

THE EXCELSIOR

The News Magazine of The New York Regional Society of Plastic and Reconstructive Surgery, Inc.

September 2002

The History of The Society

In the mid-1950's, the number of plastic surgeons in the New York area grew substantially. As the need for closer communication was felt, various attempts were made to bring these surgeons together. This included occasional meetings sponsored by Reuven Snyderman, MD at Memorial Hospital in which plastic surgeons discussed current research. It was this group that established a more formal organization which later developed into The New York Regional Society of Plastic and Reconstructive Surgery. The original group included: Herbert Conway, MD, Charles Neumann, MD, Lyndon Peer, MD, Blair Rogers, MD, Richard Stark, MD, George Crikelair, MD. Reuven Snyderman, MD joined at a later date.

A preliminary meeting was held on January 27, 1960 at the New York Academy of Sciences. Dr. Conway acted as temporary chairman. The eighty-five invitees were recognized as the founding members of The New York Regional Society. A Planning Committee to formulate guidelines for the new society consisted of: Gustave Aufrecht, MD, Arthur Barsky, MD, Herbert Conway, MD, Throop Geer, MD, William Littler, MD, Lyndon Peer, MD, Blair Rogers, MD, Richard Stark, MD, Clarence Straatsma, MD.

The first official meeting of The New York Regional Society took place on April 19, 1960 at the New York Academy of Sciences. Herbert Conway, MD, served as temporary chairman, while Lyndon Peer, MD was elected the first president of the society.

A Headquarters Committee was formed to explore the possibility of purchasing a permanent home and meeting facility for the new society. This, unfortunately, never came to fruition because of the limited funds of the nascent organization.

The New York Regional Society of Plastic and Reconstructive Surgery, Inc. has flourished during ensuing years. It has grown in both numbers and scope from this illustrious small group of dedicated surgeons and intellectuals into a nationally respected society whose foundations are the pursuit of education, teaching, and research in plastic surgery.

Reprinted from the January 1998 Excelsior

—Researched by Robert Briggs, M.D.

Letter from the Editor



Tracy M. Pfeifer, MD

I am pleased to bring you the latest edition of the newsletter of the New York Regional Society of Plastic and Reconstructive Surgery. I am following in the rather large footsteps of Rick Lukash, MD, founder and editor of the newsletter. The format of the newsletter is essentially unchanged and represents hours of work by Dr. Lukash. I am deeply indebted to him for all his efforts.

As I write this column, I am listening to a news broadcast description of the ceremonies at Ground Zero to mark the final day of the recovery effort (April 30, 2002). Ironically, on this day Daniel Pearl's widow gave birth to their child. The recent events have forced all of us to reprioritize our lives.

For some of us, this has meant a renewed commitment to our family, friends and profession. It is my hope that in this renewed spirit of brotherhood and caring that the membership of the New York Regional Society of Plastic and Reconstructive Surgery will continue its efforts to educate plastic surgeons. By sharing our knowledge and experience, we will strengthen our professional society and provide our patients with the highest caliber of plastic surgery.

Tracy M. Pfeifer, MD
Editor-in-Chief

Excelsior Magazine for NYRSPRS

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John G. Hunter, MD

**John G. Hunter, MD
President**

It is an honor to serve as the 43rd President of the New York Regional Society of Plastic Surgeons. The primary goals for my term as President are to increase our membership, and to make the Society more relevant for its members and the general public.

Due to our excellent academic programs and, in part, because of the new simplified application process, the Society added over thirty new members at the December 2001 and the April 2002 meetings. The Society is only as strong as its members and your voice is needed. The Executive Committee strongly encourages interested members to become active in the Society's administration and leadership.

A critical step in increasing the Society's relevance is the revitalization of our website. A new website is under construction and can be visited at our new web address, www.plasticsurgeryny.org. It will include an updated membership referral list, program information, Society history and mission statement, the newsletter and a downloadable membership application. An e-mail campaign is planned to advertise our future academic meetings to plastic surgeons outside the tri-state area. Hopefully, this will increase meeting attendance, and the profile and prestige of the New York Regional Society of Plastic Surgeons.

Again, it is my honor to serve as the Society's President. Your thoughts and suggestions on how the Society can better serve you are welcome.

John G. Hunter, MD, FACS
President

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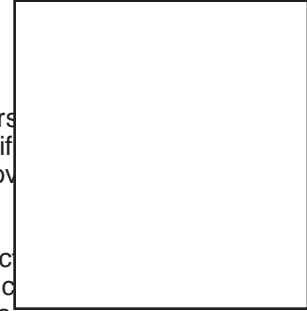
The Committee For Physicians' Health Medical Society of the State of New York

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To make a confidential referral:

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Alan Matarasso, MD Scientific Program Chairman



In 2001, the New York Regional Society enjoyed another successful year of diverse academic programs. Traditionally, the Society has a spring and winter half-day scientific program. As part of the program we have an additional lecture each year - the Nojarov Lectureship and the Masters of Plastic Surgeons series.

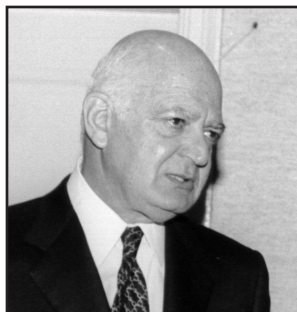
March 31, 2001 was the date of the spring meeting on rhinoplasty surgery. Reflecting back upon that meeting, it seems like a different age, as the world changed so much just a few months later with September 11, 2001. Our March program included Drs. George C. Peck, Ronald P. Gruber, and Mark B. Constantian (the Rhinoplasty Society President-Elect). These recognized experts spent the morning providing the attendees with valuable insights into many aspects of rhinoplasty surgery. Dr. Constantian focused on managing the airway in rhinoplasty patients and how to avoid functional airway dysfunction. Dr. Ron Gruber concentrated on four methods of suture techniques for tip remodeling. Dr. George Peck, in his usual forthright and honest style, discussed his vast experience with practical methods of rhinoplasty, primarily through a closed approach, and many with his signature tip graft.

In 1995 your Regional Society initiated a novel and valuable educational series of lectures known as the "Master Series". The Masters of Plastic Surgeons lecture is conducted on alternate years and is dedicated to providing a forum for a senior, living legend of plastic surgery. The purpose was to permit our members to interchange with senior plastic surgeons of international repute. Presentations of original work, with anecdotes describing the circumstances which led to the development of their newer concepts, were received by an enthusiastic audience of all ages. For the younger members of our Society, this is a unique opportunity to meet and learn from the "Masters of our field."

Past speakers have included: Ivo Pitanguy, MD, D. Ralph Millard, MD, Fernando Ortiz-Monasterio, MD, Thomas D. Rees, MD, Leonard R. Rubin, MD, Melvin Spira, MD, and Bernard L. Kaye, MD. All members are invited to nominate Master Plastic Surgeons for future meetings of our Society.

This past year we were honored to have Dr. Bernard L. Kaye at our December 8, 2001 meeting as our 7th Masters lecturer. Dr. Kaye provided a wealth of insight into his 40 plus year career, focusing on face lifting techniques and complications. It is indeed rare to share the career experiences and lessons learned during his 45-minute talk.

During the same winter program, Drs. Jack Friedland and Sam Hamra squared-off defending their different methods of facial rejuvenation. Both speakers presented superb results and supported the theory behind why they prefer their methods. The audience experienced an open-close step-by-step approach to their techniques and had the ability to compare and critique their respective results. Rounding out the morning was an insightful presentation by Dr. Mark and Mrs. Mary Jewell on office practice management. In accordance with the difficult social and economic climate we are experiencing, the Jewells provided marketing advice about plastic surgery practices and used business models to emphasize numerous concepts. Following the meeting many members of the New York Regional Society joined the speakers for a luncheon at the Mark Hotel.



Sam Hamra, MD



Bernard L. Kaye, MD
2001 Master Series Speaker

Scientific Program

The Society continued its exciting programs in 2002. On April 20, 2002 we had an eclectic group of speakers. Dr. David Goldberg, a dermatologist and lawyer who practices in New York and New Jersey, spoke to us about laser hair removal. Dr. Tina Alster, a tireless educator who heads up the Washington DC Laser Institute, gave us an update on cutaneous laser surgery. She told us she still favors the CO₂ laser for skin resurfacing in many instances. Her approach often includes a single pass to the face, with a second pass in the peri-oral area. She is currently gathering data regarding her experience with facelift combined with full-face laser surfacing at the time of surgery. Dr. Zein Obagi returned as a featured speaker and updated the plastic surgery community on skin care, including the use of TCA peels, hydroquinone and Retin-A. Finally, Dr. Victoria Vitale, a brilliant plastic surgeon from Melbourne, Florida was our Nojarova lecturer this year and she discussed sclerotherapy of spider veins. We appreciate her determined effort to reach New York City in order to address our group. She arrived at 3 a.m. Saturday morning after delays due to thunderstorms. Thank you, Dr. Vitale. Clinical Pearl: 5-FU mixed with Kenalog is being used for the treatment of hypertrophic/keloid scars.

All the speakers received a certificate of appreciation from our society, airfare and a one-night stay in New York City. Invariably speakers and attendees report on the high quality academic programs, all on a local level not requiring extensive travel and at a remarkably reasonable price. Members of the Society attend all meetings at no charge other than their annual dues. We also try to encourage up to four vendors to exhibit, limiting the number and thus allowing a concentrated interaction between the vendors and the attendees.

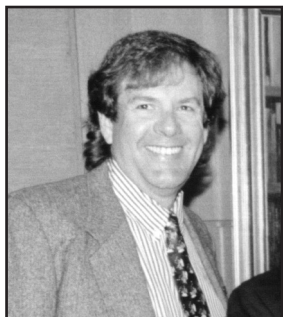


John G. Hunter, MD, Victoria Vitale, MD, Alan Matarasso, MD, David Goldberg, MD, Zein Obagi, MD (left to right)

Mark your calendar for the December 14, 2002 winter meeting. The meeting will be on bariatric surgery and body contouring and feature Ted Lockwood, MD, Dennis Hurwitz, MD, Mitchell Roslin, MD a bariatric surgeon at Lenox Hill Hospital and Dr. Eric Hollander, Professor of Psychiatry at Mt. Sinai School of Medicine. We look forward to our members' comments, participation and learning about those topics of interest to you.

Nojarova Lecture

The Nojarova Lecture may represent the first lectureship devoted to the contributions of women plastic surgeons. It is named after Dr. Paula Nojarova and funded by her husband, Dr. Haskell Elis. It is held on a bi-annual basis. Paula Nojarova was born in 1914 in Bulgaria. She was fluent in French, German, Croatian, Bulgarian, Czech, Russian and English, and conversational in Spanish and Italian. In 1940 she went to Prague and became a member of Dr. Franstisek Burian's group, the largest plastic surgery clinic in Eastern Europe at the time. Though unhappy with the Communist philosophy, she was ordered to return back to Bulgaria. However, Paula was able to surreptitiously get off the train at the wrong railroad station in Zagreb, Yugoslavia. From there she obtained safe passage to Venezuela. Paula came to the United States and worked with Dr. John M. Converse and Dr. Blair Rogers at the Institute of Reconstructive Plastic Surgery-NYU Medical Center. She had a special interest in facial disfigurement. She published numerous articles on cleft lip and palate and facial reconstruction. Paula passed away in May 1986 at the age of 72.



William Rosenblatt, MD
Secretary, Medical Society State of New York

New York State physicians were given excess liability insurance again; however, this time there is the caveat that we need to carry 1.3M/3.9M instead of the 1M/3M that we had before. Your primary insurance carrier cannot charge more than 9% of your premium for the extra insurance. It is also possible that the base insurance can be raised as the liability crisis continues unabated. MLMIC has asked for rate increases and area adjustments. What they will be won't be known until after the state insurance commissioner makes his decision sometimes in June or July. It is important to recognize that there may be significant rate increases in the near future.

William Rosenblatt, MD

If you treat auto accident victims, there is a new norm as of March 1, 2002. The new Verification of Treatment Form (NF-3) must be used. It can be obtained by calling SID at 212-480-5680 or from the SID website at <http://www.ins.state.ny.us/acrobat?r68e25at.pdf>. and scroll down to appendix 13-A.

There is also now a 30-day limit on reporting auto accidents and submitting claims in no-fault insurance cases. The medical society has challenged this ruling and has had mixed results in the courts. We are now going to have to appeal again.

Plastic surgeons also need to contact their congressional representatives to strongly urge that the Medicare payment cut of 5.4% be amended immediately. You can access a model letter to send to your representative at www.mssny.org. There is also background information at www.ams-assn.org/grassroots/.

Remember, it is now legal to fax prescriptions to pharmacies. Also, there is a new prescription to replace the old triplicates. It costs the same, but is easier to deal with.

FYI-regarding malpractice statistics from MLMIC (1994-1999). I came across this information and thought it would be interesting. When ranked by specialty, plastic surgery is number 15th in total losses. During that time period, 144 cases were closed with a total indemnity loss of \$23,580,094 and an average indemnity loss of \$163,750. For a small specialty, we have frequency but not severity. Here is the statistical breakdown when it comes to procedure:

<u>Procedure</u>	<u>Total Indemnity</u>	<u>File</u>	<u>Aver. Indemnity</u>	<u>%</u>
Mammoplasty Reduction/aug	\$5,448,250	35	\$155,664	23.1
Other cosmetic	\$5,113,167	27	\$189,376	21.7
Diagnostic Cancer Related	\$3,252,246	8	\$406,530	13.8
Liposuction	\$1,512,000	9	\$168,000	6.4
Face & Eyes	\$1,484,265	15	\$98,951	6.3
Other	\$6,770,166	50	\$135,403	28.7

Certain factors seem to play a role in losses: advertising causes more suits, and poor record keeping and poor documentation of consent discussions are also major problems. The worst is when a patient who is unhappy goes to another plastic surgeon and is told "Who did that to you?" or other litigious comments. Just remember, we all may have unhappy patients, so treat another physician's patient the way you would want your unhappy patient treated. Juries have gotten better and pay attention to complications versus true malpractice cases, but that doesn't guarantee a win for the doctor. We must continue to document in writing and photographically what we tell patients. One of the worst areas in losses is the failure to diagnose, or the delay in diagnosis of cancer. Radiology has taken a big hit and is now #6 when it comes to losses.

I would like to thank MLMIC for furnishing us with these statistics.

Be politically active and politically savvy. If you are interested in doing more for your profession through organized medicine, please call me or your local medical society. If we don't defend ourselves, who will? Certainly not the trial lawyers.

Resident's Night Competition

Tracy M. Pfeifer, MD

The annual Plastic Surgery Residents' Night was held this year on March 4, 2002. Ten residents from 7 different regional plastic surgery programs presented their research work. The scientific program was coordinated by John Hunter, MD, FACS, our current NYRSPRS president. Lloyd Gayle, MD, FACS gave the opening remarks and facilitated the question/discussion period. The judges were Dicran Goulian, MD, FACS, Alvin H. Harris, MD, FACS, and Paul R. Weiss, MD, FACS.



Tracy M. Pfeifer, MD

The Winning Papers for 2002

First Place

Raymond R. Chang, MD - New York University Medical Center. Creation of a New Generation of Diagnostic and Teaching Aides Based on High-End and Divergent Technologies. Dr. Chang presented his computer model of the wrist bones, which can be manipulated by the user to show how the bones articulate and their relationship to each other when the hand is held in various positions.

Second Place

Michael S. Suzman, MD - New York Presbyterian Hospital (Cornell Campus). The "Pseudo Full-Thickness" Skin Graft: Enhancing Form and Function Split-thickness Grafting with Acellular Dermal Allograft. Dr. Suzman described his work in 5 patients with 9 grafts using super-thin skin grafts over Alloderm. The super-thin skin graft donor sites healed in 1/2 the time of 12/1000 inch skin graft donor sites; the graft success rate was 89%.

Third Place

Renata Weber, MD - Albert Einstein College of Medicine-Montefiore Medical Center. Pulsed Magnetic Energy Applied to a Transplanted Rat-Tail Arterial Loop Supports the Rat Groin Cutaneous Flap.

The following residents gave excellent presentations as well and we applaud the efforts of all the residents who participated in the Resident's Night this year.

Malik A. Kutty, MD - Mount Sinai Medical Center. Review of 50 Consecutive Supercharged TRAM Flaps: Indications and Complications.

Elizabeth R. Emami, MD - Nassau University Medical Center. Clinical Application of Serratus Anterior Free Flap for Treatment of Foot and Ankle Wounds.

Sui D. Huang, MD - SUNY Downstate Medical Center. Trigger Thumb in Children: Alternative Treatment with Percutaneous Release.

Ernest S. Chiu, MD - New York University Medical Center. Endoscopic Browlift: A Retrospective Study of 682 Consecutive Patients over 5 Years.

Daniela Rodriguez, MD - Albert Einstein College of Medicine-Montefiore Medical Center. Correction of Lateral Brow Ptosis: A Non-Endoscopic Subgaleal Approach.

Matthew Clott, MD - SUNY Downstate Medical Center. Approach to Post-Operative Treatment of Split-thickness Skin Graft Donor Sites.

Bhupesh Vasisht, MD - University of Medicine and Dentistry of New Jersey Medical Center. Microcystic Adnexal Carcinoma: A Rare Case Report Involving the Heel of the Foot and Successful Reconstruction with a Flexor Digitorum Brevis Flap.

Albert Einstein College of Medicine

Berish Strauch, MD, Professor and Chairman, Department of Plastic Surgery

Dr. Strauch reports that the plastic surgery training program at the Albert Einstein College of Medicine is returning entirely to a traditional curriculum. All residents will have completed a 5-year residency in General Surgery.

Dr. Strauch is currently seeking a new faculty member with expertise in hand/brachial plexus. Interested candidates should contact him directly.

***New Jersey Medical School; University of Medicine
and Dentistry of New Jersey***

Mark Granick, MD, Professor and Chief, Division of Plastic Surgery

The Plastic Surgery program at New Jersey Medical School is undergoing a number of changes. A new academic curriculum was introduced during the past year. This includes an enhanced conference, schedule, mock orals, dissection workshops and increased interaction with the plastic surgical community of North Jersey. We have developed a relationship with St. Barnabas Hospital that allows our residents to participate in their excellent monthly conferences. A new rotation at Mountainside Hospital was recently introduced. Our residents will be able to work more closely with clinical faculty at Mountainside including Allen Rosen, MD, Paul LoVerme, MD and Barry DiBernardo, MD. The program is, furthermore, undergoing a transition to a combined 5-year format and will enter the match for interns during the 2002-2003 academic year. Two residents will be selected each year. Until the combined residents work their way through the first 3 years of pre-plastic surgical training, the NJ Medical program will continue to select 2 fully trained surgical residents in the ERISA match.

The two graduating residents this year are Bhupesh Vasisht, MD, who will continue his education at Dr. Watson's Hand Fellowship at the University of Connecticut, and Joseph Cruise, MD, who plans to enter private practice in Southern California. Last year, the program graduated Richard Peck, MD and Ramazi Datiashvili, MD, both of whom passed their board exams this year. Dr. Peck is in private practice and is active on our clinical faculty. Dr. Datiashvili has joined the full-time academic staff at NJ Medical School, specializing in Hand and Microsurgery. Four northern New Jersey plastic surgeons have applied for clinical faculty appointments at NJ Medical School including Marty Moskovitz, MD, David Evdokimov, MD, David Daniels, MD and Beverly Friedlander, MD. We look forward to the opportunity to work with them.

***Robert Wood Johnson Medical School-Camden; University
of Medicine and Dentistry of New Jersey***

Martha S. Matthews, MD, Head, Division of Plastic Surgery

The Plastic Surgery Residency Program at Robert Wood Johnson Medical School-Camden is two a 2-year, independent model program. Our program is approved for one resident per year. The residents spend most of their time at Cooper Hospital. In addition the residents complete a burn rotation at St. Agnes Hospital and a craniofacial rotation at Children's Hospital of Pennsylvania (CHOP). The residency program was started in 1994. Many of our applicants come from the New York area and so I am happy to have the NYRSPRS members know of our program. We currently have three full-time faculty members and are seeking an additional faculty member with expertise in Hand Surgery. Please direct any inquiries regarding this position to Dr. Martha S. Matthews.

Nassau University Medical Center

Roger L. Simpson, MD, Program Director

The Plastic Surgery Residency Program at the Nassau University Medical Center accepts three residents per year. This year our chief residents will continue their careers in varied ways. Elizabeth Emami, MD will join Elliot DuBoys, MD and David Antell, DO as an associate with Associated Plastic Surgeons and Consultants in Woodbury, NY. John Reilly, MD is starting a private practice in Connecticut. Sandra Sacks, MD is gaining advanced training in aesthetic surgery under the tutelage of Dr. Wood-Smith.

Office Accreditation

Fatima Lim David, RN

When considering accrediting your practice or facility, start with a highly trained consultant to review the basic requirements and physical layout of your office. The physician must be aware of certain requirements prior to application. For example, in order to be eligible for AAAASF's accreditation, the medical director of the practice must be board certified in his/her specialty. Another example: when considering AAHC or JCAHO accreditation, a registered nurse is not required to be the O.R. director.

It is often difficult to know where to begin and what type of accrediting organization is appropriate for your facility. With so many areas to consider, it is helpful for staff members to learn and comprehend the requirements of accreditation. A practice can procure the required manual and encourage staff members to understand the requirements, during the application process. The consultant should be able to provide the necessary documentation and any needed training of nursing and administrative personnel.

Fatima Lim David, R.N. is an experienced, dynamic professional. She is committed to providing high quality consulting service in the areas of design, operation and accreditation of ambulatory and office-based surgery practices. Services include training of nursing personnel for accreditation in the operating room/recovery room; and training of administrative personnel.

Her experience as a registered nurse of twenty-two years includes: clinical nursing in the field of hospital medical/surgical, operating room/recovery room, and office based medical and surgical practice. For the the last seven years, she has been in practice as a plastic surgical nurse consultant and is currently the O.R. director for an office based surgery practice in New York.

Listed below is the contact information for the three accrediting bodies:

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

1202 Allanson Road
Mundelein, IL 60060-3808

Tel: 847-949-6058 or
888-545-5222

Fax: 847-566-4580

Web Address: www.aaaasf.org

E-mail: aaaasf@sprynet.com

Accreditation Association for Ambulatory Health Care, Inc.

3201 Old Glenview Road, Suite 300
Wilmette, IL 60091

Tel: 847-853-6060

Fax: 847-853-9028

Web Address: www.aaahc.org

E-Mail: info@aaahc.org

Joint Commission on Accreditation of Healthcare Organizations

One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Tel: 630-792-5000

Fax: 630-792-5005

Web Address: www.jcaho.org

The New York Regional Society provides the advice columns purely as dissemination of information. It does not support these individuals or endorse their comments.

AAAASF

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

- Voluntarily established 1992
- Accredits surgical facilities only
- Surgeons must be board certified/eligible specialty area that is recognized by the American Board of Medical Specialties (ABMS).
- Peer-based. Surveyors are surgeons selected from the same geographic region.
- FOCUS: Physical layout of the facility and its classification.
- 1. Class A - All surgical procedures performed under local or topical anesthesia only.
- 2. Class B - All surgical procedures performed under local, IV sedation, regional anesthesia, analgesia or dissociative drugs without the use of endotracheal or laryngeal mask intubation or inhalation of general anesthesia (includes nitrous oxide). The facility must meet A and B standards.
- 3. Class C - all surgeries performed under A & B standards plus endotracheal or laryngeal mask intubation or inhalation anesthesia (includes nitrous oxide), administered by an anesthesiologist or a certified registered nurse anesthetist.
- Surgeons must have hospital privileges.
- Staffing must include a licensed Registered Nurse as the O.R. administrator; an anesthesiologist or CRNA must direct the Anesthesia Department.
- Accredited organization is recognized by 90% of private insurance carriers for payment.
- 3-YEAR ACCREDITATION CYCLE with a yearly self-evaluation
- Additional paperwork - OSHA program; Employee Manual; Policy and Procedure Manual; Quality Assurance and Peer Review Program.

FEES		Class	
Surgeons	Specialities	A	B-C
1-2		\$675	\$1000
3-5	1-2	950	1400
3-5	3 or more	1200	1650
6-9	1-2	1325	2000

AAAHC

Accreditation Association for Ambulatory Health Care, Inc.

- Voluntarily incorporated 1979
- Accredits different types of ambulatory health care facilities such as, surgery centers and practices; HMOs; pain management clinics; community health centers, etc.
- Surveyors are physicians, nurses, dentists, and administrators selected and trained by the organization
- FOCUS: Core Standards which include: Rights of Patients, Governance, Administration, Quality of Care, Quality Management and Improvement, Clinical Records and Health Information, Professional Improvement, Facilities and Environment
- Required documentation prior to survey is extensive
- In December 1999, the organization was granted Medicare "Deemed Status" for ambulatory surgery centers seeking Medicare certification
- Is recognized and accepted by all types of third party payers for participation in reimbursement program
- Staffing does not require a licensed RN as the OR administrator, however, an anesthesiologist, another physician or dentist qualified in resuscitative technique is present or immediately available until all patients operated on that day have been discharged.
- 3 YEAR ACCREDITATION
- A facility is eligible for participation if it has been providing healthcare services for at least 6 months before the inspection.
- It may also elect to participate in the Early Option Survey (EOS) program if it does not wish to wait for the 6-month period this allows the facility to comply with state and third party payers regulation.
- A follow-up surgery of the facility is conducted at a later date in order to achieve full accreditation status.

FEES: surgery fee is based upon information obtained from the facilities application documentation. The size and type, as well as the range of services their facility provides are considered in determining the fee.

JCAHO

Joint Commission on Accreditation of Healthcare Organizations

- Voluntarily established 1951
- Primarily accredits hospitals nationally, and in 1975 started accreditation of ambulatory health-care organizations such as Health Care Networks, Home Care, Clinical Laboratories, etc.
- It is governed by a 28-member board of Commissioners that includes physicians, nurses, administrators, medical directors, providers, employers, labor representatives, health plan leaders, quality experts, ethicists, health insurance administration and educators.
- Surveyors are chosen from the 1000 member surveyor force
- In the year 2001, it established standards for office based surgery (OBS) practice to improve the quality and safety of patient care in an office setting.
- The Accreditation Manual for Office-Based Surgery Practices (AMOBSP) was released
- FOCUS: essential patient care areas: quality care, patient safety, improving care and improving health, qualified and competent staff, responsible leadership and quality service.
- 1. Detailed intent statements that explain the rationale and clarify the meaning of the standards
- 2. Scoring questions to help the facility understand the expectations of the standards and their intent statements. It serves as a means to prepare for the survey
- 3. All policies and procedures related to the accreditation process for office based surgery practices.
- It places tremendous emphasis on outcome studies, benchmarking and performance evaluation and improvement requiring extensive paperwork.
- Early accreditation survey is available to newly constructed facilities.
- 3 YEAR ACCREDITATION

FEES: \$3975 per survey for the first day of surgery; \$2100/surveyor/day for each additional day. surgery deposit fee: \$2500 for initial surgery only.

The Best Way to Predict the Future of Your Practice... Is To Create It.

Marie Olesen and Dana Fox

Whether your goal is building a practice that is cosmetic, reconstructive or a combination of the two, your success involves implementing the following five practice components:

1. Patient - Understanding The Expectations of the Cosmetic Patient

Cosmetic patients have different needs and expectations than reconstructive patients. Cosmetic patients are not obligated to come to your office and they are highly discriminating in their choices. The reconstructive patient is simply grateful that you could see him as soon as possible. To the extent that your practice recognizes these differences and makes corresponding changes in its organization, you will increase cosmetic conversion and have happier patients in general regardless of their procedure.

2. Place - Sending the Right Message to Cosmetic Patients

Create beautiful environments where people want to come and enjoy the atmosphere. The elements must be: friendly, safe and upscale. It must be comfortable with an element of privacy and exclusivity. It does not have to be the Ritz Carlton; I've seen some beautiful offices that were done with a modest budget.

3. People - Creating the Right Team

Finding the right staff and keeping them is one of the biggest challenges for most practices. In many practices none of the staff has had cosmetic training. Making an investment in training is essential. Remember to hire for attitude, not experience. Customer service comes from the heart, it cannot be trained. When you invest in people with great attitudes, they love training and improving their skills. Reward good people by taking them to meetings and provide on-going training. Money never hurts either. Great people are worth it. Your practice cannot afford their poor people skills or bad attitudes.

4. Process - Doing the Right Things to Achieve Your Goals

Work processes are the key to successful practices. The very nature of an effective work process is that it is comprised of a series of steps that are taken toward achievement of an objective. In the case of building a great practice, staging how cosmetic patients are handled makes all the difference. Successful processes must be: Strategic - directed toward achievement of a goal; Documented - a prescribed process that can be taught; Repeatable - produces consistent results; Measurable - helps your practice stay on course

5. Market Exposure

Today you cannot escape cosmetic surgery marketing, it's over the Internet, newspapers, radio, and billboards, its everywhere. The problem is not advertising. The issue is no unique selling proposition (USP). Everyone is a generalist. If you want to have successful ad campaigns then you need to determine your USP. Develop a budget and give your advertising strategy time to gel in the minds of the consumer. Do not plan to advertise if you are not willing to commit to at least one year, because anything short will not stick in the public domain.

Marie Olesen, President of Inform Solutions, Inc. specialized in cosmetic revenue growth. She focuses on the system and processes that optimize new patient activity. Through her experience as a consultant and creator of Inform & Enhance software, Marie has helped practices grow up to 60% per year.

Dana Fox, Executive Vice President of Inform Solutions, Inc. has more than 25 years experience in the areas of marketing, customer service, team building and sales training. Dana gained an international reputation for her lectures and articles in the areas of practice expansion.

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Office Based Surgery

Gary S. Sastow

In December of 2000, the New York State Department of Health (DOH), issued clinical guidelines for office based surgery. The guidelines were an attempt by the DOH to establish standards of care and procedures for the administration of anesthesia and the performance of surgical procedures in an office setting. These guidelines would be used as the standards to be applied in physician disciplinary proceedings and would become evidence of local community medical standards in medical malpractice actions.

In a lawsuit brought in Albany County by the New York State Association of Nurse Anesthetists, the New York State Supreme Court, in reviewing these DOH guidelines, invalidated them on the grounds that the DOH is an agency created by the legislature which

"...has no power to declare through administrative fiat that which was never contemplated or delegated by the legislature. An agency cannot, by its regulations, effect its vision of societal policy choices."

In other words, the Court determined that setting such standards under the guise of mere "guidelines" was not a function of the DOH, an administrative agency, but rather is an issue to be addressed by the legislature through the legislative process.

In light of this Court decision, the DOH is reviewing the matter and is considering an appeal.

If you have any questions regarding the above, please feel free to contact David S. Lester or Gary S. Sastow at (516) 365-1400, (212) 668-7000 or other competent healthcare counsel.

Information provided by Cooperman, Lester & Miller, LLP, a New York based law firm that consults on medical and legal issues.

Marketing - PR & Web Design

Donna Lisciandro

The world of medicine has changed - insurance companies have seen to that! As a result, physicians are on the hunt for patients interested in elective cosmetic procedures. The plastic surgery field is currently under attack from other medical specialties; dermatologists and other surgeons are encroaching on what was once the sole domain of the plastic surgeon. This increased competition demands the incorporation of more comprehensive marketing strategies into medicine.

Marketing is a broad term that includes public relations, advertising, direct mail, brochures, office collateral materials, web sites, and even office décor. Each element of a marketing plan must come together to create a cohesive, uniform look or 'brand' in order to attract patients and sources of referral. Marketing requires the dedication of both time and money; you must allocate at least a year's time and a percentage of your yearly income to finance the effort.

Hiring a **public relations firm** to promote your practice is a great way to attract patients. Although PR can be expensive, nothing is as effective as a third-party endorsement of services. A public relations campaign generally requires a one-year commitment, as well as a solid infrastructure to support the attention received. A well-trained staff, beautiful office, informative brochure or web site, and advertising can only enhance PR efforts.

When considering PR, remember to:

- Promote yourself as an expert in one area of your field
- Hire a small firm to ensure more attention
- Inform your firm of developments in your field

A **web site** provides another significant way to promote your practice. Your site can serve as a 24-hour online brochure for interested patients, referring physicians, editors, and reporters. A well-designed web site will incorporate your 'brand' and be easy for visitors to navigate. Depending on your goals, the site can even provide patients with email access to your office and online/downloadable medical forms.

After designing your web site, consider:

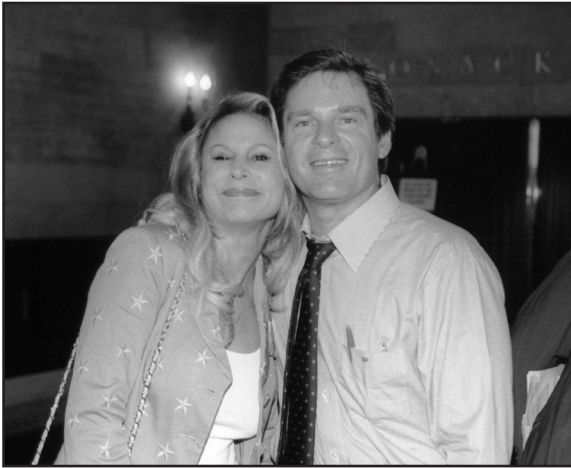
- Updating the site to encourage repeat visitors
- Placing the site address on all of your materials
- Informing callers of your web address
- Linking to society sites and having them link to you

While marketing is an investment that requires considerable resources, it can be the vehicle that helps you enhance or transform your practice.

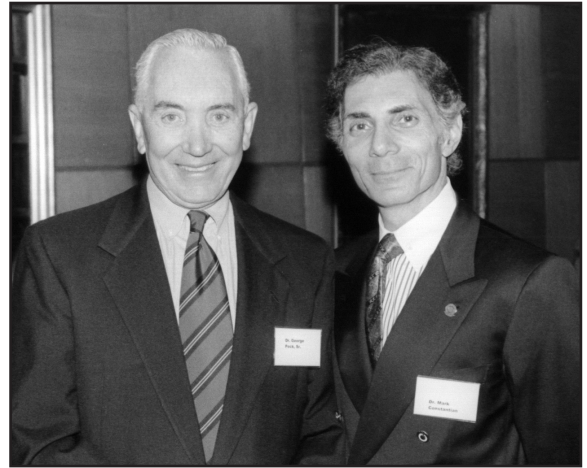
For more information, please call 212-980-3065.

Information provided by Donna Lisciandro, President of N.L. Health, a marketing, public relations and design firm exclusively for healthcare. www.nlhealth.com

Highlights



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George Peck, Sr., MD & Mark Constantian, MD



George Craig, MD & Donald Wood-Smith, MD



David Goldberg, MD



*William Rosenblatt, MD, George Peck, MD,
Alan Matarasso, MD, Fred Valauri, MD,
Mark Constantian, MD (from left to right)*