

New York Dermatologist

WINTER 2015

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From the President

At the beginning of each year we reflect upon what we have accomplished the year before and try to anticipate what the new year will bring. For the NYSSDDS, last year was a transformative year. We have reinvigorated our advocacy program. We held our first Lobby Day in Albany. While the focus of our effort – a Truth in Advertising Bill—was not achieved, we made significant headway in educating legislators as to the merit of assuring that our patients are well informed as to the credentials of the health professionals from whom they seek care. We worked as part of a coalition of specialty societies and MSSNY to defeat legislation which would have dramatically altered the medical liability statute of limitations and thereby significantly increase medical liability premiums. Working with these same associations we were successful in defeating legislation to permit oral and maxillofacial surgeons to perform cosmetic medical procedures on the head and face.

We must remain vigilant against these same proposals in 2015.

As you know, the e-prescribing mandate will go into effect on March 27, 2015. While we can all agree with its goals-- to reduce drug diversion and enhance quality of care—many of us will find that our EHR vendors have not yet been certified for electronic prescribing of controlled substances. Because of this, I have been informed that

there are efforts underway in Albany to either postpone the implementation of the mandate or to assure that no prescribers are penalized for a period of time after the effective date. If you haven't yet done so, please contact your



Robert Walther, MD
Society President

vendor to make sure that you will be able to e-scribe when this new mandate takes effect.

There are a number of health system changes being advanced as a result of ACA. On the state level, the Delivery System Reform Incentive Payment (DSRIP) program is the vehicle to re-align healthcare stakeholders in an effort to reduce avoidable hospital use by the Medicaid population by 25%. Led primarily by hospital systems, twenty-five 'new' performing provider systems are being formed to address the

health needs of Medicaid beneficiaries attributed to such systems. Up to \$6.42 billion dollars have been allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health. In addition, ACA has spawned new Medicare shared savings Accountable Care Organizations (ACOs), the Pioneer ACO program, the Multi-payer advanced primary care program, and the Comprehensive primary care initiative in an effort to trim health costs while enhancing quality of care. The combined effect of these programs could very well profoundly re-shape the health care systems in which dermatologists deliver care in every region of the State, though the exact manner as to how these changes will impact care delivery remains to be seen.

As with any professional association, membership is critical to our ability to continue to achieve these results. Belonging to our national organizations is important; equally important, however, is membership in the NYSSDDS. The old Tip O'Neil saying that 'all politics is local' holds true for organized medicine. Dermatologist membership in the state professional association is important to assure that we remain visible in policy discussions occurring on the state level. We must take the time to invite our colleagues to join the NYSSDDS. Yes, join the national association; join your regional association; but also join the NYSSDDS.

Robert Walther, MD
President

Report From Albany

Governor Andrew Cuomo Announces Proposed Budget for SFY 2015-16

On January 21st, Governor Cuomo announced his \$141.6 billion spending plan for 2015-16. Overall state spending is projected to increase by 1.7%. He projects a budget surplus of \$1.8B and proposes to increase spending on Education by \$1.1B. Spending on the Medicaid program is projected to increase to \$62M.

Items of interest to organized medicine in the proposed budget include:

- Elimination of the New York physician profile database including the requirements for physicians to update their profiles;
- Continuation of the Excess program at \$127.4M; would establish a new provision that participation is contingent upon a finding that physician or dentist has no outstanding state tax liabilities;
- Authorization of Retail Clinics— clinics which provide a limited list of services in retail stores- provided that they adhere to regulations which would among other things require them: to be accredited; accept walk ins; adhere to advertising and signage standards; disclose ownership interests; directly employ a medical director; and strengthen primary care through integration of services with the patient's other health care providers;
- Regulation of non-hospital owned Urgent Care practices including requiring such urgent care practices to be accredited and approved to operate by the Department of Health. Under this proposal, the Public Health and Health Planning Council (PHHPC) is authorized to: establish the scope of services that may be provided by urgent care providers; standards for the appropriate referral and continuity of care, staffing, equipment and maintenance and transmission of patient records;
- Amendment of the OBS statute to require OBS practices to be registered with the Department of Health and to include within the parameters of the OBS law procedures requiring neuraxial anesthesia and major upper or lower extremity regional nerve blocks. Requires that OBS procedures cannot be longer than six hours. Also requires OBS accrediting agencies to: (a) require OBS practices to perform quality improvement and quality assurance activities and utilize ABMS or equivalent certification, hospital privileging or other equivalent methods to determine competence; (b) carry out surveys or complaint/incident investigations upon department request; and (c) report individual findings of surveys and complaint/incident investigations;
- Authorization of the Public Health and Health Planning Council (PHHPC) to review the type of procedures performed in outpatient settings, including OBS practices and ASCs for the purpose of (a) identifying the types of procedures performed and the types of anesthesia/sedation administered in such settings; (b) considering whether it is appropriate for such procedures or anesthesia/sedation to be performed in such settings; (c) considering whether settings performing such procedures or administering such anesthesia/sedation are subject to sufficient oversight; (d) considering whether settings performing such procedures or administering such anesthesia/sedation are subject to an equivalent level of oversight regardless of setting; and (e) making recommendations to the department regarding the foregoing.;
- Authorization of the Commissioner to utilize methodologies of reimbursement that are value based. Specifically authorizes a DSRIIP performing provider system (PPS) or subset of providers to arrange by contract for the provision of services in exchange for value based reimbursement;
- Appropriation for MSSNY's Committee for Physicians' Health \$990,000;
- Elimination of existing fees for requesting arbitration of workers compensation cases and certain registration fees for radiologic sites;
- Establishment of a private equity pilot program, allowing up to 5 business corporations to make private capital investments to assist in restructuring health care delivery system; and
- Establishment of a \$1.4 billion capital construction fund to build a new hospital in Brooklyn and to assist in capital construction and health care integration across upstate New York.

State Assembly Chair Holds Hearings on Single Payer

Assemblyman Richard Gottfried, chairman of the NYS Assembly Health Committee, is holding hearings across New York State to elicit testimony on his single payer bill, A.5389-A/S.2078-A, Perkins. Throughout the month of December, hearings were held in Syracuse, Rochester, Buffalo, New York City, and Mineola. A final hearing is set for January 13th in Albany.

Under Assemblyman Gottfried's bill, "New York Health", a universal "single payer" system would replace insurance company coverage, premiums, deductibles, co-pays, limited provider networks and out-of-network charges. Instead, it would provide comprehensive, universal health coverage for every New Yorker, with a benefit package more comprehensive than commercial or other health plans, with full choices of doctors and other providers. The program would be funded by broad-based taxes based on ability to pay.

This series of public hearings will review the effects and costs of the current health coverage system on patients, health care providers, employers, labor, taxpayers and health and health care. It will review how the single-payer system would work in New York.

Physicians have participated in these hearings and have expressed both support and strong opposition to the measure. While it may advance in the state Assembly, it is unlikely to pass the Republican controlled Senate.

Update on the eRx Mandate Effective March 27, 2015

I-STOP, enacted into law two years ago, included a mandate for all prescribers, except veterinarians, to electronically prescribe all prescriptions, both non-controlled and controlled substances, by March 27, 2015. The e-prescribing mandate was put into place to reduce the incidence of drug diversion and to enhance quality of care by reducing medication errors caused by illegible or poorly communicated prescriptions.

The law provides that prescribers may apply for a waiver of this e-prescribing requirement as a result of a) economic hardship b) technological limitations that are not reasonably within the control of the physician, or c) other exceptional circumstance. To that end, extensive discussions with the State have ensued to assure that the waiver application process for physicians will not be unduly burdensome. However, the State has to date discouraged physicians from applying for waivers since such waivers are only effective for one year at a time, and the mandate is not effective until March. It is anticipated that the state will announce the waiver process sometime in late January or early February.

Physicians should know that several EHR vendors will not be certified for electronic prescription of controlled substances (EPCS) until sometime in after the first of the year. This may not be in time for the safe installation of the e-prescribing system for physicians in large group practice or institutions.

The Department of Health officials and key legislative leaders are fully aware of the significant obstacles many physicians of all practice configurations will face in complying with this law, and the possible disruptions patients may face in receiving needed medications as a result. A large coalition of healthcare stakeholders has formed to request a delay in the implementation of the mandate arguing that it is unfair to hold physicians responsible for the failure of vendors to meet this deadline. Legislation, (S.2486, Hannon/A.4274, McDonald) which would delay the implementation of the e-prescribing mandate for one year has already been introduced in both houses of the Legislature and is on the February 3rd Senate Health Committee agenda. If you wish to weigh in to support this objective you can send a letter to your legislators and Governor Cuomo urging a postponement of this mandate by clicking here: <http://cgrcengage.com/mssny/app/write-a-letter?2&engagementId=70733>

The Medical Society of the State of New York has completed a process to vet the capabilities of "stand-alone" e-prescribing systems and has announced an exclusive relationship with DrFirst. Dermatologists who are MSSNY members without e-prescribing capabilities can purchase the DrFirst e-prescribing product, RCOPIA at a substantial discount of 40% off its list price. If you are interested in finding out more about this product please visit DrFirst at www.drfirst.com/mssny.

MLMIC Members: MLMIC Declares 7.5% Special Dividend

MLMIC recently announced a 7.5% Special Dividend for its policyholders. To qualify for this 7.5% Special Dividend, policyholders must be insured by MLMIC on February 1, 2015. The dividend will be applied to policyholder accounts on March 1.

MLMIC's president, Dr. Robert Menotti, said that dividends "provide meaningful financial relief to our policyholders," and that "they are an integral part of our mission to provide high-quality insurance at low long-term cost."

Welcome New Resident Members

The NYSSDDS would like to welcome our new Resident members:

Srimanasi Javvaji, MD; Joshua Farhadian, MD; Amelia Hausauer, MD; Nicola Quarano, MD; Adriana Lombardi, MD; Danilo Del Campo, MD; Sonia Lamel, MD; Nikoo Cheraghi, MD; Amilcar Rizzo, MD; Adam Carter, MD; Michael Caglia, MD; Ross C Radusky, MD; Marisa Kavdos Gavshick, MD; Brienne Cressey, MD; Megan Rogge, MD; Ellen Dabela, MD; Ilana Deluca, MD; Jackleen Marji, MD; Bobby Reddy, MD; Marion Tamesis, MD; Randy Tang, MD; Whitney Tolpinrud, MD; Whitney Valins, MD; Audrey Vass, MD; Nicole Weitz, MD; Zena Zoghbi, MD.

**NYS Society of Dermatology &
Dermatologic Surgery**

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**Dermatologists Encouraged To Participate in Lobby Day With The
Medical Society of the State of New York on March 4th**

The NYSSDDS will again hold its Lobby Day in conjunction with that organized by the Medical Society of the State of New York on March 4th in Albany New York. The event will take place in the Louis Swyer Theater in the Egg on the Empire Plaza Beginning at 8:30AM. A jammed packed agenda is scheduled with several panels of representatives from both Chambers on Health and Insurance issues.

MSSNY Governmental Affairs staff will be conducting a Pre-Lobby Day briefing on February 4th at 7:30AM. If you are interested in participating in the webinar please click go to the link below:
<https://www.surveymonkey.com/r/6H8VPGC>

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