

NYS Academy of
Family Physicians

CONGRESS OF DELEGATES HANDBOOK

June 24-25, 2017

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Official Call of Meeting

June 24, 2017

TO: Delegates of Component County Chapters
Resident and Student Associations

FROM: Barbar Keber, 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 25, 2017, at the Renaissance Albany 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 25, 2017 at 8:00 a.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Barbara Keber', with a stylized flourish at the end.

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

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

SPEAKER AND VICE SPEAKER

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

PRESIDENT

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

7. Attend local chapter meetings

PRESIDENT-ELECT

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

VICE PRESIDENT

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

AAFP DELEGATE

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

AAFP ALTERNATE DELEGATE

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

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

MSSNY DELEGATE

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

MSSNY ALTERNATE DELEGATE

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

SECRETARY

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

TREASURER

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

NYSAFP Commissions Information

COMMISSION ON FAMILY PRACTICE ADVOCACY:

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

COMMISSION ON EDUCATION

Chaired by Robert Morrow, 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 Jose Tiburcio, 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 Jason Matuszak, 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 Sarah Nosal, 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

Lois E Brennan, MD

Aziz S Hasan, MD

Nadene D Hunter, MD

Raj B Kachoria, MD

Paul R Palmer, MD

Guillermo O Perez-Mesa, MD

Alfred E Peterson, MD

Harvey Rosner, MD

Martin Saltzman, MD

Ray George Schiferle, MD

Peter M Townsend, MD

Palanisamy Viswakumer, MD

Procedures of the Congress of Delegates

The Congress of Delegates will convene on the 24th day of June, 2017 and will be conducted under the Standard Code of Parliamentary Procedure, except where specific action is mandated by the Bylaws of the Academy.

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

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

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

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

Motions made to change a Main Motion are:

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

These motions require seconding and a majority vote.

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

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

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

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

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

POWERS AND DUTIES OF REFERENCE COMMITTEES

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

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

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

Suggestions for conducting a Reference Committee:

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

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

PREPARING THE REFERENCE COMMITTEE REPORT

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

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

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

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

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

MISCELLANEOUS

1. Any items that are contained in the Delegates' Handbook (Board reports, commission annual reports, resolution) and items of business distributed at the Congress of Delegates can be placed under the heading of Item (number) – Miscellaneous" if the

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

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

REAFFIRMATION CALENDAR

1. Discussions during reference committee hearings and reference committee executive sessions often reveal that the intent of a resolution is already current or already being done by current projects. This then 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 and More

25 Year Members

Dr. Ephraim Back	Dr. Harold Kerolle	Dr. Lucy Rovito
Dr. Robert Bailey	Dr. Cyril Kozak	Dr. Elissa Sanchez-Speech
Dr. Charles Berk	Dr. Cherese La Porta	Dr. Eric Schnakenberg
Dr. Nicholas Biondi	Dr. Susan Landgraf	Dr. Shriraj Shah
Dr. Edison Blanco	Dr. Robert Mazzeo	Dr. Samir Sidani
Dr. Susan Bonadonna	Dr. Michael McCormick	Dr. James Skiff
Dr. Blanche Borzell	Dr. Diane Mueller	Dr. Emmanuel St Louis
Dr. Brian Brundage	Dr. David Newberger	Dr. Sandra Sulik
Dr. Rhonda Burmeister	Dr. James North	Dr. Bonnie Sunday
Dr. Catherine Cannariato	Dr. Steven Parry	Dr. Michael Torelli
Dr. Richard Crummer	Dr. Nileshkumar Patel	Dr. Gerald Valme
Dr. Matthew Davis	Dr. Anthony Pesce	Dr. Steven Ventrudo
Dr. David D'Souza	Dr. Michael Picciano	Dr. Roger Villi
Dr. Thomas Gole	Dr. Robin Portelli	Dr. Theresa Viola
Dr. Elisa Hernandez-Cusati	Dr. Darin Portnoy	Dr. Richard Younge
Dr. Eugene Heslin	Dr. Mark Reifenstein	Dr. Elizabeth Zick
Dr. Louis Ianniello	Dr. Michael Reilly	Dr. AnnMarie Zimmermann

50 Year Members

Dr. Bruce Baker	Dr. Seymour Kalechstein	Dr. Gerald Strum
Dr. Robert Corretore	Dr. Ronald Kameny	Dr. Allen Turtel
Dr. Guido Dibenedetto	Dr. A Merola	Dr. James Yiannou
Dr. Bezaleel Hyman	Dr. Philip Paris	Dr. Saul Zimmerman
Dr. Morton Jagust	Dr. Joel Potash	

60 Year Members

Dr. Edith Gutman
Dr. Meyer Shapiro

65 Year Members

Dr. Herbert Emory Joyce

Delegates and Alternate Delegates of County Chapters

	<u>Delegates</u>	<u>Alternate Delegates</u>
ADIRONDACK (2)		
ALBANY (3)	KrisEmily McCrory, MD Peter Vellis, DO	Kristin Mack, DO
BRONX/WESTCHESTER (5)	Jenna Butner, MD Micheline Epstein, MD Virginia Martinez, MD Charles A. Pastor, MD Jose Tiburcio, MD	Lilupa Lupa, MD
CHAUTAUQUA (2)		
CLINTON (2)		
COLUMBIA (2)		
DELAWARE (2)		
DUTCHESS (2)		
ERIE (4)		
FULTON (2)		
GREENE (2)		
JEFFERSON (2)		
KINGS (3)	Margaret Donat, MD Charles Francis, DO Mark Krotowski, MD	Miriam Vincent, MD
LEWIS (2)		
LIVINGSTON (2)		
MONTGOMERY (2)	Sonya Sidhu-Izzo, MD	
NASSAU (4)	Sylvia Chudy, MD Jana Galan, MD Francis Faustino, MD	

Sam Sandowski, MD

NEW YORK (4)

Ruth Lesnewski, MD
Daniel Neghassi, MD
Heather Paladine, MD
Venis Wilder, MD

Krishna Desai, MD
Nora Lansen, MD
Sarah Miller, MD
Anita Ravi, MD

NIAGARA (2)

ONEIDA (2)

ONONDAGA (3)

Phil Kaplan, MD
Denise Octaviani, MD

ONTARIO (2)

Laurel Dallmeyer, MD

ORANGE (2)

OSWEGO (2)

Corliss Varnum, MD

OTSEGO (2)

QUEENS (3)

Samuel Arce, MD
Saulius Skeivys, MD

RENSSELAER (2)

Rachelle Brilliant, DO
Jennifer Wiley, MD

RICHMOND (2)

ROCHESTER (3)

ROCKLAND (2)

Gabriel Guardarramas, MD

SARATOGA (2)

Tracey Brennan, MD
Manish Saha, MD

SCHENECTADY (2)

Chris Murphy, MD
Eric Schnakenberg, MD

SCHOHARIE (2)

SOUTHERN TIER (2)

STEUBEN (2)

ST. LAWRENCE (2)

SUFFOLK (4) Brennain Flanagan
 Keasha Guerrier, MD
 Louis Verardo, MD
 M Rosario Vesey, MD

SULLIVAN (2)

TOMPKINS (2) Jamie Loehr, MD
 Liz Ryan, MD

ULSTER (2) Raymond Harvey, MD Ephriam Back, MD
 Wesley Ho, MD

WARREN-WASHINGTON (2)

WAYNE (2)

YATES (2) Robert Anderson, MD

SPECIAL CONSTITUENCIES

MINORITY	Sneha Chacko, MD	Stella King, MD
NEW PHYSICIAN	Pooja Paunikar, MD	Rupal Bhingradia, MD
WOMEN PHYSICIAN	Martha Simmons, MD	
IMG	Ani Bodoutchian, MD	Daniel Cunningham, MD
LGBT	Andrew Goodman, MD	

RESIDENCY PROGRAM CHAPTERS

Albany Family Medicine Residency Program	Brooke Lamparello, MD
Bronx Lebanon Hospital Center FMRP	Ravilya Caine, MD Narwas Harsouni, MD
Ellis Hospital of Schenectady Program	
Institute Family Health: Harlem Residency in FM	Kathleen Bernard, MD
Mid-Hudson Family Medicine Residency Program	
Mount Sinai Beth Israel Residency in Urban FM	
Northwell Health, Dept. of Family Medicine at Glen Cove	
NY-Columbia Presbyterian Family Medicine RP	
Southside Hospital at Northwell Health	Scott Hopkins, MD Donique Jones, MD
St. Joseph's Hospital Family Medicine Residency	
University of Rochester/Highland Hospital FPRP	

Officers and Board of Directors

2016-2017 Board of Directors

President Robert Ostrander, MD
President-Elect Sarah C. Nosal, MD
Vice President Marc Price, DO
Secretary Barbara Keber, MD
Treasurer James Mumford, MD

BOARD OF DIRECTORS

Terms expire 2017

Robert W. Morrow, MD
Russell Perry, MD – Board Chair
Wayne Strouse, MD

Terms expire 2018

KrisEmily McCrory, MD
Thomas Molnar, MD
Linda Prine, MD

Terms expire 2019

Rachelle Brilliant, DO
Sneha Chacko, MD
Scott Hartman, MD

Speaker, Congress of Delegates..... Jason Matuszak, MD
Vice Speaker, Congress of Delegates..... Andrew Symons, MD
New Physician Pooja Paunikar, MD
Delegate to AAFP Downstate..... Marianne LaBarbera, MD
Alt. Delegate to AAFP Downstate Tochi Iroku-Malize, MD
Delegate to AAFP Upstate..... Andrew Merritt, MD
Alt. Delegate to AAFP Upstate Marc Price, DO
Delegate MSSNY Paul Salzberg, MD
Alternate Delegate MSSNY..... Jose ‘Jun’ David, MD
Immediate Past President..... Tochi Iroku-Malize, MD
Resident Representative Upstate Jocelyn Young, DO
Alternate Resident Representative Upstate Utsav Hanspal, MD
Resident Representative Downstate Rebecca Roach, MD
Student Representative Upstate. Howard Lanney
Alternate Student Representative Upstate..... Ben Shuham
Student Representative Downstate..... Cortney Crespo

Nominating Committee

Chair: Jose Tiburcio, MD

2017-2018 Nominations

President-Elect	Marc Price, DO
Vice President	Barbara Keber, MD
Secretary	Russell Perry, MD
Treasurer	James Mumford, MD
Speaker	Jason Matuszak, MD
Vice Speaker	Andrew Symons, MD
Delegate to AAFP (Upstate)	Marc Price, DO
Alt. Delegate to AAFP (Upstate)	Mark Josefski, MD Wayne Strouse, MD
New Physician Director	Anita Ravi, MD Keasha Guerrier, MD
MSSNY Delegate (3 yrs)	Jose (Jun) David, MD
Three (3) Directors	Ani Bodoutchian, MD Heather Paladine, MD Pooja Paunikar, MD

Reference Committee

Committee on Operations

Chair:	Jose Tiburcio, MD
Vice Chair:	Scott Hartman, MD
Advisor:	Mark Krotowski
Member:	Venis Wilder, MD
Member:	Anita Ravi, MD
Member:	Chris Murphy, MD
Member:	

Committee on Policy

Chair:	KrisEmily McCrory, MD
Vice Chair:	Pooja Paunikar, MD
Advisor:	Mark Josefski, MD
Member:	Laurel Dallmeyer, MD
Member:	Keasha Guerrier, MD
Member:	Wesley Ho, MD
Member:	

Parliamentarian:

Andrew Merritt, MD

Sergeants at Arms:

Ray Harvey, MD

Tellers:

Linda Prine, MD
Daniel Neghassi, MD

Schedule of Events

Saturday, June 24

7:00 – 8:30 am	Breakfast	The Shelf
7:15 – 8:00 am	New Delegates / Student Orientation	Hyland Library
8:00 am	Annual Meeting Congress Opens Announcement from floor Late Resolutions Nominations from floor	DeWitt Ballroom
8:30 – 9:45 am	Reference Committee on Operations (Adjourn to the Boardroom, 3 rd fl)	DeWitt Ballroom
9:45 – 10:00 am	Break/Vendors (Adjourn to the Library, 2 nd fl)	DeWitt Ballroom
10:00 – 11:30 am	Reference Committee on Policy	DeWitt Ballroom
11:30 – 12:15 pm	Break/Vendors	DeWitt Ballroom
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	The Shelf
1:30 – 3:00 pm	Town Hall Forum – Dr. Michael Munger , President-Elect of the AAFP Dr. Charles Rothberg , President of the Medical Society of the State of New York Dr. William Jordan , director of Health Equity in All Policies in the Center for Health Equity at the NYC Department of Health and Mental Hygiene	DeWitt Ballroom

3:00 – 3:30 pm	Break/Vendors	DeWitt Ballroom
3:30 – 5:00 pm	Elections	DeWitt Ballroom
5:00 – 5:30	Exercise on your own, or group run/walk	Lobby
6:00 – 7:00 pm	Cocktails and hors d'oeuvres	The Shelf
7:00 pm	New Board Picture	
7:00 – 9:30 pm	Dinner & Installation of Officers	DeWitt Ballroom
9:30 – 11:30 pm	President's Reception Dessert	The Shelf

Sunday, June 25

7:30 – 9:00 am	Continental Breakfast	The Shelf
7:30	New Board Meets (select Chair)	DeWitt Ballroom
8:00 am	Congress Reconvenes Introduction of Guests Michael Munger, MD AAFP President-Elect AAFP Update	DeWitt Ballroom
8:30 am	President's Remarks	DeWitt Ballroom
8:45 am	Reference Committee Reports	DeWitt Ballroom
10:00 am	Refreshment break	DeWitt Ballroom
12:00 Noon	Adjournment	
1:00 – 4:00 pm	Residents Leadership Training Program Thomas Gallo, partner, Kern Augustine Contract Negotiation & Financial Planning	Capital Room

Presidents

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

President's Annual Report

Robert J. Ostrander, MD
69th President NYSAFP
June 2017

It is my privilege to report to the 2017 Congress of Delegates on my tenure as President of the New York State Academy of Physicians. I attended all the cluster meetings, where I served as a member at large of each commission. I was a guest at the Ohio and Pennsylvania Academy of Family Physicians annual meetings. I participated in numerous conference calls of the Executive Committee and with other members around specific issues. I served on the Task Force for Advanced Primary Care, which I initiated, headed by Dr. Robert Morrow. I attended Winter Weekend. I attended the 10 State meeting in Chicago. I attended the AAFP Congress of Delegates, and filled in briefly as a substitute Alternate Delegate, speaking to our resolution on Insurance Coverage for Medical Foods on the floor, resulting in its passage instead of referral as the reference committee had recommended.

Along with my partner and son Dr. Geoffrey Ostrander, I recorded a podcast and broadcast for the local NPR station in Syracuse, New York about rural primary care and the shortage of primary care physicians. I reviewed and provided feedback on Dr. Brilliant's recommendations about our position on various bills of interest presented to us by Reid, McNally and Savage. I continued my service as the Organizational Representative for the AAFP on the Advisory Committee on Heritable Diseases of Newborns and Children of the US Department of Health.

I would encourage the Congress and President-Elect Nosal to continue the Task Force on Advanced Primary Care. I was disappointed in the lack of willingness on the part of the payers with whom we spoke to consider a commitment to move our healthcare system toward a Primary Care centric system. Although there was lip service to primary care, most of the executives with whom we spoke seem to be preoccupied with navigating the immediate situation, and to have little understanding or appetite for developing truly Primary Care-based systems, which have been so effective in other developed countries. Dr. Morrow has produced an excellent summary white paper that will be useful to our leadership and members in understanding the current changing environment. It is important that we continue to interact with the New York State government, payers and other medical organizations like the Medical Society of the State of New York and the AAFP, sharing our vision. It is important that they, as well as we, resist solutions that are complex and require practices to use consultants or complicated "toolkits."

It has been my privilege to serve the Academy as President this past year, and I look forward to continued involvement and a successful year ahead for the Academy and President Nosal.

Respectfully submitted,
Robert J Ostrander, M.D. FAAFP

Secretary's Annual Report

Barbara Keber M.D., FAAFP

Secretary NYSAFP

In 2016-2017 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 as well advocacy activities on Lobby Day and AAFP Family Medicine Advocacy Summit in Washington DC to lobby for family medicine at the federal level. I also participate in the Grass Roots project to raise awareness of US Senators and Assemblymen about those issues important to our members. The sessions attended in Washington also provided important information about the implementation of possible budget and policies by the new republican lead congress and president. I also attended the 10 State meeting, held this year in Chicago. Attending the annual leadership conference in Kansas City was useful in expanding knowledge about our academy at the national level and gave the opportunity to network with family physicians from our region.

I also participated in the Education Commission as a member, having served previously as the chair of that commission. I participated in the review of those nominated for the award as Educator of the Year.

Treasurer's Annual Report

James Mumford, MD, FAAFP

Treasurer

Introduction

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

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

The Academy and 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

Onondaga*

Rensselaer

Saratoga

Schenectady

Suffolk

Tompkins*

Ulster

*Added this year.

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, 2016 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 April 30, 2017. 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 current balance sheet shows assets of \$1,062,760.36. The breakdown below shows assets that are available to fund our operations. This includes cash accounts that are available to us to pay expenses.

Operating Funds

As of 04/30/2017 we have the following balances in our operating and investment accounts. Amounts from 04/30/2016 have been included for comparison:

	<u>4/30/2016</u>	<u>4/30/2017</u>
General Fund Checking	\$11,141.87	\$41,576.56
Money Market Account	\$132,556.45	\$57,573.26
Manning & Napier investment fund	\$677,916.06	\$701,867.01
PAC	\$2,790.47	\$3,504.61
Foundation Checking	\$15,744.08	\$10,191.44
Foundation Money Market Account	\$2,606.79	\$2,607.31
Foundation Manning & Napier	\$31,478.20	\$32,817.46
County chapter accounts	<u>43,437.71</u>	<u>\$62,128.42</u>
TOTAL:	\$917,671.63	\$912,266.07

We have \$912,266.07 on hand to support operations through the remainder of the year. Since our entire budget for the year is just under 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 2015 and 2016 side by side for comparison. Overall our total assets are about \$40,000 more than last year, in large part due to changes in the value of our Investment Account with Manning and Napier.

Revenues

We have received \$328,180.92 in dues. This is almost 40% of the 2017 dues budget of \$824,420. Total revenues are \$390,683.28

Expenses

Expenses through April 30 total \$360,585.56 which is almost 34% of the \$1,034,678 budget for operating expenses. Our operating surplus through April 30 is \$40,097.72.

Accounts Payable & Accounts Receivable

We have a positive cash balance of \$61,359.90 in our accounts payable and receivable: \$3,940.22 payables and \$65,300.12 (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.

	<u>Dec 31, 15</u>	<u>Dec 31, 16</u>
ASSETS		
Current Assets		
Checking/Savings		
1001-00 · NYSAFP Money PurchPlanTrust	54.55	54.55
1000-00 · General Fund Checking	46,502.44	9,768.09
1010-00 · Money Market Account	2,549.39	32,566.29
1072-00 · Manning & Napier	677,916.06	701,867.01
1100 · Ulster County	2,791.75	3,275.50
1110 · Suffolk County	3,983.15	4,261.05
1130 · Bronx-Westchester County	17,391.87	23,233.22
1140 · New York County Chapter	5,722.35	7,293.20
1150 · Schenectady Local Chapter	4,030.06	5,109.66
1160 · Saratoga Local Chapter	9,782.67	11,639.94
1170 · Rensselaer Local Chapter	2,447.41	2,447.41
Total Checking/Savings	<u>773,171.70</u>	<u>801,515.92</u>
Accounts Receivable		
1200 · Accounts Receivable	45,500.08	58,613.44
Total Accounts Receivable	<u>45,500.08</u>	<u>58,613.44</u>
Other Current Assets		
1100-00 · Accounts Recievable	146,559.64	146,559.64
1200-00 · Due from Foundation	7,469.97	7,469.97
1750-00 · Pre-paid Expenses	9,036.84	9,036.84
Total Other Current Assets	<u>163,066.45</u>	<u>163,066.45</u>
Total Current Assets	<u>981,738.23</u>	<u>1,023,195.81</u>
Fixed Assets		
1550-00 · Office Equipment	119,713.07	119,713.07
1551-00 · A/D Office Equipment	-113,853.52	-113,853.52
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	<u>5,859.55</u>	<u>5,859.55</u>
TOTAL		
ASSETS	<u>987,597.78</u>	<u>1,029,055.36</u>
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 · *Accounts Payable	<u>230.55</u>	<u>12,923.55</u>

Total Accounts Payable	230.55	12,923.55
Credit Cards		
Visa Hyatt Chase x3212	-334.04	1,396.45
Visa Hyatt Chase x3212		1,071.31
Amex	1,924.35	708.09
Total Credit Cards	1,590.31	3,175.85
Other Current Liabilities		
2300-00 · Pension Loan	15.40	15.40
2000-10 · Accrued Payable		-25,665.04
2100-00 · County Dues Payable	42,440.84	80,375.61
2100-10 · Suffolk County Payable	7,676.85	7,314.37
2100-20 · Bronx-Westchester Payab	24,650.77	30,081.91
2100-40 · Ulster County Payable	3,388.85	3,872.60
2100-50 · New York County Payable	13,959.03	14,528.98
2100-60 · Schenectady Local Chapter	4,759.56	5,839.16
2100-70 · Saratoga Local Chapter Pay	13,547.07	15,404.34
2100-80 · Rensselaer Local Chapter P	2,447.41	2,437.41
2125-00 · Deffered Income Dues	365,894.13	365,894.13
2150-00 · Deferred Income- Winter Weekend	24,710.00	24,710.00
Total Other Current Liabilities	503,489.91	524,808.87
Total Current Liabilities	505,310.77	540,908.27
Total Liabilities	505,310.77	540,908.27
Equity		
3999-99 · Retained Earnings	546,106.33	482,287.01
Net Income	-63,819.32	5,860.08
Total Equity	482,287.01	488,147.09
TOTAL LIABILITIES & EQUITY	987,597.78	1,029,055.36

Executive Vice President's Annual Report

Vito F. Grasso, MPA, CAE

Membership

The following chart presents changes in our membership by category between January 2013 and January 2017:

Membership

	1/1/2013	1/1/2014	1/1/2015	1/1/2016	1/1/2017
Active	2547	2577	2613	2670	2760
Supporting	20	21	17	18	19
Resident	669	691	699	727	728
Student	1441	1715	2138	2254	2388
Life	279	281	273	268	273
Inactive	27	28	30	30	30
Honorary			1	1	1
Total:	4983	5313	5771	5968	6199

Our Active membership has grown by 8.4% over the last 5 years. Membership has increased in all categories except Supporting and Life.

Overall membership has increased by 24.4% since 2013.

Our 2016 Active Member retention rate was 92.5% (down from 92.7% in 2015). The National Active Member Retention is 94.4% (up from 94.2% in 2015).

For 2016 we converted 65.7% (up from 65.4% in 2015) of our Resident Membership to Active (residency completion 2016). Our Resident membership has increased by 9.2% over the last five years.

Retention rate of 2016 New Physicians is 82.6% (down from 82.7% in 2015). AAFP retention rate is 88.6% (up from 88.3% in 2015).

The AAFP estimates that we have 73.4% (up from 73.2% in 2015) of the market share in New York. The national average is 76.8% (up from 76.5% in 2015).

Finances

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

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

Advocacy

Our Advocacy efforts continue to produce results and serve the interests of members and their patients. We supported efforts by the AAFP to block passage of the American Health Care Act in January when it became apparent that the bill was severely flawed and would cause 24 million people to lose health insurance coverage. We also recruited 11 members to serve as Key Contacts for the AAFP with members of NY's congressional delegation. We had 10 members attend the 2017 Family Medicine Advocacy Summit – the largest delegation at the conference.

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 obtaining enactment of legislation to significantly reform and limit the use of step therapy by insurers to require patients to fail on inexpensive drugs before being allowed to use other more expensive products.

We continue to advocate for a single payer healthcare system. We continue to support Assembly Health Committee Chairman Richard Gottfried's legislation to create New York Health as a single payer system for NY.

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. The Education Commission implemented a successful change in venue for the Winter Weekend. The conference has been held in Lake Placid for more than 30 years. As attendance declined in recent years the Commission decided to relocate to Saratoga Springs in 2017. The experiment worked and attendance increased for the first time in several years. The 2018 WW will return to Lake Placid and the plan is to alternate between Lake Placid and other sites for several years.

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 Chapter Leadership Forum, the National Conference of Special Constituencies and the National Conferences of Resident and Student Members. These important regional and national conferences are consistent sources of leadership development for Academy members.

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

Education:	Ms. Kelly Madden, MS (NYSAFP staff) Vivian Jiang, MD Elizabeth McIntosh (student)
Finance & Insurance:	Jim Mumford, MD
Health of the Public & Science:	Jason Matuszak, MD Scott Hartman, MD
Membership & Member Services:	Tochi Iroku-Malize, MD Sarah Nosal, MD
Quality & Practice:	Marc Price, DO

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:	Rachelle Brilliant, DO	Marcy Savage
Education:	Bob Morrow, MD	Kelly Madden
Leadership:	Jose Tiburcio, MD	Penny Richmond-Ruhm
Membership:	Jason Matuszak, MD	Donna Denley

Operations:	Sarah Nosal, 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

Dr. Ostrander has admirably continued an outstanding tradition of dedication, diligence and creativity in NYSAFP presidents. He has represented the chapter well at state and national meetings, with news media and in meetings and conferences with other medical and health care organizations. He has taken the time to acquaint himself with the many and complicated issues we routinely deal with. He has managed to balance the needs of his own practice and personal life with the often unpredictable demands of the presidency of the Academy with grace and effectiveness. It has been a pleasure to work with him and his consistent support has been a welcome enhancement to the working environment for the entire staff.

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

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

Annual Reports of Commissions

Commission on Academy Operations

Sarah Nosal, MD, Chairman

Members:

Herbert, MD, Basyra (Bess)

Iroku-Malize, MD, Tochi, Immediate Past President, Advisor

Khan, MD, Naz

Krotowski, MD, Mark

Lam, DO, Lilly

Merritt, MD, Drew

Molnar, MD, Tom

Mumford, MD, Jim – Treasurer

Nosal, MD, Sarah – President-elect, Chair

Ostrander, MD, Robert, President, Ex-Officio

Price, DO, Marc – Vice President

Pauniker, MD, Pooja

Salzberg, MD, Paul

The Commission met in person on

August 6, 2016,

November 12, 2016 and

March 12, 2017.

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 2017 budget proposal and submitted it to the Board for approval.

The Commission met in March with Josh Pryor who manages the Academy investment account with Manning & Napier. We discussed the performance of the account and various indices for comparison. The Academy investment policy has not been changed in more than 15 years and the Commission decided to create a sub-committee to review the policy with Mr. Pryor. Prior to the review, Dr. Mumford (who serves on the AAFP Commission on Finance & Insurance) will obtain information on the performance and management of the AAFP's investment account. AAFP chapters are allowed to deposit chapter funds into sub-accounts with the AAFP investment fund. Dr. Mumford will obtain information on the process for opening a chapter

sub-account in the AAFP investment fund and the sub-committee will consider whether NYSAFP should move all or any portion of its investment account to the AAFP investment fund.

The Commission determined that county chapters should be required to submit, at least annually, financial reports to NYSAFP as a condition for receiving county chapter dues.

Calendar

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

2017

August 5-6 Summer Cluster, Renaissance Westchester Hotel and Bronx Museum

September 16 Regional Family Medicine Conf, Siena College, Albany

November 12 Fall Cluster, Albany - Board Meeting only

2018

January 11-14 Winter Weekend in Lake Placid

March 11 Winter Cluster

March 12 Lobby Day

June 23-24 Congress of Delegates – 70th Anniversary, Hilton Garden Inn, Troy

2019

March 17 Winter Cluster

March 18 Lobby Day

New Business

The Commission reviewed the bylaw term recommendations as well as the process whereby members are appointed to NYSAFP commissions and determined that more effort was required to identify specific terms so that the incoming president would know which members terms are expiring. Staff created a new list of commission members for each commission which includes the specific term for each member.

The Commission recommended a \$15/year increase in Active Member dues. This recommendation was approved by the Board and will be reflected in 2018 dues.

AAFP Commission Appointments

Nine New York members applied for appointment to AAFP commissions. Dr. Scott Hartman was appointed to the Commission on Health of the Public & Science. That makes current NYSAFP members appointed to national commissions include:

Dr. Sarah C Nosal, Chair of Membership & Member Services,

Dr. Jason Matuszak, Commission on Health of the Public and Science

Dr. James Mumford, Commission on Finance & Insurance

Dr. Tochi Iroku-Malize, Commission on Membership & Member Services,

Dr. Marc Price, Commission on Quality & Practice

Dr. Scott Hartman, Commission on Health of the Public & Science

Dr. Vivian Jiang, Commission on Education

Elizabeth McIntosh, Commision on Education
Kelly Madden, Commission on Education

Summary

It has been a very busy year for the Operations Commission and an eventful year for the Academy. Minutes of each Commission meeting can be found on the NYSAFP website.

It has been a privilege being the Chair of the Operations Commission for the past year and I wish to offer my gratitude to all members of the Commission, especially Mr. Vito Grasso for agenda and minutes preparation and Dr. Mumford for preparation of the financial reports with assistance from our finance director, Donna Denley.

Sincerely,

Sarah C. Nosal, MD, FAAFP
President-Elect NYSAFP
Chair Operations

Commission on Family Practice Advocacy

The Advocacy Commission met during the summer and fall clusters in 2016 and the spring cluster in 2017. We discussed and acted upon resolutions passed at the 2016 Congress of Delegates as assigned by the Board and developed initiatives as suggested by NYSAFP members. We discussed advocacy issues which affected the practice of family medicine, our Academy members and our patients, developed positions on healthcare related bills and healthcare related NYS budgetary issues as identified by our lobbyists, Reid, McNally, and Savage (RM&S). We were successful in getting a bill to help identify and assess human trafficking victims passed and signed into law. We participated in a multi-specialty advisory committee on athletic trainers working to ensure a family physician is on the permanent licensing board for athletic trainers which often work under family physicians for school sports teams. Additionally we continued our support of legislation regarding a single-payer health care system in New York.

While we were unsuccessful in preventing legislation requiring mandatory CME on pain management, we were successful in lobbying DOH to allow medical specialty societies to create their own course that fulfills the requirements. NYAFP has created its own course to fulfill these requirements as a member benefit.

On Lobby Day in March 2017 more than 40 doctors, residents, and medical students, guided by our lobbyists from RM&S, met with key legislators and staffers. Included in these visits were the chair of the assembly health committee, sponsors of many healthcare related bills and home town legislators of those members attending lobby day.

We continue to advocate for meaningful medical liability reforms, a single-payer health care system, collective negotiations, reproductive rights, and comprehensive contraception coverage. We will continue to advocate against proposed legislation which increases the administrative burden of our members. We continue to advocate for funds for Doctors Across New York, the National Health Services Corp and other similar programs that work to increase access to primary care in underserved areas around New York State.

Respectfully submitted,
Rachelle Brilliant, DO, Chair on behalf of members
Christine Doucet, MD, Vice Chair
Martha Simmons, MD
Anita Ravi, MD, MPH
David Silverstein, MD
Elizabeth Lynn-Ong, MD
Howard Lanney
Linda Prine, MD
Marten Peterson
Philip Kaplan, MD
William Klepack, MD

Commission on Education

The Education Commission conducted four formal meetings over the past year. Two were conducted during clusters and two were 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, and has been an active and knowledgeable contributor in the discussions of all of our activities.

A. Mission:

Education Commission Mission:

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

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

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

B. 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 2016-17, successful RFMC conferences were held in Albany and Long Island. 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 and have had a steady increase in the number of attendees, although we clearly have a lot of work to reach more NYAFP members.

The Commission decided to move Winter Weekend to Saratoga Springs in 2017. Attendance was strong and a small profit was made. The commission is looking into hosting Winter Weekend every other year in Lake Placid to alternate with Saratoga Springs.

Table 1: Conferences 2014-2017

Year	Conference	Number of Guests (including faculty, students & residents)	# of faculty	# of students	# of residents	Profit / Loss	Date
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 - 2014	94	17	0	7	\$250	09/06/14
2014	DRFMC - 2014 (& Expanding Horizons)	142	12	20	35	-\$1,602	10/18/14
2015	Winter Weekend 2015	187	39	47	25	-2800	01/22/15
2015	Capital RFMC - 2015	61	8	0	4	\$10,000	09/12/15
2015	Rochester RFMC	38	6	3	0	-\$750	10/10/15
2016	Winter Weekend - 2016	206	31	58	26	\$9,000	1/26/2016
2016	ALSO IC - May '16	28	6	0	0	pending	5/27/2016
2016	Capital RFMC - 2016	54	7	1	2		9/17/2016
2016	DRFMC (in conjunction with Northwell A	57	14	7	20		10/22/2016
2017	Winter Weekend 2017	229		48	16	\$10,600	1/26/2017
2017	Pain Management Webinar						5/22/2017
2017	Capital RFMC						9/16/2017

Table 2: Total number of all conference participants per year:

Year	2010	2011	2012	2013	2014	2015	2016
Number of participants	337	425	484	470	488	286	345

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.
- Howard Lanney, Courtney Crespo, and Benjamin Shuham 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, with real progress achieved in these areas.
- The Commission reviewed student externship applications and selected students to receive the NYSAFP student scholarship. The application is aimed to have participants perform clinical work and Family Medicine research (develop a research question, formulate a valid methodology with mentor, acknowledge the possible advantages and limitations to certain study designs, implement the study design and aim to complete the research.)
- We have also reached out to NYCOM and other osteopathic medical schools and residencies to invite them to participate in NYAFA activities. There was an osteopathic 3-hour track at Winter Weekend. The commission intends to continue this collaboration.

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 July 2016. Kelly Madden organized a hospitality reception with NYS residents and students and NY banner which increased visibility to NY residency programs. Twelve residency programs participated in the conference and contributed to the NY-reception.
- We continue to organize and support 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. We actively use the NYRPD list serve to communicate with program directors and staff.
- The commission reviewed applications and selected the NY Family Medicine Educator of the year.

E. Other Initiatives:

1. Downstate NY FM Consortium – The commission dissolved the consortium, crediting the group’s work but noting that it is not a specific goal for NYC to increase awareness of family medicine and its opportunities, but rather a statewide initiative.
2. BIP - This coalition project, involving the Academy and its members in the Bronx, public health leaders from the State University of NY at Albany’s Quality and Technical Assistance Center, and Health People, a community peer training organization in the South Bronx, worked to develop Diabetes Self-Management Program sites. NYSAFP did all of this, and also recruited and trained health care providers—family docs, NPs, and PAs to use academic detailing to drive the project forward. The Academy’s Foundation made some money, and it appears that community based diabetes self-management has been incorporated in the Medicaid Delivery Redesign project, making it generalizable and sustainable in NYC. Dr. Morrow suggested this project be made available in the Upstate area and other communities throughout the state.

The education commission has included group discussions in most of its CME conferences. New funding supports this work in Albany County, and new funding sources have been opening to expand this collaborative educational program, a model for population health and practice support. Prior funded work of this coalition was published in the Fall 2016 issue of the Journal of Continuing Education in the Health Professions

3. The commission has connected with the Maintenance of Certification program from the ABFM. The free PRIME SAN program offers candidates the chance to achieve MOC 4 while simultaneously transforming the tasks central to the new MIPS program.

2016 – 2017 EC members

Robert Morrow, MD - Chair

Samuel Sandowski, MD - Vice Chair

Robert Anderson, MD – Member

Barbara Keber, MD – Member

Cynthia Elkins, MD – Member

Danielle Simpson – Student
Denise Octaviani, DO – Member
Ephraim Back, MD – Member
Hyowoun Jyung, MD – Resident
Jun David, MD – Advisor
KrisEmily McCrory, MD – Member
Laura Belland, MD – Resident
Mark Mirabelli, MD – Member
Kelly Madden – Staff

Morrow, R; Norwood, C; Reich, D; Chito Childs, E; McCallion, P; et al. Improving the Reach of the National Diabetes Prevention Program Within a Health Disparities Population: A Bronx New York Pilot Project Crossing Health- and Community-Based Sectors JCEHP .Fall 2016 .36(4); 300-306

Commission on Leadership Development and Nominations

Leadership commission mission statement

This commission shall design programs for developing leadership skills of members. It will also monitor the performance of members of Academy commissions and make recommendations regarding such performance to the president-elect for the purposes of making appointments to chair and vice-chair positions on standing commissions of the Academic.

The Commission met three times this year:

- August 6, 2016 at Canandaigua, NY in conjunction with summer cluster.
- October 19, 2016, Teleconference
- March 12, 2017, Albany, NY as part of the winter cluster

Agenda Items

- National Conference of Constituency Leaders. (NCCL):

We reviewed all the 2016 NCCL representative reports. Anita Ravi was elected as new physician representative. Sneha Chako and Margarita DeFedericis ran for co convener's positions but were not elected.

All commission members had a large discussion on standardizing criteria for selection of future NCCL candidates, and several options were presented with the final agreement of the following. We reviewed the NYSAFP bylaws for guidance in the selection process.

Discussion regarding selection criteria:

- Importance of primarily serving NYSAFP and/or/ vs. AAFP/ national exposure
- 2-year commitment preferred but not always possible depending on interest area of applicants
- Alternate to delegate transition is priority
- COD participation should be a stronger requirement
- Next application to include questions re: NYSAFP membership & COD involvement
- If candidate not selected, encourage local chapters to pay for expenses to attend COD as alternative to NCCL and for potential future involvement

For the 2017 year, we received over 13 applicants with seven new candidates and six repeat candidates for ten available positions. The leadership commission continues working on promoting NCCL utilizing the NYSAFP journal, newsletter, member emails and encouraging active members to bring others. Information/ guidance documents were sent to each participant with NYSAFP priority areas.

2017 Representatives

Minority – Sheha Chacko – delegate; Stella King – alternate
New Physician – Pooja Paunikar – delegate; Rupal Bhingradia – alternate
Women – Laurel Dallmeyer – delegate; Martha Simmons – alternate
IMG – Ani Bodoutchian – delegate; Daniel Cunningham – alternate
GLBT – Scott Hartman – delegate; Andrew Goodman – alternate

➤ Nominees for 2017 NYSAFP Board Elections:

Letter of solicitation was sent out following the fall meeting, with description of the duties and responsibilities the positions. Penny Ruhm sent an email to all NYSAFP members requesting nominations.

2017-2018 NYSAFP Nominations (not final list - tbd)

- a. President – Sarah Nosal, MD
- b. President-Elect – Marc Price, DO
- c. Vice President – Barbara Keber, MD
- d. Secretary – Russell Perry, MD
- e. Treasurer – James Mumford, MD
- f. Speaker – COD – Jason Matuszak, MD
- g. Vice-Speaker – COD – Andrew Symons, MD
- h. AAFP Delegate (upstate) – Marc Price, DO
- i. Alt. AAFP Delegate (upstate) – Mark Josefski, MD; Wayne Strouse, MD
- j. Three (3) Directors – Ani Bodoutchian, MD; Heather Paladine, MD; Soni Mathew, MD; Pooja Paunikar, MD
- k. New Physician Director (1) - < 7 yrs. Practice – Anita Ravi, MD; Keasha Guerrier, MD
- l. MSSNY Delegate (3 yrs) – Jose “Jun” David, MD, Brenainn Flanagan, MD
- m. MSSNY Alternate Delegate (3 yrs) – Paul Salzberg, MD

➤ Commission Leadership Members Participation:

The commission on leadership meeting was well attended with over ninety percent of their members in attendance. Soni Mathew who was a member was voted to become the Vice Chair, Russell Perry and Sneha Chako, were added to the group as members. Fernando Hernandez was added as the resident representative following the relocation of Ji Kim. The commission members were engaged in the discussion. James Greenwald, as the past president was of invaluable help especially during the policy, procedure and bylaws discussion which are important factors in making decisions.

➤ Items sent to the Board for Approval:

The following items were sent to the board for approval. Jose Tiburcio presented the items in conjunction with another member and all the requests were approved.

- Re-engage residency programs in COD/ NYSAFP – work collaboratively with Membership to achieve 100% representation of all programs
- Create/ maintain pool of potential commission members who were interested in NYSAFP involvement but were not selected for commissions – contact & follow-up
- Provide commission/ chair evaluations to Leadership Commission members to utilize for future recommendation for local or national positions.

➤ Activities:

- Congress of Delegates: A well-attended presentation was given by invited speaker about how to manage your finances. Medical students and residents appreciated the lecture and provided positive feedback about the topic.
- Winter Weekend:

A) Leadership Program on “Making Changes”/ Anatomy of a Resolution”, multi-part workshop for students, residents, Sunday January 29, 2017, 10-11 AM

B) Writing Workshop to repeat at WW. Jim Greenwald confirmed Paul Gross/ Diane Guernsey from PULSE to assist with workshop on Friday, January 27, 2017, at 4:30 PM

Respectfully Submitted:

Jose Tiburcio (Chair)

Sony Mathew (Vice Chair)

James Greenwald (Past President)

Charles Francis (Member)

Ani Bodoutchian (Member)

Krisna Khanal (Member)

Joseph DiMaria (Member)

Chris Murphy (Member)

Hallie Zwibel (Member)

Neubert Philippe (Member)

Russ Perry (Member)

Sneha Chako (Member)

Fernando Hernandez (Resident)

Elizabeth Wei McIntosh (Student)

Penny Ruhm (Staff)



Commission on Membership & Member Services

Constitutionally Assigned Commission Function

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

Other Commission Responsibilities

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

Meetings:

August 6, 2016

November 9, 2016

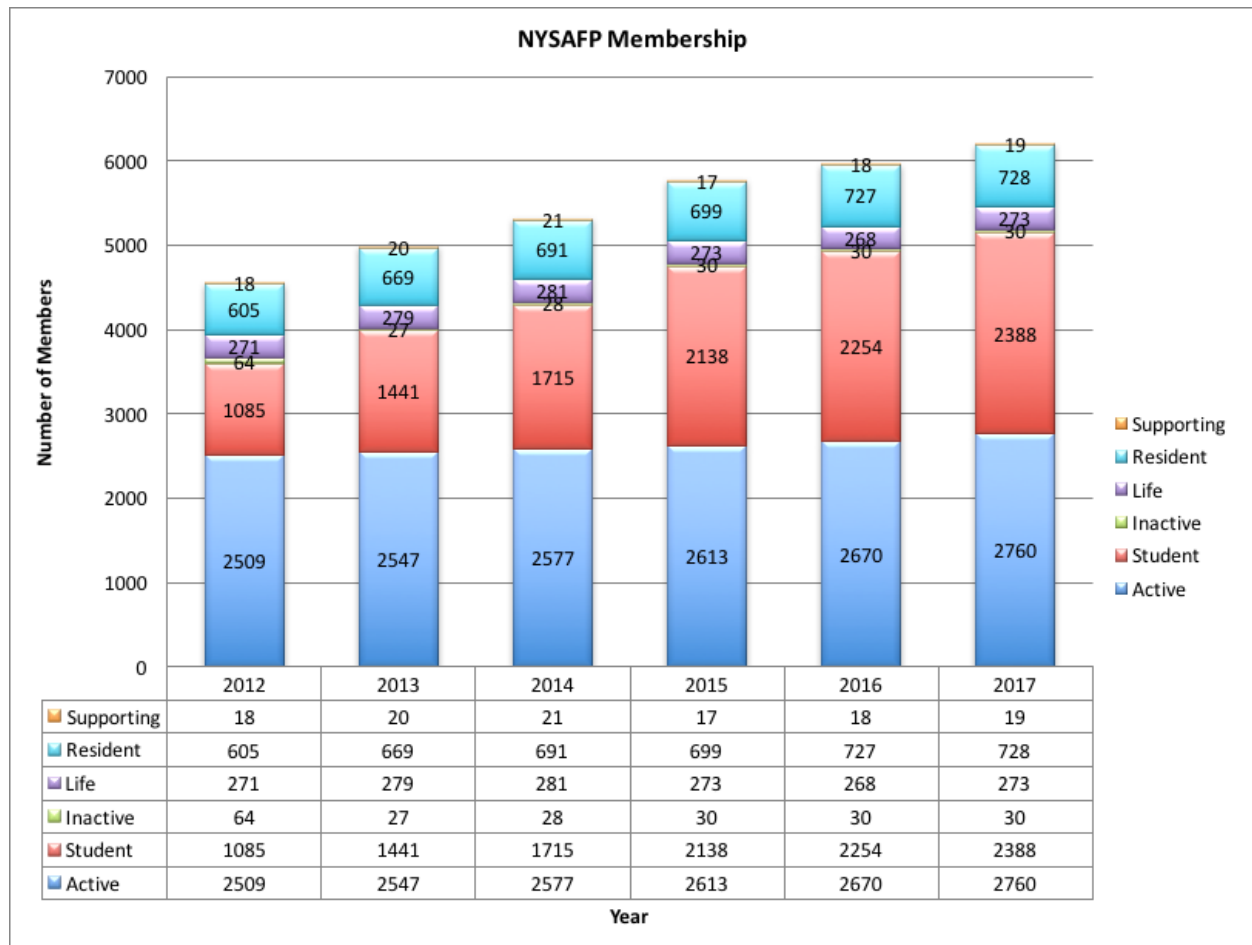
March 12, 2017

Membership Updates

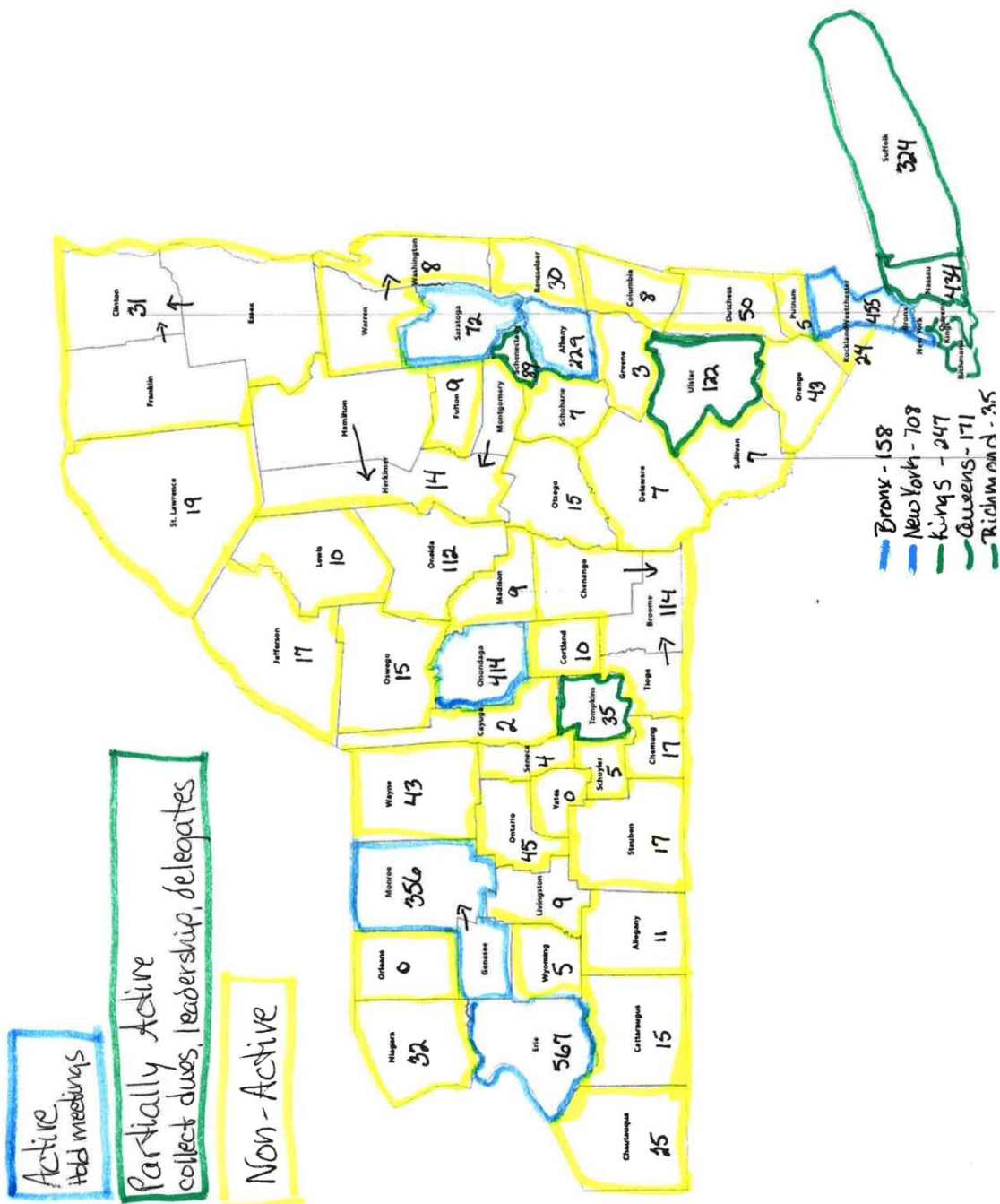
While total membership has risen **36%** over the last **5 years**, active membership has risen 10%, or at a rate of about 2% per year. Residency membership has increased by 20% over the same period. However, it should be noted that our 2016 Active Member retention rate was **92.5%** compared with the National Active Member Retention of **94.4%**. Also, retention rate of 2016 New Physicians is **82.6%** whereas the AAFP retention rate is **88.6%**. The AAFP estimates that we have 73.4% of the market share in New York. The national average is 76.8%. The membership commission remains concerned about and is attempting to study the aging of the Active membership and the possible effects of Boomeritis on organized medicine.

The reporting of monthly membership figures leads to some wildly discrepant figures and can lead to inappropriate conclusions. This occurs because of the timing of when members are converted from resident to active members and when active members are removed from the rolls for non-payment. We queried national for further details and they performed an analysis of our membership that is included as Appendix 1. Based on this analysis, we have determined that for accurate year over year analysis, we should use data as of January 1 and if we are analyzing monthly figures, it should always be in the context of the previous year, same month, data.

	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2012-2017 Trend</u>
Active	2509	2547	2577	2613	2670	2760	10.0%
Student	1085	1441	1715	2138	2254	2388	120.1%
Inactive	64	27	28	30	30	30	-53.1%
Life	271	279	281	273	268	273	0.7%
Resident	605	669	691	699	727	728	20.3%
Supporting	18	20	21	17	18	19	5.6%
Total	4552	4983	5313	5770	5967	6198	36.2%



County Chapter Activities



Active	Dues	Delegates / Alternates (as of Handbook Print date)						Leadership	County	Members
		2010	2011	2012	2013	2014	2015			
Yes	Yes			1	1	1		Director, Alt Del MSSNY	NY Albany	229
									NY Allegany	11
Yes	Yes	3		1	2		2	Director	NY Bronx	158
									NY Cattaraugus	15
									NY Cayuga	2
									NY Central Mohawk Valley: Herkimer, Hamilton & Montgo	14
									NY Chautauqua	25
									NY Chemung	17
									NY Clinton (Also includes Franklin & Essex counties)	31
									NY Columbia	8
									NY Cortland	10
									NY Delaware	7
									NY Dutchess	50
Yes	Yes	2	3	3	2	1	2	Director, Speaker	NY Erie	567
									NY Fulton	9
					1				NY Greene	3
							1		NY Jefferson	17
	Yes	3	1	2	3	3	2		NY Kings	247
									NY Lewis	10
									NY Livingston	9
									NY Madison	9
	Yes	2	2	2	3	3	3 / 2	Secretary	NY Nassau	434
									NY Niagara	32
Yes	Yes	3	3 / 2		2	3 / 2	4 / 4	VP, Treasurer, Dir	NY New York	708
									NY Oneida	112
Yes	Yes	2	2	3	3	2	2	AAFP Del	NY Onondaga	414
		1						Pres-Elect	NY Ontario	45
									NY Orange	43
									NY Orleans	
		1			1				NY Oswego	15
		1							NY Otsego	15
									NY Putnum	5
	Yes	1	2		3	3	2	Director	NY Queens	171
							1		NY Rensselaer	30
	Yes	1	1	1			1	AAFP Del	NY Richmond	35
Yes	Yes	1			2		1		NY Rochester (Includes Monroe and Genesee)	356
					1		1		NY Rockland	24
Yes	Yes				2 / 3			Alt AAFP Del	NY Saratoga	72
	Yes	2	1	1	1				NY Schenectady	89
									NY Schoharie	7
									NY Schuyler	5
						1			NY Seneca	4
									NY Southern Tier Broome, Tioga, Chenango	114
							1		NY St. Lawrence	19
									NY Steuben	17
	Yes	3 / 1	4	4	2	2	3 / 2	President, New Phy, Alt AAFP Del	NY Suffolk	324
								MSSNY Del	NY Sullivan	7
	Yes	2	1	1	1	1	1		NY Tomkins	35
	Yes	1	1	1	2	1 / 1	2		NY Ulster	122
								Vice Speaker	NY Warren Washington	8
									NY Wayne	43
	Yes								NY Westchester w/Bronx	455
									NY Wyoming	5
		1	1	1	1	1	1	Director	Yates	Tompkins
										5246

Active - Has meetings

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

Member Benefits

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

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 24th and Sunday, June 25th, 2017 at the Renaissance Hotel in Albany. We anticipate a decreased attendance for this year's event given the timing with graduation weekend for those with high school students and for several residency programs, and the end of the academic year for medical students and residents and cross-coverage responsibilities.

The timing of Congress of Delegates continues to pose a challenge. It has traditionally been in June, however with the nice weather wedding season underway and with various graduations, finding space (at a reasonable cost) and attendance remain a challenge. This also has to be balanced with ensuring the chapter leadership can be present and that the dates do not conflict with other national commitments. There is also a desire to keep the presidential terms as equivalent in length as possible, which precludes moving the date for the COD by more than a few weeks.

A template format as well 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.

Brief schedule outline:

- New member orientation/Breakfast
- Opening of Annual meeting/COD
- Reference Committee Hearings
- Awards luncheon
 - Family Physician of the Year
 - Family Medicine Educator of the Year
- Town Hall Session – moderated by NYSAFP Past President, Marianne LaBarbera
 - Mike Munger, MD, incoming President of the AAFP
 - We expect the audience to participate in a well-rounded and informative discussion as always.
- Elections
- President's address
 - Sarah Nosal, MD
- Report of the Reference Committees
- Activities of the Congress of Delegates
- Leadership program for residents

Communications

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

Website redesign was completed and improved tracking capabilities instituted. Statistics indicate most page views are dedicated to timely topics. For instance, in January, Winter Weekend had 1,200 page views; in February, when the new edition of the journal was published, there was a 6-fold increase in the page views to the Family Doctor Journal site; and in March the most visited page was information about the mandatory CME for prescribing opiates. Knowing this, we should try to stagger content to encourage new page views each month and keep the timely content front and center on the website, closely aligned with other items of particular note. 2/3 of traffic is coming from desktop machines, suggesting most members are still accessing primarily from desktop computers, even though our new site design is also optimized for mobile viewing, and counter to a national trend that has seen mobile viewing of websites now surpass desktop sites as a whole (<http://bgr.com/2016/11/02/internet-usage-desktop-vs-mobile/>). It is uncertain whether some aspects of the site are harder to navigate or function while on a mobile device.

JANUARY PAGE VISIT	
Total page views	2,968
Winter Weekend 2017	1,284(43.26%)
Home	934(31.47%)
What's New	75(2.53%)
Membership Benefits	64(2.16%)
Family Doctor A Journal for the NYSAFP	52(1.75%)
Home	49(1.65%)
Education	40(1.35%)
Students	39(1.31%)
Staff	38(1.28%)
Congress of Delegates	37(1.25%)
FEBRUARY PAGE VISITS	
Total Page visits	2365
Home	749(31.67%)
Family Doctor A Journal for the NYSAFP	312(13.19%)
What's New	107(4.52%)
Congress of Delegates	104(4.40%)
Family Doctor Winter 2017	86(3.64%)
Winter Weekend 2017	86(3.64%)
Home	77(3.26%)
High School Scholarships Now Available	53(2.24%)
Search Result	50(2.11%)
Membership Benefits	47(1.99%)
MARCH PAGE VISITS	
Total visits	2807
Home	951(33.88%)
Mandatory Opioid CME deadline July 1, 2017 (for all providers and	232(8.27%)
What's New	204(7.27%)
NYSAFP Student Externship 2017 application cycle now open!	197(7.02%)
Membership Benefits	98(3.49%)
Education	75(2.67%)
Family Doctor A Journal for the NYSAFP	75(2.67%)
Search Result	71(2.53%)
NEWS ARCHIVE	64(2.28%)
Congress of Delegates	60(2.14%)
Device Category	
Desktop	68%
Mobile	32%

The Career Center –FP Jobs Online with HEALTHeCareers has been in place for the last 3+ years. It provides good reach and 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.

Social Media

- Facebook page: www.facebook.com/NYSAFP
 - 400 Likes (i.e. friends) up from 357 last year
- Twitter:
 - @NYSAFP
 - 929 Followers
 - 25% year over year growth (730 last year)
 - Event specific hash tags e.g. #NYSAFP, #nysafpww2016, #lobbyday, #wintercluster, #NYSAFPCOD
- Instagram
 - NYSAFP
 - 56 followers

Social media remains underutilized. We lack a strategy for engagement. This should be addressed in the near future.

Sponsorship and Support

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

Strategic Plan Initiative

NYSAFP has been working to enact legislation (S2545D Lanza/A501-E Cusick) to shorten the time frame from 90 days to 60 days for a health plan to approve a fully complete credentialing application submitted by a health care professional who is part of a physician group.

In order to help support this lobbying effort, the membership committee designed a brief “Survey Monkey” survey and sent it to the membership. The survey asked members to comment on their experiences getting new physicians credentialed with insurance companies.

We received responses from 46 members. 100% of respondents have experienced delays in credentialing a new physician. 45 percent felt that this contributed to losing the opportunity to hire a new physician. Respondents also commented on which insurers are more, or less expeditious.

Marcy Savage was able to use members’ input to weigh in with key decision makers about the importance of expedited credentialing. The above mentioned legislation was signed into law by Governor Cuomo and took effect April 1st and applies to all applications submitted after such date. We will also continue to use this information to advocate for additional reforms to the credentialing process.

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,
Jason Matuszak, MD, Commission Chair & NYSAFP Speaker
Andrew Symons, MD, Vice-Chair
Marianne LaBarbera, MD Past President/Advisor
Mark Josefski, MD, Past President
Sherly Abraham, MD
Keisha Barry (student)
Laurel Dallmeyer, MD
Keasha Guerrier, MD
Reginald Hughes, MD
Belinda Johnston, MD
Manish Saha, MD
Hilary Schroeder, MD
Donna Denley, Academy Staff



AAFP

REVIEW OF NEW YORK CHAPTER MEMBERSHIP CYCLES

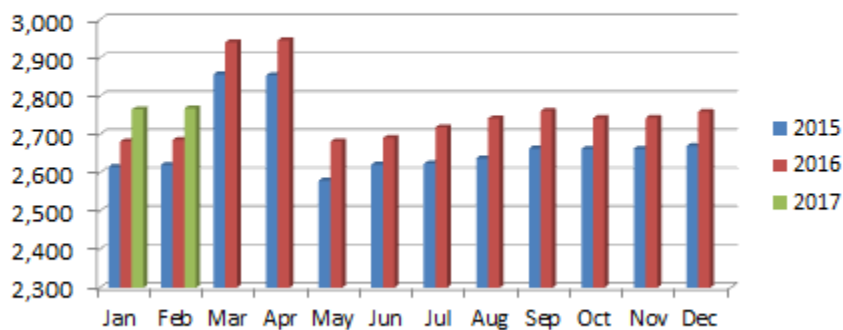
March 16, 2017

The following information will explain the fluctuations that occur in membership counts. In most cases, these fluctuations are simply a result of mass process changes that are implemented in the course of managing our member data.

ACTIVE MEMBERS

Below you will find a chart depicting the Active member count in New York since January 2015.

New York Chapter Active Members



2

AMERICAN ACADEMY OF FAMILY PHYSICIANS

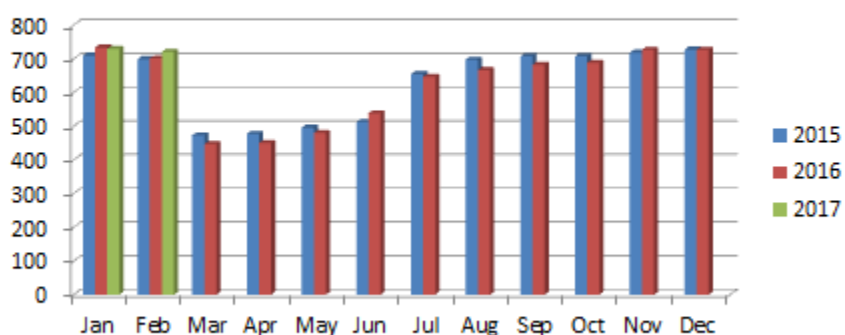
You can see that the count increases a pretty normal pace in January and February. In March, however, there is a spike in the count that is a result of moving residents who graduate in June from resident member status to Active membership. This early movement of residents allows us to invoice them for their dues for the following year while they are still in their program.

In May, all active members who have not paid dues or reported sufficient CME are removed from the membership rolls. The count then slowly increases as we reinstate those members when they pay their dues or we recruit new active members.

Resident Members

Below is a chart depicting the Resident member count in New York since January 2015

New York Chapter Residents



3

AMERICAN ACADEMY OF FAMILY PHYSICIANS

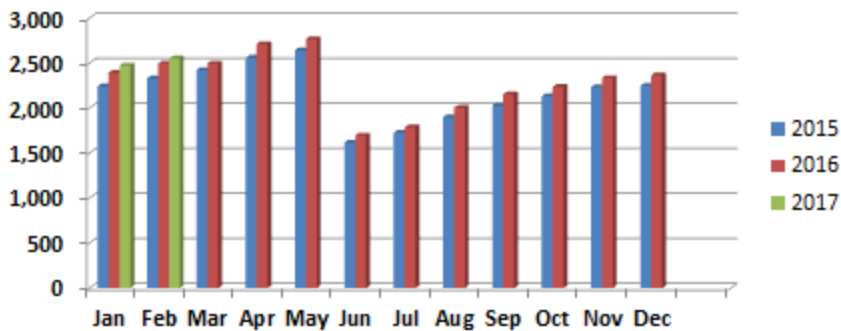
Resident membership has normal growth between January and February, but in March, residents that will graduate that year are moved to Active membership resulting in a decline in membership.

Beginning in May, we start enrolling the new class of residents and the member count continues to grow until January. Residents who joined before November 15 and who have not paid their dues are cancelled in February, but that is typically a very small number.

Student Members

Below is a chart depicting the Student member count in New York since January 2015

New York Chapter Students



4

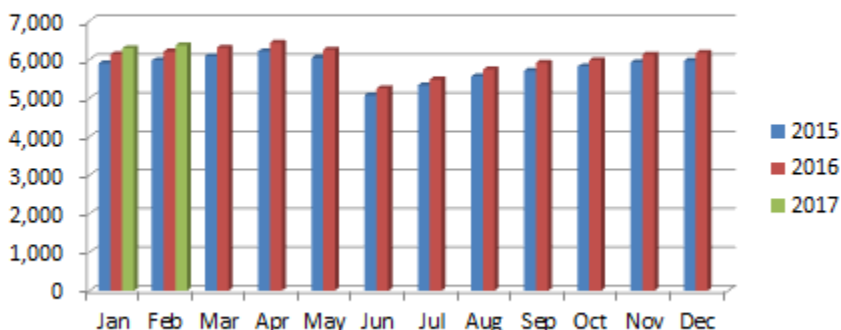
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Student membership grows steadily from January through May. In June, the fourth-year medical students that graduate that month are removed from the membership rolls. If they enter a family medicine residency, they re-enroll for membership. From June until the rest of the year, Student membership continues to increase as we recruit first-year medical student members, as well as those in years two and three.

Total Membership

Below is a chart depicting the total New York Chapter membership since January 2015.

New Chapter Total Members



5

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Each of the cycles for Active, Resident, and Student membership result in the fluctuation of the total membership count. May takes a decline when all Active, and Inactive members who fail to renew are cancelled. It is also impacted slightly by individuals who have been moved to life membership who fail to pay the one-time dues.

June's count is impacted as a result of graduated students being cancelled. Counts from that point on will typically grow for the remainder of the year as active members are reinstated, students join, and new residents are added to the membership rolls.

SUMMARY

Overall, the pattern for the New York chapter matches that of national AAFP. I see no unusual variations in the pattern of your data.

Commission on Public Health

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

Office Visit Protocols for Common Conditions – The Public Health Commission now has five office visit protocols on the following topics: Tobacco Cessation, Weight Loss, Mental Health Screening and Counseling, Alcohol Abuse Screening and Counseling, and Drug Abuse Screening and Counseling. These protocols include information for physicians and patients. This year, we finalized the protocols on Mental Health Screening and Counseling, Alcohol Abuse Screening and Counseling, and Drug Abuse Screening and Counseling. We also developed a system to update future protocols. At the Winter Weekend conference, we distributed a needs assessment to members and will use that information to make the protocols more useful to members. Based on the needs assessment, we also plan to develop a protocol on opioid prescribing.

Letters for the Board – We drafted letters for the board for three policies: maintaining provisions of the ACA, school-based vaccination rates, and de-escalation training for hospital security.

Resolutions – The Commission drafted four resolutions for the NYSAFP COD: paid sick leave, telemedicine abortion, increasing diversity in Family Medicine, and improving the AAFP website search for residency programs.

Partnerships with Other Organizations - We have spoken to several groups in NY State, including ACOG, AAP, Society of Adolescent Health and Medicine, and NIRH, and are reaching out to several more. We discussed the NYSAFP priorities with them and asked them to keep us informed of their priorities so we can see when there is overlap. One focus of our meetings has been encouraging NY state groups that advocate for reproductive health to support single payer health care as well, since there is a lot of overlap between the two positions. We also discussed preschool influenza vaccine with the AAP, and they also felt that now is not the time to push legislation on this.

Concrete Actionable Items that are NY-Focused – Our Office Visit protocols are meant to benefit members and patients in NY State. We are also in the process of applying to write an article on health literacy and the burden of health care on patients for Family Doctor, which we felt was an important issue for our members to know more about. Finally, we identified the bill to raise the age to purchase tobacco in NY State to 21 and worked with the Advocacy Commission to make this a Lobby Day priority. (This was a previous resolution from the PHC that was passed by the NYSAFP COD.)

As Chair of the Public Health Commission, I am most proud of completing our office visit protocols, and moving forward with a member needs assessment and analysis to make them more useful. We now have evidence-based protocols on five topics that represent a large public health burden in NY State.

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 Wayne Strouse, Vice-chair, for their expertise and support of the commission and of me as a chair. We look forward to a productive 2017-18 year.

Heather Paladine, M.D., Chair

Wayne Strouse, M.D., Vice-chair

Ron Rouse, staff

Jamie Loehr, M.D.

Scott Hartman, M.D.

Kelly Kirkpatrick, M.D.

Michael Mendoza, M.D.

Raymond Ebarb, M.D.

Raymond Harvey, M.D.

Stella King, M.D.

Rebecca Roach, M.D. – Downstate Resident Representative

Ayiti-Carmel Maharaj-Best, student

Rehan Alam, student

Ad Hoc Committee on Vaccine Policy

We conducted email discussions to contribute to strategy for four 2016 COD resolutions, assigned by the Board to us and to Public Health/Advocacy. The chair attended four forums, participation having been arranged by our EVP and by our president:

- NYSACHO (NYS association of county health officers) met last October. One session addressed improving adult vaccination rates. The chair served on a panel with a pharmacy representative and an ACP representative.
- During Winter Weekend we had lunch with representatives from NYSIIS and the CIR (state and city vaccine registries).
- The NYS chapter of the American Cancer Society met in March to consider strategy for improving teen HPV vaccination rates. Attendees came from AAP, DOH, ACS and county health departments.
- In April we were invited to a panel discussion of adult vaccination rates sponsored by WIG (women in government). Legislators, pharmacists and DOH were fellow presenters.

Progress on the four resolutions was as follows:

- We should advocate for an adult vaccine program for uninsured, analogous to VFC: We learned such a program exists, but not for doctors' offices. Vaccines are available at selected sites of DOH.
- We should advocate for school based influenza immunization. We learned there is no enthusiasm for the complexity of coordination required between SED and DOH, especially in the climate imposed by national political priorities.
- We should advocate for mandated flu immunization for attendance at certified day care centers. We learned that the NYC mandate was placed on hold by a court challenge, and further advocacy requires resolution of the appeal of that decision.
- We should advocate for mandated reporting of adult immunizations by all vaccinators. While this position passed our COD on the consent calendar, our committee discussed that our strategy must support our rural small practice colleagues who have a paper medical record. Without assistance in meeting the mandate, their existence is threatened by such a regulatory burden. To this end we sought support from NYSACHO, from the pharmacists and from DOH. Local governments, we learned, find funding for critical programs threatened by reordering of national priorities. They are in no position to consider new initiatives that may distract their energies and funds. Meanwhile our ACP and MSSNY colleagues oppose such a mandate. I have attained appointment to the MSSNY committee on Infectious Disease to attempt to influence MSSNY from the inside.

For the coming year we should continue to negotiate resolution especially for two of these priorities – VFA (vaccines for adults) and mandated NYSIIS.

We discussed the Advocacy Commission resolution regarding school mandate for HPV vaccine. Strong opposing opinions exist on our committee which is therefore not unanimous.

The chair appreciates the energy and wisdom of the regular contributors, Drs Jamie Loehr, Wayne Strouse, Bob Morrow, Martin Mahoney and John Epling who has moved to Virginia, with intermittent participation of current and past presidents.

Respectfully submitted:

Philip Kaplan, MD, chair

Advanced Primary Care-Task Force Report

What's happening, what's new, and what should the NYSAFP do-a map to QPP so that we can plan to support primary care and the public's health

Introduction

Before we start, let me point out that if you are reading this, you belong on the Task Force on Advanced Primary Care. Sign up with us at rwmorrowmd@aol.com

Under our NYSAFP president Bob Ostrander's direction, we were asked to assemble a task force to map out the landscape of what was then called Value Based Payments [VBP]. Our original effort was to discover the attitudes and plans at the major insurance carriers. The Medicare program, which flows from MACRA rules [The Medicare Access and CHIP Reauthorization Act of 2015], is now called QPP or the Quality Payment Program.

Our goal is to promote true Advanced Primary Care (judged and defined by desirable outcomes achieved) to support our communities' needs for primary care. Our interactions with the payers are to encourage QPPs that do that, and more importantly right now, to figure out how to limit the damage of poorly designed QPPs to family practice.

Some of us feel strongly that an approach which requires a small independent practice to use a complex toolkit from the AAFP, or to hire consultant is misguided. It diverts time and other resources from patient care and other strategies to improve the health of the public.

Many payers still cling to the name Value Based Payment, which presumptively stands for 'quality over quantity.' Although all available data point to insufficient QUANTITY of primary care, we seem to be at the focus of this policy change from a practical point of view.

These QPP programs sprang from a bipartisan federal law to shift Medicare payments. The two programs under QPP are the Merit-based Incentive Payment System-MIPS, and advanced Alternative Payment Models-APM, or CPC+.

It gets more complex.

VBP is focused on controlling health costs and improving health through a focus on payment for value rather than quantity. While this idea works somewhat for issues such as too many imaging studies and too little care coordination, it becomes somewhat demeaning for us in primary care. Now we will create VALUE! Before, maybe we were the problem. Health systems researchers generally agree that good primary care, as exemplified in typical small independent practices is the biggest bargain in health care today. Put less politely we are woefully underpaid compared to proceduralists.

As mentioned above, the issue is clearly defined-from a health systems view-as too little primary care leading to higher inappropriate use of high cost services by health systems

The context is that 6% or so of the health budget goes to primary care services. According to the NY Times of 4/23/17, [quoting a report by the Organization for Economic Cooperation and Development, attached] about 8% [or almost 150% of primary care expenses] goes for administration, billing, and payment coding services. Estimates of profit to commercial payers also reflect perhaps 25% of the total of overall healthcare delivery. A dramatic increase in coders has recently occurred in the US. After all, tracking down the last colonoscopy 9 years ago isn't easy for a patient who changes plans. Not to mention the difficulties of attributing patient lives to a provider, assigning risk values to maximize pay to Medicare advantage plans through up-coding, or requiring prior authorization for common medications and procedures.

All advanced countries on the planet find it sensible to train adequate primary care physicians, pay them close to the pay of proceduralists, support their work, and provide the occasional incentive bonus. This subject has become far more complex, and costly in the US than it should be, and the political situation nationally is unsettled.

Regardless, we must understand that situation and have a plan to respond. We have both an opportunity and an obligation to the health of the public and ourselves.

Since so many materials are being generated regularly, this report will try to reflect mainly the major actors-and our place in the theater.

For your convenience, a list of resources from Medicare are at <https://qpp.cms.gov/> and at the AAFP site <http://www.aafp.org/practice-management/payment/medicare-payment/ready-qpp.html> and at the ABFM: <http://primenavigator.org/>

Questions of Context

- Is primary care central to the health of the public, as we believe
- Does the US currently do well in the health outcomes of the public
- Does the current QPP and other structural routes we are travelling [DSRIP, pay for performance, PCMH] improve this situation
- Can we understand or engineer a plan, and educate our members and others to follow such an evidence-based plan
- A subset of this discussion—can independent practice produce good outcomes, or must we rely on integrated health systems to produce optimal health of our patients and the public. What makes excellent health outcomes in a fiscally sound system
- Can we collaborate with public health projects and communities to solve problems not amenable to for-profit medicine, which monetizes all activities and uses a manufacturing-based paradigm

The Players

This is a long list, which can be summarized:

- AAFP-American Academy of Family Physicians

- ABFM-PRIME SAN-American Board of Family Medicine's transformation and maintenance of certification product
- CMS/CMMI—Centers for Medicare and Medicaid Services, and Center for Medicare and Medicaid Improvement
- NYS PTN-NYS Practice Transformation Networks [also SAN-support and Alignment Networks]
- DSRIP/PPSs/Medicaid
- ROMC—Regional Oversight and Management Committee—a new player supporting primary care support through Advanced Primary Care [APC], a more polite name than Value Based Payment [VBP], similar to Alternative Payment Models [APM]
- Regional and local Health Systems
- NYSDOH
- NYCDOH-PCIP/NYC REACH
- IPRO
- Commercial Payers
- NCQA/PCMH-National Committee for Quality Assurance/Patient Centered Medical Homes
- Managed Medicare [commercial Medicare as opposed to traditional Medicare]
- Managed Medicaid
- MSSNY-Medical Society of the State of NY]
- Other medical and osteopathic Societies-NYSACP, NYSAAP, ets
- Professional societies such as the nurses, pa's, np's
- Sundry community organizations
- Groups such as the United Hospital Fund and Pharma
- Local and regional businesses, who we presume are buyers of health care
- The public-although mostly around saving the Affordable Care Act aka Obamacare
- Healthcare unions

What to expect:

- A certainty of uncertainty, a move away from patient centered medical home by payers [except for the DSRIP PPS's] and towards risk sharing, in which the payers in essence offload risk to providers. Most health plans wish to share risk with us [that is, not always pay us].
- A broad need to integrate practices and data sources. One cannot make statistically valid decisions on payments for results, and certainly not valid payments in a contractual sense, from small sample sizes with large confidence intervals, in the context of determining payments and modifiers of payments. [In gambling talk, the house pays for winners, but the players cannot really tell who the winners are]
- Integration of analytic and behavioral health services, as well as tech support for the above integration
- Attempts from several different arenas [federal, state, Medicaid, health plans] to simplify and homologate standard measures, and so far to date contributing accidentally through these efforts to more massive complexity
- The inevitability of aggregating data in a way that can be shared and used as a negotiating tool with payers.

- A continued assault on independent practices, which otherwise take ‘attributed lives’ from health systems. Health systems may negotiate unequal payments for equal work.

It is key to recall—under QPP etc, whoever controls the data in this context controls the payments.

Will MACRA survive the political tumult? Seems likely at the moment, according to most health system analysts, and so we therefore need as an organization and individuals to be prepared.

Recommendations for the NYSAFP:

Our early task force should expand, meet, and develop educational tools for our events and for chapter meetings. We can call our local chapters together, with CME credit, to discuss:

- Local initiatives to make informal and formal networks of practices to meet MACRA’s targets, particularly by sharing patient data
- Concrete strategies, such as meetings with payers, joining a PTN , and using the ABFM PRIME program
- Responses by our State chapter and the AAFP to the challenges to primary care.
- In NYC, connect with the NYCDOH’s REACH program, as well as other state-wide and local support initiatives

Now more than ever the public needs strong primary care. We have many allies, and together we can use the current environment to press forward with our case to support the future of family medicine.

Respectfully submitted:

Bob Morrow MD, Chair-Advanced Primary Care Task Force
Associate Clinical Professor-Department of Family and Social Medicine
Associate Director of Interventional CME-Center for CME
Albert Einstein College of Medicine

“In the past quarter century, the American medical system has stopped focusing on health or even science. Instead it attends more or less single-mindedly to its own profits.” Rosenthal, Elisabeth. *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back* (p. 1). Penguin Publishing Group. Kindle Edition.”

Coming soon to your part of NYS: NYSDOH Appoints Northeast Business Group on Primary Care to run the Regional Oversight and Management Committees as part of the NY State Health Improvement Project- SHIP.

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 2016 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 2016 revenues of \$5,954.96. We had expenses of \$12,217.39 for an operating deficit of \$6,262.43. Most of our expenses are management fees paid to the Academy to support Academy educational programs and externships.

Our investment fund with Manning & Napier had a balance of \$32,817.46 on December 31. This represents a decrease in market value of minus \$634.87.

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

EVP & Trustee

Neil Calman, MD

Trustee

Neil Mitnick, DO

Trustee

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

Appendix A: [Resolutions for 2017](#)

[Resolutions of 2016 Actions](#)

[Disposition of 2016 Resolutions Sent to AAFP](#)

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

Appendix C: [AAFP Bylaws online](#)

Appendix D: [Financial Statement / Auditor's Annual Report](#)

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

Appendix F: [Reference Committee Assignment of Resolutions](#)