



The Excelsior

The News Magazine of The New York Regional Society of Plastic Surgeons

FALL 2011

WWW.PLASTICSURGERYNY.ORG

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Fall Meeting 2011 and Annual Business Meeting
Saturday, December 10, 2011

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Monday, March 12, 2012

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SCOT GLASBERG, M.D.

PRESIDENT'S MESSAGE

Dear Colleagues: I am happy to report that our society remains in excellent health – both from a financial and membership standpoint.

It has been a true honor to serve as your President for the first half of this year. It has also been a privilege to work with the diverse and talented individuals that make up your Executive Board. I am happy to report that our society remains in excellent health – both from a financial and membership standpoint. Despite a challenging economy, our financial situation remains strong and this will allow us to continue to offer significantly reduced fees to our symposia and even free admission to some of our events such as Residents' Night.

On an educational level, our programming remains strong and we have some exciting upcoming programs planned. Continuing on with our 'Controversies in Plastic Surgery' theme, on Saturday December 10th, we will be presenting a symposium on 'Controversies in Breast Implant Surgery.' We have invited a truly renowned group of speakers to present. In addition, our Masters Lecture series will continue with a presentation from Norm Cole, MD entitled 'The History of the Silicone Implant Moratorium.' His lectures have received rave reviews across the country and we are honored that he has agreed to present to our membership. Our April Spring symposium is now in the planning stages and will be on the topic of 'Controversies in Liposuction' including discussions of the newer, more minimally invasive modalities. Finally, we look forward again to our annual Residents' Night in early March. Expect to see requests for abstracts in the near future.

While on the topic of the health of our Society, I must also take a moment to thank our continued support from our Industry and Corporate partners. Despite a challenging compliance environment,

these companies have continued to realize the importance of our educational efforts and have continued to support our society with ongoing sponsorships. Our newest endeavor into the realm of endorsed products saw your Board endorse a financial advisor for the first time and initial reports suggest that members are very happy with this effort. Your board continues to look at other endorsed products on an ongoing basis.

On the advocacy front, much continues to occur on both the state and federal levels. Our members in NJ continue to fight a regressive bill that would severely limit the ability to use single room office-based OR's. In New York, we are working in conjunction with MSSNY to restart the campaigns to advocate for meaningful medical liability reform, collective negotiations and the fight against new policies by insurers to limit out of network payments to providers. Your society now has representation on MSSNY's health care reform advisory council, its legislative and physician advocacy executive committee and the newly formed medical liability reform coalition group. Our members in Connecticut, unfortunately, recently saw the passage of a cosmetic surgery tax and coalitions are now working to limit the effects of its implementation.

On a federal level, the debate over the debt has now encompassed all of the healthcare initiatives and we are working in conjunction with ASPS and multiple national coalitions to address the issues of repeal of the SGR physician payment formula, the repeal of the IPAB (the Independent Payment Advisory Board delineated in the ACA bill) and medical liability reform. A federal MICRA type bill is projected to cut \$57B from the federal budget

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TRACY M. PFEIFER, M.D.

letter from the editor



Dear Fellow NYRSPS Member,

I hope everyone had a wonderful summer and is feeling recharged. I have a feeling we physicians will need to be energized and engaged this year.

The recent 11th Circuit Court decision declaring the recently passed health care law unconstitutional gives me hope that the Supreme Court will ultimately declare the law unconstitutional. While this will be a great victory for physicians and our patients, we do not know if and when this will happen, what the overall effect would be and we still will have the huge deficit problem. As you know, the new healthcare law will increase healthcare spending, not reduce it as promised.

With the current federal budget deficits, Medicare will almost certainly need to be reformed, and soon. We will all need to be engaged in this process to protect both physicians and patients. Although the current buzz phrase for solving the deficit and debt problem is "tax the rich", the fact is that even if they tax everyone earning \$10 million or more at 100%, it would only generate \$240 billion in additional revenue. Add in everyone earning \$1 million or more and the tax revenue generated is still not enough to cover the \$1.4 trillion annual deficit. So unless the politicians are willing to sink the country financially, entitlement reform is coming because the debt is not sustainable. Someone explained it this way-what the federal government is doing is the equivalent of someone with an annual salary of \$21,000 with an existing debt of \$140,000, borrowing another \$40,000. Obviously this is fiscal insanity.

Undoubtedly, Medicare, accounting for a large portion of the budget, will need reform. I believe that common sense reforms such as increasing the age for eligibility, allowing seniors to opt out (did you know that if one does not in enroll in Medicare, one loses their Social Security benefits), and implementing an American Express type of fraud detection system will significantly reduce the cost of Medicare. What I fear is that politicians will be

cowardly and simplistic. Instead of sweeping changes that will actually improve the system, they will take the easy way out and once again physicians will be targeted for reimbursement reductions. We will need to be ready for battle to prevent this. Medicare payments are already too low-we cannot afford further reductions and be able to maintain the quality of care that our patients deserve.

There are many good organizations fighting on our behalf. They are excellent sources of facts and information about these issues. They can all use our help and include:

1. The Coalition to Protect Patients' Rights,

www.protectpatientsrights.org—headed by Dr. Donald Palisamo, former head of the AMA.

2. DefendYourHealthcare.com—headed by former New York State Lieutenant Governor Betsy McCaughey. Betsy is a frequent guest expert on the healthcare law on TV and her columns are published in the Wall Street Journal. She is working tirelessly to educate the public about the effects of this law and to protect both physicians and patients. She can use your support.

3. **Association of American Physicians and Surgeons,** www.asponline.org. An organization whose focus is private practice medicine, they are actively involved in the debate regarding the new healthcare law and are a great source of information.

I hope that each of us will join at least one of these organizations. We cannot continue to let just a few people assume the burden and do the heavy lifting for all of us.

Warm regards,
Tracy

RESIDENTS' CORNER

It recently came to my attention that plastic surgery residents and fellows are interested in information regarding how to start a plastic surgery practice. This column will provide some information for starting a practice. All of it applies to private practice and some is applicable to group practice and academic positions. The best way to find out about practice management, etc. is to talk to other plastic surgeons. Don't be shy. You will find that most people are very willing to share information with you. In addition to plastic surgeons, other sources of information include the Senior Residents Conference, where practice management is discussed, and the ASPS. The key to starting your practice is to be organized and do as much as possible in advance.

Here are some tips regarding what you can do now as a resident/fellow to prepare for starting your practice next year.

1. Hospital Privileges. When you apply for hospital privileges you will need to provide copies of all your diplomas and certificates, including college. I don't know about you, but my college and medical school diplomas are HUGE. These oversized certificates require a trip to a special photocopying center in order to duplicate. Some of you may need to take them out of their frame, etc. All time consuming-do it now and you won't have to worry about it later, when you will have a million things to do. Start a credentials file with copies of all your certificates-all diplomas, NBME and board certificates, copies of blood tests that show your vaccinations are up to date, etc. This way you have everything at your fingertips when you need it.

2. Previous Malpractice Coverage. For your new malpractice insurance you will need to know: the name of the malpractice carrier(s) which covered you as a resident and/or fellow. You will also need the policy numbers, policy period, limits of liability, address and phone number of the carrier. It is a lot easier to get this information now rather than later.

3. Malpractice Cases. If you have been named as a defendant in a case (yes, this can happen. I was named as an INTERN! in a cardiothoracic case), you will need to provide the following information on both your hospital appointment applications and your malpractice insurance application: date of filing, court filed in, name of plaintiff(s), names of all defendants, date of occurrence, nature of complaint (very brief description of events), resolution of the case, amount paid (if any) and names and addresses of both plaintiff and defense attorneys. If you receive a summons, make a summary with the above information and keep in a file. You will need this information for the rest of your life as a practicing physician, so start a file now. As a resident/fellow, if you were named in a lawsuit, ask the legal department of your hospital for a copy of the summons. From now on, always keep copies of all summonses, etc. in a legal file for you to reference.

4. Malpractice Carriers and Coverage. You always want the option to defend the case and not settle. In New York State there are 2 major

malpractice insurance carriers: Medical Liability Mutual Insurance Company (MLMIC) and Physicians Reciprocal Insurers (PRI). There are two basic policies, Occurrence and Claims-made.

An **occurrence policy** provides coverage for claims that may arise from incidents which occurred while you had a policy in force, regardless of when a claim is reported, even if the policy is no longer in force. For example: A physician had an Occurrence policy in effect from January 2000 to January 2008, at which time the existing policy was not renewed. In February of 2009, a patient treated in 2007 filed a claim against the physician. Since the physician had an Occurrence policy in effect in 2007, the company that insured him in 2007 would defend him, based on the 2007 coverage.

A **claims made policy** provides protection for claims that 'arise and are reported' while you have a policy in force. Therefore, a physician is only covered if the claim is actually filed while the policy is in force. To be protected for claims which are reported after the policy has been canceled, you must purchase '**tail coverage**' or obtain similar protection from a subsequent carrier. A claims-made policy must continue in force to provide protection, or be replaced by tail coverage.

For example: A physician had a claims-made policy from January 2008 to January 2009, at which time the policy was not renewed, and tail was not purchased. In February 2009, a patient treated in 2007 files a claim against the physician. The physician would have no protection against this claim, because the claim was not reported during the policy period.

There is a difference in pricing between the two policy types.

During the first few years of coverage, Occurrence coverage rates are generally higher than Claims-Made coverage. The Claims-Made rates increase annually, until they reach 'maturity', which in New Jersey is in the fifth year and in New York is in the eighth year.

Sample of Claims-made and Occurrence premiums for Plastic Surgery, for Territory 1 (Manhattan, Westchester; from PRI):

	Claims-made	Occurrence
Year 1	\$19,241	\$62,070
Year 2	\$39,725	
Year 3	\$52,759	
Year 4	\$58,346	
Year 5	\$61,450	
Year 6	\$63,311	
Year 7	\$64,553	
Year 8	\$65,174	

Year 8 and beyond: the premiums for Claims-made are the same factor. The above premiums include the 5% Risk Management discount and are for \$1.3/3.9 Million in coverage. Other discounts are available.

Tail coverage is a supplement to a claims-made policy that provides coverage for any incident that occurred while the claims-made

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ALAN MATARASSO, M.D., CHAIRMAN
STEVEN WALLACH, M.D., CO-CHAIRMAN

SCIENTIFIC PROGRAM

Spring 2011 Meeting



It was a great day with a new format of a point-counterpoint symposium focusing on two subjects. The first subject dealt with Controversies in Venothromboembolism (VTE) prophylaxis. Dr. Geoffrey Keyes began the day talking about VTE. He reviewed the important risk factors and triggering events associated with this condition. He discussed the importance of reviewing critical data from AAAASF that has been accumulated over the past 10 years. There were over 4.2 million cases performed in outpatient centers during this time frame and approximately 440 VTE events. According to the AAAASF data performing abdominoplasty, especially with additional procedures, held the highest risk, but overall he felt that office based surgery is very safe. He then reviewed the Caprini scale and the modifications that the ASPS task force proposed and the associated prophylactic treatments prescribed for different levels of risk. It was a very informative lecture.



Dr. Karol Gutowski delivered our first call-in lecture. A family emergency prevented him from giving the lecture in person. He provided some counterpoint to Dr. Keyes lecture. Dr. Gutowski reviewed the data obtained from TOPS. Interestingly there was a slight increased risk of VTE in the office based setting as opposed to the ambulatory surgery centers. Similar to Dr. Keyes findings, Dr. Gutowski noted a trend that abdominoplasty with or without additional procedures was the more common procedure associated with VTE. He also noted that when prescribing chemoprophylaxis there was an increased risk of hematoma and the need for transfusions. There was significant discussion and still some confusion about what the gold standard should be for prophylaxis.

Our next series of lectures dealt with controversies in online communications and social media. **Dr. W. Grant Stevens** led off discussing internet marketing. He reviewed the importance of having a user friendly website, with lots of patient photos, and engaging educational information. He also emphasized the importance of maintaining patients in your practice by offering "full service" and keeping in touch with them through newsletters, e-books, and blogs.

Dr. Reisman gave us a lecture cautioning the use of the internet and the potential problems that could develop. This included the potential for HIPAA violations and the possibility of being considered providing medical treatment across state lines when prospective patients contact you via email or on help sites. He discussed the difficulties in dealing with negative comments and potential legal issues that can develop. Overall, he felt that the internet is a valuable tool if used correctly.

Our next meeting will take place on December 10, 2011. This scientific meeting will look at decision making in primary and secondary breast augmentation. Speakers will include Dennis Hammond, MD, Mitchell Brown, MD, Steve Teitelbaum, MD, and Pat Maxwell, MD. In addition we will have the honor of having Norman Cole, MD as our Masters Lecturer.

Yours truly,

Steven Wallach, M.D.

Scientific Program Co-Chairperson



Neal Reisman, M.D. and Paul Weiss, M.D.

WILLIAM ROSENBLATT, M.D.

LEGISLATIVE UPDATE

We are entering another legislative session that may again prove interesting for physicians. There will be three major legislative pushes that will affect plastic surgeons. One is for Medical Malpractice reform, the second is for office-based surgery reimbursement, and the third is for collective negotiations.

Before we get to those, there is a new organization to recommend Usual and Customary Fee (UCR) schedules. After it was determined that Ingenix was a front for the insurance industry, Fair Health was formed and has published their take on UCR. Starting August 1, the new Fair Health CPT code database became available. There is no charge to access this database, although there is a limit of 40 CPT codes per month for each network of computers. The database is located at <http://www.fairhealth-consumer.org>. If you enter your zip code, the percentile of reimbursement that you are looking for (anywhere from 50th to 90th) and the CPT codes, you will then find the amounts for your zip code for that percentile. This won't help you if an insurance company has changed their definition of UCR as a percentage of Medicare --- but that is a different story and another battle.

Medical Malpractice legislation is still on the front burner, especially with the Medicaid Redesign Team that was established by Gov. Cuomo. New York State is still trying to reduce costs and Med Mal reform will save both the hospitals and doctors a bundle of money. Your medical society met with health care leaders across the state, the Greater New York Hospital Association, and the malpractice carriers to map out a strategy to deal with the recalcitrant legislature. Med Mal reform is also on the front burner in Washington. So we will have to see what transpires this legislative session.

Legislation to force insurance companies to pay an operating room fee for covered procedures done in an accredited surgical facility will be reintroduced in New York, and we will be

working for passage of that. Last year we got it through one house and are going to push for its passage by the other house this year. Nothing is expected to happen on this front immediately, other than behind-the-scenes talks with legislators. In the spring, we hope to see it on the calendar again.

We are again trying to level the playing field. As you know, insurance companies can discuss fees and decide what to pay physicians; however, if physicians try this, they can be prosecuted for violation of anti-trust laws. All physicians are urged to continue to contact their respective members of the New York State Assembly and Senate to ask that they pass legislation (A.2474-A, Canestrari/S.3186-A, Hannon), which would provide independently practicing physicians the opportunity to collectively negotiate participation agreements with health insurance companies.

I hope you all had a restful summer and will get involved in political action to press forward on your legislative agenda.

William Rosenblatt, M.D.
Chair Board of Trustees MSSNY
wbrosenblattmd@verizon.net



Geoffrey Keyes, M.D., Neal Reisman, M.D. and Grant Stevens, M.D.

FALL MEETING 2011

Controversies in Breast Implant Surgery

EXPERT PANEL Q & A WILL START AT 12 NOON

SATURDAY DECEMBER 10
8AM-1PM

LIGHT BREAKFAST
**NEW YORK ACADEMY
OF MEDICINE**
1216 FIFTH AVENUE,
NEW YORK, NY

EDUCATIONAL OBJECTIVE:

The meeting will cover the topic of breast augmentation. It will cover the different types of implants available now and those that are currently under evaluation. The techniques, complications, and their management will be reviewed from the perspective of different surgeons.

The Masters Series lecture will be given by Dr. Norman Cole "The History of the Silicone Implant Moratorium", providing a historical perspective of breast augmentation up to current day status.



Masters Series Lecturer
NORMAN COLE, MD
Past-President ASPS
"The History of the Silicone Implant
Moratorium"



DENNIS C. HAMMOND, MD
Center for Breast and
Body Contouring
Grand Rapids, Michigan



**MITCHELL BROWN, B.SC.,
M.D., M.ED., F.R.C.S.C.**
Associate Professor,
Department of Surgery
University of Toronto



STEVE TEITELBAUM, MD
Assistant Clinical Professor
of Plastic Surgery
David Geffen School of
Medicine at UCLA



G. PATRICK MAXWELL, M.D.
Assistant Clinical Professor
of Surgery, Department of
Plastic Surgery, Vanderbilt
University;
Founder-Maxwell Aesthetics

This program is certified for three CME credits. There is no registration fee for members of the NYRSPS and residents. Non-member registration fee is \$200.



Scot Glasberg, M.D., Geoffrey Keyes, M.D., Neal Reisman, M.D., Grant Stevens, M.D., Alan Matarasso, M.D. and Steven Wallach, M.D.

SAVE THE DATE

Residents' Night

Monday March 12, 2012

5pm-8:30pm

New York Academy of Medicine
1216 Fifth Avenue, New York, NY

5:00-5:45pm

Cocktails and registration

5:45-6:15pm

Buffet dinner is served
(the buffet will remain open after 6:30)

6:30-8:00pm

Resident presentations; dinner & dessert
eaten quietly during presentations

8:00pm

Judges deliberate;
Presentation of Lifetime Achievement Award

8:30pm

Evening concludes

ABSTRACT SUBMISSIONS

September 26, 2011

Information will be sent by snail mail and e-mail to all program directors. Program directors will be asked to forward e-mail calling for abstracts to all residents.

December 19, 2011

Abstracts due.

January 10, 2012

Residents notified if abstract is selected.

Questions regarding abstract submissions can be emailed to nyrsplast@aol.com

1st Place \$1000 2nd Place \$500 3rd Place \$250

Sponsored by Allergan

Spring Meeting 2012

SAVE THE DATE

**CONTROVERSIES IN LIPOSUCTION AND
MINIMALLY INVASIVE BODY CONTOURING**

NOJAROVA LECTURE

Saturday April 21, 2012

8am-1pm, Light Breakfast

New York Academy of Medicine

1216 Fifth Avenue, New York, NY

NYRSPS WEBSITE

WWW.PLASTICSURGERYNY.ORG

- ▶ Stay updated on Society actions and initiatives
- ▶ Register online for NYRSPS meetings
- ▶ Read the latest newsletter
- ▶ Find a colleague
- ▶ Encourage a colleague to join NYRSPS. Applications can be completed and submitted online
- ▶ Find the latest meeting information



SPRING MEETING 2011

Front row (left to right): Mia Talmor, M.D., Geoffrey Keyes, M.D., John Vaccaro, M.D., Neal Reisman, M.D., Grant Stevens, M.D., Paul Weiss, M.D., and Tracy Pfeifer, M.D. Second Row: David Abramson, M.D., Scot Glasberg, M.D., Steve Fallek, M.D., and Steven Wallach, M.D.

President's Message continued

in ten years. Finally, on June 1st, your Executive Board held a very informative and productive forum on the implementations of Accountable Care Organizations and its potential effects on Plastic Surgeons. Much provocative discussion was held and your Board is committed to follow-up on these issues in the near future.

I look forward to seeing all of you at our upcoming educational sessions including that on December 10th which will include our annual business meeting and elections. I am happy to discuss personally with each and every one of you any of these or other pressing issues that you desire. My best wishes to you and your families for a happy, healthy and prosperous end of year.

Residents' Corner continued

insurance was in effect, but had not been brought as a claim by the time the insurer-policyholder relationship terminated. Tail coverage, also known as an Extended Reporting Endorsement, is generally necessary whenever an insured covered by a claims-made policy does not continue an active policy.

Free Tail Coverage

A physician can qualify for free tail coverage under the following circumstances:

1. Death, or permanent and total disability
2. Permanent and total retirement from the practice of medicine after age 65 and being insured by an authorized NY insurer on a claims-made basis for 5 or more consecutive years; or after attaining the age of 55 and being insured by an authorized NY insurer on a claims-made basis for a period of 10 or more consecutive years.

Understanding the differences between the 2 policy types is important. Those of you doing fellowships should also consider this. Many programs will pay for a claims made for the fellow and do not purchase tail coverage for you. In this case, you would need to purchase tail coverage yourself. Try to negotiate with the program for them to pay for all or part of the tail premium.

For further information you can contact PriMed Consulting or Prem Belani for various options, including PRI, at 800-528-3758, ext. 111. or at pbelani@primedconsulting.com. MLMIC can be reached at 212-576-9800.



John Vaccaro, M.D. and William Rosenblatt, M.D.

OFFICE SPACE AVAILABLE Manhasset, Long Island, New York

Office space and operating facility to share
with established Plastic Surgeon.

Quad A approved operating suite, your own private
consultation room and several exam rooms available.

Prime location.

Applicants must be Board certified or eligible.

Please send letter of inquiry to:

jgeorges@optonline.net.

These are a few things to get you started. Other things that you will start thinking about are:

1. Before and after photos-start collecting photos and consents now.
2. Get a professional headshot done.

This just scratches the surface but it is a starting place. I am happy to speak with anyone who has questions. Try to visit some offices and see how they run, this is helpful as well. I have compiled a list of 12 more things to help you get started. E-mail me at drtracyfeifer@aol.com and I will send it to you.

All Photos courtesy of Jane Hoffer: mjhoffer@mindspring.com