Inaugural Speech – May 30, 2014
Maria A. Basile, MD

I am honored and blessed tonight to be surrounded by family, friends, teachers, and colleagues as I am installed as your 208th President of the Suffolk County Medical Society, the premier professional medical association for the physicians of Suffolk County. Many thanks to our elected government officials for taking the time to celebrate and recognize Dr. Ruggiero’s tremendous work as President this past year. My Vice-President, Dr. William Spencer, your President-elect for 2015 and I have already been spreading your message of the importance of leadership, membership, and involvement in the physician and public advocacy of our Society.

I want to take a moment to thank our Executive Director, Stuart Friedman and our terrific SCMS Staff Barbara Baumgarten, Linda LoPorto, and Donna DelVecchio for putting this wonderful celebration together and for all their work, year round, in the daily operations of our medical society.

When I was a little girl, I dreamt of someday becoming three things:

1. Miss America
2. A Surgeon
3. President

Tonight, thanks to all of you and to our Suffolk County Medical Society, I feel like all three.

Miss America – let’s face it that was never going to happen! And I’m OK with that...I’m at peace with the idea that some of the things we dream of and aspire to may never, ever come true...like Tort Reform! But that didn’t keep me from trying, bumping my head at 4 years old on the coffee table I imagined was an Atlantic City runway, blowing kisses to my adoring fans. Or competing in high school, coming in 1st runner up to now, Bay Shore cardiologist, Dr. Jeannie Cacciabaudo, in the 1981 4th of July Miss Wantagh contest, where I had my first photo op with local and state legislators, Assemblyman Fred Parola, Town Supervisor Tom Gulotta, and then Nassau County Comptroller Peter King! Yes, I’m pretty tenacious about the goals I set...you should have seen the tiara I picked out to wear tonight, before my daughter Christina advised me better.

But trust me, it is with that type of tenacity, resilience, and focus that we can continue to be leaders for medical liability reform, health insurance transparency, and clinical integration.

A year ago, Dr. Joel Morganstern, an internist in Shoreham, asked me if I’d heard about the Internet System for Tracking Overprescribing (I-STOP). He said to me, “Maria, if I have to stop seeing my patient, go to a computer in my office and check on every single patient, it’s going to interrupt the time I spend with patients, it’s going to slow me down.” He wasn’t the only physician who feared this intrusion, who perceived this as another unfunded mandate. Last summer, our medical society worked closely with allies in the State Legislature like Senator Kemp Hannon to address these concerns, so the final legislation allowed for doctors like Dr. Morganstern to designate someone in his office to access and track usage in the private practice setting, and for program directors like Dr. Cardinal to allow residents and other non-licensed employees to consult and track usage of the Prescription Monitoring Program website in hospitals. Six months ago, Mather Hospital was awarded a grant to purchase support and online training for ICD-10 implementation, and our CMO, Dr. Joan Faro, asked me to join the hospital’s Leadership Steering Committee for ICD-10 to shepherd the training and awareness of ICD-10 for our clinical and medical staff.

(Continued on page 3)
**Suffolk County Medical Society Officers**
July 1, 2014- June 30, 2015

**PRESIDENT**
Maria A. Basile, MD

**PRESIDENT-ELECT**
William R. Spencer Jr., MD

**VICE PRESIDENT**
Alexios Apazidis, MD

**SECRETARY**
Christine Doucet, MD

**TREASURER**
Ramin Rak, MD

**EXECUTIVE DIRECTOR**
Stuart S. Friedman, MPS

**OFFICE MANAGER/EDITOR**
Barbara Baumgarten

**MEMBERSHIP/WORKERS COMP**
Donna DelVecchio

**EXECUTIVE SECRETARY/ CME COORDINATOR**
Linda LoPorto

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**Suffolk Academy of Medicine Officers**
July 1, 2014 - June 30, 2015

**PRESIDENT**
William R. Spencer Jr., MD

**VICE PRESIDENT**
Alexios Apazidis, MD

**SECRETARY**
Christine Doucet, MD

**TREASURER**
Ramin Rak, MD

**EXECUTIVE DIRECTOR**
Stuart S. Friedman, MPS

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**Meeting Schedule**

### Executive Committee
- September 9 (Tuesday)
- November 4 (Tuesday)
- January 7 (Wednesday)
- March 11 (Wednesday)
- May 13 (Wednesday)

### Board of Director
- October 7 (Tuesday)
- December 9 (Tuesday)
- February 11 (Wednesday)
- April 8 (Wednesday)
- May 29 (Friday) ** Annual Meeting

All Meetings start at 6 PM and are held at the SCMS office.

**Annual Meeting Location TBA**

### IMPORTANT DATES TO REMEMBER:

**MSSNY LEGISLATIVE DAY** - March 4, Albany, NY
**Review of Resolutions** - April 29, SCMS Office
**House of Delegates -May 1-3, Saratoga, NY**

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- Creation of Compliance Programs and Fraud Detection Systems
- Formation of PCs and LLCs and Shareholder Agreements
- Contracts: Managed Care, Insurance, Management and Employment
- Defense of Medicare/Medicaid Investigations
- Hospital and Physician Privilege Disputes
- Equipment Acquisitions
- Anti-Referral Law Counseling
- Certificates of Need
- Intellectual Property Issues

**For More Information Contact:**
Jay B. Silverman, Partner and Co-Chair of the Health Law Department and Chair of the Healthcare Professionals Group 516-663-6606 or email: jsilverman@rmfpc.com

516-663-6600 Uniondale www.rmfpc.com

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*Suffolk County Medical Society Bulletin July 2014 www.scms-sam.org*
In April our Suffolk County Medical Society set up an ICD-10 awareness seminar at Mather. Coding-expert Jackie Thielan gave a riveting 2-hour seminar on the more robust, specific, and granular coding system for our language of medicine. Now, ICD-10 implementation has been delayed another year, but we’re poised to continue the training and transition into 2015. Six weeks ago, our CMIO, Dr. Joseph Ng, asked if I would champion the increased use of the Medical Society’s DocBookMD, a communication tool to improve the speed and security of sharing patient information with colleagues.

Six days ago, Dr. Gus San Roman, a Port Jefferson Ob-Gyn, asked if I would help him work with the medical society to reconsider the medical liability crisis from a different, somewhat radical, perspective. Six hours ago, Dr. Ashfaq Hussein, a Port Jefferson nephrologist, asked about the Medical Society’s position on the “War on Doctors,” the dropping of physicians from Health Insurance Networks because of low volume or high costs.

To each of these physicians and many others looking to our Medical Society for guidance, I have given the same positive response. Together with the Suffolk County Medical Society and the Medical Society of the State of New York, we can have an impact on all of these issues. Together, we can dot all the “I’s,” whether it’s the I’s on iPhones or iPads, using the DocBookMD tool, or the I’s we face with ICD-10 transition or I-Stop Legislation.

Together we can help shape the details of New York State legislation and regulation, guided by the compassion and empathy that we share with our patients in the relationships that we build each day. And it works! We’ve seen I-STOP work, and have turned doubters into believers and believers into leaders. The president of our medical staff at St. Charles Hospital, Dr. Bill Konczynin, Family Medicine in Setauket, consulted the I-STOP database the first few days of implementation and was able to identify and intervene with 3 of his own patients that he found doctor-shopping to feed their addiction. He has given talks to his own department, to the medical board, and is offering to speak throughout Suffolk County on the effective use of this powerful tool.

There are more I’s to dot in inclusion and institutional membership, where we can continue to promote entire medical staff membership in our medical society (as we have at Mather, St. Charles, and Brookhaven Hospitals) and be able to advocate for the specific needs of the growing number of employed and hospital-operated physicians and physician practices. Our capacity to project a steady and stable voice for all the physicians of Suffolk County will support our ability in whatever practice model, hospital or system we work to provide high quality medical care to the patients that we serve.

Early one Sunday morning, in the spring of 2001, I was grabbing some breakfast before going in to make rounds. My son, George, who was four at the time, toddled up to the dining room table. He climbed on the pile of Surgery textbooks that we used as his booster seat, as my husband Joe poured a little milk in his cereal. As he settled into breakfast, he leaned over to his father, and staring at me across the table, asked him, “Um…Dad, what is she doing here?” It’s a question I’ve been answering all my life, What is she doing here? From the makeshift stage in front of Beech Street School where I dreamt of being Miss Wantagh to the steps of the State Capital building in Albany where I’ve dared to dream again, from the kitchen table to the operating table, from the emergency room to the board room, What is she doing here?

Well I finally have an answer for you Georgie. What are we doing here? We’re getting our house ready. You see, for our colleagues, our patients, the young Doctors of Tomorrow, and for George and Christina, for all of our children, the Medical Society is our house. Tonight we celebrate the House of Medicine. The members of this house are people of healing and wonder, leaders of integrity and altruism. Our house stands strong on the pillars of the trust, compassion, stability, and hope we build and inspire in each other and for our patients every day. Welcome family, friends, colleagues, and honored guests to the House of Medicine – a house where dreams really do come true.
Message From SCMS Councilor
Frank G. Dowling, MD

It’s Time to Build on Recent Legislation Successes in Albany

Very Important Election Year for State Offices - Physician Action and Donations are Critical!

In partnering with specialty societies, MSSNY has achieved several legislative advocacy successes during this legislative session. All physicians need to step-up with their voices and their wallets, to build on recent successes and to move our agenda forward in the interests of our patients and our ability to practice without interference in the patient-physician relationship. Earlier in the session as the budget was passed MSSNY was able to achieve the following:

- Secured passage of Out-of-Network Legislation, which assures that patients who face medical emergencies or other health care situations beyond their control and the physicians who care for them will have an easy to use process to obtain fair coverage when the physician who treated them is out-of-network. Physicians and hospitals will have some obligations to share information about their usual and customary fees, which is fair. The transparency required when plans determine reimbursement also includes a comparison to the fees published by Fair Health, an independent agency that tracks true physician charges and provides information without the biases that may occur when insurance plans alone determine allowable fees.

- Secured funding to continue the Excess Medical Liability Program and defeated any changes that would limit physicians’ access to this program.

- Defeated the retail clinic bill, which would have corporatized medical practice such that physicians or others who provide care in such establishments would be answering to a non-medical corporation or shareholders instead of answering to their patients.

- Defeated extremely a burdensome proposal that was intended to impose cumbersome and costly regulations and reporting requirements on physician office-based surgery and urgent care practices if passed, this bill would have greatly increased the costs of giving care in the more efficient, less costly office setting.

- Eliminated the long-standing requirement to obtain written informed consent when testing a patient for HIV status.

By the end of the session, MSSNY has achieved further victories including:

- Defeated a Date-of-Discovery Bill that alone would have resulted in over 15% increases in liability insurance in NY State.

- Defeated several other regressive liability bills that would have added to the liability burdens physicians face when trying to provide the best of care and we avoided higher liability premiums, more defensive medicine costs, more fears of litigation intruding on the patient-physician relationship.

- Defeated a CME Mandate covering pain management, end-of-life care, addiction screening that would have imposed an ineffective one-size-fits-all CME that would have done nothing to improve outcomes in addressing prescription medication abuse, diversion and overdose deaths; CME based on specific patient population and physician practice needs chosen by physicians based on those needs is effective, not one-size-fits-all CME.

- Defeated scope of practice expansion maneuvers by podiatrists, dentists, optometrists, pharmacists, and many other non-physician practitioners.

(Continued on page 5)
It’s Time to Build on Recent Legislation Successes in Albany

Very Important Election Year for State Offices - Physician Action and Donations are Critical!

- Supported and helped to shape a group of bills intended to address the heroin and opioid abuse crisis and prevent overdose deaths in NY State.

With a very liability friendly Assembly and a hybrid Democratic/Republican Senate coalition with 5 members from the Independent Democratic Caucus, it was a tremendous accomplishment to defeat each and all of the egregious expansion of scope-of-practice bills, regressive liability bills and corporate practice bills.

Passage of the Out-of-Network Legislation benefits all patients and physicians, not only out-of-network physicians. When a doc or group participates in a plan, the only option to negotiate fees is to stay or leave the plan. When there is a viable out-of-network right for fair insurance coverage for emergencies and unexpected need for care from out-of-network physicians (e.g., when hospitalized and need of specialist not in plan), there remains a comparison for plans to consider to keep in-network fees competitive enough that a doc or group will choose to stay in the plan. Passage of this legislation is a huge building block and necessary first step to now start working actively to achieve collective negotiations for physicians in independent solo and small group practices.

So where do we go from here? Call your Assembly Member and State Senator and thank them for passing the Out-of-Network Legislation and tell them you want them to pass Collective Negotiations Legislation at their next opportunity if they return to Albany in the fall or early in the next session in 2015. Tell them that a commitment to co-sponsor such legislation will earn your vote.

Physicians should tell their legislators the same message AND should donate to MSSNYPAC and their Specialty PAC. Remind them that you provide medical care and you purchase health insurance and medical care. And you can’t afford either side of this disastrous problem caused by mismanaged care companies preventing and delaying medically necessary care. Tell them that their constituents and your patients need them to pass Collective Negotiations so that we can negotiate better definitions of medical necessity using valid evidence based criteria for approving medically necessary care.

Call the switchboard and ask for your Senator or Assembly Member:

NYS Senate Switchboard: 518-455-2800
NYS Assembly: 518-455-4100
NYS Governor: 518-474-8390

For $1 per day or $365 per year (suggested contribution of $190 to MSSNYPAC and $175 to Specialty PAC), we can fight for true healthcare reforms. Including the right of physicians to collectively negotiate; this is now needed more than ever, to protect patients and the patient-physician relationship itself. Our patients cannot afford for you to remain on the sidelines. We cannot afford for you to remain on the sidelines. Help us to build on our recent successes by donating to MSSNYPAC and your Specialty PAC, so that we can support the legislators who are helping us to move forward with our patient and physician protection agenda. To donate to MSSNYPAC, click on the link below (or paste this link into your browser).

https://www.mssny.org/MSSNY/Governmental_Affairs/MSSNYPAC/MSSNY/Governmental_Affairs/MSSNYPAC/MSSNYPAC.aspx?hkey=fde47993-60fc-4e39-aa83-7cabdd98f969
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Recently there was much public sentiment about the Veterans Administration ‘scandal.’ Apparently a number of eligible veterans were systematically denied timely access to health services while VA officials were reporting far more favorable performance.

In the aftermath of the controversy, the senior VA health official retired and the Secretary of Veterans Affairs resigned. The House appropriated $1 million to fund a criminal investigation, while the senate voted to appropriate $500 million in additional VA funding. The FBI, the White House, and the VA Office of Inspector General are all conducting investigations. This is a big deal.

Our AMA responded by announcing its position in support of full health benefits to eligible Veterans, outside the VA system if necessary. (Duh! Who among us wouldn’t support healthcare for our veterans?)

But the larger lessons leading up to the scandal should not properly be ignored. My friend and colleague, Thomas Madejski, M.D. raised just that issue on the floor of the AMA House of Delegates. While the delegates resoundingly favored improved access to Veterans health, they apparently lacked the consensus to back an analysis that would identify the system defects that led to the scandal in the first place. And that’s a shame because the VA system is in many ways a microcosm of all healthcare.

The VA is essentially a prepaid health plan utilizing a staff model HMO. It is both clinically and vertically integrated. These are all buzzwords commonly associated with policymakers promoting high performing health systems.

To be sure, the VA system has garnered much praise on quality measures such as heart attack care, treatment of hypertension (both NCQA measures), diabetes care, and an IT system described as ‘spectacular.’ So how did the VA lately stray so far from ‘praiseworthy?’ We ought to know.

I believe that a well-intentioned focus on high performing health care systems too often stumbles because policymakers too quickly embrace widely held assumptions as truths. Over-reliance on false assumptions leads to failure, as is the case in the VA scandal.

In the example of the VA, it appears that the VA measured itself on the basis of timeliness of care. On the surface this would appear to be a worthy goal, but its measurement directly resulted in an unintended adverse outcome. Rather than the expected adherence to timeliness, the measure instead drove a crooked accounting scheme. This resulted in poorer performance and adverse patient outcomes. Because it was the measure itself that provided the motive for the crooked accounting, it is essential that the role of ‘measures’ on patient outcomes be examined. (Remember Heisenberg?)

These days, payment reform schemes abound. Policymakers often cite a misalignment of motives (particularly in the fee-for-service system) as an obstacle to high performing health delivery. One insurer, WellPoint, recently announced its plan to pay oncologists $350 per patient/per month just for adhering to its prescribed guidelines. To be sure, some physician groups are welcoming this program. While this may be a well-intentioned initiative – cancer care is expensive – policymakers have again and again demonstrated a stunningly incomplete understanding of motives. Repeatedly, they make broad assumptions that can lead to poor policies and unintended and sometimes catastrophic healthcare stumbles.

Amy Wrzesniewski and Barry Schwartz recently examined the role of multiple motives in West Point Cadets (Proceedings of the National Academy of Sciences, June 30, 2014). They analyzed the role of internal motives (the desire to get a good education, for example) and instructional ones the desire to get a good paying job. And they analyzed the consequences of these motives on individual behavior. They found, surprisingly, that “holding multiple motives damages persistence and performance in educational (Continued on page 8)
and occupational contexts over long periods of time.” Like the VA scandal, these findings relating to military professionals may contribute to better understanding physicians and healthcare.

In health care, we would be wise to proceed most cautiously on payment reform and quality measures. We should take better opportunity to truly understand the role of motive, and its consequences before instituting policy change. And we must examine what has been achieved (or not) thus far if we are to chart a better course.

PHYSICIANS BOOST THE ECONOMY.

See the effect in New York

New York’s physicians are trusted leaders who have a positive and lasting impact on the health of their patients and the health of their community as a whole. Physicians also critically support the health of their local and state economies through the creation of jobs with their related wages & benefits, the purchase of goods and services and large-scale support of state and local tax revenues.

Results from a recent economic impact study conducted by IMS Health, on behalf of the AMA, demonstrate the significant level of support that physicians generate for New York’s economy. The study results also clearly indicate that creating an environment which would attract new and retain existing physicians to meet expanding healthcare demands will also have the added benefit of increasing the number of good jobs in New York and improving the health of the local economy.

Key economic benefits provided by physicians both nationally and in New York in 2012 include:

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<thead>
<tr>
<th></th>
<th>New York</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL PATIENT CARE PHYSICIANS</strong></td>
<td>56,443</td>
<td>720,421</td>
</tr>
<tr>
<td><strong>JOBS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Total Direct Jobs Supported by Physician Industry 1</td>
<td>269,972</td>
<td>3,336,077</td>
</tr>
<tr>
<td>Total Indirect Jobs Supported by Physician Industry 2</td>
<td>301,622</td>
<td>6,632,265</td>
</tr>
<tr>
<td>Total Jobs Supported by Physician Industry</td>
<td>571,593</td>
<td>9,988,342</td>
</tr>
<tr>
<td>Average Jobs Supported by Each Physician Including His/Her Own</td>
<td>9.8</td>
<td>13.8</td>
</tr>
<tr>
<td><strong>SALES REVENUE</strong></td>
<td></td>
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<tr>
<td>Total Sales Revenue Generated by Physician Industry 1</td>
<td>$98.9 Billion</td>
<td>$1.6 Trillion</td>
</tr>
<tr>
<td>% of Total GSP/GDP</td>
<td>8.2%</td>
<td>10.2%</td>
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<tr>
<td><strong>WAGES &amp; BENEFITS</strong></td>
<td></td>
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<tr>
<td>Total Wages &amp; Benefits Supported by Physician Industry</td>
<td>$57.5 Billion</td>
<td>$776.5 Billion</td>
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<tr>
<td><strong>LOCAL &amp; STATE TAX REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Local &amp; State Tax Revenue Generated by Physicians</td>
<td>$5.6 Billion</td>
<td>$65.2 Billion</td>
</tr>
</tbody>
</table>

1. The State Level Economic Impact of Physicians Report (IMS Health, March 2014)
2. US Bureau of Economic Analysis Current Dollar GSP by State 2012
PLEASE BRING THIS MESSAGE TO YOUR NON-MEMBER COLLEAGUES
SHOW THEM THE IMPORTANCE AND VALUE OF MEMBERSHIP AND UNITY

MSSNY just saved New York internists up to $9,500 a year, more than 10 times the cost of their membership dues. For many other physicians across New York State, the savings were far greater, as much as 100 times their initial MSSNY membership investment.

This week, the New York State Legislature completed its 2014 Legislative Session, and once again your society achieved a significant number of notable victories that are set forth in much greater detail below.

Among these victories is defeat of a number of measures that had advanced to the floor of the Assembly and had been aggressively pursued by trial attorneys to expand liability against physicians. If enacted, these bills could have triggered a cumulative staggering 25% increase in your liability premiums at a time when physicians cannot tolerate any further increases in their premiums if they are going to be able to continue to deliver the care their patients are counting upon. Your MSSNY helped to organize a coalition of hospitals, insurers and physician specialty societies to work together to help to defeat these bills despite the significant pressure placed on the Legislature to pass them.

These bills included measures which would have changed the statute of limitations in medical liability actions, limited the ability of a physician sued for malpractice to interview key witnesses, and changed contribution rules in cases that involved multiple defendants.

I know that’s a lot of legal “mumbo-jumbo,” but the bottom line is that as a result of advocacy by your Medical Society, physicians were spared from untenable increases which could have caused many practices to fold. Here are but a few examples:

- A Syracuse general surgeon would have faced a premium increase of over $9,400;
- A Long Island internist would have faced a premium increase of nearly $9,500;
- A mid-Hudson Valley orthopedic surgeon would have faced a premium increase of over $17,000;
- A Queens general surgeon would have faced a premium increase of nearly $32,500;
- A Staten Island Ob-GYN would have faced a premium increase of over $48,000;
- A Long Island neurosurgeon would have faced a premium increase of nearly $83,000.

Again, this is but one of numerous advocacy victories that your society has achieved for you and a tangible dollar benefit you can highlight to others who are not members of MSSNY.

Unfortunately, too many reap this benefit who do not pay for it. Please remind your colleagues the importance of sustaining a strong medical society to fight for you and your patients.

We cannot take for granted that there will always be a strong MSSNY to continue to fight for you.

Andrew Kleinman, MD
MSSNY President
Like many New Yorkers, we are troubled by some aspects of our political system. But this can’t be an excuse for giving up. As physicians we cannot let massive changes affecting the physician-patient relationship simply occur without a concerted effort to help direct them for the good.

Listed below are recent successes we have achieved. They are specific to New York State and cross almost all specialty lines. They affect you directly, or they affect what your employer pays you. And they affect your status as part of the healthcare team.

- Out-of-Network coverage regulations are greatly improved with regard to transparency, patients’ rights to go out-of-network, more comprehensive benefits, payments for emergency care and “surprise bills” by out-of-network physicians.

- A proposal to allow corporately owned retail clinics in New York State was rejected.

- Proposals to increase prior authorization requirements for Medicaid prescriptions were not included in the state budget - “prescriber prevails” is preserved.

- Oxford Healthcare settled our class action arbitration case and sent $800 checks to participating physicians.

- A host of class action lawsuits we filed against other managed care organizations in 2001 took years to resolve but were ALL settled in your favor, with major financial accommodations to the profession. Most importantly, they outlawed many unfair business practices, and continue to dictate more physician-friendly contract provisions.

- Intense lobbying preserved the free, excess layer of liability coverage we secured for physicians many years ago, despite proposed changes that would have denied coverage to as many as 60% of physicians.

- We defeated a proposal to require Medicaid participation as a condition of eligibility for the free excess layer of coverage.

- An automatic increase of 15% in medical liability premiums was averted last year through our defeat of a “Date-of-Discovery” statute of limitations bill. But it’s back again, and MSSNY is leading a campaign along with specialty societies and hospitals to defeat the bill.

- We defeated over thirty dangerous scope-of-practice expansion bills last year.

- Despite tremendous pressure, legislation mandating that physicians meet onerous requirements for pain management CME was not enacted last year. Pending proposals call for three hours of education for most physicians instead of the eight hours originally sought.

- I-STOP legislation requiring physicians to consult the Prescription Monitoring Program before prescribing Schedule II, III or IV drugs, although opposed by MSSNY, was vastly improved through our insistence on modifications to reduce the burden on physicians by allowing the physician to delegate the authority to consult the database to a member of his/her staff.
TRIAL-LAWYER BILLS DEFEATED

The 2014 NYS Assembly concluded its legislative session in the early hours of June 20th without passing any of the myriad of regressive-liability bills teed up for passage much earlier in the year by the Trial Bar. Any one of these bills could have drastically increased the already ridiculously large liability burden shouldered by physicians in New York State.

Of particular concern was legislation (S.7130, Libous/A.1056-A, Weinstein) which would change the current statute of limitations for medical malpractice cases, which is 2 1/2 years from the date of the injury, to 2 1/2 years from the date that the patient discovered the injury. The state’s leading medical liability insurance company informed MSSNY that a Milliman actuarial study of similar legislation indicated that it would cause medical liability premiums to be increased by nearly 15%, perhaps even greater.

In addition to this measure, three other bills also reached the floor of the Assembly, including: A.1085 (Weinstein)/S.887 (Bonacic), which could potentially allow for payouts to exceed a jury verdict and thereby increase premium costs; A.2365 (Weinstein)/S.1046 (DeFrancisco), which would unfairly prohibit ex-parte interviews of plaintiff’s treating physicians; and S.555-A/A.1002-A, which would permit a plaintiff to collect payment from a third-party defendant even though the third party defendant had not been sued in the first place and which could result in physicians and hospitals paying for judgments when they are not responsible.

In defeating these bills, MSSNY worked in collaboration with GNYHA, HANYS, MLMIC, and several specialty societies, including principally the NYS Society of Anesthesiologists, the NYS Academy of Family Medicine, the American Congress of Obstetrics and Gynecologists, the NYS Psychiatric Association, the New York Chapter of American College of Physicians, and the NYS Society of Orthopedic Surgeons, all of whom devoted both staff time and financial resources to this effort. (MSSNY DIVISION OF GOVERNMENTAL AFFAIRS)

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Suffolk County Medical Society Bulletin July 2014 www.scms-sam.org
A Message From Your Executive Director
Stuart S. Friedman, MPS

George R. Ruggiero, DO, has just completed his term as President of The Suffolk County Medical Society. I would like to take this opportunity to personally thank him for his friendship, guidance, support, and dedication during this past year. His concern for the medical profession is indeed laudable and deserves our praise and admiration. Relationships with our local legislators have continued during Dr. Ruggiero’s presidency resulting in the SCMS being viewed as a resource for health-related issues being contemplated and debated in Albany and Washington. This was evident at the recent SCMS Annual Meeting where Dr. Ruggiero was the recipient of Citations/Proclamations from the majority of our Assembly and Senate representatives, as well as Congressmen Steve Israel and Tim Bishop.

George has been a friend and mentor to many of us. Speaking for myself, I certainly learned a great deal due to his interest and involvement in the medical society and physician-related issues. Thanks for all you have done for the society and for the members at large.

Maria A. Basile, MD, Assistant Vice President of Medical Affairs at John T. Mather Memorial Hospital was installed as President of the Suffolk County Medical Society for the 2014/2015 term.

“It’s a great opportunity to pursue my passion for physician involvement in social issues, in hospital and physician quality, and in physician leadership,” said Dr. Basile, a colorectal surgeon and Clinical Assistant Professor at Stony Brook University School of Medicine. “These are things that drive me to become part of organized medicine.”

Dr. Basile noted that the SCMS developed the model for institutional membership in a medical society, and the Mather-St. Charles medical staff was the first in the state to join the SCMS and Medical Society of the State of New York (MSSNY) as an institution.

As a Suffolk County delegate to the MSSNY House of Delegates, Dr. Basile recently chaired the Reference Committee for Reports of Officers and Administrative Matters. Previously, she chaired the Reference Committee for Governmental Affairs. She also serves on the MSSNY Quality Committee, Employed Physicians’ and Institutional Membership Committee and is a member of its Women’s Caucus. She is a member of the American Society of Colon and Rectal Surgeons and the American Medical Association.

Dr. Basile joined Mather in January 2011 and served as Clinical Information System Physician Advisor in the Office of the Chief Medical Information Officer (CMIO). She worked with physicians on the design and implementation of the hospital’s new electronic medical records system.

A graduate of Georgetown University School of Medicine, Dr. Basile completed her residency in general surgery at Mercy Catholic Medical Center in Philadelphia and in colon and rectal surgery at St. Vincent’s Medical Center in Erie, PA, and a Greater New York Hospital Association Clinical Quality Fellowship in Healthcare Quality and Patient Safety in New York. She is currently pursuing a Master of Business Administration degree in Health/Health Care Administration/Management at Adelphi University.

I look forward to working with Dr. Basile during the year and am confident that the medical society will benefit from her extensive knowledge, guidance and expertise.

There are still a large number of physicians who have not paid their 2014 dues. PLEASE, your dues dollars are extremely important. Without your continued support, our ability to fight on your behalf and on behalf of your patients will be severely hampered.

Given the current economic environment in which physicians practice, we certainly recognize the difficulties that some physicians may encounter in trying to pay county and state dues. Please understand that a member’s financial situation is ALWAYS taken into consideration.

One last note, ALL members are always encouraged to attend SCMS Board of Directors meetings. It is YOUR society. Let your voice be heard. Have a great summer.
FROM NYSDOH: THE NEW YORK STATE PHYSICIAN PROFILE

The New York State Department of Health (NYSDOH) seeks MSSNY’s assistance in ensuring that physicians are in compliance with requirements to establish and update the NYS Physician Profile (NYPP).

Physicians who are licensed and registered to practice in New York State must create and periodically update a profile within the NYPP. The NYSDOH, through the Office of Professional Medical Conduct (OPMC), is taking an active role in assisting physicians in complying with the statutory requirements related to the NYPP.

Creating an Initial Profile

Once a physician has registered with the New York State Education Department, an initial profile is created by DOH. Newly-registered physicians are sent letters reminding them of their obligation to review their pre-populated profile by providing mandatory information and correct any inaccuracies. Physicians may review their profile online or request a paper copy. For assistance in completing the profile, physicians may call the Physician Help Desk at 1-888-338-6998 between the hours of 8:30 am and 4:45 pm, Monday through Friday.

To complete their initial profile online, physicians can use their Health Commerce System (HCS) account. This is the same account that physicians use to order their prescription pads and access information on dispensed controlled substances.

To establish an HCS account, physicians may log on to https://apps.health.ny.gov/pub/top.html. For assistance with an account, physicians may call the HCS Support Unit at 1-866-529-1890, option 1. Once logged onto their HCS account, physicians can use the Online Help File to answer questions about the Physician Profile mandatory and optional fields.

Physicians who prefer to complete or update their profile by hand editing a paper copy may call the Physician Help Desk at 1-888-338-6998 and request a copy of their profile.

Updating Profile Information

Public Health Law Section 2995-a requires each physician to update his or her profile information within the six months prior to the expiration date of their physician registration period, as a condition of registration renewal under Article 131 of the education law.

To update their profile, physicians must log on to HCS using their user ID and password. Physicians then choose the “Physician Profile” button under “My Applications” page through the survey, and confirm or update their information by clicking on the “Save” buttons at the bottom of the page. To close the survey, physicians click on the FINISH button. The last page physicians will see is an attestation page stating that under penalties of perjury that the information in their profile is true and accurate with an electronic signature and date.

The Physician Profile database is updated every morning at 7:30 am. A physician should wait until the day after he/she creates an HCS account to access the Physician’s Profile application. After that time, the account will be updated.

Penalties for Not Complying with NYPP Requirements

Physicians who are required to complete or update their profile and do not do so, or who knowingly provide materially inaccurate information to the NYPP, may be guilty of professional misconduct. The OPMC seeks to work with physicians to ensure compliance and avoid any misconduct issues.

Quick Links:
Department of Health, Office of Professional Medical Conduct:
http://www.health.ny.gov/professionals/doctors/conduct/
To apply for a Health Commerce Account:
https://apps.health.ny.gov/pub/top.html
To access your Health Commerce Account:
https://commerce.health.state.ny.us
On March 31, 2014, Governor Andrew Cuomo signed sweeping legislation to keep wealthy New Yorkers from fleeing to lower tax states!!

The following is a brief summary of the most important changes affecting New York State residents:

- **New York Estate Tax Exclusion** -
  Effective April 1, 2014, the New York Estate Tax Exclusion amount will be increased incrementally until the New York exclusion matches the federal estate tax exemption, as follows:

  - For decedents who passed on or after 4/1/14 and before 4/1/15: $2,062,500
  - For decedents who passed on or after 4/1/15 and before 4/1/16: $3,125,000
  - For decedents who passed on or after 4/1/16 and before 4/1/17: $4,187,500
  - For decedents who passed on or after 4/1/17 and before 1/1/19: $5,250,000

- **Tax Rates** -
  The top New York Estate Tax Rate remains at 16 percent, while the New York Exclusion amount will be indexed for inflation beginning in 2019.

- **New Gifting Rules - Three Year Look Back** -
  The new law also adds a limited 3-year look back period for gifts made between April 1, 2014 and January 1, 2019. Therefore, if a New York resident dies within three years of making a taxable gift, the value of the gift will be included in the decedent’s estate for purposes of computing the NY estate tax!!

- **Repeal of New York’s Generation Skipping Transfer Tax** -
  The New York Generation-Skipping Transfer Tax has been repealed. Therefore, New York State will no longer impose a Generation-Skipping Transfer Tax on outright gifts to persons who are two or more generations below the transferor.

- **Portability** -
  New York State did not provide a portability provision, as does the federal law. Therefore, the unused spouse’s New York Estate Tax Exemption cannot be transferred to the surviving spouse!!

- **Conclusion** -
  Over the next five years, as the gap narrows between the New York State and the Federal Estate Tax Exclusion, along with the above other mentioned changes, many individuals will have a false sense of security regarding the need for future estate tax planning.

However, now more than ever, is the time to review and revise your Estate Tax Plans!!

~

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MSSNY’s Ombudsman Program of the Department of Socio-Medical Economics (DSME)

Program Overview

DSME’s Ombudsman Program provides education, guidance and general assistance to members concerning health insurance related issues. The staff is well versed in Medicare, Medicaid, Workers’ Compensation, Auto No-Fault, traditional indemnity and managed care programs. DSME maintains an effective liaison with third party health insurers, administrators, managed care entities and pertinent federal and state agencies on behalf of MSSNY members. Upon request, we provide information and assistance on medical reimbursement policies and claim processing requirements of various third party carrier operations.

While we receive a large number of requests for assistance from members via phone and email communications and are able to rectify many problems involving insurance carriers in this manner, situations do arise whereby a MSSNY member requires us to communicate with a carrier in a more in-depth manner. There may be instances when a policy clarification or a payment reimbursement issue has not been resolved to a member’s satisfaction and it is necessary to contact the carrier in writing.

Protocol

While DSME’s Ombudsman Program does not function as a collection agency, we do provide assistance to MSSNY members who feel that they have reached a stalemate with a particular insurer on a particular issue. Protocol of the Ombudsman Program is as follows:

- We request a cover letter on the physician(s)’ letterhead which details the problem with the specific insurer and includes copies of claims forms as originally filed, any communications the physician may have had with the carrier, and medical necessity data (operative reports, office notes, etc.) if pertinent to the issue.
- Upon receipt of documentation from physician, we send a letter of acknowledgement (courtesy receipt letter) which must be signed and return to us. This helps to identify if proper documentation was sent and also whether the issue may have been rectified in the interim. We also send a business associate agreement which we ask the physician to sign so we have it on file for HIPAA purposes.
- Upon receipt of all data for the case in question, we communicate with the entity we believe will best resolve the issue as expeditiously as possible. If we do not hear from that entity within 20 working days, we send a follow up inquiry. If we still have heard nothing within 20 additional working days, we issue a third request with the proviso that our next communication will be sent to the entity’s regulatory authority.
- A case is considered closed when we have received a written response from the entity to which it was initially referred. A copy of that response is then sent to our member physician.

Statistics

On average, DSME receives around 2,500 inquiries per year. Of these:

- Approximately 60% are received via telephone; 30% via email; and 10% are written requests for assistance.
- Approximately 90% are of an educational nature, with the remaining 10% requiring further action.
- Approximately 10% of these issues deal with reimbursement and 90% are questions regarding carrier policy.
- The bulk of the requests are received from physicians in the downstate area.
- The nature of the issues as well as the particular insurance carrier they deal with is varied, although a large number are problems with Medicare.

Monies Recouped

From January 2009 through May 2014, DSME was able to recoup approximately $263,000 for MSSNY members who utilized the services of the Ombudsman Program.
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Since 2004, a diligent group of individuals and organizations have been working collectively with the Suffolk County Department of Health Services to raise public awareness about cancer prevention and access to cancer care. The Suffolk County Cancer Prevention and Health Promotion Coalition, previously known as the Cancer Awareness Task Force, is an initiative by Suffolk County to educate and empower our residents to become aware of actions they can take to prevent and minimize the burden of cancer. The Cancer Prevention and Health Promotion Coalition was created in 2004 and is chaired by the Suffolk County Department of Health Services Commissioner, Dr. James L. Tomarken. The Coalition is composed of approximately 25 members, representing a broad range of organizations including local universities and hospital centers, not-for-profit organizations, representatives of local media, public health advocates, and staff from County departments and agencies.

Each year in Suffolk County, there are approximately 9,000 new cases of invasive cancer reported as well as 3,000 deaths due to cancer (2006-2010 New York State Cancer Registry data). As a healthcare provider, you know well the huge burden cancer, as well as other chronic diseases, has on affected families and our society as a whole. The National Cancer Institute has estimated that in 2010 the national cancer care expenditures were $124.6 billion, and are expected to continue to grow as our population ages (NCI, 2013). Consistent with the National Prevention Strategy, in order to adequately address the cancer burden, efforts must be directed toward prevention as well as providing adequate care and treatment, “as we move toward a system of sick care to one based on wellness and prevention” (Office of the Surgeon General, 2011). As pointed out in the Surgeon General’s report, “Although America provides some of the world’s best health care and spent over $2.5 trillion for health in 2009, the U.S. still ranks below many countries in life expectancy, infant mortality, and many other indicators of healthy life.”

Many cancers can be prevented by modifying lifestyle factors, such as avoiding tobacco products, being physically active, enjoying a diet full of fresh fruits and vegetables, limiting alcohol consumption, maintaining a healthy weight and avoiding excessive exposure to ultraviolet light. According to the American Cancer Society, more than half of all cancer deaths could be prevented by making these healthy choices and getting recommended screening tests (ACS, 2014). However, results of the Expanded Behavioral Risk Factors Surveillance Survey (2008-2009) indicate that 21.2 percent of adults in Suffolk County report no leisure time physical activity. In addition, only 26 percent of adults consume five or more servings of fruits and vegetables each day in Suffolk County (NYSDOH, 2009).

Educate, empower, act; these are three core values of the Cancer Prevention and Health Promotion Coalition. According to the National Prevention, Health Promotion and Public Health Council, though it is important to develop policies and programs that make healthy lifestyle options available, outreach and education is extremely important so that individuals are aware and empowered to act to make those healthier choices (Office of the Surgeon General, 2011). (Continued on page 20)
The public is often inundated with sometimes conflicting information from various sources. Therefore, one of the roles of the Coalition is to digest pertinent research information and present to the public that evidence-based information in a format that is easily understood.

In 2011, the Cancer Prevention and Health Promotion Coalition released a Cancer Prevention Strategy, designed to provide a plan or road map for cancer prevention and awareness activities in the County. Projects that are included in this Strategy include;

- Home Product Checklist, which identifies healthier alternatives to everyday household products, as well as
- “Smart Tips” which are a one to two page digestion of issues such as pesticide use around the home, and provide easy to follow recommendations.

The Cancer Prevention and Health Promotion Coalition has also recently completed a “Top Ten” brochure, which provides ten easy to follow recommendations for a healthy lifestyle. The Coalition website (www.suffolkcountyny.gov/cancerawareness) provides monthly highlights and tips, as well as a cancer resource page which identifies local, state and national resources for those interested in cancer-related information.

Through a Strategic Planning effort, the Coalition has affirmed its primary emphasis on education and outreach, in a culturally diverse manner. However, the Coalition also recognizes that to fully integrate cancer (and other chronic disease) prevention activities, a concerted effort to collaborate with colleagues in health care settings, as well as in other county agencies, will be necessary. In this way, a health promotion emphasis can become part of an overall healthy community concept.

The Suffolk County Department of Health Services has forged collaborative partnerships with many outside organizations. Together, we will continue to identify strategies to address cancer in Suffolk County.

References


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Doctors of Tomorrow 1st Place Winning Essay

Samantha Savello
Kings Park High School

The Major Influence Which Contributed to My Desire to Become a Physician

I was running out of air. Every time I neared the surface to take a breath, a heavy wave forced me back down. I fought hard, but the water was fierce; it sent more waves crashing upon me and pushed me deeper and deeper into the abyss, until suddenly, everything went black...

It was a miracle I made it out alive that day. God was watching over me when He sent a weary, off-duty lifeguard into the riptide to save me, and then initiate rescue breathing. From that moment forward, my life would be changed forever.

After the incident, I realized how lucky I had been. Not many people were given a second chance, and I decided I had to do something to give back and save people the way the lifeguard had saved me. I wanted to help others before they met the unfortunate fate that I almost had.

Today, I am proud to call myself an American Red Cross lifeguard, but I won’t stop there in my quest to save lives. My next goal is to build a career in the medical field, where I can fulfill my dream of rescuing others on an even larger scale.

CONGRATULATIONS 50 YEARS IN MEDICINE CITATIONS

George Ruggiero, DO presents to
Herman Trietel, MD

George Ruggiero, DO presents to
Robert A. Scher, MD

George Ruggiero, DO presents to
Maria L. Alcasid-Escano, MD

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Gopal A. Bhandarkar, MD

Stuart Friedman, MPS, SCMS Executive Director and Robert A. Scher, MD
SCMS Past President, MSSNY Past President

Suffolk County Medical Society Bulletin July 2014 www.scms-sam.org
George Ruggiero, DO; Maria A. Basile, MD

Legislator William Spencer, MD; Andrew Kleinman, MD; Assemblyman Chad Lupinacci; Maria Basile, MD; Assemblyman Steven Englebright; George Ruggiero, DO

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**2014 DOT Scholarship Winners**

Deven Hurt  
Bay Shore High School

Noshin Khan  
Central Islip High School

Samantha Savello  
Kings Park High School

**Essay Contest Winners**

1st Place  
Samantha Savello  
Kings Park High School

2nd Place  
Kyle Wrange  
Northport High School

3rd Place  
Noshin Khan  
Central Islip High School

**Edith Friedman Scholarship Recipient**

Alison Sebold  
Hauppauge High School

**Robert A. Scher, MD Scholarship Recipient**

Deven Hurt  
Bay Shore High School

Left to Right: Alison Sebold, Connor Cipp (Bellport HS Alternate Scholarship Winner), Kyle Wrange, Deven Hurt, Noshin Khan, Samantha Savello, Kathleen Heslin (Smithtown HS, Alternate Scholarship Winner), Jessica Cavanaugh (West Islip HS, Alternate Scholarship Winner)
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It is with deep regret we announce the passing of the following members:

Clive David Caplan, MD of Oakdale, NY on June 5, 2014. Beloved husband of Janice, loving father of Mark (Mary Casey) Caplan, Charles (Helene) Parish, Steven (Melissa) Parish and Kris Concepcion. Dr. Caplan was a past president of the Suffolk County Medical Society and advocate for patients and physicians.

Robert J. Lipari, MD of Islip, NY, on April 16, 2014 at the age of 67. Predeceased by his loving wife Irene. Beloved husband of Carmen. Loving father of Lisa Tota (Charles), Dr. Christopher Lipari (Grace), Dr. Brian Lipari (Roseann), Bethany and Cassy May. Cherished grandfather of Brendon, Kaitlyn, Sophia, Chase, Oliver, Caden, and Harlow. Adored son of Carmela Lorraine. Devoted brother of Joan (Robert) March.


Robert S. Schwartz, MD a member of Good Samaritan’s medical staff for many years, Dr. Schwartz served in a variety of capacities, including Medical Board President from 2004-2005 and Chairman of the Department of Obstetrics/Gynecology from 2006-2008. He also served as Chair of the Credentials Committee until 2008. Well-known and respected for his commitment to his patients, his compassion, and his high clinical standards.

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