

Western New York

PHYSICIAN

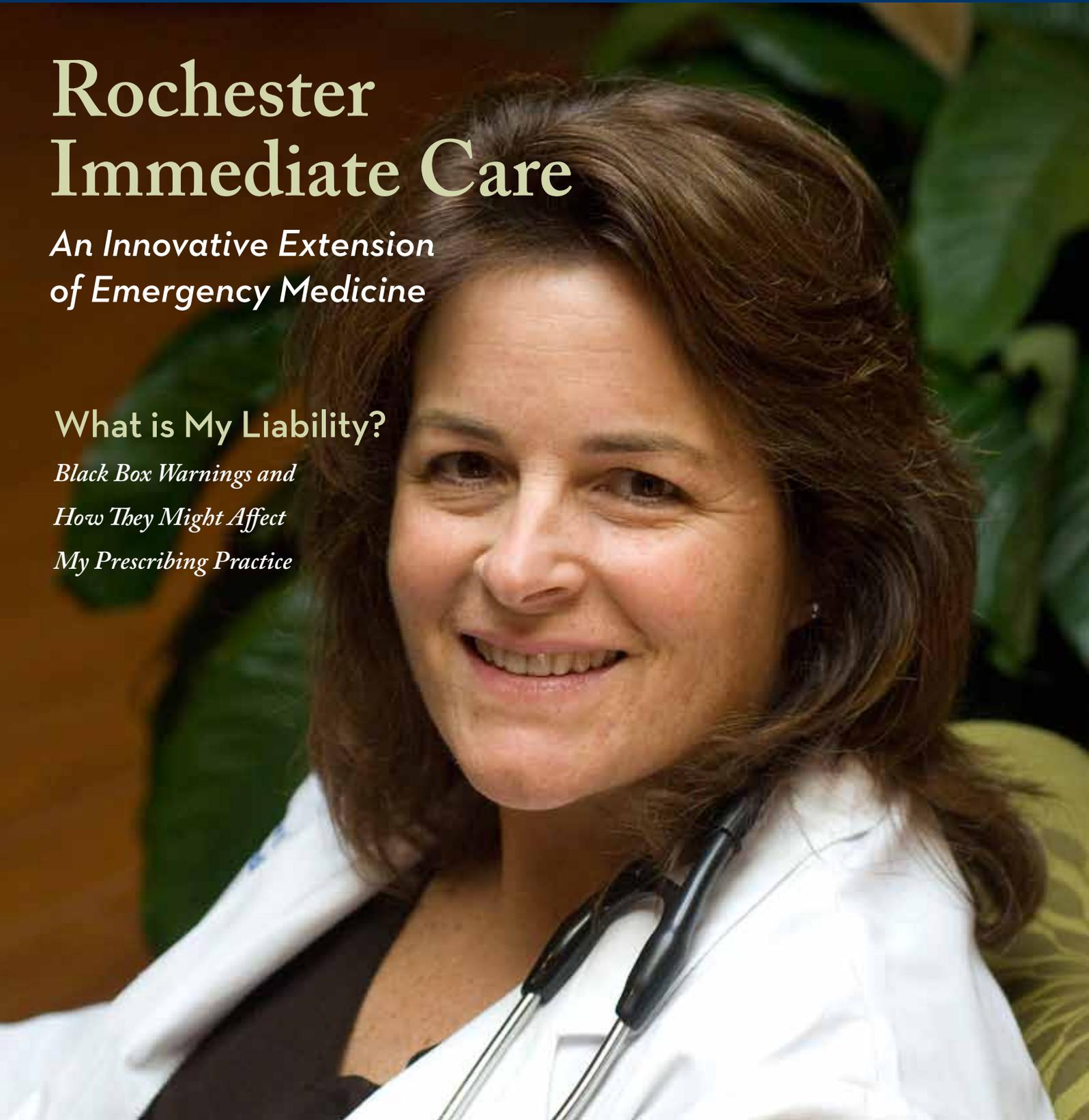
THE LOCAL VOICE OF PRACTICE MANAGEMENT AND THE BUSINESS OF MEDICINE

Rochester Immediate Care

*An Innovative Extension
of Emergency Medicine*

What is My Liability?

*Black Box Warnings and
How They Might Affect
My Prescribing Practice*





MEDICAL
ADVERTISING
PORTRAITS

LISA HUGHES

PHOTOGRAPHY

www.lisahughesphoto.com
585.264.0409



Contents

6 COVER STORY

Rochester Immediate Care

Meet Janet Williams, MD, Medical Director of Rochester Immediate Care. To support over-stressed ED's, Rochester's newest urgent care center is committed to providing area patients with 24/7 access to affordable, quality care and after-hours care to patients when primary care physicians are not available.

CLINICAL FEATURES

3 Pediatric Cardiac Care Center Supports WNY Cardiologists

4 Pediatric Palliative Care: *Seeing a Patient as More Than a Disease or Collection of Symptoms*

LEGAL

13 What is My Liability?

Black Box Warnings and How They Might Affect My Prescribing Practice

28 Stat Law:

Late Breaking News on Medical-Legal Developments Affecting Physicians and Health Care Providers

RISK MANAGEMENT

15 Management and Documentation of After-Hours Telephone Calls From Patients

16 Local Research News

20 What's New in Area Health Care

23 Editorial Outlook





Welcome to the August Issue of Western New York Physician

We can certainly all agree that the landscape of healthcare is on the brink of sweeping change – an evolution. The healthcare spectrum swings – as Britain recently announces a plan to decentralize their national healthcare system, our proposed reformed trends towards a more “social-like” system. Surely, like Britain, our new system will remain in a state of flux for some time as we continue to respond, flex and reinvent the way we deliver healthcare to an expanding patient base.

However, agreement is challenged when it comes down to the varied opinions on how this change will impact the different segments of the sector. With an aging population, over-crowded ED's, a projected new flux of insured patients into the system, and a looming shortage of PCP's, urgent care will undoubtedly assume an expanded role in the care delivery arena.

This month, we meet Dr. Janet Williams, Medical Director of Rochester Immediate Care, the area's newest and most advanced urgent care center. As the urgent care model expands in western New York, Rochester Immediate Care enters well-poised to fill an important and valuable role in our regions health care delivery system.

When it comes to pediatrics, the Golisano Children's Hospital stands apart as our region's leading center for pediatric care especially for our regions sickest children. We hear from two Golisano experts – Dr. David Korones, pediatric oncologist, shares his perspective on the role and value of pediatric palliative care and Dr. Roger Vermillion, Chief of Pediatric Cardiology discusses how the collaboration between area centers invites greater access to expanded expertise, support and resources for pediatric cardiology patients and their families from Syracuse to Buffalo.

As always, many thanks to all of the contributors and advertisers. These articles provide referring physicians in our region a current, in-depth look at the resources available to their practice and their patients – creating a relevant and personal dialogue between providers and a better understanding of all disciplines of medicine.

We invite you to share your clinical and practice expertise with your medical colleagues through *Western New York Physician*.

Enjoy the summer.

Regards,

Andrea Sperry

WNYPhysician@rochester.rr.com (585) 721-5238

THE LOCAL VOICE OF
PRACTICE MANAGEMENT AND
THE BUSINESS OF MEDICINE

MANAGING EDITOR

Julie VanBenthuyzen
WNYPhysician@rochester.rr.com

CREATIVE DIRECTOR

Lisa Mauro
lmauro@rochester.rr.com

PHOTOGRAPHY

Lisa Hughes
lisa@lisahughesphoto.com

MARKETING DIRECTOR

Melissa Henderson
melissavh@rochester.rr.com

MEDICAL ADVISORY BOARD

Joseph L. Carbone, DPM
John Garneau, MD
James E. Szalados, MD, JD, MBA
John Valvo, MD

CONTRIBUTING WRITERS

Julie VanBenthuyzen
James Szalados, MD, JD, MBA
Roger Vermillion, MD
David Korones, MD

Contact Us

For information on being highlighted in a cover story or special feature, article submission, or advertising in

Western New York Physician

WNYPhysician@Rochester.rr.com
Phone: 585.721.5238

Although every precaution is taken to ensure the accuracy of published materials, **Western New York Physician** cannot be held responsible for opinions expressed or facts supplied by its authors. Reproduction in whole or part without written permission is prohibited.

Pediatric Cardiac Care Center Supports WNY Cardiologists

Roger Vermilion, M.D., Chief of Pediatric Cardiology,
Golisano Children's Hospital at the University of Rochester Medical Center



Roger Vermilion, MD



The collaborative relationship between the pediatric cardiologists at the Golisano Children's Hospital at the University of Rochester Medical Center and the pediatric cardiologists in Buffalo and Syracuse has made it possible to provide highly specialized pediatric cardiac care to the entire upstate New York region. Pediatric cardiologists from Buffalo to Syracuse work together centralizing cardiac surgery and inpatient care for complex procedures in a highly specialized Pediatric Cardiac Care Center that would not be possible without the coordinated care those cardiologists provide.

The Pediatric Cardiac Care Center has evolved from the Pediatric Cardiac Intensive Care Center, which opened in late 2004. Located in the hospital's newest inpatient area, nine beds are dedicated to pediatric medical and surgical patients with congenital heart defects, heart failure, and abnormal cardiac rhythms. Its large rooms easily accommodate the latest technology and much-needed comfort and privacy for patients and families.

The center is staffed with nurses, nurse practitioners, a social worker, cardiologists and intensivists who have extensive experience working specifically with children with cardiac conditions and their families. An attending physician is on site 24 hours a day, seven days a week to ensure the best possible care for children with cardiac conditions. Our partner cardiologists in Syracuse and Buffalo can have piece of mind in knowing their patients are receiving the highest quality care possible while inpatients and they can maintain direct involvement in their care.

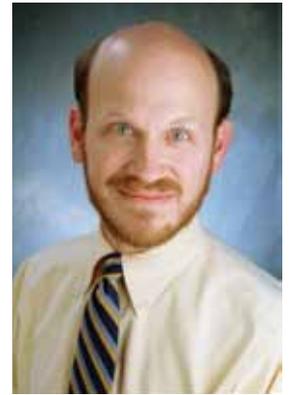
Collaboration between pediatric cardiologists at the Golisano Children's Hospital at URMC and those in Buffalo and Syracuse goes both ways allowing sharing of expertise across the region. For example, a Syracuse cardiologist travels to Roch-

ester on a weekly basis to perform cardiac magnetic resonance studies on Rochester-area patients, helping cardiologists here with diagnostic studies. Collaboration with cardiologists from Buffalo allows them to perform cardiac catheterization procedures on their patients at the University of Rochester where they have the back-up of pediatric cardiothoracic surgeons and the Pediatric Cardiac Care Center's specialized staff. Pediatric cardiologists at the University of Rochester host a weekly telemedicine conference joined by pediatric cardiologist throughout the region discussing more difficult clinical care issues and planning for interventional or surgical procedures.

The relationship among pediatric cardiologists across the region serves upstate New York's children well, allowing them and their families to have access to virtually any pediatric cardiac service they might need within a short drive.



Seeing a Patient as More than a Disease or Collection of Symptoms



David Korones, MD,

David Korones, M.D., pediatric oncologist and expert in pediatric palliative care

About 10 years ago, a teenage boy developed a rare, life-threatening rheumatologic disorder. He was hospitalized in the pediatric intensive care unit for months. Multiple subspecialists attended to his congestive heart failure, renal failure, pulmonary compromise, severe burn-like desquamation of his skin, and wounds due to multiple surgeries.

As time went by (thanks in large part to his resilience and the careful, coordinated work of his specialists) it became clear that he was going to survive. I will never forget a family meeting in the midst of his struggle, a routine update of his progress. Each of seven or eight subspecialists sat around a table with the boy's father, and explained how each organ system was faring, describing progress made, potential obstacles and plans to overcome those obstacles.

And when they were finished, his father looked at us all and exclaimed, "What about his pain? He is in constant pain – what are we doing about that?? Please help him!" We all looked at him (and each other), not quite knowing what to say. Although we had skillfully steered him through perilous waters, we had compartmentalized him, and lost sight of him and his pain in the

morass of laboratory studies, images, beeps and monitors.

This is where pediatric palliative care can play a vital role. Pediatric palliative care is simply relief of physical, emotional, social, and spiritual suffering in a child and his/her family. Palliative care is not the same as hospice or end-of-life care; it is

far broader than that. It is supportive care that is integrated into the care of a child from the time of diagnosis throughout the course of that child's illness. It may come in the form of relieving pain, as in the case of the boy described above: palliative care specialists have expertise in opioid management and other pharmacologic and non-pharmacologic approaches to pain. It may come

in the form of a child-life specialist holding the hand of a 6-year-old girl while she gets an IV. It may come in the form of a nurse who listens to the lament of an 18-year-old with cystic fibrosis, and how no one understands how this dreadful disease has put his life on hold. It may come in the form of a bereavement counselor who lets a bereaved parent and sibling know that their child is still remembered and that we are still here to support them in their time of grief.



“Palliative care is not the same as hospice or end-of-life care; it is far broader than that.”



Pediatric palliative care is interdisciplinary. If our goal is to relieve physical, emotional, social, and spiritual suffering in children and their families, we need a palliative care team with expertise in each of these spheres of suffering: not just physicians, but nurses, nurse practitioners, childlife specialists, bereavement counselors, psychologists, clergy, ethicists, and social worker. We are fortunate at Golisano Children’s Hospital to have such a team. Our pediatric palliative care team, called the Pediatric Supportive Care Team, is interdisciplinary and provides care and comfort to children and their families no matter where they are in the course of their disease, and no matter where they are at any moment in time: the hospital, the outpatient clinic or even at home.

Pediatric palliative care is a new subspecialty whose time has come. Ask the teenage boy who was in so much pain. The palliative care team recommended a carefully constructed opioid pain regimen, and as his organs slowly, steadily healed, we were able to keep his pain under control. Now he is in college, healed and pain-free. I wish it were so for every child we see. But regardless of the out-

come, we owe our patients and families our very best effort at relieving their suffering as they endure the rigors and ups and downs of their treatment and their disease. A good pediatric palliative care team helps us to do just that.

Your Oncology Patients find comfort with us.

Patients undergoing cancer treatment can benefit from the profound relief massage delivers for their anxiety, pain, sleeplessness and negative body image. At Human Touch Initiative (HTI), we offer an Oncology Massage Program that has served patients from the Wilmot, Lipson, Highland, Unity, Pluta and other cancer centers. As a not-for-profit organization dedicated to providing integrative therapies to Rochester-area residents who face a cancer diagnosis, HTI would like to help you care for your patients.

Our program is free or low-cost, and oncology-trained massage therapists who practice in our community provide our massage services. We can deliver massage applications to your office, at your request. Or your patients can apply online for massage vouchers, at www.HumanTouchInitiative.org.

Please visit our website to find out more about HTI. We welcome your questions by phone, or via our website’s “FAQ for Physicians” page.



**Human Touch
INITIATIVE**

Cancer therapies for body, mind and spirit.

www.HumanTouchInitiative.org • 585-672-6222

ROCHESTER IMMEDIATE CARE

An Innovative Extension of Emergency Medicine

Julie VanBenthuisen

Most patients requiring medical attention for an injury or illness head to their nearest hospital's Emergency Room when their need is either beyond the scope or availability of their primary care physician. For already overcrowded ERs in New York, this translates to an average length of stay of nearly five hours, even though for the majority of patients, the condition is not life-threatening and could be handled far more quickly and cost-effectively at an Urgent Care center close to home. New York State is currently ranked 46th in the nation for average time spent in an Emergency Room.



Dr. Janet Williams, a Rochester native, is the newly appointed Medical Director of Rochester Immediate Care.

Fortunately, trends are changing, with a nationwide effort to establish more Urgent Care centers to compliment our country's Emergency Departments and reduce the heavy burden they carry. Within Western New York, the Exigence Group manages four Immediate Care Centers, with three state-of-the-art facilities in Buffalo and just recently, its first facility in Rochester. Located on West Ridge Road in Greece, Rochester Immediate Care is quickly proving to be a convenient and more affordable ER alternative for thousands of area patients.

FILLING A VOID WITH COMPREHENSIVE CARE

The Exigence Group began a decade ago as a physician-owned healthcare management organization -- at first helping to staff ER departments and in-patient hospitals with hospitalist physicians in an effort to improve patient care and reduce a patient's length of stay. Headquartered in Amherst, New York just outside of Buffalo, Exigence opened three urgent care centers in that market beginning in 2005 and another in Austin, Texas in 2009. After an in-depth assessment of the market confirmed the documented overcrowding of area ERs, Rochester Immediate Care opened in May 2010 as a logical expansion of its Western New York influence.

"The communities we serve have embraced the Immediate Care concept and we fully expect the Rochester area to embrace us as well," says Gregory Daniel, MD, MBA, Chief Executive Officer of Exigence. "By providing quality, compassionate healthcare by experienced staff in a friendly and welcoming environment, Rochester Immediate Care will meet consumer demand for this kind of medical service."

Dr. Janet Williams, newly appointed Medical Director at Rochester Immediate Care, found the opportunity to manage the practice both refreshing and rewarding. "Our vision is to bridge the accessibility gap between the patient and the hospital ER," she says. "We can take care of patients who don't have critical needs," she says.

From patients with fevers, infections, sprains and strains to those with back pain, Rochester Immediate Care is open year-round, seven days a week, from 10 a.m. to 9 p.m. weekdays, 9 a.m. to 7 p.m. weekends, with most insurance plans accepted and no appointment required. In the facility's first two months of operation, more than 1,000 patients sought medical assistance that would have otherwise sent them to the ER – a num-



Rochester Immediate Care's on-site laboratory allows for a quick and accurate diagnosis and saves patients time and money.

ber far beyond initial expectations.

One recent patient, Joseph A., wrote staff a glowing email following his visit to Rochester Immediate Care. "My experiences that day were exceptional," he says. "I have since recommended to many of my friends and relatives that they use its services when the need arises."

"It's all about the continuity of care for each and every patient," says Dr. Williams. "The efficiency of our center and ability to perform blood tests and x-rays here is fantastic," says Dr. Williams. "We offer the ideal solution to inappropriate use and overcrowding of emergency rooms." Like its sister facilities elsewhere, Rochester Immediate Care is setting the standard as the fastest ER alternative, with staff seeing patients within 5-10 minutes of check-in and typically discharging them within an hour. Although more than 70% of patients surveyed said they would have otherwise gone to the ER, less than 3% of all patients treated are transferred to a hospital.

THE LOGICAL LINK TO A PATIENT'S PCP

While satisfaction rates have been outstanding, it is the cooperation between the patient, their PCP and Rochester Immediate Care that spells success. "Our job is not to replace a patient's primary care physician," says Dr. Williams, "but to be accessible to patients of all ages and conditions when a PCP is not available and a trip to the ED will likely disrupt an entire day or evening. While our patients are thrilled to have more options when a medical need arises, they are never choosing us over their own doctor."

For each patient seen by a physician or other staff member, a medical report is filed and received by the patient's PCP within 24 hours. All discharged patients are strongly urged to follow-up with their doctors. "We can evaluate a patient in the evening or over the weekend and start any necessary treatment during the time it takes for them to follow up with their doctor."

Working closely with PCPs and area specialists, Rochester Immediate Care consistently strives to preserve local ERs for the most critical of patients and reduce ED overcrowding in the Rochester area. Considering the range of conditions seen and procedures performed at the facility, all Rochester Immediate Care staff members are required to have solid ER experience and maintain a strong patient-centric focus. In the absence of a patient's doctor, Rochester Immediate Care offers lower, affordable co-pays than what they would expect from an ER visit – with less cost to the insurance companies as well.

THE EXPERTISE

Rochester Immediate Care can treat far more complex cases than other Urgent Care centers in the area, as well as most non-acute patient conditions. The facility is staffed and equipped as an Emergency Room, complete with digital x-ray and all advanced cardiac life support capabilities. The center is staffed on-site by at least one ER doctor, nurse, physician assistant and lab technician at all times. All clinical staff are ACLS trained and the physicians are all board certified.

Dr. Williams, an accomplished clinician and advocate for patient satisfaction, spent nearly 20 years in academic Emergency Medicine, the past five within smaller, free-standing Urgent Care Centers. Certified as a Diplomate of the American Board of Emergency Medicine and an active member of the American Academy of Urgent Care Medicine and the American College of Emergency Physicians, Dr. Williams also maintains her faculty appointment as Professor of Emergency Medicine at the University of Rochester School of Medicine & Dentistry.

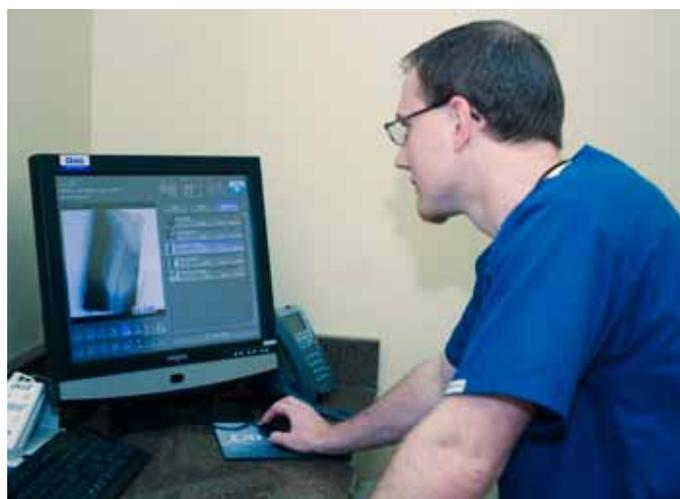
With 31 years of healthcare experience, Linda Engelbrecht, MBA, Regional Director of Rochester Immediate Care, oversees all administrative and operational aspects of the medical care facility, from planning and organization, to directing and coordinating the clinical department and providing leadership and direction to the professional and clerical staff.

All Rochester Immediate Care providers take pride in their outstanding customer service skills that complement their clinical

skills. "Providing quality, convenient and compassionate care is an important part of our organizational philosophy, as evidenced by our outstanding patient satisfaction scores," says Dr. Daniel.

THE WELCOMING FACILITY

Patients walking into Rochester Immediate Care feel as far removed from an Emergency Room setting as possible – the atmosphere more suggestive of an inviting hotel lobby than a hectic, sterile ER. Receptionists greet them at one of five check-in desks situated in front of a soothing waterfall wall. The bright and cheerful waiting area is complete with tropical fish tank, an array of artwork from Rochester's Memorial Art Gallery, and large television screens. Relaxing music, a complimentary coffee/tea counter and free Wi-Fi reinforce the practice's patient



Eric Jaynes is one of four X-ray Technicians on staff at Rochester Immediate Care. On-site, state-of-the-art digital x-ray capability allows real-time, accurate diagnosis of most patients within one hour.

-centered focus on comfort.

"Customer service and high quality care is the essence of our organization," says Dr. Williams. This is reflected in the range and scope of services offered for both acute and non-acute conditions. Having on-site diagnostic capabilities, a CLIA-certified laboratory and digital x-rays saves patients significant wait time. Blood test results are typically available within minutes. The facility also provides vaccinations, physicals and occupational medicine services, as well as a variety of medical screening tests. For more serious problems, Rochester Immediate Care's health care professionals provide initial evaluation and interventions, and arrange immediate transportation to definitive care when needed.



The entire Rochester Immediate Care medical team – board certified physicians, physician assistants, registered nurses and radiological technicians – work together to provide quick and accurate care to patients. The comprehensive EMR system allows for a complete follow-up report to be sent to primary care physicians within 24 hours.

The 7,700 square foot facility includes 16 exam and treatment rooms, complete with flat screen TVs and colorful, hand-painted walls. CEO Dr. Daniels, a native of Trinidad, has showcased his homeland in each Exigence facility with a room devoted to the whimsical colors, patterns and wildlife of the island. “We’ve thoughtfully created an experience for our patients here that far exceeds expectations,” says Dr. Williams.

In addition to supporting patients in area nursing homes, Rochester Immediate Care plans to partner with other specialties to bring additional services on-site, much like the Buffalo facilities which offer on-site orthopedic expertise to help patients with more therapeutic needs.

Considering the facility’s anticipated patient volume, the staff employs the latest technology to ensure that every process is streamlined, with necessary patient information always at their fingertips. All procedures contain an electronic component—its extensive pharmacy enables doctors to e-prescribe, and support staff can electronically register any patient in a matter of minutes.

The electronic medical record system enables Rochester Immediate Care to easily document each patient encounter.

OTHER OFFERINGS: OCCUPATIONAL MEDICINE

Rochester Immediate Care also offers extensive services in the occupational health field – helping businesses reduce in-

juries, lower costs, and promote a safer workplace. Through its management of Pulse Occupational Medicine, Rochester Immediate Care offers comprehensive occupational and industrial health services to organizations of all sizes – from small start-ups to large corporations with hundreds of employees. Services range from Workers’ Compensation cases to executive physicals, random drug and alcohol screenings and health and wellness programs. Services can be rendered on-site at an employer’s location, or at Rochester Immediate Care.

On a larger scale, staff within the Exigence Group provides consulting services in areas such as Emergency Department design, electronic medical record systems, urgent care management, rapid response programs, patient centered medical homes and on-call panels.

EMERGING TECHNOLOGIES , BETTER COMMUNICATION

In all respects, the practice’s primary goal is to improve health care for patients through better efficiency. With a strong focus on emerging technologies, Rochester Immediate Care utilizes

“Providing quality, convenient and compassionate care is an important part of our organizational philosophy, as evidenced by our outstanding patient satisfaction scores.”

I-Triage: an iPhone application that provides diagnostic information on patients and identifies the causes of certain symptoms in real time. Dr. Williams also recognizes the importance of helping more patients find the most convenient care when they traveling away from home. As part of the I-Triage program, she strongly supports the latest car GPS technology that helps patients locate the closest Urgent Care center, even if they are vacationing as far away as Hawaii.

Within the year, the practice will begin offering CT scans with the ability to identify conditions like kidney stones and appendicitis – with the potential to reduce the number of patients requiring transfer to the ER by half. The staff is also considering adding Ultrasonography services.

To further its communications efforts with patients, Rochester Immediate care also maintains an active, up-to-date website, www.rochesterimmediatecare.com, with links to numerous health resources. The practice's monthly newsletter offers news and tips from anything from weight management to urging patients to know and better understand their family medical history.

FURTHERING ITS REACH

As Health Care Reform rolls out, with an estimated 40 million formerly uninsured Americans potentially more likely to seek medical care, Immediate Care facilities around the country should expect even greater growth, says Dr. Williams. This, combined with patients living longer and contributing to a higher acuity of illness related to conditions like diabetes, will demand an even larger role from Immediate Care facilities. According to the Urgent Care Association of America (UCAOA), more than 8,000 urgent care centers currently exist, serving an estimated 100 million patients annually. On average, more than 300 additional facilities are opening each year.

Exigence facilities have been consistently experiencing 5 to 15 percent annual increases in patient volume, with more than 96 percent of patients reporting high satisfaction and citing their intentions to use the facilities again if necessary. Within its first year of operation alone, Dr. Williams anticipates Rochester Immediate Care will assist between 10,000 to 14,000



Unique artwork helps keep patients' minds off their injuries and illnesses in the fully equipped procedure room.

patients and once established, more than 20,000 annually.

As an organization, Rochester Immediate Care is committed to maintaining an active, supporting role in the Rochester region. "We are all part of this community and we want to be a good neighbor," says Dr. Williams, a Brighton native who returned to the area with her family seven years ago. With no other Immediate Care facility in Greece aside from Park Ridge Hospital, Dr. Williams recognizes that the satisfaction and care of her patients is critical. She anticipates that in a region with plenty of room for more centers, Exigence will open at least three additional facilities in Rochester within the next few years to support the remaining three quadrants of the city. Buffalo anticipates adding two more facilities and is considering expansion east of Rochester.

"Our model of urgent care is one of the latest evolutionary trends in access to care nationally because it satisfies patients' needs for timely, quality care," says Dr. Daniel. "Rather than a primary care physician with extended hours or the so-called 'doc-in-the-box' model offered by national retail drug-store chains, Rochester Immediate Care provides comprehensive care by board-certified physicians – the majority of whom are trained in emergency medicine – in a fully equipped, state-of-the-art facility."



Rochester Immediate Care focuses on "the total patient experience," which includes plush surroundings and amenities like free beverages, Wi-Fi, and flat-screen TVs.

Pediatric Sports Injuries

THE SILENT EPIDEMIC

New studies focus on gymnastics, ACL injuries and year round sports; early treatment predicts most optimal outcomes

At the 2010 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS), two separate studies focus on the dramatic rise of pediatric sports injuries in recent years. However, despite this alarming trend, awareness, education, warning signs and early treatment can make a significant difference and help keep these athletes in the game, according to the study experts.

Year-round sports and increased exposure leading to more adolescent sport-related injuries.

Thomas M. DeBerardino, MD, an orthopaedic surgeon specializing in sports medicine for the University of Connecticut Huskies and Associate Professor of Orthopaedics at the University of Connecticut Health Center, moderated an instructional course at AAOS annual meeting, titled “Athletic Injuries in the Adolescent Athlete.” According to Dr. DeBerardino, adolescent sport-related injuries are on the rise, so much so that they have become a “silent epidemic.”

“More adolescents are participating in year-round sports without seasonal breaks, or they are playing on multiple teams simultaneously,” he says. “This increased exposure means there will continue to be growing numbers of significant musculoskeletal injuries, both traumatic and chronic overuse.”

Awareness and prevention can help, and Dr. DeBerardino says it’s important to recognize that adolescents are just as susceptible to overuse and traumatic joint/extremity injuries as adults. At the same time, they are not “miniature adults” and because their bodies are still growing, there are special concerns in relation to orthopaedic injuries. For example:

IF METAL HARDWARE NEEDS TO BE SURGICALLY IMPLANTED IN AN AREA THAT IS STILL GROWING, IT CAN STUNT A CHILD’S GROWTH.

IF AN ADOLESCENT HAS SHOULDER SURGERY, BUT THE TENSION ON THE REPAIR IS TOO TIGHT, IT CAN LEAD TO LIFETIME, CHRONIC PAIN.

“Everyone wants to get to the top,” says Dr. DeBerardino. “But we have to look at this and say, are we pushing kids too hard? Even athletes at the college and pro levels have mandated downtimes. We cannot wait for kids to reach the college level to modify their training, because by that time it could be too late.”

Young gymnasts can have excellent outcomes after upper extremity arthroscopic treatment. Dr. Theodore J. Ganley, M.D., Director of Sports Medicine, The Children’s Hospital of Philadelphia and Associate Professor of Orthopaedic Surgery, The University of Pennsylvania School of Medicine moderated an instructional course at the AAOS annual meeting titled “Pediatric Sports Medicine Operative Challenges and Solutions: A Case Based Approach.” Dr. Ganley noted that more and more young gymnasts, who often train year-round and perform repetitive weight-bearing maneuvers, are sustaining osteochondritis dissecans (OCD) injuries, a softening of the bone underneath the cartilage that can lead to cartilage breaks and pain.

Despite this increase in OCD injuries, excellent outcomes are possible after arthroscopic treatment, says the study, but early detection is key.





Year-round sports and increased exposure lead to more adolescent sport-related injuries.

“While patients requiring surgery for OCD injuries can benefit from arthroscopic surgery, understanding the warning signs can help prevent athletes from presenting with more extensive lesions, said Dr. Ganley at The Children’s Hospital of Philadelphia Medicine, who led the study.

“Early detection can allow for the option of non-operative treatments, such as activity modification followed by physical therapy,” says Dr. Ganley. “This can promote complete healing and rehabilitation allowing the young gymnast to fully return to his or her sport.”

Source: American Academy of Orthopaedic Surgeons

❖
Early warning signs include:

PERSISTENT PAIN DURING ACTIVITY

PAINFUL, SWELLING OF THE ELBOW

LOCKING OR ‘CATCHING’ OF THE ELBOW JOINT

LOSS OF MOTION

❖

What is My Liability?

James E. Szalados, MD, MBA, Esq.



James E. Szalados, MD, JD, MBA

Question:

I just learned that a drug which I have been prescribing to many of my patients has just received a “Black Box Warning” – what is my liability and how can I mitigate my risk?

The U.S. Food and Drug Administration (FDA) is federal agency empowered by Congress to oversee the safety of foods and additives, drugs and medical devices, and cosmetics. The FDA is empowered by the Federal Food, Drug, and Cosmetic Act (FDCA) which, among other things, defines processes for the testing, approval, manufacturing, marketing, and safety follow-up of drugs.

In order for a compound to be approved by the FDA, it must meet two strict standards:

- 1 **efficacy**
- 2 **safety:**

which must be supported with scientific data. Pre-clinical studies include both in vitro and animal experiments which reveal preliminary efficacy, toxicity, and pharmaco-kinetic/dynamic data; which if promising, may lead to clinical testing as an 'investigational new drug.' Phased clinical trials must further establish a prospective drug to be efficacious for the indication for which it is to be marketed and that it is reasonably safe.

Pharmaceuticals are inherently unsafe and there are always risks of overdose, side-effects, and idiosyncratic reactions. Thus, Post Marketing Surveillance (pharmacovigilance) studies are conducted to detect rare or long-term adverse effects in larger populations and over a longer time period than was possible during the Phase I through III clinical trials. Pharmacovigilance may result in a drug being withdrawn from market, restricted, or a modification of the drug's labeling to include new warnings.

A **Black Box Warning** is a conspicuous bolded and boxed warning which states that the drug carries a significant risk of serious or life-threatening adverse effects. Such warnings are ubiquitously disseminated including the product insert, the PDR, online drug databases, physician mailings. Recent examples of Black Box warnings include: antidepressant medications; *celecoxib (Celebrex)*; *warfarin (Coumadin)*; *rosiglitazone (Avandia)*; and *clopidogrel (Plavix)*.

A decision by the FDA to mandate a Black Box Warning to a drug's labeling has implications for practitioners, pharmacists, patients, manufacturers, and distributors. As a general rule, providers may become liable when they fail to conform their practices to recognized standards.

Prescription drugs are known to be unavoidably associated with adverse effects, but it is also recognized that the benefits of using such drugs may outweigh the associated risks as long as

The information contained herein is presented for educational purposes only. The material presented here is not, and must not be in any way considered to be, legal advice.

the expert judgment of a licensed practitioner is first applied in the decision to use a drug for a particular patient. With respect to pharmaceuticals, physicians are considered to be 'learned intermediaries.' The 'learned intermediary doctrine,' first articulated by New York courts, alters the default legal rule which would routinely impose liability on drug manufacturers for failing to warn the end-user [patient] of known risks associated with its product. The doctrine shifts the manufacturer's duty to warn of a drug's risks from the patient to instead requiring that warning be addressed to providers who act as intermediary between the patient and manufacturer. The legal rationale is that the treating physician alone is in the best position to determine if a drug is right for a particular patient.

Two recent cases help illustrate the legal principles relevant to Black Box Warnings: In *Centocor, Inc. v. Hamilton*, (Tex. App. [Corpus Cristi] March 4, 2010), a patient was prescribed Remicade to treat Crohn's Disease but later developed a recognized complication related its use. Testimony established that the prescriber knew about the risk, but elected not to pass along the warning to the patient. The physician was found liable for almost \$4 million in damages. Although not articulated at trial, a speculative conclusion is that a discussion of the proposed treatment, including the alternatives, benefits and risks - with documentation in the record - might have mitigated liability in this case.

On the other hand, *Dietz v. SmithKline Beecham Corp.*, (11th Cir. March 5, 2010) concerns an adult patient diagnosed with clinical depression. The patient denied suicidal ideations and it was documented that there was no prior history of mental illness. The physician prescribed Paxil and also referred the patient to a psychologist; but the patient later committed suicide. The physician testified that he believed that the benefits of the drug outweighed the risks and the court reasoned that "[t]he doctor provided explicit, uncontroverted testimony that, even when provided with the most current research and FDA mandated warnings, he still would have prescribed Paxil... Pursuant to [the] learned intermediary doctrine, this assertion severs any potential chain of causation through which [plaintiff] could seek relief, and [plaintiff's] claims thus fail." Indeed, there are several known adverse consequences to patients who are

made aware of drug-associated risks, such as increasing patients' perceptions of side effects and even compromising rather than enhancing patient compliance with therapy. In addition, in this case the physician in *Dietz* probably mitigated his risk exposure through careful exercise of judgment - ensuring that his prescribing practice was in accordance with the standard of care - through a reasonable risk-benefit calculus based on a carefully documented history and appropriate referral.

With respect to pharmaceuticals, physicians are considered to be 'learned intermediaries.'

There is no bright line delineating the provider's duty when a Black Box Warning accompanies a drug's labeling. For example, on one hand, evidence-based practice standards and guidelines recommend Metformin in the treatment of Type II diabetes. However, a Black Box Warning restricts the drug's use in patients with renal, cardiac and hepatic disease.

In this case, the learned intermediary is also charged with screening candidates for the drug and monitoring laboratory data to assure that patients have not developed adverse effects associated with the drug's use.

In summary, drug labeling which includes a Black Box Warning imposes a heightened level of due diligence upon providers which includes:

- 1 **awareness of the warnings**
- 2 **compliance with recommended testing, monitoring, or medication reconciliation practices**
- 3 **a consideration of reasonable therapeutic alternatives**
- 4 **a discussion of the proposed treatment plan with the patient in an informed consent format documentation of the reasoning process in the medical record**
- 5 **A Black Box Warning in itself should not prevent a practitioner from prescribing a drug that is the most reasonable choice under the circumstances.**

Dr Szalados is a licensed physician engaged in the practice of anesthesiology and critical care; a senior-level hospital administrator, and an attorney admitted to the practice of Law in New York and concentrates his practice in the areas of Health Law.

MANAGEMENT AND DOCUMENTATION OF AFTER-HOURS TELEPHONE CALLS FROM PATIENTS



THE RISK

The failure to properly handle and document after-hours telephone calls can adversely affect patient care and lead to potential liability exposure for the physician. Further, should a telephone conversation become an issue in a lawsuit, and it is not documented, the jury is less likely to believe the recollection of the physician, who receives a large number of calls on a daily basis.

RECOMMENDATIONS

- 1 Establish a system to respond to afterhours telephone calls. This system should include a consistent process to help ensure that all after-hours calls are responded to in a reasonable time frame and are documented in the patient's medical record.
- 2 Medical record documentation of after-hours calls should include the following:
 - ▶ Patient's name
 - ▶ Name of the caller, if different than the patient, and the individual's relationship to the patient
 - ▶ Date and time of the call
 - ▶ Reason or nature of the call, including a description of the patient's symptoms or complaint
 - ▶ Medical advice or information that was provided, including any medications that are prescribed
- 3 If the patient's condition warrants the prescription of medications, it is important to inquire about and document any medication allergies, as well any other medications the patient may be taking.
- 4 When providing after-hours coverage for another physician's practice, a process should be in place to ensure that documented telephone conversations are promptly forwarded to that practice.
- 5 If you use an answering service, it should be periodically evaluated for courtesy, efficiency, accuracy, and proper recordkeeping.
- 6 The use of answering machines for after-hours calls is not recommended for the following reasons:
 - ▶ There are no safeguards in the event of an answering machine malfunction.
 - ▶ Patients do not always understand that no one will call back, even if this is stated in the message, due to limited English capacity, anxiety, or other impediments.
 - ▶ If, as a last resort, an answering machine must be used, the message must be brief and simple:

“The office is now closed. Please go to the emergency department if you believe this is an emergency.”

These Risk Management Tips have been reprinted with permission from: MLMIC Dateline (Fall 2009, Vol. 8, No. 2, and Spring 2009, Vol. 8, No. 1 respectively), published by Medical Liability Mutual Insurance Company, 2 Park Avenue, Room 2500, New York, NY 10016. Copyright ©2010 by Medical Liability Mutual Insurance Company. All Rights Reserved. No part of these articles may be reproduced or transmitted in any form or by any means, electronic, photocopying, or otherwise, without the written permission of MLMIC.

Scientists Explore Why Some Psoriasis Patients Suffer Joint Damage

Cellular Markers Might Suggest Who is at Greatest Risk for Psoriatic Arthritis



Christopher Ritchlin, M.D., M.P.H.

A new grant from the National Psoriasis Foundation could help University of Rochester Medical Center (URMC) scientists find ways to forecast which patients with the red, flaky skin disorder are most likely to suffer from an arthritic disease that sometimes follows.

“One in five patients with psoriasis is at risk for bone destruction, too,” said grant recipient Christopher Ritchlin, M.D., M.P.H., a professor of Medicine at URMC. “With this funding, we hope to glean insights into the psoriasis-arthritis connection, so that we can one day identify patients who are most at risk for joint damage and start them on more aggressive therapies.”

Psoriasis, which affects an estimated 7.5 million Americans, occurs when the immune system sends out faulty signals, ultimately accelerating skin cells’ growth cycles. The result is raised, ruby patches of skin, or silvery colored scales from dead skin pile-up. While psoriasis is not contagious, it’s been linked with a number of other serious health issues, like diabetes and heart disease; its unpleasant appearance can stir up social stigmas, too, sometimes injuring self-esteem, leading to isolation and depression.

Current therapies for psoriatic arthritis are very effective – perhaps even what some would consider miraculous, Ritchlin noted.

In addition to seeing patients and conducting research, Ritchlin heads up one of the six sites comprising the International Psoriatic Arthritis (IPART) database. Funded by the Canadian Institutes of Health Research, the registry pools data from nearly 4,000 psoriasis patients across Canada and the U.S. The registry dovetails neatly with clinical efforts underway in URMC’s dedicated Psoriasis Center – one of the few recognized psoriasis centers nationwide, with a unique multidisciplinary approach that not only focuses on skin lesions, but also the joint pain of and psychological components of the disease.

“Still, these medicines aren’t without risk and side effects, so you don’t want to prescribe them to all psoriasis patients across the board.”

Amid the Murk of ‘Gut Flora’, Vitamin D Receptor Emerges as Key Player



Jun Sun, Ph.D.

Within the human digestive tract is a teeming mass of hundreds of types of bacteria, a potpourri of microbes numbering in the trillions that help us digest food and keep bad bacteria in check.

Now scientists have found that the vitamin D receptor is a key player amid the gut bacteria – what scientists refer to matter-of-factly as the “gut flora” – helping to govern their activity, responding to their cues, and sometimes countering their presence. The work was published online recently in the *American Journal of Pathology*.

The findings deliver a new lead to scientists investigating how bacteria might play a role in the development of inflammatory bowel diseases such as Crohn’s disease or ulcerative colitis. The work complements studies suggesting that *Salmonella* infec-

tion can increase the risk of inflammatory bowel disease.

“Vitamin D deficiency is a known factor in the pathology of inflammatory bowel disease and colon cancer,” said microbiologist Jun Sun, Ph.D., of the University of Rochester Medical Center, “but there have been very few reports about how bacteria might play a role by targeting the vitamin D receptor. Our work suggests one possible mechanism, by working through the vitamin D receptor, a sensor and regulator for the majority of functions of vitamin D.”

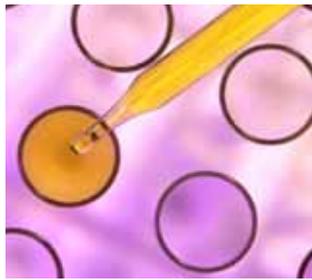
Sun specializes in the actions of bacteria in the body and how their interactions within the body contribute to disease. She has shown that bacteria often found in the human intestine affect molecular signals known to contribute to inflammatory response and cell growth.

Her work with the vitamin D receptor takes place at a time when the molecule is coming under increasing scrutiny. Scientists have associated vitamin D and the receptor with many types of cancer, as well as osteoporosis, heart disease, diabetes, inflammatory bowel disease, and infection.

“We live together in a mutually beneficial state with most of the bacteria in our gut. They help us digest foods like fruits and vegetables, and we provide them a place to live and thrive. We co-exist peacefully – most of the time.”

Wilmot Obtains Nearly 2 Million in Cancer Stem Cell Funding

Two large federal grants received this summer will allow researchers at the James P. Wilmot Cancer Center to continue their work into stem cells that give rise to cancer.



Wei Hsu, Ph.D., an associate professor of Biomedical Genetics and Oncology at the University of Rochester Medical Center, was awarded \$1.5 million from the National Cancer Institute for a five-year breast cancer stem cell project.

Michael Becker, M.D., an assistant professor of Medicine at URMC, received \$240,000 from the National Institutes of Health for a two-year investigation into the clinical relevance of stem cells involved in acute leukemia.

Wilmot Cancer Center researchers are leaders in exploring the provocative idea that mutations at the stem cell level fuel cancer and tumor formation. This hypothesis might explain why cancer often cannot be entirely wiped out by modern therapy, because no current treatment reaches the stem cell, or the origin of the disease. Thus the goal is to investigate pathways and molecular networks that control cancer stem cells, with hope that a better understanding could lead to a new generation of therapies.

Hsu's team has been investigating how stem cells contribute to breast development, from the embryonic stage through puberty and pregnancy. His laboratory is particularly interested in how pregnancy alters the breast stem cells and whether these changes have any affect on breast cancer.

"Many studies have shown a link between reproductive his-

tory and breast cancer; women who have never been pregnant or who have their first child after age 35 are believed to be at increased risk of breast cancer. Some evidence suggests that breast cells are remodeled during pregnancy and lactation," Hsu said, "and it is easy to imagine that remodeled cells might be more resistant to cancer."

On the other hand, pregnancy-induced hormones such as estrogen also might alter the stem cell population in the breast and play a role in tumor development. Hsu's laboratory has developed powerful tools – a unique genetic mouse model and a stem cell culture system – that will help researchers explore what happens to breast cells during these crucial periods of development and what, in fact, promotes tumor growth.

While Hsu's research is still too early to have a direct impact on patients, Becker's study involves assessing the clinical relevance of leukemia stem cells (LSCs) to patients undergoing therapy for acute myelocytic leukemia. A decade ago scientists discovered the first evidence of LSCs, and since then have come to believe that this subset of cells is responsible for maintaining the disease. Yet the research has not progressed much beyond the laboratory. Becker's goal is to study several properties of LSCs in patients during all stages of treatment and determine if these properties remain stable or change. He has initiated a multi-center study to obtain patient cell samples before treatment begins, following treatment, and at the time of relapse.

Data from the study is expected to represent the first major step in establishing the clinical relevance of the cancer stem cell model for this disease, which is the most common type of leukemia among adults and has a very poor prognosis. The ultimate goal is to identify which pathways have the most potential to kill the minimal residual disease that is left to proliferate even after aggressive therapy.

CONTACT ROCHESTERHEALTH.COM TO ENHANCE
YOUR DIRECTORY LISTING FOR FREE

RochesterHealth.com

Your RH Directory listing can display enhanced features such as your picture, profile, clinical interests, practice description and website.*

Healthcare Directory (Sample)

John A. Smith, MD

Specialties: Orthopaedic Surgery, Adult Reconstructive Surgery

Medical School: University of Minnesota Medical School

Certifications: American Board of Orthopaedic Surgery

Hospital Affiliations: HH, RGH, SMH, Unity



*Profile: Dr. Smith is a Rochester native and graduated from the University of Minnesota Medical School in 1990. He continued there for his residency in Orthopaedic Surgery. Dr. Smith is certified by the American Board of Orthopaedic Surgery and is a member of the American Academy of Orthopaedic Surgeons. He currently is a faculty member of...

*Clinical Interests: ACL reconstruction, hip replacement, rotator cuff repair, shoulder arthroscopy

Location(s):

Rochester Orthopaedics
123 City Road, Suite 456
Rochester, New York 14614
Monroe County

Phone: 585-123-4567

*Practice Description: Rochester Orthopaedics provides comprehensive high quality care for patients with musculoskeletal problems. Our orthopaedic surgeons specialize in evaluating and treating a wide range of orthopaedic problems...

[View map](#) | [View website](#)

Enhance your directory listing today! Contact Maria Magans
at 585-454-1774 or mmagans@rochesterhealth.com.



If you remember
Woodstock,
tell a child.



These kids **have**
friends like you.



These kids
need
friends like you.

If you've experienced school, work,
relationships—if you lived through the joy of
Woodstock or the emotion of Vietnam, you
have what it takes to be an adult friend to a
Rochester City School District child.

Visit RochesterMentors.org/tellachild to find
an information session you can attend. (Or call
585.271.4050.)



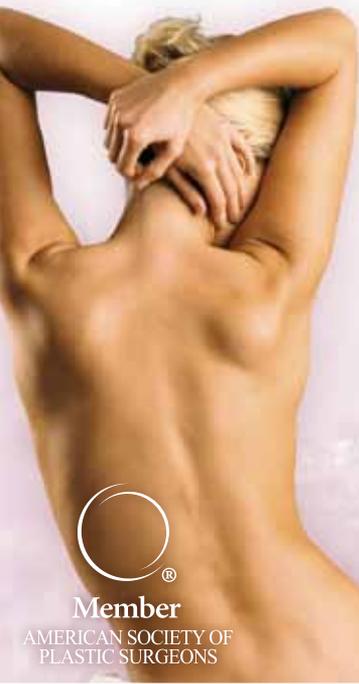
ROCHESTER MENTORS
YOU HAVE WHAT IT TAKES TO BE A MENTOR.

Space donated to the Ad Council
as a public service of this publication.
©2010 All rights reserved.



The PLASTIC SURGERY GROUP OF ROCHESTER

Unlock the Natural Beauty Within



Board Certified Plastic Surgeons

- Timothy O'Connor, MD, FACS
- Ralph Pennino, MD, FACS
- Mark Davenport, MD
- Jeffrey Fink, MD
- Andrew Smith, MD, FACS

Surgical Options

- Breast Enhancement
- Body Contouring
- Facial Rejuvenation

Non-Surgical Options

- Dermal Fillers
- Botox
- Laser Hair Removal
- Leg & Facial Vein Treatments
- Skin Tightening
- Anti-aging Skin Care

RochesterPlasticSurgery.com



Member

AMERICAN SOCIETY OF
PLASTIC SURGEONS

SPECIALIZING IN BOTH NON-OPERATIVE
and SURGICAL TREATMENT OF HAND DISORDERS



ROCHESTER HAND CENTER

- Timothy O'Connor, MD, FACS
- Ralph Pennino, MD, FACS
- Mark Davenport, MD
- Jeffrey Fink, MD
- Andrew Smith, MD, FACS

RochesterHandCenter.com



Linden Oaks Medical Campus
10 Hagen Dr., Suite 310

Parnall Office Building
1445 Portland Ave., Suite G-01

Unity Hospital
1561 Long Pond Rd., Suite 216

(585) 922-5840

WHAT'S NEW IN Area Healthcare

ROBERT MAYO, MD BECOMES PRESIDENT OF THE MEDICAL AND DENTAL STAFF AT ROCHESTER GENERAL HOSPITAL

Robert Mayo, M.D. officially assumed the role of president of the **Rochester General Hospital Medical & Dental Staff (MDS)** on July 1, 2010. The term runs for two years. As president of the MDS, Dr. Mayo represents the hospital's more than 1,300 members in discussions with the hospital's Chief Executive Officer and Board of Directors in matters of mutual concern relative to patient care and physician services. Dr. Mayo, who specializes in Nephrology, joined the **Rochester General Health System** in 2002. He completed his internship and residency training at St. Mercy Hospital in Ann Arbor, Michigan and his fellowship at the University of Michigan Hospitals also in Ann Arbor, Michigan. Dr. Mayo lives in Pittsford with his family. **Geneva General Hospital's Women's Health Services** is designated an *ACR Breast Imaging Center of Excellence*.



Robert Mayo, M.D.

GENEVA GENERAL HOSPITAL'S WOMEN'S HEALTH SERVICES HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR)

By awarding facilities the status of a **Breast Imaging Center of Excellence**, the ACR recognizes breast imaging centers that have earned accreditation in all of the College's voluntary, breast-imaging accreditation programs and modules, in addition to the mandatory *Mammography Accreditation Program*.

The breast imaging services at this center are fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy. Peer-review evaluations, conducted in each breast imaging modality by board-certified physicians and medical physicists who are experts in the field, have determined that this facility has achieved high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures, and quality assurance programs.

GGH CARDIOPULMONARY DEPARTMENT RECEIVES ACCREDITATION

The **Cardiopulmonary Department** at **Geneva General Hospital** has attained recognition for its commitment to providing a high level of patient care and quality testing for the diagnosis of vascular disease. The facility achieved accreditation by the **Intersocietal Commission for the Accreditation of Vascular Laboratories**.

Cardiovascular disease is the leading cause of death in the United States, costing society over 83.7 billion dollars each year in health services, medications and lost work time due to disability. Stroke, a disorder of the blood supply to the brain, is the third leading cause of death and disability in this country, with 500,000 new strokes occurring annually.

One American dies every 32 seconds of cardiovascular disease, disorders of the heart and blood vessels. Each year, 2 million people in the United States alone develop deep vein thrombosis - blood clots in the veins. This affliction becomes life threatening for 500,000 of those people when the blood clot breaks loose and travels to the lungs.

Early detection of these life-threatening vascular diseases is possible through the use of noninvasive vascular testing techniques performed within vascular laboratories.

Geneva General Hospital's Cardiopulmonary Department located in Geneva, NY, is one of a growing number of vascular laboratories in the United States, Canada and Puerto Rico to meet or exceed the ICA VL standards for noninvasive vascular testing.

CARDIAC SPECIALIST JOINS URM ELECTROPHYSIOLOGY TEAM

The **University of Rochester Medical Center** welcomes electrophysiologist **Christine Tompkins, M.D.**, to its **Department of Medicine/Division of Cardiology** as a senior instructor. She will begin accepting patients in August.

"Dr. Tompkins is an experienced cardiologist who brings with her extensive expertise to treat patients with heart rhythm disorders," said **David T. Huang, M.D.**, associate professor of Medicine and director of the Electrophysiology Laboratory. "We are pleased to welcome her to our team of specialists."

Tompkins' talent as a clinician and researcher will further strengthen the main priorities of the Medical Center's 2007-2012 Strategic Plan and its cardiovascular vision, according to **Charles J. Lowenstein, M.D.**, chief of the **URMC Division of Cardiol-**

ogy and director of the **Aab Cardiovascular Research Institute**.

Her clinical expertise consists of all aspects of cardiac electrophysiology, including medical and catheter treatment of atrial and ventricular arrhythmias, as well as cardiac device therapy (pacemakers and defibrillators) for bradycardia and tachycardia.

Tompkins completed her undergraduate work at **Western New England College** and received both a master's in physiology and her doctor of medicine degree from the **Georgetown University School of Medicine**. She completed her post-graduate training, including medical residency, general cardiology and cardiac electrophysiology fellowships, at the **Johns Hopkins University School of Medicine**. Most recently she served as chief fellow in Cardiac Electrophysiology at the Johns Hopkins Hospital.

HEMATOLOGIST, SCIENTIST JOINS WILMOT CANCER CENTER

The **University of Rochester Medical Center** welcomes **Christina M. Wiedl, D.O.**, to the **James P. Wilmot Cancer Center's** benign hematology team to care for people with a variety of blood and coagulation disorders.

"Dr. Wiedl is a talented hematologist and scientist who will serve our multidisciplinary hematology team well," said **Jonathan Friedberg, M.D.**, chief of Hematology/Oncology at the Wilmot Cancer Center.

Wiedl has been a part of the pediatric leukemia team at the **Medical Center's Golisano Children's Hospital** since 2007. She is a 2010 James P. Wilmot Cancer Research Fellow studying therapies to target refractory and relapsed pediatric leukemias.

A graduate of **Alleghany College**, she earned a doctorate at the **Philadelphia College of Osteopathic Medicine**. She completed a residency in pediatrics at **A.I. Dupont Hospital for Children at Thomas Jefferson University Hospital** before joining the Medical Center in 2007.



Christina M. Wiedl, D.O.

UNITY HEALTH SYSTEM IS PLEASED TO WELCOME JOANNE WU, M.D.

Dr. Joanne Wu joins **Unity Rehabilitation and Neurology and the Spine Center at Unity Hospital**. Board eligible in Physical Medicine and Rehabilitation as well as Neuromuscular and Electrodiagnostic Medicine, she specializes in integrative spine treatment and general musculoskeletal rehabilitation. Dr. Wu completed both her Doctor of Medicine degree and her residency at the **University of Rochester School of Medicine and Dentistry**, and is currently a clinical faculty member there.



Joanne Wu, M.D.

UNITY HEALTH SYSTEM ANNOUNCES STAFF PROMOTIONS

Unity Health System is pleased to announce the promotion/appointment of the following staff:

Mary Dombovy, M.D., MHSA, has been appointed vice president and chair, **Department of Rehabilitation and Neurology**. Dr. Dombovy is also the medical director of both the **Spine Center at Unity Hospital** and the **Stroke Center at Unity Hospital**. She joined the former **St. Mary's Hospital** in 1989 and began developing the St. Mary's Brain Injury program, which is now the Unity Acute Rehabilitation and Brain Injury Program.



Mary Dombovy, M.D.

Dr. Dombovy is a clinical associate professor of Neurosurgery, Neurology, and Physical Medicine and Rehabilitation at the **University of Rochester**.

James M. Haley, M.D., has been appointed vice president and chair, **Department of Medicine, Unity Hospital**. Dr. Haley has been with Unity since 2001, when he was named chair of the Department of Medicine. He received an M.D. with Honor degree from the **University of Rochester**, completed an internal medicine residency at **Strong Memorial Hospital**, and was a chief resident at the former **St. Mary's Hospital** before entering primary care practice in Rochester in 1989. Dr. Haley is a clinical professor of Medicine at the University of Rochester, and is a member of the American College of Physicians, the Rochester Academy of Medicine, the Monroe County Medical Society and the Medical Society of the State of New York.



James M. Haley, M.D.

TELEMEDICINE PROGRAM WINS PRESTIGIOUS AHA NATIONAL AWARD

Health-E-Access is one of 5 community health programs to receive honor

The **American Hospital Association** today announced that the **University of Rochester Medical Center's** pediatric telemedicine program, **Health-e-Access**, will receive a prestigious AHA NOVA Award. The award honors hospital-community collaborations that improve community health.

Health-e-Access, which is based at **URMC's Golisano Children's Hospital**, is one of five programs nationwide that will be honored at a special ceremony at the summit.

Health-e-Access was launched in May 2001 as a novel way to use a web-based telemedicine system to connect youngsters in child care centers, schools, or community centers to a pediatrician or nurse practitioners who is part of the child's primary care medical home. Special devices for patient examination allow the health care provider to perform remote diagnosis and consultation based on high resolution images, audio recordings (for lung sounds) and video conferencing.

The program includes 23 community-based sites, four of which are open after hours, as well as mobile units and teledentistry.



ROCHESTER COLON & RECTAL SURGEONS P.C. OPENS NEW STATE-OF-THE-ART OFFICE

Rochester Colon & Rectal Surgeons P.C. (rochestercolon.com) has opened a new office at 1255 Portland Avenue, Suite 300, in Rochester to serve the growing number of patients needing treatment for a range of Colorectal issues, including colorectal and anal cancer screening, care for newly diagnosed or recurrent colorectal cancer, diverticulitis, fecal incontinence and medical and surgical care for patients with Inflammatory Bowel Disease (Crohn's disease, Ulcerative Colitis).

This new state-of-the-art facility is the practice's third location in the Rochester area. Other offices are located in Brighton at 125 Lattimore Road, Suite 270 and in Greece at 121 Erie Canal Drive, Suite B.

The new Portland Avenue office will offer easy access, free parking, free Wi-Fi, outpatient colonoscopy and day surgery procedures in addition to the convenience of pre and post-operative visits for patients having surgery (robotic, traditional, and laparoscopic).

All of the practice's eight surgeons, **Dr. Michael J. Graney**, **Dr. T. Jeffrey Dmochowski**, **Dr. Stephen M. Rauh**, **Dr. Mary Lou O'Neill**, **Dr. Asim Farid**, **Dr. Steven Ognibene**, **Dr. Bastian Domajnko**, and **Dr. Claudia Hriesik**, will be seeing patients at the new location. Each RCRS surgeon has been fellowship trained in colon and rectal surgery, assuring expertise in their field.

For additional information or to schedule an appointment, patients may call (585) 266-8401.

URMC DEVELOPING ATRIAL FIBRILLATION CENTER

The **University of Rochester Medical Center** is creating an atrial fibrillation center to offer patients access to experts with the most extensive experience in upstate New York and clinical trials that are not available elsewhere in the region. With the increasing prevalence of atrial fibrillation, the development of the new center comes at an ideal time and will help meet the growing clinical need to manage this condition.

Under the direction of cardiologist **Burr Hall, M.D.**, assistant professor of Medicine and director of the Heart Station, the new center will provide ablation therapy and drug therapy,

including consultation and recommendations on the use of antiarrhythmic drugs, anticoagulants, and future uses for alternatives to warfarin to reduce the risk of stroke.

Hall and his colleagues at the **University of Rochester Medical Center** are involved in numerous atrial fibrillation clinical trials, which are helping improve the way the condition is treated. URMC recently participated in several important trials, including a study comparing the effectiveness of antiarrhythmic drugs and ablation therapy which was published in the *Journal of the American Medical Association* in March 2010, as well as a trial evaluating warfarin and a new anticoagulant, dabigatran, which was published in the *New England Journal of Medicine* in September 2009. Involvement in research efforts will continue and ultimately expand with the launch of the new center.

Patients with symptomatic atrial fibrillation that is interfering with their quality of life will be good candidates for referral directly to the new atrial fibrillation center.

NEW EP LAB OFFERS CURATIVE THERAPY WITH REDUCED RISKS

Electrophysiology services at the **University of Rochester Medical Center** have expanded with the introduction of a third EP laboratory featuring cutting-edge technology for the treatment of cardiac arrhythmia problems. The use of new, specialized equipment – the **Stereotaxis Magnetic Navigation System** – will allow physicians to conduct more complex procedures to treat conditions such as atrial fibrillation, atrial flutter and ventricular tachycardia with greater precision and an added measure of safety.

The University of Rochester Medical Center is the only institution in all of upstate New York to utilize the Stereotaxis Magnetic Navigation System, which is designed to allow physicians to more effectively navigate catheters through the blood vessels and chambers of the heart to treatment sites. This is achieved using computer-controlled, externally applied magnetic fields that precisely and directly govern the motion of the catheter.

One major benefit of using magnetic fields to steer a catheter is that physicians are able to use extremely soft, compliant catheters that cause less injury to the walls of the heart. Traditional catheters are somewhat firm so physicians are able to push them through veins, and oftentimes this process can cause trauma or lead to bleeding in the heart. With magnetic forces essentially “pulling” the soft catheter in the Stereotaxis System, the need for a stiff catheter is eliminated, along with several procedure-related risks and complications.

“Patient safety is always our number one priority,” said cardiologist **David T. Huang, M.D.**, associate professor of Medicine and director of the Electrophysiology Laboratory. “You can't beat technology that reduces risks and improves patient outcomes, which is what the new system allows us to do.”

With the new system up and running, physicians in the EP lab have more tools to treat complex arrhythmias such as ventricular tachycardia and atrial fibrillation. Individuals suffering from these arrhythmias often have a reduced quality of life due to negative side effects from medications, fear of making plans, traveling or exercising, or health-related issues at work or in school. While control treatments such as medications may

mask the problem for a time, potential curative therapies such as atrial fibrillation ablation and ventricular tachycardia ablation can greatly improve quality of life and ensure that patients require little, if any, further therapy.

“Patient safety is always our number one priority. You can’t beat technology that reduces risks and improves patient outcomes, which is what the new system allows us to do.”

—David T. Huang, M.D.

Huang heads the new lab and, along with three other physicians – Burr Hall, M.D., Spencer Rosero, M.D., and Mehmet Aktas, M.D. – has completed specialized training on the new equipment. Conditions that Huang and his colleagues can treat using the new system include atrial fibrillation, atrial flutter, supraventricular tachycardia and ventricular tachycardia. People with otherwise healthy hearts who have electrical problems may be referred directly to the Electrophysiology Lab at the URM for consultation and therapy.



ADVERTISER INDEX

- Human Touch Initiative - page 5
- Rochester Health - page 19
- Lisa Hughes Photography - inside front cover
- Rochester Mentors - page 19
- Plastic Surgery Group of Rochester - page 19
- Medical Liability Insurance Company - inside back cover

EDITORIAL OUTLOOK

JOIN THE CONVERSATION

If you are interested in sharing your insight and expertise with your colleagues, please email us at WNYPhysician@Rochester to learn more about submitting an article for an upcoming issue.

SEPTEMBER

COVER STORY: COLON AND RECTAL SURGERY

Clinical Focus: OPTHALMOLOGY /
PROSTATE CANCER

Special Focus: Medical Innovations
Telemedicine
Outpatient Care

OCTOBER

Clinical Focus: ONCOLOGY

Covering the latest advances in cancer diagnosis, treatment and care management.

Special Focus: Rural Health
Imaging Advances
Mental Health

NOVEMBER

Clinical Focus: GERIATRICS/DIABETES

Takes a look at the myriad of health issues and the unique care needs of the geriatric patient.

Special Focus: Orthopaedics
Diabetic Foot Care
End of Life
Long Term Care
Rehabilitation
Hospice
Home Care

UPDATE 2010

Late breaking news on
medical-legal developments
affecting physicians and
health care providers.

A publication of:

**Kern Augustine Conroy
& Schoppmann, P.C.**
"ATTORNEYS TO HEALTH PROFESSIONALS"

Email: kacs@drlaw.com

Website: www.drlaw.com

New York:

1325 Franklin Avenue
Garden City, NY 11530
Tel: (516) 294-5432
Fax: (516) 294-5414

New Jersey:

1120 Route 22 East
Bridgewater, NJ 08807
Tel: (908) 704-8585
Fax: (908) 704-8899

Pennsylvania:

1500 Market Street, 12th Fl
Philadelphia, PA 19102
Tel: (215) 665-5790
Fax: (800) 941-8287

Illinois Affiliate:

Augustine, Kern & Levens, Ltd.
218 N. Jefferson Street
Chicago, IL 60661
Tel: (312) 648-1111
Fax: (312) 648-1057

Florida:

Physicians' Counsel, LLC
A law firm comprised of: Kern Augustine Conroy &
Schoppmann, P.C. & The Health Law Firm
1101 Douglas Avenue
Altamonte Springs, FL 32714
Tel: (407) 523-5850
Fax: (800) 941-8287

© 2010 Kern Augustine Conroy & Schoppmann,
P.C.

Red Flags Rule Enforcement June 1st: The Federal Trade Commission (FTC) previously delayed until June 1, 2010, enforcement of the federal Red Flags Rule which requires entities to implement an identity theft prevention program. As of this date, the FTC has not announced a further enforcement delay, even though the AMA and other medical associations continue to advocate for medical practice exemption from the Red Flags Rule. Aside from the Red Flags Rule, state law requires that physician practices take certain actions to prevent identity theft. See www.drlaw.com for information on how to comply with the Red Flags Rule and applicable state law.

New Disclosure Requirement for Stark In-Office Ancillary Services: Among its many provisions, the recently signed Patient Protection & Affordable Care Act (the "Health Care Reform Act"), has imposed a new requirement on physicians who rely on the Stark "in-office ancillary services" exception for certain imaging services. This exception generally allows physicians to make referrals of certain designated health services within the referring physician's own practice. Under the Act, physicians who utilize this exception to make referrals for CT, MRI or PET must provide patients with written notice, at the time of the referral, that the patient may obtain the services from another supplier, other than the referring physician/group practice. The written notice also must include a non-exhaustive list of other suppliers who furnish services in the area in which the patients reside. Although the Act was signed into law in March 2010, the effective date of this new requirement is January 1, 2010. Therefore, affected physicians should comply with this new requirement immediately.

Physicians May Be Eligible for FICA Tax Refund: The IRS recently determined that medical residents who earned wages before April 1, 2005 (when new IRS rules went into effect) are now excluded from Federal Insurance Contributions Act (FICA) taxes. Up until now, there was a dispute as to whether medical residents who filed FICA refund claims were eligible for the student FICA exception. As a result of the IRS' recent determination, individual medical residents may be eligible to receive refunds if they filed FICA refund demands or if their employer filed a refund claim for the period in which they were residents. Similar to other FICA refund claims, these refund claims are subject to verification by the IRS. The IRS will contact individuals affected by the IRS' new ruling and who filed a FICA refund claim. Individuals who are covered under a claim filed by their previous employers will be contacted by those employers. However, it is recommended that all individuals who may be eligible for the refund directly contact their residency programs to see if they qualify.

Data Breach Tied to Leased Copier Hard Drive: Affinity Health Plan, a New York managed care plan, is providing notice to more than 400,000 persons regarding the potential breach of customer, provider and staff personal information, which may have included Social Security numbers, birth dates, and medical information. It is believed that the data was leaked as a result of the information being left on a leased office copier hard drive that was returned to the leasing company. Failure to properly dispose of medical information is a violation of federal and state privacy laws and regulations which could result in serious implications. Recently enhanced enforcement of HIPAA through mandated periodic audits by the Department of Health & Human Services and increased civil monetary penalties for violations means it is more important than ever that physicians appropriately safeguard patients' personal information (including information stored on copiers).

NY Medicaid Fraud Control Unit Sets Criminal Prosecution Record: New York Attorney General Andrew M. Cuomo announced that his Medicaid Fraud Control Unit (MFCU) convicted a record 148 criminals and recovered more than \$283 million in 2009. In three years, under Cuomo's direction, the MFCU team has recovered more than \$660 million in fines. Read the Attorney General's press release at http://www.ag.ny.gov/media_center/2010/apr/apr12a_10.html, with a link to the MFCU 2009 Annual report, detailing cases, settlements, and convictions that resulted in the year's record recovery.

Why the other side hates to see us on your side.

- We go to bat for you and preserve your good name.
- We aggressively defend and resist any payment for frivolous claims.
- We are a tough team to beat and we don't give up.
- We have the finest defense attorneys in the State, respected medical experts, and the country's largest and most experienced claims staff.
- We are not just your liability insurer. We are your legal guardians.

We are MLMIC.
Our defense never rests.



Medical Liability Mutual Insurance Company (MLMIC) is the one ally you want when you enter the courtroom and your practice and reputation are on the line. The jury may be out. But, you can feel confident, knowing you are protected by the one company that has successfully defended more New York physicians than all other insurers combined.

■ Exclusively endorsed by MSSNY since 1975, MLMIC is a mutual company, owned and operated by the physicians we insure. ■ For more information and an application, call 800-275-6565 (NYC), 800-356-4056 (Syracuse), 877-777-3560 (East Meadow), or 800-635-0666 (Latham). ■



**Endorsed by
MSSNY**



Our defense never rests.

New York
Latham
Syracuse
East Meadow

©2010 Medical Liability
Mutual Insurance Company

Reach

Every Physician Every Month



Western New York Physician

More than 3,500 physicians, practice administrators and healthcare leaders turn to Western New York Physician for current information and a local perspective on healthcare in our region.

Each month delivers engaging and relevant articles on clinical advances, emerging technologies, new product news and current insight on practice management resources and tools.

Target this unparalleled audience of healthcare decision makers to

- ◆ Strengthen Brand Identity
- ◆ Create Practice Visibility
- ◆ Increase Product and Service Sales
- ◆ Stimulate Referrals
- ◆ Invite New Patients and Business

To discuss a customized marketing solution for your practice or business

WNYPhysician@rochester.rr.com or **(585) 721-5238**