

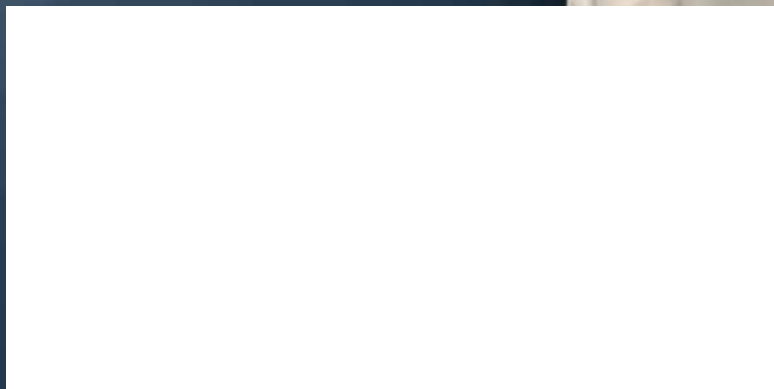
# MDNEWS<sup>®</sup>

■ A BUSINESS & PRACTICE MANAGEMENT MAGAZINE | ABOUT PHYSICIANS | FROM PHYSICIANS | FOR PHYSICIANS ■

## FIGHTING FOR PHYSICIANS

Members of County  
and State Medical Societies  
Benefit From A Collective  
Voice In Albany

Malcolm Roth, MD, FACS  
President, Albany County  
Medical Society





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# C ON THE COVER 06

Fighting for Physicians. Members of county and state medical societies benefit from a collective voice in Albany.

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//// September/October 2024



## COVER FEATURE

### Fighting for Physicians Members Of County And State Medical Societies Benefit From A Collective Voice In Albany 06

A practicing plastic surgeon for 36 years, Malcolm Roth, MD, has spent the last 25 years volunteering in the name of patient care, equitable treatment for physicians, and ways for those physicians to thrive. His commitment to advocacy for physicians in the Capital District led Roth to leadership roles in a number of physician groups, including the American Society of Plastic Surgeons, the New York Society of Plastic Surgeons, the New York Society for Surgery of the Hand, and the New York County Medical Society. He currently is in the last year of a two-year term as president of the Medical Society of Albany County.

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# FROM THE PUBLISHER

Michael T.  
Brigandi

PUBLISHER

Central New York

Mike@CNYPublications.com

315-415-9364

## WELCOME TO MD NEWS/ NYS CAPITAL REGION EDITION...

We are pleased to continue to bring you your local edition of MD News. MD News is your premier local market, business-to-business, custom publication for physicians in the NYS Capital Region. MD News will deliver strategically focused, locally relevant, and deeply engaging content to all licensed physicians, healthcare executives, and healthcare decision-makers.

MD News is a business and practice management magazine about physicians, from physicians, for physicians. Providing its readers with insight regarding best practices, procedures, and up to date news as it relates to the NYS Capital Region healthcare industry landscape.

Published bi-monthly, there are many opportunities available for your participation, Cover Features, Special Features, Columns, and Advertising. Many of our clients choose to be featured or write a column on their field of expertise because it has been proven to lead to referrals, recruitment, and recognition.

Our Cover Feature for this issue highlights the Medical Society of Albany County and the Medical Society of the State of New York (MSSNY). Know primarily for advocacy, the medical societies also assist member physicians with physician wellness, leadership development, payer relations, continuing education, and numerous member benefits. I encourage you to continue reading to learn more about your member societies direct from your leadership.

Malcolm Roth, MD, FACS -

President, Medical Society of Albany County

Jonathan Dougherty, Executive Vice President,

Medical Society of Albany County

Jerome Cohen, MD – MSSNY President

Thomas Lee, MD – MSSNY Executive Vice President

Morris M. Auster, Esq. –

MSSNY Senior Vice President & Chief Legislative Counsel

Plus, you'll have the opportunity to read up on "Nursing Workforce Shortages" by Kathryn Ruscitto, former President, and CEO of St. Joseph's Health Center (Syracuse, NY) and advisor to MD News. And "5 Points Your Physician Employment Agreement Should Address Regarding Med Mal Coverage" by Jenn Negley, Vice President, Risk Strategies Company. Additional articles include, "Medtronic expands AiBLE™ spine surgery ecosystem with new technologies and Siemens Healthineers partnership" and "World Health News in Brief."

Overtime, I look forward to meeting and/or speaking with all of you to share ideas on how we can get your message out to your peers, colleagues, and target audience. And I'm always open to suggestions on how we can make MD News a better publication to serve you, our clients, and readers.

Thank you for spending a few minutes within our pages.

Michael T. Brigandi

Publisher, MD News/NYS Capital Region

# MD NEWS

## NYS CAPITAL REGION

**PUBLISHER:** Michael T. Brigandi

**MANAGING EDITOR:** Martha Conway

**CONTRIBUTING WRITERS:** William Ecenbarger, Jennifer Negley

Kathryn Ruscitto, Tami Scott

**CONTRIBUTING PHOTOGRAPHER:** Chuck Wainwright

**EXECUTIVE CONSULTANTS:** Jerry Hoffman, Kathryn Ruscitto

---

**PRESIDENT & CEO:** Rich Keene

**COO :** Michael T. Brigandi

**IN MEMORIAM:** Robert J. Brennan, Founder

---

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Michael T. Brigandi at 315-415-9364 or

Mike@CNYPublications.com or Richard K. Keene

at 315-446-8331 or RKeene7@gmail.com.

## Contact Information

Please send press releases and all other information related to this local edition of MD News to

Mike@CNYPublications.com.

# SERVING ON A BOARD



## BY KATHRYN RUSCITTO, ADVISOR

Throughout my career I have served on a variety of Not for Profit Boards. It's a way to serve the community, open doors, connect people and causes, and to learn

Boards can help you to build new skills, connect with new parts of the community, begin to plan for things you want to do in your free time or in retirement. Good Board members want to learn and aren't afraid to ask questions. Recently I was at the View Arts Center in Old Forge and met a new surgeon who had moved to Syracuse. She had taken the time to explore not for profit arts organizations in the region and was visiting them to get to know the region.

Boards function differently, and expectations of Board members can vary. It really is important to think through why you are joining a Board and what your expectations are for that service.

Some simple guidelines should always be part of a Board members thinking:

What is expected of me: time, donations, terms of service.

What do I expect from the organization: following state and federal guidelines, communications on meetings and important issues.

How do you go about deciding on a Board or getting to know what organizations might be a good fit? Talk to colleagues, look at their current Board list, call and talk to the Executive Director. Many of you attend community fundraisers, also a good place to ask about Board service.

The Boards I have enjoyed the most, pushed what I knew, and connected me to best practice ideas. The Boards I found frustrating provided information but didn't use my skills or ask for help.

Not for profits are local, regional and national. Some belong to larger associations or organizations that have Boards at multiple levels. Board service in a not for profit is as a volunteer and is uncompensated. Organizations carry Board and officer insurance coverage to protect Board members.

There are also For Profit Boards of start ups and businesses that seek certain disciplines for their Boards and do provide compensation and other benefits. These Boards choose members primarily through other Board members. The services that promise to get you a Board seat in exchange for a fee are unproven.

Some mix of Board service across for profits and not for profits during a career is desirable.

### Resources:

[www.councilofnonprofits.org/running-nonprofit/governance-leadership/board-roles-and-responsibilities](http://www.councilofnonprofits.org/running-nonprofit/governance-leadership/board-roles-and-responsibilities)

[www.boardeffect.com/blog/pros-cons-nonprofit-board-membership/](http://www.boardeffect.com/blog/pros-cons-nonprofit-board-membership/)

[www.boardsource.org/fundamental-topics-of-nonprofit-board-service/roles-responsibilities/](http://www.boardsource.org/fundamental-topics-of-nonprofit-board-service/roles-responsibilities/)

Kathryn Ruscitto, Advisor, can be reached at [linkedin.com/in/kathrynruscitto](https://www.linkedin.com/in/kathrynruscitto) or at [krusct@gmail.com](mailto:krusct@gmail.com)

# FIGHTING FOR PHYSICIANS

## Members of County and State Medical Societies Benefit From

# A COLLECTIVE VOICE IN ALBANY



By Molly English-Bowers



MSSNY Delegates gather at the 2024 House of Delegates

A practicing plastic surgeon for 36 years, Malcolm Roth, MD, has spent the last 25 years volunteering in the name of patient care, equitable treatment for physicians, and ways for those physicians to thrive. His commitment to advocacy for physicians in the Capital District led Roth to leadership roles in a number of physician groups, including the American Society of Plastic Surgeons, the New York Society of Plastic Surgeons, the New York Society for Surgery of the Hand, and the New York County Medical Society. He currently is in the last year of a two-year term as president of the Medical Society of Albany County.

“I got involved because we all need to be able to continue to practice, to do what we feel our mission is, which is to take care of people,” Roth said. “And if we can't afford to keep the doors open, we can't afford to do that. One way to take care of people is to speak to legislators and try to advocate for a climate that allows us to take care of our patients.”

The Albany County Medical Society is one of 54 such groups in New York State; county-level members automatically are enrolled in the Medical Society of the State of New York as well as the American Medical Association. These collectives represent all physicians—whether in

a solo practice, part of a small group, working in a “super-group,” employed by a hospital or those in academia.

“I think it's really important for our patients that physicians are advocates to make certain that our legislators not pass legislation that would hinder access to quality care and also to maintain legislation that protects patients and physicians,” Roth said.

As Roth tells it, when he was in his third year of medical school in 1980, he grew tired of hearing practicing physicians complaining about issues that negatively affected their ability to do their jobs.



Malcolm Z. Roth, MD, FACS  
 President, Albany County Medical Society  
 Past Trustee, American Society of Plastic Surgeons  
 Past President, American Society of Plastic Surgeons  
 Past President, New York Society of Plastic Surgeons  
 Past President, New York Society for Surgery of the Hand  
 Past President, New York County Medical Society  
 Associate Professor, Albany Medical Center

At that time, the malpractice crisis was in full swing, and that carried with it the very real possibility that physicians couldn't afford to work in New York.

"It was the Sword of Damocles hanging over the head of every physician in New York State," Roth said. "I spoke up to them and said they need to go to Albany and complain to the Legislature if they wanted to get something done. Unfortunately, the answer I got then and I still get now is, 'I'm too busy.'"

"And so, the reality is there are not enough physicians who are willing to take time off whether it's once a year to go to Albany or to Washington, or once a week. It could be after work to speak to a local politician to tell them how they're having a hard time because of legislation that's weighing down on them, that's making it difficult for all of us. It comes down to the bottom line."

Practicing physicians are businesspeople and if the cost of staying in business becomes burdensome, the business could shutter. "It's very unusual that somebody says to themselves, 'I want to make a lot of money so I'm going to be a physician.' What they say is that they want to take care of people. And one way to take care

**“**I got involved because we all need to be able to continue to practice, to do what we feel our mission is, which is to take care of people.**”**

Malcolm Roth, MD

of people is to speak to legislators and try to advocate for a climate that allows us to take care of our patients and not worry about a lawyer coming to sue us," Roth said.

## Medical Society of the State of New York

When a physician joins their county medical society, they automatically become a member of the Medical Society of the State of New York (MSSNY). With main offices in Albany, MSSNY has ready access to state government, including the Legislature and governor. Jerome Cohen, MD, is the president of the society.

"MSSNY provides a collective voice for physicians," Cohen said. "We have a common legislative agenda and advocacy on issues that are important to our members. The Medical Society is a large group, numbering 16,500 physicians, and as such we are more effective than what an individual can do on their own."

In addition to being the political agent for New York's physicians, MSSNY also provides the advantage of anonymity for physicians to present problems without fearing retribution from insurance companies or employers, as well as leadership development, member benefits, physician wellness, payer relations, and education.

"MSSNY has been around since 1807," said Cohen. "Obviously, things have changed over the past several centuries and the Medical Society has changed with that. When the society was first formed it was exclusively a men's club,

women were not in medical practice. With women in medical practice, priorities change and MSSNY has welcomed women into the leadership fold."

## Advocacy

Meeting several times a year, MSSNY's Legislative and Physician Advocacy Committee determines legislative priorities from policies adopted at the House of Delegates, which convenes every April; officer elections occur at the same time. "The Legislative Committee determines our priorities, the issues we should be focusing on," said Morris M. Auster, Esq., senior vice president and chief legislative counsel for MSSNY.

"Historically, they have been about advancing the ability of patients to receive needed care in a timely manner, and that takes a number of different forms," he added. "It can be the timing of payments by insurance companies, reducing or eliminating health insurer hassles such as pre-authorizations, having to respond to a million different records requests, public health concerns such as immunizations. We also have been working to try to get liability insurance costs reduced because in New York we have some of the highest insurance costs in the country."

Part of the job of Thomas Lee, MD, MBA, executive vice president of MSSNY, is to explore and improve member benefits. "One of the greatest benefits to members, and by extension non-members, is we help pass laws and improve regulations that benefit all physicians and patients," he said.



MSSNY Executive  
Vice President Thomas Lee, MD, MBA

“For example, the society has opposed excess liabilities expansion because liability is a cost, it's an insurance premium physicians pay into. When there's increasing liability that will cost physicians and their employers more money and that takes money out of the healthcare system for patient care. As a result, we save a physician \$25,000-\$30,000, on average, a year in premium costs alone.” That savings more than pays for the annual MSSNY membership fee of \$460.

In addition, MSSNY facilitates a number of committees and subcommittees devoted to specific issues physicians may face. Counted among those are: Employed Physicians, Physician Wellness and Resilience, Scope of Practice, Legislation and Physician Advocacy, and Public Health.

MSSNY has developed the Grassroot Action Center for physicians to send letters to their legislators. “We give them a starting point and they can then customize it,” said Auster. “We also have templates for op-eds or letters to the editor. We try to give physicians tools to help them write and get pieces in the local media to educate the public about a particular piece of legislation that might be helpful to patient care or call attention to one that might be harmful to patient care.”

“We're there to advocate for physicians and patients, and it is also our job to provide an environment which welcomes more physicians who want to practice in New York.”

Thomas Lee, MD, MBA

## Leadership Development

Members, new and existing, are urged to volunteer for committees and attend advocacy activities, and to write letters and make calls to their legislators. “As people volunteer, we see who is stepping up and we encourage that,” said Cohen. “Once we identify those who are volunteering and stepping up, we encourage them to become leaders at the state level.” But members aren't joining MSSNY in a vacuum; mentors stand at the ready should they need assistance.

“We assign mentors to those who are new to leadership, and there is a parallel system at the county level.” That mentoring occurs in the Office of the President as well. “We have three people in that office,” Cohen said, “the past president, the current president, and the future president. The past president is mentoring the current president who then mentors the future president so there is continuity at that level.” Presidential terms last one year, and with three physicians in the Office of the President, it's a three-year commitment.

To help meet the needs of women, this past year, MSSNY established a Women's Leadership Academy, designed to foster female leadership within the organization. MSSNY now spends time on issues of work/life balance and practicing medicine while also raising a family.

## Physician Wellness

Working as a doctor brings with it enormous stresses, with burnout sometimes being the ultimate result. MSSNY designed a Peer-to-Peer program to ease some of the anxiety. Callers

into the program--medical students, residents, and fellows, as well as attending physicians in 17 specialties—are paired with peers of similar circumstance to work through issues.

“It is not a formal counseling program,” noted Lee, “but is really to share experiences and get some personal guidance to the caller. The problems identified could be personal, economic, practice or administrative. This is a confidential program, and we destroy the files after the encounter is closed.”

Should the caller need more intensive help, MSSNY runs a Physician Health Program that deals with substance use disorders and significant psychiatric disorders. “A referral can be made confidentially and if the caller opts to participate that's also confidential,” Lee said.

“I can't think of a single reason why a physician should not enroll in a collective that is advocating for him or her,” said Lee. “We're there to advocate for physicians and patients, and it is also our job to provide an environment which welcomes more physicians who want to practice in New York. Our friends in the government and regulatory world and insurance industry need to recognize that: By improving the work environment for physicians, you're going to have a robust workforce to take care of patients.”

## Education

Physicians always need to meet required educational hours and MSSNY can help. It offers free access 24/7 to online continuing medical education courses. Other opportunities for learning include





MSSNY President Jerome Cohen, MD

mandatory courses on controlled substance prescribing and infection control. MSSNY also credentials and co-sponsors CME programs for healthcare institutions and county medical societies.

## Member Benefits

Daily and weekly newsletters keep physicians up to date on healthcare issues of the day. Through its business partners, MSSNY offers discounted products on life and disability insurance and an exclusive 10 percent discount on medical liability insurance premiums. Other unique member benefits include investment products such as an exclusive Physicians Life Income Plan, which provides tax advantaged current income and asset protection. An attractive higher education loan program for physicians and their families is available for initial borrowing and refinancing. Additionally, individual and group health insurance options are available for practicing physicians, their families, and employees. “We continue to interview business partners regularly to assess and expand our benefits program,” said Lee.

## Payer Relations

MSSNY’s expertise helps physicians optimize revenue through resolution of claims, takebacks, and billing issues, and assists members in navigating healthcare regulations. A frequent cause of physician stress and burnout are administrative

“MSSNY provides a collective voice for physicians. We have a common legislative agenda and advocacy on issues that are important to our members.”

Jerome Cohen, MD

burdens imposed by federal and state governments,” Lee said.

If a physician is employed by a healthcare institution, he or she must comply with additional administrative and documentation requirements. “Many physicians have to document after their regular work hours by accessing the system remotely,” Lee said. “Further administrative burdens include prior authorization requirements and responding to document requests. These all significantly compound a physician’s workload. Even with clerical help, at the end of the day it falls on the physicians.”

## Medical Society of Albany County

Even though MSSNY serves as the conduit between county societies and state government, the Albany County

group can at any time call an executive committee to discuss and decide upon an issue.

“That has always been the focus on the county,” said Jonathan Dougherty, executive vice president of the Medical Society of Albany County. “If there’s an issue that comes up, we form a sub-committee for the life of the issue.” The group, which numbers 400 members, also holds legislative retreats twice a year, one in the Catskills and the other in the Adirondack village of Lake Placid.

Furthermore, if there is an issue that needs state or even federal legislative attention, those can start with the county as well. “Individual physicians or counties can prepare resolutions that are introduced to the House of Delegates,” Dougherty said.



MSSNY President Jerome Cohen, MD



“We try to give physicians tools to help them write and get pieces in the local media to educate the public about a particular piece of legislation that might be helpful to patient care or call attention to one that might be harmful to patient care.”

Morris Auster, Esq.

MSSNY Senior Vice-President & Chief Legislative Counsel Morris Auster, Esq.

“If those resolutions pass the House of Delegates, lobbyists place them into legislative recommendations or oppositions. Then MSSNY gets legislative sponsors—one in the state Assembly and one in the Senate. Or the resolution gets referred to the AMA so it can get introduced into Congress.”

While doctors can choose to join their county society, Dougherty encourages membership for many reasons, chief among them the advocacy that takes place at the Capitol. There is strength in

numbers—more membership dues means more lobbyists employed to further physicians' issues in the state Legislature.

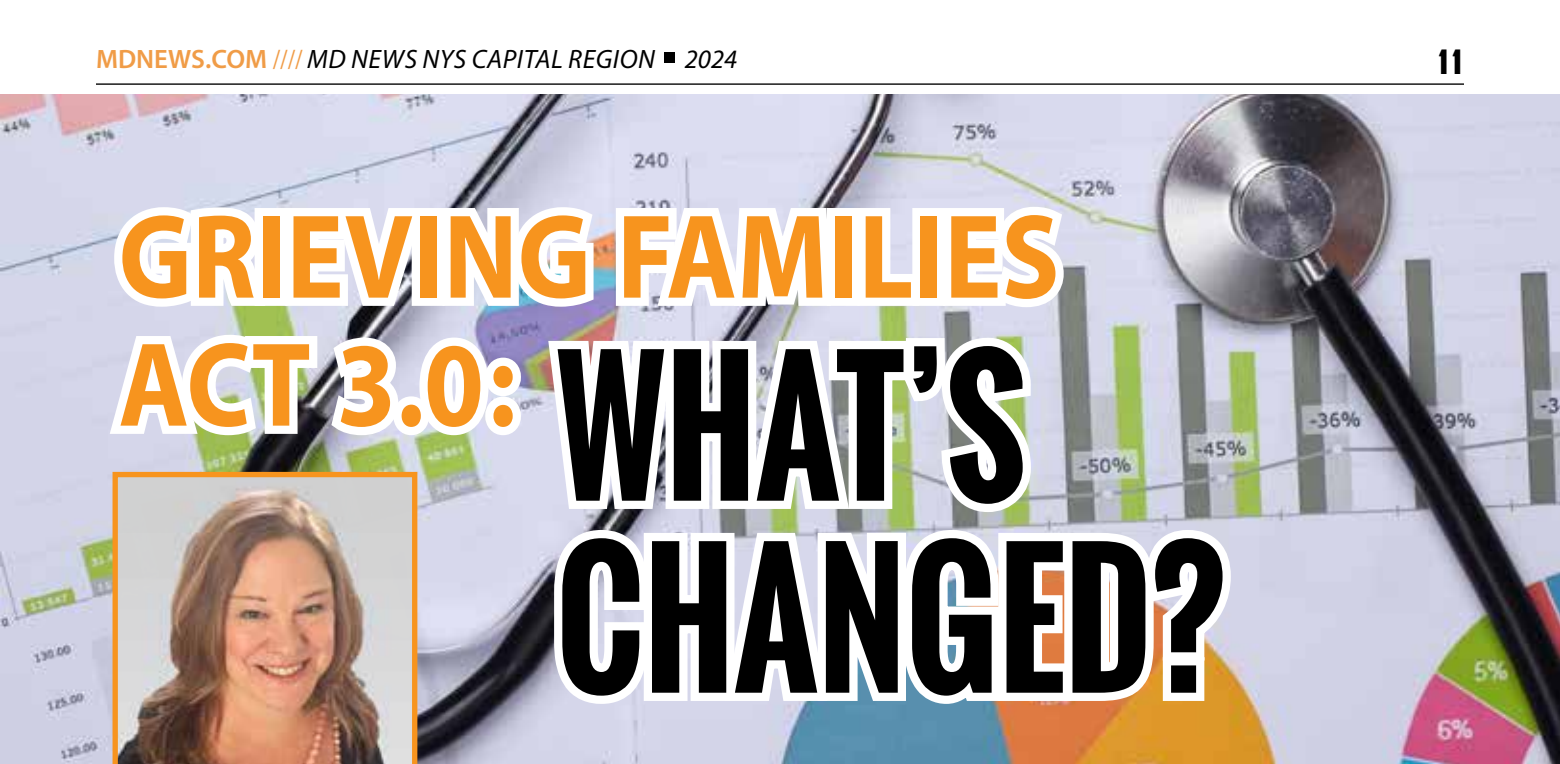
“It's important to note that what happens on the state level affects us at the county, and vice-versa,” said Dougherty. “Just because doctors may not want to participate is not going to stop the trial lawyers, it's not going to stop the community action groups or the allied health professionals. They're going to sink every proposed legislation they can.

“Doctors are individualists and a lot of them don't understand how important advocacy is. We've got to have resources to be able to protect them. Doctors need advocacy. They need support.” ■

*For more information on the Medical Society of the State of New York, visit [mssny.org](http://mssny.org) or call (518) 465-8085. You can reach the Medical Society of Albany and Ulster County at [albmed.org](http://albmed.org) or by calling (518) 439-0626.*



MSSNY members gather at the House of Delegates



# GRIEVING FAMILIES ACT 3.0: WHAT'S CHANGED?



by Jenn Negley, Vice President, Risk Strategies Company

Most in healthcare and medical malpractice have been keeping an eye on the GFA legislation for several years now knowing the negative effect it would have on an already stressed sector. While all involved are assumed to have good intentions, it appears they have a blind spot when it comes to the GFA's impact on the State's medical malpractice insurance market and in turn healthcare. This failure to address the concerns continues with GFA 3.0 despite being clearly indicated in past vetoes.

While GFA 3.0 did eliminate "disorders" as a category of damages it maintained "grief or anguish." The GFA 3.0 also still looks to broaden the current statute of limitations from two years to three years. GFA 3.0 originally scaled back the "eligible" family members that could recover damages to the current law's definition only to propose assembly bill AB 9232B/S8485B that would result in the expansion of eligible family members once again. What is most troubling to industry experts is the current GFA calls for an immediate implementation effective for all wrongful death that occurs on or after January 1, 2021.

As I mentioned last year when discussing the GFA 2.0, malpractice carriers are already struggling with upticks in claim frequency and a dramatic rise in payout amounts. A recent study released in April 2024 by the New York Civil Justice

Institute titled [Consumers in Crisis How New York's Hostile Liability Environment Inflates Insurance Cost and Fleeces Empire State Families \(www.nycji.org/research\)](http://www.nycji.org/research) details the issues already contributing to a difficult insurance market. If signed as is, it will add to the pressures already in play. With no caps in place, more time to file, and the broadening of who can file the deck will be stacked against malpractice carriers. In addition, adding the change retroactively eliminates a carrier's ability to make the necessary financial adjustments potentially forcing some out of the market. To maintain solvency, carriers as well as the insurance department will keep a close eye on these trends which might indicate the need for increased rates. Milliman, an independent actuary determined with the new inclusion of grief and anguish only, rates would need to be increased by 40%. As this has dragged out for several years, I have had the opportunity to speak to many of New York's carriers' upper management and everyone agrees such an increase would be a disaster for New York's healthcare market, but all also note their fear that the New York State Department of Financial Services will see it as a necessity for admitted carriers to remain solvent.

To be clear, none of the admitted carriers are looking to take these steps but cannot ignore the independent statistical analysis of the GFA's impact on their ability to defend New York's healthcare providers and facilities. With little change, the

"New" GFA the Governor's veto message from last year still rings true. "Legitimate concerns have been raised that the bill would likely lead to increased insurance premiums for the vast majority of consumers, as well as risk the financial well-being of our healthcare facilities - most notably, for public hospitals that serve disadvantaged communities." For the health safety of all New Yorkers GFA 3.0 in its current form needs to be vetoed once again.

**Reach out to Governor Hochul now.**

Facebook: @Governor Kathy Hochul  
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For more information, please contact Jenn Negley, Vice President, Risk Strategies Company at 267-251-2233 or [JNegley@Risk-Strategies.com](mailto:JNegley@Risk-Strategies.com).

*The views expressed in this article on pending legislation are solely those of the author and do not necessarily reflect the official stance, policies, or opinions of Risk Strategies. This article is intended for informational purposes only and should not be construed as professional advice.*

# Medtronic EXPANDS AiBLE™

## SPINE SURGERY ECOSYSTEM WITH NEW TECHNOLOGIES AND SIEMENS HEALTHINEERS PARTNERSHIP

Medtronic plc, a global leader in healthcare technology, announced at the North American Spine Society (NASS) 39th Annual Meeting in Chicago the commercial launch of several software, hardware, and imaging innovations. These enhancements are designed to advance AiBLE™, the Medtronic smart ecosystem of innovative navigation, robotics, data and AI, imaging, software and implants that enable more predictable outcomes in spine and cranial procedures. In line with its commitment to increasing the quality of care for patients with spinal conditions, Medtronic also announced a partnership with Siemens Healthineers to explore opportunities to further expand access to advanced pre- and post-operative imaging technologies for spine care. New advancements in the AiBLE™ ecosystem build upon the company's commitment to procedural innovation and execution, and include the following:

### O-arm™ 4.3 software,

which introduces advanced navigation volumes, dose reduction, and enhanced image confirmation. With this release, Medtronic now offers the industry's longest 3D scan length for cone-beam CT images, which allows surgeons to capture additional spine levels in one scan and streamline their workflow. O-arm™ is the first and only intraoperative imager that uses AI, with 70% less radiation dose compared to the standard protocol, while maintaining

image quality<sup>1</sup>. Medtronic Implant Resolution (MIR) further enhances decision-making by reducing metal artifacts around select screws, enabling confident final screw placement.

### UNiD™ Adaptive Spine Intelligence (ASI),

a Medtronic integrated service and software platform that leverages AI and predictive models to help surgeons deliver patient-specific surgical plans and implants, now includes MRI Vision, which integrates with CoLumbo from Smart Soft Healthcare into the UNiD™ workflow. This new tool employs computer vision technology to automatically analyze lumbar MRIs to segment, label, and measure key aspects related to common pathologies. MRI Vision will allow spine surgeons using UNiD™ ASI to access automated PDF reports and annotated DICOMs (Digital Imaging and Communications in Medicine) in the UNiD™ Hub to identify and quantitatively measure areas of interest such as muscle area with fat infiltration, key spinal alignment angles, key characteristic related to stenosis, and more. UNiD™ is powered by more than 28,000 patient procedures and continues to grow in adoption worldwide.

### Mazor™ robotic guidance

system with 5.1 software is the first and only spinal robotic system that integrates AI, bone cutting, and graft delivery. Mazor enables comprehensive preoperative and intraoperative planning that goes beyond screw placement to include complete construct design with screws, rods, interbodies, and bone removal. The newest version of 5.1 software introduces Maximum Intensity Projection (MIP), which supports improved image quality.

### New implant innovation with ModuLeX™ Spinal System,

which offers increased visualization of the surgical area while allowing the operative flexibility to create an optimized construct for the patient. ModuLeX™ is the next generation of the Medtronic CD Horizon™ product family, a 40-year leader in spinal fixation.

### Global corporate partnership to complement Medtronic imaging offerings

Medtronic also unveiled a global partnership with Siemens Healthineers during the meeting. The two companies

“ We are excited about the prospect of partnering with Medtronic to bring our solution to spine centers and empower spine surgeons and neurosurgeons to be more precise in the operating room. ”

Verena Schoen, Executive Vice President X-ray Products  
at Siemens Healthineers

anticipate comarketing the Siemens Healthineers Multitom Rax™ imaging system and integrating the platform into the Medtronic AiBLE™ ecosystem for spine surgery. The companies also anticipate collaborating across technology development, marketing, and commercial activities to advance clinical outcomes.

The Multitom Rax™ offers a unique combination of imaging technologies that can be used across musculoskeletal conditions, including spinal patients. With standing, weight-bearing imaging, cone-beam CT, and supine X-ray capabilities, the Multitom Rax™ supports the commitment Medtronic has to advancing the standard of care across the care continuum.

"Partnering with Siemens Healthineers advances our commitment to reduce variability and improve outcomes for spinal patients," said Skip Kiil, president of Medtronic Cranial & Spinal Technologies, which is part of the Medtronic Neuroscience Portfolio. "We are thrilled with the prospect of working with the industry leader in imaging and to leverage the depth of imaging experience and expertise, commercial footprint, and shared commitment to data science to advance our AiBLE strategy and shared pursuit of better patient outcomes."

The envisioned partnership will be an evolution of the AiBLE™ ecosystem which integrates connected care and predictive technology to advance surgery.

"We are excited about the prospect of partnering with Medtronic to bring our solution to spine centers and empower spine surgeons and neurosurgeons to be more precise in the operating room,"

said Verena Schoen, Executive Vice President X-ray Products at Siemens Healthineers. "Multitom Rax™ delivers geometrically accurate images which allows precise measurements of the patient's vertebrae. Especially optimized for spine imaging, it not only contributes to faster diagnosis and treatment planning, but also to surgical execution and post-surgical control."

### About the Cranial & Spinal Technologies Business at Medtronic

As the market leader, Medtronic is transforming the standard of care in spine and cranial surgery worldwide by putting patients first and solving complex conditions for spine and neurosurgeons. With 150 products covering more than 20 pathologies, we serve over 4 million patients annually. Continuing our legacy of innovation, the AiBLE™ ecosystem is the culmination of everything Medtronic has built in Cranial & Spinal Technologies over the past two decades.

By integrating advanced technologies and a patient-centric approach, we provide a customizable health solution for the primary challenges in cranial and spine surgery: the need for increased predictability and precision, more efficient workflows, and better surgical outcomes. For more information, visit [www.Medtronic.com/AiBLE](http://www.Medtronic.com/AiBLE) and follow CST on LinkedIn.

### About Medtronic

Bold thinking. Bolder actions. We are Medtronic. Medtronic plc, headquartered in Galway, Ireland, is the leading global healthcare technology company that boldly attacks the most challenging health problems facing humanity by searching out and finding solutions. Our Mission — to alleviate pain, restore health, and extend life — unites a global team of 95,000+ passionate people across more than 150 countries. Our technologies and therapies treat 70 health conditions and include cardiac devices, surgical robotics, insulin pumps, surgical tools, patient monitoring systems, and more. Powered by our diverse knowledge, insatiable curiosity, and desire to help all those who need it, we deliver innovative technologies that transform the lives of two people every second, every hour, every day. Expect more from us as we empower insight-driven care, experiences that put people first, and better outcomes for our world. In everything we do, we are engineering the extraordinary. For more information on Medtronic, visit [www.Medtronic.com](http://www.Medtronic.com).





# WORLD HEALTH NEWS IN BRIEF

by William Ecenbarger

■ The British Journal *Lancet* reports that individuals vaccinated against Ebola who still developed the disease were much less likely to die than the unvaccinated—even if they were infected before they got the shots. The case fatality among those vaccinated with Merck's Ervebo was 27 percent as opposed to 56 percent among those who did not receive the shot.

■ *Lancet* also said worldwide obesity rates among children and adolescents quadrupled between 1990 and 2002, while the adult rate doubled. "As those rates climb, the burden of obesity is evolving," the journal said. "Obesity and chronic diseases such as diabetes were once the province of wealthy countries, but now the conditions are also seen in low- and middle-income countries, in step with the rapid adoption of industrialized lifestyles featuring more processed foods and less physical activity."

■ Why do South Asians have a higher risk of heart disease than individuals of European descent? A study by the Journal of the American College of Cardiology suggests that

the disparity might be the result of differences in how blood vessels damaged by cardiovascular problems are repaired.

■ A *JAMA Pediatrics* study in Australia found that extreme heat was linked to a greater risk of preterm births in the third trimester of pregnancy. Preterm births with high heat exposure were 7.5 percent compared to 4.9 percent with normal temperature exposure. The authors said the findings had "clear implications for our warming world."

■ The World Health Organization reports that nearly every nation has dirty air, and the major culprit is fossil fuels. The most polluted air was found in Bangladesh, Pakistan, India and Tajikistan. The cleanest air was in Australia, Finland, Estonia and several small island nations.

■ Apotek Hjärtat, which has about 390 pharmacies in Sweden, says it will no longer sell anti-aging skin care products to persons under 15. The chain said it would restrict

products containing the ingredients AHA acid, BHA acid, vitamin A, vitamin C and enzyme peeling unless the teenagers had parental consent. There is widespread concern in Europe that these products could be harmful to young skin. There are also concerns "about the psychological impact of children obsessing over ageing."

■ Fabrice André, president-elect of the European Society of Medical Oncology, says a new cancer-naming system that emphasizes molecular characteristics rather than the organs where the cancer originates would be a step forward. "We're not saying it was a mistake to classify cancers based on anatomy or that people should have done things differently in the past. But look, the framework is no longer adapted to the types of treatments that are available," Andre said.

■ A study in China found that tai chi offered more benefits in lowering blood pressure than moderate aerobic activity. The results of the clinical trial, which tracked 342 individuals with hypertension, were published in the journal *JAMA Network Open*.



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