



Inside HCA

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HCA Reacts to Platelet-Rich Plasma Therapy

Before playing in the Super Bowl last month, Hines Ward and Troy Polamalu, two of the more popular Pittsburgh Steelers, experimented with a new treatment to deal with their injuries. Polamalu was suffering from a strained calf while Ward had a sprain of the medial collateral ligament in his right knee. Both players, essentially, had their own blood injected into the regions that troubled them and got back on the field pain-free the following weekend.

More commonly known as platelet-rich plasma therapy, the ground-breaking treatment is gaining ground quickly. With more research and experimentation it has the potential to radically revamp orthopaedics.

According to an article in The New York Times, the “method centers on injecting portions of a patient’s own blood into the injured area, which catalyzes the body’s instincts to repair muscle, bone and other tissue.” Doctors interviewed for the article said the treatment could even prevent the need for surgery, as the injections tend to help regenerate ligaments and tendon fibers.

“There’s clearly potential to affect orthopaedics in a positive direction,” said Dr. John Reilly, the Chief of Orthopaedics at Staten Island University Hospital. “That some of these career-ending types of injuries can be resolved without surgery is an added value. There is a lot of upside.”

There are three elements that make the treatment appealing: it’s quick (around 20 minutes), it’s not as painful as surgery and it’s cheaper. The procedure costs approximately \$2,000.00 compared to about 5, 6 or 7 times that for surgery.

“There is some basic science to suggest that it may have some application,” said Dr. Reilly, “but there’s not enough clinical data to promote it in broad application.” And, perhaps more importantly, will the patient’s health insurance cover the procedure? “If it’s considered experimental the insurance companies are not going to be eager to endorse it,” Dr. Reilly said. More research is necessary. Over time, though, the treatment could prove to be a successful one. Remember, the Steelers won the Super Bowl. ✨

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Dr. Rowe and Dr. Babus

Pain Management Presentation

On Wednesday night, February 25th, Dr. Germaine Rowe and Dr. Glenn Babus, our own doctor’s in Pain Management, gave a dinner presentation for clinical professionals on managing chronic pain. The dinner was held at Es-ca restaurant on Richmond Road in Staten Island. Dr. Rowe, the Director of Pain Management services at Healthcare Associates in Medicine and Dr. Babus, the associate director, both gave separate presentations to an audience of approximately 35 people.

In addition to discussing different forms of treatment, the methods to assess pain and the different forms of pain intensity, Dr. Babus also gave his top 10 list of reasons why patients claim to have run out of their medication early. Number one: “The bookie was going to kill me.” Overall, the dinner and presentations were fun, informative and well received. ✨

How Much Does my Doctor Really Make?

Most patients who have a procedure performed are under the impression that their visit and subsequent payments go directly in full to the physician. An article in last summer's *Reader's Digest*, however, went a long way in dispelling this myth.

According to the article, completed by Robert Lowes, the senior editor at *Medical Economics*, a physician will receive less than half of a general \$100.00 payment (approximately \$41.00). A regular payment at Healthcare Associates, for example, is parsed into some of the following approximate percentages: 10% for insurance, 3% for medical supplies, 2% for office expenses, 3% for professional fees (lawyers, accountants, consultants), 2% for repairs and maintenance, 4% for rent/office space, 2% for retirement contributions, 1% for telephone expenses, 4.5% for billing, 3% for authorization, 2% for transcription and 5% for equipment. And this doesn't even include staff and supporting staff which could be as much as another 20% alone. These percentages vary from year to year but not drastically so. So, on average, 55-60% of a payment is divided out before the physician can take his or her share.

The amount of money the physician takes home, however, also differs based on the relative insurance policy. So, for a simple office visit, Medicare will pay \$59.00. After the aforementioned percentage is taken out for expenses the physician will then come away with approximately \$23.00 – before taxes. GHI, meanwhile, will only pay \$37.00 for the same visit. Deduct the usual percentage and taxes involved and how much is the physician *really* coming away with? GHI will only send \$17.00 of that amount leaving the other \$20.00 to be reimbursed as a co-payment. So when a patient fails or refuses to pay the co-payment for a GHI funded visit the physician only makes \$17.00, before taxes and the percentage cost kicks in. So, then, how many patients does the physician actually have to see to make up for the expenses? And how many would they have to see to make as much money as most of their patients think they make?

According to Lowes' study, the annual salary of the average family physician is approximately \$155,000. While that number rose 3.3% between 2002 and 2006, expenses increased nearly 25% over the same time frame. Remember, on every dollar a physician makes, 55-60 cents is taken out beforehand for the various expenses. In conclusion, most of the payment the patient makes isn't even going to the physician who serviced them - it's going to everything else.



Spring Preparation with the SI Yankees

As the nights get shorter and the days get longer, baseball players will begin to start training for the upcoming season. And while injuries in baseball are less likely to occur than in football (where they occur several times a game); they are an unfortunate consequence of America's past time as well.

That's where Dr. Giovinazzo and Dr. Reilly come in.

Two of Healthcare Associates' Orthopaedic Surgeons, Dr. Giovinazzo and Dr. Reilly are also the team physicians for the Staten Island Yankees. Attending all 64 games of the season, they do their best to keep the players healthy and injury free. The players, who play college ball in the off-season, begin training in March with their season beginning in June (right after the College World series concludes). The Staten Island Yankee season runs approximately from June through September. Dr. Reilly said that (unlike the members of the Staten Island Yankees who are already well prepared from training in warmer climates earlier in the year) the local high school and college players run into their own problems. After the winter, Dr. Reilly said, "these high school kids are itching to get outside. It's a set up for getting injured because they don't dress warmly enough to throw a baseball or run the bases. They don't stretch sufficiently enough." Dr. Reilly said the hard ground from the winter could lead to players suffering shin splints or turned ankles.

"It's all about stretching," Dr. Giovinazzo said. "You can't just go in and play cold. It's very important. You should cool down with stretching afterward too."

To make sure the players get the most out of their bodies and their season, Dr. Giovinazzo emphasizes stretching and "sports specific strengthening" as the two keys to a healthy performance. According to Dr. Giovinazzo, training should ideally proceed in the following five steps: stretch shoulder out (or relevant body part), warm up, strengthen body, cool with ice and then perform a post-work out stretch.

It's also important, Dr. Giovinazzo emphasized, for players to have proper pitching mechanics to avoid shoulder and elbow injuries. This is not, however, a fool-proof method. Injuries still occur. The most common is tendinitis of the elbow and shoulder in baseball or of the knee in basketball. For an upper extremity injury the pitcher could possibly need occupational therapy. In the case of tendinitis, medicines, physical therapy and rest are the three best treatments.





NOTABLE MENTIONS



- Congratulations are in store for **Christine Wilcken**, the assistant supervisor at our Orthopaedics office. Christine is pregnant with twins that are due in August. The twins will be joining Christine's 5-year old daughter Michaela.
- **Christina Milazzo** had exciting news of her own when she graduated from Phillips Beth Israel Nursing School to become a RN (Registered Nurse). In addition to her work at Healthcare Associates, Christina will also now be working at Beth Israel.
- **Diane Peruggia**, HCA's physician liaison, will be honored by the Staten Island Soroptimists for her work in the community. Diane's dinner will be held in Staten Island on Sunday, March 15, 2009 at the Vanderbilt.
- **Christine Keenan** gave birth to her first child, a baby boy named Robert Joseph. Born on February 25th, 2009 the baby weighed 5 pounds, 12 ounces. This was also big news for **Annie Lee**, at our Imaging Center, Christine's mother. Robert Joseph is the first child for Christine and the third grandchild for Annie (all boys).
- On Friday, May 8, 2009 our own Associate Administrator, **Kathy Tramontana**, will be honored by the Conservative Party of New York State. Kathy was notified of the big news by Richmond County Chairman **Carmine F. Ragucci** in late February. The dinner will take place at The Renaissance on Hylan Boulevard in Staten Island.
- **Dr. John Reilly's** son, **Thomas**, was named to the dean's list for the University of Notre Dame's First Year of Studies for outstanding scholarship during the fall 2008 semester. According to a statement released by the school, students who achieve dean's list honors represent the top 30 percent of students in their college.
- And last but not least, our very well liked Human Resources Manager **Carolyn J. Zietkiewicz** was replaced earlier this month by **Ann Marie Lane**. Carolyn has elected to join the New Jersey School system to work as a speech pathologist with children. Ann Marie, meanwhile, previously worked as the director of benefits and compensation in the corporate office for Crunch Fitness in Chelsea, Manhattan for over two years. Currently living in Staten Island, Ann Marie was born in Yonkers before living for 23 years in Ireland. We wish the best of luck to our old friend Carolyn and our new one Ann Marie.



We are also keeping an eye on President Obama's intentions to overhaul the federal health care system. The President supports universal health insurance for all Americans and has let Massachusetts Senator Ted Kennedy lead the way on developing legislation to revamp the system. How the proposed legislation could affect issues such as malpractice, rising costs and the pay scale for care-givers in the future remains to be seen. These are all important issues that affect our industry and company and thus are not easily dismissed. We intend to expand more upon this discussion in future issues.



Let us know what you think. Questions, comments, suggestions and letters are encouraged. Please e-mail us at PR@HCA-SI.COM. Your feedback will be published in the next issue.

Mission Statement:

Our physicians, who specialize in neurology, neurological surgery, orthopaedics and pain management are the community's preeminent providers of coordinated neurological, neuromuscular and musculoskeletal services. Dedicated to providing our patients with the very best in medical care, we at Healthcare are committed to the ongoing advancement and development of our specialty services.

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HEALTHCARE ASSOCIATES IN MEDICINE, P.C.

1099 Targee Street, Staten Island, New York 10304
65 Columbus Avenue, Staten Island, New York 10304
3311 Hylan Boulevard, Staten Island, New York 10306
1460 Victory Boulevard, Staten Island, New York 10301
9920 4th Avenue, Brooklyn, New York 11209

www.hca-si.com

(718) 667-7500 (718) 448-3210

Neurological Surgery

Edwin M. Chang, MD, FACS
John S. Shiau, MD, FACS
Anthony J. G. Alastra, MD
Elaina Mastrangelo, MS, PA-C
Ying Shen, PA-C

Neurology

Stephen A. Kulick, MD, FAAN, FACP
Steven B. Schwartzberg, MD
Clare A. McHugh, RPA-C

Neuropsychology

Reuven Weiss, Ph. D
Louis Siegel, Ed. D

Pain Management

Germaine N. Rowe, MD, FAAPMR
Glenn D. Babus, DO
Naomi Alcock, MS, PA-C
Marissa Maurino, MS, PA-C
Bridgit Farrell, PA

Orthopaedic Surgery

Joseph A. Suarez, MD, FACS
Albert B. Accetola, Jr., MD
John P. Reilly, MD
Joseph Giovinazzo, MD, FACS
Vincent Ruggiero, MD
Thomas Doty, PA-C
Kari Chagnon, PA

Physical Therapy

Alejandro T. Mariano, PT, Cert. MDT
Chintan Macwan, PT

Occupational Therapy

Mona A. Samaan, OTR/L, CHT
Bart Zylewicz, OTR/L

Podiatry

Mark Morano, DPM

Imaging Center of Staten Island

Richard S. Pinto, MD, FACR
Salvatore DeSena, MD