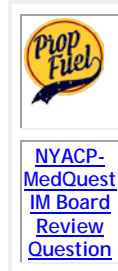


February 18, 2021



Special Update from NYACP's Health and Public Policy Chair: Kellin King, MD, FACP

[View Update](#)

Attention NYACP Members

1. CALL TO ACTION on Telehealth Proposal

Please assist the New York Chapter ACP in urging Members of the NYS Legislature to maintain broad patient access to all telehealth modalities, and support payment parity for care rendered to patients through telehealth services.

The NYS Executive Budget proposal contains provisions that impact patient access to expanded telehealth services that evolved over the course the coronavirus pandemic. Your assistance is needed to maintain broad access for patients to telehealth services, including both video and telephone modalities. Additionally, as physicians adopt new technologies in their offices and continue to serve vulnerable patients across the state, it is vital that there be payment parity for the medical care delivered to patients through all telehealth services.

Click the following link to log in and send a prepared or personalized message:

[Call for NYS Telehealth Proposals to Support Equity, Diverse Modalities, Patient Access and Payment Parity](#)

2. CALL TO ACTION - Oppose Proposal to Expand Scope of Practice for NYS Pharmacists

There are a number of proposals contained in the NYS Executive Budget this year that, if passed by the Legislature, allow pharmacists to provide services beyond their current scope of practice. NYACP is opposed to the components of this proposal that negatively impact physician-patient relationships. Specifically, if approved by the NY Assembly and Senate, these proposals:

- Classify pharmacists as “qualified health care professionals” for the purpose of ordering laboratory services for patients and administering diagnostic tests without oversight and coordination with a patient; and

- Expand medical management authorization for pharmacists under the physician-pharmacist Collaborative Drug Therapy Program to entire classes of patients rather than individual patients.

Please assist the New York Chapter ACP in opposing the above listed proposals by contacting your NYS Assembly and Senate Representatives.

Click the following link to log in and send a prepared or personalized message:

[Oppose All Proposals to Expand a Pharmacists Scope of Practice](#)

Thank you in advance for your immediate action.

Excess Medical Malpractice Program: NYACP Opposes the Governor's Executive Budget Proposal



In prior years, the Governor has attempted to completely eliminate funding for the Excess Medical Malpractice Program but, in the 2021-22 Executive Budget (Part K of S2507/A3007 - Health/Mental Hygiene Art 7), there is a proposal for physicians to pay 50% of the insurance costs. NYACP strongly opposes this budget item, and advocacy efforts on this matter are underway. The Chapter has signed-on to a joint letter of opposition with MSSNY and other NYS Specialty Societies, however, additional action may be warranted. Stay tuned!

NYACP also sought input from MLMIC, their professional partner and expert in the medical liability insurance arena, and they have shared the following information to further assist the Chapter's advocacy efforts:

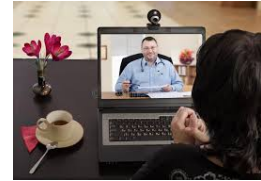
- New York routinely leads the U.S. in the monetary amount of medical malpractice payouts, both as a total monetary amount and per capita with New York almost always paying around \$200 million to \$300 million more than the second highest paying state. For this reason, and in the absence of any major reform in the laws governing medical malpractice damages or liability sufficient to reduce these costs, New York policymakers properly decided that the State must pay for the excess coverage of physicians and dentists undergoing important surgical procedures in hospitals so that there would be both adequate coverage for the insured physician and deeper pockets to compensate those negligently injured by the insured physician.
- Requiring physicians and dentists eligible for the Section 18 excess medical malpractice program to pay 50% of the costs of this insurance, which covers \$1 million above \$1.3 million for one malpractice incident per year and \$3 million above \$3.9 million for total incidents in one year, for a total of \$2.3 million/\$6.9 million, may result in such providers electing to not pay for excess coverage because of the high cost of this insurance in New York State. This will expose providers and patients, as well as hospitals (on the basis of vicarious liability), risk of loss from large claims in excess of primary coverage. In extreme cases, it could lead to injured patients not receiving full compensation in cases of actual malpractice.
- The additional amounts that would have to be paid for the Section 18 premiums must be placed in context of the dramatic losses in income suffered by physicians in 2020 due to the COVID - 19 pandemic. The pandemic particularly devastated small practice physicians' revenue.
- The premium amounts for the most recent year with available statistics in one representative territory for certain specialties consist of the following: In Territory 1 (comprised of New York, Orange, Westchester, Rockland and Sullivan counties), the annual premiums for the following specialties in 2018-2019 were:

\$4,118 -- Internal Medicine
 \$7,338 - General Surgery
 \$34,100 - OB/Gyn
 \$6,897 - Orthopedics

\$4,727 - Plastic Surgeons
Top of the range is a Neurosurgeon at \$57,519

Successfully Implementing Telehealth Visits for Your Older Patients

By Anita Szerszen, DO, FACP



The Covid-19 pandemic and the relaxation of regulations have led to the rapid expansion of telemedicine^{1,2}. Yet despite the increase in use, limited guidance exists on how to effectively implement telemedicine for older patients who are especially vulnerable to healthcare interruptions. In particular, implementing synchronous audio-video conferencing has met with variable success³. Over 40% of adults 65 years and older do not subscribe to high-speed internet service and about 50% do not own smartphones⁴. While telemedicine health care at home is technologically feasible for seniors, their unique characteristics, such as hearing or cognitive impairments, may impede its integration into routine practice. Many older adults must rely on their family members, friends, or community outreach programs for access to such services.

Potentially unfamiliar to an older patient, telemedicine may suffer from a high rate of last-minute appointment cancellations, no-shows, or rescheduling. For baby-boomers, the satisfaction and adoption of telemedicine in their care is founded on patients' prior relationship with their healthcare providers, but also importantly on extensive pre-visit planning. A well thought-out and tested pre-visit process can diminish frustrations and lower telemedicine adoption barriers for both clinician and patient. The quality of the first experience sets the foundation for a rewarding virtual relationship.

[<<Read More>>](#)

Seeking Short-Term DEI Grant Coaches



ACP is helping AAIM recruit volunteers to serve as project coaches for the applicants for the collaborative DEI grant program sponsored by AAIM, ACP, ABIM/F and the Macy Foundation: [Building Trust through Diversity, Health Care Equity, & Inclusion in Internal Medicine Training](#), sponsored by AAIM, ACP, ABIM Foundation and the Macy Foundation.

Project coaches will provide guidance over a six-week period to applicants who have been selected to submit a full proposal. If you are interested in helping grant proposal applicants, you can complete [this form](#). Please forward this invitation to others who may be interested in being a coach.

For questions about this application, contact innovationgrants@im.org.

Upcoming Events!

NYACP Members invited to attend: Hawaii's Annual Scientific Meeting
Saturday, February 20, 2021

[Meeting Agenda and Registration](#)

MAGS-NYACP Webinar

Management of Dementia Related Behaviors

Wednesday, March 17, 2021 • 7:00-8:00 PM • 1-Hour CME

Speaker: Alan Steinberg, MD - Geriatric Psychiatrist



Learning Objectives:

- (1) Describe common dementia related behaviors
- (2) Describe non-pharmacologic approach to dementia related behaviors
- (3) Describe pharmacologic approach to dementia related behaviors
- (4) Describe the medical scientific approach to "agitation"

Free Webinar for MAGS and NYACP Members / \$25:00 Non-Member Fee

[ONLINE REGISTRATION](#)

[EVENT FLYER](#)

NYACP Weekend Board Review

LIVE AND ONLINE

May 14 - 16, 2021- ***Earn up to 27 CME
credits and 27 MOC points!***



You will receive:

- Chat features available for instructor interaction
- Polling feature on case-based questions to see how you compare with your virtual classmates
- Course materials and online log in information in advance
- Earn up to 27 AMA PRA Category I credits and 27 MOC Points!

Faculty:

Conrad Fischer, MD, FACP

Chris Paras, DO, FACP

Niket Sonpal, MD, FACP

[Course Content and More Information](#)

[Register Here](#)

CME Statement and MOC statement

The American College of Physicians (ACP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The ACP designates this live activity for a maximum of 27 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity (the NYACP Weekend Board Review), which includes participation in the evaluation component, enables the participant to earn up to 27 medical knowledge MOC points in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.