

NYS Academy of
Family Physicians

CONGRESS OF DELEGATES HANDBOOK

June 15-16, 2019

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Official Call of Meeting

June 15, 2019

TO: Delegates of Component County Chapters
Resident and Student Associations

FROM: Russell Perry, MD, Secretary, New York State Academy of Family Physicians

SUBJECT: Official Call of the Annual Meeting

Dear Doctors and Students:

Notice is hereby given, pursuant to Article 3 of the Constitution of the New York State Academy of Family Physicians, Inc., that the regular annual meeting of the Congress of Delegates will be held on Saturday, June 15, 2019, at the Hilton Garden Inn, Troy, at 7:00 a.m. for the following purpose: to receive and act upon the reports of officers and commissions; to receive and act upon the reports that may be placed before the Congress of Delegates; to present the slate of officers for the Board of Directors. At the beginning of this meeting, all delegates will present their credentials which have been duly authorized and signed by their respective county chapter secretary.

The Congress of Delegates will reconvene on Sunday, June 16, 2019 at 8:00 a.m.

Respectfully submitted,



Russell Perry, MD
Secretary

NYSAFP Traditions

Upstate-Downstate Balance

The Academy nominating committee has tried to achieve geographic balance in the Board and Presidency. Downstate is New York City, Long Island and Westchester; upstate is everywhere else. Thus the nominating committee recommendation for President-elect (and for Vice President) has been alternated between an upstate member and a downstate member.

Challenge to the Candidate for President-Elect

The nominating committee usually has recommended the Vice President as the candidate for President-elect, though nominations from the floor may be made.

NYSAFP Officer Job Descriptions

DIRECTOR

There are 10 directors; nine are elected for 3 year terms and the new physician director is elected for a 2 year term.

1. Attend the COD
2. Attend board meetings usually held in March, July and October
3. Serve on a commission
4. Participate in board and commission conference calls
5. Represent NYSAFP at meetings including AAFP or other state chapter meetings
6. Must be Active Member in good standing and should have some experience at a local level or as a member of an NYSAFP commission or reference committee of the C.O.D.

SPEAKER AND VICE SPEAKER

1. The speaker and vice speaker are members of the Board and are responsible for running the C.O.D. They must be familiar with parliamentary procedure.
2. The speaker and vice speaker alternate as presiding officers of the C.O.D.
3. The speaker and vice speaker are responsible for planning the Congress, including
 - a. Assigning reference committee chairs
 - b. Reviewing reports of the reference committees
 - c. Reviewing resolutions of reference committees
 - d. Assigning resolutions to reference committees
 - e. Oversee elections
 - f. Provide guidance to reference committees and special committees of the C.O.D.
 - g. Attend board meetings, usually held in March, July and October
 - h. Participate in teleconferences to facilitate the work of the C.O.D.
 - i. May be asked to serve as advisor to students, residents or a commission
4. The Bylaws do not limit the number of consecutive terms that a speaker or vice speaker may serve.

PRESIDENT

1. Is a member of the Board of Directors
2. Is a member of the Executive Committee
3. Serves as ex-officio member of all commissions
4. Coordinates preparation of commission agendas
5. Makes a report at each board meeting and makes an annual report at the C.O.D.
6. Attends the AAFP Annual Leadership Forum and C.O.D.

7. Attend local chapter meetings

PRESIDENT-ELECT

1. Becomes president upon completion of the president's 1 year term or should the President die or resign.
2. Is a member of the Board of Directors
3. Is a member of the Executive Committee
4. Serves as president in the absence of the president
5. Participates in preparation of commission agendas
6. Must be Active Member in good standing, have previously served on the board and on commissions, demonstrated leadership, be familiar with NYSAFP operations and be willing and able to serve as president.

VICE PRESIDENT

1. Is a member of the Board of Directors
2. Is a member of the Executive Committee
3. Serves as chair or advisor to a commission
4. Attends board meetings, commission meetings, the COD and participates in teleconferences
5. Represents NYSAFP at meetings including AAFP meetings and other state chapter meetings.

AAFP DELEGATE

1. Is a member of the Board of Directors
2. Attends AAFP Congress and advises the board of developments in AAFP policies and programs
3. Must be an Active Member in good standing
4. Term is two years

AAFP ALTERNATE DELEGATE

1. Is a member of the Board of Directors
2. Attends AAFP Congress and advises the board of developments in AAFP policies and programs
3. Must be an Active Member in good standing

4. Would replace a delegate if the delegate could not attend the AAFP Congress
5. Term is two years

MSSNY DELEGATE

1. Is a member of the Board of Directors
2. Is a member of MSSNY
3. Attend the MSSNY House of Delegates and advise the board of developments in MSSNY policies and programs
4. Must be an Active Member in good standing

MSSNY ALTERNATE DELEGATE

1. Is a member of the Board of Directors
2. Is a member of MSSNY
3. Attends the MSSNY House of Delegates if the MSSNY Delegate cannot attend and advises the board of developments in MSSNY policies and programs
4. Must be an Active member in good standing

SECRETARY

1. Is a member of the Board of Directors
2. Is a member of the Executive Committee
3. Is responsible for minutes of board meetings

TREASURER

1. Is a member of the Board of Directors
2. Is a member of the Executive Committee
3. Is responsible for reviewing financial records of the Academy
4. Is a member of the Commission on Operations
5. Is responsible for reporting to the Commission on Operations on the Academy's financial status.

NYSAFP Commissions Information

COMMISSION ON FAMILY PRACTICE ADVOCACY:

Chaired by Rachelle Brilliant, DO, this commission is responsible for monitoring governmental and legislative developments, and their impact on Family Medicine and Family Physicians. The Commission advocates for Family Physicians on issues that affect them in their professional lives. The Commission has worked with our lobbyists, coordinated the Health Policy Conference, and lobbied in Albany meeting with legislators and key legislative staff.

COMMISSION ON EDUCATION

Chaired by Cynthia Elkins, MD, this commission is responsible for developing policy recommendations and programs to support the education of the next generation of Family Physicians. It has developed programs and mechanisms to recruit and support volunteers to teach medical students and residents. The commission also supports student and resident member activities and participation in the Academy, including programs at the Scientific Assembly – Winter Weekend and National Congress of Resident and Student Members. The Commission also serves as the selection committee for several awards, including high school scholarships, resident awards and the Family Practice Educator of the Year.

COMMISSION ON LEADERSHIP DEVELOPMENT AND NOMINATIONS

Chaired by James Mumford, MD, this commission's mission is to nurture and support leadership training of Family Physicians and to encourage diversity in Academy leadership. Its current goals are:

1. To ensure that officers and directors reflect the demographics of Academy membership
2. To train leaders to run an efficient organization that is able to respond rapidly to member needs and interests
3. To communicate with all members of the Academy so they can easily understand Academy operations.

COMMISSION ON MEMBERSHIP AND MEMBER SERVICES

Chaired by Andrew Symons, MD, this commission is responsible for recruiting and retaining members; making recommendations regarding new and existing member services, and

coordinating the annual Winter Weekend – Scientific Assembly as well as the Congress of Delegates

COMMISSION ON OPERATIONS

Chaired by Barbara Keber, MD, this commission is responsible for finances, personnel, headquarters operations and governance issues. This commission develops and monitors the budget, reviews leases and contracts and develops bylaws amendments.

COMMISSION ON PUBLIC HEALTH

Chaired by Scott Hartman, MD, this commission has three broad areas of action:

1. Education of the public to ensure health
2. Policy development to promulgate public health measures
3. Widening access to care for special populations such as the aging, children and those in underserved areas

Specifically the commission has worked on vehicular safety; the Health Care Reform Act; tobacco and other substance use; HIV and needle exchange; the obesity problem; pharmaceutical company relationships and ethics in research. Many of these are topics of ongoing activities of the commission. The commission will continue to pursue appropriate measures as Academy members raise new topics relating to health care.

In Memoriam

Howard Doermer Amann, MD

Clayburn C. Booth, MD

Blanche A. Borzell, MD

David J. Glassman, MD

Robert Kelleher, MD

Brian James Izzo, MD

Jubin Kochummen, DO

Clinton E. Lawrence, MD

Leonard Montalbano, MD

Ronald P. Santasiero, MD

James Yiannou, MD

Howard S. Yudin, MD

Zdenek F. Zobal, MD

Procedures of the Congress of Delegates

The Congress of Delegates will convene on the 15th day of June 2018 and will be conducted under the Standard Code of Parliamentary Procedure, except where specific action is mandated by the Bylaws of the Academy.

All Resolutions (Major Motions) must be submitted for consideration at least thirty days prior to the meeting of the Congress or at the opening of the Congress by an affirmative vote of two-thirds of the members present.

All Resolutions will be submitted to the reference committee for study and will be reported back to the Congress of Delegates with a recommendation for action at which time it is seconded. (Seconding indicates a wish to consider a motion and not necessarily an endorsement.) It will then be voted on after all Subsidiary Motions have been considered and voted upon.

Subsidiary Motions require seconding and are motions to Postpone Temporarily, Postpone Indefinitely, Postpone Definitely, or Amend the Motion. These Motions are passed by a majority vote. Motions to Limit Debate or Vote Immediately (Call the Question) require a two-thirds vote.

Privilege Motions to Adjourn or Recess require a majority. A Question of Privilege will enable a Delegate to secure immediate decision or action by the Speaker and requires no vote. Incidental Motions to appeal the decision of the Chair requires a majority vote. A Point of Order calls attention to a violation of the rules and may interrupt the Speaker. No vote is required and a ruling is made by the Chair. The Parliamentarian is Council to the Speaker but does not make a ruling.

Motions made to change a Main Motion are:

1. Motion to reconsider a Main Motion previously carried or lost.
2. Rescind a Main Motion previously carried.
3. Amend by a new Motion any Motion previously carried.
4. Repeal or amend by implication any Main Motion previously carried which conflicts with the later Motion.

These motions require seconding and a majority vote.

The Reference Committee is responsible for studying the business of the Congress and the performance of the Officers and the Board of Directors of the Academy as well as the future actions and plans of the Academy.

The committee Chair is responsible for the consideration of all pertinent facts and a distilled report to the Congress of Delegates with recommendations for action in the form of a motion.

During debate on the floor no delegate shall speak more than twice on the same question or longer than five minutes at one time unless a motion to suspend the rules is passed by two-thirds vote of the Congress. Only the sponsor of the motion will be permitted to speak a second time on a question before all other delegates desiring to be heard have spoken at least once.

Voting shall be by voice, standing, balloting or a show of hands. Written ballots shall be used whenever a motion to vote by ballot is carried.

The consent calendar is comprised of reports of commissions which have been submitted for information and are not debatable. They will be passed by the Chair to clear the calendar and make them a part of the records of the Congress of Delegates.

POWERS AND DUTIES OF REFERENCE COMMITTEES

The reference committee is created to facilitate the work of the Congress of Delegates. Most items requiring action by the Congress go through the reference committee structure. Instead of debating and hearing testimony on each report and resolutions on the floor, all work is referred by the Speaker to the appropriate reference committee.

The schedule of the reference committee is posted and announced at the opening of the Congress. All persons interested in a particular proposal are invited to present their view during this session.

Every pertinent point should be heard and considered by the Reference Committee. It is necessary that extraneous oration and purely personal or local views be avoided as well as one person monopolizing the testimony for any item or session. The time that is allotted to the Reference Committee to complete its work is brief and the Chair needs to carefully control the meeting so that each item is considered separately and not allow one issue to use up too much of the committee's time.

Suggestions for conducting a Reference Committee:

1. Immediately after the first session of Congress, the committee Chair will meet with the Speaker to update the agenda. Prior to the opening of the Congress, the Speaker assigns all commission reports and all Resolutions to the Reference Committees. These assignments are published in the Delegates' Handbook. At the opening of the Congress, there is an invitation made by the Speaker to consider any new resolutions. If these submissions are accepted for consideration by the Congress, these Resolutions will then be assigned by the Speaker to the Reference committees.
2. The Chair and Vice-Chair of the Reference Committees are selected prior to the Congress. The Speaker will make assignments for the remainder of the committee members at the first session from those Delegates present.

3. The Chair should make every effort to call the meeting to order promptly at the designated time.
4. It is not necessary to keep minutes of the deliberations of the committee hearing. The Chair may want to designate a committee member to make brief notes of pertinent discussion that will assist him/her in preparing the committee report. In the situation that there are two strong views expressed about an issue, the Chair will need to take careful notes so that a minority opinion can be accurately reported when the committee report is presented to the Congress.
5. After all items have been covered, the Reference Committees will go into executive session and ask all others to vacate the room. The committee will go over the proceedings of the hearing and make sure that the important points are accurately recorded. This will assist the Chair in forming the committee report. It is important that the views of the individual Reference Committee members do not influence the committee findings and interpretation. The role of the Reference Committee is to receive information and opinions and not to make its own “policy” decisions.
6. Without deliberately stifling constructive debate, the committee should strive as quickly as possible to handle each item referred to it by:
 - a. Approving
 - b. Disapproving
 - c. Agreeing upon revision to submit to the Congress.
 - d. Matters may be referred for further study or action. This should be referred to the Board of Directors for assignment to appropriate commissions.
 - e. All recommendations need to be clearly stated in the report, BEFORE RECOMMENDING THE FORMATION OF A NEW COMMISSION OR MATTER REQUIRING A FISCAL NOTE, CONSULT WITH THE SPEAKER FOR GUIDANCE.
 - f. The Chair of the Reference Committee cannot permit motions or votes at the hearing since its objective is only to receive information and opinions. The authority to recommend submission of a substitute Resolution comes from the hearing testimony or the maker of the Resolution accepting a “friendly” amendment at the time of discussion.
7. After the committee has reached its decisions on all points of the agenda the final report is prepared. It is the responsibility of the Chair to dictate this report immediately after the committee has adjourned. Each committee member will have an opportunity to review the draft before the final copy will be submitted to the Congress. If there is a minority report to be submitted, the Chair may delegate this to a committee member, but again this report must be dictated immediately by that person after the close of the committee meeting.

8. The final report must be signed by all committee members.

PREPARING THE REFERENCE COMMITTEE REPORT

The reference committee report should be addressed to the Speaker of the Congress. Each line of each page is to be numbered in sequence (each page to begin with Line 1).

Properly identify each item, including page reference from the Handbook. When considering an amendment to the Bylaws, the complete proposed amendment is to be copied as it appears in the Handbook. When considering a resolution, the resolved portion (s) only are to be copied as presented in the Handbook or as subsequently distributed to the Congress. After properly identifying the item, state the pertinent reason(s) for the action recommended, and then specify recommended action. A statement of reason(s) for the action recommended is necessary and should be given particularly careful attention on controversial issues.

The order of items in the reference committee report may follow any order. There are, however, a few things to keep in mind:

1. In instances where multiple items on the same subject are considered together, order of consideration of the items is determined by action recommended. Items are then presented in the following sequence: recommendation to adopt or refer, recommendation to reject, recommendation to file for reference.
2. Recommended action items (calling for adoption or approval) which are considered non-controversial and are resolved with complete agreement will be placed under an Item No and labeled "Miscellaneous". These items are to be placed immediately following all action items which require individual consideration and before the Reaffirmation Calendar and in the file for reference items grouped at the end of the report.
3. Resolutions that are found to be either current policy or already addressed in current projects should be placed on the Reaffirmation Calendar. The reference committee will provide a narrative explaining the reason why the resolution is being placed on the reaffirmation calendar. The Reaffirmation Calendar is to be placed following the last item No with the heading "Miscellaneous".
4. Reports that contain neither a recommendation nor a proposed statement of policy and are being filed for reference may be considered in sequence at the end of the report.

If testimony in the hearing and the recommendation of the reference committee agree with the recommendations in reports and resolutions to the Congress are as follows:

MISCELLANEOUS

1. Any items that are contained in the Delegates' Handbook (Board reports, commission annual reports, resolution) and items of business distributed at the Congress of

Delegates can be placed under the heading of Item (number) – Miscellaneous” if the testimony in the hearing and the recommendation of the reference committee agree with the recommendations in these reports and resolutions. However, even if all of these factors have been met, the item can still be in the body of the reference committee report if the reference committee does not want to place the item under this heading.

2. Any revised wording (including editorial changes) from the reference committee, even though there was general agreement in the reference committee testimony, may not be included in the “Miscellaneous” item.
3. The recommended action for the items under the “Miscellaneous”” section must be for adoption.
4. Any delegate may ask that an item be removed from under this heading for individual action by the Congress.

REAFFIRMATION CALENDAR

1. Discussions during reference committee hearings and reference committee executive sessions often reveal that the intent of a resolution is already current or already being done by current projects. This then laves the reference committee with the difficult decision of recommending “to adopt” or “not to adopt” a policy or proposed project that is already in existence.
2. These resolutions can be placed on the Reaffirmation Calendar with a narrative explaining why it is being placed on the reaffirmation calendar and identifying the current policy or current project(s).
3. As with the items under the heading “Miscellaneous, any delegate may ask that an item be removed from the Reaffirmation Calendar for individual action by the Congress.

PLACING THE ENTIRE REFERENCE COMMITTEE REPORT ON CONSENT CALENDAR

1. Once the reference committee report is completed, an index page will represent the consent calendar and will be formatted so that it follows the report. For example, Item 1 from the report will be the first item on the consent calendar with Item 2 from the report as the second item on the consent calendar and so on until all items from the report are so indicated on the consent calendar. Once each item number has been listed, the next item will be the last item with the heading of “Miscellaneous” which are items that the testimony in the reference committee hearing indicated support for the item and support for the reference committee recommendation, reaffirm calendar items and lastly the filed for reference items. Based on the consent calendar, the reference committee report will be voted on in one vote by the delegates. However, any item or items may be extracted for debate and these will be voted on separately.

The Consent Calendar should be addressed to the Speaker as follows:

“Mr. Speaker, the Reference Committee on *Committee Name* has considered each of the items referred to it and submits the following report. The committee’s recommendations on each item will be submitted as a consent calendar and voted on in one vote. Any item or items may be extracted for debate. (All page references herein are to the Delegates’ Handbook unless otherwise indicated.)

After listing the entire Consent Calendar, the Chair will then state: “Mr. Speaker, the committee moves adoption of the Consent Calendar as listed” (The Speaker will ask for a second and call for a vote for this acceptance.)

2. Resolutions: In considering Resolutions the committee may recommend a substitute Resolution or certain revisions of the original. It may recommend approval or disapproval of the Resolution as submitted. The committee report should state any pertinent reasons for its actions as briefly as possible.

3.

EXAMPLE

ITEM 1 – RESOLUTION #, TITLE OF RESOLUTION, SUBMITTED BY:

RESOLVED, _____

Short narrative of testimony

RECOMMENDATION: The reference committee recommends that Resolution # be Adopted, Not be Adopted, Referred to---- or that Substitute Resolution # which reads as follows be adopted in lieu of the first resolved in Resolution #.

RESOLVED CLAUSE ADOPTED AS FOLLOWS;

RESOLVED, _____

It is customary for the Reference Committee Chair, at the conclusion of the presentation to thank members of the committee, all those who appeared to assist in its deliberations and the secretary who transcribed the report.

It is important for the Chair to remind the members of the Reference Committee to read the report before its distribution to the Congress. At least a majority of the members of the committee must sign the report before it can be distributed. If a Reference Committee cannot reach a unanimous decision on an issue or portion of the report, it is proper that there be a minority report prepared by one or more members of the committee. Please notify the Speaker before the presentation to the Congress so that the minority report can be introduced into the record at the appropriate part of the presentation.

Newspaper reporters may be seated in all Reference Committee sessions. If the debate becomes “dangerous” from the standpoint of public relations, the Chair can entertain a motion to go into EXECUTIVE SESSION so that all persons may be excluded from the room except those invited by the committee. So far, this has not been necessary.

It is hoped that this outline assists the Chair in preparing the Reference Committee report. If there are any procedural or bylaws questions, do not hesitate to consult the Speaker, Vice Speaker, Executive Vice President or any officer of the Board for guidance. If the officer does not know the answer, it will be researched promptly and reported back to the Chair so that the report completion is not delayed.

25 & 50 Year Members

25 Year Members

Abraham, MD, FAAFP	Gerry Edwards, MD	Patrick McGrath, MD
John Alley, MD	Rebecca Elliott, MD	Patricia Merritt, MD
Maria Aszalos, MD	Christopher Fatone, DO	Dora Piccirilli, MD
Rajinder Basra, MD	Paul Fiacco, MD, FAAFP	Raghu Ram, MD
Lisa Bevilacqua, DO	Vladimir Gaspar, MD	Harold Reubens, MD, FAAFP
Wendy Biagiotti, MD	Mary Giorlando, MD	Virginia Robertson, MD
Luigi Buono, DO	Pratima Goyal, MD	Susan Sharza, MD, FAAFP
Enrique Corvalan-Schmidt, MD, FAAFP	Gina Greco-Tartaglia, MD, FAAFP	Wayne Strouse, MD, FAAFP
Laurie Costello, MD	Jeffrey Harp, MD	Andrew Sullivan, MD, FAAFP
Todd Cowdery, MD, MPH	Lynne Hildebrand, MD	Donna Tuttle, MD
Alexandru Czira, MD	Daniel Horth, MD, FAAFP	Jenny Walker, MD, MPH
Darwin Deen, MD, FAAFP	Maleka Hussain, MD, FAAFP	Alicia Weissman, MD
William Dibble, DO	Susan Kane, DO	Jennifer Wiley, MD
Carmen Dominguez Rafer, MD	David Lawton Jr MD	Carolyn Wolf-Gould, MD
Robert Dweck, MD	Michelle Li, MD	Vincent Yavorek, MD
	James Loehr, MD, FAAFP	

50 Year Members

Lawrence Panitz, MD, FAAFP	Donald Tulloch, MD, FAAFP	Harold Weissman, MD, FAAFP
Matthew Rivkin, MD, FAAFP	Richard Wagner, MD, FAAFP	
John Supple, MD		

Delegates and Alternate Delegates of County Chapters

	<u>Delegates</u>	<u>Alternate Delegates</u>
ADIRONDACK (2)		
ALBANY (3)	Eric Schnakenberg, MD	
BRONX/WESTCHESTER (4)	Michelle Micheo, MD Robert Morrow, MD Vijaya Reddi, MD Lourdes Taveras, MD	
CHAUTAUQUA (2)		
CLINTON/ESSEX (2)	Ephraim Back, MD	
CORTLAND (2)		
COLUMBIA (2)		
DELAWARE (2)		
DUTCHESS (2)		
ERIE (4)		
FULTON (2)		
GREENE (2)		
JEFFERSON (2)		
KINGS (3)	Carolyn Coicou, MD Margaret Donat, MD Charles Francis, DO	Mark Krotowski, MD
LEWIS (2)		
LIVINGSTON (2)		
MONTGOMERY (2)		

NASSAU (4)	Aldo Alleva, MD Francis Faustino, MD Brennain Flanagan, MD Joyce Robert, MD	Keasha Guerrier, MD
NEW YORK (4)	Elaine Kang, MD Ivonne McLean, MD Ruth Lesnewski, MD Yorgos Strangas, MD	Lalita Abhyankar, MD Kelly Kirkpatrick, DO Michelle Love, MD Olivia Perlmutter, MD
NIAGARA (2)		
ONEIDA (2)		
ONONDAGA (3)		
ONTARIO (2)		
ORANGE (2)		
OSWEGO (2)		
OTSEGO (2)	Corliss Varnum, MD	
QUEENS (3)	Sam Arce, MD Saul Skeivys, MD	
RENSSELAER (2)	KrisEmily McCrory, MD	
RICHMOND (2)		
ROCHESTER (4)	Stella King, MD	
ROCKLAND (2)		
SARATOGA (2)	Tracey Brennan, MD Margarita De Federicis, MD	
SCHENECTADY (2)	Daniel Cunningham, MD	
SCHOHARIE (2)		
SOUTHERN TIER (2)	Daniel Young, MD	

ST. LAWRENCE (2)

SUFFOLK (4)

Ani Bodoutchian, MD
Christine Doucet, MD
Christopher Koke, DO
Louis Verardo, MD

SULLIVAN (2)

TOMPKINS (2)

William Klepack, MD
Elizabeth Ryan, MD

ULSTER (2)

Wesley Ho, MD

WARREN-WASHINGTON (2)

WAYNE (2)

YATES (2)

SPECIAL CONSTITUENCIES

MINORITY

Daniel Neghassi, MD

Joyce Robert, MD

NEW PHYSICIAN

Anita Ravi, MD

Ivonne McLean, MD

WOMEN PHYSICIAN

Kristin Mack, DO

Micheline Epstein, MD

IMG

Brenainn Flanagan, MD

Rubayat Qadeer, MD

LGBT

Virginia Martinez, MD

Sarah Valliere, DO

RESIDENCY PROGRAM CHAPTERS

Albany Family Medicine Residency Program

Bronx Lebanon Hospital Center FMRP

Patrick Newman MD Sarah Albert MD

Ellis Hospital of Schenectady Program

Institute Family Health: Harlem Residency in FM

Em Wasserman MD

Mid-Hudson Family Medicine Residency Program

Icahn Mount Sinai Beth Israel Residency in Urban FM (Graduation Weekend – no delegate)

Northwell Health, Dept. of FMed at Glen Cove

Baaba Blankson, MD Edward Kayserian, MD

NY-Columbia Presbyterian Family Medicine RP

Southside Hospital at Northwell Health FMRP

Cean Mahmud, MD Kush Patel, MD

St. Joseph’s Hospital Family Medicine Residency

SUNY-Downstate Medical Center

UHS Wilson Memorial

Jane Simpson, DO Charmi Patel, MD

University of Rochester/Highland Hospital FPRP

Jocelyn Young, DO

Officers and Board of Directors

2018-2019 Board of Directors

President Marc Price, DO
President-Elect Barbara Keber, MD,FAAFP
Vice President Jason Matuszak, MD, FAAFP
Secretary Russell Perry, MD, FAAFP
Treasurer Thomas Molnar, MD

BOARD OF DIRECTORS (*Chair)

<u>Terms expire 2019</u>	<u>Terms expire 2020</u>	<u>Terms expire 2021</u>
Rachelle Brilliant, DO, FAAFP*	Ani Bodoutchian, MD, MBA, FAAFP	Rupal Bhingradia, MD
Sneha Chacko, MD	Heather Paladine, MD, FAAFP	Daniel Neghassi, MD
Scott Hartman, MD, FAAFP	Pooja Paunikar, MD	Wayne Strouse, MD

Speaker, Congress of Delegates..... Andrew Symons, MD
Vice Speaker, Congress of Delegates James Mumford, MD, FAAFP
New Physician Anita Ravi, MD, MPH, MSHP
Delegate to AAFP Downstate..... Sarah C. Nosal, MD, FAAFP
Alt. Delegate to AAFP Downstate Ray Ebarb, MD
Delegate to AAFP Upstate..... Marc Price, DO
Alt. Delegate to AAFP Upstate Mark Josefski, MD, FAAFP
Delegate MSSNY Jose 'Jun' David, MD, FAAFP
Alternate Delegate MSSNY..... Paul Salzberg, MD, FAAFP
Immediate Past President..... Sarah C. Nosal, MD, FAAFP
Resident Representative Upstate Jane Simpson, DO
Alternate Resident Representative Upstate
Resident Representative Downstate Cheryl Martin, MD
Alternate Resident Representative Downstate Ravilya Caine, MD
Student Representative Upstate. Marten Peterson
Alternate Student Representative Upstate..... Gisele Cesar
Student Representative Downstate..... Sierra Vanderkelen
Alternate Student Representative Downstate..... Christian Cayon and Emily Baumert

Not on the Board of Directors

Student Delegate Upstate to COD/NC..... Gisele Cesar
Alternate Upstate Student Delegate to COD/NC
Student Delegate Downstate to COD/NC..... Tonie McKenzie
Alternate Student Delegate Downstate to COD/NCKatharine Wilcox and Pratiksha Yalakkishettar

Nominating Committee

Chair: James Mumford, MD

2019-2020 Nominations

President-Elect	Jason Matuszak, MD
Vice President	James Mumford, MD
Secretary	Russell Perry, MD KrisEmily McCrory, MD
Treasurer	Thomas Molnar, MD
Speaker	Andrew Symons, MD
Vice Speaker	Rachelle Brilliant, DO Scott G. Hartman, MD
Delegate to AAFP (Upstate)	Marc Price, DO
Alt. Delegate to AAFP (Upstate)	Mark Josefski, MD
New Physician Director (2 yrs)	Keasha Guerrier, MD Kelly Kirkpatrick, MD
Three (3) Directors	Micheline Epstein, MD Ivonne McLean, MD Anita Ravi, MD

MSSNY Delegate (3 yrs; 2020 election)

MSSNY Alt. Delegate (3 yrs; 2020 election)

Reference Committee

Reference Committee Session I

Chair: Ephraim Back, MD

Vice Chair: Daniel Neghassi, MD

Advisor: Sarah Nosal MD

Member: Aldo Alleva, MD

Member: Daniel Cunningham, MD

Member: Elaine Kang, MD

Resident: Somiya Haider, MD

Resident: Jane Simpson, DO

Reference Committee Session II

Chair: Russell Perry MD

Vice Chair: Thomas Molnar MD

Advisor: Mark Josefski, MD

Member: Rupal Bhingradia, MD

Member: Charles Francis MD

Member: Ruth Lesnewski, MD

Resident: Sarah Albert, MD

Resident: Cheryl Martin, MD

Parliamentarian:

Jason Matuszak, MD

Sergeant(s) at Arms:

Ivonne McLean, MD

Tellers:

Brenainn Flanagan, MD

Micheline Epstein, MD

Schedule of Events
Saturday, June 15

5:30 am	Walk/Run Groups	Lobby
7:00 – 9:00 am	Breakfast available	Garden Foyer
7:15 am	New Delegate / Student Orientation	Patio
8:00 am	Annual Meeting Congress Opens Announcement from floor Late Resolutions Nominations from floor	Amphitheater
8:15 am	Reference Committee Session I	Amphitheater
9:45 am	Break/Vendors	Garden Foyer
10:00 am	Reference Committee Session II	Amphitheater
12:30 pm	Awards Luncheon 25 & 50 Year Certificates Family Doctor of the Year Family Medicine Educator of the Year Convocation of Degree of Fellow	Ferris Ballroom
1:30 pm	Reference Committees - continued	Amphitheater
3:00 pm	Break/Vendors available	Garden Foyer
3:30 pm	Town Hall Forum – ABFM Developments	Amphitheater
3:30 pm	Students Meet AAFP President	Roebing Library
4:45 pm	Elections	Amphitheater
6:00 pm	Cocktails and hors d’oeuvres	Fireside Lounge
7:00 pm	New Board Picture	
7:00 pm	Dinner & Installation of Officers	Sage Ballroom
9:30 pm	President’s Reception – Suite 601	President’s Suite

Sunday, June 16

5:30 am	Walk/Run Groups	Lobby
7:00 – 8:30 am	Residents/Students Leadership Training Program	Roebbling Library
7:00 – 9:00 am	Continental Breakfast	Garden Foyer
7:30 am	New Board Meets (select Chair)	
8:30 am	Congress Reconvenes	Amphitheater
	Introduction of Guests	
	AAFP Update – John Cullen, MD, AAFP President	
9:00 am	Reference Committee Reports	Amphitheater
10:00 am	Refreshment break	Garden Foyer
1:00 pm	Adjournment	

Presidents

William A. Buecheler, MD	1948-1950	Henry J. Dobies, MD	1986-1987
Vincent Fisher, MD	1950-1951	Harry Metcalf, MD (President AAFP)	1986-1987
Samuel A. Garlan, MD	1951-1952	Richard Sadovsky, MD	1987-1988
Floyd C. Bratt, MD	1952-1953	C. Parker Long, MD	1988-1989
William G. Richtmyer, MD	1953-1954	Elise Korman, MD	1989-1990
Garra Lester, MD	1954-1955	Bruce A. Bagley, MD (President AAFP)	1990-1991
J. Hunter Fuchs, MD	1955-1956	Martin E. Panzer, MD	1991-1992
Richard Bellaire, MD	1956-1957	Reynold S. Golden, MD	1992-1993
Seymour Fiske, MD	1957-1958	James D. Lomax, MD	1993-1994
G. Alex. Galvin, MD	1958-1959	Denis Chagnon, MD	1994-1995
Louis Bush, MD	1959-1960	Richard Bonanno, MD	1995-1996
Edward Morgat, MD	1960-1961	Alessandro Bertoni, MD	1996-1997
Royal S. Davis, MD	1961-1962	Neil S. Calman, MD	1997-1998
Joseph J. Kaufman, MD	1962-1963	John P. DeSimone, MD	1998-1999
John J. Flynn, MD	1963-1964	Steven B. Tamarin, MD	1999-2000
Raymond S. McKeeby, MD	1964-1965	Paul J. Okosky, MD	2000-2001
Samuel Lieberman, MD	1965-1966	Scott Kirsch, MD	2001-2002
Max Cheplove, MD	1966-1967	Lynda Karig Hohmann, MD, PhD	2002-2003
Lawrence Ames, MD	1967-1968	L. Thomas Wolff, MD	Honorary
Arthur Howard, MD	1968-1969	Henry E. Francis, MD	2003-2004
George Liberman, MD	1969-1970	Andrew Merritt, MD	2004-2005
George G. Hart, MD	1970-1971	Marianne LaBarbera, MD	2005-2006
Samuel Wagreich, MD	1971-1972	Maggie Blackburn, MD	2006-2006
Herbert A. Laughlin, MD	1972-1973	S. Ramalingam, MD	2006-2007
Clement J. Boccalini, MD	1973-1974	George F. Dunn, MD	2007-2008
Herbert E. Joyce, MD	1974-1975	Jose 'Jun' David, MD	2008-2009
M. Theodore Tanenhaus, MD	1975-1976	Mark H. Krotowski, MD	2009-2010
Norman R. Loomis, MD	1976-1977	James Greenwald, MD	2010-2011
Alan L. Goldberg, MD	1977-1978	Neil Nepola, MD	2011-2012
Stephen W. Blatchly, MD	1978-1979	Philip Kaplan, MD	2012-2013
Allan H. Bruckheim, MD	1979-1980	Raymond L Ebarb, MD	2013-2014
Charles N. Aswad, MD	1980-1981	Mark Josefski, MD	2014-2015
Martin Markowitz, MD	1981-1982	Tochi Iroku-Malize, MD	2015-2016
James R. Nunn, MD	1982-1983	Robert J. Ostrander, MD	2016-2017
Morton M. Safran, MD	1983-1984	Sarah C. Nosal, MD, FAAFP	2017-2018
Margery W. Smith, MD	1984-1985	Marc D. Price, DO	2018-2019
Herman P. Saltz, MD	1985-1986		

President's Annual Report

Marc D. Price, DO

72nd President NYSAFP

@NYSAFP_Prez

Serving this year as president has been interesting. Much different than I thought it would be. There were no paparazzi, no flashbulbs in my eyes, no armed security guards or secret service with earpieces and dark sunglasses, speaking into their collar mikes leading me to a private car with the NYSAFP flags on the hood. No motorcades with flashing lights or state dinners with foreign dignitaries (unless you count Midwesterners as foreign). I was not conferred any honorary degrees or asked to give any commencement addresses. There were no scandals (which were reported in the media anyway) regarding torrid, steamy affairs with stars of the screen nor were there any questions about whether or not I inhaled anything or used drugs while in college. No one questioned where I was born, accused me of grabbing anybody anywhere or asked me if I knew how to spell different vegetables.

What did happen, though, was just as important, from a leadership and organizational perspective. Whether or not it was common knowledge, there have been several changes to the NYS Academy this past year on an organizational level, some put in motion prior to my presidency, some by my own initiative. First, we've transitioned to a virtual office. Although we still technically have a physical office location for our letterhead, this is much smaller and only a single office suite for our EVP, Vito Grasso to use for his day to day activities and for meeting with the staff and others with whom the NYSAFP does business. Our other staff work from home remotely, thereby saving money for the academy while continuing to serve us well. One possible downside of this could have been a deterioration of communication. Therefore, along with our staff and EVP, we decided it best to have weekly phone/web-based meetings. These were deftly led by Mr. Grasso and, I think, enhanced communication even more than when we had an actual full staff office location.

Second, also in the way of communication, I've had a more inclusive stance within leadership. I've included our President-Elect in all meetings and in all of my activities within the Academy to better enhance the transition of leadership between presidents and also to ensure more continuity and institutional knowledge within the academy when leadership changes. Also, I've been more active in fostering relationships within our academy. I was able to successfully include all those interested in a commission role to have one and I have been encouraging more participation by students and residents by meeting monthly with them on a scheduled webinar dedicated to addressing topics of their choosing. I hope that these practices become traditions which are commonplace and serve to enhance the future of our great NYSAFP.

Thirdly, it was brought to my attention that there was confusion about contractual obligations with our EVP for which we have been neglectful in honoring since his last contract. I have worked hard to rectify this and, in doing so, have uncovered other inadequacies in our EVP review process preventing it from being fair and just. A better EVP review tool is also being

actively worked upon and if it's not completed by the end of my presidency, I hope it will be completed shortly soon thereafter and be present for the academy to use now and in the future.

Additionally, though I was not able to travel to other states to experience their annual meetings or congresses of delegates, I was still able to be an ambassador, not only within the state, but to other state AFP chapters and within the AAFP through many AAFP national meetings. After a wildly successful AAFP COD where our own Dr Tochi Irochu-Malize was elected to the AAFP Board of Directors, we effectively moved forward our NYSAFP agenda through resolutions and testimonies of many of our members, our leadership and delegates and alternate delegates to the AAFP. Further, I, along with others, attended such conferences as the AAFP State Legislative Conference, the AAFP Annual Chapter Leadership Forum (run jointly with the AAFP National Conference of Constituency Leaders) and, most recently, the AAFP Family Medicine Advocacy Summit. The NYSAFP leadership and staff also planned and flawlessly executed a regional Ten State Meeting, hosted by the NYSAFP in Disney World, our state Winter Weekend in Rochester, NY (which had to be modified "on the fly" due to inclement weather) and our wildly successful NYSAFP Lobby Day.

My efforts didn't stop with meetings within the NYSAFP or AAFP, however. I, along with many others, have promoted our NYSAFP agenda. I spoke with legislators about medical aid in dying, single payer legislation, women's health initiatives and vaccine reform legislation. I attended a joint NYS Senate-Assembly hearing on single payer and attended fundraisers for legislators around the state. I've given countless interviews for several publications and even a radio show on a plethora of wide-ranging topics related to the practice of family medicine and our NYSAFP legislative priorities.

I've made a conscious effort to not name every member involved in furthering our Academy agenda since it would consume all of my allotted word count. However, I'd be remiss if I didn't mention a select few people with whom I could not have successfully fulfilled my NYSAFP Presidential duties. To that end, I want to thank the NYSAFP staff: Vito, Donna, Kelly, Penny, Jill and Ron. I want to thank our lobbyists Marcy Savage, Padraic Bambrick and their team at Reid, McNally & Savage. I want to thank those that have occupied this office in the past who provided wisdom and insight. I want to thank those who will follow me in this role who have helped me in realizing my goal of improving communication and transparency. I have to thank my own office, the wonderful staff, physicians and other providers at Family Medicine of Malta. Finally, I have to thank my family. My parents and in-laws who have supported me. My children who constantly challenge me in more ways than one. And finally, my wife, my partner in this world, the love of my life, who constantly supports me and makes my life possible.

Secretary's Annual Report

Russell Perry, MD, FAAFP

In 2018-2019 I attended and participated in all the NYSAFP Commission Clusters and Board Meetings throughout the year. As Secretary I took part in the Board Meetings Agenda, discussion and voting. In support of our state academy endeavors I attended NYSAFP sponsored activities as well as advocacy activities on Lobby Day.

I also participated in the Membership Commission as a member, having served previously as the assistant chair of that commission.

As a part of the Membership Commission I worked on getting the IMG medical students / schools involved in local, state and national level. Involving IMG student members was a primary objective to increase membership. There has been success in increasing IMG medical students that are interested in becoming family medicine doctors. Early involvement not only increases exposure to our specialty, but this introduction will hopefully increase future involvement of IMG medical students, future family medicine residents and FM attendings at local, state and national family medicine organizations.

I participated in resident and medical student promotion on information about NYSAFP and AAFP activities. This presentation was developed by Heather Paledine MD. I and Dr Cheryl Martin were one of the initial beta test site at Bronx Cares (previously Bronx Lebanon Hospital).

We actively recruited IMG medical students for a congress of delegates scholarship. This will give IMG medical students actively pursuing residency in Family Medicine a global perspective of professional participation at a state and national level. Hopefully these students will apply for commission positions and later become active once in residency training.

As part of the membership commission we now have implemented a resident site in our state newsletter. This has occurred as a result of involvement by our resident board member, Dr Cheryl Martin.

It has been my pleasure to serve on the NYSAFP Board.

Treasurer's Annual Report

Thomas Molnar, MD

Treasurer

Introduction

The role of the treasurer is to monitor the financial position and condition of the Academy and to oversee the work of our staff in preparing and maintaining the financial information that the board of directors needs to adequately fulfill its fiduciary duties to the members. In my capacity as treasurer I have been in regular communication with the president, president-elect, executive vice president and finance director of the Academy in reviewing financial information and making recommendations regarding the operations, budgeting and investments of the Academy. I also report on the financial condition of the Academy to the Operations Commission and to the board.

I receive copies of all monthly bank statements, expenses of the EVP, balance sheet, accounts receivable, accounts payable, balances in all accounts owned by or managed by the Academy and profit & loss statement.

The Academy and the Foundation maintain separate checking and money market accounts. The Academy PAC has a separate checking account and the Academy manages separate bank accounts for several county chapters:

Bronx-Westchester

New York

Onondaga

Saratoga

Schenectady

Suffolk

Tompkins

Ulster

The Academy operates on a calendar fiscal year. We generally experience our greatest income in the first and fourth quarters because dues constitute our greatest source of revenue and dues are assessed in the fall. Most members pay their dues between November and March.

We have an annual audit conducted by Slocum, DeAngelus & Associates, PC. Their opinion as of December 31, 2018 will be rendered shortly as the audit was only recently performed

This report examines our finances as of April 30, 2019. Our formal financial statement consists of a balance sheet, which compares assets and liabilities, a profit & loss statement, which illustrates our operational status for the current fiscal year, accounts payable and accounts receivable.

Our April 30, 2019 balance sheet shows assets of \$1,209,169.08. The breakdown below shows assets that are available to fund our operations. This includes cash accounts that are available to us to pay expenses.

Operating Funds

As of 04/30/2019 we have the following balances in our operating and investment accounts. Amounts from 04/30/2018 have been included for comparison:

	<u>4/30/2018</u>	<u>4/30/2019</u>
General Fund Checking	\$20,106.81	\$10732.42
Money Market Account	\$308,202.65	\$223,250.31
Manning & Napier investment fund	(\$3,048.65)	\$.13
AAFP Pooled Investment*	\$550,000.00	\$520,970.87
PAC	\$3,763.58	\$3,763.58
Foundation Checking	\$5,267.62	\$6,198.71
Foundation Money Market Account	\$2,607.75	\$2,608.27
Foundation Manning & Napier	\$35,745.04	\$34,942.80
County chapter accounts	<u>\$81,818.98</u>	<u>83,939.10</u>
TOTAL:	\$1,004,463.78	\$886,406.19

*Note: The AAFP Pooled investment account has an actual amount of \$587,695 as of April 30. The amount above does not reflect the auditor’s adjustments to be made for 2019 yet.

We have \$886,406.19 on hand to support operations through the remainder of the year. Since our entire budget for the year is just over a million dollars, we are in excellent shape from an operational perspective. Our dues income tends to decrease dramatically from February until October when next year’s invoices are generated by the AAFP.

On the last page of this report, you will find a table showing our Balance Sheet from 2017 and 2018 side by side for comparison.

Revenues

We have received \$345,583. in dues. This is almost 38% of the 2019 dues budget of \$895,950.00. Total revenues are \$378,691.85.

Expenses

Expenses through April 30 total \$442,908.43 which is a little over 38% of the \$1,155,866 budget for operating expenses. Our operating deficit through April 30 is \$64,216.28.

Accounts Payable & Accounts Receivable

We have a positive cash balance of \$83,866.48 in our accounts payable and receivable: \$12,128.69 payables and \$95,995.17 (NYSAFP Foundation \$85,000.17) in receivables.

Conclusion

We are in good operating condition and are shifting to a more virtual office setting to conserve resources.

I want to express my appreciation of the attention to detail of our staff in managing the Academy’s finances particularly our finance director, Donna Denley, and our EVP, Vito Grasso who share primary responsibility for our overall financial management. Additionally, our education director, Kelly Madden, has worked very hard to contain costs in our education programs and to produce profits that have helped make our educational programs affordable to members.

I would also like to express my gratitude to the Membership of the Academy for allowing me to serve as treasurer. I believe we are in a good financial position and are prepared to advance the interests of our members in the coming year.

	<u>Dec 31, 17</u>	<u>Dec 31, 18</u>
ASSETS		
Current Assets		
Checking/Savings		
1072-00 · Manning & Napier	-2,877.36	0.13
1073-00 · AAFP Pooled Investment Fund	250,000.00	520,970.87
1180 · Tompkins County Local Chapter	5,183.95	5,714.64
1175 · Onondaga County Chapter	9,232.46	9,502.81
1001-00 · NYSAFP Money Purchase Plan		
Trust	54.55	53.55
1000-00 · General Fund Checking	66,952.86	48,007.49
1010-00 · Money Market Account	402,578.32	248,242.28

1100 · Ulster County	3,816.25	4,257.65
1110 · Suffolk County	4,302.61	5,965.51
1130 · Bronx-Westchester County	26,951.23	24,777.25
1140 · New York County Chapter	5,385.64	2,960.60
1150 · Schenectady Local Chapter	5,197.16	6,096.76
1160 · Saratoga Local Chapter	14,068.34	15,349.33
1170 · Rensselaer Local Chapter	2,447.41	
Total Checking/Savings	793,293.42	891,898.87
Accounts Receivable		
1200 · Accounts Receivable	73,937.77	96,890.17
Total Accounts Receivable	73,937.77	96,890.17
Other Current Assets		
1100-00 · Accounts Recievable	146,559.64	155,925.83
1200-00 · Due from Foundation	7,469.97	7,469.97
1750-00 · Pre-paid Expenses	9,036.84	10,830.73
Total Other Current Assets	163,066.45	174,226.53
Total Current Assets	1,030,297.64	1,163,015.57
Fixed Assets		
1550-00 · Office Equipment	119,713.07	119,713.07
1551-00 · A/D Office Equipment	-113,853.52	-114,907.52
1575-00 · Capital Lease Equipment	35,381.30	35,381.30
1576-00 · A/D Capital Lease Equipment	-35,381.30	-35,381.30
Total Fixed Assets	5,859.55	4,805.55
TOTAL ASSETS	<u>1,036,157.19</u>	<u>1,167,821.12</u>
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 · *Accounts Payable	1,551.24	-592.62
Total Accounts Payable	1,551.24	-592.62
Credit Cards		
MC American Airlines x4644		252.06
Visa Hyatt Chase x3212	262.27	918.90
Amex	1,646.83	1,125.56
Total Credit Cards	1,909.10	2,296.52
Other Current Liabilities		
2100-75 · Tompkins County Payable	603.39	5,963.14
2100-90 · Onondaga Local Chapter Payable	2,363.61	13,563.81
2300-00 · Pension Loan	15.40	15.40
2000-10 · Accrued Payable	-53,384.19	-53,384.19
2100-00 · County Dues Payable	116,178.62	109,018.15
2100-10 · Suffolk County Payable	7,355.93	9,635.73

2100-20 · Bronx-Westchester Payable	33,715.62	33,771.69
2100-40 · Ulster County Payable	5,117.15	4,787.15
2100-50 · New York County Payable	14,621.42	10,511.88
2100-60 · Schenectady Local Chapter Payab	5,926.66	6,794.76
2100-70 · Saratoga Local Chapter Payable	17,832.74	19,994.93
2100-80 · Rensselaer Local Chapter Payabl	2,437.41	
2125-00 · Deffered Income Dues	365,894.13	382,349.44
2150-00 · Deferred Income- Winter Weekend	24,710.00	21,395.56
2220-00 · NYS Income Tax	-358.23	-358.23
Total Other Current Liabilities	<u>543,029.66</u>	<u>564,059.22</u>
Total Current Liabilities	<u>546,490.00</u>	<u>565,763.12</u>
Total Liabilities	546,490.00	565,763.12
Equity		
3999-00 · Opening Bal Equity	10,240.91	10,240.91
3999-99 · Retained Earnings	488,147.09	495,221.26
Net Income	-8,720.81	96,595.83
Total Equity	<u>489,667.19</u>	<u>602,058.00</u>
TOTAL LIABILITIES & EQUITY	<u>1,036,157.19</u>	<u>1,167,821.12</u>

Executive Vice President’s Annual Report

Vito F. Grasso, MPA, CAE

Membership

The following chart presents changes in our membership by category between January 2014 and January 2018:

Membership

	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018	1/1/2019
Active	2577	2613	2670	2760	2770	2763
Supporting	21	17	18	19	19	19
Resident	691	699	727	728	726	818
Student	1715	2138	2254	2388	2372	2426
Life	281	273	268	273	283	295
Inactive	28	30	30	30	35	36
Honorary		1	1	1	1	1
Transitional (2019)						87
Total Membership:	5313	5771	5968	6199	6206	6445

NYSAFP active membership is up 21 members between April 2018 and April 2019—a 0.70% increase. AAFP saw a 1.08% increase in active membership during this same time period.

As of April 30, the NYSAFP has 3028 Active members—which is a 0.70% increase over the April 2018 figure. The chapter dropped 443 members on May 2 compared to 372 in May of 2018. As of the morning of May 28 – 54 members have reinstated so far.

The NYSAFP has experienced a 14.60% growth rate of active members in the same 10-year period, and a 5.74% growth rate in the last 5 years. The chapter continued to see a 0.15% at the 3-year comparison point, before experiencing a slight decline of 0.40% from the end of 2017 to the end of 2018.

The NY chapter has seen the second highest growth rate of the five largest chapters in resident membership at the 10, 5, 3 and 1-year comparison points and is above the AAFP National average.

The NYSAFP reached an all-time high of 94.3% retention rate in 2011 and 2012, and a low of 91.2% at the end of 2018.

Because of the continuing focus on this membership segment – it is important to keep a close eye on new physician members. The NY Chapter is 13th out of the 13 extra-large size chapters in payment percentage and 45th overall of all chapters. For overall new physician retention (7-year window) the chapter ended 2018 with an 82.2% rate.

Currently, the NY chapter has 533 residents at the end of April 2019 compared to 490 at the end of April 2018 – an 8.78% increase! The chapter has the 4th highest number of resident members of all 55 chapters.

At the end of April, the NYSAFP had 2905 students compared to 2689 at the end of April 2018—an 8.03% increase. The chapter is ranked 2nd overall of all 55 chapters in highest student members!

The AAFP estimates that we have 72.6% (slight loss from 2017) of the market share in New York. The chapter is ranked 46th out of 55 in market share percentage as of the end of 2018.

In 2018 we had a total of 662 members who were on the verge of being canceled and we had 714 in 2019. The number of members canceled on May 2 is a little higher this year than last year (443 compared to 372). It is important to note we were able to get approx. 36% of our dropped members to reinstate in 2018.

Areas to keep an eye on are active member retention rates and growing our market share.

Finances

The report of our auditor, Slocum & DeAngelus, is provided in a separate report to this Congress.

Finance Director Donna Denley has done an excellent job of managing our finances and working with our auditor throughout the year to assure that all revenue and expenses are properly accounted for.

Advocacy

Our Advocacy efforts continue to produce results and serve the interests of members and their patients. We had 14 members attend the 2019 Family Medicine Advocacy Summit – one of the largest delegations at the conference. Our own lobby day in March continued to attract support and participation by members. More than 50 members attended this year. We lobbied

successfully for continued funding in the Medicaid budget for the primary care enhancement program, funding for the Doctor Across NY program and continuation of the excess malpractice pool. We also supported the NY Health Act to establish a single payer health care system, reporting of adult vaccines to NYSIS and repeal of non-medical exemptions to immunization.

We have remained actively engaged in aggressive advocacy across a wide spectrum of policy issues. We have worked closely in conjunction with other medical societies in joint advocacy on matters of general concern to the medical community. We have expanded our advocacy efforts to include active participation in a coalition to support single payer, to advocate for promotion of the meningococcal B vaccine and to reduce gun violence. We have also increased our public relations activities to support our policy advocacy.

We were successful in obtaining introduction of legislation to significantly reform the use of prior authorization by insurers. We have obtained the support of other major medical societies for our initiative and are expanding our efforts to achieve broad relief from the administrative burden imposed by the current multiple payer system.

Education

We continue to produce excellent educational programs under the leadership of our Education Commission and the direction of our education director, Kelly Madden.

Student and Resident Communication – NYSAFP hosts monthly webinars for students and residents. The webinars discuss, both formally, and informally, any issues relevant to these members. The Board president participates on the calls and serves as a resource when needed. The residents and students let staff know what topics and themes they would like discussed each month. Student and resident leaders facilitate the webinars.

NYSAFP is participating in a grant along with American Academy of Pediatrics NY Chapter 1 and American Academy of Pediatrics NY Chapters 2&3. The grant works to improving HPV vaccination rates among adolescents in New York State; it is a two-year project (April 1, 2019 through March 31, 2021) and funded by the New York State Health Foundation. The commission is overseeing the two grant pieces: The Maintenance of Certification project and the provider education.

Communications

Our quarterly accredited journal, *Family Doctor – A Journal of the New York State Academy of Family Physicians* – continued its tradition of excellence and leadership in publishing incisive

and comprehensive articles by Academy members and addressing current and challenging themes in medicine.

Themes addressed in 2018 were: Mental Health & Physician Burnout; Cancer Care; LGBTQ Health (received the biggest response of any issue); and Controversies in Family Medicine. Each issue averaged 10 CME credits. Themes of our 2019 issues are: Institutional Medicine; Perspectives in Primary Care; Public Health in Family Medicine; and Climate Change.

We are deeply indebted to our outstanding editorial board and editor for their efforts to shape and manage the journal. Dr. Richard Bonanno has served on the editorial board since its inception and will retire after the Fall 2018 issue. Dr. Jocelyn Young has joined the board to replace him. Drs. Robert Bobrow, Rachelle Brilliant, Louis Verardo and Bill Klepack comprise the rest of the board and Penny Richmond Ruhm is our editor.

Our weekly electronic newsletter, ***NYSAFP Weekly eNEWS***, is our principle vehicle for communicating current and breaking news.

We also post regularly on our Facebook and Twitter accounts. Our use of social media has expanded gradually as delegations to AAFP meetings have used social media to post about their experiences and our staff and leadership have re-posted many of those posts.

We have expanded our advertising sales efforts by adding Jill Walls to redesign sales tools and coordinate sales efforts for our journal, newsletter and website.

Cost of Care Project

We received a grant from the NYS Health Foundation (NYSHF) to participate in a project to educate primary care physicians about resources available to help consumers evaluate the cost of health care services.

Pursuant to the project protocol, we developed and funded 10 mini grants in FM practices throughout the state to increase cost-of-care (CoC) and quality conversations with patients. We continue to work with those practices and the NYSHF to enhance and monitor the progress of these practices. We coordinated and sponsored a CoC presentation at Winter Weekend for 100 physicians, residents & students. We developed and promoted resource tool kits for all mini-grant practices, WW attendees and general membership. We produced two articles on the project and available resources which were published in the NYSAFP journal; and we reported on the project in our weekly digital newsletter. We also facilitated a mini-grantee virtual roundtable to connect fellow grantees, share successes and address barriers encountered.

We have received another NYSHF grant to develop a CoC program for Family Medicine residency programs. Dr. Tochi Iroku-Malize has developed the curriculum.

Leadership

We have continued to support delegates to the Ten-State Conference, the Annual Chapter Leadership Forum, the National Conference of Special Constituencies and the National Conferences of Resident and Student Members. These important regional and national conferences are consistent sources of leadership development for Academy members.

NY remains a national leader within the AAFP. We have nine members on AAFP commissions:

Continuing Professional Development:	Rachelle Brilliant, DO
Education:	Jason Matuszak, MD
Finance & Insurance:	Jim Mumford, MD, chairman
Health of the Public & Science:	Scott Hartman, MD
Membership & Member Services:	Donna Denley (NYSAFP staff)

Resident & Student Activities

We have continued to support resident and student activities within the Academy. Our primary commitment has been financial subsidies for our resident and student members to attend NYSAFP and AAFP meetings. We also encourage resident and student members to serve on our commissions and to participate in our Congress. Several residency programs have formed local chapters and can send delegates to our Congress of Delegates.

We have provided financial support for 20 student scholarships and for a reception for all NY students who attend the 2018 Family Medicine Educational Consortium conference in Westchester County in November. Additionally, our board of directors met in conjunction with the FMEC conference to demonstrate our support for FMEC and to afford NY students exposure to leaders of the Academy.

Governance

Our commission structure continues to provide an effective and efficient vehicle for member involvement in directing the affairs of the Academy. More than 80 members served on commissions this past year. Our commissions dealt with a broad range of issues and concerns on behalf of members and were expertly managed by our team of volunteer chairs and professional staff. I appreciate the efforts of those individuals and would like to acknowledge them here:

Commission	Chair	Staff
Advocacy:	Rachelle Brilliant, DO	Marcy Savage
Education:	Heather Paladine, MD	Kelly Madden
Leadership:	James Mumford, MD	Penny Richmond-Ruhm
Membership:	Andrew Symons, MD	Donna Denley
Operations:	Barbara Keber, MD	Vito Grasso, MPA, CAE
Public Health:	Scott Hartman, MD	Ron Rouse

I confer regularly with the president, president-elect and vice president to keep our leadership team apprised of developments that may require policy decisions. These communications also afford the opportunity for me to obtain membership perspective on issues and opportunities as they may occur. Our executive committee meets monthly by conference call. These meetings provide an additional and expanded vehicle for me to keep our leadership updated regarding Academy operations.

Conclusion

Dr. Price has represented the chapter well at state and national meetings, with news media and in meetings and conferences with other medical and health care organizations. He has performed his duties as chapter president effectively and with enthusiasm which has enhanced the image as well as the effectiveness of the Academy. As the principal in a small but growing private practice, it has been challenging for him to participate in the full spectrum of our advocacy, media and networking activities but he has deftly managed to balance both his duties as chapter president and his responsibilities as a private practitioner. He has consistently represented the interests and values of private practice in the deliberations of our board and in his representation of NY at various AAFP meetings. It has been a pleasure to work with him. .

Our growing stature nationally is reflected in the disposition of NY resolutions introduced at the 2018 AAFP COD and reported elsewhere in our 2019 COD Handbook. All our resolutions were either adopted or referred to the board, except for one which was affirmed as existing policy.

Change remains a constant factor in health care and in medicine. I have observed, with increasing concern, the impact which this is having on Academy members. The dreams and aspirations which so many members had upon making the decision to become a physician and then deciding to specialize in Family Medicine, have been severely strained by developments in insurance, regulation and technology which have dramatically altered the practice environment and the physician-patient relationship. We have been fortunate to have leaders who have been undeterred by the stress and persistence of change. Each time we are confronted with some new policy, program or practice our leadership has marshalled the fortitude and creativity to respond. In this regard, our members are very well served by the men and women who share

their commitment to Family Medicine and their concern for the patients they serve and the profession they have chosen.

We have been successful in producing quality programs with professionalism and efficiency. It is my pleasure to work with an outstanding leadership and staff and I deeply appreciate that opportunity.

Annual Reports of Commissions

Commission on Academy Operations

Barbara Keber, MD	Chair
Jason Matuszak, MD	Vice Chair
Charles Francis, DO	Member
Vito Grasso	Executive Vice President
Basya (Bess) Herbert, MD	Member
Wesley Ho, MD	Member
Naz Khan, MD	Member
Lily Lam, DO	Member
Cheryl Martin, MD	Resident
Andrew Merritt, MD	Advisor - Past President
Thomas Molnar, MD	Member
Sarah Nosal, MD, FAAFP	Immediate Past President
Robert Ostrander, MD	Past President
Marten Peterson	Student
Marc Price, DO	President
Wayne Strouse, MD	Member
Jonathan Von Ruesner	Student

The Commission met on July 28, 2018, October 23, 2018 and March 17, 2019.

At each meeting we reviewed the chapter's financial reports and the performance of the chapter's account with the AAFP Pooled Investment Fund. We found the finances of the chapter in good condition and well managed by our treasurer, Dr. Thomas Molnar and our staff. Our account with the AAFP investment fund has performed well. Our initial investment of \$500,000 in 2017 has grown to \$ 587,685.46 as of April 30, 2019.

The Commission was responsible for planning the 2019 Ten State Conference in Orlando, Florida which was held at the Disney Yacht Club. More than 80 people attend from 16 chapters, the AAFP and the American Board of Family Medicine (ABFM). The program featured the first presentation by the new leadership of the ABFM of their plan to revise the certification program.

The Commission proposed, and the board adopted the 2019 budget. The budget included a 3% COLA bonus for staff other than the EVP whose salary is set by contract. It also included increases in funding for resident and student support to attend the AAFP National Conference of Resident and Student Members and for NY delegates at attend the National Conference of Chapter Leaders.

Commission on Family Practice Advocacy

Rachelle Brilliant, DO Chair

Christine Doucet, MD Vice Chair

The Advocacy Commission met during the summer and fall clusters in 2018 and the spring cluster in 2019. We discussed and acted upon resolutions passed at the 2018 Congress of Delegates as assigned by the Board and developed initiatives as suggested by NYSAFP members.

We discussed advocacy issues which affected the practice of family medicine, our Academy members and our patients, developed positions on healthcare related bills and healthcare related NYS budgetary issues as identified by our lobbyists, Reid, McNally, and Savage (RM&S). Many of our 2018 priorities passed in January 2019. The Reproductive Health Act was passed protects a women's right to choose what is right for her body and family. GENDA, the Gender Expression Non-Discrimination Act passed banning discrimination in employment, housing, and public accommodations. The Comprehensive Contraception Coverage Act passed ensuring timely and affordable contraception coverage without a co-pay. "Conversion" therapy for minors was banned.

We are continuing to lobby for the Physician Protection Act to ensure physicians are protected against assaults in the workplace similar to other professionals such as nurses, fire offices, and sanitation workers. We have supported Medical Aid in Dying resolutions at MSSNY and AAFP COD and in the State Senate and Assembly. Thank you to Dr. Jun David for representing NYSAFP in our opposition of the opioid tax.

At the time this was sent for publication, we were still working hard to pass the bill repealing non-medical exemptions from vaccinations for children going to school. We are also still working expending NYSIIS to include all adult vaccinations. Thank you to Dr. Brigid Mack for representing NYSAFP at a press conference urging passage of the bill removing non-medical exemptions.

On Lobby Day in March 2019 almost 50 doctors, residents, and medical students, guided by our lobbyists from RM&S, met with key legislators and staffers. Included in these visits were the chair of the assembly health committee, sponsors of many healthcare related bills and home town legislators of those members attending lobby day. In the 2019 budget we had several successes. \$9,065,000 was budgeted for Doctors Across New York program. The Excess Medical Malpractice program was extended. Four Million dollars will go to help address maternal mortality. A 20% excise tax was placed on vaper products used in e-cigarettes. We continue to advocate for meaningful medical liability reforms, a single-payer health care system, collective negotiations, and reproductive rights. We will continue to advocate against proposed legislation which increases the administrative burden of our members.

Respectfully submitted,
Rachelle Brilliant, DO, Chair on behalf of members
Christine Doucet, MD, Vice Chair
Philip Kaplan, MD, Advisor, Past President
William Klepack, MD, Member
Daniel Neghassi, MD, Member
Orlando Sola, MD, Member
Lalita Abhyanker, MD, Member
Andrew Goodman, MD, Member
Ivonne McClean, MD, Member
Paul Salzberg, MD, Member
Miriam Vincent, MD, Member
Sarah Vallerie, MD, Resident
Robert Wang, MD, Resident
Tonie McKenzie, Student
Jessica Meyer, Student
Marcy Savage, Staff

Commission on Education

Cinthia Elkins, MD Chair

Ani Bodoutchian, MD Vice Chair

The Education Commission conducted three formal meetings over the past year. Two were conducted during clusters and one was via conference call. We had active participation by commission members for all meetings; in addition to multiple email and other telephone discussions. Kelly Madden, staff liaison, has been a valuable member of the commission, keeping track of Education Commission agendas, initiatives, and other projects, contributing to our discussions, and following through on Commission projects.

A. Mission Statement:

Education Commission Mission:

The Education Commission of NYSAFP supports the continuing professional development and lifelong learning of family physicians, family medicine trainees, and members of the healthcare team. The Commission will strive for patient centered education and promotion of physician wellness with a focus on the Family Medicine core competencies.

Education Commission priorities include creating opportunities to expose students to the specialty of Family Medicine, assisting established and developing Family Medicine Residencies in the state, and innovating continued medical education.

As Family Medicine is a rapidly evolving and changing discipline, central to the mission of the Education Commission is to address those changes improving the practice of our members, the healthcare of our patients, and the health of our communities.

B. Conferences and Other Education:

Continuing Medical Education

- Conference events remain a central piece of our strategy to fulfill the mission of the Education Commission. We continue to support a single statewide meeting and scientific assembly held during Winter Weekend. In an effort to attract new members the conference was held in western NY (Rochester). We decided not to have a Downstate and Capital region conferences this year, but will reconsider if alternative ways to engage members. Winter Weekend 2019 was had a modest profit, Winter Weekend 2020 will return to Lake Placid.

Details on Winter Weekend registration is summarized in table 1 below:

Table 1: Winter Weekend details 2014-2019

Year	2019		2018		2017		2016		2015		2014	
Location	Rochester		LP		Saratoga		LP		LP		LP	
Physician	63		85		120		94		92		96	
Resident	16		19		38		26		25		19	
Student	37		41		48		58		47		68	
Life	2		2		2		2		3		4	
Mid-Level	5		8		8		7		8		12	
Non Member	12		20		8		19		12		15	
Day Rate	32		13		5							
Total	167		188		229		206		187		214	

Collaborations:

- NYSAFP is participating in a grant along with American Academy of Pediatrics NY Chapter 1 and American Academy of Pediatrics NY Chapters 2&3. The grant works to improving HPV vaccination rates among adolescents in New York State; it is a two year project (April 1, 2019 through March 31, 2021) and funded by the New York State Health Foundation.

The commission is overseeing the two grant pieces: the Maintenance of Certification project and the provider education.

Additional Initiatives:

- Improving the skills and numbers of community Family Medicine student preceptors has been a focus of the Education Commission over the past several years. The Education Commission drafted a web page to kick-off the preceptor recruitment. Work remains to be completed and will be promoted during Winter Weekend.
- Resolutions:
The Education Commission sponsored two resolutions: Oppose racism, and Support Breastfeeding Mothers in the Workplace. Outcome pending COD 2019.
- The commission reviewed applications and selected the NY State Family Medicine Educator of the Year.

C. Student and Resident Initiatives

1. Pre-medical and Medical Student Education:

- As noted in Table 1, The Board through the Education Commission continues to support and subsidize medical student attendance at NYSAFP conferences.
- The Commission reviewed student externship applications and selected 2 students to receive the NYSAFP student scholarship. The scholarship aims to have participants

perform clinical work and research within Family Medicine (develop a research question, formulate a valid methodology with mentor, acknowledge the possible advantages and limitations to certain study designs, implement the study design and aim to complete the research.)

2. Residency Education:

- The Commission supported the NYS residency contingent who attended the AAFP National Conference of Family Medicine Residents and Medical Students, held in Kansas City in July 2018. Kelly Madden organized a hospitality reception with NYS residents and students and NY banner which increased visibility to the NY state residency programs. Eleven residency programs participated in the conference and contributed to the NY state reception.
- We continue to organize and support meeting space and lunch for the NY state Program Directors meetings at the Fall meeting and at the Spring AFMRD conference. These meetings were a valuable forum for NY program directors to discuss residency issues and to work together on common residency initiatives. We actively use the NYRPD list serve and shared file to communicate with program directors and staff.

3. Communication and Outreach

- Student and Resident Communication – NYSAFP hosts monthly webinars for students and residents. The webinars discuss, both formally, and informally, any issues relevant to these members. The Board president participates on the calls and serves as a resource when needed. The residents and students let staff know what topics and themes they would like discussed each month. Student and resident leaders facilitate the webinars.

D) Future plans

The commission looks for alternative measure to deliver education and would like to offer CME virtually.

E) 2018 – 2019 Education Commission members

Cinthia Elkins, MD – Chair
Ani Bodoutchian, MD – Vice Chair
Robert Anderson, MD – Member
Margarita De Federicis, MD – Member
Brenainn Flanagan, MD – Member
Francis Faustino, MD – Member
Bob Morrow, MD – Member
Joyce Robert, MD – Member
Heather Paladine, MD – Member
Jane Simson, MD – Resident
Michelle Love, MD – Resident

Bradley Milam, MD – Resident
Emily Baimert – Student
Anna Tran – Student
Emma Chew-Murphy – Student
Kelly Madden, MS – Staff

Commission on Leadership Development and Nominations

James Mumford, MD Chair

Sneha Chacko, MD Vice Chair

The commission met 3 times this year:

- Summer Cluster - July 28, 2018 at the Hilton Garden Inn Clifton Park, NY
- Fall Cluster – October 16, 2018 by Conference Call
- Winter Cluster – March 17, 2019 at the Renaissance Albany Hotel, Albany, New York

Summer Cluster Meeting –

The Commission worked on the following:

1. Reviewed and approved minutes from March 11, 2018 meeting

2. Discussed commission’s responsibilities.

One of the main goals for the commission will be to design programs for developing the leadership skills of the members. Some of the duties might coincide with the Education or Membership Commissions.

3. Discussed Board/President Assignments

- Need for a simplified process for application and appointment to commissions to be managed by staff

4. Nominees for 2019 NYSAFP Board Elections:

Letter of solicitation to be sent out following fall meeting, with descriptions of the duties and responsibilities of the positions. Mrs. Penny Ruhm will send an email to all NYSAFP members requesting nominations.

5. Planning for Annual Family Medicine Residents and Medical Student Meeting

Student representatives are selected by students

Plan to encourage NYS students to run for office

6. Leadership Programs (2018-2019)

Need for leadership certificate programs. Possible options include collaboration with existing programs such as American Academy of Physician Leaders

Consider a leadership award for medical students / residents with specific requirements

There should be resources listing scholarships and funding opportunities available through NYSAFP, AAFP etc.

Need to encourage better utilization of AAFP leadership training resources with supplements from outside organizations

7. Other Business

- Dr. Chacko suggested an edition of Family Doctor focusing on NYSAFP Physicians with unusual practices
- Timeline calendar of what needs to be done in concert with academy calendar (nominations, people attending conferences)
- Bylaws & ops manual review each year 101 style (leadership 101, academy 101) converted into a web based video which can be reviewed by seasoned and new members annually

Fall Cluster Meeting - Teleconference Fall Cluster, November 11, 2018

The Commission worked on the following:

1. Reviewed and approved of Minutes from July 28, 2018 meeting

2. National Conference of Constituency Leaders (NCCL) – April, 26-28 2018

Applications were reviewed and discussed. A 2019 slate was prepared in consideration of interest area, previous attendance and NYSAFP bylaws restrictions.

3. Nominees for 2019 NYSAFP Board Election

Penny will send to solicitation letter to membership in December/ January. All Commission members to identify potential candidates and encourage leadership positions.

3. Leadership Programs 2018-2019

- Winter Weekend – Dr. Gary Morsch confirmed as Winter Weekend plenary speaker
- Consideration of leadership certificate programs, Possible collaboration with American Academy of Physician Leaders
- Consider a leadership award for medical students / residents with specific requirement
- June COD – TBD

4. Student & Resident Leadership Priorities

- job application tips
- preparing for a career
- utilizing AAFP/ NYSAFP resources

5. Nominees for 2019, 2020

- Update of NYSAFP and AAFP recruitment
- AAFP alternate delegate position now vacant due to recent AAFP elections
- Vito to send out request for nominations for board vote at fall cluster

6. Commission Evaluations

- Review the process and the last few years of evaluation data
- Need for a centralized process and repository for data

Winter Cluster - March 17, 2019

The commission worked on the following:

1. Review/ Approval of Minutes – October 16, 2018

2. National Conference of Constituency Leaders (NCCL) – April 25-27, 2019

- 2019 NCCL slate finalized – great turn out with additional representation due to Dr. Ravi’s funding available to support 2 additional general registrants

2018 Representatives:

NCCL Category	2019 Delegate	2019 Alternate
Minority Physician	Daniel Neghassi, MD	Joyce Robert, MD
New Physician	Anita Ravi, MD*	Ivonne McLean, MD
Women Physician	Kristin Mack, DO	Micheline Epstein, MD
International Medical Graduate (IMG)	Brenainn Flanagan, MD	Rubayat Qadeer, MD
Lesbian, Gay, Bisexual or Transgender (LGBT)	Virginia Martinez, MD	Sarah Valliere, DO

- Prepare a packet of material to include prior representative reports, List of legislative priorities, Pointers from prior attendees
- Preparatory conference call scheduled for April 18, 2019 (Agenda a pointers included as attachment 1
- Set up webinar/ conference call for NCCL and ACLF representatives

3. Nominees for 2016 NYSAFP Board Election

Solicitation Letter sent Feb. 2; due date April 11; will resend week of March 14

Nominees below (to date - not final list):

President Elect	Jason Matuszak
Vice President	James Mumford
Secretary	Russell Perry
Treasurer	Thomas Molnar
Speaker	Andrew Symons
Vice Speaker	Rachelle Brilliant Scott Hartman
AAFP Delegate Upstate	Marc Price
AAFP Alternate Upstate	Mark Josefski
Director	Anita Ravi
Director	Kristin Mack
Director	Micheline Epstein Ivonne McLean
New Physician Director	Kesha Guerrier

4. Other Business

Timeline calendar of what needs to be done in concert with Academy calendar (nominations, people attending conferences, new BOD/ commission members) reviewed and updated
Webinar for new commission members in conjunction with Membership Commission

Respectfully Submitted

James Mumford	Chair	Glen Cove
Sneha Chacko	Vice-Chair	New York
Tochi Iroku-Malize	Past-President advisor	Manhasset
Ephraim Back	member	Kingston
Virginia Martinez	member	Bronx
Rupal Bhingradia	member	New York
Micheline Epstein	member	New York
Sam Sandowski	member	Oceanside
Mark Krotowski	Past- President member	Brooklyn
Marianne LaBarbera	Past-President member	Staten Island
Youlan Tang	resident	Bronx
Kelly Kirkpatrick	resident	New York
Elizabeth Han	resident	New York
Sean Donegan	student	
Sierra Vanderkelen	student	Valhalla
Penny Ruhm	staff	Albany

Commission on Membership & Member Services

Andrew Symons, MD Chair / Speaker

Manish Saha, MD Vice Chair

July 2018-June 2019

Constitutionally Assigned Commission Function

- Consider applications for membership and continuation of membership and investigate the qualifications of applicants.
- Monitor county chapter activities and organize county chapters in areas where no such chapters exist.
- Identify and develop proposals for member benefits, review proposals by staff and implement any member benefits programs approved by the Board of Directors

Other Commission Responsibilities

- Congress of Delegates Planning
- Member Communications
- Sponsorship and Support

Meetings:

July 18, 2018

November 18, 2018

March 17, 2019

Recommended High Priority Actions for 2018-19:

- **Continue to develop student and resident outreach including recruitment to events such as Winter Weekend and COD and doing Introduction to the NYSAFP presentation at residencies and FMIGs.**
- **Study the format of the NYSAFP Congress of Delegates and consider ways of effectively discussing and approving the increasing number of resolutions brought to the COD**
- **Summarize AAFP Member survey info on physician burnout and distribute to the membership.**

Membership Updates

NYSAFP membership is up 21 members between April 2018 and April 2019, for a total of 6918 members—a 0.70% increase. AAFP saw a 1.08% increase in membership during this same time period.

NYSAFP active membership is 2763, which represents a small (0.40%) decline from last year, but an overall 14.60% increase over 10 years.

The NYSAFP's 5-year active member retention rate is 91.2%, which is just below the AAFP rate of 93.9%. In 2014, the NYSAFP 5-year retention rate was 93.2%, and has been experiencing a slow decline each year. A similar trend is noted in Florida, Ohio, Pennsylvania and Illinois.

NYSAFP student membership continues to grow, with 2905 student members (up from 2689 in 2018). The NYSAFP is ranked 2nd overall of all 55 chapters in highest student members.

Currently, the NY chapter has 533 residents at the end of April 2019 compared to 490 at the end of April 2018 – an 8.78% increase. The chapter has the 4th highest number of resident members of all 55 chapters.

The AAFP estimates that the NYSAFP has 72.6% of the market share in New York. Last year it was 73.4%. The national average is 77.2%.

County Chapter Activities

The commission is acutely aware of and concerned with the number of county chapters that are inactive. Solutions for this problem are being actively developed. Considerations include making combined chapters or driving local programs to actively engage constituents.

Member Benefits

The commission continues to review and add programs that provide value to the membership and which may offer discounts for member use. It is unclear how much or which members benefits are utilized by members. This may be an area to actively research with an eye toward finding benefits members find truly useful.

The membership commission was tasked at last year's COD to conduct a survey on physician burnout". It was determined that we have qualitative information from the AAFP Member Survey which addressed the same topic. We recommend summarizing this and making it available for the members next year.

It was recommended that we add to our website the link to the AAFP Wellness page:

<https://www.aafp.org/membership/benefits/physician-health-first.html>

Student and resident outreach

The member ship commission worked with the education commission on refining a PowerPoint presentation which introduces students and residents to the NYSAFP and the AAFP. The presentation was done in a few residency programs. We have funds appropriated to providing food to the residents/students as they participate in this brief presentation. Our hope for next year is to further refine the presentation, and encourage NYSAFP active members to offer the presentation to more residency programs and FMIGS.

Funds were appropriated to support student and resident attendance to the COD. Approximately 10 students/residents will be attending this year's COD through this initiative.

Congress of Delegates Planning

The Membership Commission directs the planning and scheduling of the yearly Congress of Delegates (COD), along with Mr. Grasso and staff. This year's Congress of Delegates is scheduled for Saturday, June 15th and Sunday, June 16th, 2017 at the Hilton Garden Inn in Troy.

In order to accommodate the increasing number of resolutions submitted, and to make the best use of the time at the COD, reference committees were formed this year well in advance of the COD. The names given to the reference committees were "session one" and "session two", in place of the former "operations" and "policy".

Reference committee members were asked to review all of the resolutions assigned to their committee, but to choose 2-3 for which they would take responsibility for taking a "deeper dive", researching the resolution when necessary, clarifying things with the maker et. al. The resolutions were placed on a Google Doc, and reference committee members commented on the resolution within the document. These comments will serve to inform the discussion of the reference committees. Links to existing AAFP and NYSAFP policy were provided to were also provided to makers of resolutions as well as reference committee members to facilitate researching if the proposed resolutions is addressed in existing policy.

Given the increasing number of resolutions, and the relatively limited time available for reference committee testimony, consideration will be given to modifying the format of COD in 2020.

Communications

The Quarterly Journal continues to be available online and mailed to all active members. This journal has enduring content for CME credit as well as peer-review items.

The AAFP is currently redoing their website. We will monitor their modifications, and see how that can inform our own thoughts at web redesign.

I would like to thank the members of the Membership Commission for their service and dedication to the Academy and to the patients of New York. A special thanks to Ms. Donna Denley and the staff of the NYS Academy for all of their hard work.

Respectfully Submitted,

Andrew Symons, MD –Commission Chair and Speaker of the Congress of Delegates

Manish Saha, MD Vice Chair

Ravilya Caine, MD Resident

Laurel Dallmeyer, MD Member

Jun David, MD Advisor - Past President

Mark Josefski, MD, Past President
Russell Perry, MD Member
Jose Tiburcio, MD Member
Caitlin Weber, MD MS Member
Pratiksha Yalakkishetar, BS Student
Sarah Baden, MD Resident
Christian Cayon Student
Daniel Cunningham, MD Member
Keasha Guerrier, MD Member
Ogadinma McGeachy, MD Member
Donna Denley Staff

Commission on Public Health

Scott Hartman, MD Chair

Anita Ravi, MD MPH Vice Chair

This past year has been an extremely productive one because our Commission is blessed with a membership that views improving patient health and population health as a top priority. We also view the products of our efforts as ones that serve Academy Members and, in turn, continue to help improve the care they provide to their patients.

A good portion of our Commission work has been directed at developing resolutions. These resolutions, when passed by the Congress of Delegates, express important policy positions of the Academy on ways the public's health can be enhanced and our Members can be better served.

Single Payer

- *Understanding Single Payer* - The Commission provided a comprehensive background paper on how a Single Payer system will work in the United States. It explains the mechanisms for financing universal coverage; reimbursement of physicians, hospitals, and other providers; collective bargaining; cost control including the creation of a healthcare budget; and other components. The paper was presented as a 6-part series on our web site entitled "How Single Payer Works."
- *Streamlining Health Care Administration* – clinicians of all specialties continually express frustration with the multiple-payer system with its different rules, forms, procedures, and policies. This lack of standardization is costly, as much as \$15 billion - \$20 billion per year in New York State. Not only do insurers require health care providers to comply with this burdensome system, but then many insurers are late in paying providers. NYSAFP supports a single payer health care system, and streamlining the insurance market in NYS can drive the market closer to a single payer model. Thus, as follow-up to a resolution passed in 2018 advocating streamlining and standardization of the billing and payment system for all insurers regulated by New York State, the Commission then drafted model language in 2019 for legislation that can be used for the 2020 State Legislative Session. It would include the following provisions:

- a) Standardized Billing Form
- b) Standardized Eligibility Verification
- c) Standardized Co-payments & Deductibles

d) Standardized Coordination of Benefits

e) Timely and Periodic Payments

- *Single Payer Advocacy Toolkit* – We developed 3 key items to help Academy Members advocate more effectively for enactment of single payer legislation. One is a brief document with talking points that quickly enables our doctors to become skilled advocates of SP. It also can be made available to their patients. The second item is a link to a social media toolkit that helps users to advocate passage of the New York Health Act, which would implement a single payer system in our State. The third item is a useful summary of arguments that opposing organizations are using to defeat enactment of single payer (“to be forewarned is to be forearmed”).

Eliminating Religious Exemption for Vaccinations

Proof of immunizations is required for children to attend school. The level of immunizations is falling in some areas of the State, and one of the main reasons is that parents are abusing the religious exemption provided in State Law. The PHC developed a resolution advocating legislation that requires school districts to accept only medical exemptions to immunizations. In addition, NYSAFP would advocate against any legislation that allows school districts to accept non-medical exemptions to immunizations required for school. The resolution also directs NYSAFP to work cooperatively with the New York State Center for School Health and with school medical professionals to provide additional education materials and promote the reduction of religious exemptions in the interim

Opioid Epidemic

- *Family Physician on Local Task Forces* - Many communities have a local task force on opioid abuse and we need more physician representation. Similarly, we need more representation on the NYS Joint Task Force, which is making State-level policy and legislative recommendations. The PHC developed a resolution that encourages active NYSAFP County Chapters to partner with their respective county department of health or local hospital opiate task force to provide a cooperative platform to combat the opioid epidemic. It directs the NYSAFP to offer family physician representation to the NYS Joint Task Force on Heroin and Opioid Addiction. It also directs the Academy to provide the State DOH Commissioner an annual summary on challenges faced by family doctors who are on the front lines of the opioid epidemic.
- *Prevent a Major Loss of Medical Professionals Eligible to Provide Medication Assisted Treatment for Opiate Use Disorder* - NPs and PAs work together with physicians to provide

MAT to combat the growing opioid crisis, especially in underserved and/or rural areas. However, the waiver training for these advanced practitioners is significantly more cumbersome than physician training; physicians complete an eight hour DATA training but NPs and PAs are required to complete this eight hour training plus an additional 16 hours of training. Thus, a resolution was developed and forwarded to advocate State legislation that decreases their training requirements when supervised by a waived physician, and it ensures that waiver training programs will be available indefinitely for advanced Practitioners.

- *Help Prevent Opioid Overdose Deaths by Improving Patient Access to Naloxone* – The Commission developed a resolution to encourage physicians who prescribe opioid medications to routinely ensure that their patients have access to naloxone. Also, NYSAFP would compile best practices on naloxone provision to patients and post them on the NYSAFP web site.
- *Medication Assisted Training during Residency* - The Commission developed a resolution to encourage residency programs to require suboxone or medication assisted therapy training for all family medicine residency programs.

HIV/AIDS

AIDS incidence has leveled off for most groups, but we should maintain vigilance as practitioners. We should also foster public awareness about HIV/AIDS because the public regards it as an illness that is no longer a serious threat and therefore should be a lower priority in terms of funding, education, and treatment. Some physicians also are not fully comfortable in working with patients. We should educate our members on modern day prevention and treatment, and inform them on 4th generation testing that can screen and confirm HIV infection in several hours instead of weeks and it eliminates the indeterminate Western Blot results. The Commission, later in 2019, will develop an article on this for NYS Family Doctor journal and will host an HIV session for non-specialists at the 2020 Winter Weekend. We also sent out a 1-page document on the use of pre-exposure prophylaxis or PrEP for high risk adults without HIV. Various other approaches will be developed during 2019-20.

Hepatitis C

The incidence is rising. We discussed various strategies such as informing Family Doctors that they can treat patients and do not have to refer them if they receive additional training; surveying our Members on whether they treat Hep C and what additional training they want; promoting specialty pharmacies that would dispense without prior authorization; and,

collecting information on the policies of the largest pharmacy companies regarding dispensing of medication for Hep C.

Addressing Tick-Borne Diseases

The NYSAFP 2018 Congress of Delegates approved a resolution advocating greater federal and private-sector funding for developing a vaccine that will block the tick's ability to transmit disease, reliable diagnostic tests for TBD, and more effective prevention and environmental measures. During 2018-19, the PHC developed an op-ed for the NYSAFP president and a template for op-eds and letters to the editor that our members can use for their local media outlets. We also wrote a 2-page advocacy piece for doctors and for lobbyists.

Paid Family Leave

Research demonstrates that parental leave is associated with improved infant, child, and maternal health and well-being. It is also associated with improvements in gender equality and has positive long-term economic impacts on families. The Commission forwarded a resolution directing AAFP to support a minimum of 12 weeks paid leave for primary caregivers for a newly born or adopted child, including family physicians and residents, and support an optional extension of this leave as unpaid time off.

Reproductive Health

- *Breastfeeding in the Workplace* – Evidence has overwhelmingly shown that breastfeeding has significant health benefits for both mothers and infants. Although NYS has a law that requires worksites to facilitate breastfeeding, it is not well-enforced. Also, many states have no such legislation. The Commission forwarded a resolution that will direct NYSAFP to advocate the enforcement of current legislation as well as advocate additional legislation that supports the ability of working mothers to breastfeed. The resolution also directs that the AAFP advocate the same objectives on a national level.
- *Affirming Safety & Legality of Abortion* – the PHC forwarded a resolution directing the AAFP Congress of Delegates to affirm the legality of Roe v. Wade in the form of a policy statement. Also, the resolution would ask that the AAFP partner with ACOG and related stakeholders to defend access to safe and legal abortion across the US.
- *Mifepristone* - Early pregnancy loss is the most common complication of early pregnancy, affecting 10% - 20% of all clinically recognized pregnancies, with most occurring before 12 weeks gestation. The use of Mifepristone has demonstrated to have

many benefits. The PHC forwarded a resolution directing AAFP to support the safety and efficacy of Mifepristone as the most evidence-based care for medical management of early pregnancy loss. The resolution also will reaffirm AAFP's efforts to overturn restrictions on the prescribing of Mifepristone, especially in light of data supporting its use in early pregnancy loss. AAFP should include early pregnancy loss management in the FMX, Maternity Care Conference, and the Women's Health Conference on a rotational basis.

Obesity

- *Manageable Challenge Office Visit Protocol* – given the fact that nearly 70% of people are either overweight or obese, the PHC developed an office visit protocol that provides useful content to physicians for counseling patients, developing a weight-loss plan, and providing follow-up. The need for an OV protocol intensified after the Federal Affordable Care Act was enacted because it mandates that insurers cover weight-loss counseling with no co-pays or deductibles.

Unfortunately, many of our members are unaware of the protocol so we identified strategies such as writing journal articles, developing an app, promoting it more effectively on our website, making it more interactive, and creating a more appealing name. Also, the protocol is being updated, including the addition of nutrition and exercise.

- *Op ed* – The Commission authored an op ed advocating that to combat obesity effectively, the State needs to run an aggressive campaign modeled after the anti-tobacco campaign. It would include higher taxes on soda and junk food, forceful media ads, public-private partnerships to research and test various life-style practices to achieve and maintain healthy weigh, publicity about coverage for weight-loss counseling, and identification of ways to restrict the SNAP purchase of unhealthy beverages and foods that help people slowly harm themselves. The op ed was printed in the Albany Times-Union.

Commission Member Recognition

I would like to thank the members of the Commission for their time, energy, and thoughtfulness on these issues. I particularly would like to thank Anita Ravi, Vice-chair, and Ron Rouse, staff, for their expertise and support of the Commission and of me as Chair. We look forward to a productive year during 2019-20.

Scott Hartman, MD, Chair

Anita Ravi, MD, Vice-Chair

Ray Ebarb, MD, Advisor, Past President
Gisele Cesar (Student)
Sophia Conroy, MD
Elaine Kang, MD
Stella King, MD
Kelly Kirkpatrick, MD
Travis Koke, MD
Jamie Loehr, MD

Kristen Mack, MD
Cheryl Martin, MD
Pooja Paunikar, MD
Elizabeth Ryan, MD
Spencer Schell (Student)
Albania Sencion, MD
David Weiss, MD, MPH
Ron Rouse, Staff

Ad Hoc Committee on Vaccine Policy

Phil Kaplan, MD Chair

The single effort of this committee for the past year was to promote a COD policy from two years ago advocating universal reporting of adult vaccines to the NYS vaccine registry to treat adults as accurately as we treat children. To this end the Infectious Disease Committee of MSSNY was induced to introduce this effort to the MSSNY house of delegates two months ago. The Board of NYSAFP, on advice from the Advocacy Commission, listed this item as one of its legislative priorities for lobby day last March, and a bill was introduced in both houses of the state legislature toward this end. At this writing, the assembly still has this bill in committee.

Prior COD directives for school-based flu vaccine, for mandated flu vaccine for daycare attendance, for vaccines for adults analogous to VFC, and promoting HPV vaccine acceptance continue to be future efforts of this academy and this committee. Promoting bar coding of vaccines linked to EMRs is an interest of this committee not yet supported by COD resolution.

NYSAFP Foundation Annual Report
Jose David, MD
President

MSSNY Report

Jose David, MD, Delegate

Paul Salzberg, MD, Alternate Delegate

More than 200 delegates attended the House of Delegates. There were about 10 family physicians at this meeting. Arthur C. Fougner, M.D. from Queens, NY was installed as the new president. We elected 9 new AMA Delegates and 9 Alternate Delegates. Daniel Young, MD one of the family physicians was given a service award as an outgoing officer. Dr. Salzberg and I joined the 3rd and 4th District Caucus. I also served as one of the judges for the Poster Exhibits.

There were 22 resolutions adopted, 59 resolutions adopted as amended, 6 resolutions referred to Council and 16 resolutions not adopted. We provided testimonies for resolutions including strategies to improve immunizations, education on addiction, increased access to mental health care, etc. But there are some resolutions just worth mentioning.

Resolution 69 was of interest. The resolution asked the HOD to rescind MSSNY Policy 130.996 opposing Single Payer and to reaffirm then policy adopted by Council last November 2017 and to “ consider the feasibility of other payment methodologies including single payer.” Opposing perspectives were heard, and all agreed about the importance of maintaining a constructive dialogue with the State Legislature on the positive and negative aspects of specific single payor health care proposals. The reference committee does not believe there is compelling need to revise MSSNY policy at this time. They are concerned with the possibility that a repeal of Policy 130.996 could be misinterpreted by physicians, legislators and the public that MSSNY now supports singer payor. This resolution was not adopted.

Resolution 71 was labeled Single Payor asking for MSSNY to advocate for healthy proposals and advocate these proposals for a resolution to the AMA. This resolution was modified. Single Payor time was deleted and changed to “Health System Improvement Standards”. The reference committee wanted a unifying statement of healthy reform principles for physicians, regardless of wether they support or oppose single payor system. The new resolution now states “

Resolved that MSSNY advocate for health care reform proposals that would achieve the following goals :

- Reducing the number of uninsured;
- Reducing barriers to insured patients receiving needed health care including assuring full transparency of patient-cost sharing requirements, preventing unjustified denials of coverage,

assuring comprehensive physician networks including fair reimbursement methodologies, and providing meaning full coverage for out-of-network care;

- Reducing administrative burden on physicians;
- Preventing imposition of new costs or unfunded mandates on physicians;
- Providing needed tort reforms; and
- Providing meaningful collective negotiation rights for the physicians and be it further

Resolved, that the resolution be transmitted to the American Medical Association for consideration at its next House of Delegates meeting.

We also testified against Resolution 170 - Data Collection Regarding The New York State Reproductive Health Care Act. This is about more unnecessary additional data collection. It urges that 1-that MSSNY advocate for the continued collection of data for surveillance of legal abortions with the inclusion of new variables of the provider of the abortion (physician, PA, NP, mid-wife) and the maternal health condition necessitating an abortion at, or beyond, 21 weeks of gestation; and be it further 2-that our MSSNY advocate for collection of data regarding unwanted fetal demise as a result of maternal assault and be it further 3-that MSSNY Delegation to the American Medical Association introduce a similar resolution at the next AMA House of Delegates in June 2019. We joined our ACOG delegates with testimonies against this resolution.

The Reference Committee believes that the existing data surveillance system allows for collection of information within the context of the resolution and recommends option of the substitute resolution. The amended substitute resolution approved by the Reference committee:

Resolved, That MSSNY continue to support the current data surveillance on abortion that includes indication for termination, clinical estimate of gestation, procedure used for termination, spontaneous fetal death which includes whether it was a result of an assault or accident.

Upcoming schedule for MSSNY includes the Advocacy Day on March 4, 2020 and the MSSNY House of Delegates will be on April 23 -26, 2020 at the Westchester Marriott Hotel, Tarrytown NY.

All Congress of Delegates information is available on our website at:
<http://www.nysafp.org/Member/Governance/Congress-of-Delegates>

Appendix A: [Resolutions for 2019](#) Including Reference Committee Assignments

[Resolutions of 2018 Actions](#)

[Disposition of 2018 Resolutions Sent to AAFP](#)

Appendix B: [NYSAFP Constitution & Bylaws](#)

Appendix C: [AAFP Bylaws online](#)

Appendix D: Financial Statement / Auditor's Annual Report (not available)

Appendix E: [Nominee Photos & Bios](#)