NYS SOCIETY OF DERMATOLOGY & DERMATOLOGIC SURGERY

New York Dermatologist

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This past October, I traveled to Washington D.C. to participate at the American Academy of Dermatology Association's annual Legislative Conference. More than a hundred dermatologists participated in this event. I was impressed by the knowledge of the AAD staff and learned a great deal about effective advocacy and the political process from the pundits and legislative staff who spoke with us. After taking part in a variety of training and informational sessions, I participated in several meetings on Capitol Hill where we focused our advocacy on issues of importance to dermatology including physician payment and care delivery. We also expressed our concerns regarding indoor tanning and the importance of medical research funding. David Hunt, M.D., director of the Office of the National Coordinator of Health Information Technology, told participants that there is no better time to adopt, implement, and meaningfully use an electronic health record (EHR) system, echoing Mark Kaufmann, M.D., a dermatologist who told participants he had received his first meaningful use incentive check for $18,000 after completing the program's attestation process. Washington state dermatologist Sasha Kramer, M.D., who recently testified before a House committee about her EHR experience, cautioned that even with incentives, EHR adoption can still be expensive, time-consuming, and frustrating.

We are all acutely aware of the changes occurring within the healthcare delivery system. The Affordable Care Act (ACA) and the American Recovery and Reinvestment Act (ARRA) are funneling billions of dollars into the healthcare delivery system to effectuate changes in care delivery and changes in payment methodology. We will soon see how the policies and initiatives advanced by these Acts will affect the structure of our care delivery system. The future is unclear. Will community based physicians be able to forge new and enduring alliances with other system stakeholders to form Accountable Care Organizations (ACOs) and take back control of health care delivery? We know that many of our friends and colleagues who practice in other specialties are finding it difficult to continue their practice in traditional solo or small group settings and have decided to sell those practices to the hospitals with which they are affiliated. Others are simply retiring or relocating to other states. Will the future health care delivery system be one which is vertically integrated with hospitals in control? Or, will it remain a horizontally configured system which is not institutionally controlled and which recognize the legitimate role of the physician? Will the future system of care delivery at the community level be organized in a cost efficient manner around primary care and specialist physicians or will we continue to perpetuate the failed system of the past, a system in which care delivery in the more costly, hospital based settings will predominate. And, who will deliver the care? We have read a great deal about policies now being implemented on the federal level on down which will promote the use of non-physician practitioners such as nurse practitioners, physician assistants and others in the delivery of care. Are there sufficient protections in place to assure that our patients know the difference between an orthopaedic physician and a podiatrist; a psychiatrist and a psychologist; or a dermatologist and a cosmetologist or spa technician? Clearly, we need to work with all of medicine to assure truth in advertising so that patients can make informed choices about their health care.

Mary Ruth Buchness, MD
Society President

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Report From Washington and Albany

Congressional extension of 2011 Medicare rates expires February 29, 2012- Dermatologists urged to take action!

Late last December a 27.4% Medicare pay cut was averted when the U.S. Senate and House of Representatives passed a two-month extension of several important policies which now expire on February 29th. Dermatologists are urged to contact their Congressperson as well as Senators Schumer and Gillibrand to urge that Congress take action to immediately provide Medicare physician payment stability. You may send an email through the Dermatology Advocacy Network website at www.aad.org/dan. Just follow the link for Federal Grassroots Campaigns. You may also call your representative using the AMA's Grassroots hotline at 1-800-833-6354.

The two month patch bill also extended the floor on the work geographic practice cost index (GPCI) which will reduce a cut that otherwise which would have been imposed on physicians practicing in the upstate Medicare payment locality as a result of changes in the new Medicare payment rule. CMS, however, has indicated that all of the other changes that were included in the Medicare physician payment final rule for 2012 will still take effect. Physicians should not expect that payment rates will remain unchanged. Numerous changes are being made in the relative value units, GPCIs, electronic prescribing and quality reporting programs, and multiple procedure payment rules for 2012. These changes took effect as scheduled for dates of service beginning Jan. 1, 2012.

A House-Senate conference committee has begun meeting to negotiate a longer-term agreement of a package of items, including Medicare physician payment, extension of the current payroll tax cut and continuation of unemployment insurance coverage. Among the small group of House conferees are New York Congress members Dr. Nan Hayworth and Tom Reed.

Legislation to Ban Use of Tanning Beds by Children under Eighteen Moving in Both Houses of NYS Legislature

Legislation (S.2917, Fuschillo/A.1074, Weisenberg) which would ban the use of tanning beds by children under eighteen was passed by the NYS Assembly and was reported by the NYS Senate Health Committee to the floor of the Senate in late January. Because the harmful effects of UV exposure accumulate over time, indoor tanning devices pose a greater risk for children and teens by boosting overall lifetime exposure. Current law allows children between the ages of fourteen and eighteen to use indoor tanning facilities, with the written permission of a parent or guardian. A coalition of several specialty medical societies, patient advocacy groups and the Medical Society of the State of New York support this legislation. Opponents, including the well financed indoor tanning industry, urge defeat of this measure because of the potential loss of business for their small businesses. Proponents have countered noting the misleading and deceptive practices of the tanning bed industry designed to lure young people to use tanning beds. Physicians are encouraged to weigh in with their State Senator to urge the Senate to pass the bill this year. Dermatologists may do so through the Medical Society of the State of New York's grassroots action center at http://www.capwiz.com/mssny/issues/alert/?alertid=60941341&type=ST to send a letter to their elected State Senator.

Center For Health Workforce Studies Publishes Exploratory Report on Supply and Demand for Medical Assistants

The Center for Health Workforce Studies, with support from the 1199 SEIU Greater New York Worker Participation Fund, recently conducted a study to learn more about the supply and production of medical assistants (MAs) in New York City, as well as demand for them in ambulatory settings in New York City. In its report entitled *Supply and Demand for Medical Assistants in New York City*, the authors note that the rapid transformation now occurring in the health care delivery system will result in a job shift from acute care facility to the ambulatory care setting. Many workers will need to be retrained. Careers in medical assisting are appealing because there are already affordable training programs throughout NYC which are of a reasonable duration and the forecast for available MA positions remains strong. The report further notes that the skills and competencies of MAs tend to vary by education and training and that MA roles often differ based upon the needs of employers. The tasks that can be given to MAs are limited by state statute or regulation addressing delegation by licensed physicians, physician assistants, nurse practitioners, and licensed nurses. In a few states, MA scope of practice is directly addressed in statute and regulation. There is wide variation among states on what tasks MAs are actually able to perform. In a 2010 advisory issued by the Office of the Professions of the New York State Education Department (NYSED) the tasks that could be performed by MAs in the state were elaborated. The list was inclusive but not exhaustive and included a caution that delegation should be guided by medical judgment. To read the full report, please go to the following web address: http://chws.albany.edu/.

Governor Cuomo Delivers Second State of the State Message- State Budget Proposal Expected to Incorporate Recommendations from Medicaid Redesign Team

Governor Andrew Cuomo delivered his second State of the State Message to a packed Convention Center audience in early January. Building on the successes of last year, the Governor advanced an economic blueprint to leverage state resources to generate billions of dollars in private-public sector projects and rebuilding the state's infrastructure. The Governor again emphasized the importance of re-organizing state government and strengthening public policy initiatives to address the needs of the residents of New York State.

The focus of this year's State of the State Message was on economic growth, jobs, re-organization of state government and public policies intended to provide assistance to those New Yorkers most in need. For instance, the Governor called for increased participation in the food stamp program through the removal of barriers to participation such as the current fingerprinting requirement. Little focus was devoted to health care policy, with one exception. The Governor did call for the enactment of legislation necessary to establish the Health Insurance Exchange.

Governor Cuomo's vision to "re-imagine" Government includes a call to hold the line on spending this year and closing the $2B budget deficit with no new taxes or fees. He also announced that he would ask the joint Legislative and Executive Mandate Relief Council to hold public hearings and issue a package of recommendations to be voted on this Legislative Session. He also announced his appointment of a bipartisan Education Commission which will recommend reforms for the public education system which emphasized teacher accountability and school management accountability. The Governor also called for a new statewide network of municipal and regional emergency responders which will improve statewide communications and assure appropriate deployment of resources during emergencies.

Among the items advanced in the Governor's proposed budget for FY 2012-13 included language to generate billions of dollars in economic growth and create thousands of jobs were to:

- Build the largest Convention Center in the nation at the Aqueduct Race Track;
- Create a mixed use facility and revitalize NYC's West Side at the 18 acre Jacob Javits Center Site;
- Devote $1B in economic development investment in the City of Buffalo;
- Conduct a second round of regional economic development awards;
- Advance a constitutional amendment to allow gaming in NYS;
- Create a New York Works Fund and Task Force to support projects to improve or replace 100 bridges including the Tappan Zee and thousands of miles of roadways.

The Governor's proposed budget for FY 2012-13 included language to establish a New York Health Insurance Exchange as required to be created by the federal health care reform law. The Exchange, which would be established for the purpose of facilitating the ability of individuals and employers to purchase health insurance coverage, is required to be operational by 2014. The Exchange would be controlled by a 9-member Board to operate the exchange including the Superintendent of Insurance, Commissioner of Health and 7 others selected by the Governor with two recommendations each by the Assembly Speaker and Senate Majority Leader. The bill specifies that appointees would need to have expertise in one of the following areas: individual health care coverage; small employer health care coverage; health benefits administration; health care finance; public or private health care delivery systems and purchasing health plan coverage. Five 5-member regional advisory committees to the Board that would encompass the following regions: New York City, the metropolitan suburban region, northern region, central region and western region The legislation specifies that the regional advisory committees shall be composed of representatives of: health care providers, health consumer advocates; small business consumer representatives, health insurance companies, brokers and organized labor.

Importantly, the language would require health plans offering coverage through the Exchange to comply with physician and patient protections already set forth in New York law. Health plans offering coverage through the Exchange would be required to make available to the public the following data: claims payment policies and practices; periodic financial disclosures; enrollment and disenrollment data; numbers of denied claims; rating practices; information on cost-sharing and payment with respect to any out of network coverage; and enrollee rights pursuant to the ACA. Much of the information necessary to estimate the cost of benefits packages and what benefits are to be included in products offered by an Exchange and other health plan requirements, however, remains to be developed and may deter the enactment of Exchange language this year.

Not included in the proposed budget were the recommendations of the MRT which would eliminate the requirement for a written practice agreement and collaborative relationship between a nurse practitioner and physician. Another proposal recommended by the MRT but also not included in the proposed budget would have allowed physicians to determine the number of PAs they will supervise. Currently, physicians are restricted by law to supervising two PAs in private practice settings and up to six in article twenty eight settings.

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Dermatologic Surgery

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This brings me back to where I began by emphasizing the importance of advocacy. Change is occurring and our advocacy must focus on policies which best position the practice of dermatology to sustain and thrive and on policies which effectuate a system which assures the delivery of high quality of care to our patients. Advocacy can be affected by membership. The more members in an organization, the more powerful a political force it becomes and the more powerful it becomes, the more it will achieve outcomes that will increasingly reflect the legitimate interests of our dermatologists. If you are not a member, please give consideration to joining the Society. A membership application is attached to this communication for your convenience. If you are a member but a friend or colleague is not, please send them a copy of our membership application. We are growing and we need their support to grow even more.

Mimi Buchness, MD
President