

December 22, 2017

Practice Management

Reporting Patients Who Should Not Drive: An FAQ



Laurie Cohen, Esq. of Nixon-Peabody, NYACP's Legal Counsel, has developed a list of Frequently Asked Questions updating members on how to handle patients who should not be driving due to temporary or permanent impairment.

The New York State Department of Motor Vehicles (DMV) may suspend or place restrictions upon an individual's driver license or learner permit if it has reason to believe the individual has a medical condition that may interfere with his or her ability to safely operate a motor vehicle. To that end, the DMV solicits reports by individuals, including police officers, **licensed physicians** and others, of individuals with medical conditions that may affect his or her driving. Before making such a report, you should review this guidance to ensure that doing so does not violate your patient's privacy rights, including those pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Forms for such cases are available through the DMV and can be accessed [here](#).

Below is a sample of the frequently asked questions:

Q: Do I have a duty to report to the DMV when I have a patient whose medical condition could affect his or her driving?

A: No. In New York State, a physician is not required to report to the DMV any patient's medical condition and should not do so in the absence of the patient's written consent or unless otherwise permitted or compelled to do so, for example, pursuant to a court order.

Q: Am I permitted to make a report to the DMV if I have a patient whose medical condition could affect his or her driving?

A: It depends. If your patient consents in writing, you may disclose his or her protected health information. This circumstance could arise if your patient is involved in a motor vehicle accident, after which time he or she is asked to supply medical documentation to demonstrate his or her fitness to drive. Without your patient's written consent, and in the absence of one or more circumstances for which disclosure without patient consent is expressly permitted, you may not disclose his or her protected health information.

[To read the full FAQ, please click here.](#) For more tips for medical professionals, [please follow this link.](#)

Six Steps to Ensure Your Readiness as an Employer for Paid Family Leave on January 1

Starting January 1, 2018, nearly all private employees in New York State will be eligible for Paid Family Leave (PFL).

Physicians play an important role in implementing PFL, both as employers administering these new mandatory benefits for your staff, and in documenting patient eligibility

To help with the transition, here are six easy steps to help ensure your practice is ready for PFL on January 1:

- **Ensure your company has Paid Family Leave coverage**
- **Update appropriate written materials and distribute to to your employees (e.g., employee handbooks)**
- **Prepare for employee payroll contributions**
- **Inform ineligible employees about waivers**
- **Post an employee notice**
- **Familiarize Yourself with Paid Family Leave Forms and Other Resources**

[For the full checklist from the Department of Health, please click here.](#)

For more information on how you can prepare for Paid Family Leave, please visit the [Department of Health website here.](#)

New York State Department of Health Announces New Medical Marijuana Regulations

On December 8, 2017, the New York State Department of Health announced the filing of regulations that will improve the state's Medical Marijuana Program for patients, practitioners and registered organizations.

These regulations, which will go into effect on December 27, 2017, allow for the sale of additional medical marijuana products, an improved experience for patients and visitors at dispensing facilities and the ability for the Department to approve new courses that will allow prospective practitioners to complete their training in a shorter amount of time.

Under the new regulations, registered organizations (ROs) are allowed to manufacture and distribute additional products including topicals such as ointments, lotions and patches; solid and semi-solid products, including chewable and effervescent tablets and lozenges; and certain non-smokable forms of ground plant material. All products are subject to rigorous testing, and the Department reserves the right to exclude inappropriate products or those which pose a threat to public health.

The new regulations also allow prospective patients and practitioners to enter dispensing facilities to speak directly with RO representatives, learn about products and get information about the medical marijuana program. In addition, people other than designated caregivers may accompany patients to dispensing facilities.



Physicians will soon be able to take a shortened version of the currently available four-hour courses required to certify patients for medical marijuana. The Department will work with course providers to offer a two-hour course, which is a typical length for other medical education courses.

The regulations also streamline the manufacturing requirements for medical marijuana products, broaden the capability of registered organizations to advertise, amend security requirements and clarify laboratory testing methods.

Other recent enhancements to New York's Medical Marijuana Program include authorizing five additional registered organizations to manufacture and dispense medical marijuana, adding post-traumatic stress disorder and chronic pain as qualifying conditions, empowering nurse practitioners and physician assistants to certify patients and permitting home delivery.

As of December 8, 2017, there are 38,642 certified patients and 1,358 registered practitioners participating in the program.

For more information on New York's Medical Marijuana Program, [please click here](#).

New NY Department of Health Flu Surveillance Shows That Flu Season is Ramping Up



The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza and produces this weekly report during the influenza season (October through the following May).

This is the first surveillance report to categorize influenza as **geographically widespread**.

During the week ending December 9, 2017:

- There were 571 laboratory-confirmed influenza reports, an **45% increase over last week**.
- Of the 1,839 specimens submitted to NYS WHO/NREVSS laboratories, **71 (3.86%) were positive for influenza**.
- Of the 20 specimens submitted to the Wadsworth Center, **13 were positive for influenza**. 1 was influenza A (H1), and 12 were influenza A (H3).
- Reports of percent of patient visits or influenza-like illness (ILI³) from **ILINet providers was 2.44%**, which is below the regional baseline of 3.10%.
- The number of patients hospitalized with laboratory-confirmed influenza was **190, a 44% increase over last week**.
- There were no influenza-associated pediatric deaths reported this week, and none yet this season.

[Read the entire report here.](#)

NYACP Manhattan/Bronx Governor Election Results

Jitendra Barmecha, MD, FACP has been elected by the members Manhattan/Bronx Region to serve as Governor-elect Designee.



Dr. Barmecha is Vice President of Medical Informatics and the Chief Medical Informatics Officer at St. Barnabas Health in the Bronx. He has been an active participant in ACP and the New York Chapter for over a decade, serving as the Bronx District President, Bronx District Councilor, and as the Chair for the former ACO/PCMH Committee. In addition, he was awarded the NY Chapter Laureate Award in 2010 for outstanding commitment to excellence in medical care, education, and service to the community and the College.

Louis Morledge, MD, FACP, ran for the Governorship as well, and we applaud him for his past and continuing service to the Chapter. He is a general internist in private practice as part of the three provider practice in midtown Manhattan, and is the Honorary Police Surgeon for the New York City Police Department. As a leader in ACP and NYACP, he has been a member of the Health and Public Policy Committee, the Small Practices Committee, and the Budget and Finance Committee. He served as the Manhattan District President and is currently Councilor for the Manhattan/Bronx District-at-Large.

Dr. Barmecha will start his term as Governor-elect after the Annual Business Meeting in New Orleans, LA on April 21, 2018. Dr. Barmecha will take office as Governor in April of 2019.

Please join us in congratulating both Dr. Barmecha and Dr. Morledge for their dedication and continuing commitment to their colleagues.

Education

Register Today for Regional MOC Sessions in New York!

Earn up to 10 ABIM MOC points and 10 CME Credits™ per topic!



NYACP is hosting MOC sessions at four locations throughout New York in early 2018.

Hudson Valley Central District - Saturday, January 20, 2018

Ramada Conference Center, Kristopher Room, 542 Route 9, Fishkill NY 12524

2017 Update in Hospice and Palliative Medicine: Daniel Pomerantz, MD, FACP (8:00am-10:00am)

2017 Update in Geriatrics: T.S. Dharmarajan, MD, MACP (10:30am-12:30pm)

[Online Registration](#)

Bronx District - Saturday, February 3, 2018

St. Barnabas Hospital Auditorium, 4422 Third Ave, Bronx, NY 10457

2017 Update in Hospital Medicine: Jitendra Barmecha, MD, FACP (8:00am-10:00am)

2017 Update in Hospice and Palliative Medicine: Daniel Pomerantz,

MD, FACP (10:30am-12:30pm)

[Online Registration](#)

Staten Island District - Wednesday, March 7, 2018

Regina McGinn Medical Center, 475 Seaview Ave, Staten Island, NY 10305

2017 Update in Geriatric Medicine: Donna Seminara, MD, FACP and Anita Szerszen, MD, FACP (6:00pm-8:00pm)

[Online Registration](#)

Buffalo District - Saturday, March 31, 2018

Buffalo Garden Hilton, 4201 Genesee Street, Buffalo, NY 14225

2017 Update in Internal Medicine: Ed Stehlik, MD, FACP (8:00am-10:00am)

2017 Update in Geriatric Medicine: Leslie Algase, MD, FACP (10:30am-12:30pm)

[Online Registration](#)

[Event Flyer / Fax Registration](#)

Mark Your Calendar!

**NYACP Scientific Meeting
Saturday, June 2, 2018**

Make plans now to join us at the next Annual Scientific Meeting of the NYACP on Saturday, June 2, 2018 at the Westchester Hilton Hotel in Rye Brook, New York.

Take advantage of the Chapter's rich resources and increase your knowledge by networking at 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.

The complete program agenda and registration information can be found here: [NYACP Scientific Meeting](#)

Call for Papers: 2018 Poster Competition - Online Forms are Now Available!

The next NYACP poster competition takes place at the Annual Scientific Meeting on Saturday, June 2, 2018 at the Westchester Hilton Hotel in Rye Brook, New York. If you have worked on a research project or have an interesting clinical case, submit your abstract!

Separate poster competitions for residents and medical students will be held for entries in the following categories:

- Research
- Clinical Vignette

Residents/Fellows and Medical Students will be combined in the following category:

- Quality, Advocacy and Public Policy Category

If your abstract is chosen during the preliminary judging phase, you will be invited to present your poster at the NYACP Scientific Meeting on Saturday, June 2, 2018 at the Hilton Westchester Hotel. **Deadline to submit abstracts is Friday, March 2, 2018.**

[To find out more please click here.](#)

Chapter Highlights Winning Abstracts from the Chapter's October 28th Poster Competition *(This is the third in a series of four poster competition highlights)*

Winner: Resident/Fellow Research

ASSESSING CLINICAL OUTCOMES IN COLORECTAL CANCER WITH ASSAY FOR INVASIVE CIRCULATING TUMOR CELLS

Author: Kevin Zarrabi, MD, MSc, SUNY Stony Brook

Additional Authors: Wen-Tien Chen, Yue Zhang



Goals:

Colorectal carcinoma (CRC) is the second leading cause of cancer-related mortality in the United States. Lack of diagnostic and prognostic biomarkers remains an area of urgent unmet need. Circulating tumor cells (CTCs) are believed to be cells that have detached from the primary tumor and entered the circulatory system. CTCs have been identified in the venous blood of patients with a variety of cancers and they are considered to be responsible for the metastatic process. The aim of this study is to utilize a novel cell CTC enrichment assay to evaluate the association between the levels of invasive CTCs with CRC patient outcomes.

Methods:

Peripheral blood from 93 patients with stage I-IV CRC was obtained and assessed for the presence of invasive CTCs. CTC isolation and enrichment was accomplished by our novel CTC isolation assay, Vita-Assay[®]. The invasive CTCs were identified through cell surface expression of epithelial markers (Epi+) and by their ability to invade a collagen adhesion matrix (CAM+). Patients were followed prospectively and assessed for overall survival.

Results:

Of 93 patients enrolled in the study, 88 (94%) had detectable CTCs in serum samples. Patient CTC's ranged from 0 - 470 CTCs/mL. Patients with stage I, II, III and IV disease exhibited mean CTC counts of 8.6 CTCs/mL, 35.8 CTCs/mL, 65.9 CTCs/mL, and 144.8 CTCs/mL, respectively ($p < 0.001$). Kaplan-Meier curve analysis demonstrated a significant survival benefit in patients with low CTC counts compared to patients with high CTC counts (log-rank $p < 0.001$). Multivariable Cox model analysis revealed that CTC count is an independent prognostic factor of overall survival ($p = 0.009$). Disease stage ($p = 0.01$, Hazard Ratio 1.66; 95% CI: 1.12-2.47), and surgical intervention ($p = 0.03$, Hazard Ratio 0.37; 95% CI: 0.15-0.92) were also independent prognostic factors. Gender, race, age, chemotherapy treatment, radiation treatment,

and primary tumor location (colon or rectal) did not show survival difference.

Conclusion:

Invasive CTC's isolated from the serum of patients with CRC can be identified through the novel CAM assay. Moreover, the number of invasive CTCs inversely correlated with overall survival. Invasive CTCs are a promising prognostic tool in patients with CRCs.

Member Recognition

**Donna Seminara, MD, FACP, NYACP
President and John Maese, MD,**

MACP - On behalf of the Chapter, Drs.
Seminara and Maese collected donations

*(pictured right, with daughter Rosie and dog
Ruby)* for their local Staten Island church for

distribution to families at Food Pantry, and other local needy organizations. Thank you
for your charitable contributions!



The Chapter is happy to acknowledge community service and volunteerism projects undertaken by members. If you are engaged in a public or community volunteer project, please contact Ben Max, Manager, Communications & Member Services at bmax@nyacp.org

Member Benefits

Auto Insurance Reduction Course

*Do you have points on your driving record or would you like a
10% reduction on your personal automobile insurance?*

If so, you will want to take the online Auto Insurance Reduction Course that is available as an exclusive NYACP member benefit.

[NYACP continues to offer a 6-hour Insurance and Point](#)

[Reduction Course](#) that is approved by the NYS Department of Motor Vehicles and available to NYACP members, their families, office staff and friends. This convenient online member benefit allows registered "students" the ability to start and finish the course within 30 days for only \$42.00. The benefit includes a 10% reduction on your automobile insurance (liability, no-fault and collision) and up to 4 points off of your driving record (if applicable).

Lower Your Car Insurance Rates
6 hr Online Course - NYACP Member Benefit

No Classroom Required
Up to 30 Days to Complete
Up to 10% Insurance Reduction
Up to 4 Points Off Driving Record

[Start Course](#)

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