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Liz Dears Kent, Esq.
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President's Message

I am looking forward to my new role as President of this esteemed organization. As physicians, we serve our patients and continuously strive to enhance the quality of care provided by ourselves and our peers. Several recent studies have clearly documented the growing problem of physician supply and maldistribution in New York State. Our specialty is not as adversely impacted as others. However, there are many considerations which a third year resident weighs when determining where to locate his or her practice. We need to work to assure that qualified residents are aware of the advantages of locating to our communities. It is with this thought in mind that your Board of Officers determined at its 2006 Fall retreat that the NYSDDS should hold a Career Fair and invite all interested third year residents to participate.

Working with your Board of Officers, I have organized what I hope will be the first of many Career Fairs for third year residents held in New York State. The Career Fair



Judith Ann Mysliborski, MD
Society President

will be held from 10:00AM to 2:00PM on Saturday, September 29, 2007 at the New York Academy of Medicine at 1216 Fifth Avenue at 103rd Street. This will be a unique opportunity to meet and personally interview talented young Dermatologists and to discuss the benefits which would accrue

through an association with your practice.

For NYSDDS Members, the opportunity to participate and interact with prospective associates/partners is free. Non-Members of the NYSDDS who are interested in attracting young physicians into their practice may participate for a cost of \$300. Payment of this fee will also entitle a non-member to one year membership in the NYSDDS.

If you would be interested in participating at the September 29th NYSDDS Career Day, please RSVP by emailing the NYSDDS at nyskindocs@nycap.rr.com or calling (518) 765-2696 or faxing (518) 765- 2729 to Liz Dears Kent, Executive Director for the NYSDDS.

I hope to see you in NYC on September 29th.

Judith Ann Mysliborski

NYSDDS Board urges AAD to re-think 'Seal of Recognition' program

Members of the Board of Trustees of the NYSDDS approved a motion advanced by Peter C. Lombardo, MD to approve a letter which urges the AAD to reconsider its 'Seal of Recognition' program. The letter expresses deep concern about the process by which the AAD Seal of Recognition is awarded as well as concern that the Academy should maintain an "arm's length role" from the cosmetic and cosmoceutical industry when it advises the public about skin protective agents.

Annual Meeting Held—New Slate of Officers Approved

The annual meeting of the NYSSDDS was held on June 5, 2007. Outgoing President, Peter C. Lombardo, MD, was honored for his achievements on behalf of the Society. The new slate of Officers was elected which include the following: **Judith Ann Mysliborski, MD**, President; **David E. Bank, MD**, President-Elect; **Mary Ruth Buchness, MD**, Vice-President; **Janet A. Moy, MD**, Secretary and **Michael J. Dannenberg, MD**, Treasurer. The meeting concluded with a lecture by Daniel Siegel, MD on Health Electronic Technology. Representatives from three leading EHR vendors were available to provide hands-on demonstrations of their products. Following the annual meeting, the Residents' Night attended by over one hundred residents was presented by the New York Academy of Medicine's Dermatology Section

Report From Albany



Governor signs legislation to provide additional managed care protections for patients and physicians.

Governor Eliot Spitzer approved legislation (S.3986-A, Hannon A.8128-A, Gottfried), advanced at the behest of the New York State Departments of Insurance and Health, which will provide additional protections to patients and physicians in their dealings with managed care plans. The new law will:

- Provide greater assurance to physicians and hospitals that they will be paid by a health plan when such providers receive pre-authorization to provide a needed health care service. MSSNY has received many complaints from physicians that health plans have refused to pay for care that had been pre-authorized. While the bill would create an exception to permit a health plan to deny payment for a pre-authorized service when it is discovered that the patient was not insured at the time the service, importantly, the bill would prohibit a health plan from asserting this defense more than 120 days after the date the care was rendered. Moreover, a health plan is now prohibited from denying payment for lack of pre-authorization for a surgical or other invasive treatment requiring sedation performed at the same time the pre-authorized service was provided;
- Provide patients with a greater ability to obtain specialized out of network care by allowing patients to seek an independent external appeal when a health plan denies the patient's request to seek such out of network care that the patient and the patient's physician believe is "materially different" from the care that is available in-network; and
- Require hospitals and health plans to continue to abide by the terms of their contract for two months following termination of the contract by either the hospital or the health plan, or for two months following the end of contract when it is non-renewed. This would provide additional **protections**

notice to patients enrolled in these health plans as well as the physicians who are affiliated with these hospitals.

The new law will also require claims by out of network providers to be submitted to Child Health Plus, Family Health Plus, and Medicaid Managed Care plans within 15 months of the date of service. Original drafts of this legislation would have limited this time period to 120 days, but concerns were expressed by several physician and hospital organizations that it was too short a period of time. Importantly, this provision does not apply to commercial insurers.

Finally, it is important to note that the legislation did not include any provision which would have limited the fees that can be charged by an out of network physician for care provided in emergency settings. Physician organizations, including in particular, the Medical Society of the State of New York, vociferously opposed proposals advocated by the health plan industry that would have established a default rate for out of network care and/or imposed huge penalties on out of network providers alleged to have submitted excessive charges for emergency care.

Legislation to require accreditation of offices performing office based surgery approved by Governor Spitzer.

Governor Spitzer approved legislation (S. 6052(Hannon)/A.7948 (Gottfried) which requires physicians who perform office-based surgery in their offices to obtain accreditation of such office setting. This measure is the culmination of the work of the Department of Health's Committee on Quality Assurance in Office-Based Surgery which was re-constituted by then Commissioner of Health Antonia Novello in 2005 in response to a number of serious cases. The Task Force was comprised of representatives from the Medical Society of the State of New York and several Specialty Societies including David Bank, M, President-Elect for the NYS Society of Dermatology and Dermatology Surgery. The Committee concluded that "the New York State Department of Health should seek the legislative authority to require accreditation of office-based surgical practices, including adverse event reporting" as outlined in their report which can be accessed through the following link: http://www.health.state.ny.us/professionals/office-based_surgery/reports/docs/committee_on_quality_assurance.pdf

The resulting legislation defines OBS as "any surgical or other invasive procedure (excluding minimal procedures and procedures requiring minimal sedation) requiring moderate or deep sedation or general anesthesia and unsupplemented liposuction of greater than 500cc." Exempt from the accreditation requirements of the bill are practices that are limited to minor procedures (performed with local or topical anesthesia or liposuction with removal of less than 500 cc of fat under unsupplemented local anesthesia) or procedures performed using minimal sedation ("means a drug induced state during which (i) patients respond normally to verbal commands; (ii) cognitive function and coordination may be impaired and (iii) ventilatory and cardiovascular functions are unaffected"). Dr. Bank had strenuously advocated that the exemption standard for liposuction be set at 1000cc of fat. The majority of the Committee, almost entirely comprised of physicians, however, approved the 500cc standard. Also, the new law requires physicians to report adverse events to the Department's Patient Safety Center within one business day of the occurrence of the adverse event. An adverse event is defined to mean a (i) patient death within thirty days; (ii) unplanned transfer to a hospital; (iii) unscheduled hospital admission

Physicians affected by the accreditation provisions of the bill will have until July 14, 2009 (eighteen months from the effective date of the bill) to obtain accreditation from a "nationally recognized accrediting agency (ies) determined by the Commissioner". It is anticipated that the Commissioner will soon publish standards for approved accreditation agencies. We will keep you abreast of which accreditation agencies will be approved by the Commissioner and their accreditation standards and costs.

**NYS Society of Dermatology &
Dermatologic Surgery**

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Clinical Trial Patients with Pemphigus

A clinical study in patients with pemphigus is being conducted in the Department of Dermatology at the NYU Medical Center. The goal is to examine whether the clinical effectiveness of IVIg therapy can be improved by the concurrent administration of cyclophosphamide. Participation in the study is completely voluntary. It is intended for patients with histologically proven pemphigus vulgaris or foliaceus, age 18 or greater who have a minimum indirect immunofluorescence titer of 1:40 and active disease not responding to systemic corticosteroid therapy, who have side effects to, or cannot tolerate this medication, or in whom systemic therapy cannot be tapered without a flare in disease activity. All patients will be treated with IVIg, 500mg/kg given IV daily for 4 days.

This cycle will be repeated every 2 weeks for a total of 4 cycles. Half of the patients will in addition be randomized to receive a standard dose of cyclophosphamide, 2 mg/kg/day.

Current dose of steroids will not be altered, but other adjuvant therapy will be stopped. The end points of the study are improvements in the clinical manifestations of disease and decrease in serum levels of pemphigus antibodies following the last IVIg cycle. As both IVIg treatment with and without cyclophosphamide are standard of care for the treatment of pemphigus and reimbursed by Medicare for these indications, the patient or insurance company will be responsible for the costs of the treatment.

We hope this research will benefit patients by improving the treatment of their disease and by helping us better understand how this treatment works.

Please contact the study coordinator Letitia Reese or Jean Claude Bystryn, MD at 212-889-3846 or 212-263-5243 if you would like to learn more about the study or refer a patient.