

NYS Academy of
Family Physicians

CONGRESS OF DELEGATES HANDBOOK

June 27-28, 2015

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Official Call of Meeting

June, 2015

TO: Delegates of Component County Chapters
Resident and Student Associations

FROM: Sarah C. Nosal, 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 27, 2015, at the Desmond Hotel in Albany, New York, 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 28, 2015 at 8:00 a.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'S. Nosal', with a large, stylized initial 'S' and a circular flourish at the end.

Sarah C. Nosal, M.D.
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 ten 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 COD

SPEAKER AND VICE SPEAKER

1. The speaker and vice speaker are members of the board and are responsible for running the COD. They must be familiar with parliamentary procedure.
2. The speaker and vice speaker alternate as presiding officers of the COD.
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. Overseeing elections
 - f. Providing guidance to reference committees and special committees of the COD
 - g. Attending board meetings, usually held in March, July and October
 - h. Participating in teleconferences to facilitate the work of the COD
 - 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 COD

6. Attends the AAFP Annual Leadership Forum and COD
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 Marc Price, 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 Ephriam E. Back, 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 Barbara Keber, 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 Tochi Iroku-Malize, 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 Heather Paladine, 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

Allesandro Bertoni, MD	Naples	FL
Elba Nelly Brooks, MD	Saint James	NY
Harold A Burnham, MD	Glen Cove	NY
Clive David Caplan, MD	Oakdale	NY
Samuel Cytryn, MD	Harrisburg	PA
Henry Joseph Dobies, MD	Massena	NY
Donald J Flaster, MD	Eustis	FL
Charles D Fucci, MD	Queens Village	NY
Paul Gans, MD	Astoria	NY
Richard A Garnish, MD	Clifton Springs	NY
Douglas T Greaves, MD	Bellport	NY
Marie A Hanache, MD	Pittsfield	MA
George Gremple Hart, MD	Lake Placid	NY
Jesse T Henderson, Jr, MD	Schenectady	NY
Ellen Jiroudek, MD	Staten Island	NY
Herbert T Josephs, MD	Great Barrington	MA
Zenon Karatnycky, MD	Commack	NY
Andrew C Klaczynski, MD	Allegany	NY
Karel Kumerman, MD	Stratford	CT
Carl E Marlow, MD	Liverpool	NY
Robert J Massad, MD	Bronx	NY
Emrick Richard Milligan, MD	Saint James	NY
Jack R Muth, MD	Patchogue	NY
Harry Thomas Oliver, MD	Lockport	NY
Hamdi H Oruci, MD	N Massapequa	NY
Cecil A Reid, MD	Jamaica	NY
Philip Ralph Robinson, MD	Pittsford	NY
Elbis A Shoales, MD	Marion	NY
Samuel Silverman, MD	New Hyde Park	NY
Barrett Donald Sklar, MD	Bethpage	NY
Marius Strominger, MD	Forest Hills	NY
Carl R Szot, MD	Boonville	NY
Francis J Talarico, MD	Frankfort	NY
Patrick W Valicenti, MD	Rhinebeck	NY
Robert J Weisenseel, MD	North Baldwin	NY
Frank T Williams, MD	Grasonville	MD
Paul John Wolfgruber, MD	Cohocton	NY
Tytus W Zajackowski, MD	Vestal	NY
Waldo Zeun, MD	Oneida	NY

Procedures of the Congress of Delegates

The Congress of Delegates will convene on the 27th day of June, 2015 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 COD 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 Number 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 Number with the heading "miscellaneous".
4. Reports that contain neither a recommendation or 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 leaves 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

Gerard Frederick Abess MD	Glens Falls, NY
Elizabeth A Bartos MD	Saranac Lake, NY
Gail Bauchman MD	New York, NY
Timothy Norman Baxter MD	Elmira, NY
Carl Edward Beckler MD	Middle Granville, NY
Joyce Bitran DO	Cobleskill, NY
C C Borghi-Cavallaro MD, FAAFP	Rochester, NY
Gerald William Cahill MD, FAAFP	Malone, NY
Joseph A Caruana DO, FAAFP	Brooklyn, NY
Peter David Clark MD, CMD	Groton, NY
Pamela J Cook MD	Vestal, NY
Tara F Cooperman DO	Merrick, NY
James Charles Craig MD	Burnt Hills, NY
Anne Crenesse MD, FAAFP	Brooklyn, NY
Joseph A De Pra MD	Hornell, NY
Sheryl M Ehrmentraut MD	Honeoye Falls, NY
Robert J Erickson DO	Orchard Park, NY
David G Evelyn MD	Ithaca, NY
Michael Fausto Galang DO, MS	Elma, NY
Andrew W Garner MD	Glens Falls, NY
Clark Armand Gentil DO	E Northport, NY
John Gil MD	Sayville, NY
Scott L Gross MD, FAAFP	Huntington, NY
Peter Harvey DO, FAAFP	Kew Gardens, NY
Andrew Dennis Hirsch DO	Goshen, NY
James C Holler MD	Endwell, NY
Wade T Hunt MD	New Hartford, NY
Judith Jacobus MD	Scranton, PA
Andrea Marie Johnson MD	Jamestown, NY
Bruce MacKellar MD	Canisteo, NY
Anthony R Mascia MD	Montauk, NY
Dean E Mast MD	Gowanda, NY
Nora Meaney Elman MD	East Amherst, NY
Eugene K Merecki MD	Greenwich, NY
Stephen Mesick MD	Slingerlands, NY
Neil Craig Mitnick DO, FAAFP	Albany, NY
Jeanine Murphy Morelli MD	Stony Brook, NY

Christopher J Murphy MD
Jan Louise Patterson MD
Paul R Perreault MD
Erik Paul Peterson DO
Timothy David Pitler MD
Larry Pleener MD
Keith A Rebehn MD
Mallikarjuna D Reddy MD, FAAFP
Alan Roth DO, FAAFP
Leonard P Savino DO, FAAFP
John Schwab DO
Saulius J Skeivys MD, FAAFP
THOMAS J SOCASH MD
Sharon Lee Stancliff MD, FAAFP
Pamela L Stevens MD
Scott M Tripler MD
Philipp James Underwood MD, FAAFP
Peter A Vellis DO
John Patrick Ward DO
Jennifer Weinraub MD
David Christie Wentzel DO
Michelle Orman Young MD
Matthew Yovino MD, FAAFP
Heidi R Zinkand MD
Seth D Zitwer DO

Clifton Park, NY
Clifton Park, NY
Gloversville, NY
Williamsville, NY
Canandaigua, NY
Woodbury, NY
Averill Park, NY
Flushing, NY
Kew Gardens, NY
Northport, NY
Williamsville, NY
Woodside, NY
Old Forge, NY
New York, NY
N Tonawanda, NY
Fairport, NY
Bayport, NY
Troy, NY
East Aurora, NY
Ithaca, NY
Ithaca, NY
Dix Hills, NY
Franklin Square, NY
Rochester, NY
Rensselaer, NY

50 Year Members

Clayburn C Booth MD, FAAFP
Allan H Bruckheim MD, FAAFP
Vincent O Carfagna MD, FAAFP
Allan Fried MD, FAAFP
Maxine H Fried MD, FAAFP
Algirdas Gamziukas MD, FAAFP
Harry L Metcalf MD, FAAFP
Frederick C Nuessle MD, FAAFP
Paul Edward Reeves MD, FAAFP
Albert E Sacknoff MD, FAAFP

Wilson, NY
Palm Beach Gardens, FL
East Aurora, NY
Great Neck, NY
Great Neck, NY
Snyder, NY
Williamsville, NY
East Aurora, NY
Scottsville, NY
Plainview, NY

Congratulations to all!

Delegates and Alternate Delegates of County Chapters

(At the time of publication.)

	<u>Delegates</u>	<u>Alternate Delegates</u>
ADIRONDACK		
ALBANY		
BRONX/WESTCHESTER	Monty Douglas, MD Russell Perry, MD	
CHAUTAUQUA		
CLINTON		
COLUMBIA		
DELAWARE		
DUTCHESS		
ERIE	Brenda Perez, MD Andrew Symons, MD	
FULTON		
GREENE		
JEFFERSON	Neel Shah, MD	
KINGS	Charles Francis, DO Gloria Mtomboti, MD	
LEWIS		
LIVINGSTON		
MONTGOMERY		
NASSAU	Sylvia H. Chudy, MD Jana Galan, MD Samuel Sandowski, MD	Hina Qureshi, MD Arline Edmond

NEW YORK

Linda Prine, MD
Natalie Hinchcliffe, MD
Ruth Lesnewski, MD
Anita Ravi, MD, MPH

Beena Jani, MD
Lucia McLendon, MD
Christina Shenko, MD
Daniel Neghassi, MD

NIAGARA

ONEIDA

ONONDAGA

Phil Kaplan, MD
Denise Octaviani, DO

ONTARIO

ORANGE

OSWEGO

OTSEGO

QUEENS

Tom Molnar, MD
Sal Skeivys, MD

RENSSELAER

Rachelle Brilliant, MD

RICHMOND

Guido Dibenedetto, MD

ROCHESTER

Scott Hartman, MD

ROCKLAND

Gabriel Guardarramas MD

SARATOGA

SCHENECTADY

SCHOHARIE

SOUTHERN TIER

SPECIAL CONSTITUENCIES

STEUBEN

ST. LAWRENCE

SUFFOLK

Ani A. Bodoutchian, MD
Louis T. Verardo, MD
Christine Doucet, MD

John Muratori, MD
Richard Bonanno, MD

SULLIVAN

TOMPKINS

William Klepack, MD

ULSTER

Ray Harvey, MD
Wesley Ho, MD

WARREN-WASHINGTON

WAYNE

YATES

Wayne Strouse, MD

RESIDENCY PROGRAM CHAPTERS

Beth Israel FPRP

Glen Cove FPRP

Ellis Hospital FPRP

Highland Hospital FPRP

Mid – Hudson FPRP

NY Presbyterian FPRP

Southside Hospital FPRP

Aldo Alleva, MD

John Buddenhagen, DO

Vivian Jiang, MD

Jessica King, DO

Emily Holt, MD

Pooja Paunikar, MD

Amit Shah, MD

Ji Hwan Kim, MD

Brandon Stilson, MD

Lalita Abhyankar, MD

Kaesha Guerrier, MD

RESIDENTS

STUDENTS

Alexa Mieses
Elizabeth McIntosh

Jafeen Ilmudeen
Jennifer Hu

Officers and Board of Directors

PresidentMark Josefski, MD, FAAFP
President-ElectTochi Iroku-Malize, MD, MPH, MBA, FAAFP
Vice President Robert Ostrander, MD, FAAFP
Secretary Sarah C. Nosal, MD, FAAFP
Treasurer James Mumford, MD, FAAFP

BOARD OF DIRECTORS

Terms expire 2015

Samuel Arce, MD
Rachelle Brilliant, DO
Jason Matuszak, MD – Chair of the Board
KrisEmily McCrory, MD – New Physician

Terms expire 2016

Jose Tiburcio, MD
Heather Paladine, MD
Andrew Symons, MD

Terms expire 2017

Cathleen G. London, MD
Robert W. Morrow, MD
Wayne Strouse, MD

Speaker, Congress of Delegates..... Barbara Keber, MD, FAAFP
Vice Speaker, Congress of Delegates Sonya M. Sidhu-Izzo, MD MBA
Delegates AAFP Marianne LaBarbera, MD, FAAFP
..... Andrew Merritt, MD
Alt. Delegates AAFP..... George F. Dunn, MD, FAAFP
..... Marc Price, DO
Delegate MSSNY Paul Salzberg, MD
Alternate Delegate MSSNY Jose ‘Jun’ David, MD, FAAFP
Immediate Past President..... Ray Ebarb, MD, FAAFP
Resident Representative Francesca Decker, MD
Alternate Resident Representative Amanda Harris, MD
Student Representative Upstate. Elizabeth McIntosh
Student Representative Downstate..... Chelsea McGuire
Alternate Student Representative Downstate Cortney Crespo

Nominating Committee

Chair: James Mumford, MD

2015-2016 Nominations

President-Elect	Robert Ostrander, MD, FAAFP
Vice President	Sarah Nosal, MD, FAAFP
Secretary	Barbara Keber, MD, FAAFP
Treasurer	James Mumford, MD, FAAFP
Speaker	Jason Matuszak, MD, FAAFP
Vice Speaker	Sam Arce, MD, FAAFP Louis Verardo, MD, FAAFP
Delegate to AAFP (Upstate)	Andrew Merritt, MD
Alt. Delegate to AAFP (Upstate)	Marc Price, DO
New Physician Director	Rachelle Brilliant, DO Daniel Neghassi, MD Margarita Mosquera De Federicis, MD Pooja Paunikar, MD Kyle Leonard, MD Brenda Perez, MD
Three (3) Directors	Russell Perry, MD, FAAFP Daniel Neghassi, MD Thomas Molnar, MD, FAAFP KrisEmily McCrory, MD

Reference Committee

Committee on Operations

Chair:	Andrew Symons, MD
Vice Chair:	Charles Francis, DO
Advisor:	Phil Kaplan, MD, FAAFP
Member:	Rachelle Brilliant DO
Member:	Ani Badoutchian MD
Member:	Lalita Abhyanka MD (Resident)
Member:	Alexa Mieses (Student)

Committee on Policy

Chair:	Christine Doucet, MD
Vice Chair:	Wayne Strouse, MD
Advisor:	George Dunn, MD, FAAFP
Member:	Scott Hart MD
Member:	Gloria Mtomboti MD
Member:	Jessica King DO (Resident)
Member:	Elizabeth McIntosh (Student)

Schedule of Events

Saturday, June 27

7:00 – 8:30 am	Breakfast	King Street Courtyard
7:15 – 8:00 am	New Member / Student Orientation	2 King Street
8:00 am	Annual Meeting Congress Opens Announcement from floor Late Resolutions Nominations from floor	Town Hall
8:30 – 9:45 am	Reference Committee on Operations	28 High Street
9:45 – 10:00 am	Break/Vendors	King Street Courtyard
10:00 – 11:30 am	Reference Committee on Policy	30 High Street
11:30 – 12:15 pm	Break/Vendors	King Street Courtyard
12:15 – 1:15 pm	Awards Luncheon 25 & 50 Year Certificates High School Scholarship Awards Family Doctor of the Year Family Medicine Educator of the Year Convocation of Degree of Fellow	6 and 8 King Street
1:30 – 3:00 pm	Town Hall Forum – Panel Discussion	Town Hall
3:00 – 3:30 pm	Break/Vendors	King Street Courtyard
3:30 – 5:00 pm	Elections	Town Hall
6:00 – 7:00 pm	Cocktails and hors d’oeuvres	King Street Courtyard
7:00 pm	New Board Picture	King Street Courtyard

7:00 – 9:30 pm	Dinner & Installation of Officers	4, 6 and 8 King Street
9:30 – 11:30 pm	President’s Reception Dessert Dancing	4, 6 and 8 King Street

Sunday, June 28

7:30 – 9:00 am	Breakfast	King Street Courtyard
8:00 am	Congress Reconvenes Introduction of Guests	Town Hall
8:30 am	President’s Remarks	Town Hall
8:45 am	Reference Committee Reports	Town Hall
10:00 am	Refreshment break	Registration Area
12:00 Noon	Adjournment	
12:00 Noon	New Board Meets (select Chair)	Town Hall
1:00 – 4:00 pm	Residents Leadership Training Program	Town Hall

Past Presidents

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

* Deceased

President's Annual Report

Mark Josefski, MD, FAAFP

President's Report 2014-2015

I have had the distinct privilege of representing the New York State Academy of Family Physicians this year, and participating in an amazing array of initiatives, collaborations, and ongoing efforts to enhance Family Medicine. The high altitude view of our activities is impressive, such that any comprehensive summary is a daunting task. I have observed four areas of achievement that I would like to highlight.

Visibility

Our Academy has achieved greater visibility over the past several years and will continue to do so in the future, thanks to our strong relationship with Reid, McNally & Savage. Several of the past year's initiatives are outlined below:

- Meeting with Senator Kirsten Gillibrand to discuss women's health initiatives and the NYSAFP agenda.
- Legislative leaders (Senator Hannon, Assemblyman Gottfried & others) seek our input on many health related initiatives. We were prominent at the New York Health Act hearings for Single Payer legislation.
- DOH invitations to participate at high level discussions on policy and disbursement & serve on multiple task forces.
- Lobby Day turnout with significant participation by physicians, residents and students.
- Successful lobbying to delay the controlled substance e-prescribing mandate.
- Collaboration and discussions with MSSNY and vocal participation at their House of Delegates.
- Vigorous participation at the Family Medicine Congressional Conference in Washington, D.C.
- Continued enhancement of collegiality with the members of the Ten State Conference, held in February in Columbus, Ohio.

Process

In the past year we have made significant changes to the processes of our Academy and board structure. Dr. Matuszak, Dr. Kaplan and Chelsea McGuire have been active participants in these changes and their accomplishments are much appreciated.

- Moving to a consent calendar to streamline board meetings.

- E-voting approval of board meeting minutes in a timely fashion.
- Establishment of a student election process, which led to the engagement of many more students with the Academy this year and for the future.
- Establishment of the Vaccine Committee as a full standing committee of the Board to allow a nimble process for dealing with the rapidly evolving vaccine recommendations.
- Exploring our Winter Weekend/Scientific Assembly options and adjusting the process to make it even more collaborative and educational.
- Our membership reached an all-time high of 6034 members, including residents & students.

Advocacy

We have had significant input and affected the legislative process at the State level, under the direction of Marcy Savage & Dr. Price. We received the AAFP Advocacy Award at the State Legislative Conference in recognition of our achievements.

- In December, a ban on fracking in New York State was announced. This has been a five year process led by Dr. Klepak and the public health commission. Kudos to all!
- Stopping legislative efforts to protect a small minority of physicians from OPMC oversight related to Lyme disease treatment.
- Delay of the e-prescribing mandate for controlled substances until 2016, when it is anticipated that vendors, physicians and pharmacies will be appropriately prepared.
- Affecting regulation of the Nurse Practitioner collaborative process. This is and will be an ongoing agenda item for our Academy.
- Delay in mandating the adoption of the 2014 NCQA standards for PCMH recognition until January 2016, which will allow many family physicians access to dollars for providing appropriate care to their patients.
- The recent assembly passage of the single payer bill put forward by Assemblyman Gottfried. This will now be debated in the Senate (Senator Perkins' bill), as we help promote the state to move toward a more cogent health care system.
- Lobbying for continued funding for the Primary Care Rate Increase (Medicaid Parity).

Leadership

We have continued to lead and build leadership within our state academy; at the national level, New York remains an important voice in the AAFP and will continue to do so in the future.

- Promoting and maintaining discussion of "single payer" on the AAFP agenda.
- Advocacy efforts regarding guns and violence as important issues for family physicians.
- Women's health; maintaining a woman's right to choose as a high priority issue.

- Our members continue to lead the National Congress of Constituency Leaders; we had full delegations attend and Drs. Wilder and Siddhu-Izzo led their caucuses. Dr. Brilliant was selected to be a convener next year. Thanks to Drs. Nosal & Mumford for their guidance.
- Active roles on several AAFP commissions by our members, including Mr. Grasso and Drs. Price, Iroku-Malize, Mumford and Nosal.

There have been many other initiatives which merit discussion and speak well of our Academy's vibrant activity, including reform of the SGR and continuation of funding of Teaching Health Centers' funding. What didn't happen in the past year, which should be a point of focus, is that our donations to the PAC did not increase, nor did our participation reach the level that I had hoped to achieve. Also, NYS Residency Programs did not achieve 100% member participation in the AAFP. I would hope that we can hit these levels next year and will continue to work to achieve this.

Thank you to our dedicated & talented staff: it has been a pleasure to work with Vito Grasso, Donna Denley, Kelly Madden, Penny Ruhm & Ron Rouse. The Board of Directors, commission chairs & members deserve recognition for their time & effort to work on behalf of the Family Physicians of New York State and the patients that we serve. Dr. Iroku-Malize and the other members of the leadership team have a strong foundation to build upon.

I am honored to have served the Academy and look forward to our achievements in the upcoming year.

Gratefully,

Mark Josefski, MD, FAAFP
President, New York State Academy of Family Physicians

Secretary's Annual Report

Sarah C. Nosal, MD, FAAFP

In 2014 – 2015 I attended and participated in all the NYSAFP Commission Clusters and Board Meetings throughout the year. As Secretary I took part in the Executive Committee conference call meetings as called. In support of our state academy endeavors I attended NYSAFP sponsored activities including Winter Weekend and lead a team during advocacy activities on Lobby Day as well as attended the AAFPs Congress of Delegates and Scientific Assembly. On the national level, 2015 will be my fourth year representing on the AAFPs' Commission on Membership and Member Services.

This year was the 25th Anniversary of the AAFP's National Conference of Constituency Leaders (NCCL), NYSAFP sent a full delegation of Delegates and Alternate Delegates to the meeting as well as representatives to the consecutively running Annual Chapter Leader Forum. I served as Co-Convenor of the AAFP NCCL Conference in 2014 and returned as an alum at this year's various reunion leadership gatherings. I have continued to serve as a representative to the Medical Society of the State of New York's Family and Preventive Health Committee and was appointment Co-Vice-Chair of the Committee as of May of 2015.

Our staff has been excellent at maintaining our social media presence with regular meaningful and promotional content and I continue to assist with both our Facebook and twitter (@NYSAFP) postings.

It has been a pleasure serving our academy.

Sarah C Nosal, M.D., FAAFP
Secretary NYSAFP

Treasurer's Annual Report

James Mumford, MD, FAAFP

May 1, 2015

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

Bronx-Westchester
New York
Rensselaer
Saratoga

Schenectady
Suffolk
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 was "the financial statements referred to above present fairly in all material respects, the financial position of the New York State Academy of family physicians, Incorporated. As of December 31, 2014 the changes in its net assets and cash flows for the years then ended in accordance with accounting principles generally accepted United States of America."

This report examines our finances as of March 31, 2015. 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 balance sheet shows assets of \$1,096,007.86. 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 3/31/2015 we have the following balances in our operating and investment accounts. Amounts from 3/6/2014 have been included for comparison:

	<u>3/6/2014</u>	<u>03/31/2015</u>
General Fund Checking	\$ 16,530.59	\$ 41,576.56
Money Market Account:	\$ 183,033.23	\$ 77,541.23
Manning & Napier investment fund	\$ 673,519.00	\$ 777,875.62
PAC	\$ 3,338.18	\$ 1,809.17
Foundation Checking:	\$ 16,851.98	\$ 16,317.42
Foundation Money Market Account:	\$ 2,604.88	\$ 2,606.15
Foundation Manning & Napier	\$ 30,000.00	\$ 32,740.93
County chapter accounts:	<u>43,316.27</u>	<u>\$ 36,223.23</u>
TOTAL:	\$969,194.13	\$986,690.31

We have \$986,690.31 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 2013 and 2014 side by side for comparison. Overall our total assets are about \$20,000 less than last year, in large part due to changes in the value of our Investment Account with Manning and Napier.

Revenues

We have received \$285,718.43 in dues. This is 38% of the 2015 dues budget of \$750,426.25. Total revenues are \$336,824.50.

Expenses

Expenses through March 31 total \$245,119.92 which is 25% of the \$975,214.30 budget for operating expenses. Our operating surplus through March 31 is \$91,706.36.

Accounts Payable & Accounts Receivable

We have a positive cash balance of \$55,093.34 in our accounts payable and receivable: \$1,056.71 in payables and \$56,150.05 (MLMC endorsement, exhibitor, NYSAFP Foundation) in receivables.

Conclusion

We are in good operating condition but should consider cost reduction options to contain the projected operating deficit.

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.

	Dec 31, 13	Dec 31, 14
ASSETS		
Current Assets		
Checking/Savings		
1001-00 · NYSAFP Money Purchase Plan Trus	2,364.27	54.55
1000-00 · General Fund Checking	67,371.30	36,524.29
1010-00 · Money Market Account	8,028.76	2,539.45
1072-00 · Manning & Napier	745,554.88	777,875.62
1100 · Ulster County	2,791.46	2,491.85
1110 · Suffolk County	3,237.84	5,180.65
1130 · Bronx-Westchester County	9,384.02	12,272.81
1140 · New York County Chapter	4,508.69	4,337.79
1150 · Schenectady Local Chapter	8,814.76	4,919.36
1160 · Saratoga Local Chapter	4,165.87	6,880.27
1170 · Rensselaer Local Chapter	2,873.16	2,447.41
Total Checking/Savings	859,095.01	855,524.05
Other Current Assets		
1100-00 · Accounts Receivable	139,278.51	139,278.51
1200-00 · Due from Foundation	7,469.97	7,469.97
1750-00 · Pre-paid Expenses	8,948.08	8,948.08
Total Other Current Assets	155,696.56	155,696.56
Total Current Assets	1,014,791.57	1,011,220.61
Fixed Assets		
1550-00 · Office Equipment	119,713.07	119,713.07

1551-00 · A/D Office Equipment	-111,057.52	-111,057.52
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	8,655.55	8,655.55
TOTAL ASSETS	1,023,447.12	1,019,876.16
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 · *Accounts Payable	-2,754.98	-50.00
Total Accounts Payable	-2,754.98	-50.00
Credit Cards		
MC US Airways	1,336.41	19,068.07
Hyatt Chase Visa	1,387.07	2,896.50
Amex	1,393.10	18,442.69
Total Credit Cards	4,116.58	40,407.26
Other Current Liabilities		
2300-00 · Pension Loan	2,309.72	7.00
2000-10 · Accrued Payable	29,651.44	-3,668.50
2100-00 · County Dues Payable	17,955.00	49,850.34
2100-10 · Suffolk County Payable	4,814.74	9,855.35
2100-20 · Bronx-Westchester Payable	11,832.77	20,945.09
2100-40 · Ulster County Payable	3,104.56	3,670.85
2100-50 · New York County	7,457.94	13,829.01

Payable		
2100-60 · Schenectady Local Chapter Payab	9,660.96	8,498.96
2100-70 · Saratoga Local Chapter Payable	5,267.67	10,064.87
2100-80 · Rensselaer Local Chapter Payabl	2,873.16	2,447.41
2125-00 · Deffered Income Dues	336,258.99	336,258.99
2150-00 · Deferred Income-Winter Weekend	44,555.00	44,555.00
Total Other Current Liabilities	<u>475,741.95</u>	<u>496,314.37</u>
Total Current Liabilities	<u>477,103.55</u>	<u>536,671.63</u>
Total Liabilities	<u>477,103.55</u>	<u>536,671.63</u>
Equity		
3999-99 · Retained Earnings	606,230.49	546,343.57
Net Income	-59,886.92	-63,139.04
Total Equity	<u>546,343.57</u>	<u>483,204.53</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,023,447.12</u></u>	<u><u>1,019,876.16</u></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 2015:

	1/1/2014	1/1/2015	Difference
Active	2577	2613	36
Supporting (Includes Non-FP)	21	17	-4
Resident	691	699	8
Student	1715	2138	423
Life	281	273	-8
Inactive	28	30	2
Honorary (new)		1	1
Total	5313	5771	458

Our Active membership has grown by 14.4% over the last 10 years. We have increased membership in all categories except Supporting and Life.

Overall membership has increased by 27.8% in the past 10 years.

Our 2014 Active Member retention rate was 93.2% - slightly less than in 2013. The National Active Member Retention is 94.4%.

For 2014 we converted 73.3% of our Resident Membership to Active (residency completion 2013). Our Resident membership has increased by 19% over the last five years.

Retention rate of 2014 New Physicians is 85.8%. AAFP retention rate is 89%.

The AAFP estimates that we have 72.7% of the market share in New York. The national average is 75.63%.

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. At the national level we finally succeeded in repealing the outdated and regressive SGR formula for establishing Medicare payment rates. We also recruited 11 members to serve as Key Contacts for the AAFP with members of NY's congressional delegation.

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 were successful in defeating a proposal that would have allowed a nurse practitioner to collaborate with another nurse practitioner. The new language in the statute allows a nurse practitioner with 3,600 hours of practice experience to have a collaborative relationship with a physician instead of the more formal collaborative agreement. We were successful in including a provision which establishes that the physician's opinion would prevail if there is a difference of opinion between the physician and the nurse practitioner.

We have worked to oppose expansion of retail clinic operations and have also opposed reduction of funding for the excess liability program. We were successful in getting both of these initiatives removed from the Executive Budget proposal.

We continue to advocate for a single payer healthcare system. Our support of Assembly Health Committee Chairman's legislation to create New York Health as a single payer system for NY was widely acknowledged by Assemblyman Gottfried in hearings conducted in 2014 by the Health Committee throughout the state. Academy leaders testified at all six hearings and were included in news conferences prior to each hearing. Our delegates to MSSNY's House of Delegates (HOD) introduced a resolution at the HOD to commit MSSNY to support single payer.

Education

We continue to produce excellent educational programs under the leadership of our Education Commission and the direction of our education director, Kelly Madden. Our regional family medicine conferences received high evaluations from participants. We produced ALSO courses for both instructors and providers and were invited to produce an ALSO course in Alaska.

Our Education Commission is considering changes in our protocol for Winter Weekend. We have held the WW in Lake Placid for 35 years. Attendance has varied significantly in recent years and costs have increased. As commercial support of the conference has declined more of our costs have been shifted to our members and we have seen a decline in attendance. The

Commission is considering options to increase attendance and reduce costs including: moving the conference to another location in NY; moving the conference to another location in the northeast; moving the conference to a warm weather location; using the Lake Placid conference center for the meeting and contracting with several hotels for room blocks; and moving the conference into March when room rates in Lake Placid are lower.

Communications

Our quarterly journal, *Family Doctor, A Journal of the NYSAFP*, continues to receive very positive support from readers and advertisers. Our editor, Penny Richmond-Ruhm, and our editorial board comprised of Rich Bonanno, MD; Rachelle Brilliant, DO; Robert Bobrow, MD; and Robert Ostrander, MD have produced consistently high quality issues featuring current articles that have been accredited for CME.

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.

Leadership

We have continued to support delegates to the Ten-State Conference, the Annual 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.

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.

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:	Marc Price, DO	Marcy Savage
Education:	Ephraim Back, MD	Kelly Madden
Leadership:	James Mumford, MD	Penny Richmond-Ruhm
Membership:	Barbara Keber, MD	Donna Denley
Operations:	Tochi Iroku-Malize, MD	Vito Grasso, MPA, CAE
Public Health:	Heather Paladine, 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

I greatly appreciate the leadership and commitment of Dr. Josefski. He has been accessible and active in his presidency and has represented the Academy with enthusiasm and integrity. He has contributed generously to our communications programs and has made himself available to represent us at several important public policy meetings and forums. He has been a pleasure to work with and his consistent support has been a welcome enhancement to the working environment for the entire staff. He has represented us well at state and national meetings.

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.

Resolutions of 2014 Actions

Adopted on consent calendar:

Resolution '14-01

Changes to NYSAFP Constitution and Bylaws (*informational*)

Resolution '14-02

Resolution in Support of Ending Tobacco Sales at Pharmacies

Substitute Resolution '14-03

Include Vasectomy in the ACA

Substitute Resolution '14-04

Resolution to Oppose Unnecessary Requirements on Clinicians That Perform Abortions

Substitute Resolution '14-05

Resolution in Support of Miscarriage Management Training in Family Medicine Residencies

Substitute Resolution '14-06

Resolution to Promote Emergency Contraceptive (EC) that are Effective Regardless of Weight

Dr. Prine said that she has already written to the editor of Family Doctor.org and that the intent of her resolution was to have the AAFP correct inaccuracies elsewhere on the AAFP website. She offered an amendment to the substitute resolution recommended by the reference committee to read:

RESOLVED, that the NYSAFP will recommend to the editors of familydoctor.org that they update the section on emergency contraception with accurate evidence-based information, and

RESOLVED, that the NYSAFP will bring a resolution to the AAFP requesting the US Food and Drug Administration include labeling that levonorgestrel and ulipristal acetate are less effective for EC with obese women.

The amendment to the resolution was adopted.

Substitute Resolution '14 – 06 was adopted as amended.

Substitute Resolution '14-07

Resolution to Urge Centers For Medicare and Medicaid Services to Cover the Cost of Shingles Vaccine and Its Administration in Family Physician's Offices

Madame Speaker, the committee recommends the following substitute resolution:

RESOLVED, the NYSAFP delegates to the AAFP should bring a resolution to the next Congress of Delegates advocating that Zoster vaccine and all other ACIP approved vaccines be paid under Medicare Part B.

Madame Speaker, the Committee recommends that Resolution '14-07 be **adopted as amended**.

Dr. Price offered an amendment to replace "ACIP approved" with "ACIP recommended" because ACIP does not approve vaccines. The motion was seconded and approved.

Substitute Resolution '14 – 07 was approved.

Resolution '14-08

Expanding Funds for Prevention & Treatment of Alcoholism & For Reducing the Stigma Associated With Seeking Treatment

A motion was made to amend the resolution as follows:

RESOLVED, that the NYSAFP will lobby to increase the excise tax on wine and beer by three cents per gallon and that such funds be used to expand programs for prevention and treatment of alcohol use disorder and for public education to reduce the stigma surrounding treatment of alcohol use disorder.

Resolution '14 – 08 was adopted as amended.

Substitute Resolution '14-09

Promoting Nutritious Food Purchases in the Federal Supplemental Nutrition Assistance Program
RESOLVED, that the NYSAFP urges the AAFP to lobby the US Congress that elimination of non-nutritious foods and beverages from SNAP purchases should not reduce overall SNAP funding, but shift those funds to provide more resources for the purchase of healthy foods and beverages.

Dr. London moved that the second resolved clause be deleted. The motion was seconded and approved.

The motion to amend the first resolved clause was adopted.

Resolution '14 – 09 as amended was adopted. (Only the first clause remains.)

Substitute Resolution '14-10

Resolution to Support Minors' Ability to Consent to HPV Vaccine

Dr. Prine introduced an amendment to read as follows:

RESOLVED, that the NYSAFP should support New York state legislation to include HPV vaccine in treatment that is considered confidential and to which a minor can consent and be it further

RESOLVED, that members be advised that informed consent for the HPV vaccine should include notification that all vaccines are reportable to a New York State registry, and be it further

RESOLVED, that the NYSAFP should support coverage of the HPV vaccine by the Family Planning Benefit Fund in NY State which is used by many teens to access reproductive health services.

The amended Resolution '14 – 10 was adopted.

Substitute Resolution '14-11

The Safe Use of Methadone for Pain

RESOLVED, that the NYSAFP advocate for the NYS prescription monitoring program to be amended to include a patient's participation in a methadone program, or alternatively the actual dosing of methadone to a patient who participates in a methadone program

Madame Speaker, the Committee recommends that Substitute Resolution '14-11 be **adopted as amended**.

Resolution '14 – 11 was adopted as amended.

Resolution '14-12

Resolution to Increase the Age Limit to Purchase Tobacco in New York to 21

RESOLVED, that the NYSAFP should support legislation in New York State to increase the legal age limit to purchase tobacco to 21.

Madame Speaker, the Committee recommends that Resolution '14-12 be adopted as amended by the Committee.

Resolution '14 – 12 was adopted as amended.

Substitute Resolution '14-13

Resolution to Support a State Bill for a Reduced Speed Limit In New York City

Madame Speaker, the Committee recommends that Resolution '14 – 13 be amended to read:

THEREFORE, BE IT RESOLVED that NYSAFP supports legislation to reduce the default speed limit in New York City .

Madame Speaker, the committee recommends that Substitute Resolution '14 – 13 be **adopted**.

Substitute Resolution '14 – 13 was adopted.

Substitute Resolution '14-14

Designating Nursing/Pumping Rooms in NYS Airports that are Clean, Private and Not a Bathroom Space

Madame Speaker, the committee recommends amendment of the resolution as follows:

RESOLVED, that the NYSAFP will lobby the State Legislature to require Nursing pumping rooms at commercial transportation hubs as defined by the US Department of Transportation in a non-bathroom space with a minimum of chairs, counter, sink and power for its use, and be it further

RESOLVED, that the NYSAFP delegates to the AAFP should introduce a similar resolution to the AAFP Congress of Delegates

Madame Speaker, the Committee recommends that Substitute Resolution '14 – 14 be **adopted as amended**.

A motion was made to change the title to add “nor a diaper changing area” and to include “commercial transportation hubs”. The motion was seconded and approved and would read:

**DESIGNATING NURSING/PUMPING ROOMS IN NYS
COMMERCIAL TRANSPORTATION HUBS THAT ARE CLEAN, PRIVATE AND NOT A BATHROOM
SPACE**

There was discussion regarding incorporating the title change into the resolved clauses. The proposed amendment was defeated.

Substitute Resolution '14 – 14 was adopted. (with the change in title.)

Not Adopt Resolution '14-15

Support of Restricting Access to E-Cigarettes in Adolescents

Resolution '14-15 was defeated.

Not Adopt Resolution '14-16

Excessive Hospitalization

Resolution '14 – 16 was referred to the board.

Substitute Resolution '14-17

Resolution Requesting the Rescinding of FDA Approval of Zohydro

Adopted on consent calendar.

Substitute Resolution '14–18

Bylaws Amendment Regarding Election of Resident & Student Representatives to the Board & Delegates to the Congress

A motion was made and seconded to refer this matter to the board. The motion carried.

Resolution '14–19

Resolution of Condolence: George Gremple Hart, MD

Substitute Resolution '14 – 20

To Support the Women's Health Protection Act

Dr. Prine recommended amending the resolution to include “non-evidence based” and “such as the Women's Health Protection Act.” The motion was seconded and approved.

The amended resolution reads:

Resolved, that the NYSAFP publicly support legislation that would protect a woman's right to determine whether and when to bear a child or end a pregnancy by opposing non-evidence-based restrictions on the provision of abortion services, and be it further

Resolved, that the NYSAFP's delegates to the AAFP Congress of Delegates will present a resolution for the AAFP to support legislation such as the Women's Health Protection Act (S.1696/H.R. 3471) that would protect a woman's right to determine whether and when to bear a child or end a pregnancy by opposing non-evidence-based restrictions on the provision of abortion services.

The amended Substitute Resolution '14 – 20 was approved.

Substitute Resolution '14 – 21

E-Cigarettes to be Treated the Same as Tobacco Products

Dr. Kaplan offered an amendment to change from directing DOH to lobbying DOH. The amendment was seconded and approved. The amended resolution would read”

Resolved, that the New York State Academy of Family Physicians lobby the State Legislature to treat e-cigarettes the same as tobacco products; and be it further

Resolved, that the New York State Academy of Family Physicians lobby the State Legislature for the State Department of Health to conduct research into the possible risks associated with the use of e-cigarettes on a long term basis; and be it further

Resolved, that the New York State Academy of Family Physicians lobby the State Legislature for the strict quality control and oversight as to the actual ingredients, i.e., nicotine, by-products, etc. which are being inhaled and that these ingredients be printed on each e-cigarette package; and be it further

Resolved, that the New York State Academy of Family Physicians lobby the State Legislature to include appropriate warning labels on e-cigarette packages that “vaping for an extended period of time may ultimately prove to be harmful” and be it finally

Resolved, that the NYSAFP delegates submit an appropriate resolution to the AAFP.

Substitute Resolution '14 – 21 was adopted.

Annual Reports of Commissions

Commission on Academy Operations

Tochi Iroku-Malize MD

The Commission met in person on July 26, 2014, October 14, 2014 and March 8, 2015.

Finances

The Commission reviewed the Treasurer's report at all meetings. 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. This statement included the operating accounts, money market accounts, Foundation accounts, the PAC account and the county chapter accounts. The statement also included a review of our investment account with Manning & Napier. Overall, the Academy is financially stable with an adequate cushion of capital to cover expenses for the next 12 months.

The Commission reviewed the 2015 budget proposal and submitted it to the Board for approval.

Strategic Plan

The Commission continues to monitor the process related to updating the Academy's strategic plan.

Calendar

The Commission reviewed the official calendar and proposed cluster dates to the Board.

Bylaws

The Commission reviewed the NYSAFP Constitution & Bylaws and submitted resolutions to the NYSAFP Congress of Delegates to make changes in order to be in compliance with recent AAFP Bylaws changes. The Commission also reviewed the Policy Manual.

New Business

The Commission recommended and the board approved allocation of funds in the 2015 budget support for the NYSAFP President or their designee to attend high priority meetings as determined by the executive committee. This was determined to be prudent in light of the increased number of national and statewide high priority meetings requiring representation from academy representatives. A per diem rate would be paid similar to the national academy.

The Commission decided it was important to reach out to other interprofessional alliances especially as regards to primary care issues.

Summary

It has been an exciting year for the Operations Commission and an eventful year for the Academy. With the launch of the publicity campaign Health is Primary which promotes the

Family Medicine for America's Health (FMAH), the opportunity is ripe for family medicine in our state.

Minutes of each Commission meeting can be found on the NYSAFP website.

It has been a privilege being the Chairman of the Operations Commission for the past year and I wish to offer my gratitude to all members of the Commission, especially Vito Grasso for agenda and minutes preparation and Donna Denley for preparation of the financial reports.

Ebarb, MD, Ray

Iroku-Malize, MD, Tochi -chair

Johnston, MD, Belinda

Josefski, MD, Mark,

Krotowski, MD, Mark

Matuszak, MD Jason

Merritt, MD, Drew

Molnar, MD, Tom

Mumford, MD, Jim - treasurer

Ostrander, MD Robert – vice chair

Salzberg, MD, Paul

Commission on Family Practice Advocacy

Marc Price, DO

The Advocacy Commission met for three regular meetings during this past year, in the summer and fall of 2014 and once in the spring of 2015. We discussed and acted upon resolutions passed at the 2014 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, Weingarten, Reid and Savage (WRS) and submitted this information to the NYSAFP Board for consideration. One such initiative addressed but, unfortunately, was not successful, was to extend the parity of payments between Medicare and Medicaid as originally provided for by the Affordable Care Act.

The NYSAFP was successful, however, in preventing legislation which would have removed patient protections regarding the long term treatment of Lyme disease. These efforts even garnered the NYSAFP advocacy work an award of recognition by the AAFP. Additionally, we, along with other NY state medical societies, were able to successfully delay by a year the mandate requiring the electronic prescribing of controlled substances in New York. We also spent much of our efforts during the current session working to promote out NYSAFP policies within the 2015 fiscal budget and in supporting proposed legislation towards a single payer health care system in New York, efforts which included several key members testifying at public hearings on the subject around the state.

On Lobby Day in March 2015, we were guided by our lobbyists from WRS to visits with key legislators, staffers and members of the department of health. 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.

We continue to advocate for passage of collective negotiations bills in both houses and we will continue to advocate for meaningful medical liability reforms. We will continue to advocate against proposed legislation which only serve to increase the “hassle factors” of our members. We also continue to remain instrumental in finding new ways to decrease the primary care shortage our state faces and facilitate the ease of practicing medicine in NY state such as streamlining the credentialing process with health insurance providers within the state.

I wish to thank the members of this commission for their contributions to our discussions and Marcy Savage and Bob Reid of WRS for continuing to make our success a priority. We are fortunate to live and practice in the state of New York and look forward to continuing to advance our cause.

Respectfully submitted,

Marc Price, DO, Chair, on behalf of members
Christine Doucet, MD, Vice Chair
Rachelle Brilliant, DO
Philip Kaplan, MD, Advisor
Cathleen London, MD
Anita Ravi, MD
Nick Teleten, MD
Venis Wilder, MD
Leon Zoghlin, MD
Elizabeth Lynn-Ong, MD, Resident
Amanda Harris, MD, Resident
Mary Axelrad, Student
Chelsea McGuire, Student
Alex Paley, Student
Marcy Savage, Staff

Commission on Education

Ephraim E. Back, MD

July 2014- June 2015

The Education Commission conducted three formal meetings over the past year. Two were conducted during clusters and one was conducted by telephone. We had great participation by commission members for all meetings, in addition to multiple email and other telephone discussions. Kelly Madden, our staff liaison, was very proactive and attentive, keeping track of Education Commission agendas, initiatives, and other projects.

A. Mission:

A subcommittee of the Education Commission met during Winter Weekend to draft a new mission statement. This was presented to the Commission during the Spring cluster and approved after several revisions. The revised statement as approved by the commission reads:

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 continuing 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. Conference Planning:

Continuing Medical Education 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 addition to several Regional Family Medicine Conferences. In 2014-15, successful RFMC conferences were held in Albany, Rochester, and New York City. We try to have an Education Committee member on each such conference committee.

While the financial performance of these conferences has been mixed, we have generally run in the black and the number of persons attending NYSAFP conferences has continued to increase each year. Since 2008, we have had a 39% increase in the number of attendees, although we clearly have a lot of work to reach more NYAFP members.

The Commission is actively investigating venues other than Lake Placid for future Winter Weekend conferences, as well as another state-wide conference, possibly to be held during the summer.

Table 1: Conferences 2012-2015

Year	Conference	# of guests	# of faculty speakers	students	residents	P & L	date
2012	Albany RFMC - 2012	115	13	1	10	\$9,000	09/08/12
2012	ALSO IC - 2012	24	6	NA	NA	\$5,700	11/09/12
2012	Buffalo RFMC - 2012	50	7	0	2	\$3,600	11/07/12
	Downstate RFMC - 2012					\$10,000	
2012	2012	104	10	13	15		04/21/12
2012	Winter Weekend - 2012	191	43	36	17	\$41,510	01/26/12
2013	Winter Weekend - 2013	219	44	82	9	\$7,212	01/16/13
2013	ALSO IC - 2013	20	5	NA	NA	\$5,700	02/17/13
	Downstate RFMC - 2013					\$3,780	
2013	2013	84	12	10	13		04/13/13
2013	Rochester RFMC - 2013	48	11	0	1	-272	05/18/13
2013	Capital RFMC - 2013	99	11	2	7	\$7,000	09/07/13
2014	Winter Weekend 2014	213	31	68	19	\$22,000	01/23/14
2014	Rochester RFMC	39	10	2	0	\$1,428	03/15/14
2014	Capital RFMC	94	17	0	7	\$250	09/06/14
	DRFMC - 2014(& Expanding Horizons)	142	12	20	35	-\$2,352	10/18/14
2015	Winter Weekend 2015	187	39	47	25	-\$2,800	01/22/15
2015	Capital RFMC						09/12/15
2015	Rochester RFMC						10/10/15

Table 2: Number of conference participants:

Year	2008	2009	2010	2011	2012	2013	2014	2015
Total members	351	384	337	425	484	470	488	

C. 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 (and student-specific programming) at NYSAFP conferences.
- Chelsea McGuire and Lizzy McIntosh are the student leaders of the NYSAFP Student Initiatives Sub-committee. They have worked hard to formalize NYSAFP student involvement, the student election process to the Board, and speakers at FMIG meetings.

- We have updated and revised the NYSAFP physician database, so as to allow students to search for mentors and/or speakers to speak with interested students or student groups.
- The Education Commission reviewed applications and selected students to receive the NYSAFP student scholarship (which is offered with support from the AAFP). We intend to review the process, so as to improve our ability to attract qualified students to work with Family Medicine mentors.
- With the increasing number of Family Medicine residents joining NY programs after graduating from approved off-shore medical schools, the Commission has made contacts with Family Medicine Interest Groups at some of these schools.
- We have also reached out to NYCOM and 2 Touro osteopathic medical schools to invite them to participate in the Downstate Consortium.

D. 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 August 2014. Kelly Madden organized a hospitality reception with NYS residents and students and designed a Flag that provided increased visibility to NY residency programs. Fifteen residency programs and 5 county chapters donated funding.



- We organized and supported meeting space and lunch for the NY Program Directors meetings at the Fall FMEC meeting and at the Spring AFMRD conferences. These meetings were a valuable forum for NY program directors to discuss residency issues and to plan to work together on common residency initiatives.
- As a result of the NY PD meeting at the Spring AFMRD conference, the NYSAFP has developed a new list-serve to improve communication among NY residency program directors, associate directors, and department chairs.
- Members of the Education Commission have reached out to the NY AOA only accredited residencies, which will be affected by the new changes requiring all DO residencies to become certified by the ACGME. Response has been tepid thus far, but we intend to continue to try to get the DO-only schools involved with our commission and with the NYSAFP.
- The commission reviewed applications and selected the NY Family Medicine Educator of the year

E. Other Initiatives:

1. ALSO – We continue to be involved in ALSO instructor courses. We organized a conference which was held in Alaska. We are looking at a local NY instructor course to

be held within the next year. After investigating BLSO (Basic Life Support in Obstetrics), we decided that there was not enough interest to pursue at this time. We continue to look into providing support for downstate ALSO provider courses.

2. Downstate NY FM Consortium – This group, with representatives from many of the NYC medical schools and physicians continues to work on issues and initiatives relevant to NYC medical schools, programs and physicians. There are four specific initiatives – 1. increase medical students ‘awareness of family medicine, 2. job retention for residents, 3. collaboration among family medicine departments, and 4. alternative practice models. The DNYFMC has focused its recent efforts on Family Medicine for America’s Health.
3. BIP – the “Balancing Incentive Program” teaching diabetes prevention has been successful in the Bronx and there may be additional expansion opportunities into other areas of New York State. There is \$50,000 which is being funneled through the NYSAFP for overhead and training. The goal is to increase the number of qualified teachers and offer training around the state.

Ephraim E. Back, MD (Chair)
Robert Morrow, MD (Vice Chair)
Jun David, MD (Adv/Past Pres.)
Francesca Decker, MD (Resident)
Montgomery Douglas, MD (Member)
Patricia Ford, MD (Member)
KrisEmily McCrory, MD (Member)
Daniel Neghassi, MD (Member)
Sarah C. Nosal, MD (Member)
Denise Octaviani, DO (Member)
Samuel Sandowski, MD (Member)
Courtney Crespo (student)
Sarah Van Wagmer (student)
Kelly Madden (staff)

Commission on Leadership Development and Nominations

James Mumford, MD

The commission met 3 times this year:

- July 27th, 2014 at the Edith Macy Conference Center, Briarcliff Manor, NY in conjunction with the Summer Cluster.
- October 29th, 2014 by teleconference prior to the Fall Cluster.
- March 9th, 2015 at the Holiday Inn Express, Latham, NY as part of the Winter Cluster in Albany.

Summer Cluster Meeting - July 27, 2014

The Commission worked on the following:

1. Reviewed the responsibilities of the Commission as stated in the Chapter 10 Section 9 of NYSAFP Constitution and Bylaws.
2. Reviewed attendance at the AAFP's National Conference of Constituency Leaders (NCCL, formerly known as NCSC) 2014, held May 1 – May 3, 2014 in Kansas City, MO and the reports of the NYSAFP representatives. A recruiting letter was planned to be sent to the Academy Membership to recruit interested candidates. In addition Sonia Sidhu-Izzo was elected to serve as convener for IMGs and Venis Wilder was elected to serve as convener for Minorities at the 2015 meeting
3. Reviewed reports from NCSC Representatives:
 - a. Cathleen London, MD Woman Rep.
 - b. Venis Wilder, MD Minority Rep.
 - c. KrisEmily McCrory, MD New Physician Rep.
 - d. Sonya Sidhu-Izzo, MD IMG Rep.
 - e. Scott Hartman, MD GLBT Rep. (Unable to)
 - f. Rachelle Brilliant, DO GLBT Alt. Rep.
4. The Commission reviewed the potential Board openings for 2015.
5. Discussed recruiting new board members, particularly from Upstate and Rural Practice
 - a. Suggested collaborating with Membership Commission
 - b. Dr. Martindale and Ms. McIntosh will attend the National Conference for Family Medicine Residents and Medical Students. They will seek out New York State Students and Residents for interest in NYSAFP and for contact information
6. Leadership training programs for Fall Cluster, Winter Weekend, Spring Cluster and the 2015 Congress of Delegates were discussed.
 - a. Writing competition and Writing workshop at Winter Weekend proposed
7. Action Items

- a. Fiscal note of \$500 to fund prizes for writing competition requested and approved

Fall Cluster Meeting - Teleconference October 29, 2014

The Commission worked on the following:

1. Reviewed and approved of Minutes from July 27, 2014 meeting
2. Discussed Candidates for 2015 National Conference of Constituency Leaders (NCCL, formerly known as NCSC) – scheduled for April 29 - May 2, 2015 at the Sheraton Kansas City Hotel at Crown Center. Letters of interest and submissions from interested candidates were reviewed. In addition, alternate representatives for each of the 5 NCSC categories were identified and discussed.
3. Possible 2015 Board Nominees were again discussed. A “blast” e-mail to recruit nominations was planned to all Active Academy Members. A form letter for the planned blast email was reviewed.
4. Leadership Programs for the 2014 - 2015 year were discussed.
 - a. Winter Weekend – Writing Workshop to be supported and moderated by Dr. Greenwald and Teresa Ebarb with Dr. Murphy if available
 - b. Resident Leadership Forum Following COD - Reviewed potential topics including Public Speaking.
 - c. Winter Cluster – Plan to recruit a lunchtime Keynote Speaker
 - d. Summer Cluster - New Board Members Orientation /Duties and Responsibilities to be run by Immediate Past President.
5. Funding for Attendance at Annual Chapter Leader Forum (ACLF - formerly known as ALF)
 - a. Background – Discussion at Board meeting July 27, 2104, initiated by Past Presidents
 - b. Current funding for 8 attendees at ACLF:
 - c. NYSAFP President, President-Elect, 2 Delegates or Alt. Delegates to AAFP, Executive VP, a representative from the Commission on Leadership Development and up to two staff.
 - d. The commission agreed that it would benefit the organization to support the Board Chair to attend the ACLF

Winter Cluster - March 9, 2015

Discussed

1. The names of the Representatives to NCSC were presented:

Woman	Lauralee Yalden
Minority	Brenda Perez
New Physician	KrisEmily McCrory
IMG	Sneha Chacko
GLBT	Rachelle Brilliant
2. The list of Alternate NCSC representatives was reviewed

Woman	Cathleen London
Minority	none
New Physicians	Anita Ravi
IMG	Ani Bodoutchian
GLBT	Scott Hartman

3. The slate of Officers for the 2015 Elections at the Congress of Delegates was presented:

President-Elect	Robert Ostrander, MD
Vice President	Sarah Nosal, MD
Secretary	Barbara Keber, MD
Treasurer	James Mumford, MD
Speaker	Jason Matuszak, MD
Vice Speaker	Sam Arce, MD
AAFP Del. (Upstate)	Drew Merrit, MD
AAFP Alt. Del. (Upstate)	Mark Price, MD
New Physician Director	Rachelle Brilliant, DO
	Daniel Neghassi, MD
	Margarita Mosquera De Federicis, MD
3 Directors (3 yr. Term)	Russell Perry, MD, FAAFP
	Daniel Neghassi, MD
	Thomas Molnar, MD, FAAFP
	Krisemily McCrory, MD

4. Commission Member Evaluations

- a. One page evaluation form to be completed by Commission Chairs with input from Academy Staff. Includes attendance and comments on Participation, Innovative ideas, Follow up, Leadership potential. To be collected by staff and forwarded to President elect by mid-May.

5. Leadership Program Planning:

- a. Congress of Delegates Resident Leadership Workshop - Public Speaking – Funded for \$1000 by prior Board Action

6. Action Items

- a. Writing Workshop-Request funding for Writing Workshop a \$500/ year for 3 years – Approved by Board Action

Respectfully submitted:

James Mumford, MD (Chair)
 Samuel Arce, MD (Vice Chair)
 James Greenwald, MD, (Past President)
 Margaret Kearns-Stanley, MD
 Chris Murphy, MD
 Jose Tiburcio, MD
 Jincy Cherian, DO
 Zane Martindale, MD, (Resident)

Elizabeth Wei McIntosh (Student)
Penny Ruhm (Staff)

Commission on Membership & Member Services

Barbara Keber, MD

Meetings: Summer Cluster Briarcliff Manor, NY – July 2014, Fall Cluster, Albany, NY – October 2014, Winter Cluster Latham, NY – March 2015.

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 27th and Sunday, June 28th at the Desmond Hotel, Albany, NY. Hash tag for the conference: #NYSAFP COD.

Improvements in last year's COD included pre-printed ballot packets utilized by the delegate or passed to the alternate in case of a delegate's unavailability. Also, the use of separate facilities for new delegate orientation was an improvement. Issues from this COD included need for better education of those chairing the reference committees as well as improved process for vetting resolutions and assuring more appropriate format for same. A template format as well as some tips for resolution writing has been sent to all commission chairs/members as well as to all chapter presidents. The commission will review all submitted resolutions for format and apprise the writer of and suggested changes in format prior to publishing in the COD handbook. The COD schedule will remain largely the same improving the function of the reference committees with addition of more senior members to assist in formulating the Consent Calendar.

The reference committee discussions will be the first items on the agenda following breakfast and new member orientation on Saturday. The annual awards luncheon will follow, and the Town Hall speaker will be Dr. Robert Wergin and will convene in the afternoon moderated by NYSAFP Past President, Marianne LaBarbera. We expect the audience to participate in a well-rounded and informative discussion as always.

Elections will follow a brief break at the conclusion of the Town Hall and begin by 3:30 to allow for completion in a timely fashion prior to the installation dinner. A Parliamentarian and an alternate will be on hand to assure due process.

The Sunday session will begin with the introduction of guests and the President's address from Dr. Iroku-Malize. This will be followed by reference committee reports, utilizing the Consent Calendar format.

The Membership Commission supports the continuation of the successful leadership/chief residents' program, which will occur on Sunday afternoon, following the Congress. This will be directed by the Leadership Commission with participation Membership Chair and key leaders from the board. The topic for this year is suggested to be

Outreach

During this past year we have undertaken a project with the company WellView 365. This product is one to be used in office waiting rooms to present patient education and also information about local practice activities and some information about Family Medicine/NYSAFP and other minimal advertisements. During the year we had 3 members trial this product with various results but with the decision to offer it to members who are interested in the use of this option for their offices.

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.

Website/Social Media

We are continuing our forward to improved website contract with ES11 who are responsible for the basic build of the www.NYSAFP.org website. Last year the Membership and the Board has called upon staff for enhanced attention to the website such that it may remain up to date and prove useful for members, residents and students. This remains an ongoing project with a plan for improvements to the site to occur very soon.

The Career Center –FP Jobs Online with HEALTHeCareers has been in place for almost the last year. It provides for broader reach and more royalty income. The use of this site remains suboptimal, however. Discussions regarding the possible optimization of this site occurred but no formal process has been decided on at this time.

Our facebook page, www.facebook.com/NYSAFP, has nearly 200 followers including the current AAFP President and AAFP Board chair. Posts relevant to health care in New York state and nationally are made several times a week by a board member or NYSAFP staff. Membership welcomes comments and suggestions from members and prospective members in this forum.

We continue our @NYSAFP twitter handle, with nearly 300 followers, again including key AAFP leadership as well as Family Medicine publications and organizations interested in keeping an eye on what NYSAFP has to say. Members are encourage to contribute using our handle @NYSAFP or hash tag #NYSAFP.

Membership Update

Membership has remained and continues slow growth, parallel to that of the AAFP.

Current membership counts as of April 15, 2015:

Active	2748
Student	2258
Inactive	34
Life	232
Resident	464
Supporting	18
Total	5754

We continue to reach out to residents and students to foster early and continued participation and leadership opportunities. We have reached out to each resident program for a faculty

contact as well as to the program coordinators in hopes of improving communications with the programs and support for residents. We also offer a discount to residents on state dues their first year out of residency to help promote retention in the NYSAFP.

The commission continues to review and add programs that provide value to the membership and which may offer discounts for member use.

Sponsorship and Support

The commission continues to research non-dues and non-event revenue sources including advertising (newsletter/journal, website) and affinity programs.

Activities of the Chair

Serves as Speaker of the NYSAFP Congress of Delegates

Participated in all NYSAFP Board meetings

Continues to serve on the NYSAFP Board of Directors

Served as the Chair for the Downstate Regional Family Medicine Conference Planning Committee

Served on the Winter Weekend 2015 Planning Committee

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,

Barbara Keber, MD Commission Chair & NYSAFP Speaker

Sonya Sidhu-Izzo, MD Vice- Chair & NYSAFP Vice- Speaker

George Dunn, MD Past President

Charles Francis, DO, member

Wesley Ho, MD, member

Marianne LaBarbera, MD Past President

Russell Perry, MD, member

Andrew Symons, MD, member

Nikolay Teleten, MD

Suneel Parvathereddy MD Resident

Seth Mathem Student

Donna Denley, Academy Staff

Commission on Public Health

Heather Paladine, MD

The Commission addressed the following areas (details of our actions are posted on the NYSAFP website in our minutes).

Behavioral Medicine/Substance Use - This was a major focus on the commission in the last year and we will continue to work on initiatives related to it in 2015-16. With the leadership of Ron Rouse, we completed a member survey/needs assessment and found that members would like more resources, especially in the area of substance use and treatment. For the upcoming year, we plan to use this information to develop a toolbox for members on the NYSAFP website. Our commission has also proposed three resolutions this year with the goal of expanding substance abuse treatment and reducing morbidity and mortality from methadone prescribing.

Single Payer - We continue to highlight this issue in our agenda. We have discussed with MSSNY how to encourage/incentivize NYSAFP members to join MSSNY as well, with the goal of continuing the discussion of single payor at MSSNY meetings. We have also encouraged members to join the AAFP Single Payor member interest group as a way to foster the discussion at the national level of the AAFP.

End of Life Care— We have been collecting resources for physicians to discuss end-of-life care with our patients, with the goal of including a resource list on the NYSAFP website.

Tobacco – We spearheaded an application by the NYSAFP for a grant to support group smoking cessation visits in our members' offices. Unfortunately, the grant application was not funded.

Resolutions - The Commission approved 16 proposed resolutions through the Congress of Delegates on a variety of member interests.

I would like to thank the members of the Commission for their time, energy, and thoughtfulness on these issues. I would particularly like to thank Ron Rouse, staff, and Bill Klepack, Vice-chair, for their expertise and support of the commission and of me as a chair. We look forward to a productive 2015-16 year.

Heather Paladine, MD, Chair
William Klepack, MD, Vice-chair
Ron Rouse, staff
Anne Barash, MD
Maggie Carpenter, MD
Margarita DeFedericis, MD
Scott Hartman, MD
Emily Holt, MD (Resident)
Raymond Harvey, MD
Mark Krotowski MD

Carrie Price, MD
Linda Prine, MD
Brian Ross, MD (Resident)
Wayne Strouse, MD

NYSAFP Foundation Annual Report

Jose David, MD

President

The Foundation remains focused on a limited number of activities since our strategic decision several years ago to downsize and refrain from large scale fundraising or programs.

We essentially exist as a charitable and educational vehicle with status as a non-profit tax deductible organization to contract with government entities and to receive philanthropic gifts.

We supported two student externships in 2014 and continued our support for resident and student participation in educational programs of the Academy.

Our financial report reflects the downsizing of the Foundation. We had 2014 revenues of \$27,931.29. We had expenses of \$20,924.84 for an operating excess of \$7,006.45. Most of our expenses are management fees and contributions paid to the Academy to support Academy educational programs.

Our investment fund with Manning & Napier had a balance of \$32,473.35 on December 31.

The Foundation has received a \$50,000 contract from the Quality & Technical Assistance Center at the University of Albany which oversees state implementation of the Stanford Chronic Disease Courses and the National Diabetes Prevention Program. Health People, a community based organization in the Bronx, will implement the Stanford Diabetes Self-Care Course and the Lower Extremity Amputation Prevention program (LEAP) for patients referred by clinicians. The Foundation will promote the program to local clinicians and will provide physician detailing to educate clinicians about the project and to encourage referrals.

The Foundation will continue to operate as a vehicle for contracting with the State and as a repository for funds which donors may wish to provide to support educational or charitable projects.

We are fortunate to have a dedicated and capable staff, made available to the Foundation through the Academy. I particularly want to thank our executive vice president, Vito Grasso, and our director of finance, Donna Denley, for their outstanding work in behalf of the Foundation.

Jun David, MD
President

Richard Bonanno, MD
Trustee

Mark Josefski, MD
Trustee

Vito Grasso
Executive

Neil Calman, MD
Trustee

Neil Mitnick, DO
Trust

Resolutions for 2015

[See Appendix A](#)

NYSAFP Constitution & Bylaws

[See Appendix B](#)

AAFP Bylaws

Appendix C: Also [available online here](#)

Financial Statement / Auditor's Annual Report

See Appendix D

Nominee Photos & Bios

[See Appendix E](#)