



The Independent Physicians Association of Nassau/Suffolk Counties is "uniting" physicians to keep them independent, utilizing "clinical integration" while its members receive fair compensation.

Eliminating High Patient Fees

The recent surge in hospitals buying independent physician offices has also come with a recent surge in fees for patients, reports Margot Sanger-Katz with The New York Times.



Medicare "pays one price to independent doctors and another to doctors who work for large health systems — even if they are performing the exact same service." This price discrepancy has put pressure on Congress to alter the arrangement that allows "financial incentives...[for] doctors to sell their practices." If Congress succeeds, there could be "nearly \$30 billion" in savings.

However, other factors hinder the plan. Because hospitals "stay open at all hours...[and] run emergency rooms," their bills are higher than independent practices who close their doors in the evening.

In the end, Congress will decide how the money will be spent, but as physician Robert Berenson says, hospitals have a responsibility to "employ physicians...for the right reasons." To learn more, visit www.nytimes.com

The SGR Fix Will Be Costly

Ayla Ellison with Becker's Hospital Review reports that the sustainable growth rate (SGR) is in need of desperate revamping or complete replacement.

The Children's Hospital Association, the Association of American Medical Colleges, and seven other hospital groups wrote Congress "to oppose...payment cuts to hospitals to resolve the [SGR]." In the past five years, there has been a total of "nearly \$122 million" in hospital reductions.

However, it would cost "\$174.5 billion from fiscal year 2015 to fiscal 2025" to fix the SGR problem. While hospital groups like the American Hospital Association "believes there needs to be a permanent fix to the SGR and supports the overall bipartisan legislation," there is still no clear understanding of how "the costs...will be covered." To learn more, visit www.beckershospitalreview.com

The Real Reason For Obamacare's Unpopularity

President Obama's healthcare plan, the Affordable Care Act (ACA) or Obamacare, has given "at least 10 million previously uninsured Americans" health insurance while health-care costs have risen "more slowly in 2014 than at any time over the last half-century." But despite these strides, the public wants to repeal Obamacare.



The ACA's main fault for such unpopularity is because of "failing...to explain the program to the public," which allowed the Republicans to "[damage] the program with outright falsehoods." One falsehood that Amanda Mayhew heard is that "the ACA prohibits lifesaving treatment to elderly cancer patients," which is an obvious lie.

While the Republicans create falsehoods to increase Obamacare's unpopularity with voters, they are "[destroying] the program without having anything to replace it," threatening to leave those newly ten million insured with nothing.

Source: The Week, January 16, 2015

IPA of Nassau/Suffolk Counties welcomes our new members:

Medical Arts Radiology

- Radiology
Pradeep Albert, MD
Heidi Burry, MD
Paul Grappell, MD
Glenn Gray, MD
Sanjay Gupta, MD
Mershad Hagigi, MD
Michelle Listhaus, MD
Barry Morgenstern, MD
Robert Ozsvath, MD
John Parnell, MD
Raluca Parnell, MD
Michael Streiter, MD
Steve Tuzinkiewicz, MD
James Walker, MD
Adam Wilner, MD

Patchogue Family Medical Care

- Family Medicine
Christine Doucet, MD
Andrew Wang, DO
Simone Guest, DO

NEW INDEPENDENT PHYSICIANS:

- Christopher Anselmi, MD
Internal Medicine
Huntington
Jalil Anwar, MD
Internal Medicine
Huntington
Dennis Bernardini, MD
Internal Medicine
Huntington

Ernest Vomero, MD

- Internal Medicine
Huntington
Nicholas Craig, MD
General Surgery
Port Jefferson

Nicole Darrow, MD

- Family Medicine
East Islip
Devendra Singh, MD
Internal Medicine
East Moriches

Bellamy Brook, DO

- Family Medicine
Riverhead
Charese LaPorta, DO
Family Medicine
Patchogue

IPA Board of Director Members

- John L. Franco, MD
President & Medical Director
Mohammed Azaz, MD
Family Practice
Edward Lipinsky, MD
Otolaryngology
Robert Lazar, MD
Gastroenterology
Charles Rothberg, MD
Ophthalmology
Steven Parry, MD
Family Practice
John Muratori, MD
Family Practice
Richard Schoor, MD
Urology
Michael Shanik, MD
Endocrinology

IPA Executive Administration

- Michael A. Guarino
Executive Director
John L. Franco, MD
President/Medical Director
Francis J. DiMotta, MSM
Chief Operations Officer
Jo Ann Marino, RN
Director of Clinical Integration/Physician Liaison
Marissa T. Wolfe, MBA
Director of Acquisitions and Member Relations
Eric P. Schein, RPA-C
Associate Clinical Coordinator
Joseph Lazar, JD
Senior Associate for Legal Affairs
Steven Heisler, MBA
Physician Membership Administrator

Quality Care Committee Members

- John L. Franco, MD
President & Medical Director
Mohammed Azaz, MD
Family Practice
Horia Vlase, MD
Nephrology
Anthony Spadaro, MD
Pulmonology
Michael Shanik, MD
Endocrinology

Who We Are...

Behind Every Good Man is a Great Woman

Francis DiMotta, better known to us as "Frank," is the Chief Operating Officer of IPANS. Frank has been a part of the team since IPANS' inception over "one thousand days ago." Under Frank's leadership and attention to detail, membership has grown to almost 500 members. One of Frank's primary duties is the on-boarding process; with all of the forms, paperwork, and signatures required by New York Laws and Blue Cross/Blue Shield, it has been Frank who has kept us compliant and gotten our members on board quickly and seamlessly.

Lorraine DiMotta, Frank's wife, is also a very organized and dedicated individual with a bigger purpose. For over fifteen years, Lorraine has served at St. Francis Cabrini Catholic Church in Coram, New York, teaching religious education class and organizing many other activities for the youth of the parish and community. Lorraine is currently on a special mission that is near and dear to her heart- her goal is for the youth of her community to attend World Youth Day in 2016 in Krakow, Poland. Through their drive and dedication, Lorraine and Frank have shown that hard work and dedication truly make a difference.

Visit our blog at IPAnassausuffolk.WordPress.com

Find and Like us on Facebook by searching "IPA of Nassau/Suffolk Counties"
Search for our Linked In Groups page, "IPA of Nassau/Suffolk Counties"



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To submit articles for consideration for future review, please send to Frank at ipasuffolkcounty@gmail.com

PRESIDENT'S MESSAGE...

"Freedom is Participation in Power"

- Marcus Cicero (106BC-43BC)



Over 2000 years ago the Roman philosopher and statesman Cicero (a true champion of democracy) recognized the importance of power as an essential for freedom.

Whether its the power to say "yes" or to say "no" or any other action, we physicians must wield our power appropriately.

But wait! Do we have the power? Sure, we're intelligent, clinically astute, compassionate, understanding, etc. etc. However, those qualities alone will not cut the cake. Increasing and more difficult Governmental regulations, ridiculous insurance company reimbursement and health systems devouring the marketplace have usurped our power to the point we have decreased our self-value so much as to feel we are fighting a war using sling shots against Howitzers. Even one of our own leaders The American Board of Internal Medicine has imposed MORE physician testing. This is a ludicrous, costly, and self-serving maneuver to further chip away at our power.

True success along with freedom and independence depends on how you value yourself. Our qualities make us a unique and essential piece in the machinery called healthcare. Physicians can only be replaced with physicians!

Health Systems, CEO's, managers, insurance companies cannot diagnose or treat patients. WE CAN!!!

Our IPA and MSO will harness our power and use its collective strength to achieve our goals of independence and freedom to enable us to regain regulatory control and economic fairness. These goals will ensure our most important objective, quality patient care.

We already have the power, but only if we know how powerful we really are....

Signature of John L. Franco, MD
John L. Franco, MD
President

Governor Cuomo signs bill to delay mandatory e-prescribing for a year

Have the COURAGE to Own Your Future

If you are a member of the Nassau/Suffolk IPA, or the office manager of a physician who is a member, you are cordially invited to join us once again at The Watermill on Wednesday, March 18th from 5:30 to 9:30 pm.



Come and learn about Practice Management of America (PMA), a newly formed management services organization (MSO) that offers an exciting opportunity for members of the IPA of Nassau/Suffolk Counties.

In the News...

Medical Arts Radiology joins with the IPA of Nassau/Suffolk Counties

The Independent Physician Association of Nassau/Suffolk Counties, "IPANS" is proud to announce its formal affiliation with Medical Arts Radiology. For over 70 years, Medical Arts Radiology has provided Long Island patients and referring physicians with the latest advances in diagnostic imaging. Their commitment to providing the highest quality of care begins with their doctors, all board-certified with extensive experience and advanced training. Its seven Long Island locations are conveniently located offering patients access to the most advanced imaging technology seven days a week. Please visit their website: www.medartsrad.com



Release of Payment Data Shows Taxpayers Where Their Money Goes



Taxpayers enjoy seeing their money used efficiently, and now they can see how "the taxpayer-funded program" Medicare uses its "tens of billions of dollars" each year with the release of payment data, reports Christopher S. Stewart and John Carreyrou with *The Wall Street Journal*.

The American Medical Association kept the payment data "secret through legal efforts," but as of March 2013, that is no longer the case. Medicare will now annually release the payment data to the public in an effort to help themselves and the public "spotlight potential fraud, waste and abuse."

Ari Tulla, the chief executive and co-founder of BetterDoctor.com uses the Medicare payment data to help patients further evaluate doctors and their services.

The payment data "had been downloaded...more than 300,000 times...in the weeks after its release" back in 2013. [To learn more, visit www.wsj.com](http://www.wsj.com)

The Need to Protect Patient's Data

Tom Murphy and Brandon Bailey with the *Stamford Advocate* report that doctors' offices are new potentials for hackers to steal vital information. Because patients provide their Social Security number on medical paperwork "for insurance and billing" purposes as well as their date of birth and name, they are "at greater risk for identity fraud."

"10 million people...were affected by health care data breaches" last year. Experts agree that it is easier to hack "a health care company compared with a bank," because a bank has better security against such breaches whereas the medical world is "10 years behind...in terms of protecting consumer information."

In an attempt to stop these breaches and secure patient's information, health care companies are urged to incorporate "encryption programs" to their data. By using encryption, a potential hacker will have a harder time "to view or copy a whole stockpile of records."

With the transition to electronic health records, the need for better cyber security is desperately needed. [To learn more, visit www.houstonchronicle.com](http://www.houstonchronicle.com)



"Find your way through the maze and you'll find your reimbursement"

Ensuring Physician Reimbursement

As health companies move away from the fee-for-service payment model and towards the "value" of the care, more physicians are concerned about their "reimbursement levels," reports *PRNewswire*.

A survey done by *Physicians Practice* found that "44 percent of medical practices...[are] 'not sure' of the effect" the move from fee-for-service has had on their practice. To ensure that physicians "capitalize on the changes in reimbursements," they should follow these guidelines: Physicians should conduct "an annual review [to check] the accuracy of payments," as well as be educated with "health insurance exchange plans" so their practice isn't "negatively [impacted]" and they should find "new negotiation strategies...to boost leverage." [To learn more, visit www.prnewswire.com](http://www.prnewswire.com)

Marching Forth on March 4th

On March 4, 2015, Dr. John Franco and Joseph Lazar joined a multitude of dedicated physicians at the state capitol in Albany representing IPANS at Physician Advocacy Day 2015. In conjunction with Suffolk County Medical Society (SCMS) Executive Director Stuart Friedman and former SCMS President Dr. Stephen Cocco, the team met face-to-face with a majority of local legislators about our vision for Long Island Healthcare, and discussed how the legislature could best assist us in achieving our goals. Assemblyman Andrew Raia of Northport even sought us out to join our team for lunch in order to hear our views on the impending legislation in question. It was truly a successful day for IPANS, as we were able to get our name out there and spread our message to legislators on both sides of the aisle.



There were myriad important legislative issues being discussed between the legislators and the physicians. For example, the legislature recently approved a bill unanimously to delay the implementation of the new e-prescribing mandate for a year. This would be an extremely welcome delay, as most physicians are unprepared to take on such a burden so soon. IPANS joins SCMS and the Medical Society of the State of New York (MSSNY)

in urging Governor Cuomo to sign this bill into law. The team also advocated against a proposed mandate for physicians to complete a course on pain management and end of life care every two years, as we believe this would impose too great an administrative burden on too many physicians. Other topics of discussion included protecting consumers from emergency out-of-network insurance claims and extended statutes of limitation that could lead to increased malpractice premiums on physicians.



For more information on any of these issues, please visit MSSNY's website, where you can read more about other relevant legislation in the Assembly or Senate. You can also send a pre-written message to Governor Cuomo urging him to sign the e-prescribing mandate delay bill by visiting the website.



Now Available: Shopping Around For Medical Services

Health Care Cost Institute (HCCI) launched Guroo, a website that helps "consumers navigate prices for medical services," reports *Modern Healthcare*.

HCCI has gathered its information by using "medical claims for 40 million Americans." By

using this information, consumers can be sure they are not overpaying for their medical services, especially those most in need of the services: "those who remain uninsured."

By publicly displaying prices, HCCI hopes to put "pressure on providers to lower or justify their rates" for various services. However, consumers are urged to be smart with their shopping and to be aware of "what services are included...and excluded...from estimated medical bills."

Guroo does not have "the cost of pharmaceuticals...[or] data on quality" up yet, but plans to do so are "under development," says *Modern Healthcare*.

[To learn more, visit www.modernhealthcare.com](http://www.modernhealthcare.com)

Private Medical Practices Against ACOs

Accountable Care Organizations (ACOs) are still a threat to private medical practices despite losing more backing "to move 50 percent of Medicare spending into ACOs" reports Richard Amerling with *AAPS Online*.



The attempt to create ACOs is to ensure patients are not overspending to get the care they deserve, but practices that rely on the fee-for-service payment model i.e. private medical practices will be crippled by this shift. Fee-for-service allows patients to see their doctor, get the care they need, and then pay for said care.

With ACOs, "a fixed sum is available to provide medical care," which severely hinders a doctor's ability to provide efficient and affordable care, whereas private medical practices are "the last refuge of high quality, individualized care."

[To learn more, visit www.aapsonline.org](http://www.aapsonline.org)



Hospital Expansions and Renovations Good For Construction Industry

The recent boom in hospitals getting larger due to acquiring independent physician practices has the construction industry booming with the need to create more space and more buildings, reports Jonathan LaMantia with *Crain's New York Business*.

North Shore-LIJ Health System is leading the way in expansion by doubling "its outpatient facilities...to 241 buildings with 2.4 million square feet" in the past five years. Their expansion is far from done as they have "plans for 50 GoHealth Urgent Care Centers in the next three years." North Shore estimates they can finish "an urgent care center in six weeks."

While some systems are expanding and renovating their current space - "the push for single-bed rooms" has become a priority in renovations - others are looking to create outpatient settings in already established buildings, like "a building that once housed a McDonald's." By renovating the current building on site instead of building one from scratch, hospital groups are "creating efficiency and reducing costs." [To learn more, visit www.craigslist.com](http://www.craigslist.com)



What to Know About New York's Surprise Medical Bill Law



This new law, which goes into effect on March 31st, "is intended to provide consumer protections from certain medical bills received from out-of-network healthcare providers."

Physicians and health care providers should understand is that "insured patients will only be financially responsible for...in-network cost-sharing responsibilities...for services rendered in the emergency room."

Health care providers will be required to inform their patients "which health plans a provider participates with, the provider's hospital affiliations, anticipated charges," as well as the contact information for anyone else that might deal with their care.

Should health care providers fail "to provide required patient disclosures and consents," consumers will receive "Surprise Bills," of which they will only be responsible for the in-network costs. Providers would subsequently be required to negotiate payment directly with the consumers health plan, with any disputes being handled by an independent review board.

[To learn more, visit www.nixonpeabody.com](http://www.nixonpeabody.com)