



Vascular Society of New Jersey
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Monthly Report- November 2008

From the President

Gary A. Drascher, MD, RVT, FACS

Election day is Tuesday.

Too bad that all the people who really know how to run the country are busy driving taxicabs and cutting hair. Nathan Birnbaum (1896-1996) aka George Burns

Our Annual Dinner meeting on October 30 was well attended. Everyone had a good time and Yaron Sternbach from the Albany Vascular Group gave a great talk on Endovascular repair of ruptured aneurysms. We also heard a brief legislative update about what is happening in Trenton.

Thank you to John Snover from Gore and Mike Seelig from Bard for their financial support of the meeting.

Upcoming Meetings:

VEITH November 19-23

NJ ACS December 6 Morning Vascular Session.

Attention: Vascular Surgeons Call for Scientific Abstracts

The 31st Annual Scientific Meeting of the Vascular Society of New Jersey will be held on

*Wednesday, March 4, 2009
at Nanina's In The Park, Belleville, NJ.*

**Winning presentation will receive:
2nd Annual Robert W. Hobson, II, MD Award
Engraved plaque and \$500**

Abstracts are due by January 26, 2009.

There will be two types of presentations again this year:

- (1) Paper Session: All types of submissions - clinical, research or basic science -- are encouraged. Participation by residents and fellows with member sponsorship are encouraged. (Note - Papers remain eligible for submission to the Eastern Vascular Society or other major scientific meetings.)
- (2) Case Presentation: Members are requested to submit interesting and educational cases for audience participation and discussion. Case material with pertinent laboratory and radiological data should be submitted by the above deadline.

Submissions should be sent by email to the society offices at: rob@blynchassociates.com

Presenters will be responsible to provide the society with their presentation in advance of the meeting, to minimize audiovisual delays.

Registration materials will be forwarded in February outlining the entire program. For more information or if you have questions, please contact VSNJ at (609) 392-7553.

**Mark your calendar for March 4
and
Submit your Paper/Case Presentation Today!**

Brajesh K. Lal, MD
Program Chairman

From the Statehouse

Beverly J. Lynch

Urgent Regulatory Update on Codey Law

Senator Richard J. Codey plans on amending S-787 before moving the bill through the Legislature. The amended bill retains its core elements including (1) the creation of an exception from New Jersey's ban on self-referrals for referrals to ambulatory surgery centers ("ASCs"), (2) deeming all pre-effective date referrals to ASCs compliant with the Codey Law, and (3) permitting corporate

ownership of ASCs.

However, the amendments would increase regulatory oversight of the entire industry by requiring (1) all unlicensed one-room ASCs to become licensed and (2) all ASCs to become accredited by an "accrediting body recognized by Medicare" (currently the Joint Commission, the Accreditation Association for Ambulatory Healthcare and the American Association for the Accreditation of Ambulatory Surgery Facilities, hereafter collectively referred to as an "Accrediting Body").

Unlicensed ASCs would have one year from the effective date of the law to obtain licensure. However, rather than having to comply with current NJDOH licensing standards (which would be impossible for many one-room ASCs) the bill provides that unlicensed centers would be "deemed compliant" with NJDOH's physical plant and functional requirements if accredited by an Accrediting Body. New one-room ASCs would be permitted to be developed under the foregoing standard provided architectural plans are filed within nine months of the effective date of the law.

By virtue of becoming licensed, one-room ASCs would be (1) subject to the ambulatory care facility assessment (currently 2.95% on gross receipts capped at \$200,000 per year), (2) usable by any physician (as opposed to just the ASCs physician-owners), and (3) saleable to non-physician investors.

The amendments would also require all new and existing licensed ASCs to become accredited by an Accrediting Body within one year of the effective date.

In addition, instead of creating a two-year moratorium on the issuance of new ASC licenses, the bill would prohibit NJDOH from issuing any new licenses unless one of the following scenarios applied: (1) a change of ownership; (2) the relocation of an ASC within twenty miles (provided there was no expansion in the ASCs' scope of services); (3) entities that have filed architectural plans within nine months of the effective date; (4) entities that are owned in whole or in part by a New Jersey hospital; or (5) entities that are owned in whole by a medical school.

Finally, unrelated to ASCs, the bill proposes to abolish the current Codey Law exceptions for lithotripsy and radiation oncology. It appears that one year after the effective date, the amended bill would prohibit physicians from referring patients for lithotripsy or radiation oncology to entities in which they hold an interest, unless the interest "was held" prior to the expiration of such one year period.

It is not clear at this time whether the revised bill will be amended on the floor of each body of the legislature or go back to committee. In either case, it appears that the bill will be moving in short order and could potentially be sent to Governor Corzine during the next sixty days. Stay tuned!

Fulfill Your Cultural Competency Requirements

New Jersey Physicians licensed on or before June 29, 2007 are required to comply with the cultural competency training requirement by the next license renewal after March 24, 2008. Physicians licensed on or after June 30, 2007 are required to comply with the requirement by the end of the next complete renewal cycle after licensure. The cultural competency training requirement can not be included in the 100 hour CME requirement for licensure renewal. The law specifically required that physicians complete this training in addition to the usual CME required for relicensure.

Licensees must complete at least 6 hours of CME training in cultural competency in the following six topics:

1. A context for the training, common definitions of cultural competence, race, ethnicity and culture and tools for self assessment.
2. An appreciation for the traditions and beliefs of diverse patient populations, at multiple levels- as

individuals, in families and as part of a larger community.

3. An understanding of the impact that stereotyping can have on medical decision making.
4. Strategies for recognizing patterns of health care disparities and eliminating factors influencing them.
5. Approaches to enhance cross-cultural skills, such as those relating to history-taking, problem solving and promoting patient compliance.
6. Techniques to deal with language barriers and other communication needs, including working with interpreters.

Licensees should maintain certificates documenting CME attendance for a minimum of 6 years.

Additionally, in order to demonstrate compliance with each of the topic areas required in the cultural competence regulation you should keep evidence of the specific curriculum covered in the course(s) along with your certificates of completion. (e.g. brochures, course outlines, materials distributed in the course etc.). Any properly accredited CME course that meets the requirements is acceptable regardless of its format. For more information on these requirements, go to

<http://www.njconsumeraffairs.gov/bme/press/cultural.htm> Here's information on a free CME course that will satisfy the new NJ regulation: The US Department of Health & Human Services has a FREE 9-hour CME course online for cultural competency. The CME course has 3 modules of 3 hours each: <https://cccm.thinkculturalhealth.org/>



The Medical Society of New Jersey is delighted to report that our own Joseph Costabile, MD, is back safe and sound from his second tour of duty in the Middle East. This time, he was in Al Taqaddum in Iraq with the 1st Medical Battalion, where he has taken care of the medical needs of our troops and the Iraqis, while braving the heat and the sand and the scorpions. We are grateful to Joe and his colleagues who make such a difference to the health of our troops, our allies, and the citizens of Iraq.

I'm also please to report that the Second Annual MSNJ golf outing, which was held at the Spring Lake Golf Club on Monday, October 20, 2008, was a great success. We had fabulous weather and great companionship, and we raised thousands of dollars for the Institute for Medicine and Public Health of New Jersey. The Institute's mission is to improve the health status of New Jersey residents through innovative public health practice and high quality medical care by developing solutions to New Jersey's public health and healthcare challenges through continuing medical education, partnerships, policy development, research, and the law.

I thank our many sponsors and all of the participants, and I hope more of you will join us next year.

R. Prasad Gupta, MD, President
Medical Society of New Jersey

Coming up...

2009

Wednesday

March 4

Annual Scientific Meeting

11:00 am

Nanina's In The Park, Belleville