Medicare present
1172	Prepaid capitation recipient – Service covered within plan (Deny)
1236	Order/Referring license not on NYS License file
204	Procedure code inactive on service date
162	Recipient ineligible on service date
131	Third-Party indicated/Other insurance amount not submitted
1292	Date of service two years prior to date received
901	Claim type unknown
903	Ordering or referring Provider ID or License number not on claim
2066	Drug code missing
166	Provider ineligible service on date performed
218	Provider not approved for service
78	Referring Provider ID number invalid
142	Recipient birth date not equal file
144	Recipient sex not equal file
727	Near duplicate claim in history
68	Service date not within 90 days of receipt date
547	Recipient ineligible (Coverage code is equal to D7)

Medicaid has an outreach program available to educate physicians and their office staff in the nuances of submitting claims. MSSNY will assist the county societies in coordinating the scheduling of the education programs.

Have You Used Your Library Lately?

MSSNY's library has access to more than 19,000 topics from 5,000 publications.

Doctors have access to four major online research database resources — three of which are currently available only to hospitals and medical schools.

- DynaMed is a point-of-service reference tool, which can be accessed during patient examinations. It instantly provides current clinical information for diagnosis, treatment and billing codes.
- MEDLINE accesses abstract summaries from 4,800 biomedical journals.
- Health Business FullTEXT offers practice management information from130 journals.
- Health Library is a plain-language encyclopedia that can be downloaded and given to patients to help them better understand their diagnoses and treatments.

You must be a MSSNY member to access the library through the medical society's website at www.mssny.org. Doctors who contract with Excellus BCBS can access the library through the Excellus BCBS website at www.excellusbcbs.com.

The MSSNY library was made possible through an Excellus grant.

IOM Says Payments Should Increase to Geriatric Specialists

Medicare, Medicaid and private insurers should increase payments to geriatric specialists as a means to better train and retain providers for the coming wave of aging baby boomers, the Institute of Medicine said in a new report.

Policy analysts found that the current healthcare workforce is too small and "woefully" unprepared to treat the 78 million seniors who will become Medicare-eligible in 2011. The report found that there are roughly 7,100 physicians certified in geriatrics in the US—or roughly one for every 2,500 older Americans. That low number, coupled with the high rate of turnover among nurses' and home health aides, could strain the quality of care the aging population receives, the report states. The IOM also said that the Medicare program acts as a roadblock to bettering geriatric care because of its low payments, its focus away from treating chronic conditions and by not fully covering preventative services or compensating providers for the time spent coordinating care.

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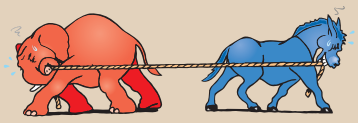
The Political Corner



By Charles Rothberg, MD and
George O. Stasior, MD, MSSNYPAC Co-Chairs

Dr. Charles Rothberg, MSSNY-PAC Chair

Dr. George O. Stasior, MSSNY-PAC Chair

By the time you are reading this, the New York State Legislature's annual "rush to adjournment" will be in high gear as legislative leaders, along with rank and file members, seek to hammer out "compromise" legislation in a host of areas. Many of these areas are of crucial importance, not only to physicians and patients, but to all New Yorkers and to the continued viability of New York State's health care system. There will be a great deal of criticism of this process in the media, and members of the public will react with a mixture of frustration and even bewilderment summed up by the frequently heard comment – "This is no way to run a business."

These reactions are understandable, but in many cases they are inaccurate and unfair. The suggestion that the legislature frequently acts without adequate information and deliberation is simply not true. Before bills move to a vote, an incredible amount of information and analysis has been provided on both sides of the issue. Competing interests have been heard and reconciled. Compromises have been forged. Yes, sometimes individual legislators are not as up to speed as they could be, but this is rarely true "institutionally."

Virtually all major legislation is passed at the last minute, but the reality is that weeks and months – and even years of study – have preceded the actual passage of the bill. Clearly, at this writing we do not know what the legislative outcome will be on two of our most important issues – medical liability reform and health insurance reform. Varying degrees of relief are possible, but no relief is also a possible outcome. Whatever happens, however, is going to be the result of huge efforts on the part of all of the competing interests expended over long periods of time.

It is vital to understand the importance of "political action" in this process. Politics and governance are inextricably tied together. Each interest group must understand the political philosophy of each elected representative and must measure that philosophy against its own. When these judgments are made, political support of candidates who share our view is vital if our view is to be reflected in the public policies enacted by our elected leaders. Being an "interest" group is not wrong or shameful. Society is a bubbling cauldron of "interest" groups, and the intense interaction between and among such groups is the political process that shapes the views and goals of our governance mechanisms. The product that emerges is "good" or "bad" in the eyes of any particular group to the extent that it reflects that group's views.

All physicians – each and every one – should know that if they want their views to be reflected in the product that emerges from the political process, they must be involved in that process. We must provide the resources necessary to elect public officials whose views are our views.

We earnestly entreat you – our fellow physicians – to make a generous contribution to MSSNYPAC. Make it now. It's your profession – protect it.

MSSNY-PAC is a bi-partisan political action committee run by physicians, with student and Alliance representation. Our goal, in conjunction with the American Medical Association's AMPAC, is to support and elect pro-medicine candidates to state and federal office. Participation is open to contributors who are physician members of the MSSNY, their spouses, and medical students; part of your MSSNY-PAC dues supports the AMPAC. PAC dues are not tax deductible. You can contact Jennifer Wilks at MSSNY's Division of Governmental Affairs at 518-465-8085 or mssnypac@mssny.org.

BCBS Agrees to Changes in Business

FINAL ORDER AND APPROVAL: On April 19, 2008, Judge Moreno of the US District Court of the Southern District of Florida, gave final approval of the BlueCross BlueShield Settlement in the action *Love et al. v. BlueCross BlueShield Ass'n et al*. The Medical Society of the State of New York is an original signatory medical society to the settlement. As a signatory medical Society, MSSNY has a role in the enforcement of the settlement.

Pursuant to the settlement, the practice changes that the Blues plans have agreed to, include commitments to do the following:

- Implement a definition of medical necessity that ensures that patients are entitled to receive medically necessary care as determined by a physician exercising clinically prudent judgment in accordance with generally accepted standards of medical practice;
- Use clinical guidelines that are based on credible scientific evidence published in peer-reviewed medical literature (taking into account Physician Specialty Society recommendations, the views of physicians practicing in the relevant clinical areas, and other relevant factors) when making medical necessity determinations;
- Provide physicians with access to an independent medical necessity external review process;
- Establish an independent external review board for resolving disputes with physicians concerning many common billing disputes;
- Pay for the cost of recommended vaccines and injectibles and for the administration of such vaccines and injectibles;
- Not automatically reduce the intensity coding of evaluation and management codes billed for covered services;
- Ensure the payment of valid clean claims within fifteen (15) days for electronically-submitted claims and thirty (30) days for paper claims;
- Provide fee schedules to physicians;
- Establish a compliance dispute mechanism to address disputes regarding the Blues' compliance with the agreement;
- Establish and/or maintain physician advisory committees; and
- Provide ninety (90) days' notice of changes in practices and policies and annual changes to fee schedules;
- Disclosure payment rules and conform bundling and other edit practices and procedures specified in the settlement.

Several provisions contained in the BCBS Settlement applied as of April 21, 2008.

NEW PHYSICIANS AND RESIDENTS

NEW PHYSICIANS

ALBANY

Eli Narciso Avila, MD ..... Legal Medicine
Eric Gregory Bello, MD ..... Emergency Medicine
Melody A. Bruce, MD ..... Obstetrics & Gynecol
Charles J. Buttaci, DO ..... Physical Med & Rehab
Chelsy Caren, MD ..... Obstetrics & Gynecol
Dr. Robert Chang, MD ..... Oral & Maxillfacial Surgery
Mary Anne Colalillo, MD ..... Obstetrics & Gynecol
David J. Conti, MD ..... General Surgery
Michael Dailey, MD ..... Emergency Medicine
Surjya Prasad Das, MD ..... Cardiovascular Dis
James L. Dolph, MD ..... Plastic Surgery
Nancy Geraldine Dvorak, MD ..... Psychiatry
David Alan Edmonson, MD ..... General Surgery
Frank J. Fera, MD ..... Internal Medicine
John W. German, MD ..... Neurological Surgery
Louis H. Gold, MD ..... Pulmonary Diseases
Jonathan Sager Halpert, MD ..... Emergency Medicine
Richard Wood Jones, MD ..... Family Medicine
John D. Noonan, MD ..... Plastic Surgery
Jeffrey Perkins, DO ..... Internal Medicine
Joseph M. Polito, MD ..... Gastroenterology
Warren Silverman, MD ..... Occupational Medicine
John W. Simon, MD ..... Ophthalmology
Katherine L. Stam, DO ..... Family Medicine
Brain Francis Steckel, MD ..... Colon & Rectal Surg
Nancy Ann Wade, MD ..... Pediatrics
Nora Loey Yip, MD ..... Colon & Rectal Surg
Debra Carol Zimring, MD ..... Family Medicine

BRONX

Srinivasa R. Adapa, MD ..... Geriatric Med-Fam Prac
Anthony R. Avanzato, DO ..... Internal Medicine
Rajesh Bhatnagar, MD ..... Neurology
William Raymond Bodner, MD ..... Radiation Oncology
Asaf Ferber, MD ..... Obstetrics & Gynecol
David S. Geller, MD ..... Orthopedic Surgery
Jeffrey David Harrison, MD ..... Anesthesiology
David M. Hirsh, MD ..... Orthopedic Surgery
Ram Kairam, MD ..... Child Neurology
Jasminder Luthra, MD ..... Emergency Medicine
Robert E. Michler, MD ..... Thoracic Surgery
Magdy Girgis S. Mikhail, MD ..... Obstetrics & Gynecol
Haleh Ghafour Mohseni, MD ..... Family Medicine
Padmavathi Murakonda, MD ..... Internal Medicine
Marc G. Odrich, MD ..... Ophthalmology
Steven A. Odrich, MD ..... Ophthalmology
Ann L. Pedersen, MD ..... Physical Med & Rehab
Frank Ludwig Pintauro, MD ..... Internal Medicine
Robert D. Pintauro, MD ..... Internal Medicine
Prakash J. Rao, MD ..... Anesthesiology
Glorisel Rodriguez Villega, MD ..... Physical Med & RehabMark
Rosing, MD ..... Obstetrics & Gynecol
Igor Rubinshteyn, MD ..... Orthopedic Surgery
Donald A. Savitz, MD ..... Dermatology
Stanley F. Schoenbach, MD ..... Plastic Surgery
Debora D Shpolyansky, MD ..... Family Medicine
Maja Zaric, MD ..... Internal Medicine

BROOME

Ahmad A. Alwan, DO ..... Neurology
David S. Dinhofer, MD ..... Diagnostic Radiol
Jason Joseph, MD ..... Internal Medicine
Louis P. Mateya, Jr., MD ..... Internal Medicine
Shahid Ahmed Mughal, MD ..... Internal Medicine
Arjun J. Patel, MD ..... Internal Medicine
Dharmesh R. Patel, MD ..... Neurology
Richard M. Rigotti, MD ..... Anatomic/Clin Pathol
Teresa A. Sacco-Bedosky, DO ..... Emergency Medicine
Gregory P. Scagnelli, MD ..... Pediatrics
Nancy E. Shumeyko, MD ..... Gynecology
Rosa Maria Fides A. Solis, MD ..... Internal Medicine

CATTARAUGUS

Gary H. Carl, MD ..... Urology
Pierre E. Dionne, MD ..... Family Medicine

CAYUGA

Joseph David Graney, MD ..... Internal Medicine

CHAUTAUQUA

Hyder Alam, MD ..... Internal Medicine
Bruce Howard Rockwell, MD ..... Diagnostic Radiol

CHEMUNG

Taryn Price Draxler, MD ..... Internal Medicine
Charles W Raudat, DO ..... Thoracic Surgery
Wayne L. Rosen, DO ..... Radiology
Elizabeth M. Sobieraj, MD ..... Diagnostic Radiol

CLINTON

Paolo Fedi, MD ..... Internal Medicine

CORTLAND

Jorge L. Martinez, MD ..... Cardiovascular Dis
David D. Wirtz, MD ..... Emergency Medicine

DUTCHESS

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Jatinder S. Bhangoo, MD ..... Anesthesiology
Ryan S. Borress, MD ..... Otolaryngology
Samant Singh Virk, MD ..... Pain Medicine

ERIE

Richard G. Bennett, MD ..... Psychiatry
Richard D Bloomberg, MD ..... General Surgery
Hartwig O. Boepple, MD ..... Pulmonary Diseases
Kapil Chatrath, MD ..... Internal Medicine
Kyoo Yong Chung, MD ..... Anesthesiology
Edward J. Cosgrove, MD ..... Internal Medicine
Michael W. Cropp, MD ..... Family Medicine
Marc Steven Frost, MD ..... Internal Medicine
Julie Ann Gavin, MD ..... Obstetrics & Gynecol
Nishi S. Harvey, MD ..... Anesthesiology
Aravind Herle, MD ..... Internal Medicine
Louis W. Irmisch, MD ..... Internal Medicine
Erik John Jensen, MD ..... Anesthesiology
Cornelie M. Jones, MD ..... Dermatology
Leeland A. Jones, Sr., MD ..... Psychiatry
Alan K. Klitzke, MD ..... Diagnostic Radiol
Yellamraju R. Kumar, MD ..... Anesthesiology
A. Norman Lewin, MD ..... Thoracic Surgery
Clementina J. Lewis, MD ..... Family Medicine
Li Li, MD ..... Anesthesiology
James Kevin Lukan, MD ..... Crit Care Med-Int Med
Frank A. Luzi, Jr., MD ..... Orthopedic Surgery
Jennifer E. Miller, MD ..... Pediatrics
Jan Stanley Najdzionek, MD ..... Diagnostic Radiol
Frances Lucille Parisi, MD ..... Internal Medicine
Lorianne E Pereira, DO ..... Neurology
Mark Franklyn Perry, MD ..... Pediatrics
Edward T. Plata, MD ..... Anesthesiology
Teresa Quattrin, MD ..... Pediatric Endocrinol
James Joseph Reidy, MD ..... Ophthalmology
Jaems P. Viglianco, MD ..... General Surgery
John Patrick Visco, MD ..... Cardiovascular Dis
Nallasivam Vivekanandan, MD ..... Anesthesiology
Wendy Lynn Weinstein, MD ..... Psychiatry
Scott J. Zuccala, DO ..... Obstetrics & Gynecol

ESSEX

Harry A. Davis, MD ..... Family Medicine

FULTON

Philippe J. Vuylsteke, MD ..... Family Medicine

JEFFERSON

Sandra E. Crane, MD ..... Pediatrics
Dr. Ludwig E. Khoury, MD ..... Allergy & Immunology
Barbara T. Licznerski, MD ..... Dermatology
Lawrence M. Littell, DO ..... Adolesc Med (Int Med)
Ryan Edward Tyler, MD ..... Family Medicine

KINGS

Roberto Horacio Anon, MD ..... Internal Medicine
Albert M. Bassoul, MD ..... Pediatrics
Cascyarnoux Charlot, MD ..... Allergy & Immunology
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Guorong Dai, MD ..... General Surgery
Roger William Davenport, MD ..... Neurology
Jaime Freyle, MD ..... Pediatric Urology
Golda Johnson, MD ..... Geriat Med-Int Med
Jacob Nir, MD ..... Physical Med & Rehab
Antonio Palagiano, MD ..... Internal Medicine
David M. Rosenthal, MD ..... Radiology
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Lela Demilo Weems, MD ..... Anesthesiology
Kamel Yatcha, MD ..... Internal Medicine
Lily Zarhin, MD ..... Physical Med & Rehab

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Sarah Dianna Atkinson, MD ..... Child & Adoles Psych
Adel Bozorgzadeh, MD ..... Transplant Surgery
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Marci Chodroff, MD ..... Internal Medicine
Hilary John Cholhan, MD ..... Gynecology
Christopher T. D'Angelo, MD ..... Internal Medicine
Karin Joan Dunnigan, MD ..... Gastroenterology
Ashanthi Gajaweera, MD ..... Neurology
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Robert Giambrone, MD ..... Internal Medicine
Ann E.Z. Griepp, MD ..... Psychiatry
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Donovan O. Holder, MD ..... Anesthesiology
Jason Haitao Huang, MD ..... Neurological Surgery
Jane Laura Kjoller, MD ..... Internal Medicine
Kamal Kothari, MD ..... Radiology
John D Markman, MD ..... Pain Management
Charles W. Morgan, MD ..... Addiction Medicine
Laura Miller Price, MD ..... Pediatrics
Jason M. Schwalb, MD ..... Critical Care Med (Neuro Surg)
Bhupesh Singh, MD ..... Internal Medicine
Eric M Spitzer, MD ..... Diagnostic Radiol
Brian K. Steele, DO ..... Family Medicine
Richard Stolarczyk, MD ..... Internal Medicine
Donald Symer, MD ..... Internal Medicine
Robert C. Thomson, MD ..... Internal Medicine
Ilya Voloshin, MD ..... General Surgery
Jeffrey Jean Vuillequez, MD ..... Internal Medicine
Bridgette A. Wiefling, MD ..... Adolesc Med (Int Med)
Thomas Woodhull Witmer, MD ..... Internal Medicine

MONTGOMERY

Jian Zhao, MD ..... Anesthesiology

NASSAU

Micky J Chun, MD ..... Nephrology
Warren Elliott Cohen, MD ..... Child Neurology
Robert J. Diamond, MD ..... Diagnostic Radiol
Julius Paul Duic, Jr., MD ..... Emergency Medicine
Jeanne Marie Franck, MD ..... Dermatologic Surgery
Larry Ely Gellman, MD ..... General Surgery
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John M. Ioannou, MD ..... Nephrology
Elliot Kalker, MD ..... Radiology
Ramin Rak, MD ..... Neurological Surgery
Aron David Rovner, MD ..... Orthopedic Surgery
Rachel A. Ruotolo, MD ..... Plastic Surgery
Eskandar J. Simhaee, MD ..... Obstetrics & Gynecol
Joshua Neil Steinvurzel, MD ..... Orthopedic Surgery
Michael Francis Trepeta, DO ..... Sports Med-Orth Surg
Artem Y. Vaynman, MD ..... Neurological Surgery

NEW YORK

Mabel Acevedo, MD ..... Internal Medicine
Edward Mark Adler, MD ..... Orthopedic Surgery
Omar Farouq Ahmed, MD ..... Internal Medicine
Dmitri Alden, MD ..... General Surgery
Andrew F. Alexis, MD ..... Dermatology
Jorge V. Alvarado-Rivera, MD ..... Internal Medicine
Benjamin Finkelhor Asher, MD ..... Otolaryngology
Aykut B. Bayrak, MD ..... Obstetrics & Gynecol
Olga Belostotsky, MD ..... Allergy & Immunology
Miriam H. Bensimhon, MD ..... Psychiatry
Robert E. Berg, MD ..... Obstetrics & Gynecol
Fabien David Bitan, MD ..... Orth Sur Of Spine
Susan K. Boolbol, MD ..... General Surgery
Jeffrey S. Borer, MD ..... Cardiovascular Dis
Hayama Brill, MD ..... Obstetrics & Gynecol
Franco Cerabona, MD ..... Orthopedic Surgery
Sung-Hae Cho, MD ..... Internal Medicine

(Continued on page 12)

CMS Sets Alternate Reporting Criteria for Physicians to Participate in PQRI

The Center for Medicare and Medicaid Services (CMS) announced on April 16 the establishment of alternate reporting periods and criteria for satisfactorily reporting quality measures under the Medicare Physician Quality Reporting Initiative (PQRI). These PQRI changes were enacted as part of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA).

As has been previously reported, the PQRI provides physicians who meet the criteria for satisfactory submission of quality measures data for care rendered to Medicare recipients during the reporting period, January 1, 2008 – December 31, 2008, with an incentive payment of 1.5% of their total allowed charges. Under the existing criteria, physicians may avail themselves of these incentive payments by reporting on up to three approved measures for 80% of their eligible patients during this time period. The changes under MMSEA provide for alternative reporting periods and alternative criteria for satisfactorily reporting measures groups for the following categories: diabetes; end stage renal diseases; chronic kidney disease and preventive care. The changes also provide alternative reporting period and alternative criteria for satisfactorily reporting through registry-based reporting.

To read a detailed memo from the American Medical Association that articulates these new reporting options for physicians under the PQRI, please go to AMA-PQRI.

Volunteers Needed for Mental Hygiene Review Board

by Gary O'Brien, Chair, Mental Hygiene Medical Review Board, State of New York, Commission on Quality of Care and Advocacy for Persons with Disabilities

The New York State Commission on Quality of Care and Advocacy for Persons with Disabilities (the Commission) is seeking physicians in a variety of specialty areas to participate in the Mental Hygiene Medical Review Board.

The Commission was created in 1977 to assure that there would be an independent oversight agency in the mental hygiene (MH) system to guard against the possibility that the shameful treatment of people with mental disabilities – exemplified by Geraldo Rivera's exposé of conditions at the Willowbrook State School – would ever happen again. Under Article 45 of the New York State Mental Hygiene Law, the Commission exercises broad statutory authority to investigate the conditions, care and treatment of individuals served by the MH system as well as the fiscal management of programs and facilities. It also has the authority to conduct policy studies, to provide a broad array of training and advocacy services and to administer federal and state grants protecting the rights of individuals with disabilities. (NOTE: The mental hygiene system refers to the facilities and programs that are licensed to operate, or are operated by the New York State Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, or the Office of Alcoholism and Substance Abuse Services.)

The MRB

A vital statutory component supporting execution of the Commission's mandate is the **Mental Hygiene Medical Review Board ("MRB")**. The Commission reviews all deaths within the MH system and, where appropriate and with the aid of the MRB, conducts investigations of unusual or unnatural deaths of people in mental hygiene facilities operated or licensed by the State of New York. Over a span of three decades, the MRB has contributed enormously to the most critical objective of the Commission's mandate: to assure that the quality of care given to persons with mental disabilities is uncompromised and of a uniformly high standard.

Design and Function of MRB

The MRB consists of up to 15 physicians (including specialists in forensic pathology, psychiatry, surgery, and internal medicine) appointed by the governor to serve in a pro bono capacity. The MRB is influential, but advisory, and in no respect does it mimic the function of regulatory or disciplinary bodies. The geographical expanse of New York led to the creation of an upstate panel and a downstate (New York City metropolitan area) panel, each of which convenes every other month, currently in Schenectady (upstate panel), and Tarrytown (downstate panel). In the fall of each year, the panels hold a joint meeting for case reviews and discussion.

One and sometimes two physicians share case assignments, which are accepted based upon areas of specialization, present their impressions and judgments, and engage other MRB members in discussion, typically approving consensus findings and observations, which are transmitted by letter from the Commission to appropriate hospital or program CEOs. The providers, in turn, have an opportunity to reply with concurrence, disagreement or other comment to the Commission, which will weigh such reply in consultation with the MRB before finalizing its review.

While letters of findings become public, all confidential or privileged material, and all personally-identifying information contained in such letters of findings, are redacted by Commission counsel's office before any release.

The MRB has access (through Commission investigators, a number of whom are also experienced RNs and/or social workers) to otherwise-confidential records deemed necessary for its review and consideration, and so is able in many instances to identify difficult problems in care provided, and make recommendations for improving medical and psychiatric care in programs and facilities. Owing to the nature of its discrete function, MRB deliberations and meetings are not public, nor is any individual member identified with Commission findings relative to a given case.

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Drs. Encouraged to Volunteer

Members of the medical community are strongly encouraged to consider contributing their time to this unique program. Following routine screening through the Governor's Office, renewable three-year term appointments are made. Time demands are modest and controlled by each individual physician's willingness to accept any given case for special review. More information will be supplied by Commission staff on request, including contact information for current or past MRB members who can discuss their experiences and impressions of the MRB program. Any physician interested in serving on the MRB is asked to send a letter of interest and current resume to:

Gary O'Brien, Chair
NYS Commission on Quality of Care and Advocacy for Persons with Disabilities
401 State Street
Schenectady, NY 12305

For more information or questions about the MRB, please contact Commission staff who coordinate MRB activities:

Upstate: Lisa Murray 518-388-2876
lisa.murray@cqcapd.state.ny.us
Downstate: Mark Rappaport 518-388-2876
mark.rappaport@cqcapd.state.ny.us

At this time, the Commission is particularly interested in securing the services of physicians concentrating in the areas of surgery, pediatrics, psychiatry, pathology and pharmaceutical medicine.

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New York Residency Train

The New York Center for Health Workforce Studies conducts an annual survey of all physicians in New York completing a residency or fellowship training program. The goal is to provide the medical education community with useful information on the outcomes of training and the demand for new physicians. With the excellent collaboration of teaching hospitals, a total of 2,843 of the estimated 5,080 physicians completing a residency or fellowship training program completed the 2007 Exit Survey (56% response rate).

The results for the graduates of programs in New York may not reflect the experiences of all graduates across the country. In addition, the Exit Survey provides a snapshot of the marketplace at a specific point in time that may or may not be indicative of future supply and demand.

Key Findings

Overall, the job market for new physicians in New York continues to be good. Based on the responses to several questions used to measure demand, the opportunities for New York graduates in 2007 were strong overall.

• In 2007, less than 4% of respondents who had actively searched for a practice position had not received any job offers at the time they completed the survey.

• While approximately one-fourth (27%) of respondents reported some difficulty finding a satisfactory practice position, only 15% of them attributed their difficulty to an overall lack of jobs. Forty-nine percent (49%) attributed their difficulty to a lack of jobs in desired locations.

• The median starting income of graduates was up 13% from 2005 to 2007. The average annual increase since 2002 was 4.5%.

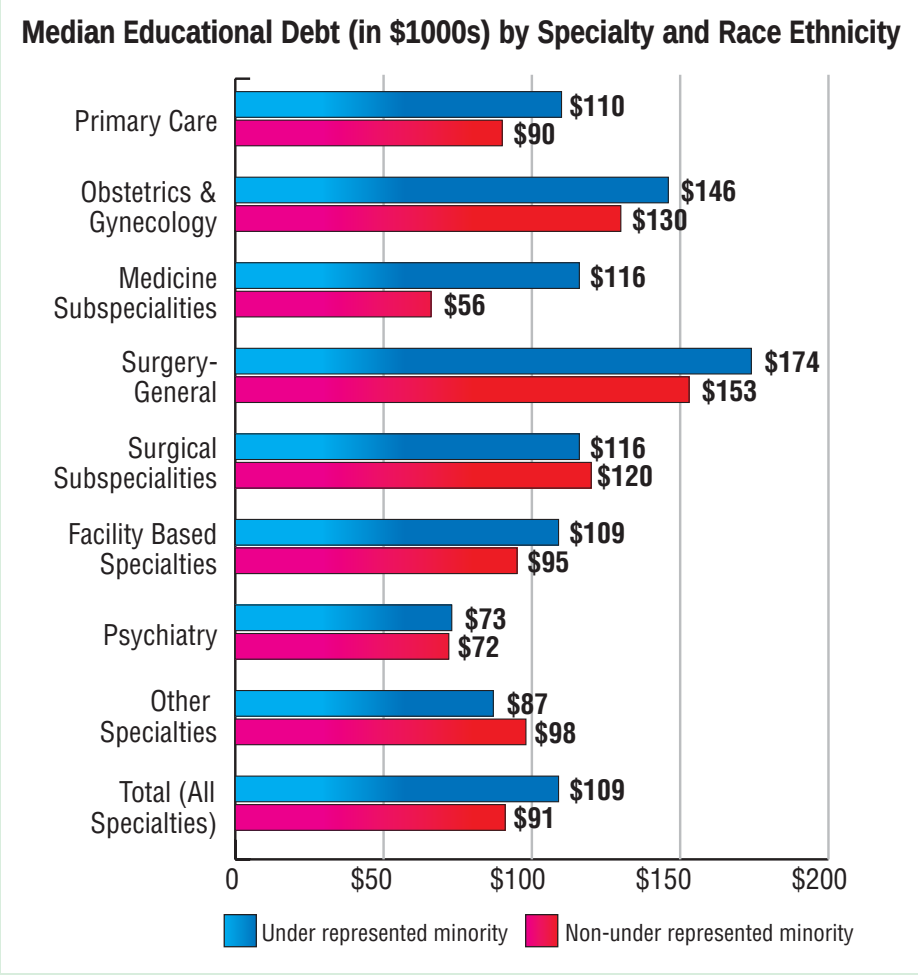
Unlike previous years, demand for primary care physicians (generalists) was comparable to non-primary care physicians (specialists). In 2007, after adjusting for citizenship status:

• Generalists were as likely as specialists to report difficulty finding a satisfactory practice position (28% versus 26%) and to have to change plans due to limited practice opportunities (16% versus 15%).

• Generalists received approximately the same number of job offers as specialists (mean of 3.67 versus 3.62). Generalists and specialists also had similar views of the national job market (average Likert Score of 1.67 versus 1.62, on a scale of +2 indicating "Many Jobs" to –2 indicating "No Jobs"), and the regional job market (0.81 versus 0.91).

• In 2007, overall the trends for most of the demand indicators were less positive for generalists than for specialists. However, this has begun to change. The following examples illustrate this point:

- The average annual increase in median starting income from 2002 to 2007 was 4.5% for both generalists and specialists.
- The percent of generalists who had to change plans due to limited job opportunities has decreased in recent years (2002: 22%, 2003: 23%, 2005: 17%, 2007: 15%). By contrast, the percentage of specialists that had to change their plans over this time period has remained relatively stable (2002: 14%, 2003: 15%, 2005: 13%, 2007: 16%).
- The mean number of job offers received by generalists increased considerably last year (2002: 2.7, 2003: 2.6, 2005: 3.0, 2007: 3.7). On the other hand, the mean number of job offers for specialists declined slightly in recent years (2002: 4.3, 2003: 3.9, 2005: 3.6, 2007: 3.6).



Although the overall marketplace appeared relatively good for new graduates, there were significant differences in the job market experiences and assessments by specialty.

• Based on a variety of indicators, the demand for dermatology, pulmonary disease, gastroenterology, cardiology, and urology specialists appeared very strong.

• Ophthalmology, pediatrics–general, physical medicine and rehabilitation, pathology, pediatric subspecialties, geriatrics, and hematology/oncology experienced weak demand.

International medical school graduates (IMGs) with temporary visas (J-1, J-2, H-1, H-2, or H-3) had a significantly more difficult time in the job market than either US medical graduates (USMGs) or IMGs with permanent citizenship status. With few exceptions, physicians on temporary visas can remain in the US only if they practice in a Health Professionals Shortage Area (HPSA) or continue training. Since these individuals struggled to find employment, they were more likely to subspecialize than either USMGs or IMGs with permanent citizenship status.

Forty-eight percent (48%) of the graduates with confirmed practice plans were staying in New York to begin practice, although there were substantial differences by specialty. The in-state retention rate has been relatively flat over the last four years of the survey.

More than one-third (37%) of respondents were subspecializing. However, there were sharp differences in subspecialization rates by citizenship status.

GENERAL RESULTS

Characteristics of All Respondents

• Forty-five percent (45%) of survey respondents were female, up slightly from 2005 (42%).

• Twelve percent (12%) of survey respondents were under-represented minorities (URNs), down slightly from 2005 (14%).

• Almost 30% of graduates went to New York high schools, which gives an indication of how many graduates grew up in New York. Thirty-eight percent (38%) of graduates were from another country, and another 32% were from other states.

• Forty-five percent (45%) of all survey respondents were IMGs. Overall the number of IMGs has declined somewhat since 2002 (53% in 2002, 49% in 2003; 45% in 2005, and 45% in 2007).

• The highest concentrations of IMGs were in geriatrics (83%), internal medicine-general (70%), pathology (62%), and child and adolescent psychiatry (62%). Specialties with very few IMGs included urology (0%), emergency medicine (4%), dermatology (5%), otolaryngology (6%), and ophthalmology (9%).

• Fifteen percent (15%) of all respondents were IMGs with temporary citizenship status (i.e., temporary visa holders). The highest concentrations of temporary visa holders were found in internal medicine-general (29%), pathology (27%), and geriatrics (21%).

• Individual specialties with the highest median educational debt were surgery-general ($154,900), orthopedics ($138,400) and anesthesiology-general ($136,700). Three specialties had less than $10,000 of median educational debt. Geriatrics ($1,100), child and adolescent psychiatry ($1,950) and pulmonary disease ($3,850) had by far the lowest debt.

Post-Graduation Plans of All Respondents

• Fifty-three percent (53%) of all survey respondents were planning to enter patient care/clinical practice following completion of their current training program. Of these, 81% had confirmed practice plans (i.e., they had accepted an offer for a job/practice position) at the time they completed the survey.

• More than one-third (37%) planned to subspecialize or pursue further training. This was similar to the subspecialization rates in 2002, 2003, and 2005. More than one-half (53%) of the 2007 survey respondents who were subspecializing were remaining in New York to do so.

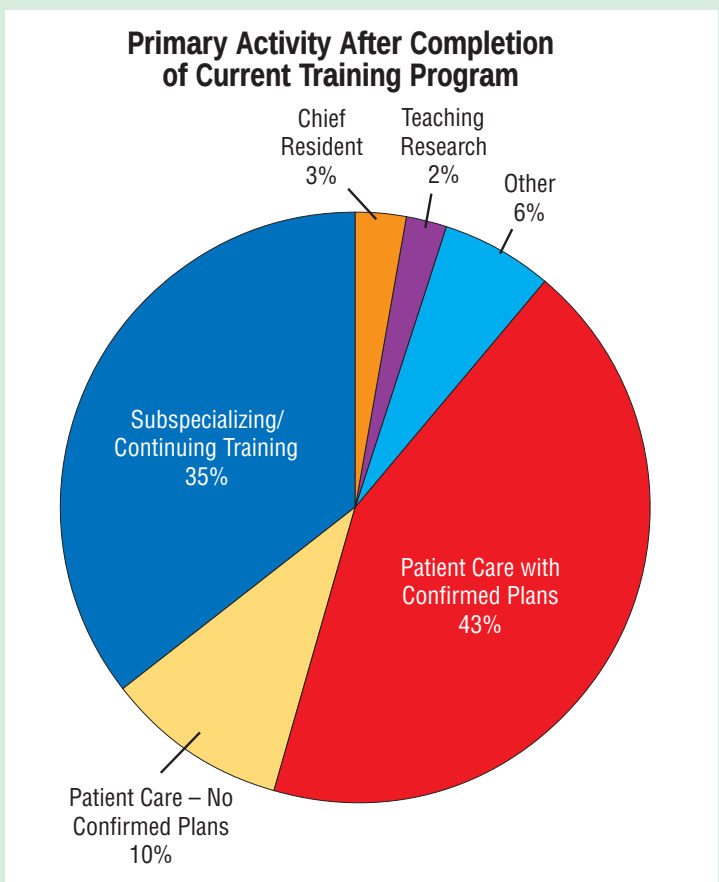
• For the remaining respondents, 2% were planning to work as chief residents, 4% planned to enter positions in teaching/research, and 6% had other plans.

Practice Plans of Respondents with Confirmed Plans to Enter Patient Care/Clinical Practice

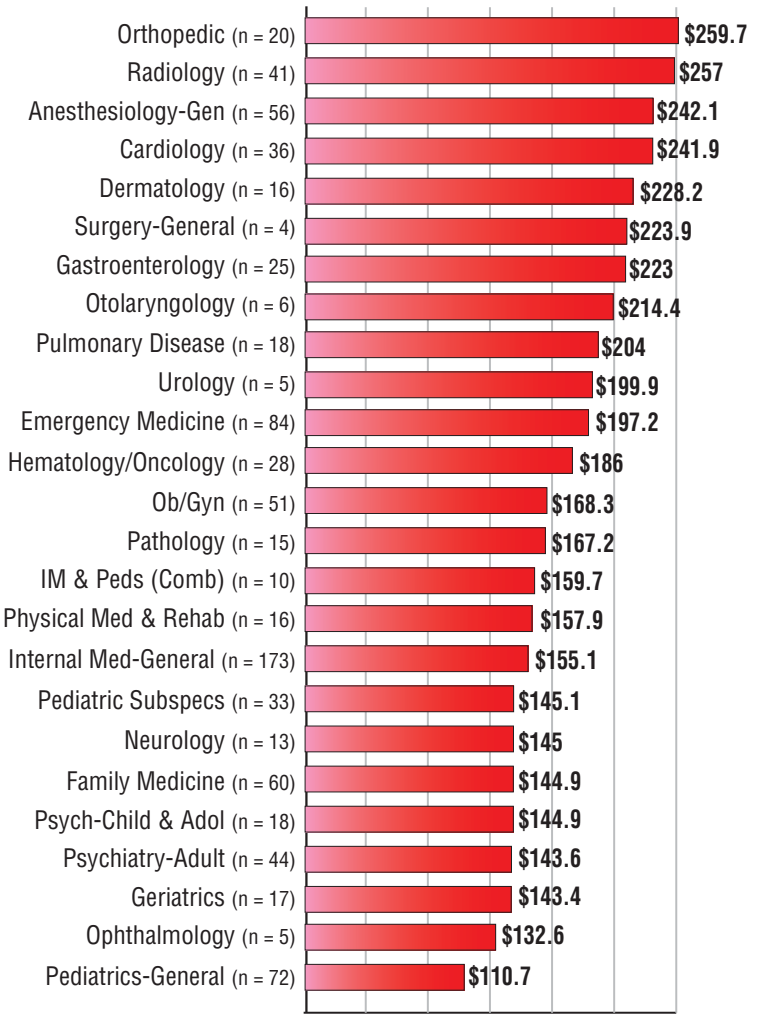
• Just less than one-half (48%) of respondents with confirmed practice plans were remaining within New York to begin practice. This was the similar to 2002, 2003 and 2005. Of those entering practice in New York, 90% were remaining in the same region in which they trained.

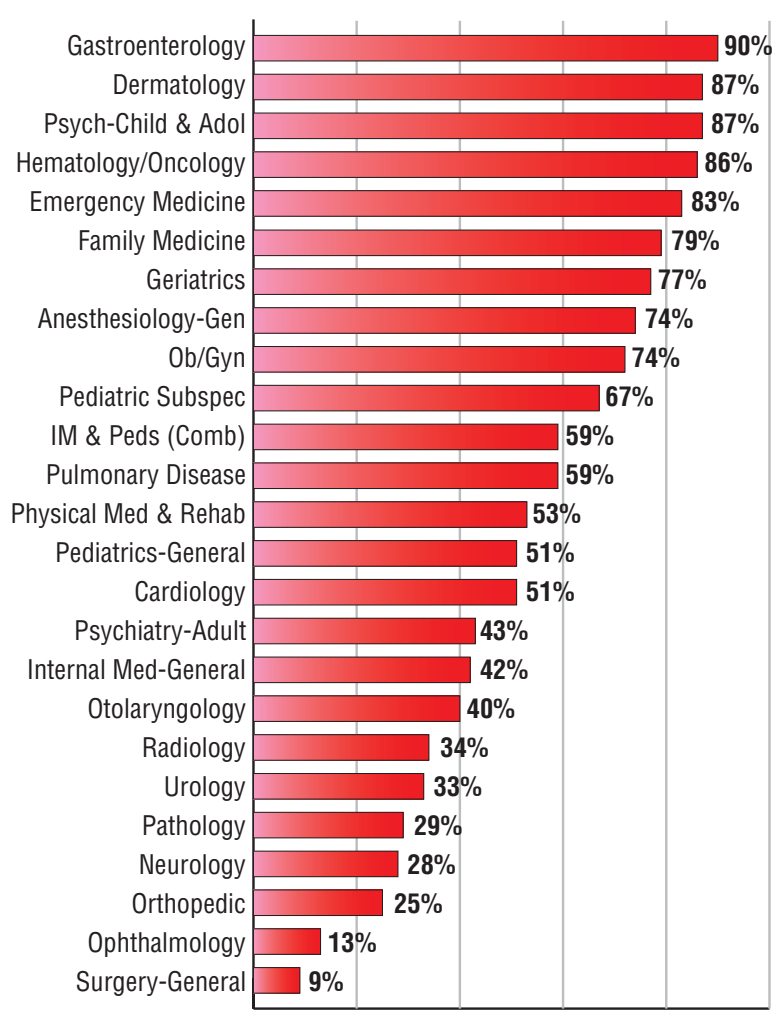
• Graduates of otolaryngology (84%), adult psychiatry (76%), and physical medicine and rehabilitation (75%) were most likely to remain in-state to begin practice. The lowest in-state retention rates were in surgery-general (0%), orthopedics (15%), and pulmonary disease (26%).

• Citizenship status was an important factor determining a respondent's likelihood of remaining in state to practice. Excluding



ning Outcomes for 2007





respondents leaving the US, only 23% of IMGs with temporary visas with confirmed practice plans were planning to remain in New York.

• Thirty percent (30%) of graduates reported entering practice in inner-city locations, and only 4% were going to rural locations. Fifteen percent (15%) said they would be practicing in a federal HPSA.

• The graduates most likely to be entering practice in HPSAs were from family medicine (35%), adult psychiatry (27%), and child and adolescent psychiatry (24%). The graduates least likely to be entering HPSAs were from ophthalmology (0%), orthopedics (0%), urology (0%) and dermatology (0%).

• Thirty-eight percent (38%) of the graduates entering patient care were going to be practicing in a group practice. Seven percent (7%) were entering two person partnerships, while only 3% reported they were starting their own solo practice.

• Forty-six percent (46%) of graduates were entering practice in hospitals. Inpatient (29%) was the most common, followed by ambulatory care (9%), and emergency room (8%) settings.

Expected Starting Income of Respondents with Confirmed Practice Plans

While differences in income between specialties may reflect dissimilarities in demand, they may also reflect historical reimbursement policies for the services provided in various specialties. If this is the case, trends in income will provide a better measure of demand than will income levels at any particular point in time.

Although the expected first year income (i.e., starting income) of recent graduates is likely to be much lower than that of practicing physicians, the discrepancies in income for new graduates in different specialties are assumed to be generally consistent with the differences by specialty among practicing physicians. The expected incomes of new graduates may also influence specialty choice of medical students who interact extensively with residents.

• The median starting income for 2007 graduates with confirmed practice plans was $170,400, an increase of 13.4% from $150,200 in 2005. It should be noted that the response rate to the question relating to starting income was 94% in 2007.

• Individual specialties with the highest median starting income were orthopedics ($259,700), radiology ($257,000), anesthesiology-general ($242,100), and cardiology ($241,900).

• Among the specialty groups, the highest median starting incomes were facility based specialties (including anesthesiology, pathology, and radiology; $247,000) and surgical subspecialties ($238,800). Surgery-general experienced the highest average annual increases in starting income from 2002 to 2007 (11%).

• The primary care group was lowest in income ($142,100) and had only average annual growth since 2002 (4%). Within primary care, pediatrics was significantly lower than any other specialty ($110,650).

• Individual specialties seeing the greatest average annual increase in starting income from 2002 to 2007 were dermatology (9%), pulmonary disease (8%), and pathology (7%).

• Ophthalmology was the only specialty that did not experience an increase in median starting income between 2002 and 2007.

Expected starting income includes both reported base salary and expected incentive income as reported on the Exit Survey. While the graduates with confirmed practice plans for salaried positions were likely to know their base salary with certainty, those entering solo practice and those expecting incentive income were likely to be less accurate.

Expected Number of Weekly Patient Care/Clinical Practice Hours

• Respondents expected to spend an average of 42.7 hours per week in patient care/clinical practice activities. Females expected to work about 3% fewer hours than males (41.8 versus 43.2).

• General surgeons (53.8) and surgical subspecialists (48.9) expected to work the most hours. The only specialty groups in which graduates expected to work less than 40 patient care/clinical practice hours were psychiatry (35.2) and other specialties (36.7).

Overall Assessment of the Job Market for New Physicians

• Overall, the demand for new physicians appears to be strong. Unlike previous years, the demand for primary care physicians was comparable to the demand for specialists. Generalists were as likely as specialists to report difficulty finding a satisfactory practice position (28% versus 26%) and to have to change plans due to limited practice opportunities (16% versus 15%). Generalists received approximately the same number of job offers as specialists (mean of 3.67 versus 3.62). Generalists and specialists also had similar views of the national job market (average Likert Score of 1.67 versus 1.62 on scale of +2 indicating "Many Jobs" to – 2 indicating "No Jobs"), and the regional job market (0.81 versus 0.91).

• Both in the number of job offers received and in starting income levels, generalists saw an increase on average from 2002 to 2007, with average annual increases of 12.0% in number of job offers and 7.6% in median starting income. Over the same period, specialists saw a small decrease in the number of job offers (average annual decrease of -5.5%) and a small increase in starting income levels (average annual increase of 7.6% in median starting income).

• Based on aggregation of all demand indicators from the last four years of the survey, specialties experiencing the strongest demand were dermatology, pulmonary disease, gastroenterology, cardiology, and urology.

• Ophthalmology, pediatrics–general, physical medicine and rehabilitation, pathology, pediatric subspecialties, geriatrics, and hematology/oncology were experiencing the weakest relative demand.

The New York Center for Health Workforce Studies is a not-for-profit research center under the auspices of the School of Public Health at the University of Albany, SUNY and Health Research Inc (HRI).

NYS-DOH Advisory: Thimerosal Prohibited for Most Pregnant Women and Children under Age 3 after July 1

(Continued from page 3)

try to find alternative vaccines for children under age 3 and pregnant women for:

- Adult tetanus and diphtheria (Td) obtained from the Massachusetts Department of Public Health,
- All formulations of tetanus toxoid (TT),
- Meningococcal polysaccharide vaccine (Menomune or MPSV) in multi-dose vials and
- Japanese B encephalitis vaccine (no thimerosal free alternative).

These particular vaccine formulations are not routinely recommended for children or pregnant women, however, and alternative, thimerosal-free formulations are available – such as DTaP for children and Tdap for adolescents and adults.

Situations for which Vaccines WITH Thimerosal Are Sometimes Indicated

Vaccines with thimerosal are indicated in rare situations even for children under 3 and for pregnant women.

- Vaccines with thimerosal should be administered for wound prophylaxis against tetanus if thimerosal-free tetanus containing vaccine is not available or if there is a contraindication to another component of the vaccine. Recommendations from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) indicate a preference for the use of Td or Tdap in wound prophylaxis against tetanus in adolescents and adults.
- On May 14, 2008 the CDC issued ACIP recommendations for all pregnant women who had not received immunization against tetanus and diphtheria within the past two years to receive Tdap immediately postpartum or to receive Td during pregnancy if exposed to either disease. Tdap was even recommended during pregnancy, despite unknown effects to the baby, if exposed to pertussis during pregnancy.
- Even though Japanese B encephalitis vaccine is generally contraindicated for pregnant women and children under 1 year of age, it may be advisable for these populations if they will be in areas where the disease is prevalent. The need for Japanese B encephalitis vaccine should be based on a patient's planned itinerary. For more information on Japanese B encephalitis vaccine, see the CDC travel website at www.cdc.gov/travel/content-Vaccinations.aspx.

Still NO Proof that Thimerosal Causes Autism

Despite the 1999 agreement of health professionals and manufacturers to reduce or eliminate thimerosal in vaccines, physicians can assure their patients that there is **still NO evidence that thimerosal causes autism**. After multiple scientific studies and an extensive review by the Institute of Medicine, there is no scientific evidence of harm caused by the low doses of thimerosal used in vaccine except for minor reactions like redness and swelling at the injection site.

Thimerosal is an organic compound containing approximately 49% ethyl mercury and has been used in some vaccines and other products since the 1930s. Publicized adverse health effects from mercury have involved methyl mercury, which is not contained in thimerosal.

In April a special US court held hearings to determine if the US should pay millions of dollars to parents of autistic parents whose children were given thimerosal-containing vaccine, but most agree that Congress set up the court 20 years ago to assuage angry parents. According to the *New York Times*, the plaintiffs and their lawyers have sought delays in these hearing for years, hoping that new research would support their claims, but none has surfaced.

Even though California passed a law banning thimerosal several years ago, the number of autism cases has continued to increase. Conversely, however, there is strong evidence that immunizations prevent sickness and death. During this past 2007-2008 influenza season, for example, the deaths of six unvaccinated NYS children were attributed to influenza.

Additional Information

The new Public Health Law 2112 is described in detail in the NYS-DOH's advisory, which was sent to physicians 4/23/2008 and can be viewed on MSSNY's website (www.mssny.org). For additional information, physicians outside of New York City should contact their local health department or regional NYSDOH Immunization Program at the following:

Western Regional Office
Buffalo: 716-847-4385
Rochester: 585-423-8114

Central New York Regional Office
Syracuse: 315-477-8164
Herkimer: 315-866-6879

Capital District Regional Office
Troy: 518-408-5278
Oneonta: 607-432-2890
Saranac Lake: 518-891-4172

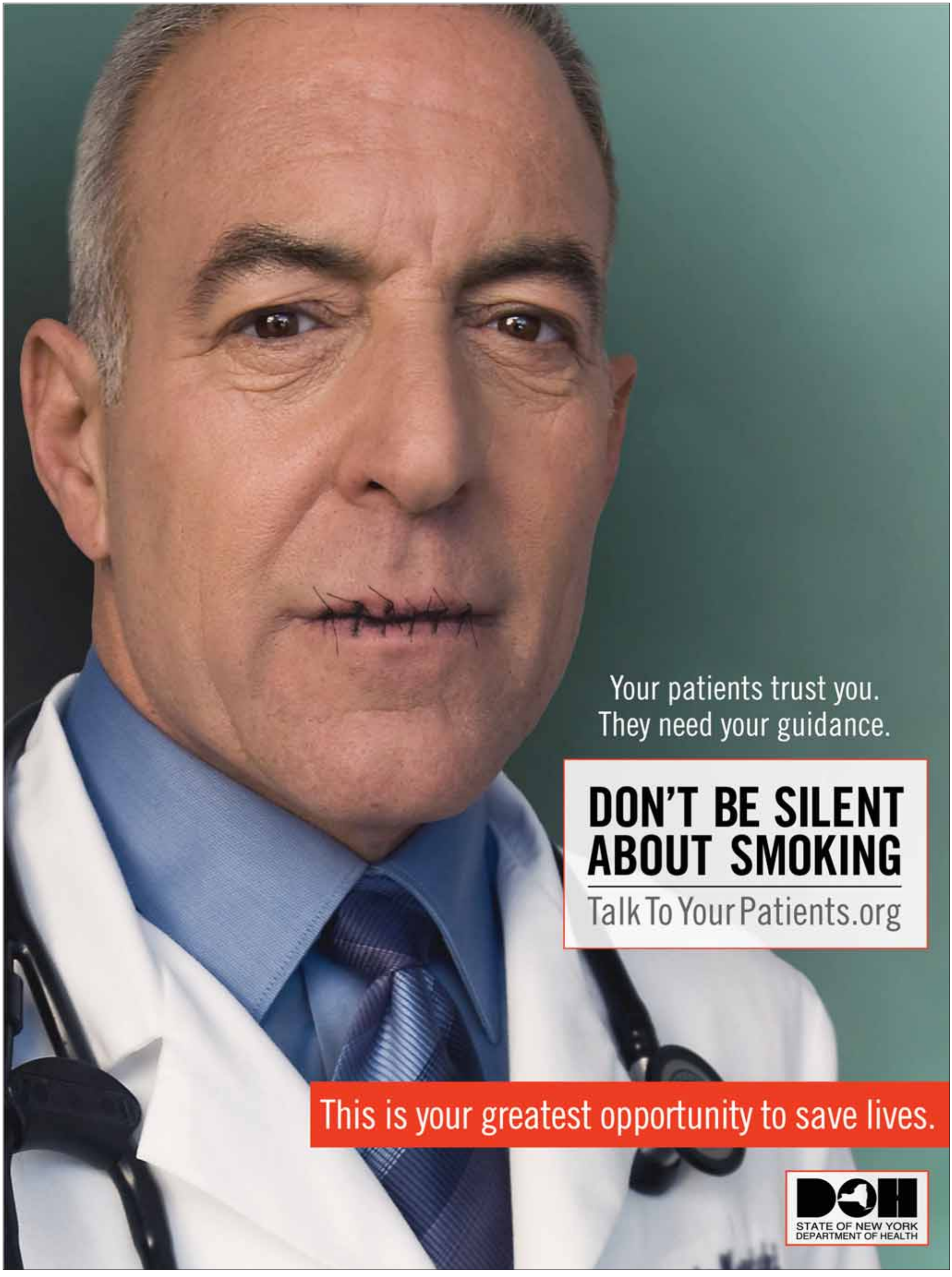
Metropolitan Area Regional Office
New Rochelle: 914-654-7149
Central Islip: 631-851-3096

Physicians in **New York City** should contact:
NYC DOHMH Bureau of Immunization

General questions from physicians and facilities: 212-676-2323.

Questions from Vaccines for Children (VFC) physicians: 212-447-8175

General information regarding vaccine safety, including the use of thimerosal in vaccines, can be obtained on the websites of the CDC and the NYS-DOH. Vaccine Safety: www.cdc.gov/vaccinesafety/, CDC statement on thimerosal: www.cdc.gov/vaccinesafety-/concerns/thimerosal.htm, General VIS information: www.cdc.gov/vaccines/pubs/vis/vis-news.htm, www.health.state.ny.us/prevention/immunization/vimsqanda.htm.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Marla Koroly, MD ..... Internal Medicine
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Martin Lyle Kutscher, MD ..... Child Neurology
Sunhi Lee, MD ..... Internal Medicine
Liang Liu, MD ..... Anatomic/Clin Pathol
Charles W. Mango, MD ..... Ophthalmology
Ali M. Mendelson, MD ..... Pediatrics
Todd S. Miller, MD ..... Neurological Surgery
Chitti Ramakris Moorthy, MD ..... Radiology
Robert J. Newborn, MD ..... Emergency Medicine
Enyioma Ekele Nwankpa, MD ..... Obstetrics & Gynecol
Jon T. O'Neal, MD ..... Occupational Medicine
Joseph S. Pachman, MD ..... Occupational Medicine
Elise K. Richman, MD ..... Psychiatry
Christine R. Vyskocil, MD ..... Obstetrics & Gynecol
David Ira Weiss, MD ..... Internal Medicine

NEW RESIDENTS

ALBANY

Rachelle I. Brilliant, DO ..... Family Medicine
Orlando L. Cano, Jr., MD ..... Anatomic/Clin Pathol
Craig A. Maier, MD ..... Family Medicine
Avinash Murthy, MD ..... Internal Medicine

BRONX

Shah Alam, MD ..... Internal Medicine
Sadaf Ashraf, MD ..... Internal Medicine
Nathan Kendall Boddie, MD ..... Internal Medicine
Elion Enver Brace, MD ..... Internal Medicine
Socrates Castillo, MD ..... Addiction Psychiatry
Ramesh Chandra, MD ..... Internal Medicine
Miltiadis Douvoyiannis, MD ..... Ped Infect Disease
Cecilia Gafitanu, MD ..... Internal Medicine
Jayanthi Krishnaprakash, MD ..... Internal Medicine
Haresh Kumar, MD ..... Internal Medicine
James S Lee, MD ..... Internal Medicine
Maritza Mcconneghey, MD ..... Family Medicine
Mahsa Mehrazin, MD ..... Internal Medicine
Elena V. Melnic, MD ..... Internal Medicine
Khalid Monzer, MD ..... Internal Medicine
Joseph Mwesige, MD ..... Internal Medicine
Patricia A. Nnabuiffe, MD ..... Obstetrics & Gynecol
Deborah Orsi, MD ..... Internal Medicine
Padma Poddutoori, MD ..... Internal Medicine
Shankar Raman Raman, MD ..... General Surgery
Babak Sadoughi, MD ..... Otolaryngology
Asha Wede Yancy, MD ..... Ophthalmology
Sonia Soyeun Yoon, MD ..... Internal Medicine

ERIE

Laura Dombrowski, DO ..... Osteopath Manipul
James Michael Hitt, MD ..... Anesthesiology
Navraj Kahlon, MD ..... Anesthesiology
Darrell Eugene Lewis, MD ..... Anesthesiology
Andrew Rami Sifain, MD ..... Anesthesiology
Alan Chen Tang, MD ..... Anesthesiology
Deirdre Ann Wheat, MD ..... Internal Medicine

KINGS

Saad Ahamed Adoni, MD ..... Internal Medicine
Md Nur-E- Alam, MD ..... Internal Medicine
Ewa Bajor-Dattilo, MD ..... Anatomic/Clin Pathol
Melissa Eve Bednar, MD ..... Physical Med & Rehab
Geetha Priyadarshini Bhumireddy, MD ..... Internal Medicine
Lauren Michele Cammarata, MD ..... Obstetrics & Gynecol
Samhita Chakraborty, MD ..... Internal Medicine
Francois Dufresne, MD ..... Internal Medicine
Joseph Ezra Glaser, MD ..... General Surgery
Matthew P. Gordon, MD ..... Orthopedic Surgery
Todd F. M. Huzar, MD ..... General Surgery
Feras Habib Khan, MD ..... Emergency Medicine
Oksana Lazareva, MD ..... Pediatrics
Aiping Luan, MD ..... Internal Medicine
Elizabeth Marie Manejias, MD ..... Physical Med & Rehab
Jason Rafaele Mangiardi, MD ..... Otolaryngology
Duane Richard Monteith, MD ..... Thoracic Surgery
Esosa Gladys Odigie, MD ..... Internal Medicine
Prashant Sharma, MD ..... Internal Medicine
Bikramjit Singh, MD ..... Internal Medicine
Revathi Nandan Thirunahari, MD ..... Internal Medicine
Sorana Vrabie, MD ..... Obstetrics & Gynecol
Salwat Jehan Zaib, MD ..... Internal Medicine

MONROE

Raymond Luy Bejerano, MD ..... Internal Medicine
Amy Rebecca Benjamin-Pratt, MD ..... Obstetrics & Gynecol
Deepika Devuni, MD ..... Internal Medicine
Sunitha Sara John, MD ..... Internal Medicine
Chandler Marietta, MD ..... Otolaryngology
Maria Kristina Subik, MD ..... Anatomic/Clin Pathol

NASSAU

Kellie Rae Calderon, MD ..... Internal Medicine
Whitney Charnell Dessio, MD ..... Anatomic/Clin Pathol
Sumit Duggal, MD ..... Internal Medicine
Garry Forkosh, MD ..... Internal Medicine
Felicia J Gliksman, DO ..... Neurology
Emil L Gurshumov, MD ..... Obstetrics & Gynecol
Alexis Hugelmeyer, DO ..... Family Medicine
Lana Elizabeth Lipkin, MD ..... Obstetrics & Gynecol
Lorraine Leigh Balbas Manlolo, MD ..... Diagnostic Radiol
Theofanis Mitsinikos, DO ..... Endocrin-Diab & Met
Arkadiy Pinkhasov, MD ..... Internal Medicine
Valentina Emilia Radianu, MD ..... Anesthesiology
Asm Mujibur Rahman, MD ..... Internal Medicine
Ankit A. Shah, MD ..... Obstetrics & Gynecol
Christopher Paul Wayock, MD ..... Obstetrics & Gynecol

NEW YORK

Ameeta Ahuja, DO ..... Cardiovascular Dis
Brooke Albright, MD ..... Anesthesiology
Suzanne A Arinsburg, DO ..... Anatomic/Clin Pathol
Benson A. Babu, MD ..... Cardiovascular Dis
Chhavi Bansal, MD ..... Internal Medicine
Jeremy Lawrence Baron, MD ..... Anesthesiology
Nicky Bhatia, MD ..... Internal Medicine
Claire Wilson Bolander, MD ..... Obstetrics & Gynecol
Whitney K Bryant, MD ..... Emergency Medicine
Nivea Briggitte Calico, MD ..... Psychiatry
Jessica L. Caporuscio, MD ..... Internal Medicine
Michael Joseph Cavnar, MD ..... General Surgery
Mieka Danuta Close, MD ..... Emergency Medicine
Jennifer Sarah Collins, MD ..... Allergy & Immunology
Jamien I. Davis, MD ..... Foot & Ankle-Ortho
Robin Edwin, MD ..... Internal Medicine
Paul Jason Fenyves, MD ..... Internal Medicine
Mayuko Fukunaga, MD ..... Pul Crit Care Med
Seth Hamlin Goldbarg, MD ..... Cardiovascular Dis
Kiran M. Goli, MD ..... Internal Medicine
Christina Gonzaga, DO ..... Physical Med & Rehab
Lauren Beth Grossman, MD ..... Foot & Ankle-Ortho
Sheila Gupta, MD ..... Internal Medicine
Christopher William Hess, MD ..... Neurology
Benton E. Heyworth, MD ..... General Surgery
Leonard Philip James, MD ..... Medical Oncology
Anjani Jammula, MD ..... Internal Medicine
Hyunseok Kang, MD ..... Internal Medicine
Mona Karimullah, MD ..... Pediatrics
Himansh Khanna, MD ..... Urology
Ruby Eunkyeong Kim, MD ..... Physical Med & Rehab
Matthew Daniel Larrew, DO ..... Emergency Medicine
Huma Masood, MD ..... Internal Medicine
Colleen Shivaun Maxcy, MD ..... Physical Med & Rehab
Rowena Atienza Medina, MD ..... Internal Medicine
Ngozi Ifeoma Mogekwu, MD ..... Orthopedic Surgery
Azadeh Nasseh, MD ..... Internal Medicine
Janine Pardo, MD ..... Internal Medicine
Jeffrey Scott Rabrich, DO ..... Emergency Medicine
Jasmin S. Roman, MD ..... Family Medicine
Ramin Roohipour, MD ..... General Surgery
Joshua D. Rosenberg, MD ..... Otolaryngology
Ilya Rozenbaum, MD ..... Ophthalmology
Alex Rusanov, MD ..... General Surgery
Michael J Schwartz, MD ..... Urology
Alexander Shtilbans, MD ..... Neurology
Michael J. Sileo, MD ..... Orthopedic Surgery
Tomer Singer, MD ..... Obstetrics & Gynecol
Kevin Raymond Stein, MD ..... Dermatology
Natalie Kaye Stevens, MD ..... Obstetrics & Gynecol
Chung-Fai Tung, MD ..... Nephrology
Konstantin Vasyukevich, MD ..... Facial Plastic Surg
Terence J Wallace, MD ..... Internal Medicine
Michael Brent Wolfeld, MD ..... Plastic Surgery
Vivien Lim Yap, MD ..... Neonatal-Perinat Med
Daniel R. Zakhary, MD, PhD ..... General Surgery
Edward Zoltan, MD ..... Urology

ONONDAGA

Ayman Samkari, MD ..... Pediatrics
Kiron Kumar Somasekharan Nair, MD ..... General Surgery

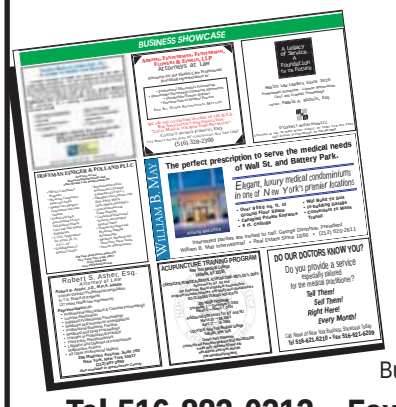
OTSEGO

Bob J. Wu, MD ..... General Surgery

QUEENS

Dare Isaac Adeyele, MD ..... Pediatrics
Rafat Ahmed, MD ..... Pediatric Hematol-On
Riaz Ahmed, MD ..... Psychiatry
Tasbirul Mohammed Alam, MD ..... Family Medicine
Sushma Arramraju, MD ..... Internal Medicine
Raffi Barsoumian, MD ..... General Surgery
James S. Bertie, MD ..... Family Medicine
Ovidiu Dumitriu, MD ..... Internal Medicine
Mark Ang Evangelista, MD ..... Internal Medicine
Chete Eze-Nliam, MD ..... Internal Medicine
Zumaira Fatima, MD ..... Geriatric Med-Fam Prac
Dionysia Fiorentinos, DO ..... Pediatrics
Marina Frimer, MD ..... Obstetrics & Gynecol
Samir Garyali, MD ..... Internal Medicine
O'Neil Jenardo Marlon Green, MD ..... Internal Medicine
Reuven Zvi Grossman, MD ..... Radiation Oncology
Bijo Kythaparampil John, MD ..... Internal Medicine
Ganesh Suresh Kamath, MD ..... Internal Medicine
Vasyl Kasiyan, MD ..... Internal Medicine
Jordan Atanasov Kazakov, MD ..... Internal Medicine
Shakib Abbass Khan, MD ..... Internal Medicine
Arnaldo Manuel Mora, MD ..... Internal Medicine
Onyema Eberechukwu Ogbuagu, MD ..... Internal Medicine

BUSINESS SHOWCASE



NEW PHYSICIANS AND RESIDENTS

Emmanuel Ekpenyong Okon, MD .....Internal Medicine
Amul S Patel, DO .....Anesthesiology
Krunal M. Patel, MD .....Internal Medicine
Jana I. Preis, MD .....Internal Medicine
Krishna Mohan Rayapudi, MD .....Internal Medicine
Amandeep Singh, MD .....Internal Medicine
Hemavarna Tiruvury, MD .....Internal Medicine

RENSSELAER

Yvonne Adobea Ayew, MD .....Anesthesiology
Yasmin Anwar Jalil, MD .....Anatomic/Clin Pathol

RICHMOND

Nidal Abi Rafeh, MD .....Internal Medicine
George Abou Rjaili, MD.....Internal Medicine
Priya Alveera Andrade, MD.....Internal Medicine
Basem Nady Azab, MD .....Internal Medicine
Mark Leonard Brandon, MD .....Orthopedic Surgery
Wassim Mustafa Ali Diab, MD .....Internal Medicine
Wael Elbattany, MD .....Internal Medicine
Shilpi Gupta, MD.....Internal Medicine
Cendrella Sassine Hojeily, MD .....Internal Medicine
Chin Hee Jun, MD.....Internal Medicine
Georges Mansour Khoueiry, MD.....Internal Medicine
Anna Levin-Shohat, DO.....Internal Medicine
Omar Hussein Maarouf, MD .....Internal Medicine
Tzvi Neuman, DO .....Internal Medicine
Norbert Shtaynberg, DO .....Internal Medicine

SCHENECTADY

Neema Roli Afejuku-Adelaja, MD.....Family Medicine

SUFFOLK

Lourdes Aguayo-Figueroa, MD.....Pediatric Endocrinol
Mohaned Al Humadi, MD.....Foot & Ankle-Ortho
Samuel Onyemuwa Ani, MD.....Family Medicine
Jason Chiang, MD.....Anatomic/Clin Pathol
Ome Kiemute Eruvbetine, MD .....Family Medicine
Francisco Javier Martinez Wittinghan, MD .....Family Medicine
Jignesh K. Patel, MD .....Internal Medicine
Malleswari Ravi, MD.....Internal Medicine
Anthony Francis Yu, MD .....Internal Medicine

WESTCHESTER

Anu Batra, MD .....Internal Medicine
Caroline Ong Chua, MD .....Neonatal-Perinat Med
Maria I. Davila, MD .....Internal Medicine
Fariba Dayhim, MD.....General Surgery
Sybil Janelle Hodgson, MD .....Family Medicine
Asma Kazi, MD .....Internal Medicine
Minette Lukban, MD .....Internal Medicine
A Reignier M. Nohay, MD .....Internal Medicine
Maria Cristina Diaz Ordinario, MD .....Internal Medicine
Sulaiman Sannoh, MD.....Neonatal-Perinat Med
Ronald S. Swanger, MD .....Internal Medicine
Michele Marie Trela, MD .....Family Medicine

OBITUARIES

BRYCE, Michael Robert; Hasbrouck Heights NJ. Died January 10, 2008, age 95. New York County Medical Society.

CHASSIN, Norman; Buffalo NY. Died April 15, 2008, age 87. Medical Society County of Erie.

GOLDBERG, Jack Alan; New York NY. Died April 29, 2008, age 74. Bronx County Medical Society.

GOLDSTEIN, David Harold; Selden NY. Died April 5, 2008, age 49. Suffolk County Medical Society.

HAVRILLA, Raymond A.; Hicksville NY. Died April 2, 2008, age 89. Nassau County Medical Society.

KALINA, Bernard Fram; Boynton Beach FL. Died April 29, 2008, age 84. Medical Society County of Rockland"

NEALON, James Roan; Bronx NY. Died April 9, 2008, age 100. New York County Medical Society.

OKA, Masamichi; Scarsdale NY. Died April 9, 2008, age 88. Nassau County Medical Society.

REESE, Martha K.; Laurinburg NC. Died April 9, 2008, age 100. New York County Medical Society.

REGAN, Thomas Charles; Winter Springs FL. Died April 18, 2008, age 84. Medical Society County of Niagara.

SCHILP, Arthur Oscar; Albany NY. Died April 29, 2008, age 84. Medical Society County of Albany.

SCHWARTZ, Jerome J.; New London CT. Died March 30, 2008, age 92. Nassau County Medical Society.

SMEYNE, A. Leon; Bronx NY. Died April 29, 2008, age 90. New York County Medical Society Inc."

SO, Soriano Uy; Syracuse NY. Died April 20, 2008, age 72. Onondaga County Medical Society.

SWARTZ, Gerald; Buffalo NY. Died March 25, 2008, age 79. Medical Society County of Erie.

WOODCOCK, Leslie D.; Liverpool NY. Died April 18, 2008, age 64. Onondaga County Medical Society.

Help Save the Loan Deferment Program (20/220 Pathway)

The AMA and MSSNY are asking Congress to permanently reinstate a popular loan deferment program known as the 20/220 pathway, which is scheduled for elimination in July of 2009. Without calls to legislators to save this program, residents will no longer be able to postpone payments on federal loans for up to three years without accruing interest on the subsidized portion of their loans. The fate of this program is yours to influence by using the AMA call-in Script (PDF, 21KB), which includes a list of key Congressional contacts and answers to frequently asked questions, and the AMA Capwiz site to send Congressional members a message in support of the 20/220 pathway! To obtain background information on this issue, visit www.ama-assn.org/go/loandeferment.

Medical Schools Group Recommends Ban on Rx Industry Gifts

All 129 US medical schools agreed that pharmaceutical and medical device companies should not provide food, gifts or travel to physicians, faculty members and students, according to a report released on April 27 by the Association of American Medical Colleges (AAMC). According to the report, drafted by a task force formed by AAMC in 2006, such "forms of industry involvement tend to establish reciprocal relationships that can inject bias, distort decision-making and create the perception among colleagues, students, trainees and the public that practitioners are being 'bought' or 'bribed' by industry."

Roy Vagelos, a former Merck CEO, chaired the task force, which also included the CEOs of Pfizer, Eli Lilly, Amgen and Medtronic. The report recommends that medical schools "strongly discourage participation by their faculty in industry-sponsored speakers' bureaus," in which physicians receive payments to promote the benefits of medications and medical devices.

In addition, the report recommends that medical schools establish centralized systems for the acceptance of medication samples from pharmaceutical companies or develop "alternative ways to manage pharmaceutical sample distribution that do not carry the risks to professionalism with which current practices are associated." Medical schools also should audit independently accredited medical education seminars led by faculty members "for the presence of inappropriate influence," according to the report.

Most medical schools follow the recommendations of AAMC, although they can decline to adhere to them. Many medical school faculty members have opposed restrictions on participation in speaker bureaus, as well as limits on medical samples from pharmaceutical companies.

The report is available online: (http://www.aamc.org/research/coi/industryfunding.pdf).

CALENDAR

JUNE

4 ***MSSNY Board of Trustees Meeting*** – 12 Noon, Crowne Plaza LaGuardia, East Elmhurst

5 ***MSSNY Council Meeting*** – 9 am, Crowne Plaza LaGuardia, East Elmhurst

****CME Grand Rounds: HIV in Marginalized and Underserved Populations*** – 8 am, Southampton Hospital, Southampton

11 ****CME Dinner Seminar: The Immunization Registry Is Coming: What You Can Do to Be Ready*** – 6 pm, Craftsman House, Fayetteville. Hosted by Onondaga County Medical Society. To register, contact Gerry Hoffman at 315-424-8118.

14-18 ***AMA House of Delegates Meeting*** – Hyatt Regency Hotel, Chicago, IL

17 ****CME Dinner Seminar: The Immunization Registry Is Coming: What You Can Do to Be Ready*** – 6 pm, Chateau Briand, Carle Place. Hosted by the Nassau Academy of Medicine. To register, contact Mark Cappola at 516-832-2300.

*MSSNY CME PROGRAMS

****CME Grand Rounds: HIV in Marginalized and Underserved Populations*** – One-hour program, for hospital staff only, focused on now HIV/AIDS is disproportionately affecting culturally-diverse minority populations in the us. 1 CME credit.

****CME Dinner Seminar: The Immunization Registry Is Coming: What You Can Do to Be Ready*** – One-hour program to train physicians who administer immunizations on how to implement and operate the new NYS Immunization Information System (NYSIIS). Attendees will learn the requirements of NYSIIS, which became effective 1/1/08, and how to establish an in-office immunization registration account. Dinner included. 1 CME credit.

Accreditation:

The Medical Society of the State of New York is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The Medical Society of the State of New York designates these continuing medical education activities for a maximum of AMA PRA Category 1 Credit, as indicated. Physicians should claim credit commensurate with the extent of their participation in the activity.

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