Past presidents of the New York State Society of Anesthesiologists were recognized during PGA 69.
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On the cover:
Celebrating Our Accomplishments While Recognizing Future Challenges

OUTGOING PRESIDENT MICHAEL P. DUFFY, M.D.

It has been an honor, a privilege, and a genuine pleasure to serve as your president this year. I want to take this final opportunity to review some of what we have accomplished and to outline the challenges ahead. First, I want to thank you all for being here. Yes, for simply being here. Too many of our colleagues have decided that it is better to surrender their liberties and stay home in a misguided belief that it enhances their security. This is a false premise. As anesthesiologists, we know too well that this year alone many more thousands have died from gun violence, traumatic motor vehicle injuries, and surgical site infections. We must find the courage to come together to learn new skills and master new techniques to treat future victims of these and other tragedies. The mission of this PGA is to educate ourselves and our colleagues so we can continue to heal our patients and keep them safe. It is only through the direct sharing of ideas and new knowledge that we gain ground on these preventable deaths. Our patients deserve nothing less.

In recognition of the PGA’s national prominence, members of the ASA will be circulating with smart tablets and asking you to complete a brief testimonial to be archived and then released as a counter to the forthcoming VHA Nursing Handbook. If you are missed, you can still visit www.SafeVACare.org to take action on this issue. My own father was a veteran of the brief but very violent Korean War. His service on the front lines earned him several decorations. Today, like many veterans, he has multiple medical conditions that place him at a greater risk for complications during surgery. Unfortunately, nurse anesthetists are now lobbying to remove all physician anesthesiologist supervision for him and thousands of other veterans. An anesthesiologist’s education and many years of training make a huge difference when evaluating, diagnosing and responding to a medical emergency or complications from anesthesia, when time is of the essence. I personally can see no justification for diluting the number and quality of anesthesia providers caring for our
sickest veterans, especially when this involves removing the physician anesthesiologist from the healthcare team. Policymakers must honor the service of veterans like my father. Please take the time to make your voice heard regarding this issue; it will take only a few minutes. Also, if you have not already contributed to the ASAPAC, please consider this request as well. Both my father and I thank you.

This year was one of legislative challenges. With the turmoil caused by the misconduct of some of our legislative representatives, we were lucky to achieve two reasonable successes. The first was the “out-of-network” law, also called the “surprise bill” by patients who found out they were responsible for large co-pays despite insurance coverage. These patients sought redress through the Legislature. With help from our allies in the Medical Society of the State of New York, we were able to convince legislators that this was really a “network inadequacy” because of poor physician reimbursements and narrow panels by insurance companies. Most importantly, we were able to use medical claims data from “FAIR Health,” a nonprofit corporation that collects healthcare cost information, as a baseline, as opposed to a percentage of Medicare, which would have been a disaster due to its poor reimbursement rates. Imitation is the sincerest form of flattery and we are now seeing a similar effort on a national level. Our goal is to make sure this national legislation includes the same protections for patients and physicians that we
earned here in New York, although our statewide efforts could be in jeopardy should national law supersede state law. Here again is the opportunity to make our voices heard on an issue of vital importance to our profession. Please take the time to make your contribution to the ASAPAC. This last year, New York fell out of the top five states by a slim margin and we should be leaders in our national society. Please contribute now and encourage others in your group to do the same.

Another success was a legislative discussion and executive directive on office-based surgery. We were able to meet with many legislators to explain physician-led anesthesia care and discuss the advantages and limitations of office-based care, all while showing the value of outcome data supporting patient safety. Our efforts culminated in a well-received presentation to a subcommittee of the Legislature by our immediate past president, Dr. Larry Epstein. While not 100 percent what we wished for, the final directive maintained many of the important patient protections we espoused.
Other initiatives we championed included licensure of anesthesia assistants, who support physician anesthesiologist supervision, and a badge buddy bill aimed at enhancing provider transparency. These valiant efforts were lost in the maelstrom of ethics violations in Albany. However, our adversaries also were stymied in their efforts to expand scope of practice and weaken patient protections. Other issues, such as decoupling commercial no-fault insurance from workers’ compensation, remain works in progress. Lastly, a “single payer” bill made it out of the Assembly for the first time this generation. We vigorously opposed this legislation, as it was based on the very low Medicare reimbursements.

Next year is an election year; we hope that we can convince all our members to see the wisdom of a contribution to the NYAPAC. There is a saying: those not willing to fight for the future are not living fully in the present.

I know that all members of this House of Delegates give freely of their precious time so I want to thank all of you sincerely for your service to our specialty. This organization is made up of 100 percent physician volunteers. You provide the courage and energy to drive this organization. I ask you to please reach out to a colleague to join a committee or somehow get involved. The saying “Many hands make light work” is as true for our organization as it is for any other, and opportunities abound for anyone interested. I remind everyone about a unique option for philanthropy: the Anesthesiology Foundation of New York (AFNY). AFNY is a nonprofit foundation supporting all educational endeavors of the NYSSA. We hope that with further contributions we will develop a sustaining endowment to ensure the future success of the PGA, our world-class anesthesia educational meeting, including our outreach to anesthesiologists across the globe.

This is also a time for transitions. Dr. Larry Epstein is moving on, hopefully to the position of assistant speaker of the ASA’s Administrative Council (AC). However, he has a formidable opponent for this office, and it will be necessary for all of us in the NYSSA to fully support his candidacy with our energy, finances and outreach. Everyone here knows at least one out-of-state ASA delegate. Please reach out to that person and ask for his or her support for Dr. Epstein. Drs. Andy Rosenberg, Mike Simon and Sal Vitale have also put their names in for consideration for other positions at the ASA level. Representation on the AC is critical to
our prestige and it is essential that the AC hears the voices from New York during its deliberations.

Several members will be stepping down from prominent positions in our organization this year. I must thank Dr. David Bronheim for his many years of service to the NYSSA, including the last six years as treasurer. Dr. Bronheim has been a strong proponent of term limits to encourage more members to move into leadership roles. He steps down now willingly as a consequence of the very policy he promoted. We must also thank Dr. David Wlody for his many years of service to the PGA, including the last two years as general chair, and Dr. Jason Lok for his years of service as editor of Sphere, our unique state publication. Several district directors will also be stepping down at the conclusion of this HOD, as will other delegates and committee members. We thank you all. We have put into place a new, more egalitarian process to allow greater opportunities for more members to participate in the leadership of the NYSSA. We are a growing, dynamic organization and, despite the challenges ahead, I remain optimistic about the future of our specialty.

Finally, I would like to offer personal thanks. My wife, Sue, is my ultimate supporter and my most effective critic. I love her dearly and thank her for the gift of three wonderful children: Brian, Michelle and Kevin. Now adults, they still fear I will embarrass them whenever I speak and I suspect I will not disappoint. However, they have borne with good humor the often-missed family time together over many years and I wish to thank them for their sacrifice. In addition, I need to thank Mr. Stuart Hayman and his entire office staff of hard-working individuals who are our silent associates in our cause. I will point out that nobody is a born leader. So I must thank all the former presidents for their instructive advice; most especially, I wish to thank Drs. Larry Epstein, Mike Simon, Sal Vitale, Alan Curle, Kathleen O’Leary, Paul Willoughby, Rich Beers, Mark Lema and Peter Kane. Also, the Executive Committee of Drs. David Bronheim, David Wlody, Vilma Joseph, Scott Groudinge, Andy Rosenberg and Rose Berkun must all be recognized for their hard work. Without their help, I would have been unable to do this job. Lastly, thanks to all of you for allowing me to try to communicate why what we do is important.

Thank you.
31st Annual Legislative Day in Albany

Tuesday, May 10, 2016

8 am  Breakfast Meeting
To include a discussion regarding legislative issues potentially impacting anesthesiologists in the state of New York

10 am  Legislative Appointments
(which will be scheduled for members)

Conference call  Monday, May 9 • 7 pm
Review key legislative developments

Speakers:

- **Andrew D. Rosenberg, M.D.,** President, NYSSA
- **David J. Wlody, M.D.,** Chair, Government & Legal Affairs Committee, NYSSA
- **Steven S. Schwalbe, M.D.,** Chair, Economic Affairs Committee, NYSSA
- **Robert Reid,** Partner, Reid, McNally & Savage
- **Shauneen McNally,** Partner, Reid, McNally & Savage
- **Charles Assini,** Legislative Counsel to the NYSSA, Higgins, Roberts & Suprunowicz, P.C.

**RSVP**
Go to surveymonkey.com/r/NYSSALeg2016 and fill out the required information. Questions? Contact Grace Carter at GKCarter@HRSLaw.us.com.

All NYSSA members are invited — **you must RSVP.**

Travel expenses will be reimbursed at IRS rates. Overnight accommodations must be preapproved.
Inaugural Address to the NYSSA House of Delegates

ANDREW D. ROSENBERG, M.D. — DECEMBER 12, 2015

It is truly an honor for me to stand before you as a fellow physician, anesthesiologist, and engaged member of the medical community whose primary interest is safe patient care led by those appropriately educated in the field of medicine to render such care.

First, I would like to acknowledge the many outstanding physicians and administrative leaders who are present in the audience this morning. I know they have already been recognized but I want to thank them all again for their care and concern for our patients. I look forward to collaborating with the current leaders of organizations across the country and the world who are here today, as well as with the past presidents and previous leaders of the NYSSA on whose prior efforts we hope to build in order to maintain and enhance the great practice of anesthesiology in the state of New York. In addition, I look forward to working with those here on the dais, as well as the NYSSA delegates present in the audience who volunteer their time and efforts on behalf of our specialty.

There are a number of issues I would like to address this morning:
1. Physician-led anesthesia care
2. Proposed VHA Nursing Handbook changes
3. Patient safety, research and education
4. Perioperative care

As physicians, we received our education through many years of college, medical school, residency, and, for many of us, fellowship training that provided us with the proper skill set to lead the care for those who entrust us with their lives. It is the combination of our unique education, our concern for patient safety and our skill set that sets us apart. I believe we have an excellent care model: physician-led anesthesia care in coordination with non-physician providers. I value our relationship with non-physician providers, and have had an excellent working relationship throughout my career with many well-trained and competent nurse anesthetists; I consider them a very valuable component of the anesthesia care team.
As the “when seconds count” campaign explains, it is a physician anesthesiologist, with his or her unique skill set, who should be leading patient care. This is always present in my mind whenever an adverse event or difficult management issue arises. We care for the most complex cases, yet I do not believe that many really appreciate the level of education, science and sophistication we provide for our patients. We need to educate people about our skills.

As president, I will keep promoting the physician-led anesthesia care team model as the concept that provides the safest care possible for our patients. I hope that all of you will continue to work with me in this effort. We must educate our state leaders and politicians in Albany and our national leaders in Washington, wherever and whenever the opportunity arises, and reinforce the importance of this approach. Take a few minutes to compose your own elevator speech that advocates for physician-led anesthesia care and promotes us as “physician anesthesiologists.”

The VA

I want to mention the issue with the VA and the ill-conceived notion of independent practice for non-physicians. I believe we owe our veterans the best care possible. They battled for us and now we need to battle for them and provide responsible physician-led medical care. Think for a moment about the sacrifices that these men and women made on our behalf so that we can sit here today in this land of freedom. Some made the ultimate sacrifice. There are innumerable veterans with acute and chronic issues and scars, both physical and emotional, who need the best care possible, and that is care directed by physicians. Many of you, like me, have had experience working in VA hospitals. I remember a trip to Walter Reed Hospital a number of years ago where I personally saw severely injured veterans. It was there that I got a better grasp on the pain and suffering of our injured veterans and the phenomenal job done by people like Col. Chester “Trip” Buckenmaier III, M.D., who is teaching at this meeting, and who, as an anesthesiologist, has helped many of these acutely injured patients by furthering the use of long-term catheters in soldiers with extremity injuries. It makes me really concerned about our veterans that the government may allow non-physicians to lead their care.

The VHA Nursing Handbook proposes abandoning the physician-led, team-based anesthesia care model. We must not allow this to happen.
My father, like Mike Duffy’s, was in the Armed Forces. In fact, he was in the Army for more than three years during World War II, longer than an anesthesiology residency; if he were alive today, I know who I would want providing his care.

As president of the NYSSA I want to reinforce the concept that physician-led care is the best model and that we must have as many of our colleagues as possible sign on to support our cause. We have an active membership and while it is great that, to date, more than 600 people have responded from New York state to petition against the VHA Nursing Handbook, there are those who have not yet done so. Whoever has not signed on to www.SafeVACare.org must do so. Adding your name to the list can make the difference between winning and losing this battle.

**Both Sides Now**

I feel very comfortable representing the organization’s diverse membership — both the clinical and academic components — including the OR physician in private practice or academic practice as well as those out of the operating room who are involved in preoperative, ICU, and pain medicine care, including care of the chronic pain patient, all of whom are valued components of our specialty.

As the song goes, I’ve looked at life from both sides now. I have been in the world of the private practitioner as well as the academic world. I have negotiated contracts with managed care companies and have endured sleepless nights thinking about meeting payroll for an anesthesia group. I am also currently involved in academia, where we provide care in both tertiary care and outpatient facilities while at the same time we work to advance the art and science of anesthesiology through clinical education, clinical research and bench research. It is this dual perspective of the private and academic worlds that allows me to clearly understand our role as physician anesthesiologists.

As an academic chair, I have come to understand the importance of research and education to the future of our profession, for research and education form the foundation for improving patient care, and along with it our stature within the community. We accomplished this in patient safety, gaining recognition from such august organizations as the Institute of Medicine. We must continue these efforts in patient safety as
well as in other areas, including outcomes analysis, research and clinical care, in order to provide better care for our patients. We must also maintain our edge in education; that is why it is so important that meetings such as the NYSSA PostGraduate Assembly exist, to provide a forum to exchange both clinical and academic ideas. In fact, when you think about it, the private and academic worlds are not really different. Our primary goal is to provide safe, high-quality care for our patients.

As president I will promote all the phenomenal things that we do across our spectrum of care and environments and be cognizant of the care provided by all constituents. I will look out for both the private and academic practitioner, including the subspecialty areas, and promote continued high-class education for our membership.

**Perioperative Care**

I believe we need to further elucidate our role as perioperative physicians. I am a proponent of anesthesia-led perioperative care, which includes overseeing preoperative evaluation and optimization; intraoperative care and postoperative care, including intensive care; and perioperative pain management. Our value as physicians needs to be emphasized. We are leaders in hospitals and need to be more inclusive of those throughout the spectrum of our specialty, including our pain physicians.

I have changed the name of my department to Department of Anesthesiology,
Perioperative Care and Pain Medicine in an effort to let others know who makes up our constituency.

As I speak to medical students and residents, the future of our profession, about the topic of perioperative care — admittedly one that we are all trying to get our heads around — I speak about our leadership role both in and outside the hospital setting. I do see us as preoperative, intraoperative, and early post-op care providers, including ICU care and pain management, but I also look at this in light of the increasing use of outpatient care facilities. In my mind, anesthesiologists are the best educated medical professionals to be medical directors of the ever-increasing number of ambulatory care centers, whether they have two, four or six or more OR units. We need to educate ourselves, our medical students and our residents to take on this role of preoperative physician in these locations, leading evaluation, screening
and perioperative management so that we can continue to set standards for the ever-increasing number of centers and patients cared for in these centers, and so we can provide safe care.

As president I will promote leadership in perioperative care as an area of strength that incorporates our skill set.

Once again, thank you for allowing me to speak with you today. I have outlined some of the major issues facing the NYSSA. We have a lot of work ahead of us. I know our leadership and membership are dedicated physicians who want to make sure that we promote excellent and safe patient care. I will do my best to help.

Thank you.
It is an honor and a privilege to serve as your president-elect. I look forward to working with Dr. Andrew Rosenberg, our newly elected president, and Dr. Michael Duffy, our immediate past president, as well as with many other great leaders of our society.

When I came to Buffalo at the age of 15, I didn't speak the language, I had no friends, and my parents had no money. What I did have was a dream, a goal to become a doctor, and a wonderful, supportive family who helped me turn that dream into reality.

When I joined the NYSSA almost 20 years ago, I became a part of a new family. We stand up for one another, support one another, and work together to achieve a common goal to keep our patients safe and to ensure that the practice of anesthesiology remains in the capable hands of physician anesthesiologists.

Yes, our profession faces evolving challenges. Nurse anesthetists feel confident that they can provide anesthesia services equal to those of physician anesthesiologists. Interestingly, the Veterans Health Administration seems to agree and is planning to mandate that advanced practice nurses be allowed to work independently, with no physician supervision.

Working together we will continue to fight for the safety of our patients and we will overcome those obstacles. In order to maintain the highest quality in anesthesia care we must position ourselves to be an integral and indispensable part of the healthcare delivery system. With the creation of the surgical home, we can achieve that status. If we examine this concept more closely, we see that physician anesthesiologists already practice in a surgical home environment. Anesthesiologists run pre-operative clinics, manage surgical schedules, decide which tests and consults are needed, and care for patients in the perioperative period. It is crucial that our legislators and regulators understand that these services can only be provided safely and efficiently by physician anesthesiologists.
My goal is to work with the leadership of the New York State Society of Anesthesiologists and the American Society of Anesthesiologists to make the concept of the surgical home a reality. It is the best way to ensure that our patients are safe and our specialty not only survives but also flourishes in the new healthcare environment.

I thank you all for the opportunity to serve our society and I look forward to an exciting year.

70th PGA Scientific Exhibits
Poster Presentations
Medically Challenging Case Reports

If you are interested in submitting applications to exhibit your projects at the upcoming 70th PostGraduate Assembly in Anesthesiology — December 9-13, 2016, please visit the NYSSA website for instructions to submit online:

Go to www.nyssa-pga.org and click on PGA Meeting (available in May).

Deadline for filing is August 15, 2016.

WE DO NOT ACCEPT PAPER SUBMISSIONS.
An Exciting Time for Anesthesiology

SAMIR KENDALE, M.D.

There truly couldn't be a better time to take up the reins as editor of Sphere! We are in an exciting age in the field of anesthesiology: patient safety is a top priority, anesthesiologists are expanding roles across the continuum of perioperative care, and access to data is being embraced and explored. Nonetheless, these changes and advances are no reason to rest on our collective laurels. While members of our specialty have worked tirelessly over the past decade to improve patient safety, there are challenges to maintaining and furthering these goals from those who believe our part in keeping our patients safe is no longer necessary. (Remember to visit www.SafeVACare.org!) Our roles in perioperative care are growing, but we need time and experience to enforce their importance. The exploration of a newfound access to larger volumes of perioperative data is exciting, but care must be taken so that this data is handled and analyzed appropriately.

It is with these thoughts in mind that I assume this editorial position. I had the great fortune of being introduced to the formidable job gradually over the course of the past six months, as Sphere’s departing editor, Dr. Jason Lok, ensured my inclusion on all correspondence, exchanged regular emails and phone calls with me, and met with me in person to deliver his words of wisdom from his experience over the past five years. It was more akin to dipping a toe in and wading into the pool with floaties than to diving into the deep end headfirst, and I can’t thank Dr. Lok enough for his guidance.

The Communications Committee meeting at the most recent PGA in December was as lively as usual. We hope you have been enjoying the hospital showcases; we plan to continue them in the coming year so that we can all learn more about our fellow NYSSA members, both past and present, and the great historic institutions where they work and play. Mobile application reviews have been of significant interest as well. As the marketplace becomes flooded with applications of varying quality, it
is helpful to have a member with a discerning eye who can identify the hidden gems. Upcoming issues will also feature biographies of NYSSA award winners, discussions about wellness for anesthesiologists, and tips for navigating health plan options geared toward our older and retired members.

Although Physician Anesthesiologists Week (January 31 to February 6) is now over, there’s no need to stop the effort to make our voices heard! Talk to your less active colleagues in person and inquire about their barriers to greater involvement. Be active on social media, share posts from the NYSSA and ASA on Facebook and retweet them on Twitter. By doing this, our message can be spread beyond our insular village of medicine to the global community. Many of our friends and family members may not even understand what we do on a daily basis, so, along with sharing adorable cat videos and pictures of your children building sandcastles, send out articles about our glorious specialty. I can assure you they would be amazed and proud if they only learned a little more about our lives as anesthesiologists.

70th PGA Resident Research Contest

If you are interested in submitting an abstract for the upcoming 70th PostGraduate Assembly in Anesthesiology — December 9-13, 2016, please email the abstract to Dr. Charles Emala at pgaresidentresearch@emala.net, with the subject line: “Resident Research Contest PGA70”

The final deadline for abstract submission is May 1, 2016.
Be part of the largest educational event in anesthesiology.

15,000 attendees from more than 90 countries

600 inspiring sessions: RCLS, PBELDs, Pennet, Point Counters, Clinical Forums, and Abstract presentations

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Notify me when registration opens in June

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OCTOBER 21-25  
BOSTON, MA

OCTOBER 3-7  
WASHINGTON, D.C.

OCTOBER 13-17  
SAN FRANCISCO, CA

OCTOBER 9-13  
SAN DIEGO

OCTOBER 19-23  
ORLANDO, FL

OCTOBER 29-31  
NEW ORLEANS

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A Look at the 69th PostGraduate Assembly in Anesthesiology Opening Session and R.W. Robertazzi Memorial Panel

NYSSA President Dr. Michael Duffy presents former President Dr. Marilyn Kritchman with the 2015 Distinguished Service Award.

Members of the Julliard Jazz Ensemble perform.

Dr. Paul Barash

ASA Treasurer Dr. Mary Dale Peterson

(Left to right) Drs. Zeev Kain, Robert Lagasse, Jonathan Katz, Tong Gan, Mary Dale Peterson and Paul Barash
The Julliard Jazz Ensemble performs at the opening session.

Dr. Jonathan Katz

Dr. Marilyn Kritchman poses with her daughters, Ellen Shea and Tracy Abar

Dr. David Wlody

ASA President Dr. Daniel Cole
E.A. Rovenstine Memorial Lecture

Dr. Sulpacio Soriano

PGA General Chair Dr. David Wlody (right) presents Dr. Sulpacio Soriano with the E.A. Rovenstine award.
Workshops
House of Delegates Meeting

Drs. Daniel Cole (left) and Michael Duffy

Dr. David Wlody

Dr. Daniel Cole

Dr. Rose Berkun

Dr. Michael Duffy (right) presents Dr. David Wlody with an award commemorating his term as PGA general chair.
Reference Committee Meeting

Dr. Richard Wissler

Dr. Ingrid Hollinger

Drs. Jason Lok (left) and Christopher Campese
Lectures
Hospital Based Shootings

- 2003 to 2011: 154 shootings in 40 states (likely not all events captured)
- 235 injured or dead
- ER most common location
- Grudge is a common motive
- Shooter is typically very motivated and has a previous relationship with victim
International Scholars Reception

The 2015 international scholars pose for a picture with NYSSA volunteers.

International Scholars Chair Dr. Elizabeth A. M. Frost addresses the 2015 international scholars.
Scenes From the Speaker’s Reception

Drs. Alan Curle and Vinod Malhotra

Dr. Audrée Bendo (right) and her husband, Steven Kramberg

Stuart Hayman (left) with Dr. Jonathan Gal

Drs. Salvatore Vitale and Edmond Cohen

(Left to right) Drs. Joan Ascher, Melinda Aquino, and Tracey Straker

Drs. Michael Duffy and Marilyn Kritchman
Medical Students’ Breakfast and Resident Section Happy Hour
Technical Exhibits and Reception
Scenes From the President’s Reception

Dr. Michael Duffy gets ready to cut his cake.

Dr. Duffy celebrates the evening with his family.

Dr. Duffy shares a moment with his wife, Sue.
Drs. Michael Duffy and Michael Simon

Dr. Michael Duffy and Sue Duffy with Drs. Maris Rosenberg and Andrew Rosenberg

(Left to right) ASA Director of Meetings Chris Wehking, ESA President Dr. Daniela Filipescu, and ESA Executive Director Marc Gheeraert
(Left to right) Drs. Audrée Bendo, Susan Hertzberg, Beverly Phillip, and Rebecca Twersky

Dr. Michael Duffy and Sue Duffy with Drs. Tal Levy and Edmond Cohen

Dr. Michael Duffy and Sue Duffy with Drs. George Silvay and Dawn Desiderio
Plans are already underway for the 70th annual PostGraduate Assembly in Anesthesiology.

Euroanaesthesia
The European Anaesthesiology Congress

28 - 30 MAY 2016
LONDON, UK

Pre-Registration:
25 Feb – 11 May 2016
registration@esahq.org
Electronic Prescribing: 
What Physicians Need to Know

MICHAEL J. SCHOPPMANN, ESQ.

Effective March 27, 2016, electronic prescribing for both controlled and non-controlled substances will be required in New York state. An electronic prescription is: created, recorded, transmitted or stored by electronic means; issued and validated with the prescriber’s electronic signature; electronically encrypted to prevent unauthorized access to, alteration or use of the prescription; and transmitted electronically directly from the prescriber to a pharmacy or pharmacist. Prescriptions generated on an electronic system that are printed out or transmitted via facsimile or e-mail are not considered electronic prescriptions, and, therefore, are not compliant with the e-prescribing requirement.

Previously, the deadline for complying with the electronic prescribing mandate was March 27, 2015; however, because of advocacy on behalf of the medical profession, Gov. Cuomo signed legislation that moved the deadline for compliance from March 27, 2015, to March 27, 2016. The Medical Society of the State of New York (MSSNY) requested the one-year delay due to concerns of physicians that they were not yet able to prescribe electronically. MSSNY stated that several EHR systems that physicians and hospitals were using had not yet been certified by the Drug Enforcement Administration (DEA) to enable electronic prescribing of controlled substances (EPCS).

Prescribers are reminded that there are additional steps that must be completed in order to prescribe controlled substances:

First, the software must meet all federal security requirements for EPCS. Note that federal security requirements include a third-party audit or Drug Enforcement Administration (DEA) certification of the software. For information, go to the DEA website: www.deadiversion.usdoj.gov/ecomm/e_rx/.

Second, the prescriber must complete the identity proofing process as defined in the federal requirements.

Third, the prescriber must obtain a two-factor authentication as defined in the federal requirements.
Fourth, the prescriber must register the DEA-certified EPCS software with the Bureau of Narcotic Enforcement (BNE) of the New York State Department of Health.

Please note that the process required for implementation of EPCS may be lengthy; if a prescriber (other than a veterinarian) intends to prescribe controlled substances on and after March 27, 2016, and has not already begun this process, it is strongly recommended that the prescriber begin immediately.

**Exceptions to the Electronic Prescribing Requirement**

Prescriptions excepted from the electronic prescribing requirement are:

1. Prescriptions issued by veterinarians;

2. Prescriptions issued in circumstances where electronic prescribing is not available due to temporary technological or electrical failure. Temporary technological or electrical failure is defined as: any failure of a computer system, application or device, or the loss of electrical power to that system, application or device in such manner that it reasonably prevents a practitioner from utilizing his or her certified electronic prescribing application to transmit an electronic prescription for a controlled substance in accordance with state and federal requirements. In the instance of a temporary technological or electrical failure, a practitioner must, without undue delay, seek to correct any cause for that failure that is reasonably within his or her control [A practitioner who issues a prescription pursuant to this exception must file information about the issuance of the prescription with NYS DOH as soon as practicable, but no later than 72 hours following the end of the technological or electrical failure.];

3. Issued by practitioners to whom the NYS commissioner of health has granted a waiver (see below);

4. Issued by a practitioner under circumstances where such practitioner reasonably determines that it would be impractical for the patient to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the patient’s medical condition, provided that if such prescription is for a controlled substance, the quantity of the controlled substance does not exceed a five-
day supply [A practitioner who issues a prescription pursuant to this exception must file information about the issuance of such prescription with NYS DOH within 48 hours.];

(5) Issued by a practitioner to be filled by a pharmacy located outside the state [A practitioner who issues a prescription pursuant to this exception must file information about the issuance of such prescription with NYS DOH within 48 hours.].

Application for Waiver
The NYS commissioner of health may grant a waiver from the requirement to use electronic prescribing. A waiver may be granted by the commissioner based upon a showing of a practitioner that his or her ability to issue an electronic prescription is unduly burdened by:

(i) Economic hardship;

(ii) Technological limitations that are not within the control of the practitioner;

(iii) Other exceptional circumstances demonstrated by the practitioner.

The practitioner’s showing must include a sworn statement of the facts detailing the circumstances in support of a waiver, and should be accompanied by any and all information that would be relevant to the commissioner’s determination.

Any waiver issued by the commissioner will be for a specified time period not to exceed one year. A practitioner may apply for a renewal of a previously issued waiver.

The NYS Bureau of Narcotic Enforcement (BNE) has notified the Medical Society of the State of New York of the availability of the Electronic Prescribing Waiver (EPW) application on the Health Commerce System (HCS). A prescriber must have an HCS account in order to file an EPW. Using the HCS account is the quickest way to file an EPW application. This application allows an institution, a medical group practice or an individual practitioner to submit a request for a waiver from the requirement to electronically prescribe. If a physician does not have an HCS account, a paper version is available upon request. The prescriber
should contact BNE at 1-866-811-7957, option 1. The paper form is available for applications for institutions, group practices and individual practices and will be sent to requestors.

Prescribers who experience difficulties with their HCS accounts should call 1-866-592-1890. Prescribers who experience any issues with the online EPW should call 1-866-811-7957.

The Department of Health has issued information regarding the electronic prescribing requirement, including FAQs, at www.health.ny.gov/professionals/narcotic and www.health.ny.gov/professionals/narcotic/electronic_prescribing/docs/epcs_faqs.pdf.

**Electronic Transmittal of Prescriptions**

May an agent or employee of the prescriber electronically create and electronically transmit an electronic prescription to the pharmacy?

According to the Office of the Professions of the NYS Department of Education:

“The signing and transmission of an electronic prescription are two distinct actions. Only the practitioner may review and electronically sign the prescription. Once signed, an agent or employee of the practitioner may transmit the prescription on behalf of the practitioner. The act of transmission must be independent of the review and signature process.”

For more information, go to the NYS Office of the Professions Frequently Asked Questions Relating to Electronic Prescriptions: www.op.nysed.gov/prof/pharm/pharmelectrans.htm.

Kern Augustine Conroy & Schoppmann, P.C., is General Counsel to the NYSSA and is solely devoted to the representation of healthcare professionals. The firm has offices in New York, New Jersey and Pennsylvania and can be found on the Web at www.drlaw.com. Mr. Schoppmann may be contacted at 800-445-0954 or via email at mschoppmann@drlaw.com.
**Albany Report**

**Legislative Update**

CHARLES J. ASSINI, JR., ESQ.

**Informing the NYSSA Membership**

The leadership of the NYSSA (President Dr. Andrew Rosenberg and the entire Executive Committee), worked closely with Government and Legal Affairs Committee (GLAC) Chair Dr. David Wlody; GLAC Vice Chair Dr. Scott Plotkin; Executive Director Stuart Hayman; Reid, McNally & Savage (our Albany lobbyists Bob Reid, Shauneen McNally, and Marcy Savage); and me to implement strategies aimed at keeping NYSSA members informed about critical New York state legislative and budget developments and, when needed, to ask you to reach out to your local legislative representatives to voice your views on these important developments. The purpose of this article is to alert you to the resources that are available and how we plan to keep you informed throughout the legislative session.

1. GLAC Chair Dr. David Wlody provides an annual report to the House of Delegates (HOD) summarizing GLAC activities during the year and the outcome of key legislative initiatives.

2. The NYSSA website contains legislative position papers and memorandums setting forth information that summarizes critical pieces of legislation of interest to anesthesiologists as well as other documents of interest. (Please note: most position papers, memorandums, and other documents require a member login.) We strive to provide timely updates to the information posted on this site throughout the legislative session. On the NYSSA website, go to the “Professional & Practice Issues” tab and then click on “Legislative/Regulatory Issues,” or go directly to [http://members.nyssa-pga.org/Scripts/4Disapi.dll/4DCGI/members/legislative.html](http://members.nyssa-pga.org/Scripts/4Disapi.dll/4DCGI/members/legislative.html).

3. The NYSSA’s 31st annual Legislative Day in Albany will be held this year on Tuesday, May 10, 2016. We will hold a pre-Legislative Day webinar on Monday, May 9, 2016, to provide an overview of the NYSSA legislative agenda as well as an update on critical bills. All members are welcome to attend the annual Legislative Day in Albany. Appointments
with your legislators will be scheduled by our Albany lobbyists, Reid, McNally & Savage. All participants will receive our legislative position papers and background resource materials. NYSSA President Dr. Andrew Rosenberg and GLAC Chair Dr. David Wlody will provide participants with additional information during a breakfast meeting held on Legislative Day. Contact NYSSA headquarters if you are interested in participating.

4. “CapWiz” is an important means to: (i) update you on legislative initiatives that require your immediate attention, (ii) provide you with a template letter to allow you to communicate with your legislative representatives, and (iii) help you locate your legislative representatives. CapWiz can be found on the NYSSA website. Click on the “Professional & Practice Issues” tab, then the “Legislative Action Center” tab, or go directly to www.capwiz.com/nyssa-pga/home/.

This past legislative session we requested your assistance on five separate bills. Your response was excellent. Some members have asked about the timing of the requests for assistance and the urgency to respond. First of all, please keep in mind that the NYSSA leadership is very conscious of overwhelming members with multiple requests to contact their legislative representatives in a short period of time. The Governmental Advocacy Team (NYSSA leadership; Dr. Rosenberg; Dr. Wlody; Dr. Plotkin; the NYSSA Executive Committee; Stuart Hayman; Reid, McNally & Savage; and me) will strive to make CapWiz requests to the NYSSA membership only when, in our judgement, your involvement is critical.

There are two important timeframes when your involvement and advocacy to advance or oppose a bill would be most helpful: during the New York state budget approval process (March/April) and the end of the legislative session (May/June). During these times, your legislative representative will be pressed into action to make decisions on the governor’s budget proposals and on bills that are moving out of committees to be voted on by the New York state Senate and Assembly.

Typically in Albany, once deadlines are established by the governor and/or legislative leaders, everything moves very quickly. As such, there is a very narrow window of opportunity (i.e., a day or two) to communicate with your legislative representatives. In short, it is entirely possible you will receive four or five requests to reach out to your legislative representatives.
on critical issues during the budget negotiation process and/or at the end of the legislative session, all of which will require your prompt action. Your ongoing support is always greatly appreciated.

The process will be as follows:

- You will receive an email alert from the NYSSA president with the CapWiz link.
- You can then click on the CapWiz link, where you will find a template letter to be forwarded to your legislative representative: [www.capwiz.com/nyssa-pga/home/](http://www.capwiz.com/nyssa-pga/home/).
- You will be able to locate the address of your legislative representative on the CapWiz website using your home address.

5. Bob Reid, Shauneen McNally, and I stand ready to attend district meetings to provide you with an overview of legislative developments. Your district director will likely be presenting updates throughout the year on important developments both at the state and national levels.

In sum, it is a priority for the NYSSA leadership to keep members informed on critical New York state legislation and budget initiatives. It is our hope that the methods outlined above will provide you with timely and comprehensive information to allow you to become proactively involved in the NYSSA’s advocacy process.

**A Note From Reid, McNally & Savage, LLC, the NYSSA’s Albany Lobbyists**

We received the following information from the New York Bureau of Narcotic Enforcement:

The Bureau of Narcotic Enforcement would like to announce the availability of the Electronic Prescribing Waiver (EPW) application on the Health Commerce System (HCS). This application allows an institution, medical group practice or a practitioner to submit a request for a waiver from the requirement to electronically prescribe.

Sandra Knapp
Manager, Official Prescription Program
Bureau of Narcotic Enforcement
1-866-811-7957, Option 1
For instructions on (and Web links for) electronic filing of waivers, please see the FAQs document at www.health.ny.gov/professionals/narcotic/electronic_prescribing/docs/epcs_faqs.pdf. See page 25 (for single practitioners), page 37 (for medical groups), and page 50 (for institutions).

For general information on e-prescribing, go to www.health.ny.gov/professionals/narcotic/electronic_prescribing/.

Charles J. Assini, Jr., Esq.
NYSSA Board Counsel and Legislative Representative
Higgins, Roberts & Suprunowicz, P.C.
1430 Balltown Road
Schenectady, NY 12309-4301
Our website: www.HRSLaw.us.com
Phone: 518-374-3399 Fax: 518-374-9416
E-mail:CJAssini@HRSLaw.us.com and cc: GKCarter@HRSLaw.us.com

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To take advantage of this dividend, you simply need to be insured by May 1, 2016, and maintain continuous coverage through July 1, 2016.

MLMIC is a mutual insurer, owned by our policyholders. Over the years, our financial strength has allowed us to pay more than $300 million in dividends to our policyholders, something no other insurer can match.

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www.mlmic.com/2016-dividend
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A Tribute to CA3 Residents

VANESSA HOY, M.D.

For most CA3s, the end of residency is approaching quickly and the next phase of our careers will soon begin. I once thought this time would never come; now it seems that the clock has sped up to the point where I feel I need to pause. Don’t get me wrong, I am excited for the next phase, whether it is a subspecialty fellowship or getting out into the workforce; however, the responsibility on our shoulders has grown tremendously.

After attending the PGA 2015 resident meeting, two important issues came to mind. The first was how to negotiate the terms of a contract. For those who are looking for the “perfect” job, this is quite a daunting task. Not only are you looking for an ideal location and a job that will meet your objectives, you also must review the contract terms meticulously. Just remember that your first job is not your final job, as one of my attendings reminded me. Rather, we use our first job as a stepping-stone to refining our future objectives. The second issue is, how does an anesthesiologist make a difference in his or her workplace? Maybe it is by starting with something small — for example, joining a committee that is completely different from our specialty and working our way up. Two areas that are the focus of every hospital’s quality improvement efforts are efficiency of the operating room and patient safety. Advocating for our specialty on a local and national level, as well as on a global scale, is also important, as is participation in global health initiatives that allow us to offer our services to hospitals in need.

One of the big fears I have is starting a new job and feeling isolated in terms of everything that I do, with all the responsibility falling on me. This is different from when I was starting out as a CA1. Back then I was scared of the anesthesia machine, but there was always a senior or attending guiding me. Once in the workforce, however, our colleagues will help guide and assist us; ultimately, though, we will make the final decision in our anesthesia plan and patient care. I am hoping that, with time, this uneasiness will decrease and the responsibility of patient care will feel like a privilege rather than something to be feared. Therefore, whether you are getting a new job or entering a fellowship, finish your last year strong and with confidence. Not to add to the stress, but there is also the board exam at the end of residency, so conquer it!

Vanessa Hoy, M.D., is a CA3 anesthesiology resident at SUNY Upstate Medical Center.
Learning and Networking at PGA 69

CHRIS J. CURATOLO, M.D., M.E.M., AND SHAWN SIKKA, M.D.

The NYSSA’s annual PGA conference, held in December in New York City’s Times Square, is the second-largest gathering of anesthesiologists in the country. This year, the Resident and Fellow Section was pleased to host the New York State Conference for Anesthesiology Residents and Fellows (NYSCARF) during the PGA. This all-day event consisted of clinical activities such as research presentations and ultrasound workshops (which included transthoracic echocardiography and lung ultrasound) as well as healthcare updates of great importance to the next generation of attending physicians.

Meeting participants received updates on and discussed several pertinent topics in anesthesiology and healthcare, including contract negotiations, legal pitfalls for the junior attending, and healthcare policy. To “balance” the day’s educational agenda, the NYSSA generously supported the first-ever resident happy hour, which provided the approximately 100 anesthesiology residents in attendance the opportunity to network and socialize with our colleagues from across the country. We would like to thank everyone who came to the conference and helped us achieve the highest turnout in years.

We were also fortunate to have ASA Immediate Past President Dr. J.P. Abenstein speak to our group. Dr. Abenstein, who returned for the second year in a row thanks to popular demand, gave valuable advice to graduating residents. A visionary in our field, Dr. Abenstein encouraged us to embrace technology and to be pioneers in anesthesiology. He described the importance of being open minded with regard to the way we practice as well as where we practice in a hospital or institution. He reminded us that the “impending gloom” of anesthesia has been around since the 1990s; despite this, it is the best time to be an anesthesiologist. Whereas once we were relegated to a small part of a hospital, physician anesthesiologists now deliver care in every part of the hospital, from critical care units to interventional radiology suites to the labor and delivery floor. Anesthesiologists remain leaders in quality, patient safety, and perioperative medicine.
Finally, we want to encourage everyone to stay informed about our specialty by getting involved with the ASA’s Grassroots Network. Sign up for the monthly e-mail update at http://grassroots.asahq.org/home. The Grassroots Network is a great way to keep abreast of the various national happenings in anesthesiology.

Chris J. Curatolo, M.D., M.E.M., and Shawn Sikka, M.D., are CA3 anesthesiology residents at The Mount Sinai Hospital in New York. Dr. Curatolo is the president of the NYSSA Resident and Fellow Section (RFS) and Dr. Sikka serves as RFS secretary and treasurer.

**CME corner**

**Check Out the NYSSA Website for News You Can Use**

Click on “NYSSA News” from the “About” menu on our website for up-to-date information on current practice that will help you improve patient outcomes.

Help shape future PGAs by completing the survey question at the bottom left corner of the NYSSA Web page. This space is dedicated to important and controversial issues in anesthesiology. If you have experienced a unique dilemma in your practice, we want to hear from you. Send an e-mail to HQ@nyssa-pga.org.

Go to [www.nyssa-pga.org](http://www.nyssa-pga.org) to learn more.
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  Shah & Associates, P.C. will help physicians with a general estate planning review to help eliminate the uncertainties of the future of their estate.
- HIPAA/HITECH Compliance Assessment - Valued at $500
  Medsafe will offer physicians a general assessment of their cybersecurity vulnerabilities.
- Billing and Coding Assessment - Valued at $1,000
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October 1 – December 31, 2015

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Vadim Roytenberg, M.D.

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Yousun Chung, M.D.
Sean Garvin, M.D.
David Kim, M.D.
Eugene Kremer, M.D.
Jeffrey Lampert, M.D.
Albert Lin, M.D., M.P.H.
Jodi-Ann Oliver, M.D.
Lori-A nn Oliver, M.D.
Tania Orzynski, M.D.
Neil Patel, M.D.
Seth Perelman, M.D.
Suzuko Suzuki, M.D.
Shruthima Thangada, M.D.
Shan Theventhiran, M.D.
Michael Trawicki, M.D.
James Tylke, M.D.
Lana Volz, M.D.

DISTRICT 3
Saad Mohammad, M.D.
Anjali Rozario, M.D.
Jeff Xu, M.D.

DISTRICT 5
Srinivas Tumuluri, M.D.

DISTRICT 6
Audra Webber, M.D.

DISTRICT 7
Lewis Diamond, M.D.
Robert Kaye, M.D.
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Navyugjit Virk, M.D.

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Michael Bianco, M.D.
Michele Girardi, D.O.
Aysha Hasan, M.D.
Daniel Lazar, M.D.
Sinha Monsur, M.D.
Stephen Mosier, M.D.
Ronald Roveto, M.D.

Affiliate Member

DISTRICT 2
Stuart Weg, M.D.
Membership Update

New or Reinstated Members
October 1 – December 31, 2015

Resident Members

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Amanda Bunnell, M.D.
Jason Feldman, D.O.
Ian Guttman, M.D.
Kris Kuhl, M.D.
Niranjan Maganti, M.D.

DISTRICT 2
Mustafa Ali, M.D.
Sumeet Arora, D.O.
Lila Baaklini, M.D.
Patrick Baker, M.D.
Casey Chai, M.D.
Jennifer Charles, M.D.
Kevin Chung, M.D.
Timothy Connolly, M.D.
Daniel Cook, M.D.
Crispiana Cozowica, M.D.
Kelly Crowley, M.D.
Mitchell Daniel, M.D.
Rachel Feldman, M.D.
Daniel Feldman, M.D.
Taoyuan Feng, M.D.
Yuhiya Gadulov, M.D.
Laura Galinko, M.D.
Basel Jazbeh, M.D.
Boyoun Jung, M.D.
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Deirdre Kelleher, M.D.
Nigel Knox, M.D.
Anne-Louise Lihn, M.D.

DISTRICT 3
Ashley Kydes, M.D., B.S.

DISTRICT 5
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Pratik Desai, M.D.
Natasa Grancaric, M.D.
Nicholas Green, M.D.
Ruzbeh Juyia, M.D.
Irem Kaplan, M.D.
Shaan Khan, M.D.
Michelle Kromas, M.D.
Mark-Neil Ledesma, M.D.
Xingfu Liang, M.D.
Eric Michel, M.D.
Shannon Michel, M.D.
Michael Miller, M.D.
Daniele Parise, M.D.
Yuvesh Passi, M.D.
Raghava Pavoor, M.D.
Membership Update

New or Reinstated Members
October 1 – December 31, 2015

Resident Members continued

DISTRICT 5 continued
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Mohammed Sadat, M.D.
Mark Saweris, M.D.
Kyle Shilk, M.D.
Marwa Sidani, M.D.
Jonathan Sotosky, M.D.
Marcus Tholin, M.D.
Jonathan Weaver, M.D.
Uvie Whiteru, M.D.

DISTRICT 8
Antanique Brown, M.D.
Joseph Caballero, M.D.
Tinsae Demissie, M.D.
Diana Escobar, M.D.
Chuan Fu, M.D.
Nguyen Huong, M.D.
Michael Khalili, M.D.
Justin Lekhraj, M.D.
Yuchen Liu, M.D.
Sana Na Javeed, M.D.

Medical Students

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Michael Rubin

DISTRICT 8
Michael Caponigro

Retired Members

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DISTRICT 2
Myungja Cayton, M.D.
Sanford Miller, M.D.

DISTRICT 6
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