

April 12, 2018

Advocacy

2018-2019 New York State Budget Update: What Physicians Need to Know



Our Chapter continues to advocate for our members here at the State Capital. The \$168.3 Billion budget was approved as the April 1 deadline loomed and several religious holidays were underway. There were many proposals in the original budget that required our stewardship, and working with our professional society partners such as MSSNY, CHCANYS, and the Medical Specialty Societies, we were able to achieve success in many areas.

The following issues **were not included** in the final negotiated budget (although they had been introduced by the Governor earlier this year):

- Permission for corporate owned retail clinics
- Expansion of Scope of Practice for many allied health professionals without clear delineation of additional training and/or education. Use of “collaborative agreements” without clear and direct requirements for communication and common EMRs was also a concern
- A proposal to limit initial opioid prescribing to 3 day supply
- A tax on vapor products @10 cents per fluid milliliter
- Elimination of PCMH/Medicaid Primary Care Incentive Payments
- Cuts to some workforce programs and a combination of many public health programs into one spending bucket with a 20% reduction across the board
- Elimination of annual onsite audits for Resident Work Hour restrictions in favor of annual attestation by hospitals and targeted onsite audits

Several proposals to eliminate important existing protections for practices were omitted from the final budget and thus **remain in effect**:

- 2nd layer of medical liability coverage was preserved
- Prescriber Prevails under Medicaid Fee for Service and Medicaid Managed Care was preserved
- Doctors Across New York Funding was maintained at existing levels and support for the Empire Clinical Research Investigators program was preserved at 50% funding as opposed to total elimination
- Ability of the Commissioner of Health to reduce the time to respond to professional misconduct inquiries and allow the Commissioner to search and seize records and equipment during investigations was not addressed

Regarding Opioid Prescriptions:

One important new requirement was included in the budget regarding prescriptions for opioids: No opioids shall be prescribed to a patient initiating or being maintained on opioid

treatment for pain which has lasted more than three months or past the time of normal tissue healing **UNLESS THE MEDICAL RECORD CONTAINS A WRITTEN TREATMENT PLAN THAT FOLLOWS GENERALLY ACCEPTED NATIONAL PROFESSIONAL OR GOVERNMENTAL GUIDELINES.** This requirement does NOT apply to patients being treated for cancer that is not in remission, who are in hospice or other end-of-life care, or whose pain is being treated as part of palliative care practices. Originally proposed as relating to Medicaid patients, this final requirement applies to all patients regardless of payer.

NYACP remains committed to informing our members of legislative events that impact their professional practices. Please follow NYACP for more updates as they become available

Urge Lawmakers to Cosponsor Key Bills to Reduce the High Cost of Prescription Drugs



Over the past several years, there has been a dramatic rise in the cost of many prescription drugs in this country. This applies not only to specialty drugs that treat life-threatening illness like cancer, but also common drugs like antibiotics that treat bacterial infections. Please send a letter to your U.S. senators and representatives via the link below and **urge them to cosponsor** the key prescription bills below in their respective chambers. A sample letter, one to the House and one to the Senate, has been provided for you.

- **The Drug Price Transparency in Communications Act (S.2157)** would require drug companies to disclose the Wholesale Acquisition Cost of an Rx in Direct-to-Consumer Advertising. Urge your senators to cosponsor S. 2157 and your representative to introduce the companion bill in the House.
- **The Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act of 2017 (S.974/H.R.2212)**, would improve patient access to alternative low-cost prescription drugs and biological products by preventing prescription drug manufacturers from misusing the FDA's Risk Evaluation and Mitigation Strategies (REMS) process to make it difficult for competing generics to be brought to the market. Urge your senators and representative to cosponsor the bill in their respective chambers.
- **The Fair Accountability and Innovative Research (FAIR) Pricing Act (S. 1131/H.R. 2439)** would require drug manufacturers to disclose and provide more information about planned drug price increases, including research and development costs. Urge your senators and representative to cosponsor the bill in their respective chambers.
- **The Medicare Prescription Drug Price Negotiation Act of 2017 (S.41/H.R. 242)** would grant authority to the Secretary of HHS to negotiate prescription drug prices with manufacturers for high-cost drugs and biologics covered under Part D of the Medicare program. Urge your senators and representative to cosponsor the bill in their respective chambers.

[Take action now by using this link](#)

Education

**Register While There's Still Time:
Weekend Board Review Course - April 20-22
Earn up to 20 AMA PRA Category I CME Credits!**

Are you a Resident planning on taking the ABIM Internal Medicine Board exam this summer?

Are you short on time and want to stay local for Board Review?

**NYACP will hold its Weekend Board Review course on:
Friday, April 20 – Sunday, April 22, 2018
Northwell Health Hospital, Long Island
145 Community Drive • Great Neck, NY 11021**

The Chapter's Weekend Board Review Course is conveniently scheduled over a three day weekend and covers the following topics to prepare you for Internal Medicine Boards or recertification:

- Endocrinology
- Nephrology
- Cardiology
- Oncology
- Rheumatology
- General Internal Medicine
- Hematology
- Infectious Disease
- Neurology
- GI Hepatology
- Pulmonary

[For additional information and program details, please click here.](#)

**NYACP Annual Scientific Meeting:
REGISTER TODAY**

**Saturday, June 2, 2018
Hilton Westchester Hotel
699 Westchester Avenue
Rye Town, NY**

Take advantage of the Chapter's rich resources and increase your knowledge by attending our premier educational event for all Internists (general and subspecialty), as well as residents and medical students. This one-day conference offers something for everyone – you can earn up to **7.5 CME Credits™**, along with viewing the outstanding posters by our resident and medical student members. You can also earn up to **30 MOC points** if you register for the SEP breakout sessions to be held on Saturday.

2018 New York Chapter ACP
Annual Scientific Meeting
Saturday, June 2, 2018
Hilton Westchester Hotel
699 Westchester Ave
Rye Brook, NY 10573

Earn Up To:
30 ABIM MOC Self
Evaluation Points
7.50 Category I AMA
PRA CME
Credits™

4 Breakout Sessions!
3 ABIM MOC Sessions!
2 Plenary Sessions!
1 Poster Competition!

NYACP
New York Chapter
American College of Physicians
Advancing Internal Medicine, Improving Patient Care

Register online: www.nyacp.org
Contact Karen LaBello: e-mail: klabello@nyacp.org
phone: (516) 427-0366

Click on the image above to view the full brochure and fax flyer!

[Meeting Details](#) • [Register Online](#)

REGISTER TODAY for Scientific Meeting MOC Pre-Sessions!



Friday June 1, 2018

Earn up to 40 ABIM MOC points and 40 CME Credits™!

Join NYACP for a Scientific Meeting MOC Pre-Session. Complete all four courses to earn 40 ABIM MOC points and 40 CME Credits™!

8:30 am-10:30 am:	2017-18 Update in Hospital Medicine <i>Jitendra Barmecha, MD, FACP & Parag Mehta, MD, FACP</i>
11:00 am-1:00 pm:	2017-18 Update in Geriatric Medicine <i>T.S. Dharmarajan, MD, MACP, AGSF</i>
1:30 pm-3:30 pm:	2017-18 Update in Hospice and Palliative Medicine <i>Daniel Pomerantz, MD, FACP</i>
3:45 pm-5:45 pm:	2017-18 Update in Internal Medicine <i>Ed Stehlik, MD, MACP</i>

Price per session:

ACP Members: \$60

Non-ACP Members: \$100

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

Practice Management

Tips for the New Medicare Card

Excerpt Courtesy of AMA

CMS has started mailing newly-designed Medicare cards with the new Medicare Beneficiary Identifier (MBI), or Medicare Number. People enrolling in Medicare for the first time will be among the first to get the new cards, no matter where they live. Current Medicare beneficiaries will get their new cards on a rolling basis over the [coming months](#). CMS will continue to accept the Health Insurance Claim Number (HICN) through the [transition period](#).

CMS will be using the highest levels of fraud protection while they mail new cards to current Medicare beneficiaries. CMS is committed to mailing new cards to all Medicare beneficiaries over the next year.

Here are [nine steps](#) your practice should take to ease the transition and avoid payment delays:

- Educate practice staff about the rollout of the new Medicare cards with the new MBIs.
- Contact practice-management system vendors about what system changes need to be made to accommodate the MBIs.
- Alert your Medicare patients that they will be receiving new Medicare cards with their new MBIs.
- Remind Medicare patients to confirm that the Social Security Administration has their correct address on file to ensure that they receive their new Medicare cards.
- Tell Medicare patients to bring their new Medicare cards to their next appointment after they receive it.
- Begin using the new MBI in Medicare transactions as soon as it is available for the patient.
- Monitor eligibility responses for messages that indicate the patient was mailed a new Medicare card.
- Starting Oct. 1, 2018, monitor remittance advices for messages that provide the patient's MBI.
- Sign up for the MBI look-up tool via your regional MAC portal.

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

CMS Releases 2018 MIPS Eligibility Tool

You can now use the updated CMS [MIPS Participation Lookup Tool](#) to check on your 2018 eligibility for the Merit-based Incentive Payment System (MIPS). Just enter your National Provider Identifier, or [NPI](#), to find out whether you need to participate during the 2018 performance year.



Changes to Low-Volume Threshold

To reduce the burden on small practices, we've changed the eligibility threshold for 2018. Clinicians and groups are now excluded from MIPS if they:

- Billed \$90,000 or less in Medicare Part B allowed charges for covered professional services under the Physician Fee Schedule (PFS)
- OR**
- Furnished covered professional services under the PFS to 200 or fewer Medicare Part B -enrolled beneficiaries

This means that to be included in MIPS for the 2018 performance period you need to have billed more than \$90,000 in Medicare Part B allowed charges for covered professional services under the PFS **AND** furnished covered professional services under the PFS to more than 200 Medicare Part B enrolled beneficiaries.

Note: The 2018 Participation Lookup Tool Update for Alternative Payment Model (APM) participants will be updated at a later time.

The Sunshine Act: Program Year 2017 Open Payments Review and Dispute Period Began April 1st

The Sunshine Act, part of the Affordable Care Act, requires that any financial relationships between pharmaceutical industries or applicable manufacturers, and the doctors and hospitals with whom they work must be disclosed and available in a public database.

Review and dispute for the Program Year 2017 Open Payments data begins on Sunday, April 1, 2018 and will last until May 15, 2018.

During the review and dispute period physicians and teaching hospitals may review, affirm, and, if necessary, dispute their attributed records. Physicians and teaching hospitals must initiate their disputes during the 45-day review period in order for the disputes to be addressed before or reflected in the June data publication.

Note: Physicians and teaching hospitals must work directly with the reporting entity to reach a resolution. The Centers for Medicare & Medicaid Services (CMS) does not mediate or moderate disputes.

Physician and teaching hospital review of the data is voluntary, but strongly encouraged. While the opportunity to dispute any data expires at the end of the calendar year in which the record is published, the disputes must be initiated during the 45-day review and dispute period, ending on May 15th, in order to be reflected in the June 30th publication.

CMS will publish the Open Payments Program Year 2017 data and updates to previous program year's data in June 2018.

If You Have Never Registered In Open Payments Before:

Before you begin, make sure you have your National Provider Identifier (NPI) number and State License Number (SLN). Initial registration is a two-step process and should take approximately 30 minutes:

1. Register in the CMS [Enterprise Identity Management System \(EIDM\)](#);
2. Register in the Open Payments system

NY Department of Health Influenza Surveillance

During the week ending March 31, 2018:

- There were 3,692 laboratory-confirmed influenza reports, an **42% decrease over last week**.
- Of the 3,065 specimens submitted to NYS WHO/NREVSS laboratories, **586 (19.12%) were positive for influenza**.
- Of the 147 specimens submitted to the Wadsworth Center, **129 were positive for influenza**, 8 were for influenza A (H1), 86 were influenza A (H3), 33 were influenza B (Yamagata), and 2 were influenza B (Victoria)
- Reports of percent of patient visits or influenza-like illness (ILI³) **from ILINet providers was 4.00%**, which is **above** the regional baseline of 3.10%.
- The number of patients hospitalized with laboratory-confirmed influenza was **694, an 35% decrease over last week**.



- There were no influenza-associated pediatric deaths reported this week, and **five** pediatric death so far this season.

[Read the entire report here.](#)

Health Advisory for New York: Potential Life-Threatening Vitamin K-Dependent Antagonist Coagulopathy Associated with Synthetic Cannabinoids Use

The New York State Department of Health (NYSDOH) has been notified of an outbreak of patients presenting to Emergency Departments in other states with serious unexplained bleeding. Laboratory investigation has confirmed that some of these patients were exposed to brodifacoum, a long-acting anti-coagulant found in rat poison. This exposure is believed to have come from synthetic cannabinoids contaminated with brodifacoum.

What are the Clinical Signs of Coagulopathy?

Clinical signs of coagulopathy include bruising, nosebleeds, bleeding gums, bleeding disproportionate to injury, vomiting blood, coughing up blood, blood in urine or stool, excessively heavy menstrual bleeding, back or flank pain, altered mental status, feeling faint or fainting, loss of consciousness, and collapse.

What Do Health Care Providers Need to Do?

Healthcare providers should maintain a suspicion for vitamin K-dependent antagonist coagulopathy in patients presenting with clinical signs of coagulopathy, bleeding unrelated to an injury, or bleeding without another explanation and with a possible history of synthetic cannabinoids (e.g., K2, Spice, and AK47) use; some patients may not divulge use of synthetic cannabinoids. These patients should be screened for vitamin K-dependent antagonist coagulopathy by checking their coagulation profile (e.g., international normalized ratio (INR) and prothrombin time (PT)).

[To read the advisory in its entirety, please click here](#)

New CDC Training on Antibiotic Stewardship

The Center for Disease Control and Prevention (CDC) is offering online training for antibiotic stewardship, completely free!



Objectives:

- Optimize antibiotic prescribing and use to protect patients and combat the threat of antibiotic resistance.
- Inform healthcare professionals about proper antibiotic use.
- Encourage open discussion among physicians and patients.

8 hours of free CME:

- Multiple online modules offered in 4 sections to be released throughout 2018.*
- Open to all clinicians, pharmacists, physician assistants, nurses, certified health educators, and public health practitioners with an MPH.

- Fulfills Improvement Activities Patient Safety and Practice Assessment (PSPA)_23 and PSPA_24 under the Centers for Medicare & Medicaid Services Merit-Based Incentive Programs, or MIPS.

[Register Here!](#)

**Additional modules coming Spring & Fall 2018*

Two New Educational Opportunities: Strategies for Cardiovascular Risk Reduction

Jointly Provided by the NYU Langone Medical Center and NYACP

Thursday, May 3, 2018

ADVANCES IN CARDIOVASCULAR RISK REDUCTION: IMPROVING TREATMENT FOR PATIENTS WITH DIABETES

Offering 7.5 Hours of AMA PRA Category I Credits™

7:45am - 4:30pm

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

Friday, May 4, 2018

DIETARY AND LIFESTYLE STRATEGIES FOR CARDIOVASCULAR RISK REDUCTION

Offering 5.5 Hours of AMA PRA Category I Credits™

7:30am - 2:00pm

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

Member Recognition

The Passing of an ACP Master

Monte Malach, MD, MACP, FACC, FCCP passed on 3/6/2018 at the age of 91. Dr. Malach, of Brooklyn New York, was a dedicated and cherished leader of the American Society of Internal Medicine (from the 1970s) until its merger with the American College of Physicians in 2000. Since the merger, Dr. Malach continued to support the ACP and our local Chapter, and we take a moment to remember all of his contributions.

Dr. Malach was President of both the Chapter and National ASIM and served multiple committees as he rose through the leadership track, and he earned a Chapter Laureate Award and was awarded College Mastership in 2000. Dr. Mallach also served as Chair of the Federated Council for Internal Medicine, the early precursor to the Association of Program Directors in Internal Medicine from 1976-1981.

Dr. Malach served in the US Navy from 1944-1949 and as Chief of the Cardiac Clinic in Fort Dix in the US Army from 1952-1954.

He continued to be a leading educator, mentor and active supporter of organized medicine, including the State Medical Society and his beloved Kings County Medical Society until his death.

Member Benefits

ACP Quality Connect: Video on Pain and Mental Health Assessments



In this FREE video from ACP Quality Connect, learn why physicians should assess both pain and mental health. Then identify tools to assess pain, including the Brief Pain Inventory (BPI).

[Click here to access this video](#)
