

August 31, 2016

Practice Management

Letter From the Surgeon General Calls Safe Prescribing Education Advocates to Action

Dear Colleague:

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. [Please take the pledge](#). Together, we will build a national movement of clinicians to do three things:

First, we will educate ourselves to treat pain safely and effectively. A good place to start is this [pocket guide](#) with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

UNITED STATES SURGEON GENERAL
Vivek H. Murthy, M.D., M.B.A

Thank you for your leadership.

Worried About MACRA? ACP Has You Covered

With MACRA implementation on its way, here are the ten most important things you must do to be ready for its arrival.



1. Learn about the "new" [Quality Payment Program](#) at Center for Medicare/Medicaid Services (CMS) to implement MACRA.
2. Meet CMS objectives for Meaningful Use (MU) of your EHR to qualify for the [EHR Incentive Program](#) for 2016.
3. Understand and participate in the [Physician Quality Reporting System](#) (PQRS) program for 2016.
 - ACP offers [PQRS Wizard](#) with a member discount
4. Implement a formal quality improvement process to improve your reported PQRS and MU quality measures. Ensure that your care adheres to accepted [clinical guidelines](#).
5. Review your [Quality Resource Use Report](#) (QRUR) for accuracy. Contact CMS if there are problems.
6. Use a [CMS-certified vendor](#) for collection of Consumer Assessment of Healthcare Providers and Systems (CAHPS) data.
 - This is required for practices with >100 clinicians for 2016 reporting
7. Understand the principles of the [Patient-Centered Medical Home](#) and begin implementing them in your practice.
 - [ACP Practice Advisor](#) tool can help
8. Participate in a "[medical neighborhood](#)" and provide care coordination to reduce unnecessary visits and testing.
 - The ACP [High Value Care Coordination \(HVCC\) Toolkit](#) can help
9. Impanel and risk-stratify your patient population, and implement care management for those at high risk for hospitalization or ER visits.
 - [ACP Practice Advisor](#) tool can help
10. Become educated on ACP's [High Value Care](#) recommendations and implement them in your practice to prevent unnecessary testing and procedures.

If you need help with practice transformation, there are several Practice Transformation Networks (PTNs) in New York State. Find out more about these PTNs and other ACP Practice transformation resources by [clicking here](#) or e-mail san@acponline.org. Be sure to note that the New York Chapter referred you.

Retired Physicians Can Now Apply for a NYS License Renewal Fee Waiver

If you are a retired physician who is no longer compensated for the medical care you provide, you can apply for a waiver of the fee for registration of your physician's license in New York State.

This fee waiver is covered under the provisions of Section 6524(10) of the New York State Education Law. This law allows a waiver of the registration fee for physicians who certify to the State Education Department that, for the period of their registration, they will only practice medicine without compensation or the expectation or promise of compensation. The waiver of the registration fee is limited to the duration of the registration period (every two years) indicated on the form.

[To view and download the form for a fee waiver, please click here.](#)

NYACP Governor Shares Experience with Practicing Internal Medicine

(an excerpt from ACP Impact September 2016 edition)

Lawrence Phillips, MD, FACC, FACP, FASNC

Medical Director, Outpatient Cardiology Practices at NYU Langone Medical Center and Director of Nuclear Cardiology, NYU as well as Associate Program Director, Training Program in Cardiovascular Diseases, NYU School of Medicine

Dr. Phillips shares his experience about medicine in a recently released article in the [September 2016 edition of ACP Impact](#).

"Growing up as the "typical middle child," family life has always been important to Lawrence Phillips, MD, FACC, FACP, FASNC. Now, as a medical director and clinician educator at NYU Langone Medical Center, he's eager to embrace internal medicine as the biggest family he's ever had..."

"My dad is a psychologist, and his area of expertise is helping people cope with illness. I grew up hearing about different medical conditions and learning how people could have successful lives despite a chronic illness, and that really made me think that it was what I wanted to do with my life," he said.

"For cardiology, a lot of it had to do with that intersection of acute medical problems and long-term relationships. I could see one patient for a routine follow up and risk modification, and the next patient could be somebody who was having an acute myocardial infarction—there wasn't a way to know ahead of time what the next patient would bring. What really excites me about cardiology is that fact that every patient is different, and every interaction is different."

"ACP is full of giants in the field, and as we look at ways that we want to practice medicine, ACP gives the gold standard. That's one reason why I think it's so important to be a member," he said. "The other part of it is that medicine is a family, and that the ACP for internal medicine and all our subspecialties is that family. I think that you get much more than just a certificate that says you're a member, but rather, you get to be part of this team that's really revolutionizing the way that medicine is practiced."

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

Member Recognition

[Dr. Salvatore Volpe, MD, FACP](#) - Dr. Volpe will receive the Patient-Centered Primary Care Collaborative (PCPCC) Patient-Centered Medical Home Practice Award for his outstanding dedication to promoting a coordinated health care system that achieves improved quality and access at lower costs. Dr. Volpe's unparalleled commitment to improving care is evident in how he created a patient-focused environment within his medical practice, as well as his relentless work as a physician champion in promoting the use of electronic health records and health information technology for quality improvement.

[James Desemone, MD, FACP](#) - The Chapter wanted to acknowledge Dr. James Desemone, Associate Professor at Albany Medical Center, as principal investigator on an applied sensor technology product from KemSENSE, a resident company at the Biomedical Acceleration and Commercialization Center of Albany Medical College. It has applied advanced sensor technology, originally developed by General Electric researchers to detect explosives and hazardous chemicals, to notify care staff whether a patient's bedding needs to be changed because of wetness. To read this article in its entirety as featured in the Sunday, August 20th edition of the *Albany Times Union*, please [click here](#).

Education

New NYSDOH Commissioner Medical Grand Rounds Now Available for Registration

The first in the series of 2016-2017 NYS Department of Health Commissioner's Medical Grand Rounds "*From A to Zika: An Update on Zika Virus for Primary Care Providers*" will be held on the following date:

Thursday, September 29, 2016

6:00 pm - 8:00 pm

Stony Brook Medicine • Health Science Center, Level 2, Lecture Hall 2
101 Nicolls Road • Stony Brook, NY 11794

This presentation will inform clinicians on current evidence about transmission, best practices for laboratory testing and evaluation, potential health effects, and prevention of Zika virus infection.

This session will be streamed as a live webcast for those unable to attend in-person, and will be posted to the DOH webpage as an archived webinar after the live session airs.

[Download the Flyer](#) • [Register Here](#)

New York ACP will be highlighting the winning abstracts from the Chapter's Poster competition held during the Annual Scientific Session on Saturday, June 4, 2016.

Winning Abstract: Medical Student Research

HDAC Inhibition Mitigates PAI-1-Conferred Phenotypes in Squamous Cell Carcinoma and Hyper-Healed Cutaneous Wounds

Author: Hadiyah Audil

Additional Authors: Tessa M. Simone, Craig E. Higgins, Paul J. Higgins

Purpose:

Squamous cell carcinoma (SCC) and hyper-healed cutaneous wounds (HHCWs), such as keloids and hypertrophic scars, together affect over seven million in the U.S. yet lack efficacious treatments. SCC and HHCWs show elevated expression of plasminogen activator inhibitor-1 (PAI-1), which drives the excessive cellular proliferation characteristic of both pathologies. Histone deacetylase inhibitors (HDACi) are a class of drugs recently shown to induce PAI-1-dependent growth arrest in ras-transformed renal epithelial cells; HDACi are particularly valuable agents for skin conditions due to their availability as topical ointments. We hypothesize that HDACi modulate PAI-1 expression to inhibit cellular migration and proliferation in skin cells, and that HDACi are thus suitable agents for abrogation of SCC invasiveness and resolution of HHCWs.

Methods:

HaCaT keratinocyte skin cells were stimulated with growth factors (transforming growth factor- β 1, epidermal growth factor) to replicate in vivo induction of PAI-1 in vitro. Stimulated cells were treated with HDACi for six hours, then analyzed by cellular phenotype assays, Western blots for protein content, and immunofluorescence for protein identification. Cells were additionally transfected with anti-PAI-1-siRNA for PAI-1 knockdown and analyzed by Western blot.

Results: HDACi treatment augmented intracellular PAI-1 levels while paradoxically mitigating cellular migration and proliferation; extracellular PAI-1 levels were unaffected. Exogenous application of PAI-1 was not sufficient to induce the same phenotypic changes. HDACi-induced PAI-1 also reduced activation of signal transducer and activator of

transcription-3 (STAT3), a key migratory molecule that has not been previously studied in association with PAI-1. Western blotting revealed amplified STAT3 activation following PAI-1 knockdown. Cells transfected with dominant-negative STAT3 for constitutive STAT3 deactivation showed no change in PAI-1 levels.

Discussion: Cumulatively, we show that HDACi abrogate cellular invasiveness in in vitro models of SCC and HHCWs in a PAI-1-dependent manner. We proffer a novel mechanism in which PAI-1 inhibits activation of its downstream target STAT3, and furthermore suggest a greater role for intracellular PAI-1 localization than has been previously assumed. Future studies will elucidate the PAI-1/STAT3 axis and determine HDACi translational applicability through in vivo murine models.

Conclusions:

These results demonstrate the potential of HDACi as novel therapeutic agents for amelioration of squamous cell carcinoma (SCC) and hyper-healed cutaneous wounds (HHCWs). Utilization of HDACi for resolution of SCC and HHCWs could shift treatment options towards more feasible and efficacious therapies than those currently recommended; indeed, topical application of HDACi could attenuate, and possibly even reverse, skin cell proliferation and lesion growth in both SCC and HHCWs.

Upcoming 2016 District Meetings

Nassau District Meeting: Wednesday, September 14, 2016

A MULTIPLE SMALL FEEDINGS OF THE MIND (1) Changes to MOC and (2) Navigating New Diabetes Medications

Akbar Restaurant - 2 South Street, Garden City NY 11530

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

[Meeting Flyer](#) • [Register Here](#)

Friday, September 23, 2016 - Sunday, September 25, 2016

CURRENT TOPICS IN PRIMARY CARE AND NEUROLOGY: Update for the Primary Care Practitioner

The High Peaks Resort - 2384 Saranac Avenue, Lake Placid, NY 12946

Sponsored by: Albany Medical College's Dept. of Medicine, Dept. of Neurology and the Office of CME

In collaboration with: Hudson Valley Capital District of the New York Chapter American College of Physicians

[Brochure and Registration Information](#)

Thursday, September 29, 2016 - Brooklyn District Meeting

A MULTIPLE SMALL FEEDINGS OF THE MIND (1) Age Appropriate Health Screening in the Internist's Office (2) Closing the Gap: Treatment of Tobacco Dependence and (3) Lung Cancer Screening

Gargiulo's Restaurant - 2911 West 15th Street, Brooklyn NY 11224

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

[Meeting Flyer](#) • [Register Here](#)

SAVE-THE-DATE

Wednesday, October 19, 2016 - Syracuse District Meeting

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

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

[More information will be posted to the NYACP Education Page shortly.](#)

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](#)
