



Vascular Society of New Jersey
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Monthly Report

May 2009

From the President

Joseph P. Costabile, MD

Several evenings ago my partner and I performed an endovascular repair of a symptomatic expanding abdominal aneurysm. The patient happened to be ninety years old in excellent health otherwise and has done well postoperatively. The repair took five component parts to achieve a repair and obtain a seal without an endoleak. An expensive undertaking not including the numerous guidewires, sheathes, catheters and balloons. The result is a live patient doing well.

As there is continued talk from Washington DC to provide care for all and still control costs, it gave me pause to consider this particular case. As we all know the cost of these endovascular devices is very expensive. Research and development, precise manufacturing, quality care of production, instructional and educational seminars all cost money, time and effort.

We demand, as a nation, the best healthcare products, the best training, the best care with the best results. Who will pay for all these demands if governmental control restricts all costs? Will rationing become a reality to balance the healthcare budget and who is going to be rationed? Will this ninety year old man be denied care because of his advanced age?

We live in uncertain times. What is certain, is we as practitioners must be watchful of efforts by our governmental representatives and administrators to control care under the guise of controlling costs. If we don't do it no one else will.

From the Statehouse

Beverly J. Lynch

On April 8, Governor Jon S. Corzine filed the following direct appointments

to the STATE BOARD OF MEDICAL EXAMINERS

Reappoint Paul T. Jordan, M.D., F.A.C.E.P. (Monmouth Beach, Monmouth)

Reappoint Karen Criss, CNM, M.S. (Union, Union)

Reappoint Humayun Mahmood Cheema, M.D. (Short Hills, Essex)

Reappoint Daniel Weiss (South Orange, Essex)

Reappoint Paul C. Mendelowitz, M.D., M.P.H. (Park Ridge, Bergen)

Appoint Ilyas A. Rajput, M.D., M.B.A., F.C.C.P., F.A.C.C. (Ventnor, Atlantic)

Appoint Stewart A. Berkowitz, M.D. (Morganville, Monmouth)

Appoint Jeannine M. Bender, Ph.D. (West New York, Hudson)

Appoint Peter Iannuzzi, D.P.M. (Demarest, Bergen)

Most Providers Get On-Call Compensation: Survey

By Andis Robeznieks

Modern Healthcare

April 1, 2009

Almost two-thirds (62%) of healthcare providers receive some form of additional compensation for on-call coverage—mostly in the form of a daily stipend or hourly rate—with compensation rates varying by specialty, group size and region, according to a new report by the Medical Group Management Association which surveyed online 317 medical practices representing 2,536 providers.

The survey, titled the Medical Directorship/On-Call Compensation Report, marks the first time the MGMA polled its members on this topic, and it found that 70% of providers in hospital-owned group practices received additional compensation, compared with 58% of providers in practices not owned by hospitals. At \$2,000 a day, neurosurgeons reported the highest daily compensation for on-call coverage, while pediatricians and urologists received \$895 and \$500 respectively.

"Historically, on-call duties have been sporadically compensated by hospitals, however, we're seeing more hospitals compensating physicians and we're seeing hospitals paying more," said Jeffrey Milburn with, MGMA Health Care Consulting Group in a news release. "Hospitals are realizing they must compensate group-practice physicians for on-call duties."