WINTER 2014

The CADUCEUS

Dutchess County Medical Society ● 1 Civic Center Plaza, Suite 406, Poughkeepsie, NY 12601 ● 845-452-2140

CUOMO ANNOUNCES PROPOSED BUDGET FOR FY 2014-15

Gov. Andrew Cuomo proposed his $142.1 billion spending plan which will increase spending by 1.7 percent over the previous year. The plan includes a projected surplus of $500 million. Under the Governor's plan, spending on the state's Medicaid program is expected to be increased by about 4% to $58.2 billion, an all-funds increase from $55.6 billion. Additional Medicaid Redesign Team (MRT) reforms will be proposed including consolidation of behavioral health services with health and recovery plans and additional funding being made available for affordable housing.

Increased payments would also be made for community providers. Mentioning Brooklyn, the Governor stated that several hospitals in Brooklyn including Brookdale, Interfaith and LICH have been 'propped up' until the federal waiver of significant federal funding can be approved. The Governor noted that we have "a crisis in Brooklyn which has more people in it with more than San Francisco and Washington DC combined". He stated that the State budget doesn't have the resources needed to keep these hospitals open without the federal waiver monies.

Excess Medical Liability Insurance Program Continued Through June 30, 2015

The Excess Medical Liability Insurance Program created in 1985 to ease physician concerns that their liability exposure far exceeded available coverage limitations was continued through June 30, 2015. Unlike last year, no changes to program eligibility have been proposed. Funding for the program is appropriated at the $127.4M level.

Out Of Network in Governor's Proposed Budget

The bill contains provisions similar to Senator Hannon's S.2551 to provide greater transparency of a health insurer's out of network coverage, broader availability of a patient's right to go out of network if the insurer's existing network is insufficient, and provisions to assure that out of network benefits are more comprehensive. However, it is more limited than the Senate proposal in that it would only require insurers issuing a group health insurance policy to "make available" coverage for out of network care at the 70% of usual and customary cost of an out of network health care service, if requested by the policyholder.

Of significant concern, it would make all bills for emergency care and other "surprise bills" for hospital care by non-participating providers subject to an arbitration process where the insurer would be required to make a "reasonable payment" initially but the physician would be required to take the claim to an independent dispute resolution process where the arbitrator would be required to choose between the plan's payment or the non-participating physician's fee ("baseball arbitra-

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tion"). As part of the arbitrator's review, they would be required to consider the a) fees paid to the non-par physician in other situations b) fees paid to other non-par physicians providing similar services in the same geographic area c) the circumstances and complexity of the case and d) the usual and customary cost of the service

Health Care Reform Act Re-Authorized for another three years through March 31, 2017
First effective on January 1, 1997, HCRA revolutionized the funding and financing of New York's health care system by allowing hospitals and third-party payors to negotiate inpatient and outpatient hospital rates. Through several pools of money, HCRA supports many essential "public good" health delivery services and programs throughout the state. These "public goods" programs are integral to the fabric of our state's health care delivery system.

Superintendent's Authority to Set Medical Liability Rates Continued Through June 30, 2015

$65M Appropriation to State Health Information Network of NY (SHIN-NY)
This appropriation from HCRA funds will shore up the operational work and connectivity to and between the regional health information networks. Funding or technology standardization is necessary to assure cost efficient physician connectivity with the SHIN-NY.

For Profit "Limited Service" Clinics Located in Retail Establishments Authorized
The proposed budget would authorize the establishment of limited service clinics within retail establishments owned by publicly traded corporations. These clinics would be staffed by nurse practitioners and would be authorized to provide a limited set of services with no self-referral prohibitions placed on the health professionals from directing patients to make purchases at the retail establishments at which the nurse practitioners or other health professionals are employed.

Provisions Included To Define "Urgent Care" and To Require Urgent Care Facilities To Obtain Accreditation
Under the Urgent Care proposal, "urgent care shall mean the provision of treatment on an unscheduled basis to patients for acute episodic illness or minor traumas that are not threatening or potentially disabling or for monitoring or treatment over prolonged periods". Any physician who holds their practice out to be an urgent care facility must be accredited. The Commissioner is authorized to promulgate regulations effectuating these provisions. It is expected that the recommendations of the Public Health and Health Planning Council (PHHPC) reported in Capitol Update earlier this month will constitute the body of such regulations.

The relevant recommendations by PHHPC on urgent care follow:
Urgent Care would be defined as the treatment of acute episodic illness or minor traumas. The minimum characteristics/services that a provider must have in order to be considered an urgent care provider include:

- Accepts unscheduled, walk-in visits typically with extended hours on weekdays and weekends.
- X-Ray and EKG
- Phlebotomy and Lab Services (CLIA waived tests)
- Administration of oral (PO), sublingual (SL), subcutaneous (SC), intramuscular (IM), intravenous (IV), respiratory, medication and IV fluids
- Uncomplicated laceration repair
- Crash Cart Supplies and Medications; ACLS and PALS protocol capable, as evidenced by staff holding current certification

The term "Urgent Care" would be restricted to those providers offering urgent care services as defined and approved by the Department. The term "Urgent Care" is to be used in the name and in signage at the provider site and in materials. Commercial terms (e.g. "Convenient Care," "*Fast*Med," etc.) could still be used in a provider's name, but would need to add "Urgent Care." For example, "*Fast*Med Urgent Care." The word "emergency" or its variations, such as Emergi-care" or "Emergent-care, "cannot be used by urgent care providers or other providers unless licensed by the State as an emergency department.

Providers offering specialized services (e.g. orthopedic services) typically do not offer the defined scope of urgent care services as the model of urgent care described in this report and would not be permitted use the term "Urgent Care." They are more appropriately characterized as specialty care with walk-in appointments.
Providers offering the defined scope of urgent care services required, but limiting their practice to a specific population of patients, such as a pediatric or geriatric population, may be allowed to use the term "Urgent Care" but need to specify the specific population serviced in their name, such as "Pediatric Urgent Care" or "Geriatric Urgent Care."

Private physician offices, including those affiliated with an Article 28, wanting to provide Urgent Care Ser-

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Bits & Pieces

Ulster Financial Payroll Processing is Available at 20% Discount To Members

Ulster Financial Payroll, a subsidiary of Ulster Savings Bank, is offering a 20% discount on payroll processing services to all Dutchess County Medical Society members. This service is available to all size practices. If you currently subscribe to the service, the discount is still available to you, as long as you do not already have an Ulster Financial Payroll discount. If you would like to subscribe to Ulster Financial Payroll, call the Dutchess County Medical Society at 845-452-2140 for more information.

Promotional Products Help Support the Dutchess County Medical Society

Streamline Promos is offering its promotional products to members of the Dutchess County Medical Society. Every order a member physician places with Streamline Promos will help support the medical society's programming and events. If you would like information about Streamline Promos, call the Dutchess County Medical Society at 845-452-2140, Ext. 3 for more information.

OSHA Guidelines For Bloodborne Pathogens and Hazard Communications Standards

Members can obtain OSHA's informational guidelines booklet at their website at www.osha.gov/Publications/osha3186.html, which provides a general overview of a particular topic related to OSHA standards. It does not alter or determine compliance responsibilities in OSHA standards or the *Occupational Safety and Health Act of 1970*. Because interpretations and enforcement policy may change over time, you should consult current OSHA administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the Courts for additional guidance on OSHA compliance requirements. This publication is in the public domain and may be reproduced, fully or partially, without permission.

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Avoid These Common Insurance Mistakes

By Kathleen Sellers, JD, CLU

Article submitted by Kathleen Sellers, JD, CLU, Assistant Vice-President & Counsel of Sellers & Co. Sellers & Co. has provided insurance benefits to Members of the County/District Medical Societies since 1941 and is the Administrator of Sponsored Insurance Programs for the Dutchess County Medical Society.

As an agency that has been in business for 93 years, we have seen many customers who planned well for their insurance needs and had the coverage they needed in difficult times. Unfortunately, we have also seen instances where our customers wished they had done things differently. These are some of the most common mistakes we've seen:

Procrastination. We're all guilty of procrastination by times. Our agency knows that our physician customers are busy beyond belief. But when it comes to your insurance protection, procrastination comes with unique risk.

For many types of coverage that are critical to financial security – such as disability, life, and long term care insurance – meaningful amounts of coverage are typically available only if the insurance company believes the applicant does not present too much risk. If, while putting off making a decision, you develop a health condition, you may have to pay more for coverage, or the insurance company may limit the scope of the coverage to exclude a health issue that has arisen.

In the worst case scenario, a health condition can make you uninsurable, and you will not be able to obtain the coverage you need. Over the years, physicians have come to us for disability or life insurance after they have learned of a serious diagnosis. At that point, we usually cannot obtain sufficient disability or life insurance for them.

There is also the risk that you could experience a loss before you have put the right coverage in place. As a physician, you know that illnesses and accidents can happen unexpectedly. So if you have been procrastinating in moving ahead on your insurance protection, please, find the time to act today.

Failing to Periodically Update Coverage. Life is full of change. Many life events – marriage, the birth of children, change of employment, buying a bigger home – require a re-evaluation of the sufficiency of your insurance protection. I recently increased the amount of life insurance coverage my husband and I carry, as well as his disability insurance coverage, in light of our growing family, rising educational costs, and a move to a new home. We hope we never need it, but knowing that our safety net is big enough gives us peace of mind.

Even if you haven't experienced major life changes, you need to periodically review your coverage to make sure it is adequate. The disability income coverage you put in place at the start of your career may leave you underinsured if your income has risen over time.

Changes in your practice require a review and update of your business coverages as well. Has the size of your practice changed? Has there been a change in ownership? Have your overhead costs increased? Have you added new equipment? These are all changes you should discuss with your agent to make sure that the right coverage is there if you need it.

Relying Solely on Employer Coverage. If you have disability and/or life insurance through your employer or your practice, that's great. But chances are good that this coverage alone is not enough.

Group Long Term Disability plans that cover a physician group provide benefits equal to a percentage of your income, capped at a maximum amount. Some physicians we speak with feel they are "covered" by their practice-provided coverage, but they don't know what the cap on their employer-provided coverage is. When they find out what it is, they are often surprised to learn that they had less coverage than they thought.

You also may not be able to take coverage with you if you change employment, or the conversion options that may permit you to do so may result in high premiums or reduced benefits. We recommend that you review your employer-based coverage and supplement it where necessary with your own personal policies that you can take with you regardless of employment, and that you personally own and control.

Dropping Coverage to Save Money. With the challenges facing physicians today, we sometimes hear from customers who are considering dropping disability or life insurance coverage to save on premium expenses. But if financial issues are difficult when you are healthy and working, think of how much worse it would be if you were disabled, unable to earn an income, and you didn't have enough insurance coverage in place. We are always happy to discuss potential cost savings with our customers, but at the end of the day, dropping significant amounts of coverage exposes you to more financial insecurity, rather than improving your financial picture.

Avoid these common insurance mistakes. If you have been procrastinating, find the time to put the insurance protection you need in place. If you haven't reviewed your coverage in several years, or if you have been relying on coverage provided by your practice or employer, meet with an agent who is experienced in working with physicians to review your coverage. And if you are looking to trim expenses, remember that reducing your insurance protection may, in the long run, cost you more than it saves.

Save the Date

March 11-Lobby Day

April 3rd– Free Dinner Seminar at Mill Street Brewery 6:30PM

April 11-13th– House of Delegates, Tarrytown, NY

May 6th-Free Dinner Seminar tentatively at Farm to Table Bistro 6:30PM

May 16th– Lyme Disease Conference

MSSNY's PHYSICIANS' CAPITOL FORUM & Lobby Day

Monday, MARCH 10 & March 11, 2014
Albany Hilton Hotel
State and Lodge Streets

On March 10th: 5:30-7:30PM:

MSSNY will host a Physicians' Capitol Forum at the Albany Hilton and will webcast this event to physicians across New York State. You may connect through the following address*:

http://www.webcastlive.com/clients/MSSNY/2014/

Anyone who wishes to ask a question of the presenters may send their question to lobbyquestions@mssny.org*

Guest Speakers:

Donna Frescatore, Executive Director of the NYS Health Benefit Exchange

Troy Oechsner, Special Assistant to the Superintendent,
Department of Financial Services

Legislative Panel: Senate Health Chair Kemp Hannon; Assembly Health Chair Richard Gottfried; and Assembly Insurance Chair Kevin Cahill.

On March 11th: Lobby Day in Albany at the Albany Hilton:

8:00-8:30 Registration and Breakfast
8:30-10:00 Political Briefing
10:15- Visits with Legislators

TOGETHER WE CAN MAKE A DIFFERENCE

**** These links will not be active until the date/time of the program.***

MSSNY Dividend Announcement

I am pleased to report that our endorsed carrier, Medical Liability Mutual Insurance Company (MLMIC), has declared another policyholder dividend for 2014. The dividend is 5% this year, and will be applied on July 1 to all physicians who are policyholders on May 1 and maintain continuous coverage through July 1.

This is the second consecutive dividend MLMIC has declared (3% last year), and one of several it has declared in its nearly 40 year history. Most other medical liability insurers operating in NYS lack the financial strength or the policyholder-first mission to declare such dividends.

MLMIC puts your needs first, giving you the service and protection you deserve. It's at-cost, long-term focus ensures that you won't overpay for quality protection, nor worry about the Company being there when you need them. And, their unparalleled claims and risk management expertise provides superior protection, with high success rates, and very satisfied policyholders.

All of this is why MSSNY has exclusively endorsed MLMIC as the medical liability insurer for its members. For more information on MLMIC, including how to become a policyholder in time to qualify for the 2014 dividend, please visit www.mlmic.com or call your nearest MLMIC underwriting office: New York City: 800.275.6564, Long Island: 877.777.3560, Latham: 800.635.0666, or Syracuse: 800.356.4056.

MSSNY Experience: Insurance Insights for New Doctors

As physicians complete their training and enter practice, they should consider obtaining professional liability insurance to protect them.

There are a number of insurance choices readily available in the marketplace, and not all policies and insurers are the same. MSSNY has gained some valuable insurance insights based on its experience working with NYS physicians for many years. Insurance is more than just the lowest price – it is there to protect you from financial loss and must be there when you need it. It would therefore be wise to choose a policy from an insurer that is experienced in NYS (an extremely challenging legal environment), is sound financially (to be there when you need them), and has a good reputation in protecting physician interests. It also would be wise to choose an insurer that is licensed and regulated by NYS. With NYS regulation, insureds not only get protection from potentially harsh price and policy changes, but also get:

- Insolvency protection that is greater than most other states ($1 million per claim vs. $300K in most other states). This minimizes the risk of personal financial loss that could occur if your insurer becomes insolvent and you have an unresolved claim.
- Access to a free $1 million layer of excess insurance, funded by NYS, if a primary policy is purchased with limits of $1.3 million per occurrence and $3.9 million in the aggregate, the physician has professional privileges in a NYS general hospital, and provides emergency services from time to time. This free excess layer provides additional financial protection in a state where damage allegations frequently exceed $1 million. The free excess coverage is not available to insureds that purchase primary policies from insurers licensed and regulated by other states (e.g., risk retention groups, offshore insurance vehicles).
- Finally, it would be wise to choose an insurer that helps physicians avoid potential claims and rewards participation in risk management activities and claim free experience with actuarially based discounts. Professional liability insurance is a large practice expense and such discounts can help reduce its cost.

Many insurers claim to meet these guidelines, but none in our opinion meet them as well or as consistently as our endorsed carrier, Medical Liability Mutual Insurance Company (MLMIC). We encourage you to learn more about MLMIC by visiting their website at www.mlmic.com.

CUOMO ANNOUNCES PROPOSED BUDGET FOR FY 2014-15

Continued from page 2

vices need to obtain accreditation by an accrediting organization approved by the Department. No CON review required. A private physician practice affiliated with an Article 28 may provide Urgent Care Services as a private physician office if they obtain accreditation by an accrediting organization approved by the Department OR they can become an Article 28 through a full CON review.

A provider that wants to provide an Urgent Care Service that requires more than minimal sedation or local anesthesia must seek Office Based Surgery accreditation (pending evaluation of urgent care accreditation requirements for equivalence with OBS accreditation). This is consistent with current private practice OBS requirements.

Urgent care facilities would be required to: provide a roster of PCHM-recognized primary care providers and Federally Qualified Health Centers to patients seen at these clinics who do not have a primary care provider; prominently display signage that states the services provided; and where applicable, post signage to indicate that prescriptions and over-the-counter supplies, etc., can be purchased from any business and do not need to be purchased on-site; and utilize an EHR and e-prescribe.

Oversight of Office-Based Surgery To Be Enhanced

The proposed article 7 bill would standardize and limit procedures in an OBS setting; broaden the definition of adverse events; broaden the definition of reportable events and extend reporting timeframes.

Significantly, the proposal would establish a registration process for OBS facilities and to submit certain procedure and quality data as determined by the Department

The Commissioner would be authorized to promulgate these new provisions through regulation.

See below a summary of the recommendations of the PHHPC earlier this month as regards OBS which will likely form the basis of the proposed regulations:

Also recommended is the clarification in the OBS statute that neuraxial and major upper and lower extremity regional nerve blocks are included in the OBS definition; assure that office based anesthesia is defined to include general anesthesia, neuraxial anesthesia, major upper and lower extremity regional nerve blocks, and moderate and deep sedation. Also, the recommendations would limit OBS/OBA expected procedural time to six hours and limit post-procedure time to meet safe and appropriate discharge to six hours.

With regard to accreditation and adverse reporting, the report would:

Require all physician practices performing procedures (including non-invasive procedures) utilizing more than minimal sedation to become accredited and file adverse-event reports.

Require all podiatry practices performing procedures (involving the foot as well as the ankle) utilizing more than minimal sedation to become accredited and file adverse-event reports.

Add "observation of longer than 24 hours within 3 days of OBS" and "unanticipated emergency department visit within 72 hours" to list of reportable adverse events.

Extend reporting time to 3 days/72 hours.

The report recommends that accrediting bodies:

share the outcomes of survey and complaint/ referral investigations and other requested data with DOH upon request;

survey OBS/OBA practices and carry out complaint/incident investigations upon DOH request; and

utilize American Board of Medical Specialties (ABMS) certification, hospital privileges, or other equivalent determination of competency in assessing credentialing of practitioners to perform procedures and/or provide sedation/ anesthesia.

Nurse Practitioners Authorized To Practice in Collaboration With Other NPs

The proposed budget would allow Nurse Practitioners to practice for six months in collaboration with an NP who has been in practice for more than three thousand six hundred hours if: (a) the collaborating physician retires, moves, becomes unqualified to practice and (b) the NP has demonstrated to the Department that she has made a good faith effort to find another collaborating physician but cannot.

Also, NPs with more than 3600 hours of practice would be authorized to collaborate either with a physician or a hospital.

DFS Superintendent Conferred Greater Authority to Investigate No-Fault Fraud

Provide the Superintendent of Financial Services greater authority to investigate No-fault fraud by various health care providers by enabling the DFS Superintendent to make an examination, "including an audit or unannounced inspection" of a provider of No-fault health care services "when the superintendent deems it expedient for the protection of the people of this state"

MSSNY's Committee On Physician's Health (CPH) Program Funded at $990,000

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Pesticide Poisoning: A Reportable Disease in New York State

Reprinted from the NYS Department of Health, Bureau of Occupational Health and Injury Prevention

To try to better understand the health effects of pesticides on NYS residents, pesticide poisonings was established as a reportable condition in NYS in 1990. Reporting regulations require every physician and health facility to report suspected or confirmed cases of pesticide poisoning. Clinical laboratories are required to report depressed blood cholinesterase levels or abnormally high levels of pesticides in human tissue samples. Reports of confirmed or suspected pesticide poisonings in NYS are investigated by epidemiologists and program staff working with the Pesticide Poisoning Registry. The goals of the registry are to:

- investigate and intervene in situations where the risk of pesticide poisonings is continuing;
- develop and implement interventions to reduce the risks of pesticide poisonings;
- monitor both acute and chronic effects of pesticide poisonings; and
- increase the awareness of pesticide poisonings by members of the medical community.

Pesticides, which include insecticides, herbicides, fungicides, rodenticides and fumigants, are widely used in the United States. Because of the ubiquity of pesticides in our society, the potential for exposure is high in both occupational and nonoccupational settings. The following are examples of pesticide poisoning exposures:

Occupational:

- worker exposure during the production, formulation and mixing of pesticides;
- worker exposure during the application of pesticides (exposure by either the applicator or by workers in the vicinity of the application area); and
- worker exposure to pesticide residues in buildings, fields and/or on plants.

Nonoccupational:

- accidental ingestion by children and adults;
- exposure to pesticide treated buildings, lawns, gardens, fields and/or animals;
- misuse or overuse of pesticides; and
- exposures caused by improper labeling or container storage.

Medical and laboratory personnel should report all suspected pesticide poisonings directly to the NYS Pesticide Poisoning Registry at 1-800-322-6850. Further information regarding the registry can be obtained by calling the NYS Department of Health Bureau of Occupational Health and Injury Prevention at 518-402-7900 or from http://www.health.ny.gov/publications/2787/index.htm. For advice regarding medical treatment, contact Poison Control at 1-800-222-1222.

Another registry within the Bureau of Occupational Health and Injury Prevention is the Occupational Lung Disease Registry. Medical personnel in attendance on a person with clinical evidence of occupational lung disease are required to report the patient. Reports can be made to the Occupational Lung Disease Registry at 518-402-7900 or download the reporting form at: www.health.ny.gov/forms/doh-384.pdf.

Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards

The OSHA model program, an informational booklet obtained at OSHA's website at www.osha.gov/Publications/osha3186.html, provides a general overview of a particular topic related to OSHA standards. It does not alter or determine compliance responsibilities in OSHA standards or the *Occupational Safety and Health Act of 1970*. Because interpretations and enforcement policy may change over time, you should consult current OSHA administrative interpretations and decisions by the Occupational Safety and Health Review Commission and the Courts for additional guidance on OSHA compliance requirements. This publication is in the public domain and may be reproduced, fully or partially, without permission. Source credit is requested but not required.

OSHA's informational booklet, *OSHA 3186-06N,* contains:

- Bloodborne Pathogens Standard
- Hazard Communications Standard
- OSHA Assistance — Safety and health management system guidelines, State programs, OSHA publications, OSHA consultation services, information available electronically, OSHA training and education, OSHA regional offices..

Retirement Investing Q & A

Michael Betros, CPA, PFS, D'Arcangelo Financial Advisors

Q: Under current law, at what age can you begin receiving Social Security benefits?
A: The earliest age at which you can begin receiving Social Security benefits is 62. However, you will receive a reduced benefit if you retire before your full retirement age.

Q: What are some big mistakes that people make concerning their retirement?
A: Not contributing to an IRA, a 401(k), or both is probably the single biggest mistake that is made. 45% of current retirees utilize their personal savings for retirement income; 62% of current workers anticipate personal savings to play a role during retirement.

Q: What is the maximum contributions to IRAs (both regular and Roth) and 401(k) plans in 2012?
A: If you are age 49 or younger, the maximum contribution is $5,000 for both regular and Roth IRAs, and $17,000 for a 401(k) plan. If you are age 50 or more, the maximum contribution is $6,000 for both regular and Roth Iras, and $22,500 for a 401(k).

Q: Are distributions (payouts) taxed on regular IRAs, Roth IRAs, and 401(k)s?
A: The short answer is that if you got a tax break on the contribution, you will pay taxes on the subsequent distribution. Contributions to regular IRAs and 401(k)s are generally made with pre-tax dollars (pre-tax contributions reduce your taxable income for the year in which they are made), so distributions are taxed. Roth IRA contributions, however, are made with after-tax collars, so distributions are generally not taxed.

Q: At what age can you generally begin taking distributions from an IRA or 401(k)?
A: You can begin taking distributions from your regular IRA, Roth IRA, or 401(k) plan at 59 ½.

Q: Can you roll your 401(k) over into an IRA?
A: Yes. You can move 401(k) balances into a "rollover" IRA account without penalty. This option enables you to keep your money tax deferred, and can potentially increase your investment options, as IRAs are self-directed and 401(k) plans have investment options that are decided by the plan administrator.

Q: How can I begin saving for retirement?
A: Little changes can make huge differences. For instance, have a regular coffee ($1.75) instead of a latte ($3.50) every morning before work. Invest the savings each month ($1.75 x 22 workdays = $38.50), and you could end up with quite a hill of beans!

Sources: Employee Benefit Research Institute, 2012 Retirement Confidence Survey

If you have any questions, do not hesitate to contact Mike Betros at D'Arcangelo Financial Advisors, 510 Haight Avenue Poughkeepsie, NY 845-473-8261.

Providers, EHR and the New Opt To Quit Program

Robert Hoffmann M.A., Tri-County Cessation Center

Power of the Provider:
Health care provider advice makes a smoker 78% more likely to try living tobacco free. Patient follow-up and clinical feedback is essential for this process to succeed. The recent development of Electronic Health Records (EHR), provide a means for integrating patient and practitioner follow up. Evidence shows that medical systems which maintain effective follow-up and feedback mechanisms out perform those systems which lack such infrastructure.

New York State is a national leader in helping medical care providers provide effective stop smoking interventions to tobacco users and their families. Historically, the 19 NYS Tobacco Cessation Centers have provided training, materials and support to medical teams throughout New York State. The Opt To Quit program improves upon that support in powerful new ways.

What Is Opt To Quit? :
Evolving from the Fax to Quit and Refer to Quit Programs, "Opt To Quit" is a policy-driven system-wide solution for ensuring that stop smoking support is offered and accessible to patients once they leave the health care setting. Aligned with national standards for disease management and information exchange, "Opt To Quit" emphasizes prevention and provider accountability. In keeping with evidenced based practices, follow-up and support are provided to patients who receive the service. The follow-up process generates Patient Activity Reports (PAR) which are sent electronically to the health care provider organization.

Privacy and Guidelines:
Electronic Health Records are transforming the medical landscape. Tobacco measures are an important part of many national healthcare initiatives. The need for effective and private information exchange is essential. Opt-To-Quit offers a variety of ways to transfer patient data, from faxing to electronic medical record compatibilities. All of these systems are flexible, scalable and comply with all HIPAA requirements.

Sustainability:
The Opt To Quit program offers a streamlined, cost effective way to manage the physical and financial harms of tobacco addiction. Despite progress in decreasing the overall prevalence of tobacco use in New York State, the costs of tobacco use exert a crippling effect on health and the economy. It is essential to empower physicians and medical teams with the most effective means to effectively treat tobacco use addiction.

For more information on the Opt To Quit program or to schedule a staff training with Tri-County Cessation Center, please contact:
Robert Hoffmann, M.A.
Assistant Director, Tri-County Cessation Center
845.334.2700 ext. 5505 or
via email at Robert.Hoffmann@hahv.org

Limited Effectiveness of Current HCV Testing Strategies leads CDC to Expanded HCV Screening Recommendations

Hepatitis C kills over 15,000 Americans every year. Hepatic Cell Carcinoma is the fastest growing cause of cancer deaths in the United States. Newer available therapies are expected to cure up to 75% of those infected. This is a significant improvement over prior cure rates estimated to be between 30-50% dependent upon genotype. Therefore early identification of hepatitis C infection is paramount to preventing serious sequelae such as liver cancer, cirrhosis and other chronic liver disease.

The targeted birth cohort of 1945-1965 has a 3.25% sero-prevelance rate of HCV, five times higher than among adults born any other years. CDC estimates that persons born during 1946 -1965 comprise an estimated 27% of the population but they account for 75% of all Hepatitis C infections in the United States.[1] One in 30 baby boomers is infected with Hepatitis C and most don't know it. Facts like these provided the emphasis for CDC to broaden its recommendation for Hepatitis C screening from individuals with certain risk factors for Hepatitis C to all persons born between 1945 and 1965.

Barriers that exist at the provider level have also limited the success of a risk-based approach to HCV testing. Providers lack knowledge about hepatitis serology and treatment. Once survey found that 41% of primary care physicians reported being unfamiliar with the American Association for the Study of Liver Disease guidelines for Hepatitis C screening and follow up.[1] Risk factors associated with Hepatitis C such as injectable drug are unlikely to be asked or answered with accuracy. This coupled with the fact that 45% of persons diagnosed with Hepatitis C reported no known risk factor strengthens the recommendation for a universal one time screening approach for persons born between 1945 and 1965.

This new expanded screening recommendation follows on the heels of recently expanded screening recommendations for another blood born pathogen, HIV. In 2010, New York State added chapter 308, bill ss8227 to Articles 21 and 27-F that govern HIV testing and confidentiality in the state. Effective September 22, 2010 all persons between the ages of 13-64 must be offered HIV screening at least once in their life time and annually for those with risk factors specific for HIV. Primary care providers, emergency room departments, college health services, and others are now required to offer HIV screening at least once during the course of routine health care.

In 2012, Dutchess County experienced a 35% increase in reported cases of HIV infection. In 2012 alone, 1300 reports of Hepatitis C were investigated in the county. Dutchess County Health care providers need to implement these updated blood born pathogen screening recommendations. CDC estimates that a one time screening of baby boomers for hepatitis C could identify over 800,000 infections and save more than 120,000 lives.

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Thank you to Linda Squires, BSN, CCRC, Director of Communicable Disease Control at the Dutchess County Department of Health.

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1. Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons born During 1945-1965, MMWR, August 17, 2012/61(RR04);1-18

RESOURCES LINKS:
http://www.cdc.gov/nchhstp/newsroom/2012/HCV-Testing-Recs-PressRelease.html

http://www.health.ny.gov/diseases/aids/testing/docs/testing_toolkit.pdf

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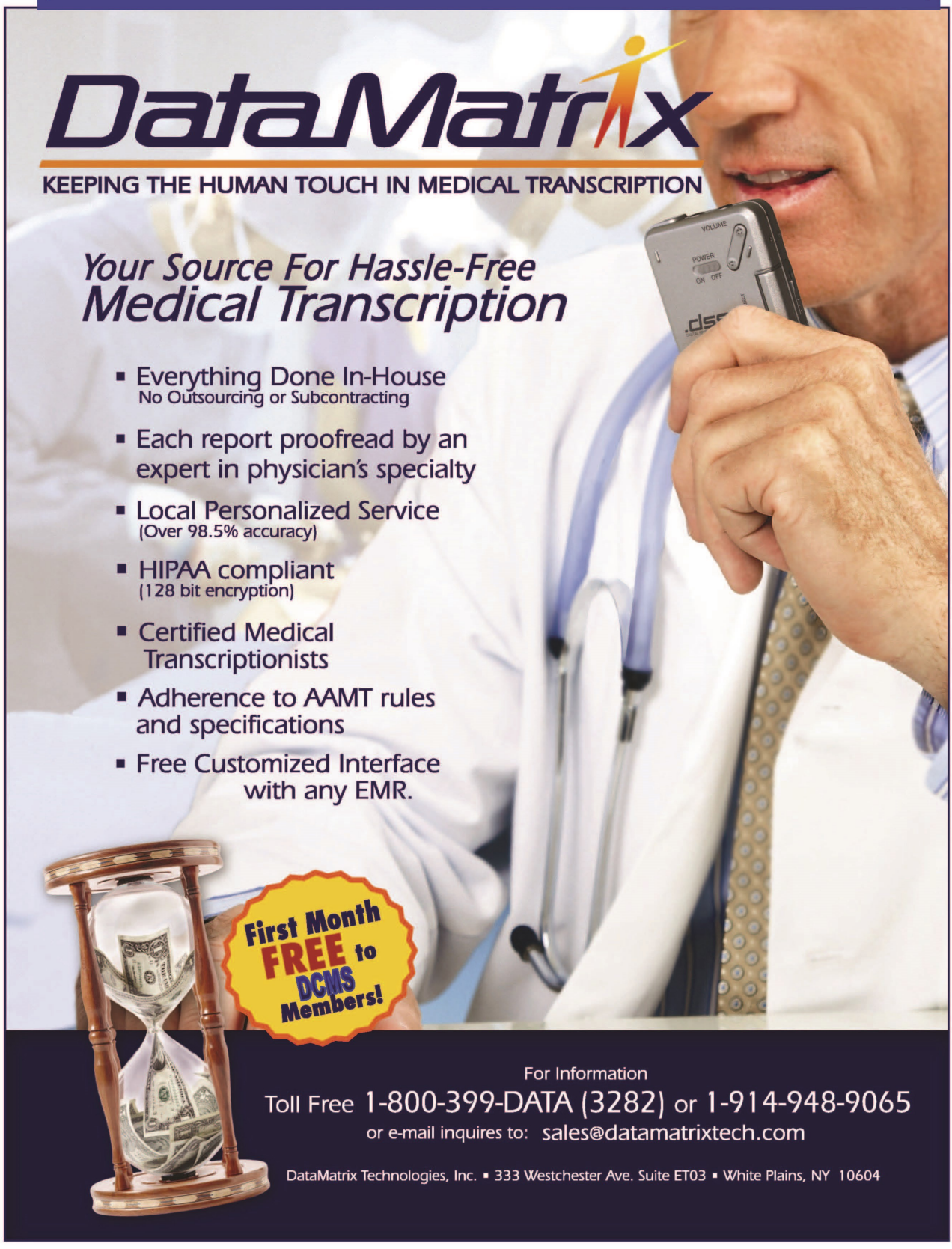

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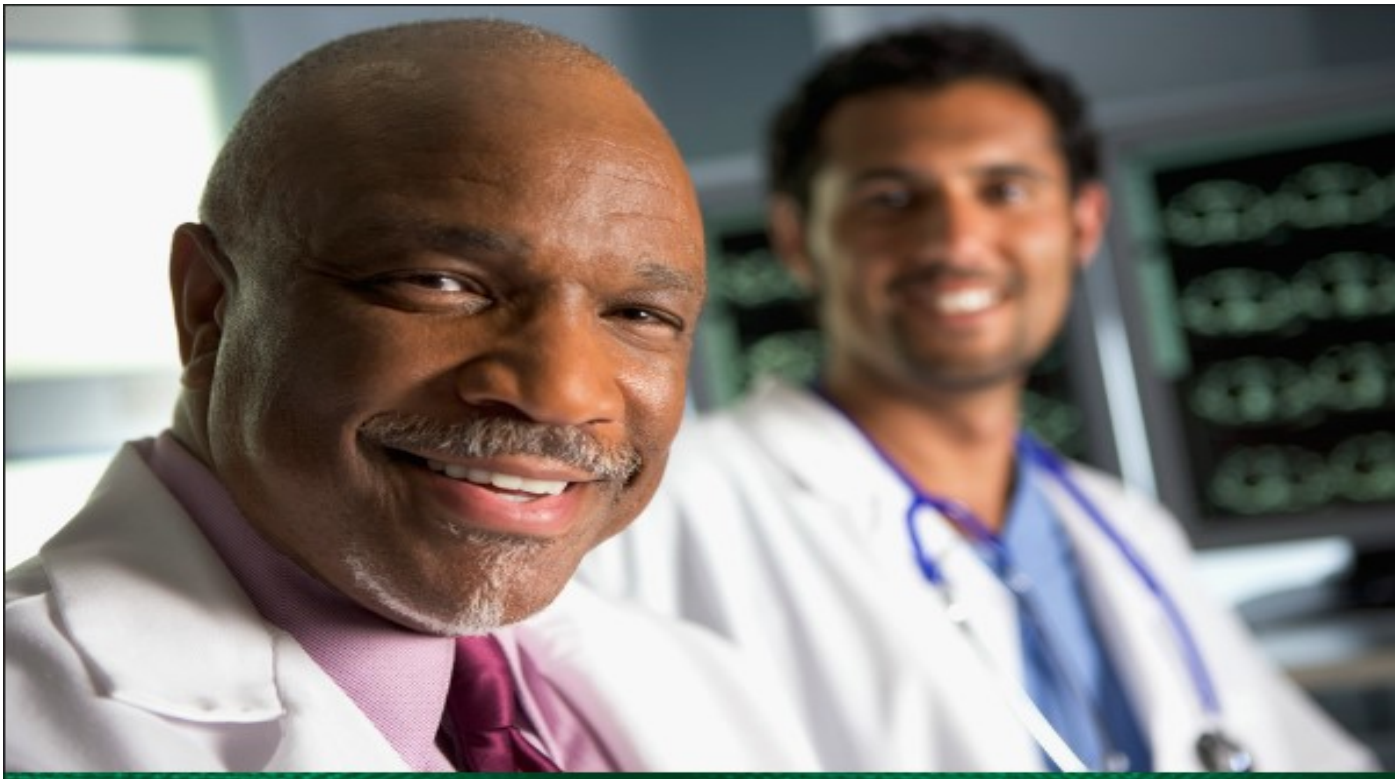

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