



Press Kit

Donald E. Moore, MD, MPH

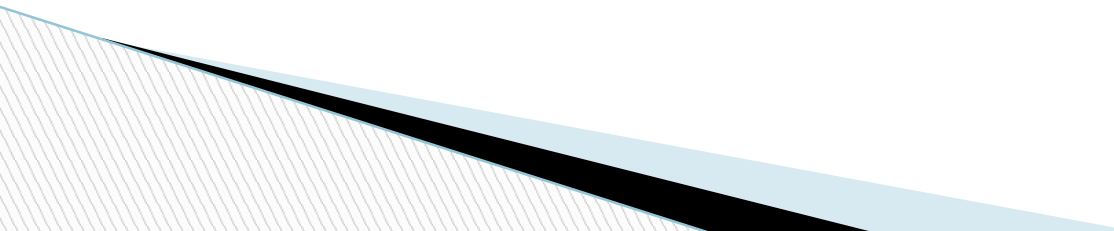
Assistant Professor Weill Medical College of Cornell University
Attending Physician New York Methodist Hospital

Profile

Donald E Moore, M.D, M.P.H

Dr. Moore earned his M.D. and M.P.H. degrees in 1981 from the [Yale School of Medicine](#). He subsequently completed a three-year surgical residency at Mount Sinai Medical Center in New York. He then made a significant decision to pursue the challenges of Emergency Medicine, becoming board certified in 1994. In 1988 he opened a full-time general medicine practice in Brooklyn distinguishing himself by his service to his community and to his profession. Currently, he teaches medical students from Weill Medical College of Cornell University and nurse practitioner students from New York University and Hunter College Nursing Schools. He has been an attending physician at New York Methodist Hospital since 1990.

[\(Continue\)](#)





AYAM First African-American President

The AYAM elects its first African-American president, a Brooklyn physician who makes house calls.

By [Cathy Shufro](#)

Hospitals horrified **Donald E. Moore**, M.D. '81, M.P.H. '81, beginning the day he visited his dying father.

“I was able to see him in the state of illness before the nurses generally do their morning care. It was very ugly,” said Moore, who was 14 years old and growing up in Jamaica. His police officer father was in end-stage renal failure, the result of uncontrolled hypertension. “I remember I left the ward crying. That was the first time that it struck me that he was dying. I never thought I’d ever go back into a hospital.”

Later, as a student at Pace University in Manhattan, Moore majored in sociology. When he excelled in an obligatory math and science course, his professor suggested that he consider medicine.

“I had no idea what I was getting into.” And yet, he says, “There’s nothing in my life that would have given me as much satisfaction as studying medicine.”

In July Moore assumed the presidency of the Association of Yale Alumni in Medicine (AYAM). A new vice president and secretary were also elected, as well as two new executive committee members.

One of Moore’s goals as president... [\(Continue\)](#)

10,000 house calls and counting



There's only one reason to treat patients at home: They need your care.

By Donald E. Moore

The familiar, rhythmic tones interrupted my pre-dawn reverie that early-spring morning. I rolled out of bed and made one long step to the dresser, where the beeper lay among the contents of pockets emptied the night before. It was 4:15 a.m. and Peggy Hooper wanted me to make a house call.

Ms. Hooper is a woman whose vague complaints have led us to try more than 15 prescription medicines over the years with very little measurable effect. I have treated her in the hospital, in the office and many times in her home. Going there was not a problem — I am a doctor who makes house calls — but, with 6 a.m. hospital rounds looming, there just wasn't time.

Since I began my career in medicine in the early 1980s, I have made house calls for one simple reason: Patients need and want them. Historically, before the wide availability of acute-care hospital beds, the home was often the most appropriate venue for treatment. There were fewer physicians' offices and clinics in the first half of this century, and, even today, getting to the doctor can be difficult for the bedridden or homebound patient. It costs society a lot less to transport a healthy physician to the bedside of an infirm patient than to transport that patient to a doctor's office or hospital. ([Continue](#))

<http://yalemedicine.yale.edu/autumn1999/dialogue/bookend/55937>



SOURCE: Sage North America

Sage Announces First Of Its Healthcare Clients To Achieve Stage 1 Meaningful Use Medicare Incentive

Sage Healthcare Division, a unit of Sage North America, announced recently that its client, Dr. Moore & Associates, a primary care practice in Brooklyn, NY, is among several of the company's clients to successfully attest to Stage 1 meaningful use under the Medicare EHR Incentive Program.

Dr. Moore & Associates attested on May 4 that they had met the required meaningful use criteria published by the Centers for Medicare and Medicaid Services (CMS) using the Sage Intergy Meaningful Use Edition, an ONC-ATCB meaningful use-certified product.

"Meaningful Use sets the course. It moves providers and software vendors in a direction that improves functionality and establishes the roots for interoperability," said Dr. Donald E. Moore of Dr. Moore & Associates. "As a physician that meaningfully uses an electronic medical record, I have become a more knowledgeable clinician and communicate more effectively. As a result, I can better serve my patients."

View the entire article by clicking on the link.

<http://www.healthitoutcomes.com/doc/sage-announces-first-of-its-healthcare-0001>

Three solo doctors offer tips on meaningful use

Bernie Monegain, Editor, Healthcare IT News
January 3, 2012



Donald Moore, MD, a primary care physician who practices in Brooklyn, N.Y., has been using his Sage Intergy [EHR](#) for about five years.

Best advice for others:

“One of the things with gathering information and working on any project, as you get deeper, you get deeper. Yes, the patients benefit because the visits are more intensive and they are better informed. Part of what we do, especially in internal medicine, is very information-driven. The more information you have, the more likely you’re going to come to a correct diagnosis. The only thing that limits you gathering information is time. So if you don’t have to spend the time gathering information that you have gathered previously, but you can refresh yourself or you can access it very rapidly, then you are in a better decision-making position. If you have the information there, you know what the last CT scan was. You know that you did a CT scan, and you know that you did one three years before, you can see very quickly with just a click what it is, the consultant reports, you can just access it right away – everything almost on one page, then the decision-making gets faster and better. Stronger.”

Healthcare IT News interviewed three solo practitioners who have met Stage 1 [meaningful use](#) guidelines, and asked what advice they might have for other solo practitioners or small practices.

View the entire article by clicking on the link.

<http://www.healthcareitnews.com/news/three-solo-doctors-offer-tips-meaningful-use>



Docs worried sick over Obama Care

By [Carl Campanile](#)

New York Post October 18, 2013

Doctors Donald Moore (left) and Sam Unterricht are among physicians worried they'll be "left holding the bag" by Obama's health plan.

New York doctors are feeling queasy about ObamaCare — and many won't participate in the new national insurance program because they fear they'll go broke, The Post has learned.

“ObamaCare is going to send me more patients to see and then cut the payments to provide the care — that’s what’s going to happen,” predicted Donald Moore, a primary-care doctor in Prospect Heights, Brooklyn. “I will not accept it.”

Moore claims that President Obama made a big mistake by requiring uninsured residents to obtain medical coverage from for-profit insurers through the ObamaCare health exchanges instead of through public health programs like Medicaid.

Under tremendous pressure to keep costs down[\(Continue\)](#)

<http://nypost.com/2013/10/18/doctors-worried-sick-over-obamacare/>

Interview on Fox News

Primary doctors worried sick about ObamaCare?

Dr. Donald Moore weighs in

Personalities [Steve Doocy](#)

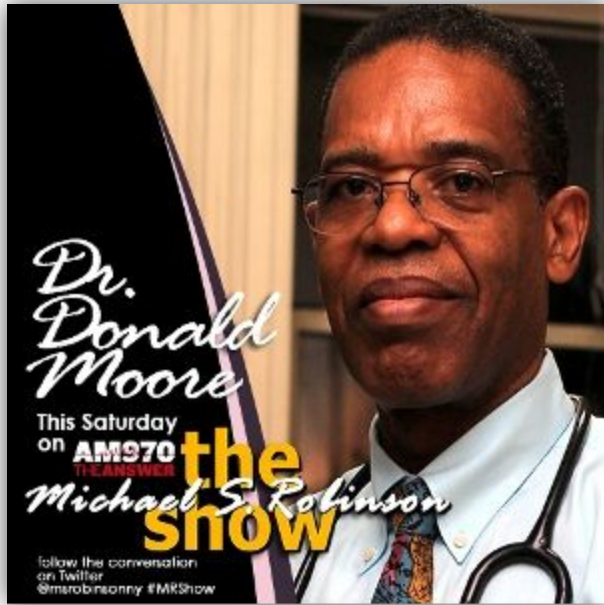
Date Oct 24, 2013



View the interview by clicking on the link.

http://video.foxnews.com/v/2765204547001/primary-doctors-worried-sick-about-obamacare/?playlist_id=930909787001

Obamacare: A Physician's Perspective



While there has been much discussion on this show about the effects of Obamacare on the individual and small business, but what are the effects on doctors, hospitals and private practices? With a decline in doctors and a rise in patients seeking care, what will that do to the quality of healthcare? This broadcast, Michael S. Robinson tackled the issue of the Affordable Care Act from a physician's perspective.

December 14, 2013

If you missed Dr. Moore's appearance on The Michael S. Robinson Show you can listen to the podcast [here](#).
(Link to the podcast)

<http://www.mikesrobinson.com/podcasts#!2013-page-8-nov-9-dec-21/c24hg>

AFFORDABLE CARE ACT “OBAMA CARE” FORUM



View the event by clicking on the link.

http://www.livestream.com/officialnationalactionnetwork/video?clipId=pla_65107cf6-fb68-4c64-8a6c-99d54dd20981

ONE IMPROVED AND EXPANDED MEDICARE FOR ALL



Dr Donald E. Moore at New York State Nurses Association Rally
at New York Presbyterian 3/8/2014.

As a physician, I am happy to have the privilege to practice medicine. I am proud to be part of humanity's response to suffering, illness and disease. I am sad however, that so many women die giving birth in this country. It is a shame that in America today more children die at birth than in most developed countries. Americans have a shorter life expectancy than people in other developed countries. Yet, we spend more money on healthcare than any other country in the world. Yes, our healthcare financing system is broken. It does not work for the patient, it does not work for the provider and it does not work for the taxpayer.

We must change our market driven, filthy profit generating health care financing system because: health cannot simply be a commodity like oil or gold that is exchanged in the marketplace; Healing cannot be merely a business.

As a humane society, our response to suffering illness and disease must be compassionate, equitable and, of course, affordable. To accomplish this, physicians must unite with nurses, other providers and patients to fix our broken health care financing system. We must use our collective moral authority to stop the corporate practice of medicine. We must use our collective political power to remove the interlopers that have come between us and our patients. We don't need hundreds of insurance companies multiplying our difficult work and removing large profits from our healthcare delivery system. One is enough! One improved and expanded Medicare for all.

I make house calls: A tablet, a stethoscope and the future of medicine

July 16, 2014 | Donald E. Moore, MD



mHealth is the next stage of health information technology evolution for many reasons. Above all, mobile health IT enables physicians to maintain their central and pivotal role in directing patient care and helping those patients achieve and maintain better health.

Given the ways in which healthcare is evolving - including more regulations and financial concerns - the ability to continue managing patient care efficiently is critically important.

This alone makes mobile health essential to the future of healthcare. While health reform has helped accelerate the necessary transition from a paper-ridden past to a digital future, it will take the collaboration of both providers and vendors to ensure patient and physician needs are served in the end.

As I see it, mobile-savvy physicians have half-a-dozen distinct advantages over.....

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