



Independent Democratic Conference

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IDC Releases Report Aiming to Kick Start Expansion of Doctors Across New York *IDC Outlines Program Reforms That Will Bring More Doctors to Hospitals and Communities that Need Them Most*

THE CAPITOL, ALBANY, NY – The Independent Democratic Conference, flanked by hospital executives from around New York State, released a comprehensive report today calling on the Department of Health to implement immediate reforms to the multi-million dollar program New York currently uses to lure new doctors to underserved areas, particularly in upstate and rural New York.

The program, known as Doctors Across New York, seeks to attract recent medical school graduates to areas of high need, by offering tuition repayment assistance and business expense reimbursements. While the program has been well-intentioned, administrative hurdles have hampered the program's success. **In the current funding cycle, 90% (\$11,950,000) of state funds currently sit idle in government and healthcare facility coffers.** A similar amount of funds went undisbursed in 2010. During one of several IDC Thought Raisers, IDC members discovered the problem and collaborated with stakeholders in the medical community to devise an effective reform plan.

“All too often, the type of healthcare a family receives is determined by where that family chooses to live,” **Senator David J. Valesky (D-Oneida)** said. “Physician shortages are becoming more prevalent in New York State each year. It’s incumbent upon us as legislators to think of common sense ways to address the problem. By making these reforms to the Doctors Across New York program, we will help turn the tide and get out communities the healthcare that they need.”

“We’re going to get this funding to the communities that need it most,” said **Senator Jeffrey D. Klein (D-Bronx/Westchester)**. “I’m confident that with these reforms and with the continued support of those in the healthcare community, we can help meet our goal of equal healthcare access across New York.”

The IDC’s Reform Plan Includes:

- Increasing the maximum amount of time that healthcare facilities may hold Programs funds while actively recruiting new doctors. Currently, this funding expires within six months of disbursement, regardless of how close the healthcare facility may have been to successfully signing a qualifying doctor.
- Expanding the number of physician specialties for which a hospitals may apply for program funds. Many areas of New York suffer physician shortages in multiple specialty areas. However, current program rules only allow hospitals to apply for funding in one specialty group, forcing hospitals to choose between several high need areas and oftentimes jeopardizing effective physician recruitment.

- Providing doctors with a financial commitment “up front,” so that before doctors move to a high need area, they can rest assured that program funds will be disbursed. Currently, funds are not formally disbursed until an employment contract is executed, hampering physician recruitment.

“The specter of physician shortages hangs over all regions of New York State,” said **Senator David Carlucci** (D-Rockland/Orange). “Physician shortages have the potential to hurt Hudson Valley residents in the long run, which is why my colleagues and I in the IDC are doing everything we can to improve the programs we have today, so we can stem the problems of tomorrow.”

“The residents of Richmond County know the problem of physician shortages all too well,” said **Senator Diane Savino** (D-Staten Island/Brooklyn). “In recent years, my county has seen a decline in OB-GYNs, surgeons, and primary care doctors. By getting programs like Doctors Across New York up and running, we can help keep these great doctors in the areas that need them and encourage others to practice where they’re needed most.”

“Doctors Across New York has great promise,” said **Gary Fitzgerald, President of Iroquois Healthcare**. “We’re confident that by implementing the reforms proposed by Senator Valesky and his colleagues in the Independent Democratic Conference, we can work with the Department of Health to get this program on track. Iroquois Healthcare is committed to bringing more physicians to areas of need, and today, by proposing these reforms, we’re taking a big step towards fulfilling that commitment. I want to thank the members of the IDC for reaching out to the healthcare community and for introducing these common sense solutions.”

“The Healthcare Association of New York is committed to seeing Doctors Across New York fulfill its full potential,” said **Sherry Chorost, Director of the Physician Workforce program at the Health Care Association of New York State**. “We believe that by implementing these common sense reforms, we can get more program dollars--and more doctors--to the areas that need them the most. I want to thank Senator Valesky and his colleagues in the ID C for working with HANYS, and the rest of the healthcare community, to help this great program meet its goals. We also look forward to continue our close and productive working relationship with the Legislature and the Department of Health to help DANY realize its full potential. ”

2011-Doctors Across New York Loan Repayment Funding			
Funds Made Available: \$6,150,000.00			
Funds Still Unspent: \$5,850,000.00			
	Maximum Made Available	Tentatively Allocated to Date	Remainder of Available Funding
Hospitals, total	\$2,051,025.00	\$150,000.00	\$1,901,025.00
Non-Hospitals, total	\$2,051,025.00	\$150,000.00	\$1,901,025.00
Subtotal, Rest of State	\$4,102,050.00	\$300,000.00	\$3,802,050.00
New York City			
Hospitals, total	\$1,023,975.00	\$ -	\$1,023,975.00
Non-Hospitals, total	\$1,023,975.00	\$ -	\$1,023,975.00
Subtotal, NYC	\$4,102,050.00		\$2,047,950.00
Total	\$6,150,000.00	\$300,000.00	\$5,850,000.00

2011 – Doctors Across New York Practice Support Program			
Funds Made Available: \$7,200,000			
Funds Still Unspent: \$6,100,000			
	Maximum Available	Tentatively Allocated to Date	Remainder of Available Funding
Hospitals, total	\$2,401,200.00	\$500,000.00	\$1,901,200.00
Non-Hospitals, total	\$2,401,200.00	\$300,000.00	\$2,101,200.00
Subtotal, Rest of State	\$4,802,400.00	\$800,000.00	\$4,002,400.00
New York City			
Hospitals, total	\$1,100,000.00	\$100,000.00	\$1,000,000.00
Non-Hospitals, total	\$1,100,000.00	\$200,000.00	\$900,000.00
Subtotal, NYC	\$2,397,600.00	\$300,000.00	\$2,097,600.00
Total	\$7,200,000.00	\$1,100,000.00	\$6,100,000.00



Independent Democratic Conference

Improving Doctors Across New York

May 2012

History & Program Specifics

In 2008, the New York State Council on Graduate Medical Education (COGME) conducted a study on the state's physician supply. It found New York to be a national leader in graduate medical education; training over 16,000 residents each year.¹ Despite this, more counties were experiencing declines in primary care and specialty fields.

The effect has been a disparity in physician supply amongst New York's regions. Millions of residents are going underserved. The state's physicians are also aging at a growing pace, without adequate replacement. If unaddressed, these factors will have a damaging impact on the future of public health.

COGME found that "New York's GME programs are critically important to meet the State's physician workforce needs, though attention may be required to ensure an appropriate distribution to underserved areas".² To facilitate this distribution, it was recommended that financial incentives be created to recruit and retain graduating medical students. Financing a medical education is an expensive venture. In 2010, the average debt for a graduating medical student reached \$160,000.³ Targeting awards at this debt was seen as a viable solution.

It was proposed that loan repayment awards could be tied to service in areas undergoing a physician shortage. They state would provide funds to physicians agreeing to enter into a service obligation, or establish a practice, in said communities. Secondly, the Council called for a resident track awarding graduates who serve shortage communities after their program's completion.

Later that year, New York acted on these proposals and signed the program into law. Public Health Law § 2807-m created the Doctors Across New York (DANY) program. To qualify applicants must demonstrate they are in an area of need. The NYS Department of Health defines underserved areas as primary care or mental health professional shortage areas (HPSA); medically underserved areas/populations (MUA/P); or NYS Regents Physician Shortage Areas.

These designations signify populations with access barriers preventing them from utilizing medical care providers. HPSA designations are based on the ratio of population to full-time equivalent physicians.⁴ Geographic areas must have a ratio of at least 3,500:1 but greater than 3,000:1, and populations groups must show a ratio of at least 3,000:1.

MUA/P labels operate on a scale of 0 to 100, which is based off four variables: the ratio of primary medical care physicians per 1,000 population; infant mortality rate; percentage of

¹ New York State Council on Graduate Medical Education, "Policy Recommendations to the Commissioner of Health," March 2008, http://www.health.ny.gov/professionals/doctors/graduate_medical_education/reports/docs/policy_recommendations.pdf

² Ibid, 38.

³ "2011: The Doctor Can't See You Now: Results of HANY' Physician Advocacy Survey," *Healthcare Association of New York State*, January 18, 2011, 4, http://www.hanys.org/communications/publications/2011/2012-01-18_physician_survey_results_2011_electronic.pdf.

⁴ <http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/primarycarehpsaoverview.html>

population below the poverty line; and percentage age 65 or older.⁵ Additionally, applicants in areas identified by DOH as having a specialty shortage or in certain town/counties may apply for funding as well.

Under the umbrella of DANY exist three programs: Ambulatory Care Training program; Physician Loan Repayment Program; and the Physician Practice Support program. This report will deal with the performance of the latter two.

Physician Loan Repayment Program

The Physician Loan Repayment program requires physicians to agree to a five-year work obligation in a high-need community in exchange for up to \$150,000 over that period for qualified educational loans.⁶ Accepted physicians will receive:

- 15% of total qualified debt not to exceed twenty thousand dollars for the first year;
- 15% of total qualified debt not to exceed twenty-five thousand dollars for the second year;
- 20% of total qualified debt not to exceed thirty-five thousand dollars for the third year;
- 25% of total qualified debt not to exceed thirty-five thousand dollars per year for the fourth year; and
- The remainder of the qualified debt for the fifth year, not to exceed the five-year award total amount.

Under the loan repayment program, applicants have two paths through which they can apply for funding. The residency track encourages teaching hospitals to apply on behalf of a medical resident who has agreed to complete training in a primary care or specialty field that provides experience serving a community of need. Following this training, selected residents must agree to serve these areas for a five-year period.

The second path concerns non-residents. General hospitals, health care facilities, physician practice organizations, and individual physicians may apply. Identified physicians in this path must agree to the same five-year commitment to serve one of the appropriate locations.

The loan repayment program exhibits two qualities of COGME's initial proposal: recruitment and retention. The promise of a significant amount of money can be a powerful recruitment tool for hospitals in areas desperately seeking help. Furthermore, the residency track gives teaching hospitals a distinct advantage in terms of retention. DANY provides these facilities with a better opportunity in keeping residents they've spent years educating; instead of the community losing them after graduation.

⁵ <http://bhpr.hrsa.gov/shortage/muaps/index.html>

⁶ "Request for Applications RFA # 1104181147: Doctors Across New York Physician Loan Repayment Program – Cycle II," *New York State Department of Health*, June 14, 2011, <http://www.health.ny.gov/funding/rfa/1104181147/1104181147.pdf>.

Physician Practice Support

The second aspect of DANY offers up to \$100,000 over two years (maximum of \$50,000 per year) to applicants making a service obligation in an underserved area.⁷ Physicians, hospitals, and practices have three avenues to apply for Physician Practice Support funding:

- 1) Practice Support to Establish or Join Practices – Individual physicians may apply for funds to support the costs of establishing or joining practices in underserved communities;
- 2) Qualified Educational Loan Repayment – Individual physicians may apply for funds to be used for repaying qualified educational loans;
- 3) Practice Support to Recruit New Physicians – General hospitals and other qualified health care facilities may apply for funds to help recruit new physicians to provide services in underserved communities.

Alongside loan repayment, the practice support program permits DANY funds to be used toward a range of financial incentives. Hospitals and health care facilities recruiting physician may use funds for sign-on bonuses, income guarantees, renovation/construction expenses, and other direct compensation payments to physicians.⁸ Not only will this aid recruitment, but it encourages physicians to begin their own practice in underserved areas thus creating a lasting health care infrastructure.

The Department of Health believes that Doctors Across New York will “ultimately improve access to health care and assure better health outcomes for the identified regions and populations”.⁹ To accomplish this, awards must be significant enough to entice physicians. Research has shown that physician employment decisions can be impacted by the inclusion of loan repayment awards or related funding.

Physician Workforce Demands

In surveying hospitals throughout New York, the Healthcare Association of New York State (HANYS) found a number of unique barriers limiting the growth of physicians in rural communities. Among the obstacles included location; candidate shortage; lack of opportunities for spouses and significant others; and salary.¹⁰

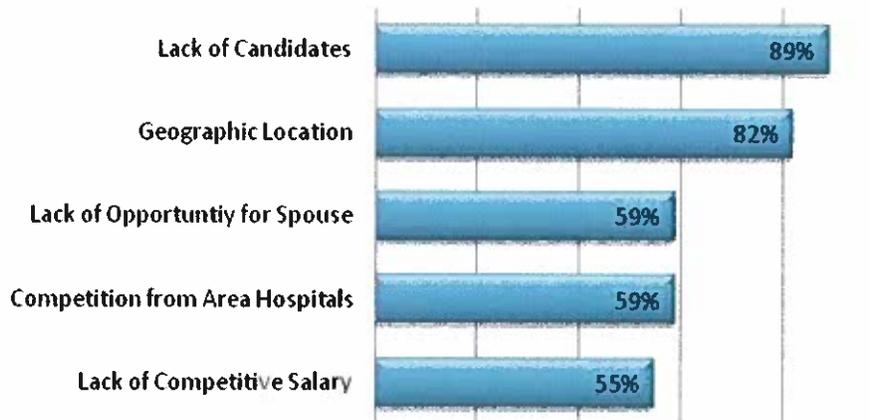
⁷ “Request for Applications RFA #1103141142: Doctors Across New York Physician Practice Support Program,” *New York State Department of Health*, May 10, 2011, <http://www.health.ny.gov/funding/rfa/1103141142/1103141142.pdf>.

⁸ “Doctors Across New York Physician Practice Support Program Request for Applications #1103141142 Questions and Answers,” *New York State Department of Health*, June 7, 2011, http://www.health.ny.gov/funding/rfa/1103141142/questions_and_answers.pdf

⁹ “RFA: DANY Physician Loan Repayment Program – Cycle II,”

¹⁰ HANYS, “2011: The Doctor Can’t See You Now,” 14.

Recruitment Barriers, 2010



In a similar survey, the Center for Health Workforce Studies (CHWS) sought to gather information on the retention of residents trained in New York. In 2010, only 44% of new physicians continued on to practice in the state following the completion of training.¹¹ When asked their reasons for practicing elsewhere, the following were among the top ranked: better salary offered outside New York (53%), cost of living (49%), and better jobs in desired locations outside the state (49%).¹²

These concerns tell us that rural and underserved communities are at a distinct disadvantage compared to their peers. Physicians lifestyle expectations are not coinciding with those offered by the most needy communities. The heavy debt load upon graduation also makes it difficult for physicians to accept positions in areas of lower pay. Over half of respondents (55%) in the HANYS survey responded that their ability to offer physicians a competitive salary was lacking.

Regardless of these concerns, millions of residents go without, or face lower quality health care based solely on their location. This is unacceptable. New York state must do all it can to ensure an adequate level of care for all its citizens. To attract physicians these areas must offer rewards beyond what more affluent communities can.

If underserved areas cannot improve recruitment, the state loses again by having those residents trained here leave for other states. New York produces a large number of physicians each year. We should have an advantage over the rest of the country in physician supply. More work must be done to keep physicians in-state. Doing so would go a long way in keeping shortages at bay.

Thankfully, the HANYS survey also shined a light on successful recruitment strategies. Respondents indicated that the best methods were sign-on bonuses (77%), income guarantees

¹¹ David P. Armstrong, Gaetano J. Forte, and Jean Moore, "Retention of New Physicians After Completing Training in New York in 2010," *Center for Health Workforce Studies*, December 2010, 1, <http://chws.albany.edu/download.php?f=2bd6e0dbad9707c4bdab547419aa33ce>.

¹² *Ibid*, 2.

(76%), relocation allowance (74%), and loan repayment (59%).¹³ The results show that New York must shift physician's decision making regarding employment. These strategies can provide underserved hospitals with the tools to inject new considerations into this process; shifting the balance in their favor.

DANY is vital to the future of New York's health care because it offers funding for the strategies outlined above. Successful applicants can use awards for loan repayment, sign-on bonuses, and more. As these strategies have garnered physician interest, theoretically DANY should be addressing the physician shortage dilemma.

Cycle I: Failure to Award

However, Doctors Across New York's performance has been decidedly mixed. In its first cycle, both segments were allocated over \$11 million. This translated to 126 practice support awards¹⁴ and 83 physician loan repayment awards.¹⁵

However, many of these awardees experienced difficulty in recruiting physicians. Hospitals unable to find a candidate within six months would subsequently have their awards rescinded. Thus, of the 126 Practice Support awards, DOH secured finalized contracts with only 68 physicians, hospitals, and other health care providers. In all, only \$6 million of the available \$11 million were dispensed.¹⁶ Of the 83 physician loan repayment awards, DOH was able to finalize 41 contracts; totaling \$5.3 million.¹⁷

While it introduced a number of physicians into needy communities, DANY's first cycle was unable to award **\$10 million** of its funds. The health care industry found this to be due to the rigidity of the requirement process. First, candidates were allowed to apply for only one specialty. Unfortunately, as the next section will detail, areas are experiencing shortages in a number of specialties. Allowing applicants to recruit for only one is counterproductive. It cuts down the recruitment pool significantly, increasing the difficulty of finding the right candidate.

Second, the six month time limit was viewed as inflexible and outside the normal recruitment window.¹⁸ The first round of DANY awards were disbursed in March 2009. As many physician graduate in the summer months, hospitals should have many candidates to choose from. However, in discussions with HANYS it was noted that many students receive job offers long before graduation. The next graduating class after this would be in December; outside the six month deadline. Accordingly, many awards were not completed.

¹³ HANYS, "2011: The Doctor Can't See You Now," 14.

¹⁴ "Awards for Request for Applications – Physician Practice Support Program," New York State Department of Health, <http://www.health.ny.gov/funding/rfa/inactive/0810080949/awards.htm>.

¹⁵ "Awards for Request for Applications – Physician Loan Repayment Program," New York State Department of Health, <http://www.health.ny.gov/funding/rfa/inactive/0810080408/awards.htm>.

¹⁶ See Appendix I for breakdown of awards. Received information from Thomas F. Burke, Executive Director, NYS Council on Graduate Medical Education, NYS Department of Health, 3/8/2012.

¹⁷ See Appendix II for breakdown of awards. Received information from Caleb Wistar, Assistant Director, Workforce Development and Capital Investment, New York State Department of Health, 3/12/2012.

¹⁸ "HANYS Acts on Member Concerns About Doctors Across New York Program," *Healthcare Association of New York State*, March 29, 2009, <http://www.hanys.org/news/index.cfm?storyid=998>.

Finally, DOH is required by law to distribute funds through a request for proposal (RFP) process. HANYS expressed that hospitals and physicians found this procedure cumbersome. The RFP prohibits DOH from offering technical assistance to applicants. Without their support, many candidates submitted incomplete applications. Others had trouble determining whether their area fit the underserved designations. Applicants waited months for an answer, only to find their submission invalid with no time to introduce an amended entry. Cumulatively, these three factors were seen as a hindrance on the success of DANY.

Cycle II: Revisions Don't Improve Results

Unutilized funds from Cycle I were re-appropriated to finance DANY's second cohort. In the lead up to Cycle II, DOH made a number of changes to the application process and eligibility criteria.

The first cohort required physicians to be graduates of a NYS medical school, undergraduate program, residency program, or high school. This requirement was eliminated for Cycle II, a development welcomed by the medical community. Physicians attending school outside the state or country, were now allowed to apply for funding thus widening the number of eligible candidates. Furthermore, physicians were no longer required to be a residency program graduate within the five years immediately preceding the award period.

A second change has been received less enthusiastically. Having received complaints regarding the six-month timeframe, DOH removed this feature altogether. Hospitals and physicians are now expected to find employment prior to applying for an award. Applicants must include a signed employment contract agreement between an eligible physician and hospital, health care facility or medical practice.¹⁹

This revision practically eliminates DANY as a recruitment tool. The program's targeted areas are underserved because they are at a disadvantage compared to other locations. They cannot offer doctors the same opportunities or income they can find elsewhere.

DANY was meant to create these opportunities, and level the playing field for recruitment. Now, physicians are essentially being asked to commit to a hospital in the hope of submitting a successful application. For all the barriers mentioned in the previous section, doctors are unlikely to do this.

The change has deterred many hospitals from *even applying* for Cycle II funds. As of August 2011, DOH received only eight applications for the loan repayment program, and 30 for practice support. Applications were accepted until March 30, 2012 or until funds are exhausted. With that deadline now passed, Cycle II results have been anemic. Cycle II's funding level would have allowed the Department of Health to disburse 113 awards. Yet only seven applicants received monies. This translates to unallocated awards totaling **\$11,950,000**.

¹⁹ "RFA: DANY Practice Support Program," 9.

Total Funding Allocation – DANY Loan Repayment Program²⁰

Total Funding	\$6,150,000.00		
Rest of State	Maximum Available	Tentatively Allocated to Date	Remainder of Available Funding
Hospitals, total	\$2,051,025.00	\$150,000.00	\$1,901,025.00
Non-Hospitals, total	\$2,051,025.00	\$150,000.00	\$1,901,025.00
Subtotal, Rest of State	\$4,102,050.00	\$300,000.00	\$3,802,050.00
New York City			
Hospitals, total	\$1,023,975.00	\$ --	\$1,023,975.00
Non-Hospitals, total	\$1,023,975.00	\$ --	\$1,023,975.00
Subtotal, NYC	\$4,102,050.00		\$2,047,950.00
Total	\$6,150,000.00	\$300,000.00	\$5,850,000.00

Total Funding Allocation – DANY Practice Support Program²¹

Total Funding	\$7,200,000		
Rest of State	Maximum Available	Tentatively Allocated to Date	Remainder of Available Funding
Hospitals, total	\$2,401,200.00	\$500,000.00	\$1,901,200.00
Non-Hospitals, total	\$2,401,200.00	\$300,000.00	\$2,101,200.00
Subtotal, Rest of State	\$4,802,400.00	\$800,000.00	\$4,002,400.00
New York City			
Hospitals, total	\$1,198,800.00	\$100,000.00	\$1,098,800.00
Non-Hospitals, total	\$1,198,800.00	\$200,000.00	\$ 998,800.00
Subtotal, NYC	\$2,397,600.00	\$300,000.00	\$2,097,600
Total	\$7,200,000.00	\$1,100,000.00	\$6,100,000.00

The application criteria is clearly not running efficiently. Without a candidate, hospitals cannot even apply for DANY funds. Ultimately, this means New Yorkers everywhere lose as physicians are not placed in communities. The Doctors Across New York application process must be amended. Each day it's not, the physician shortage grows worse.

New York's Mounting Physician Shortage

Doctors Across New York has the ability to help provide New Yorkers everywhere with quality medical treatment. Without it, the state will continue down a path toward shortages and lack of care for its citizens.

²⁰ "Status of Doctors Across New York (DANY) Loan Repayment Awards," New York State Department of Health, September 7, 2011, http://www.health.ny.gov/funding/rfa/1104181147/status_dany_lp_awards.pdf. Accessed 5/9/2011.

²¹ "Status of Doctors Across New York (DANY) Physician Practice Support Program 2011," New York State Department of Health, December 2011, <http://www.health.ny.gov/funding/rfa/1103141142/awards.htm>. Accessed 5/9/2011.

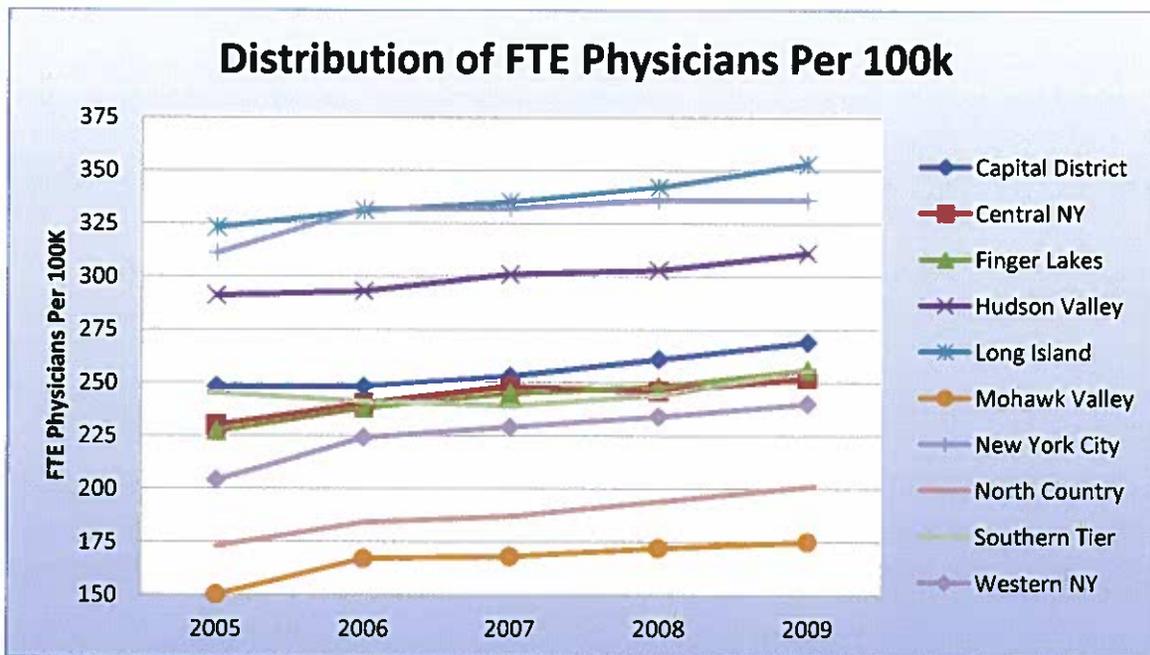
Each year CHWS releases the “Annual New York Physician Workforce Profile,” documenting the state of New York’s health care industry. The figures contained within the 2010 report are particularly stark.²² Breaking the state into the following regions, we see a growing disparity in the distribution of physicians:

New York State Breakdown of Physician Distribution

Region	% of NYS Population	Number of Physicians	% of NYS Physicians
Downstate NY	62%	47,381	72%
Upstate NY	38%	18,556	28%
Urban Counties	84%	60,241	91%
Rural Counties	16%	5,695	9%
New York State	100%	65,936	100%

The chart showcases location as a determining factor in one’s ability to receive medical care. For instance, while 16% of residents live in rural areas only 9% of New York physicians serve them. Physicians are much more likely to be found within urban counties; which account for 91% of the state’s total. Upstate counties may far better, but only by a small margin.

The following chart shows a regional breakdown of full-time equivalent (FTE) physicians per 100,000 population for 2009. On the whole, the state exhibited 307 FTE physicians per 100k. While each region saw an increase in the number of FTE physicians from 2005 to 2009, great inequality existed between them.



²² “Annual New York Physician Workforce Profile 2010 Edition,” *The Center for Health Workforce Studies*, December 2010, <http://chws.albany.edu/index.php?reports>.

Only three regions displayed a greater supply than the state average. Not surprisingly, all were located downstate: Long Island (353), New York City (336), and the Hudson Valley (311). The regions experiencing the smallest number of physicians were the North Country with 201 per 100k, and the Mohawk Valley with 175 physicians per 100k.

Simply put, physicians are unevenly distributed throughout the state. For residents this means increased waits for appointments, longer drives for care, and attempting to make the most out of limited resources in their communities. In many cases, individuals are going without the specialized care needed to detect and treat a range of illnesses from the common cold to life-threatening conditions. New Yorkers are not receiving the preventative care necessary to forego the need for costly procedures in the future.

The problem is spelled out further when one investigates individual counties. The total number of physicians may be growing, but in the past five years many counties have experienced declines in FTE primary care and specialty fields:

- Total FTE Physicians:
Allegany (-10%), Cortland (-8%), Delaware (-10%), Genesee (-4%), Greene (-15%), Herkimer (-10%), Madison (-1%), Sullivan (-7%), Wayne (-19%), Wyoming (-3%)
- Primary Care:
Chemung (-7%), Chenango (-5%), Greene (-11%), Herkimer (-12%), Seneca (-16%), Ulster (-4%)
- Non-Primary Care:
Allegany (-29%), Cayuga (-6%), Chautauqua (-1%), Columbia (-4%), Cortland (-17%), Delaware (-33%), Essex (-5%), Genesee (-24%), Greene (-21%), Herkimer (-5%), Lewis (-1%), Livingston (-2%), Madison (-6%), Niagara (-6%), Oswego (-4%), Richmond (-2%), Sullivan (-17%), Washington (-64%), Wayne (-42%), Wyoming (-7%)
- OB-GYN:
Bronx (-2%), Cayuga (-1%), Chautauqua (-7%), Jefferson (-50%), Madison (-15%), Nassau (-6%), New York (0%), Niagara (-6%), Onondaga (-5%), Otsego (-26%), Queens (-6%), Richmond (-8%), Saratoga (-12%), Suffolk (-1%), Ulster (-8%), Westchester (-6%)
- Internal Medicine:
Cattaraugus (-1%), Columbia (-46%), Franklin (-53%), New York (-1%), Onondaga (-5%), Richmond (-6%), Steuben (-19%), Sullivan (-37%), Ulster (-14%), Warren (-8%)
- General Surgeons:
Broome (-13%), Kings (-8%), Nassau (-5%), New York (-7%), Niagara (-25%), Oneida (-13%), Ontario (-2%), Orange (-33%), Richmond (-6%), St. Lawrence (-22%), Schenectady (-11%), Steuben (-1%), Ulster (-9%)
- Surgery Specialties:
Albany (-4%), Cayuga (-19%), Chautauqua (-25%), Chemung (-10%), Fulton (-1%), Genesee (-42%), Oneida (-15%), Onondaga (-3%), Orange (-5%), Oswego (-41%), Putnam (-14%), Queens (-8%), Rockland (-8%), St. Lawrence (-42%), Schenectady (-6%), Steuben (-29%), Sullivan (-42%), Wyoming (-19%)
- Facility-Based (anesthesiology, pathology, radiology):

Allegany (-6%), Clinton (-8%), Cortland (-12%), Fulton (-7%), Genesee (-4%), Livingston (-17%), Madison (-37%), Montgomery (-32%), Niagara (-10%), Oswego (-20%), Saratoga (-38%), Schenectady (-1%), Steuben (-7%), Sullivan (-42%)

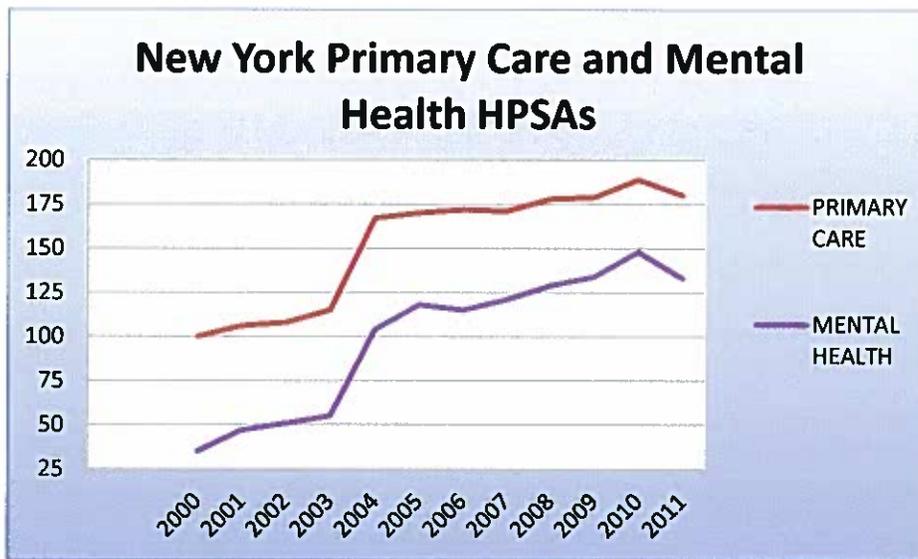
- **Psychiatry:**

Franklin (-18%), Jefferson (-13%), Orange (-9%), Putnam (-19%), Richmond (-4%)

The number of declines is excessive. This is especially poor news regarding the worsening state of primary care in New York. Six counties saw declines in the number of primary care specialists practicing within their borders. These physicians act as the main point of consultation for individuals, address the most widespread problems, and use an integrated approach in finding solutions.

Studies have shown the presence of primary care physicians is critical in lowering mortality rates and health costs. Utilizing state-level data from 1985 to 1995, Shi et al. found that an increase of one primary care doctor per 10,000 population is associated with a reduction of 1.44 deaths per 100,000.²³ A 2004 study found that same increase is associated with a reduction in overall spending by \$684 per Medicare beneficiary.²⁴ Increasing the number of primary care physicians saves money and lives. New Yorkers must have access to primary care doctors.

However, this is increasingly not the case. Each year the national Health Resource and Services Administration records the amount of health professional shortage areas (HPSA) in each state. As the graph illustrates we have seen a sharp rise in the number of HPSA designations for both primary care and mental health.²⁵



²³ Shi et al., "Primary Care, Race, and Mortality in US States," *Social Science & Medicine* 61 (2005): 69.

²⁴ Katherine Baicker and Amitabh Chandra, "Medicare Spending: The Physician Workforce, and Beneficiaries' Quality of Care," *Health Affairs Web Exclusive*, April 7, 2004, <http://content.healthaffairs.org/content/early/2004/04/07/hlthaff.w4.184.short>.

²⁵ In 2000, New York has a total of 100 Data obtained from Andy Jordan, Director of the Office of Shortage Designation for the Health Resource and Services Administration. March 1, 2012.

Since 2000, New York has seen close to an 80% increase in primary care HPSAs. We now have an estimated unserved population of over 2.4 million in 179 primary care HPSAs.²⁶ This amount of designations gives New York the **eighth highest total** in the United States.

Of course Doctors Across New York encourages specialists along with primary care physicians to apply. The situation does not improve for specialties either. Non-primary care fields have seen declines throughout the state. Above we see that 20 counties experienced declines in these fields. The problem is especially acute when considering emergency care.

HANYS found that many areas had emergency departments (ED) not fully capable of responding to a variety of health issues. Of the total surveyed, 69% of hospitals responded that at times their EDs were without coverage for certain specialties in 2009.²⁷ Hospitals were forced to transfer patients to nearby hospitals in order to receive the proper care. Disturbingly, this number increased significantly from the 45% found a year prior.

Western New York was especially hard hit. Almost all (91%) of that area's hospitals reported EDs going uncovered in certain fields. Emergency departments are meant to deal with the most severe and pressing cases. Hospitals must have the proper staff in place to meet any situation. Unfortunately for many patients, during the time of their greatest need this is not the case.

The problem goes beyond emergency departments. As a result of the physician shortage, 33% of respondents were forced to reduce or eliminate services completely.²⁸ Again this problem was greatest in Western New York where 82% reported taking this measure. To provide care, hospitals are forced to take costly actions. These include paying for on-call services and temporary physicians, which raise health care costs considerably. If nothing is done to lessen recruitment difficulties, these practices will continue.

The situation is only made worse by the fact that our physician workforce is one of the nation's oldest. In 2010, 29% of NY's active physicians were age 60 or older.²⁹ This makes New York the third-highest ranked state in the country. Of course age doesn't play a factor in the quality of treatment we receive, but as the shortage continues, an aging workforce only adds to the stress.

HANYS stated that any "success achieved by physician recruitment is often mitigated by a steady stream of retirements, preventing many communities from making substantial gains in addressing longstanding shortages".³⁰ Though this problem faces the state as a whole, again we see its overwhelming affect on upstate and rural counties. The graph on the following page illustrates average physician age in each county.

²⁶ "Designated Health Professional Shortage Areas (HPSA) Statistics," *Office of Shortage Designation, Health Resources and Services Administration*, March, 5 2012, 4, <http://datawarehouse.hrsa.gov/quickaccessreports.aspx>.

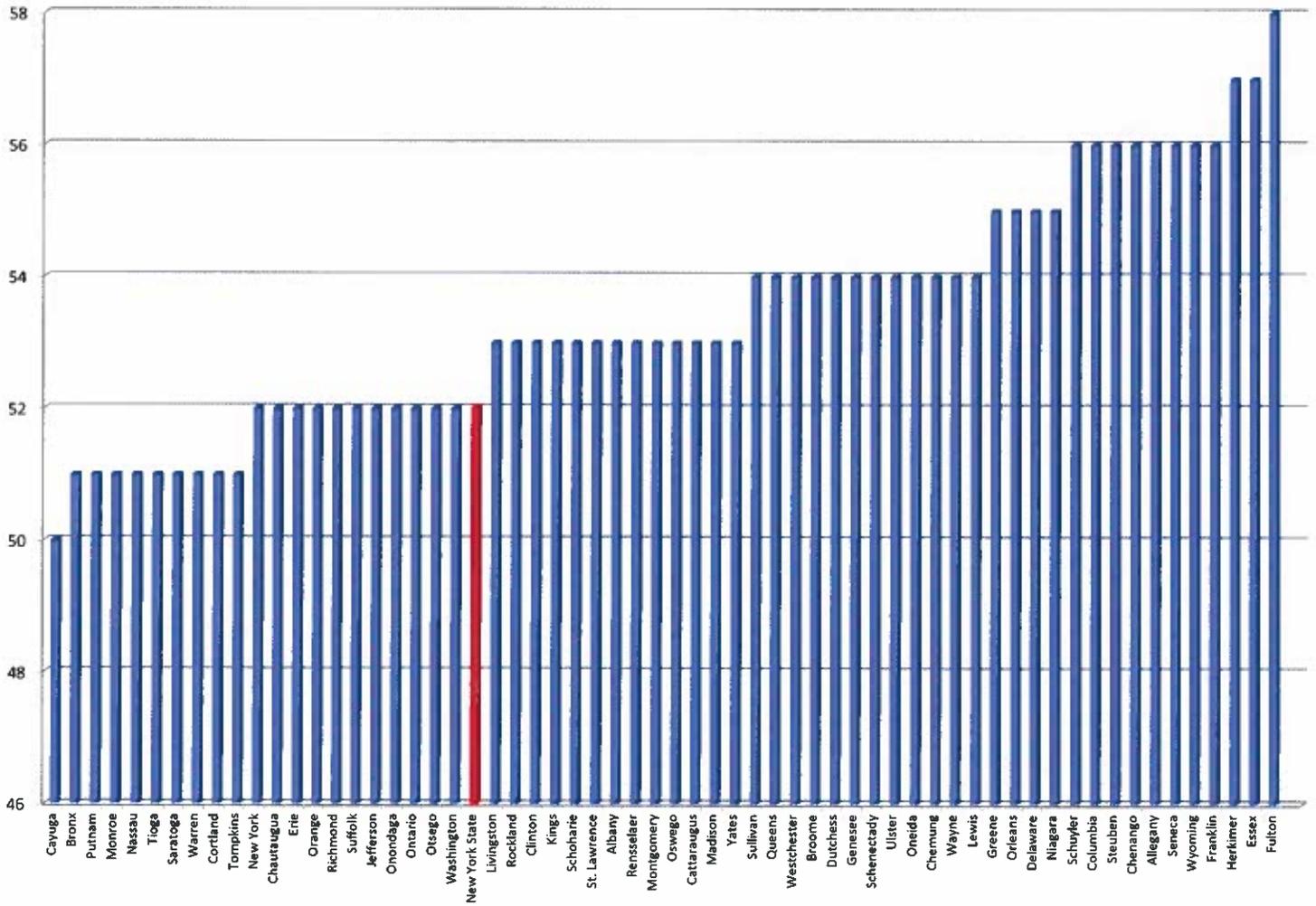
²⁷ "Help Wanted: New York's Physician Shortage Continues to Worsen," *Healthcare Association of New York State*, January 2011, 3, http://www.hanys.org/communications/publications/2011/2011-01-10_physician_survey_results_2010_electronic.pdf.

²⁸ *Ibid*, 3.

²⁹ Center for Workforce Studies, "2011 State Physician Workforce Data Book," *Association of American Medical Colleges*, November 2011, 20-21, <https://www.aamc.org/download/263512/data/statedata2011.pdf>

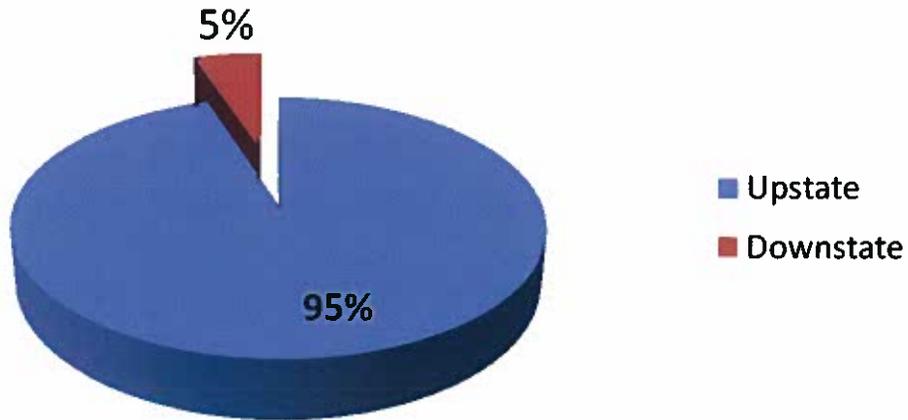
³⁰ HANYS, "2011: The Doctor Can't See You Now," 4.

Average Age of Active Patient Care Physicians, 2009

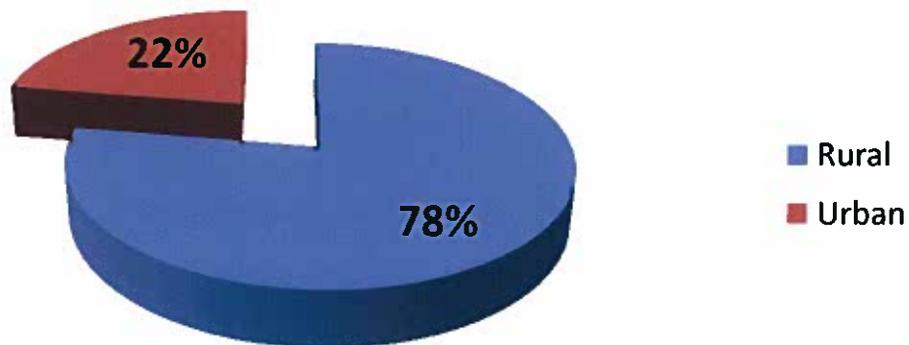


Here we see the counties falling below and above the average age of physicians in New York State (52). In total, 40 counties exceeded this mark. Fulton County, both upstate and rural, was able to lay claim to the highest average age in the state. There physicians averaged 58 years of age. The following charts look at the characteristics of those counties averaging above 52 years old. Not surprisingly older doctors were far more prevalent in upstate and rural communities.

**Characteristics of Counties Above NYS Average
Physician Age, 2009**



**Characteristics of Counties Above NYS Average
Physician Age, 2009**



An astounding 95% of those counties belonged upstate; and another three-quarters consisted of rural communities as well. These findings are further borne out by the HANYS report on physician retirement. In 2010, close to 2,300 physician retired or left the hospitals that responded to their survey, with over 500 more expected in 2012.³¹ This is a 44% increase from the 700 retirements the previous year. The tide is unlikely to recede soon.

Sixteen percent of New York's physicians are over the age of 65.³² This signifies that in the short-term, a flood of physicians will be retiring from their hospitals and practices. Without sufficient replacement, residents will be left in quite the bind. Since they hold the majority of the aging workforce, rural and upstate counties will bear the brunt of these retirements.

Doctors Across New York must run efficiently to inject young blood into these communities. Its funding would allow it to have an immense impact on physician supply. Retirements may be a short-term problem, but they will most definitely add to long-term strains as well. If retirements accumulate without any steps taken, the gap between physician supply and demand will grow out of hand.

Physician Shortage in the Long Run

In projecting physician supply and demand for 2030, CHWS found that the shortage will escalate drastically. The difference between supply and demand in that year ranged from 2,500 to 17,000 physicians, or 3 and 15% of physicians required to meet demand for their services in 2030.³³ This gap persists despite New York being a leader in medical education, and its population growing and aging at a slower rate compared to the rest of the country.

While downstate currently has the highest supply of physicians per capita in the state; it is projected to experience the largest gaps between supply and demand. By 2030, New York City and the Hudson Valley will experience supply gaps close to 10% and greater than 12% for adult primary care.³⁴ In short, the physician shortage will become a statewide epidemic.

As for those populations already living in underserved communities? CHWS warns they "will continue to suffer and are likely to experience even greater physician shortages in the future than they do now."³⁵ Specialties that will see a decline over the forecasted period include: ophthalmology, pathology, psychiatry, urology, and other surgical specialties

CHWS acknowledges that our state's situation is not as dire as the rest of the nation. However, New York must stay vigilant to ensure residents are served by an adequate supply of physicians. The Center for Health Workforce Studies believes that DANY "will be even more critical in the years ahead and should be afforded continued support from stakeholders statewide".³⁶

³¹ HANYS, "2011: The Doctor Can't See You Now," 9.

³² "Annual New York Physician Workforce 2010 Profile," 8.

³³ "New York Physician Supply and Demand Through 2030," *Center for Health Workforce Studies*, March 2009, 15, <http://www.albany.edu/news/images/PhysicianShortagereport.pdf>.

³⁴ *Ibid*, 4.

³⁵ *Ibid*, 4.

³⁶ *Ibid*, 17.

Recommendations

Fortunately, action is being undertaken to correct the Doctors Across New York program. Included in the Fiscal year 2012-2013 budget legislation (S6256D, A9056D) were provisions aimed at transforming the application process. For both the Physician Loan Repayment and Physician Practice Support programs, the Public Health law was amended to read that funds be distributed “by the commissioner without a competitive bid or request for proposal process”.³⁷ The legislation also required the Department of Health to appoint a work group to develop a streamlined application. This gives a forum to associations representing physicians, hospitals, and other facilities to voice their recommendations for improving DANY.

The elimination of the RFP is definitely a step in the right direction. This made the application process far more burdensome than needed, and complicating the awarding of funds. This hurt not only hospitals, but the underserved throughout the state. Now, DOH will be able to assist hospitals and physicians to ensure they submit a completed application. By eliminating the RFP, New York is one step closer to providing millions with proper care.

However, as seen from the findings above, DANY’s problems ran beyond the Request for Proposal alone. The Independent Democratic Conference applauds the inclusion the work group, and is committed to making Doctors Across New York a functioning program. Through discussions with health care associations, especially HANYS and Iroquois Healthcare Alliance, we have developed recommendations that will accomplish this.

Going forward, the IDC urgently recommends DOH allow health care facilities to file applications without an executed employee contract. Underserved communities already have difficulty bringing new physicians into their practices. Requiring them to have a contract does not alleviate these problems.

We know physicians are reluctant to serve these communities for a number of reasons. DANY was meant to offer incentives that would realign their priorities, and increase an area’s desirability. DOH understood this in Cycle I, allowing hospitals to apply for funding and recruit with added financial benefits. Cycle II changed this. Physicians were now asked to make an employment commitment first. Due to this, DANY had little impact on a physician’s decision. Individuals won’t accept a position on the chance they will receive loan repayment funding.

Instead, they will again turn to all the reasons stated above for not serving these communities. They want to be closer to their families; the location is undesirable; they can receive a better salary elsewhere; and on and on. Allowing hospitals to apply without an identified employee will give the applicants leverage over competing facilities. This will return the DANY award to the “carrot” it was originally intended to be.

DOH should immediately revise the application process to enhance recruitment. Eliminating the employment contract requirement would go a long way in accomplishing this. Applications must again be accepted from health care facilities still searching for a physician.

³⁷ S6256D-2011: “Enacts into law major components of legislation necessary to implement the health and mental hygiene budget for the 2012-2013 state fiscal plan”, <http://open.nysenate.gov/legislation/bill/S6256D-2011>.

Of course, this recommendation was included in DANY Cycle I, and DOH was still unable to finalize a number of awards. Though applicants did not have to identify a physician; inflexibility was still present which stifled recruitment. Candidates were only allowed to apply for one specialty shortage. This has carried through to Cycle II of Doctors Across New York.

In reality, we know there are many facilities and towns currently experiencing multiple shortages. The need is wide and varied. Applications should be amended so that multiple specialty needs can be listed. Candidates receiving funds can then use that money to recruit any physician in those identified specialties. Incorporating this revision, will expand the candidate pool applicants have from which to recruit. Increasing the number of candidates will allow health care facilities an easier time filling the awarded position.

Finally, allowing hospitals to recruit brings up the issue of a timeframe. Clearly the six-month window was unsuccessful. If no candidate was found before the deadline, applicants were forced to rescind their awards. Doctors Across New York is not working if it is unable to give out all its awards. To accomplish this, applicants should have until all funds are exhausted to find a recruit.

We hope that the Department of Health and the DANY work group strongly consider these proposals. It is our belief that together they will provide hospitals with more candidates to recruit, and enough time to make the right decision. Ultimately this will enable New Yorkers to receive better care, and mitigate damages resulting from shortages in the future. Doctors Across New York's intent has always been to better equip underserved communities in attracting qualified physicians. Allowing applicants more time and candidates to select from will restore the program to its original purpose.

Appendix I:
Doctors Across New York Physician Loan Repayment Program Cycle I

Initial Physician Loan Repayment Awardees

Total Funding: \$11,059,946

Western Region

Physician or Health Care Facility	5 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Brooks Memorial Hospital	\$130,000	Primary Care	Hospital	Dunkirk	Rural	Chautauqua
Brooks Memorial Hospital	\$150,000	Orthopedics	Hospital	Dunkirk	Rural	Chautauqua
Kathleen H. Fanos, DO	\$42,293	Internal Medicine	Private Practice	Jamestown	Rural	Chautauqua
Mercy Hospital of Buffalo	\$150,000	Family Medicine	Clinic	Springville	Rural	Erie
Mercy Hospital of Buffalo	\$150,000	Family Medicine	Clinic	Eden	Rural	Erie
Sisters of Charity Hospital	\$150,000	Internal Medicine	Hospital	Buffalo	Inner City	Erie
Southern Tier Community Health Center	\$150,000	Family Medicine	Clinic	Olean	Rural	Cattaraugus
Western New York Medical	\$150,000	Primary Care	Private Practice	Amherst	Medically Underserved	Erie
Wyoming County Comm. Hospital	\$150,000	Obstetrics	Hospital	Warsaw	Rural	Wyoming

Finger Lakes Region

Physician or Health Care Facility	5 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Anthony L. Jordan Health Center	\$145,000	Primary Care	Clinic	Rochester	Inner City	Monroe
Arnot Ogden Medical Center	\$100,000	General Surgery	Hospital	Elmira	Rural	Chemung
Arnot Ogden Medical Center	\$100,000	Emergency Medicine	Hospital	Elmira	Rural	Chemung
Finger Lakes Medical Assoc.	\$50,000	Obstetrics	Private Practice	Geneva	Rural	Ontario
Finger Lakes Medical Assoc.	\$50,000	Obstetrics	Private Practice	Geneva	Rural	Ontario
Paul Cabral, MD	\$150,000	Obstetrics	Private Practice	Rochester	Inner City	Monroe
St. James Mercy Hospital	\$150,000	Gastroenterology	Hospital	Hornell	Rural	Steuben
St. James Mercy Hospital	\$150,000	Psychiatry	Hospital	Hornell	Rural	Steuben
Tiffany Pulcino, MD	\$146,291	Internal Medicine	Private Practice	Rochester	Inner City	Monroe
Tri-County Family Medicine	\$150,000	Family Medicine	Clinic	Dansville	Rural	Livingston

North Central Region

Physician or Health Care Facility	5 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Antony Po-yu Hsu, MD	\$150,000	Emergency Medicine	Private Practice	Cortland	Rural	Cortland
Canton-Potsdam Hospital	\$115,000	Ophthalmology	Hospital	Potsdam	Rural	St. Lawrence
Carthage Area Hospital	\$150,000	Primary Care	Hospital	Carthage	Rural	Jefferson
Cerebral Palsy Association	\$100,000	Primary Care	Clinic	Canton	Rural	St. Lawrence
Cerebral Palsy Association	\$125,000	Primary Care	Clinic	Canton	Rural	St. Lawrence
Claxton-Hepburn Medical Center	\$150,000	Cardiology	Hospital	Ogdensburg	Rural	St. Lawrence
Claxton-Hepburn Medical Center	\$150,000	General Surgery	Hospital	Ogdensburg	Rural	St. Lawrence

Community Memorial Hospital	\$125,000	Primary Care	Hospital	Hamilton	Rural	Madison
Edward John Noble Hospital	\$150,000	Pulmonology	Hospital	Gouverneur	Rural	St. Lawrence
Fadi N. Makhlof, MD	\$150,000	Obstetrics	Private Practice	Ithaca	Rural	Tompkins
Laura E. Boggs, DO	\$150,000	Internal Medicine	Private Practice	Watertown	Rural	Jefferson
Little Falls Hospital	\$150,000	Pediatrics	Hospital	Little Falls	Rural	Herkimer
Melissa W. Ko, MD	\$108,681	Pediatric Ophthalmology	Private Practice	Syracuse	Inner City	Onondaga
Oswego Hospital	\$150,000	Anesthesiology	Hospital	Oswego	Rural	Oswego
Oswego Hospital	\$150,000	Gastroenterology	Hospital	Oswego	Rural	Oswego
Samaritan Medical Center	\$150,000	Family Medicine	Hospital	Watertown	Rural	Jefferson
Samaritan Medical Center	\$150,000	Internal Medicine	Hospital	Watertown	Rural	Jefferson
Samaritan Medical Center	\$150,000	Family Medicine	Hospital (Track)	Watertown	Rural	Jefferson
St. Joseph's Hospital Health Center	\$139,000	Emergency Psychiatry	Hospital	Syracuse	Inner City	Onondaga
Syracuse Community Health Center	\$150,000	Obstetrics	Clinic	Syracuse	Inner City	Onondaga
Syracuse Community Health Center	\$150,000	Pediatrics	Clinic	Syracuse	Inner City	Onondaga

South Central Region

Physician or Health Care Facility	5 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Mary Imogene Bassett Hospital	\$150,000	Family Medicine	Clinic	Norwich	Rural	Chenango

Northeast Region

Physician or Health Care Facility	5 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Adirondack Medical Center	\$100,000	Primary Care	Hospital	Lake Placid	Rural	Essex
Adirondack Medical Center	\$125,000	Psychiatry	Hospital	Lake Placid	Rural	Essex
Adirondack Surgical Group	\$150,000	General Surgery	Private Practice	Saranac Lake	Rural	Essex
Alice Hyde Medical Center	\$150,000	Family Medicine	Hospital	Malone	Rural	Franklin
Alice Hyde Medical Center	\$150,000	Psychiatry	Hospital	Malone	Rural	Franklin
Aurelia Osborn Fox Memorial Hospital	\$100,000	Family Medicine	Hospital	Oneonta	Rural	Otsego
Bassett Hospital of Schoharie County	\$150,000	Family Medicine	Hospital	Cobleskill	Rural	Schoharie
Bassett Hospital of Schoharie County	\$125,000	Cardiology	Hospital	Cobleskill	Rural	Schoharie
Champlain Valley Physicians Hospital	\$80,000	Primary Care	Hospital	Clinton	Rural	Clinton
Champlain Valley Physicians Hospital	\$80,000	Primary Care	Hospital	Clinton	Rural	Clinton
Ellis Hospital	\$150,000	Emergency Medicine	Hospital	Schenectady	Inner City	Schenectady
Ellis Hospital	\$150,000	Primary Care	Hospital	Schenectady	Inner City	Schenectady
Glens Falls Hospital	\$100,000	Family Medicine	Clinic	Greenwich	Rural	Washington
Glens Falls Hospital	\$150,000	Family Medicine	Clinic	Granville	Rural	Washington
Hudson Headwaters Health Network	\$150,000	Family Medicine	Clinic	Ticonderoga	Rural	Essex
Mary Imogene Bassett Hospital	\$150,000	Family Medicine	Clinic	Richfield	Rural	Otsego

O'Connor Hospital	\$150,000	Internal Medicine	Hospital	Delhi	Rural	Delaware
O'Connor Hospital	\$125,000	General Surgery	Hospital	Delhi	Rural	Delaware
Tri-Town Regional Healthcare	\$150,000	Family Medicine	Hospital	Sidney	Rural	Delaware
William J. Malone, MD	\$108,681	Endocrinology	Private Practice	Saratoga Springs	Medically Underserved	Saratoga

Mid-Hudson Region

Physician or Health Care Facility	5 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Catskill Regional Medical Center	\$130,000	Primary Care	Hospital	Callicoon	Rural	Sullivan
Hudson River HealthCare	\$125,000	Primary Care	Clinic	Poughkeepsie	Medically Underserved	Dutchess
Hudson River HealthCare	\$125,000	Primary Care	Clinic	Peekskill	Medically Underserved	Westchester
Institute for Family Health	\$135,000	Primary Care	Clinic	Ellenville	Rural	Ulster
Mt. Vernon Neighborhood Health Center	\$150,000	Internal Medicine	Clinic	Mt. Vernon	Inner City	Westchester
Mt. Vernon Neighborhood Health Center	\$150,000	Obstetrics	Clinic	Mt. Vernon	Inner City	Westchester
Open Door Family Medical Center	\$150,000	Obstetrics	Clinic	Ossining	Medically Underserved	Westchester
St. Luke's Cornwall Hospital	\$150,000	Internal Medicine	Hospital	Newburgh	Medically Underserved	Orange

Long Island Region

Physician or Health Care Facility	5 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
John T. Mather Memorial Hospital	\$130,000	Emergency Medicine	Hospital	Port Jefferson	Medically Underserved	Suffolk
John T. Mather Memorial Hospital	\$145,000	Emergency Medicine	Hospital	Port Jefferson	Medically Underserved	Suffolk

New York City Region

Physician or Health Care Facility	5 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Bronx-Lebanon Hospital Center	\$75,000	Pediatrics	Hospital	Highbridge	Inner City	Bronx
Bronx-Lebanon Hospital Center	\$75,000	Obstetrics	Hospital (Track)	Highbridge	Inner City	Bronx
Brooklyn Hospital Center	\$150,000	Emergency Medicine	Hospital	Brooklyn	Inner City	Kings
Brooklyn Hospital Center	\$150,000	Obstetrics	Hospital	Brooklyn	Inner City	Kings
Brooklyn Hospital Center	\$150,000	Internal Medicine	Hospital (Track)	Brooklyn	Inner City	Kings
Dr. Martin Luther King, Jr. Health Center	\$75,000	Primary Care	Clinic	Bronx	Inner City	Bronx
Institute for Family Health	\$135,000	Primary Care	Clinic	Bronx	Inner City	Bronx
Katherine Kao, MD	\$150,000	Internal Medicine	Private Practice	Crown Heights	Inner City	Kings
Mount Sinai Hospital	\$140,000	Endocrinology	Hospital	New York	Inner City	New York
New York Presbyterian Hospital	\$150,000	Cardiology	Hospital	New York	Inner City	New York
Sabrina D. Bhagwan, MD	\$150,000	Pediatrics	Private Practice	Elmhurst	Inner City	Queens
St. Vincent's Hospital Manhattan	\$150,000	Internal Medicine	Hospital (Track)	New York	Inner City	New York

1. First year award is \$20,000 or 15% of total.
2. Practice Location is based on anticipated practice site not necessarily the applicant.
3. **Note:** Regions are Health Systems Agency designations.

Physician Loan Repayment Finalized Contracts

Contract #	Reference	Contractor	Actual Contract amount	Obligation Start Date	Facility (Work Site)	Type
C 024714	45	Darci Beiras, MD	\$ 9 8,125.00	8/1/2010	Adirondack Medical Center	Hospital
C 024692	6	Antony Po-yu Hsu, MD	\$ 1 47,500.00	4/1/2009	Emergency Medicine Physicians of Cortland;	Practice
C 024683	33	Gregory Sainnoval, MD	\$ 9 8,125.00	8/1/2009	Arnot Ogden Medical Center	Hospital
C 024684	35	Kathy L. Ferguson, DO	\$ 9 8,125.00	10/1/2009	Arnot Ogden Medical Center	Hospital
C 024719	54	Godwin Njoku, MD	\$ 9 8,125.00	4/1/2009	Aurelia Osborn Fox Memorial Hospital	Hospital
C 024720	59	Darah Renee Wright, MD	\$ 1 47,500.00	8/10/2009	Bassett Hospital of Schoharie County	Hospital
C 024746	41	Ibis Yarde, MD	\$ 1 47,500.00	7/1/2009	Brooklyn Hospital Center	Hospital
C 024747	42	Natasha Fievre-Hamilton, MD	\$ 1 47,500.00	4/1/2009	Brooklyn Hospital Center	Hospital
C 024673	21	Donald Pickhardt, MD	\$ 1 27,563.00	4/1/2009	Brooks Memorial Hospital	Hospital
C 024693	92	Kris VanWagner, DO	\$ 1 12,844.00	7/29/2009	Canton-Potsdam Hospital	Hospital
C 024698	78	Kiri Brandy, MD	\$ 1 47,500.00	4/1/2009	Claxton-Hepburn Medical Center	Hospital
C 024699	80	Colleen Parent, MD	\$ 1 22,656.00	9/1/2010	Community Memorial Hospital	Hospital
C 024724	27	Daniel Dickinson, MD	\$ 1 47,500.00	6/4/2009	Ellis Hospital	Hospital
C 024725	28	Pablo Lopez, MD	\$ 1 47,500.00	4/1/2009	Ellis Hospital	Hospital
C 024686	75	Stephanie Ahmed, MD	\$ 4 9,063.00	9/1/2009	Finger Lakes Medical Assoc.	Practice
C 024726	76	Abhinetri Pandula, MD	\$ 9 8,125.00	9/20/2010	Glens Falls Hospital	Hospital
C 024727	84	Sean Kimball, DO	\$ 1 27,563.00	4/1/2009	Glens Falls Hospital	Hospital
C 024728	24	Katie Pangia, MD	\$ 1 47,500.00	7/19/2010	Hudson Headwaters Health Network	FQHC
C 024750	34	Leila Hagshenas, MD	\$ 1 32,500.00	9/8/2009	Institute for Family Health	FQHC
C 024742	25	Adam Wos, MD	\$ 1 27,563.00	4/1/2009	John T. Mather Memorial Hospital	Hospital
C 024743	26	Joseph Quercia, DO	\$ 1 42,500.00	7/1/2009	John T. Mather Memorial Hospital	Hospital
C 024751	1	Katherine Kao, MD	\$ 1 47,500.00	4/1/2009	Kings County Hospital Center	Hospital
T 024675	71	Kathleen H. Fanos, D.O.	\$ 4 1,500.00	4/1/2009	Jamestown Area Medical Associates	Practice
C 024702	11	Laura E. Boggs, DO	\$ 1 47,500.00	7/1/2009	Watertown Internists	Practice
C 024713	68	Jennifer Greggo, MD	\$ 1 47,500.00	8/3/2009	Mary Imogene Bassett Hospital	Hospital
C 024704	81	Melissa W. Ko	\$ 1 06,643.00	4/1/2009	SUNY Upstate University Health Care Center	Hospital
C 024752	88	Elisa Bocchieri-Bustros, DO	\$ 1 37,500.00	9/8/2009	Mount Sinai Hospital	Hospital
C 024738	82	Ronald Mitchell, MD	\$ 1 47,500.00	4/1/2010	Mt. Vernon Neighborhood Health Center	FQHC
C 024753	4	Smriti Deshmukh, MD	\$ 1 47,500.00	7/1/2010	New York Presbyterian Hospital	Hospital
C 024730	43	Michael Nguyen, MD	\$ 1 47,500.00	7/20/2009	O'Connor Hospital	Hospital
C 024731	44	Craig Henson, MD	\$ 1 22,656.00	7/26/2009	O'Connor Hospital	Hospital
C 024687	50	Paul Cabral, MD	\$ 1 47,500.00	4/1/2009	ViaHealth (Clinton Family Health Care)	Practice
C 024754	95	Sabrina D. Bhagwan, MD	\$ 1 47,500.00	4/1/2009	Elmhurst Hospital Center	Hospital
C 024678	14	James Stephen, MD	\$ 1 47,500.00	1/4/2010	Sisters of Charity Hospital	Hospital
C 024679	12	Christina Roosa, DO	\$ 1 47,500.00	6/30/2010	Southern Tier Community Health Center	Practice
C 024689	87	Robert W. Whelpley, MD	\$ 1 47,500.00	6/30/2010	St. James Mercy Hospital	Hospital
C 024710	79	Michael Pratts, MD	\$ 1 36,500.00	3/1/2010	St. Joseph's Hospital Health Center	Hospital
C 024741	63	Amanda Mohabir, MD	\$ 1 47,500.00	10/1/2009	St. Luke's Cornwall Hospital	Hospital
C 024755	56	Pamela Apolaya, MD	\$ 1 47,500.00	7/1/2009	Woodhull Medical Center	Hospital
C 024690	55	Tiffany Pulcino, MD	\$ 1 43,791.00	4/1/2009	Culver Medical Group	Practice
C 024733	85	William J. Malone, MD	\$ 1 06,643.00	4/1/2009	Saratoga Center for Endocrinology and Diabetes	Practice
TOTAL \$ 5,345,547.0						

Appendix II:
Doctors Across New York Physician Practice Support Program Cycle I

Initial Practice Support Program Awardees

Total Funding: \$11,110,507

Western Region

Physician or Health Care Facility	2 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Brooks Memorial Hospital	\$100,000	Primary Care	Hospital	Dunkirk	Rural	Chautauqua
Brooks Memorial Hospital	\$100,000	Orthopedics	Hospital	Dunkirk	Rural	Chautauqua
Lockport Memorial Hospital	\$100,000	Primary Care	Hospital	Newfane	Rural	Niagara
Medina Memorial Health Care	\$100,000	Primary Care	Hospital	Medina	Rural	Orleans
Medina Memorial Health Care	\$100,000	Obstetrics	Hospital	Medina	Rural	Orleans
Mercy Hospital of Buffalo	\$100,000	Family Medicine	Hospital	Cuba	Rural	Allegany
Mercy Hospital of Buffalo	\$100,000	Family Medicine	Clinic	Franklinville	Rural	Cattaraugus
Myron L. Glick, MD	\$64,000	Family Medicine	Private Practice	Buffalo	Inner City	Erie
Myron L. Glick, MD	\$64,000	Family Medicine	Private Practice	Buffalo	Inner City	Erie
Niagara Falls Memorial Medical Center	\$75,000	Primary Care	Hospital	Niagara Falls	Inner City	Niagara
Niagara Falls Memorial Medical Center	\$75,000	Primary Care	Hospital	Niagara Falls	Inner City	Niagara
Oak Orchard Comm. Health Center	\$60,000	Family Medicine	Clinic	Lyndonville	Rural	Orleans
Olean General Hospital	\$70,000	Orthopedic Surgery	Hospital	Olean	Rural	Cattaraugus
Sisters of Charity Hospital	\$100,000	Family Medicine	Hospital	Buffalo	Inner City	Erie
Southern Tier Comm. Health Center	\$100,000	Family Medicine	Clinic	Olean	Rural	Cattaraugus
TLC Health Network	\$100,000	Primary Care	Clinic	Gowanda	Rural	Cattaraugus
TLC Health Network	\$100,000	Primary Care	Clinic	Gowanda	Rural	Cattaraugus
UB Family Medicine	\$75,000	Family Medicine	Private Practice	Buffalo	Inner City	Erie
UB Family Medicine	\$75,000	Family Medicine	Private Practice	Buffalo	Inner City	Erie
United Memorial Medical Center	\$100,000	General Surgery	Hospital	Batavia	Rural	Genesee
United Memorial Medical Center	\$100,000	General Surgery	Hospital	Batavia	Rural	Genesee
Western New York Medical	\$100,000	Primary Care	Private Practice	Irving	Rural	Chautauqua
Wyoming County Community Hospital	\$100,000	Pediatrics	Hospital	Warsaw	Rural	Wyoming

Finger Lakes Region

Physician or Health Care Facility	2 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Arnot Ogden Medical Center	\$100,000	General Surgery	Hospital	Elmira	Rural	Chemung
Arnot Ogden Medical Center	\$100,000	Primary Care	Hospital	Elmira	Rural	Chemung
Claire Phillips Stutzman, DO	\$100,000	Pediatrics	Private Practice	Sodus	Rural	Wayne
Finger Lakes Medical Association	\$100,000	Obstetrics	Private Practice	Geneva	Rural	Ontario
Nicholas H. Noyes Memorial Hospital	\$100,000	Emergency Medicine	Hospital	Dansville	Rural	Livingston
Rochester General Hospital	\$75,000	Primary Care	Hospital	Rochester	Inner City	Monroe

Rochester General Hospital	\$75,000	Primary Care	Hospital	Rochester	Inner City	Monroe
St. James Mercy Hospital	\$100,000	General Surgery	Hospital	Hornell	Rural	Steuben
St. James Mercy Hospital	\$100,000	Orthopedic Surgery	Hospital	Hornell	Rural	Steuben
Tri-County Family Medicine	\$55,735	Family Medicine	Clinic	Dansville	Rural	Livingston
William H. Bayer, MD	\$100,000	Family Practice	Private Practice	Rochester	Inner City	Monroe

North Central Region

Physician or Health Care Facility	2 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Canton-Potsdam Hospital	\$62,266	Ophthalmology	Hospital	Potsdam	Rural	St. Lawrence
Carthage Area Hospital	\$100,000	Family Medicine	Hospital	Carthage	Rural	Jefferson
Claxton-Hepburn Medical Center	\$100,000	Cardiology	Hospital	Ogdensburg	Rural	St. Lawrence
Claxton-Hepburn Medical Center	\$100,000	General Surgery	Hospital	Ogdensburg	Rural	St. Lawrence
Clifton-Fine Health Care Corp.	\$50,000	Primary Care	Hospital	Star Lake	Rural	St. Lawrence
Community Memorial Hospital	\$94,600	Primary Care	Hospital	Hamilton	Rural	Madison
Cortland Regional Medical Center	\$100,000	Obstetrics	Hospital	Cortland	Rural	Cortland
Jay M. Brenner, MD	\$100,000	Emergency Medicine	Private Practice	Syracuse	Inner City	Onondaga
Lewis County General Hospital	\$90,000	Family Medicine	Hospital	Lowville	Rural	Lewis
Lisa M. Keough, MD	\$100,000	Emergency Medicine	Private Practice	Syracuse	Inner City	Onondaga
Massena Memorial Hospital	\$46,000	Internal Medicine	Hospital	Massena	Rural	St. Lawrence
Melissa W. Ko, MD	\$50,000	Neurology	Private Practice	Syracuse	Inner City	Onondaga
OB-GYN Associates of Ithaca	\$100,000	Obstetrics	Private Practice	Ithaca	Rural	Tompkins
Oneida Healthcare Center	\$80,000	Family Medicine	Clinic	Camden	Rural	Oneida
Oneida Healthcare Center	\$100,000	Family Medicine	Clinic	Verona	Rural	Oneida
Oswego Hospital	\$100,000	Orthopedic Surgery	Hospital	Oswego	Rural	Oswego
Oswego Hospital	\$100,000	Primary Care	Hospital	Oswego	Rural	Oswego
Rome Memorial Hospital	\$100,000	Internal Medicine	Hospital	Rome	Medically Underserved	Oneida
Samaritan Medical Center	\$58,494	Family Medicine	Hospital	Watertown	Rural	Jefferson
Samaritan Medical Center	\$100,000	General Surgery	Hospital	Watertown	Rural	Jefferson
Syracuse Community Health Center	\$96,800	Internal Medicine	Clinic	Syracuse	Inner City	Onondaga
Syracuse Community Health Center	\$96,000	Family Medicine	Clinic	Syracuse	Inner City	Onondaga

South Central Region

Physician or Health Care Facility	2 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Chenango Memorial Hospital	\$100,000	Primary Care	Clinic	Oxford	Rural	Chenango
Chenango Memorial Hospital	\$100,000	Primary Care	Clinic	Sherburne	Rural	Chenango

Northeast Region

Physician or Health Care Facility	2 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Adirondack Medical Center	\$60,000	Primary Care	Clinic	Lake Placid	Rural	Essex
Adirondack Medical Center	\$100,000	Psychiatry	Hospital	Saranac Lake	Rural	Essex
Adirondack Surgical Group	\$100,000	General Surgery	Private Practice	Saranac Lake	Rural	Essex
Alice Hyde Medical Center	\$100,000	Family Medicine	Clinic	Chateaugay	Rural	Franklin
Alice Hyde Medical Center	\$100,000	Pulmonology	Hospital	Malone	Rural	Franklin
Associated Community Action	\$60,000	Family Medicine	Clinic	Willsboro	Rural	Essex
Bassett Hospital of Schoharie County	\$65,000	General Surgery	Hospital	Cobleskill	Rural	Schoharie
Bassett Hospital of Schoharie County	\$87,000	Gastroenterology	Hospital	Cobleskill	Rural	Schoharie
Champlain Valley Physicians Hospital	\$70,000	Psychiatry	Hospital	Plattsburgh	Rural	Clinton
Champlain Valley Physicians Hospital	\$70,000	Psychiatry	Hospital	Plattsburgh	Rural	Clinton
Columbia Memorial Hospital	\$75,000	Family Medicine	Clinic	Hudson	Rural	Columbia
Columbia Memorial Hospital	\$80,000	Primary Care	Clinic	Catskill	Rural	Greene
Glens Falls Hospital	\$100,000	Family Medicine	Clinic	Granville	Rural	Washington
Glens Falls Hospital	\$100,000	Internal Medicine	Clinic	Greenwich	Rural	Washington
Hudson Headwaters Health Network	\$100,000	Pediatrics	Clinic	Mineville	Rural	Essex
Koinonia Primary Care	\$100,000	Family Medicine	Private Practice	Albany	Inner City	Albany
Margaretville Hospital	\$100,000	Family Medicine	Hospital	Roxbury	Rural	Delaware
Mary Imogene Bassett Hospital	\$50,700	Child Psychiatry	Hospital	Cooperstown	Rural	Otsego
Mary Imogene Bassett Hospital	\$65,000	Physiatry	Hospital	Cooperstown	Rural	Otsego
O'Connor Hospital	\$98,000	Orthopedic Surgery	Hospital	Delhi	Rural	Delaware
Samaritan Hospital	\$100,000	Psychiatry	Hospital	Troy	Inner City	Rensselaer
Samaritan Hospital	\$100,000	Family Medicine	Hospital	Troy	Inner City	Rensselaer
St. Mary's Hospital at Amsterdam	\$100,000	General Surgery	Hospital	Johnstown	Rural	Fulton
St. Mary's Hospital at Amsterdam	\$100,000	Obstetrics	Hospital	Johnstown	Rural	Fulton

Mid-Hudson Region

Physician or Health Care Facility	2 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Catskill Region Medical Center	\$80,000	Internal Medicine	Hospital	Callicoon	Rural	Sullivan
Greater Hudson Valley Family Health	\$100,000	Internal Medicine	Clinic	Newburgh	Medically Underserved	Orange
Mt. Vernon Neighborhood Health Center	\$100,000	Ophthalmology	Clinic	Mt. Vernon	Inner City	Westchester
Mt. Vernon Neighborhood Health Center	\$100,000	Child Psychiatry	Clinic	Mt. Vernon	Inner City	Westchester
Open Door Family Medical Center	\$50,000	Family Medicine	Clinic	Brewster	Medically Underserved	Putnam
Open Door Family Medical Center	\$50,000	Family Medicine	Clinic	Port Chester	Medically Underserved	Westchester
St. Luke's Cornwall Hospital	\$100,000	Primary Care	Hospital	Newburgh	Medically Underserved	Orange
St. Luke's Cornwall Hospital	\$100,000	Primary Care	Hospital	Newburgh	Medically Underserved	Orange

Long Island Region

Physician or Health Care Facility	2 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
John T. Mather Memorial Hospital	\$99,000	Psychiatry	Hospital	Port Jefferson	Inner City	Suffolk
John T. Mather Memorial Hospital	\$65,520	Emergency Medicine	Hospital	Port Jefferson	Inner City	Suffolk

New York City Region

Physician or Health Care Facility	2 Year Total ¹	Specialty	Type of Practice	Practice Location ²	Type of Underserved Community	County
Bronx Internal Medicine Associates	\$95,000	Internal Medicine	Private Practice	Bronx	Inner City	Bronx
Bronx Internal Medicine Associates	\$95,000	Internal Medicine	Private Practice	Bronx	Inner City	Bronx
Bronx-Lebanon Hospital Center	\$64,000	Pediatrics	Hospital	Bronx	Inner City	Bronx
Brooklyn Hospital Center	\$100,000	Emergency Medicine	Hospital	Brooklyn	Inner City	Kings
Brooklyn Hospital Center	\$100,000	Pediatrics	Hospital	Brooklyn	Inner City	Kings
Dinaz Irani, MD	\$49,000	Family Medicine	Private Practice	New York	Inner City	New York
Dr. Martin Luther King, Jr. Health Center	\$64,000	Primary Care	Clinic	Bronx	Inner City	Bronx
Jamaica Hospital	\$75,000	Internal Medicine	Clinic	Brooklyn	Inner City	Kings
Montefiore Medical Center	\$80,000	Family Medicine	Hospital	Bronx	Inner City	Bronx
Montefiore Medical Center	\$80,000	Family Medicine	Hospital	Bronx	Inner City	Bronx
Morris Heights Health Center	\$100,000	Pediatrics	Clinic	Bronx	Inner City	Bronx
Morris Heights Health Center	\$100,000	Obstetrics	Clinic	Bronx	Inner City	Bronx
Mount Sinai Hospital	\$100,000	Internal Medicine	Hospital	East Harlem	Inner City	New York
Mount Sinai Hospital	\$100,000	Primary Care	Hospital	East Harlem	Inner City	New York
Multiviz Medical Services	\$100,000	Family Medicine	Private Practice	Far Rockaway	Inner City	Queens
New York Bronx Pediatric Medicine	\$94,000	Emergency Medicine	Private Practice	Bronx	Inner City	Bronx
New York Presbyterian Hospital	\$100,000	Emergency Medicine	Hospital	New York	Inner City	New York
North General Hospital	\$100,000	Child Psychiatry	Hospital	New York	Inner City	New York
Park Avenue Medical	\$80,000	Endocrinology	Private Practice	Bronx	Inner City	Bronx
Quarry Road Emergency Services	\$96,000	Emergency Medicine	Private Practice	Bronx	Inner City	Bronx
Robert L. Plummer, MD	\$100,000	General Surgery	Private Practice	Bronx	Inner City	Bronx
Ryan/Chelsea-Clinton Comm. Health Center	\$20,000	Internal Medicine	Clinic	New York	Inner City	New York
Sallaja Sivareddy, MD	\$97,392	Internal Medicine	Private Practice	Queens	Inner City	Queens
St. Barnabas Hospital	\$94,000	Primary Care	Hospital	Bronx	Inner City	Bronx
St. Barnabas OB/GYN	\$94,000	Primary Care	Private Practice	Bronx	Inner City	Bronx
Sunset Park Health Council	\$75,000	Primary Care	Clinic	Brooklyn	Inner City	Kings
Sunset Park Health Council	\$75,000	Pediatrics	Clinic	Brooklyn	Inner City	Kings
Trustees of Columbia University	\$100,000	Family Medicine	Clinic	New York	Inner City	New York
Udit Kondal, MD	\$100,000	Family Medicine	Private Practice	Queens	Inner City	Queens
Union Community Health Center	\$95,000	Family Medicine	Clinic	Bronx	Inner City	Bronx

Union Community Health Center	\$95,000	Pediatrics	Clinic	Bronx	Inner City	Bronx
University Orthopaedic Associates	\$100,000	Orthopedic Oncology	Private Practice	Brooklyn	Inner City	Kings
University Orthopaedic Associates	\$100,000	Primary Care Sports Medicine	Private Practice	Brooklyn	Inner City	Kings
William F. Ryan Community Health Center	\$80,000	Primary Care	Clinic	New York	Inner City	New York

1. First year award is 50% of total.
2. Practice Location is based on anticipated practice site not necessarily the applicant.
3. **Note:** Regions are Health Systems Agency designations.

Physician Practice Support Finalized Contracts

Total award = amount awarded to grantee

DRP adjusted award = Amount award was reduced to after deficit reduction plan

Grantee	County	Specialty	Total Award	DRP Adjusted Award
Adirondack Medical Ctr.	Essex	Primary Care	\$60,000	\$52,500
Adirondack Surgical Group, LLP	Essex	General Surgery	\$100,000	\$87,500
Amot Ogden Medical Ctr.	Chemung	General Surgery	\$100,000	\$87,500
Amot Ogden Medical Ctr.	Chemung	Primary Care	\$100,000	\$87,500
Assoc. Comm. Action of the NE Adirondack Region, Inc	Essex	Family Medicine	\$60,000	\$52,500
Bronx Internal Medicine Assoc., PC	Bronx	Internal Medicine	\$95,000	\$83,125
Bronx Internal Medicine Assoc., PC	Bronx	Internal Medicine	\$95,000	\$83,125
Bronx-Lebanon Hosp. Ctr.	Bronx	Pediatrics	\$64,000	\$56,000
Brooklyn Hosp. Ctr.	Kings	Pediatrics	\$100,000	\$87,500
Canton-Potsdam Hosp.	St. Lawrence	Primary Care	\$62,266	\$54,482
Catskill Reg. Med. Ctr.-Grover Herman Hosp. Div.	Sullivan	Internal Medicine	\$80,000	\$70,000
Champlain Valley Physicians Hosp. Med. Ctr.-CVPH M	Clinton	Psychiatry	\$70,000	\$61,250
Chenango Memorial Hosp.	Chenango	Primary Care	\$100,000	\$87,500
Chenango Memorial Hosp.	Chenango	Primary Care	\$100,000	\$87,500
Claire Philips Stutzman	Wayne	Pediatrics	\$100,000	\$87,500
Claxton-Hepburn Med. Ctr.	St. Lawrence	Primary Care	\$100,000	\$87,500
Columbia Memorial Hosp.	Columbia	Family Medicine	\$75,000	\$65,625
Columbia Memorial Hosp.	Greene	Family Medicine	\$80,000	\$70,000
Community Memorial Hosp.	Madison	Primary Care	\$94,600	\$82,775
Finger Lakes Medical Assoc., LLP	Ontario	OB/GYN	\$100,000	\$87,500
Glens Falls Hospital	Washington	Internal Medicine	\$100,000	\$87,500
Glens Falls Hospital	Washington	Family Medicine	\$100,000	\$87,500
Greater Hudson Valley Family Health Ctr.	Cornwall	Primary Care	\$100,000	\$87,500
Hudson Headwaters Health Network, Inc.	Essex	Pediatrics	\$100,000	\$87,500
Jamaica Hosp. Medical Ctr. Diagnostic and Treatment	Kings	Internal Medicine	\$75,000	\$65,625
Jay M. Brenner, MD	Onondaga	Emergency Medicine	\$100,000	\$87,500
John T. Mather Mem. Hosp.	Suffolk	Emergency Medicine	\$65,520	\$57,330
John T. Mather Mem. Hosp.	Suffolk	Psychiatry	\$99,000	\$86,625
Koinonia Primary Care	Albany	Family Medicine	\$100,000	\$87,500
Lisa M. Keough, MD	Onondaga	Emergency Medicine	\$100,000	\$87,500

Lockport Memorial Hosp.	Niagara	Primary Care	\$100,000	\$87,500
Mary Imogene Bassett Hospital dba Bassett Healthcare	Otsego	Psychiatry	\$65,000	\$56,875
Medina Mem. Hlth. Care System	Orleans	OB/GYN	\$100,000	\$87,500
Melissa W. Ko.	Onondaga	Neurology	\$50,000	\$43,750
Montefiore Medical Center	Bronx	Family Medicine	\$80,000	\$70,000
Montefiore Medical Center	Bronx	Family Medicine	\$80,000	\$70,000
Morris Heights Health Center	Bronx	Pediatrics	\$100,000	\$87,500
Morris Heights Health Center	Bronx	OB/GYN	\$100,000	\$87,500
Mount Sinai Hospital	New York	Primary Care	\$100,000	\$87,500
New York Bronx Pediatric Medicine, PC	Bronx	Emergency Medicine	\$94,000	\$82,250
New York Presbyterian Hospital	New York	Primary Care	\$100,000	\$87,500
Niagara Falls Mem. Med. Ctr.	Niagara	Primary Care	\$75,000	\$65,625
North General Hospital ASSIGNED TO INSTITUTE FOR FAMILY HEALTH	New York	Child Psychiatry	\$100,000	\$87,500
Oneida Healthcare Ctr.	Oneida	Family Medicine	\$100,000	\$87,500
Oneida Healthcare Ctr.	Oneida	Family Medicine	\$80,000	\$70,000
Open Door Family Medical Ctr.	Putnam	Family Medicine	\$50,000	\$43,750
Park Avenue Medical Assoc. P.C.	Bronx	Endocrinology	\$80,000	\$70,000
Quarry Rd. Emergency Services, P.C.	Bronx	Emergency Medicine	\$96,000	\$84,000
Rochester General Hosp.	Monroe	Internal Med/Primary Care	\$75,000	\$65,625
Rochester General Hosp.	Monroe	Primary Care/OB/GYN	\$75,000	\$65,625
Sailaja Silwareddy, M.D.	Queens	Internal Medicine	\$97,392	\$85,218
Samaritan Medical Ctr.	Jefferson	Family Medicine	\$58,494	\$51,182
Samaritan Medical Ctr.	Jefferson	General Surgery	\$100,000	\$87,500
Southern Tier Comm. Hlth. Ctr. Network	Cattaragus	Family Medicine	\$100,000	\$87,500
St. Barnabas Hosp.	Bronx	Primary Care	\$94,000	\$82,250
St. Barnabas OB/GYN	Bronx	Primary Care	\$94,000	\$82,250
St. James Mercy Hosp.	Steuben	Orthopedic Surgery	\$100,000	\$87,500
St. Luke's Cornwall Hosp.	Orange	Primary Care	\$100,000	\$87,500
St. Luke's Cornwall Hosp.	Orange	Primary Care	\$100,000	\$87,500
Sunset Park Health Council, Inc. DBA, Lutheran Family	Kings	Pediatrics	\$75,000	\$65,625
Sunset Park Health Council, Inc. DBA, Lutheran Family	Kings	Primary Care	\$75,000	\$65,625
Syracuse Comm. Hlth. Ctr., Inc.	Onondaga	Family Medicine	\$96,000	\$84,000
Syracuse Comm. Hlth. Ctr., Inc.	Onondaga	Internal Medicine	\$96,800	\$84,700
Udit Kondal	Queens	Family Medicine	\$100,000	\$87,500
Union Comm. Health Ctr.	Bronx	Family Medicine	\$95,000	\$83,125

United Memorial Medical Center	Genesee	General Surgery	\$100,000	\$87,500
University Orthopedic Assoc.	Brooklyn	Primary Care	\$100,000	\$87,500
University Orthopedic Assoc.	Brooklyn	Orthopedic Oncology	\$100,000	\$87,500
TOTAL			\$6,057,072	\$5,299,937