

October 6, 2016

## NYACP Members Act and Governor Signs E-Prescribing Amendment

On Friday, September 30, Governor Cuomo signed as Chapter 350 of the Laws of 2016 legislation (A.9335/S.6778) changing e-prescribing exception regulations. Instead of sending an e-mail to the Department of Health containing an onerous amount of information about the issuance of the paper prescription every time an exception is invoked, as the regulations originally required, a prescriber can now make a notation in the patient's medical record indicating that they have issued a paper prescription and noting one of the three statutory exceptions as the reason why an e-prescription was not possible. This bill reduces an unnecessary administrative burden that was placed on physicians while preserving those measures within I-STOP that have been successful in reducing diversion and misuse of controlled substances.



Following a significant amount of effort by leaders and staff on this legislative priority, the bill was signed in part because of the large number of Chapter members that sent letters to Governor Cuomo through [NYACP's Legislative Action Center](#), urging him to sign the bill.

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## Official Notice from the NYS Bureau of Narcotic Enforcement Regarding Documentation of E-Prescribing Exceptions

Use of an exception to the e-prescribing mandate no longer requires a notification to the New York State Department of Health (as reported above).

However, the prescribing practitioner must notate in the patient's health record **when they issue a non-electronic prescription for one of the approved exceptions below:**

- Temporary technological failure;
- Temporary electrical failure;
- To be dispensed by a pharmacy located outside the state, outside the country, or on federal property, including and not limited to the following examples; Veterans Administration, West Point, Fort Drum, and Indian Reservations;
- The practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient's medical condition.

BNE will be modifying its [web page](#) in the near future to reflect this information.

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## Voting Now Open for a New Governor-elect in Two Regions of New York!

The ballots for the current Governor-elect elections have been mailed for the two regions voting this cycle: Upstate Region, and Brooklyn/Queens/Staten Island Region. The voting membership (Masters, Fellows, Members, and Resident/Fellow Members with an elect date of 1/1/2014 or earlier) can vote [online](#) or mail-in ballot. You would need your mailed ballot with your ACP Member Number and Election Passcode in order to vote. **Only those members within these two regions are eligible to vote. Below are the**

statements of the candidates. Online voting began on September 21, 2016 and ends on November 9, 2016 at 11:59 PM Eastern. Please be sure to vote! We are grateful to have these four wonderful Chapter leaders run in these elections.

### Upstate Region Candidates:



**Leslie F. Algase, MD,  
FACP**

**Present Position:**  
Private Practice Internal  
Medicine and Geriatrics

#### Candidate Statement:

I have been an active member of the Council/Board of NYACP since 2009 serving as District President arranging local educational and practice management meetings and as a Councilor representing Upstate NY Internists. I have enjoyed connecting with colleagues and helping to advocate for primary care in an environment that is challenging and overburdening us on a daily basis. I would like to see the private practice of primary care survive and thrive through these turbulent times and my background and consistent leadership in organized medicine will be an asset to both NYACP and the Board of Governors. I am excited to potentially advocate for my colleagues at the national level and to represent NYACP in a way that brings pride to our chapter. I am proud of my Internal Medicine Colleagues throughout the upstate region and look forward to representing them and recruiting new Members and Fellows to the College.



**John R. Fudyma, MD,  
FACP**

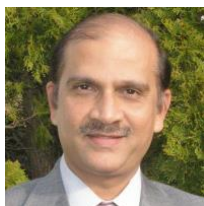
**Present  
Position:** Divisional Chief  
General Internal  
Medicine, Jacobs School

of Medicine and Biomedical Sciences  
University at Buffalo

#### Candidate Statement:

Early in my career I had the privilege of working with Dr. James P Nolan, MACP. As a result of his mentorship I grew to understand the value that ACP brings to practicing physicians, educators and physician leaders. Throughout my career as a clinician educator and health system leader I have regularly relied upon the resources provided by ACP. As Councilor and President of the Buffalo District, I had the opportunity to listen to, learn from, and advocate for physicians and their patients. I would be honored to serve as your Governor and promise to work diligently to be an effective liaison between you and ACP leadership. I will strive to better understand your needs and will commit to making sure that you find the value in the College that I have found throughout my career.

### Brooklyn/Queens/Staten Island Region Candidates:



**Parag Mehta, MD,  
FACP**

**Present Position:** Chief  
Medical Information  
Officer New York  
Methodist Hospital,

Senior Vice Chairman, Department of  
Medicine

#### Candidate Statement:

Today, healthcare is changing at a fast pace and is very demanding. While the intent of these changes may be noble, the impact of these changes is an all-time high physician burnout. In such times, the ACP and its thoughtful



**Theodore J. Strange,  
MD, FACP**

**Present Position:** Vice  
Chair of Primary Care  
Services, Northwell  
Health System, Associate

Chairman of Medicine and Vice President  
Medical Operation

#### Candidate Statement:

I hope to be elected to the Board of Governors to bring my experience over the last 30 years in promoting the profession of internal medicine and especially primary medicine so that physicians can continue to provide

leadership are extremely important to represent the interest of patients and physicians. I believe my experience as a practicing internist, educator, and administrator will show that I can serve as a leader who understands a physician's reality. I worked hard to transform the EHR and improved physician satisfaction at my institution. I have been to Albany and Washington campaigning for change and have achieved many successful outcomes. I am very active in improving patient safety and quality care through NYACP, AMA and MSSNY. I have the skill, experience and attitude required to represent physicians and our patients and will be humbled and honored to serve you.

excellent quality healthcare for all they serve. I have been actively involved in all aspects of government promoting and protecting patients and physician's rights. Having been involved in all aspects of government, I understand and want to help improve the delivery of healthcare so that it remains fair for all. I believe that being elected and serving on the Board for ACP, I would advocate for all our providers and patients as we transition into a changing health delivery system that needs for us to protect adequate access and maintain evidence based standards of the highest quality. It will be an honor to be involved with our most austere society.

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## ***Practice Management***

### **NYACP Is Seeking A Volunteer to Join NYSDOH Antimicrobial Task Force**



Antimicrobial resistance is one of the most pressing public health issues facing our state today. The emergence of drug resistance is threatening the advancements made in modern medicine and can lead to limited or no treatment options for previously treatable infections. As such, Department of Health (DOH) Commissioner Zucker has created the Antimicrobial Task Force to address this issue.

The task force will be convened under Commissioner Zucker's direction and members will work closely together on this complex problem.

The first meeting with all partner organizations, The NYS AR Prevention and Control Task Force Summit, will meet on November 1st, 2016, from 10 a.m. to 4 p.m., in Albany, NY.

If you are interested in representing NYACP on this task force, please send a bio and information to Linda Lambert at [llambert@nyacp.org](mailto:llambert@nyacp.org) or call the Chapter office at 518-427-0366.

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### **Health Care Employees Download New Malware Every Four Seconds, Report Finds**

*Excerpt from Healthcare IT News*

Unknown malware attacks have increased nine-fold from 2015, driven primarily by employees who accidentally install malicious software onto their company's network – at a rate of every four-seconds, according to a recent Check Point report.



Researchers found healthcare records have the highest value on the black market; 10 times more than credit cards or other financial data. And according to the report, 9 percent of healthcare and insurance organizations have experienced a HIPAA data loss.

Additionally, there's been a 60 percent increase in healthcare security incidents in 2015 and a 282 percent leap in security breach costs over the last year. And the report found only 54 percent of healthcare IT professionals have tested the organization's data breach response plan.

"Programs like HIPAA set strict guidelines regarding the intentional or accidental release of personal information, but doing so may open up new vulnerabilities in the process," the report said. "Personal information protection sometimes is prioritized over access control protections."

"While compliance protections for doctors, nurses and administrators with access to data but limited knowledge of cybercrime techniques is certainly important, the focus needs to shift to IT and access control protections."

[To read the entire article, please click here.](#)

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## **ACP Leads Collaborative Effort to Allow Students Meaningful Access to Electronic Health Records**

Almost all medical schools and their affiliated hospitals and clinics now use an electronic health record (EHR). But as a student:

- Have you been taught how to use it?
- Are you allowed full access to the EHR?
- Can you write meaningful notes in it?
- Are you able to write orders using the EHR?



If you answered "No" to any of these questions, you may be worried that you might not be fully prepared to care for patients when you reach residency. This is the concern of ACP and other medical education organizations involved with student and resident training.

With the advent of EHRs, many hospitals and health systems began restricting student access to the medical chart or significantly limiting what students are able to do within the EHR. Surveys show extremely wide variability in student use of the EHR, ranging from read-only access to full documentation and ordering privileges, with very few institutions providing specific teaching about how to effectively and appropriately use the EHR.

The ACP believes that limited medical student access to or limited use of the EHR threatens development of important skills needed for continued training and the lifelong practice of medicine.

This belief led to a resolution introduced by the Education and Publications Committee of the American College of Physicians to develop a set of medical student competencies related to charting in the EHR, including the specific competencies to be documented at each stage of training. The resolution was ultimately endorsed by the ACP Board of Governors and passed by the Board of Regents, which is the highest level of leadership in ACP and the one that ultimately determines College policy.

[To read more about this collaborative effort, please click here.](#)

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## Physicians: You Can Now Access 2015 PQRS Feedback Reports and 2015 Annual Quality and Resource Use Reports



The Center for Medicare and Medicaid Services (CMS) has made available the 2015 Physician Quality Reporting System (PQRS) Feedback Reports and 2015 Annual Quality and Resource Use Reports (QRURs). The PQRS Feedback Reports show your program year 2015 PQRS reporting results, including payment adjustment assessment for calendar year 2017. The 2015 Annual QRURs show how physician groups and physician solo practitioners performed in 2015 on the quality and cost measures used to calculate the 2017 Value Modifier as well as their 2017 Value Modifier payment adjustment.

### How to Access the Reports:

- An Enterprise Identity Management (EIDM) account with the appropriate role is required for participants to obtain 2015 PQRS Feedback Reports and 2015 Annual QRURs.
- If you already have an EIDM account, then follow the instructions provided [here](#) to sign up for the appropriate role in EIDM.
- To find out if there is already someone who can access your PQRS Feedback Report and QRUR, contact the QualityNet Help Desk.
- To access both reports or sign up for an EIDM account, visit the [CMS Enterprise Portal](#) and click "New User Registration" under "Login to CMS Secure Portal." Instructions for signing up for an EIDM account are provided [here](#).

Access and review your 2015 PQRS Feedback Report and 2015 Annual QRUR now to determine whether you are subject to the 2017 PQRS negative payment adjustment and the 2017 Value Modifier payment adjustment.

[To read more, click here.](#)

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## Education

### Take-a-Look Tour Enlightens Residents and Medical Students to Opportunities for Practice in Upstate New York

NYACP, in collaboration with Iroquois Healthcare Association, gave five internal medicine residents and one fourth-year medical student a multi-day tour designed to help address the critical physician shortage in rural areas, specifically in Central and Northern New York. All six participants are currently training in facilities located downstate, and they made the trip north to explore the geographic amenities and practice opportunities available within the region.



The Take-a-Look Tour visited Oswego Health and Port City Family Medicine in Oswego, Samaritan Medical Center and North Country Family Health Center in Watertown, River Hospital in Alexandria Bay, met in Syracuse with physician leaders from NYACP, and stopped at Gouverneur Hospital, where the group was joined by Senator Patty Ritchie (R-48).

"Our region has a lot to offer the physicians we desperately need in our communities and tours like this can promote the benefits of locating their practices in our region," said Senator Ritchie. "I am grateful that the tour participants made the lengthy trip to visit our area, and I certainly hope we will once again welcome them back after they complete their residencies."

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## **New York ACP is highlighting the winning abstracts from the Chapter's June 4th Poster Competition**

*(This is the final in a series of four poster competition highlights)*

**Winner: Quality Improvement Category**

***AN IMPROVEMENT IN WEIGHTED CASE SEVERITY INDEX AND STANDARDIZED MORTALITY RATE THROUGH CLINICAL DOCUMENTATION: A QUALITY INITIATIVE***



**Author: Lauren Panebianco, MD, Upstate Medical University**

**Additional Authors: Jessica J Patel, Rushikesh Shah, Joan Mitchell, Dinesh John**

### **Background:**

Appropriate clinical documentation has the utmost importance to validate patient care and function as a medium of communication between healthcare providers. Yet, many institutions lack a formal approach to educate providers on clinical documentation. The Syracuse VA weighted case severity index (WCSI) was lower than the benchmark facility in our VISN (1.2) despite similar patient demographics, which was suspected to be secondary to inadequate documentation. In this quality improvement initiative, we educated providers through lectures, fliers, regular audits, and feedback on their documentation. We hypothesized that this formal educational approach would help improve our WCSI and standardized mortality rate (SMR). Our target was to improve our WCSI to  $>1.2$  as well as decrease our SMR  $< 1$  by end of December 2015.

### **Methods:**

A multidisciplinary team comprised of coding, quality management, and physician staff collaborated in a systematic review of inpatient medical records to create a list of our top 12 most common documentation deficiencies. A pocket card called "The Dirty Dozen" was created and distributed to inpatient medical providers. The team also visited key departmental meetings and used the cards to educate providers and trainee house-staff about how improvement in documentation more accurately reflects the true index severity of patient care at our facility.

A second intervention was adopted to reinforce these documentation principles with our newly educated residents- the senior internal medicine residents (PGY-3s) audited the admission notes of their junior peers (PGY1s and PGY2s). PGY-3s scored the documentation and identified deficiencies by comparing the admission notes with the pocket card. PGY-3s then provided a scorecard with feedback to their junior peers regarding their individual clinical documentation skills, which offered an opportunity ongoing and sustained documentation education.

### **Results:**

Our first intervention began in January 2015 and our second intervention in April 2015. Results demonstrated that the WCSI improved significantly to  $> 1.3$  over the following 9 months (exceeding our target goal of  $>1.2$ ). The SMR decreased significantly from 1.3 to 1.05 over the following 6 months (slightly above our target goal of  $<1$ ). While our initial institute-wide intervention helped significantly to achieve our goal, our second intervention was targeted at sustaining our initial progress and has proved successful thus far.

### **Conclusion:**

Using a collaborative approach, we demonstrated that more accurate documentation led to an improvement in WCSI and SMR indices at the Syracuse VA. Moreover, results were sustained for more than 6 months post-intervention. This was achieved through widespread education of faculty and residents and use of pocket cards, followed by note auditing with targeted individual provider feedback.

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## Upcoming Events

**Syracuse District Meeting: Wednesday, October 19, 2016**

**A MULTIPLE SMALL FEEDINGS OF THE MIND: (1) Physician Burnout and (2) Hormone Replacement**

*6:00pm Registration • 6:30pm Dinner and Educational Program*

[Event Flyer](#) • [Register Here](#)

**Webinar: October 13, 2016: An Example of Shared Services for Small Practices**

12:00 PM • [Register Here](#)

**Buffalo District Meeting: Thursday, October 20, 2016**

**A MULTIPLE SMALL FEEDINGS OF THE MIND**

Pearl Street Grill – 76 Pearl Street, Buffalo, NY 14202

*6:00pm Registration • 6:30pm Dinner and Educational Program*

[Event Flyer](#) • [Register Here](#)

**Webinar: October 20, 2016: Preparing for Value Based Payment; Introduction to MACRA**

12:00 PM • [Register Here](#)

**Manhattan: Friday, October 21- Saturday, October 22, 2016**

**11th Annual Mid-Atlantic Hospital Medicine Symposium**

The Bonnie M. Davis, MD and Kenneth L. Davis, MD Auditorium, 2nd floor,  
1470 Madison Avenue (Between 101st & 102nd Streets), New York, NY 10029.

[Brochure and Registration Information](#)

**Manhattan: Wednesday, November 2, 2016**

**A MULTIPLE SMALL FEEDINGS OF THE MIND:**

**(1) Promoting Physician Wellness: Current ACP Initiatives**

**(2) Update on Zika Virus - Clinical and Public Health Perspectives**

**(3) The Care of Long Term Cancer Survivors: Beyond the Cancer**

*6:00pm Registration • 6:30pm Dinner and Educational Program*

New York Athletic Club - 180 Central Park South, New York NY 10019

[Event Flyer](#) • [Online Registration](#)

## **SAVE-THE-DATE**

**NYACP Annual Scientific Meeting & Poster Competition: Saturday, June 3, 2017**

Hyatt Regency Hotel

125 E Main St, Rochester, NY 14604

*Registration Information and Brochure coming soon!*

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