

OCT 10 1979

ESSEX COUNTY MEDICAL SOCIETY

MEMBERSHIP BALLOT

MEMBERSHIP BALLOT			COUNTY LICENSE	STATE REGISTRATION
YES	NO	REINSTATEMENT		
		Gear, Phillip E., 88 Chancellor Ave., Newark, Meharry Med. College, Tennessee, Rec. by Drs: G. D'Alessandro, K. Kim	1946	1977
		<u>ACTIVE BY TRANSFER</u>		
		Annitto, William J., 271 Main Street, Millburn, CMDNJ at Newark, New Jersey, Rec. by Drs: R. Feinsod, S. Kern	1975	1979
		Gouterman, Ira H., St. Michael's Medical Center, Newark, Downstate Univ., New York, Rec. by Drs: L. Smith, B. Safirstein	1979	1979
		<u>ACTIVE</u>		
		Binetti, Richard G., 585 Bloomfield Ave., West Caldwell, CMDNJ at Newark, New Jersey, Rec. by Drs: G. Hlavin, P. Pellicano	1977	1979
		Connolly, Adrian L., 462 So. Harrison Street, East Orange, CMDNJ at Newark, New Jersey, Rec. by Drs: B. Merritt, R. Fischbein	1979	1979
		Cuomo, Thomas F., 285 Henry St., Orange, Univ. of Bologna, Italy, Rec. by Drs: J. O'Connor, B. Staggers	1975	1975
		Eisenberg, Leonard S., 201 So. Livingston Ave., Livingston, Mt. Sinai Med. Coll., New York, Rec. by Drs: I. Dressner, J. Frankel	1979	1979
		Pojedinec, John F., 986 Sanford Ave., Irvington, Creighton Med. College, Nebraska, Rec. by Drs: R. Weierman, H. Lowell	1977	1979

ESSEX COUNTY MEDICAL SOCIETY

MEMBERSHIP BALLOT

MEMBERSHIP BALLOT			<u>STATE LICENSE</u>	<u>COUNTY REGISTRATION</u>
YES	NO	<u>ACTIVE</u>		
		Mirsky, Robert G., 743 Northfield Avenue, West Orange, Med. Coll., of Virginia, Va., Rec. by Drs: M. Mellicker, M. Corwin	1979	1979
		Mittra, Nirmal K., 221 Summer Ave., Newark, King George's Med. College, India, Rec. by Drs: M. Ponce, J. Gomez-Rivera		
		Pores, Ira H., 116 Millburn Ave., Millburn, SUNY at Buffalo, New York, Rec. by Drs: R. Werres, D. Rothfeld	1978	1979
		Salerno, Svetlana, 346 Bloomfield Ave., Newark, J.W. Goethe Univ., Med. Coll., Germany, Rec. by Drs: A. Silver, A. Friedland	1967	1967



MEDICAL
SOCIETY
OF NEW JERSEY

EXECUTIVE OFFICES □ TWO PRINCESS ROAD, LAWRENCEVILLE, NEW JERSEY 08648 □ TELEPHONE 609-896-1766

Copy to
Drs: Torella,
Watson &
Beary

June 11, 1979

Frank Y. Watson, M.D., President
Essex County Medical Society
144 South Harrison Street
East Orange, New Jersey 07018

Dear Doctor Watson:

At its meeting on Friday, May 11, 1979, the Board of Trustees of the Medical Society of New Jersey reviewed your letter of April 12, as well as pertinent literature and comments on the issue of the granting of clinical privileges to podiatrists.

It is the position of our Board of Trustees that the granting of clinical privileges to podiatrists should be in conformity with the Standards and Guidelines of the Joint Commission on Accreditation of Hospitals. (Accreditation Manual for Hospitals, 1979, pp. 85 and 86)

Sincerely yours,

Arthur Bernstein

Arthur Bernstein, M.D.
Secretary

AB:dcg



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OF NEW JERSEY

EXECUTIVE OFFICES □ TWO PRINCESS ROAD, LAWRENCEVILLE, NEW JERSEY 08648 □ TELEPHONE 609-896-1766

*Copy to
Dr. Forella
Watson -
Beary*

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Sincerely yours,

Arthur Bernstein

Arthur Bernstein, M.D.
Secretary

AB:dcg

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

April 12, 1979

Arthur Bernstein, M.D., Secretary
Medical Society of New Jersey
2 Princess Road
Lawrenceville, New Jersey

Re: Podiatry Priveleges

Dear Doctor Bernstein:

The Council of the Essex County Medical Society considered the excerpt from the January 21, 1979 Actions of the Board of Trustees of Medical Society of New Jersey which solicits comments from interested groups on Podiatry Services.

Our Council unanimously felt that we should back the most recent statement of the Joint Commission on Accreditation of Hospitals as appears in their Standard 1 (pp.85 and 86) in the Medical Staff section of the Accreditation Manual for Hospitals 1979 Edition.

We are enclosing a copy of this JCAH policy.

Sincerely yours,

Frank Y. Watson, M.D.
President

FYW/gh

encl.

Podiatrists who are appropriately licensed may be granted clinical privileges that are based on their documented training, experience, and current competence. Podiatrists must comply with all applicable medical staff by-laws, rules and regulations, including the procedures governing qualifications, method of selection, and the delineation of privileges. Their request for privileges shall be processed through the normal medical staff mechanism to the governing body, which shall have final approval. When privileges are granted to podiatrists, the medical staff bylaws, rules and regulations must contain specific references to podiatric services. A podiatrist with clinical privileges may, under conditions defined in the medical staff bylaws, rules and regulations, initiate with the concurrence of a physician member of the medical staff the procedure for admitting or discharging a patient. Admission of a podiatric patient shall be a dual responsibility of the responsible podiatrist and a physician member of the medical staff. Podiatrists granted clinical privileges shall be assigned to an appropriate clinical department or service.

Surgical procedures performed by podiatrists shall be under the overall supervision of the chief of surgery. In hospitals that have no chief of surgery but instead have a medical staff operating room committee, this supervisory function shall be the responsibility of the chairman or a designated member of the committee, provided he is a qualified physician. The scope and extent of surgical procedures to be performed must be defined for each podiatrist individually, and shall be recommended in the same manner as all other surgical privileges. Podiatrists may write orders and prescribe medications within the limits of their licensure and of the medical staff by-laws, rules and regulations.

Patients admitted to the hospital for podiatric care shall receive the same basic medical appraisal as patients admitted for other services. This includes the performance and recording of the findings in the medical record by a physician of an admission history and physical examination. The podiatrist is responsible for that part of the history and physical examination which is related to podiatry. A physician member of the medical staff shall be responsible for the care of any medical problem that may be present on admission or that may arise during hospitalization of podiatric patients. The physician responsible for evaluating the general medical status of a podiatric patient shall determine, with consultation if necessary, the overall risk assessment and effect of the operation on the patient's health.

note: above is relevant portion of Standard 1 (pp.85 and 86)
in the Medical Staff section of the Accreditation Manual
for Hospitals 1979 Edition.

Medical Society of New Jersey
Board of Trustees
Meeting of January 21, 1979

The New Jersey Hospital Association requested comments from the Medical Society of New Jersey.

The Board tabled further consideration of this matter pending input from the American College of Surgeons, the New Jersey Orthopaedic Society, and other interested groups.

Podiatry Services

The position of the Hospital Association on podiatry services is that when a hospital grants clinical privileges to podiatrists, the New Jersey Hospital Association recommends that the hospital do so in accordance with the standards set forth by the Joint Commission on Accreditation of Hospitals. These standards make provision for the processing of requests for privileges through the normal medical staff mechanism and the forwarding of that recommendation to the governing authority which has final approval. If a hospital does grant clinical privileges to podiatrists, there must be specific references to podiatry services in the medical staff bylaws, rules, and regulations; and admitting privileges must be in conjunction with a physician member of the staff who is responsible for the admission history, physical examination, and any medical problems that may be present at the time of admission or arise during hospitalization of the podiatric patient. Surgical podiatry services must be under the overall supervision of the chief of surgery or operating room committee, and the scope and extent of surgical procedures performed by podiatrists must be defined for each podiatrist individually. If a physician is not participating in the surgical procedure, there must be one immediately available in case of an emergency--such as cardiac standstill or cardiac arrhythmia.

**Joint
Commission**

875 North Michigan Avenue Chicago, Illinois 60611
on Accreditation of Hospitals (312) 642-6061

John E. Affeldt, M.D.
President

February 14, 1979

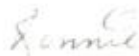
George L. Benz, M.D.
Essex County Medical Society
144 South Harrison Street
East Orange, New Jersey 07018

Dear Dr. Benz:

In response to your letter of February 8, 1979, I am enclosing a xerox copy of the relevant portions of Standard I (pp. 85 and 86) in the Medical Staff section of the *Accreditation Manual for Hospitals* 1979, edition. I believe it is self-explanatory.

You are right it has been too long since we have had a chance to chat in person. I hope that all is going well with you. I enjoyed hearing from you; please feel free to contact me again if I can be of any further assistance.

Sincerely,



Ronnie G. Tobin

RGT:pmh

Enclosure

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

February 8, 1979

Ms. Ron Tobin
Joint Commission on the
Accreditation of Hospitals
875 North Michigan Avenue
Suite 2201
Chicago, Illinois 60611

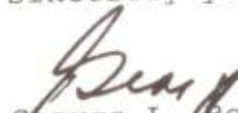
Dear Ron:

I haven't had the pleasure of talking to you in over a year and hope that everything is well.

We noted the enclosed article on Podiatrists Privileges in a recent issue of "The Reporter", the official publication of the New Jersey Hospital Association.

Could you kindly send me the latest rulings of the Joint Commission on the Accreditation of Hospitals concerning this aspect of Podiatry Privileges

Sincerely yours,



George L. Benz, M.D.
Secretary

GLB/lcr
Enc.



MEDICAL
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OF NEW JERSEY

EXECUTIVE OFFICES □ TWO PRINCESS ROAD, LAWRENCEVILLE, NEW JERSEY 08648 □ TELEPHONE 609-896-1766

January 29, 1979

Benjamin F. Rush, M.D.
President
New Jersey Chapter
American College of Surgeons
Martland Hospital
65 Bergen Street
Newark, New Jersey 07107

Dear Doctor Rush:

The attached material should prove self-explanatory.
Our Board of Trustees is eager to learn of your position
in this matter.

Sincerely yours,

Arthur Bernstein

Arthur Bernstein, M.D.
Secretary

AB/mf
Attachment

Podiatry Services

The position of the Hospital Association on podiatry services is that when a hospital grants clinical privileges to podiatrists, the New Jersey Hospital Association recommends that the hospital do so in accordance with the standards set forth by the Joint Commission on Accreditation of Hospitals. These standards make provision for the processing of requests for privileges through the normal medical staff mechanism and the forwarding of that recommendation to the governing authority which has final approval. If a hospital does grant clinical privileges to podiatrists, there must be specific references to podiatry services in the medical staff bylaws, rules, and regulations; and admitting privileges must be in conjunction with a physician member of the staff who is responsible for the admission history, physical examination, and any medical problems that may be present at the time of admission or arise during hospitalization of the podiatric patient. Surgical podiatry services must be under the overall supervision of the chief of surgery or operating room committee, and the scope and extent of surgical procedures performed by podiatrists must be defined for each podiatrist individually. If a physician is not participating in the surgical procedure, there must be one immediately available in case of an emergency--such as cardiac standstill or cardiac arrhythmia.

The New Jersey Hospital Association requested comments from the Medical Society of New Jersey.

The Board tabled further consideration of this matter pending input from the American College of Surgeons, the New Jersey Orthopaedic Society, and other interested groups.

Medical Society of New Jersey
Board of Trustees
Meeting of January 21, 1979

Podiatrists Seek Privileges

The Association of Podiatrists has asked the NJHA to assist them in resolving the problem of medical staffs privileges to hospitals.

Under present JCAH standards, podiatry services are allowed in a hospital only under supervision of the medical staff. However, podiatrists claim that in the last ten years, training schools have elevated their standards and that the podiatrists now possess expanded abilities.

Among other things, podiatrists want to be admitted to the operating room without the present restrictions of physician supervision.

There is a lawsuit pending in New Jersey which may provide some direction. At issue is whether or not a podiatrist can perform an operation under general anesthesia.

As soon as a decision is rendered, our attorney, Mary K. Brennan, will forward a copy to the membership.

From the September Issue 1978

of The REPORTER

Official Publication of the New Jersey Hospital Association

760 ALEXANDER ROAD CN 1
PRINCETON, NEW JERSEY 08540

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ESSEX COUNTY HEALTH ORGANIZATION

EXECUTIVE AND EDITORIAL OFFICES: 144 SO. HARRISON STREET, EAST ORANGE, N.J. 07018
PHONE: (201) 672-1816

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Celestino Clemente, M.D.

Membership
Frank F. Zaccardi, D.O.

July 5, 1979

TO: Bernard Robins, M.D.

FROM: Arthur Ellenberger

Dear Doctor Robins:

I phoned Tom Crane and he informed me that the IPA Task Force Committee of the Medical Society of New Jersey is composed of the seven following members, who have not yet met:

Howard D. Slobodian, M.D. of Perth Amboy, Chairman

John Mariscano, M.D.

Daniel J. O'Regan, M.D. of Jersey City

Richard Lang, M.D. of Passaic

Jeffrey Solomon, M.D. of Vineland

Christopher Babigian M.D. of Paramus

Paul Hirsch, M.D. of Somerset

There is no one on it from Essex County. If you feel that Essex County should be represented, I suggest that you phone Dr. Alfred Alessi, MSNJ President at 343-4212.

cc: Arthur Bernstein, M.D.

New Jersey foundation for health care evaluation

Two Princess Road • 609-896-2880 • Lawrenceville, N.J. 08648

newsletter

July/August 1979

PSRO UPDATE

Budget pressure on the program will continue. The request by HCFA for the next fiscal year was at a stand-still level, given the effects of inflation. AAPSRO and others mounted a campaign which requested that Congress increase the amount for PSRO purposes. However, the House Appropriations Committee recently recommended a 10% reduction in PSRO funds. The Committee said that it was skeptical of the OPPER evaluation report which found PSROs to be effective. The committee report suggested that the 10% saving be achieved by terminating ineffective PSROs and consolidating PSRO areas. The burden of the savings will be on HCFA and HSQB. If their attitude prevails, there will be more attenuation of the original PSRO review system.

HCFA has expressed interest in the prospective rate-setting program recently launched in New Jersey. This includes the use of Diagnosis-Related Groups (DRGs). The New Jersey Professional Standards Review Council has appointed a committee to consider cooperation of PSROs with DRG system. The New Jersey Foundation for Health Care Evaluation has sponsored meetings between PSRO personnel and those involved with DRG for the State Department of Health for several years. Information on cases that fall through the DRG screens will be referred to PSROs for peer review. The Committee will investigate methods of pursuing that course. DRGs, of course, include all hospitalized patients. Therefore, some of the referrals will concern non-federal patients. How PSROs could be involved with quality assurance in non-federal patients (given the budget squeeze) is one of the questions to be explored. The phrases, "DRG and "case mix" appear frequently in the literature, and PSRO review may swing in that direction. John Reiss, Ph.D, J.D., former Assistant Commissioner of Health in New Jersey, is now in HCFA. Dr. Reiss, as you know, was the key figure in developing the DRG concept in New Jersey, so that the recent interest in the subject is probably not coincidental.

Daniel J. O'Regan, M.D.
Medical Director

HEALTH MAINTENANCE ORGANIZATIONS

FEASIBILITY STUDY:

At the Annual Meeting of the House of Delegates in May, the Foundation presented an executive summary of its recently completed feasibility study to explore the "practicality and advisability of establishing a Statewide HMO." The study concluded that a multi-service area HMO (MSA/HMO) was both feasible and economical. An MSA/HMO represents a single administrative organization, capable of contracting with more than one IPA (individual practice association) in the State of New Jersey for the provision of prepaid health care services. The Medical Society's Board of Trustees has appointed a special Task Force to study the recommendations of the report:

Howard Slobodien, M.D., Chairman
Christopher Babigian, M.D.
Paul Hirsch, M.D.
Richard Lang, M.D.
Jon Marsicano, M.D.
Daniel J. O'Regan, M.D.
Jeffrey Solomon, M.D.

(over, please)



MEDICAL SOCIETY OF NEW JERSEY

EXECUTIVE OFFICES □ TWO PRINCESS ROAD, LAWRENCEVILLE, NEW JERSEY 08648 □ TELEPHONE 609-896-1766

MEMO TO: Presidents...
Medical Staffs of New Jersey Hospitals
State Specialty Societies
County Medical Societies
Board of Trustees, Medical Society of New Jersey

FROM: Vincent A. Maressa, Executive Director

DATE: August 27, 1979

RE: Medical Licensure and Regulation in New Jersey

On October 10, 1979, a special seminar dealing with medical licensure and regulation in New Jersey will be held at the Medical Society of New Jersey headquarters. A detailed description of the program and the participating lecturers is enclosed.

Clearly, the regulatory mechanism, how it functions--or perhaps can malfunction--is a matter of keen interest to the practicing physician, but more importantly to you, a leader of the medical profession in New Jersey.

Either you or a representative of your organization will benefit greatly from this program.

The specially prepared reference volume which will be distributed to all registrants is not available from any other source.

Thank you for your consideration.

VAM/mf
Enclosure

Copy to: Executive Secretaries/Directors, County Medical Societies

THE PROGRAM

1. State and Federal Regulation of the Medical Profession - Does The Future Mean Crisis?

Government investigations and government controls, advertising, new medical school graduates - there is a possible crisis in the traditional practice of medicine which could have profound consequences on your practice. Do not be caught unprepared.

Algis Augustine, former Chief Regulatory Officer, Department of Registration and Education, State of Illinois, will tell you what is on the horizon and how to protect your practice.

2. The Public Lobby - Who Are They And What Do They Want?

Consumer and public interest groups are urging "Sunset" legislation as well as increased numbers of public and "non-establishment" professional members on regulatory boards. What do such developments portend for medicine in the 1980's? How will they affect the traditional delivery of health care services and the fees charged for such services? Dr. Benjamin Shimborg, a national expert on licensing and Associate Director of Educational Testing Services and Center for Occupational and Professional Assessment, will discuss the implications of these trends.

3. The New Jersey Medical Board - A New Era In Activism

Your license may be at stake! The State Medical Board, in conjunction with the Attorney General, may now be the toughest regulatory board in the nation. It is now involved in many aspects of your practice—from your right to prescribe drugs to the fees you may charge. Conduct, which until recently was considered commonplace, and violations previously ignored, may now result in license suspension or fines up to \$70,000. Patient complaints — once a matter solely between physician and patient — are about to be heard routinely by the Board, with inappropriate responses resulting in costly, time-consuming litigation. Steven Kern, former Deputy Attorney General for New Jersey, will offer his advice on how to protect your license and respond to Board inquiries. Nancy Becker will discuss current conflicts and anticipated developments in the use of health care auxiliaries.

4. The Impaired Physician - Who Has The Responsibility?

What are the responsibilities of physicians, medical societies, and medical boards in dealing with the very sensitive area of impaired physicians? Dr. John Fultz, M.D., an internist and former medical coordinator for the State of Illinois, where he had the responsibility of investigating accusations against medical doctors, will tell you the current status of impaired physician programs and will discuss the confusion between illness and criminal behavior.

5. Criminal Liability - Fraud, Sexual Misconduct, and Illegal Distribution of Drugs

No physician is totally immune from accusations that can ruin his or her practice and family. An imaginative teenager, a patient looking for a quick dollar, a jealous lover, or an egotistical competitor can destroy you. Government agents may operate undercover to acquire drugs. Stoddy accounting practices, and inaccurate billings to Medicare, Medicaid, or insurance companies may result in costly legal fees and undue embarrassment.

Carl Poplar, Esq., a criminal defense lawyer and trustee of the New Jersey Bar Association's Criminal Law Section will detail how to avoid the risks of criminal prosecution.

6. The Medical Profession and Advertising - Current Regulations

Steven Kern, Esq., a drafter of New Jersey's advertising rules, will take you step by step through the regulations so that you will fully understand what you can and cannot advertise. Algis Augustine, Esq., will advise you of national developments.

THE SPEAKERS

Algis K. Augustine, Esq.

As former Chief Regulatory Officer for the Illinois Department of Registration and Education, Algis K. Augustine was responsible for approximately 500,000 licenses in 33 professions and handled and supervised many consumer complaints cases and license suspensions and revocations. He remains the moving force behind the National Conference on Enforcement in Occupational and Professional Regulation, has authored articles dealing with regulatory and administrative law, and recently edited a disciplinary action manual on Professional Licensing for the National Association of Attorneys General.

Mr. Augustine is a graduate of the University of Illinois Law School and Notre Dame, and now heads his own law firm in Chicago.

Benjamin Shimborg, Ph.D.

Benjamin Shimborg, Associate Director of the Center for Occupational and Professional Assessment, Educational Testing Service, Princeton, New Jersey, holds a doctorate in Industrial Psychology and is a leading authority in the field of occupational and professional licensing. He is the principal author of *Occupational Licensing: Practices and Policies: Improving Occupational Regulation*; and *Occupational Licensing: Questions a Legislator Should Ask*.

Dr. Shimborg has provided consultation to committees of the United States Senate and to a dozen state legislatures on such topics as "Sunset" legislation, mandatory continuing education, and regulatory reform proposals. He has also addressed such diverse groups as the New York State Regents' Conference on the Professions and the Federation of Associated Health Regulatory Boards.

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Northwestern

of the American

faculty of

Department

community and

at Cook

Chicago, Illinois

Medical

investigating

Carl D. Poplar

Bar Association

practicing law

Committee for

serves on the

room Committee

Ethics Committee

Bar Association

had extensive

maters. He is

Haddonfield, New



The Mountainside Hospital  **Glen Ridge and Montclair, New Jersey**

BAY & HIGHLAND AVENUES • MONTCLAIR, NEW JERSEY 07042
TELEPHONE (201) 746-6000

September 14, 1979

TO: Robert J. Lorello, M.D., President
Essex County Medical Society

FROM: Alfred R. Dardis, M.D., Director
Mountainside Family Practice

RE: Five-County Ad Hoc Committee dealing with
Maternal and Perinatal Facilities

A meeting of this Committee was convened at 7:30 PM on September 13, at St. Clare's Hospital in Denville, chaired by Kenneth M. Courey, Executive Director, in his role as Chairman of the Hospital Administrators Advisory Committee to the HSA Region II. Assisting Mr. Courey was Mr. Hornung, Director of Greater Essex Hospital Council. Present during the discussion were approximately 14 physicians as well as Mr. Joseph Slavin, Executive Director HSA II, and two of his staff persons. Extensive discussion was presented to develop the historical background for the purpose of the evening's meeting, and recommendations were brought forth which had been developed through the Hospital Administrators Committee, with significant input from Dr. Jack Skelton and Dr. Shyan C. Sun.

Dr. Sun presented some important statistical material which will be incorporated later in the Committee's report. An important point he made was that reduction in maternal mortality in transported neonates to the Level III facilities is directly related to the quality of the Obstetricians, Pediatricians, and in-Hospital team involved when that neonate is born. The mortality rate in his facilities in Newark is currently 18 per thousand. This has been lowered from 44 per thousand, while he feels that the Level III facilities are very critical, the basic premise is that the supportive Pediatric care at the point of origin has made the most significant dent in this change. A long discussion ensued and the position arrived at was:

- 1) The HSA Plan as presented was worthy of considerable support by all physicians.
- 2) Some modifications were indicated and should be outlined for the Medical Advisory Committee to review and the HSA Region II to act upon.

Recommendations:

- 1) Maternity facilities should be equal to, at least Level II in all hospitals within the HSA area dealing with Obstetrical patients.
- 2) Nursing facilities should be developed in three levels. Actual designations would be left to the developing organization, but they would be approximately:
 - a) Level III -- has Transport System Neonatal Intensive Care facility -- full time Neonatologist.

Continued.

September 14, 1979

- b) Level IIB -- Nursery facility with Intermediate capacity (12 to 36 hours) ability to handle the sick neonate.
- c) Level IIA -- Nursery facility without Intermediate capacity, but able to deal with the acutely ill neonate for short periods of time, i.e., 1 to 4 hours.
- 3) St. Barnabas would receive a Level III perinatal designation; Newton General a Level IIB designation; Overlook a level IIB designation; and a consortium developed between St. Elizabeth's, Elizabeth General and Beth Israel in Newark.
- 4) All Level III's would have the obligation to maintain Nurse Training Programs for the feeding hospitals.

In the final discussion, a small group of interested physicians, along with Mr. Courey, Mr. Hornung, and Dr. Sun's support, will develop the above recommendations in narrative form for presentation to the Medical Advisory Board of HSA II. This will be accomplished within a short period of time, i.e., 7-10 days. Mr. Slavin has said he will ask the Medical Advisory Board to convene shortly thereafter to take the recommendations within the near future to the full HSA Board Region II.

ARD/m

Greater Essex Hospital Council

Room 306 □ 460 Bloomfield Ave., Montclair, N.J. 07042

August 7, 1979

Abdol H. Islami, M.D., Chairman
Hospital Relations Committee
Essex County Medical Society
144 South Harrison Street
East Orange, NJ 07018

Dear Dr. Islami:

Mr. Arthur Ellenberger has informed me that in your capacity, as Chairman of the Hospital Relations Committee of the Society, you are the appropriate person to contact for help on an emerging and potentially serious problem affecting physicians, hospitals, and inpatients in our area. The problem I refer to extends from the efforts of the Regional Health Planning Council (and more recently, the State) to regionalize perinatal services within our Health Systems Area (consisting of Essex, Union, Morris, and Warren Counties). If enacted, these plans and regulations would eliminate perinatal services in some hospitals, curtail the level of services at others, and concentrate highly specialized services at teaching responsibilities in one or two other hospitals in our five-county region.

I should explain, parenthetically that in writing to ask your help, I am assisting Mr. Kenneth Courey, Administrator of St. Clare's Hospital in Denville, who is Chairman of an official five-county Hospital Administrators group which is addressing this problem as part of its scope of responsibility.

Returning to the perinatal problem, we would like to ask your help in two ways. One of which is more or less an immediate need for the Society to appoint three or four interested key physicians who could participate in a meeting to be held soon with similar number of physicians from each of the other four-county societies. The purpose of this meeting would be to mutually review developments to date and to ask you to give us medical advice and strategic guidance for our future course of action.


The second way in which we would like your help is in arranging for these perinatal developments to be fully explained to the majority of physicians who would be affected (especially obstetricians and pediatricians) but have thus

Abdol H. Islami, M.D.
Page 2
August 7, 1979

far probably been only peripheral participants in the issue. I might add that to date only a relatively few physicians have been official members of the HSA or State Committees and although they have done a splendid job, their own roles and resultant contributions could, in our opinion, be greatly enhanced by broader practitioner understanding and support. To accomplish this purpose, and to do so would end a timetable that could influence developments, we suggest that a September Meeting of your interested members at which the background and developments on this perinatal issue could be fully discussed. Our Committee would be glad to work with you to arrange for an informed presentation with appropriate visual materials.

May I hear from you soon. I am looking forward to this opportunity for collaboration. Thank you in advance for your attention to this request.

Sincerely yours,


Jack Hornung
Executive Director

cc Mr. Kenneth Courey, Administrator
St. Clare's Hospital

mh

THE FOLLOWING REPLY WAS RECEIVED FROM A LOCAL LEGISLATOR

ESSEX COUNTY
MEDICAL SOCIETY

EXECUTIVE OFFICE
144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1611

July 19, 1979

Assemblyman Carl A. Orechio
P.O. Box 6
Nutley, New Jersey

RE: A-1387
Physician's Registration Bill

Dear Mr. Orechio:

We thank you for the consideration you have given to our views opposing Physician's Assistant Registration in New Jersey.

We were sorry to learn that you voted for the bill on July 16, 1979 and hope that you will again consider your stand and vote against A-1387 if the chance should arise in the future.

Our position is that registering P.A.'s would create an unnecessary category of health personnel to supply services which duplicate services already supplied to the public. The use of P.A.'s would decrease the quality of health care and, according to the most recent study, offer no saving in cost.

We stand ready to either confer with you or supply you in more detail with our reasons against this bill.

Sincerely yours,

Robert J. Lorello
Robert J. Lorello, M.D.
President

RJL/lcr

Hi
Seem to agree with
I do not agree with
our position. I am shocked
I do not agree with
our position. I am shocked
Further, I am shocked
by the position of the
profession.
of some medical
Carl Orechio

IMPORTANT
I am replying to your letter with solutions on the letter itself. This efficient method makes possible immediate response and I hope you will agree the program is more important than formality.



ESSEX COUNTY MEDICAL SOCIETY

COMBINED ECMS DINNER MEETING
WITH WOMAN'S AUXILIARY

Wednesday Evening, October 10, 1979

HOLIDAY INN
120 EVERGREEN PLACE, EAST ORANGE, NEW JERSEY

Topic: "ALCOHOLISM AND DRUG ABUSE"

Panelists: Paul C. Fagan, M. D., Medical Director
Alcoholism Treatment Unit of Mountainside Hospital
Eugene R. Sims, M.D., Chairman ECMS Drug Abuse
Committee and leader in Addiction Rehabilitation

QUESTION AND ANSWER PERIOD.

\$20.00 per person - \$40.00 per couple
Cocktails and Hors d'Oeuvres at 6:30 P.M. -- Prime Ribs Dinner at 7:30 P.M.
MEETING OPEN TO ENTIRE MEMBERSHIP AT 9:00 P.M.

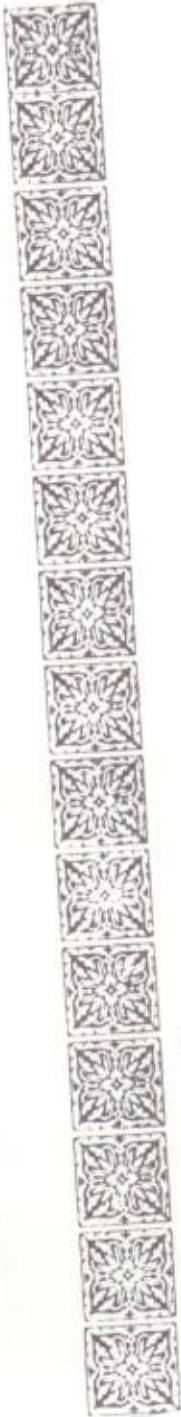


ESSEX COUNTY MEDICAL SOCIETY
144 S. Harrison St., East Orange, N.J.
(201) 672-1816

Robert J. Lorello, M. D.
President

Michael J. O'Grady, M. D.
Program Chairman

(2 Hours Category 1 AMA & 2 Hours Prescribed AAFP CME Credits)





AMERICAN MEDICAL ASSOCIATION

535 NORTH DEARBORN STREET • CHICAGO, ILLINOIS 60610 • PHONE (312) 751-6000 • TWX 910-221-0300

*Des Laella
Berg
Watson*

August 17, 1979

DIVISION OF
MEDICAL PRACTICE

DEPARTMENT OF COMMUNITY
HEALTH SYSTEMS

GARY B. SCHWARTZ
Director
(751-6431)

Stanley S. Bergen Jr., M. D.
President
College of Medicine and Dentistry
of New Jersey
100 Bergen Street
Newark, NJ 07103

Dear Doctor Bergen:

Doctor Sammons has referred your recent letter concerning the problems you are experiencing with the local Health Systems Agency to me for response, as I have staff "jurisdiction" for the subject of health planning. Unfortunately, the difficulties that your College, as well as other academic institutions in your region have encountered, are not dissimilar to problems encountered by others across the country.

If you have not already tried, I would encourage you to seek opportunities to present the special problems and needs, as well as resources available to the community through your institution, to the HSA Board. This generally can be accomplished by simply requesting an invitation to address the Board. Also, if you have not contacted your state and local medical society, I would strongly suggest that you inform them of this situation.

I would further suggest a comprehensive review of the local Health Systems Plan and the State Health Plan if available, to determine those areas where your institution could jointly work with the HSA. Also, your review should include how your institution could work to resolve community needs identified in the plans and opportunities in terms of expansion you deem appropriate and which are consistent with the long range plans of your college.

Also, prior to preparing or submitting an application requiring HSA review, I would suggest that you contact the HSA staff to discuss your plans as well as ask for their assistance in developing an application; P.L. 93-641 requires HSA's to provide this assistance. Our experience indicates that when HSA staff become involved in the development of an application, the likelihood of its approval is greatly enhanced.

In a few words: our experience is simply that as health planning is in fact a political process, you and members of your staff should take every opportunity to get acquainted with the HSA Board Members as well as the various working committees of the HSA. Even though you may not

Stanley S. Bergen, Jr., M. D.
Page 2
August 17, 1979

have been successful at the local level, it may well serve as a testing ground which can be of valuable assistance to you in preparing for reviews at the state level. The health planning law does require the HSA to provide justification for application denial. If you key in on these factors with justifiable arguments and the right blend of politics, your chances for success at the state level can be greatly improved.

I hope that these suggestions will be helpful to you. Please let me know if we may be of specific assistance as your dialouge with your HSA moves along.

Sincerely,



Gary E. Schwartz

GBS:dec
Enclosure

cc: James H. Sammons, M. D.

COLLEGE OF MEDICINE AND DENTISTRY OF NEW JERSEY

100 BERGEN STREET / NEWARK, NEW JERSEY 07103



August 2, 1979

AUG / '79



EVP OFFICE

Dr. James Sammons
Executive Vice President
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Dear James:

Over the last few months problems have arisen in New Jersey indicating a need for the College of Medicine and Dentistry of New Jersey and its Board of Trustees to reappraise relationships with local Health Systems Agencies and the Statewide Health Coordinating Council. These problems indicate to us a serious lack of understanding of the needs of medical educational institutions, regarding both our own hospitals and those of our affiliates.

Constantly we find medical education needs being subverted by a desire to consider everyone equally and, therefore, use standards applicable to community hospitals in reviewing requests for certificate of need as they pertain to our health care facilities. At times, one gains the impression that there is a conscious effort by staff to make the process even more difficult when a medical school becomes involved, and even to delay the process sufficiently so that other institutions can become competitive, or in the hopes of establishing a "fatigue factor" in the efforts of the medical schools.

On more than one occasion we have been rejected on both training grant requests and facility improvement requests, only to have reversal take place. The loss of time has resulted in escalation of costs, and the frustration has been almost overwhelming.

I am aware of the similar difficulties encountered in Philadelphia, New Haven and other locations, and I wonder if you might have any words of guidance and assistance that might help us to see our way through this problem without bringing the issue to legislative decision or confrontation.

Thank you for your consideration of this matter.

Best wishes.

Sincerely,

Stanley S. Bergen, Jr., M.D.
President

SSB:nmw

ESSEX COUNTY MEDICAL SOCIETY

EXECUTIVE OFFICE

144 South Harrison Street
East Orange, New Jersey 07018
Area Code (201) 672-1816

August 7, 1979

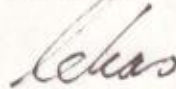
Dear *Frank*

I am enclosing a copy of the proposal with regard to the ECMS lease for office space. After discussing the matter with Mr. Brockie he offered to give the society a reduction of twenty cents per foot from the normal rental. This is based on a three year lease.

If we want a one year lease the rent will be \$10.00 per square foot. He at this time postulates an increase of sixty cents per square foot for the second and third years. These figures are projections and not certain. Much of the uncertainty is due to energy costs. Even with the three year lease there is a clause regarding energy costs.

Will you please review this material and let me know your thinking. It is impossible to meet before the middle of September due to the various vacation schedules,

Sincerely,



Charles I. Nadel, M.D.

CIN/gh

encls.

*Watson
Bustank
Lorvello*

OCT 10 1979

ESSEX COUNTY MEDICAL SOCIETY

MEMBERSHIP BALLOT

YES	NO	REINSTATEMENT	COUNTY LICENSE	STATE REGISTRATION
		Gear, Phillip E., 88 Chancellor Ave., Newark, Meharry Med. College, Tennessee, Rec. by Drs: G. D'Alessandro, K. Kim	1946	1977
		<u>ACTIVE BY TRANSFER</u>		
		Annitto, William J., 271 Main Street, Millburn, CMDNJ at Newark, New Jersey, Rec. by Drs: R. Feinsod, S. Kern	1975	1979
		Gouterman, Ira H., St. Michael's Medical Center, Newark, Downstate Univ., New York, Rec. by Drs: L. Smith, B. Safirstein	1979	1979
		<u>ACTIVE</u>		
		Binetti, Richard G., 585 Bloomfield Ave., West Caldwell, CMDNJ at Newark, New Jersey, Rec. by Drs: G. Hlavin, P. Pellicano	1977	1979
		Connolly, Adrian L., 462 So. Harrison Street, East Orange, CMDNJ at Newark, New Jersey, Rec. by Drs: B. Merritt, R. Fischbein	1979	1979
		Cuomo, Thomas F., 285 Henry St., Orange, Univ. of Bologna, Italy, Rec. by Drs: J. O'Connor, B. Staggers	1975	1975
		Eisenberg, Leonard S., 201 So. Livingston Ave., Livingston, Mt. Sinai Med. Coll., New York, Rec. by Drs: I. Dressner, J. Frankel	1979	1979
		Pojedinec, John F., 986 Sanford Ave., Irvington, Creighton Med. College, Nebraska, Rec. by Drs: R. Weierman, H. Lowell	1977	1979

ESSEX COUNTY MEDICAL SOCIETY

MEMBERSHIP BALLOT

YES	NO	ACTIVE	STATE LICENSE	COUNTY REGISTRATION
		Mirsky, Robert G., 743 North- field Avenue, West Orange, Med. Coll., of Virginia, Va., Rec. by Drs: M. Mellicker, M. Corwin	1979	1979
		Mittra, Nirmal K., 221 Summer Ave., Newark, King George's Med. College, India, Rec. by Drs: M. Ponce, J. Gomez-Rivera		
		Pores, Ira H., 116 Millburn Ave., Millburn, SUNY at Buffalo, New York, Rec. by Drs: R. Werres, D. Rothfeld	1978	1979
		Salerno, Svetlana, 346 Bloom- field Ave., Newark, J.W. Goethe Univ., Med. Coll., Germany, Rec. by Drs: A. Silver, A. Friedland	1967	1967

Mid-Essex Professional Building

(Medical Building Corporation)

144 South Harrison Street
East Orange, New Jersey 07018
201-675-8100

July 18, 1979

Dr. Charles I. Nadel
Essex County Medical Society
144 So. Harrison Street
East Orange, New Jersey

Dear Dr. Nadel:

The following rates to apply to office 404-405 (1620 sq. ft.) on a three year lease.

Year	Normal Rent	20¢ Per. Ft. Reduction	Net Rent
1980	\$16,420.00 <i>10-15</i>	\$328.40	\$16,091.60
1981	\$17,651.50	\$328.40	\$17,323.10
1982	\$18,883.00	\$328.40	\$18,554.60
Total savings over three years		\$985.20	
Average rent for three years		\$17,323.10 Yearly	\$ 1,443.59 Monthly

(Monthly figure is \$177.88 more than you now pay)

Your new lease will be as last year with the addition of two clauses which are now standard in our leases.

1. A clause which provides for a penalty of \$25.00 for any rent not paid by the 15th of the month in which it is due.
2. All tenants will pay a proportionate share of energy cost which exceeds the budget of the proceeding year. Cost will be totaled for a period from June 1st to May 31st. Excess if any will be divided by 25,000 sq. ft. and the tenant will be charged his share on a square foot basis.

NOTE: Dr. Heindel and I feel that the Board will approve the figures and conditions above if you agree. Your decision will be put before our Board at the September 7th meeting.

Yours truly,



Albert F. Brockie, Manager

cc: Mr. A. Ellenberger
Dr. J. Heindel

ESTIMATED INCOME AND EXPENSE

1980 Budget

INCOME

Rent & Miscellaneous Income
(July 1978 to June 1979)
Rental of Basement Space

186,859.00
1,675.00

\$188,534.00

EXPENSE

Elevators
(\$520.07 a month + 8% = 561.67 per month
x 12 = \$6,740.00
Repairs & Misc. Maintenance (Estimated)

6,740.00

9,500.00

38,650.00

WAGES

Manager's Salary \$703.14 x 24 = \$16,875.36
Employee's \$350.20 a week x 52 = \$18,910.80
Total wages \$35,786.16 x 8% = \$38,649.00

Payroll Taxes \$38,650.00 x 13% = \$5,024.50 5,024.00

Miscellaneous Taxes (Qtr. Contr. Unemployment) 2,500.00

Real Estate Tax \$36,946.00 + 8% 39,902.00

Mortgage, Principal & Interest (same) 26,688.00

N.J. Business Tax (Estimate) 250.00

N.J. Property Tax (Estimate) 80.00

GENERAL & ADMINISTRATIVE EXPENSES

Fuel 32,000 gallons @ \$1.00 a gallon 32,000.00
Gas & Electric (last year \$22,647.13 + 10%) 24,911.00
Insurance (last year \$4,958.94 + 10%) 5,454.00
Telephone (Approx. \$40.00 a month) 480.00
Water (same as last year) 751.00
Scavenger (\$67.00 a month + 5% = \$70.35 x 12 = 844.00
Snow Removal (Estimate) 1,200.00
Landscaping (\$80.00 per month x 10 months = 800.00
Supplies (Estimate) 3,500.00
Accounting & Legal Fees (Estimate) 2,000.00
Auto Expense (\$225.00 x 10% = 247.50 x 12 = 2,970.00
Advertising Expense (Estimate) 300.00
Office Expense (Estimate) 300.00
Petty Cash (Snow Shoveling, Casual Labor, Misc. Supplies) 450.00

205,294.00

(- 16,760.00)

22,416 sq. feet rented @ .60¢ increase = \$13,449.00

22,416 sq. feet rented @ .70¢ increase = \$15,691.00

22,416 sq. feet rented @ .75¢ increase = \$16,812.00
(Approx. 8% increase in rent)

MEMBERS ALREADY TERMINATED

On May 17, 1979 the State Society sent back 1979 dues for MSNJ but not AMA dues on the following members who failed to report CME to either the State or the AMA. ECMS then refunded both the State and the County dues to these members. It is my understanding that they can be reinstated if we receive their CME and they then again remit their dues prior to December 31, 1979. Otherwise they will have to go again through our entire credentials procedure.

G. Kenneth Hawkins, M.D.
Matthew Iatesta, M.D.
Alexander L. Lopus, M.D.
William J. Parker, M.D.
George E. Staehle, M.D.

MEMBERS TO BE TERMINATED

In August we received a long list of members to be dropped for not reporting their CME to either the State or the AMA. We wrote two letters and most responded by filing CME credits but the following five members did not respond and will be shortly dropped.

Edmond A. Saad, M.D.	54 Grand Pl., Kearny 07032	677-3550
Rajinder G. Sawhney, M.D.	47 Talbot Ct., Short Hills 07078	376-1312
Howard Schlacter, M.D.	228 Riseland Ave, Essex Fells 07021	226-8393
Romeo A. Tiu, M.D.	40 Union Ave., Irvington 07111	372-4600
Warren W. Walkow, M.D.	120 Irvington Ave. S. Orange 07079	763-4855

RESOLUTION

- WHEREAS, The New Jersey Department of Health intends to use the Diagnosis-Related Group (DRG) program in its prospective rate-setting for New Jersey hospitals, and
- WHEREAS, The Medical Society of New Jersey and the New Jersey Foundation for Health Care Evaluation have demonstrated their interest in the trial of DRG as a method to analyze cost and quality, and
- WHEREAS, The validity of the DRG information system has not been clearly demonstrated at this time, now therefore be it
- RESOLVED, That the New Jersey Foundation for Health Care Evaluation, along with the Medical Society of New Jersey, reserve judgment on the value of DRG until it's usefulness has been established, and be it further
- RESOLVED, That NJFHCE, along with ~~MSNJ~~ ^{the physicians of New Jersey} continue to cooperate with and advise the Department of Health on the conduct of trial of DRG as a quality assurance tool, and be it further
- RESOLVED, That DRG results involving quality assurance matters be referred to the appropriate PSRO and professional peer review process.

above Resolution adopted by the New Jersey
Foundation for Health Care Evaluation
September 9, 1979

MEETING ON DRG:

Tuesday, October 23, 1979 at 1:00 P.M., at the Medical Society of
New Jersey, 2 Princess Lane, Lawrenceville, N.J.

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Warren W. Walkow, M.D.	120 Irvington Ave. S. Orange 07079	763-4855

TO ECMS COUNCIL September 18, 1979

The following physicians will shortly be dropped from membership because of non-payment of 1979 dues.

- ✓ Jonathan Alexander, M.D. (467-3019)
- ✓ Zaida L. Calderon, M.D. (589-3566)
- ✓ Orlando G. Caprio, M.D. (482-0911)
- ✓ Anthony T. Caruso, M.D. (759-1990)
- ✓ Herman Chmel, M.D. (676-1000)
- ✓ Jose Clemente, M.D. (643-4969)
- ✓ Ricardo Cordon, M.D. (Calif.)
- ✓ Booker T. Crombie, M.D. (Tenn.)
- ✓ Louis Garben, M.D. (746-0220)
- ✓ Vincent J. Giardina, M.D. (642-5515)
- ✓ F. Gordon Hand, M.D. (762-3860)
- ✓ Audrey M. Hinds, M.D. (678-1631)
- ✓ Mansoor Karamooz, M.D. (Wash. DC)
- ✓ Jayant S. Kirtane, M.D. (445-6289)
- ✓ Peter Koch, M.D. (Calif.)
- ✓ Ik H. Kwon, M.D. (287-2273)
- ✓ Renato Martinez, M.D. (751-3330)
- ✓ Otto G. Matheke, M.D. (673-1520)
- ✓ Paul A. O'Connor, Sr., M.D. (482-2233)
- ✓ Ceaser G. Pitta, M.D. (757-1409)
- ✓ Albert Poet, M.D., (484-8000)
- ✓ Angel Prado, M.D. (992-5500)
- ✓ George A. Rhodes, M.D. (N.Y.)
- ✓ Alfred Richlan, M.D. (482-0389)
- ✓ Pedro Roblejo, M.D. (351-2201)
- ✓ Iradj Salahi, M.D. (533-5000)
- ✓ Alina Savoreika, M.D. (762-6581)
- ✓ Howard Schlachter, M.D. (226-8393)
- ✓ Anna Seebode, M.D. (744-8851)
- ✓ Sipra Sen, M.D. (572-3493)
- ✓ Kenneth Swire, M.D. (N.Y.)
- ✓ Francis Wanat, M.D. (746-4074)
- ✓ K.R. Wignarajan, M.D. (456-4300)
- ✓ Yieu Wu, M.D., (643-8800)

ECMS COUNCIL AGENDA, Tuesday evening, September 18, 1979 at 8:00 P.M.

- 1-Call to order at ECMS office - Robert J. Lorello, M.D., President
- 2-Requests for Emeritus Membership were received from Irving J. Gross, M.D., of West Orange, (formerly of Verona) and David B. Hoffman, M.D., of Irvington. Both physicians are completely retired
- 3-Credentials Committee - James J. Stovin, M.D., & David Dreizin, M.D.
Co-Chm.
- 4-A reply was received from MSNJ that their Board of Trustees took the position that the granting of clinical privileges to podiatrists should be in conformity with the Standards and Guidelines of the JCAH.
- 5-Report from ECHO:
 - A) According to directive of House of Delegates, MSNJ established an IPA Task Force Committee. Dr. Bernard Robins, President of ECHO questioned the fact that no Essex representatives were on this Committee and Dr. Alfred Alessi appointed Dr. Arthur Bernstein.
 - B) Revision of ECHO Peer Review System
- 6-On July 16, 1979, Mr. David L. Hitzig, President of Doctors on Call met with Drs: Robert J. Lorello, Peter Amirata, Daniel Burbank, George L. Benz and John Winslow, to answer questions on how his service would operate if established in Essex. Letters requesting references were sent to county medical societies in New York.
- 7-Third Party Review Committee Report - Robert J. Weierman, M.D., Chm.
- 8-Renewal of ECMS office lease - Charles I. Nadel, M.D.
- 9-MSNJ memo on "Due Process Hearings."
- 10-Listing of physicians who have not paid 1979 dues.
Membership termination for failure to report CME.
- 11-MSNJ Annual Convention to be held from Saturday, May 3, 1980 to Tuesday, May 6, 1980 at both Bally's Hotel and Penthouse Boardwalk Hotel in Atlantic City. When should we hold ECMS Annual Meeting?
Thursday, May 17, Thursday, May 8?
- 12-ECMS Hospital Relations Committee Perinatal Meeting on September 11, 1979 and area-wide Perinatal meeting on September 13, 1979-
Alfred Dardis, M.D.
- 13-Program Committee - Wednesday evening, October 10, 1979 Dinner Meeting with Woman's Auxiliary on "Alcoholism and Drug Abuse".
Plans for a November meeting on NHI, Catastrophic and Related Health Legislation.
- 14-DRG Update - George L. Benz, M.D.
- 15-Critical Blood Shortage - William I. Weiss, M.D.