

NYS Academy of  
Family Physicians

CONGRESS OF DELEGATES HANDBOOK

June 23-24, 2018

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## Official Call of Meeting

June 24, 2018

**TO:** Delegates of Component County Chapters  
Resident and Student Associations

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

**SUBJECT:** Official Call of the Annual Meeting

Dear Doctors and Students:

Notice is hereby given, pursuant to Article 3 of the Constitution of the New York State Academy of Family Physicians, Inc., that the regular annual meeting of the Congress of Delegates will be held on Saturday, June 23, 2018, at the Hilton Garden Inn, Troy, at 7:00 a.m. for the following purpose: to receive and act upon the reports of officers and commissions; to receive and act upon the reports that may be placed before the Congress of Delegates; to present the slate of officers for the Board of Directors. At the beginning of this meeting, all delegates will present their credentials which have been duly authorized and signed by their respective county chapter secretary.

The Congress of Delegates will reconvene on Sunday, June 24, 2018 at 8:00 a.m.

Respectfully submitted,



Russell Perry, MD  
Secretary

## **NYSAFP Traditions**

### **Upstate-Downstate Balance**

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

### **Challenge to the Candidate for President-Elect**

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

## **NYSAFP Officer Job Descriptions**

### **DIRECTOR**

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

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

### **SPEAKER AND VICE SPEAKER**

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

### **PRESIDENT**

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

7. Attend local chapter meetings

### **PRESIDENT-ELECT**

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

### **VICE PRESIDENT**

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

### **AAFP DELEGATE**

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

### **AAFP ALTERNATE DELEGATE**

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

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

#### **MSSNY DELEGATE**

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

#### **MSSNY ALTERNATE DELEGATE**

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

#### **SECRETARY**

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

#### **TREASURER**

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



## **NYSAFP Commissions Information**

### **COMMISSION ON FAMILY PRACTICE ADVOCACY:**

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

### **COMMISSION ON EDUCATION**

Chaired by Heather Paladine, 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 Marc Price, DO, this commission is responsible for finances, personnel, headquarters operations and governance issues. This commission develops and monitors the budget, reviews leases and contracts and develops bylaws amendments.

### **COMMISSION ON PUBLIC HEALTH**

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

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

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

## **In Memoriam**

Allan A Berger, MD

David V Clough, MD

Storer W Emmett, MD

Samuel Garson, MD

Clark Armand Gentil, DO

Shaikh Monirul Hasan, MD

Criss Kidder, Jr, MD

Anthony R Mascia, MD

John F Salimbene, MD

Tracy Sin-Yee Tam, DO

## Procedures of the Congress of Delegates

The Congress of Delegates will convene on the 23<sup>rd</sup> day of June, 2018 and will be conducted under the Standard Code of Parliamentary Procedure, except where specific action is mandated by the Bylaws of the Academy.

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

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

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

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

Motions made to change a Main Motion are:

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

These motions require seconding and a majority vote.

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

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

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

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

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

### **POWERS AND DUTIES OF REFERENCE COMMITTEES**

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

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

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

#### **Suggestions for conducting a Reference Committee:**

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

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

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

### **PREPARING THE REFERENCE COMMITTEE REPORT**

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

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

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

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

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

### **MISCELLANEOUS**

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

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

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

#### **REAFFIRMATION CALENDAR**

1. Discussions during reference committee hearings and reference committee executive sessions often reveal that the intent of a resolution is already current or already being done by current projects. This then 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. Imran Ahmed	Dr. Cristina Ho	Dr. Mark Pisik
Dr. Alan Barcomb	Dr. Clifford Hurley	Dr. Jennifer Ringstad
Dr. Steven Barnett	Dr. David Kang	Dr. Susan Rockwell
Dr. Kathleen Catalano	Dr. Dilara Khandaker	Dr. Linda Roethel
Dr. John Charles	Dr. Timothy Kitchen	Dr. Richard Ruh
Dr. Shawn Cotton	Dr. Marc Klementowski	Dr. Samuel Sandowski
Dr. Margaret Coughlin	Dr. Kathleen Klink	Dr. John Sharza
Dr. George Dempsey	Dr. Reiner Koelle	Dr. Stephen Sipperly
Dr. Gilbert Desmangles	Dr. Raja Kolisetti	Dr. Mark Steenbergen
Dr. Thomas Dilamarter Jr	Dr. Arthur Lee	Dr. Maria Sy-Vinluan
Dr. Robert Feldman	Dr. Michael Lettrick	Dr. Lisa Thorn
Dr. George Fisher	Dr. C Lorenzo	Dr. Celeste Walicki
Dr. Usha George	Dr. Kumar Mandal	Dr. Mark Winsberg
Dr. Lawrence Goldstein	Dr. Katiuschka Nunez	Dr. Sharon Ziegler
Dr. Leticia Gonzalez	Dr. Richard O'Keefe	
Dr. Michael Grill	Dr. Rhonda Peterson	

### 50 Year Members

Dr. Lawrence Panitz	Dr. John Supple	Dr. Richard Wagner
Dr. Matthew Rivkin	Dr. Donald Tulloch	Dr. Harold Weissman

## Delegates and Alternate Delegates of County Chapters

	<u>Delegates</u>	<u>Alternate Delegates</u>
ADIRONDACK (2)		
ALBANY (3)	Teddy Hausler, DO Chris Murphy, MD	
BRONX/WESTCHESTER (4)	Shanti Harkisoon, MD Virginia Martinez, MD Robert Morrow, MD Vijaya Reddi, 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 Miriam Vincent, MD	
LEWIS (2)		
LIVINGSTON (2)		
MONTGOMERY (2)		
NASSAU (4)	Brennain Flanagan, MD	

	Jana Galan, MD Francis Faustino, MD	
NEW YORK (4)	Rupal Bhingradia, MD Ruth Lesnewski, MD Yorgos Strangas, MD Venis Wilder, MD	Lalita Abhyankar MD Elaine Kang, MD Michelle Love, MD Caitlin Weber, MD
NIAGARA (2)		
ONEIDA (2)		
ONONDAGA (3)	Denise Octaviani, DO	
ONTARIO (2)		
ORANGE (2)		
OSWEGO (2)		
OTSEGO (2)		
QUEENS (3)	Samuel Arce, MD Saulius Skeivys, MD	
RENSSELAER (2)	Kristin Mack, DO Jennifer Wiley, MD	
RICHMOND (2)		
ROCHESTER (4)		
ROCKLAND (2)	Gabriel Guardarramas, MD	
SARATOGA (2)	Shelley Justa, MD Manish Saha, MD	
SCHENECTADY (2)	Daniel Cunningham, MD Eric Schnakenberg, MD	
SCHOHARIE (2)		
SOUTHERN TIER (2)		
STEUBEN (2)		

ST. LAWRENCE (2)

SUFFOLK (4)	Christine Doucet, MD Keasha Guerrier, MD Christopher Koke, DO Louis Verardo, MD	Mohan Abraham, MD
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SULLIVAN (2)

TOMPKINS (2)	William Klepack, MD Jamie Loehr, MD
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ULSTER (2)	Ephriam Back, MD Wesley Ho, MD
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WARREN-WASHINGTON (2)	Sonya Sidhu-Izzo, MD
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WAYNE (2)

YATES (2)	Robert Anderson, MD Wayne Strouse, MD
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**SPECIAL CONSTITUENCIES**

MINORITY	Daniel Neghassi	Micheline Epstein
NEW PHYSICIAN	Ivonne McLean	Anita Ravi
WOMEN PHYSICIAN	Gina Greco-Tartaglia	Kristin Mack
IMG	Pooja Paunikar	Brenainn Flanagan
LGBT	Virginia Martinez	Martha Simmons

**RESIDENCY PROGRAM CHAPTERS**

Albany Family Medicine Residency Program	Sophia Conroy	
Bronx Lebanon Hospital Center FMRP	Cheryl Martin	Somiya Haider
Ellis Hospital of Schenectady Program		
Institute Family Health: Harlem Residency in FM	Kelly Kirkpatrick	Sarah Baden
Mid-Hudson Family Medicine Residency Program		
Mount Sinai Beth Israel Residency in Urban FM		
Northwell Health, Dept. of FMed at Glen Cove	Naeemah Kai Alston	Sunil Shah
NY-Columbia Presbyterian Family Medicine RP	Elizabeth Han	Bradley Milam
Southside Hospital at Northwell Health	Rolando Gomez or Thara Foreste / Andrew Jacobs	
St. Joseph's Hospital Family Medicine Residency		
SUNY-Downstate Medical Center		
UHS Wilson Memorial	Jane Simpson	Anna Liggett
University of Rochester/Highland Hospital FPRP		

## Officers and Board of Directors

### 2017-2018 Board of Directors

President ..... Sarah C. Nosal, MD, FAAFP  
President-Elect ..... Marc Price, DO  
Vice President ..... Barbara Keber, MD,FAAFP  
Secretary ..... Russell Perry, MD, FAAFP  
Treasurer ..... James Mumford, MD, FAAFP

### BOARD OF DIRECTORS

#### Terms expire 2018

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

#### Terms expire 2019

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

#### Terms expire 2020

Ani Bodoutchian, MD, MBA, FAAFP  
Heather Paladine, MD, FAAFP  
Pooja Paunikar, MD

Speaker, Congress of Delegates..... Jason Matuszak, MD, FAAFP  
Vice Speaker, Congress of Delegates ..... Andrew Symons, MD  
New Physician ..... Anita Ravi, MD, MPH, MSHP  
Delegate to AAFP Downstate..... Marianne LaBarbera, MD, FAAFP  
Alt. Delegate to AAFP Downstate .....Tochi Iroku-Malize, MD, MPH, MBA, FAAFP  
Delegate to AAFP Upstate..... Marc Price, DO  
Alt. Delegate to AAFP Upstate .....Mark Josefski, MD, FAAFP  
Delegate MSSNY ..... Jose 'Jun' David, MD, FAAFP  
Alternate Delegate MSSNY..... Paul Salzberg, MD, FAAFP  
Immediate Past President..... Robert Ostrander, MD, FAAFP  
Resident Representative Upstate ..... Brooke Lamparello, MD  
Alternate Resident Representative Upstate ..... Lauren Hobbs, MD  
Resident Representative Downstate ..... Ravilya Caine, MD  
Alternate Resident Representative Downstate ..... Rebecca Roach, MD  
Student Representative Upstate. .... Valerie Kyser  
Alternate Student Representative Upstate..... Phebe Alley  
Student Representative Downstate..... Ben Shuham  
Alternate Student Representative Downstate..... Alyssa L. Farina

### Not on the Board of Directors

Student Delegate Upstate to COD/NC.....McKinzie Neggers  
Alternate Upstate Student Delegate to COD/NC ..... Howard Lanney  
Student Delegate Downstate to COD/NC ..... Stephanie Wu  
Alternate Student Delegate Downstate to COD/NC ..... Jessica Nguyen

## **Nominating Committee**

Chair: Jose Tiburcio, MD

### **2018-2019 Nominations**

President-Elect	Barbara Keber, MD
Vice President	Jason Matuszak, MD
Secretary	Russell Perry, MD
Treasurer	Thomas Molnar, MD Linda Prine, MD
Speaker	Andrew Symons, MD
Vice Speaker	James Mumford, MD
Delegate to AAFP (Downstate)	Tochi Iroku-Malize, MD
Alt. Delegate to AAFP (Downstate)	Sarah C. Nosal, MD
New Physician Director (2 yrs, 2019 election)	
MSSNY Delegate (3 yrs; 2020 election)	
MSSNY Alt. Delegate (3 yrs; 2020 election)	
Three (3) Directors	Rupal Bhingradia, MD Daniel Neghassi, MD Wayne Strouse, MD



## **Reference Committee (TBD)**

### **Committee on Operations**

Chair:	Venis Wilder, MD
Vice Chair:	Tom Molnar, MD
Advisor:	Bob Ostrander, MD
Member:	Sierra Vanderkelen
Member:	Martha Simmons, MD
Member:	Sarah Baden, MD
Member:	Robert Anderson, MD

### **Committee on Policy**

Chair:	Pooja Paunikar, MD
Vice Chair:	Daniel Neghassi, MD
Advisor:	James Mumford, MD
Member:	Cinthia Elkins, MD
Member:	Alex Paley
Member:	Jane Simpson, DO
Member:	Miriam Vincent, MD

### **Parliamentarian:**

Andrew Merritt, MD

### **Sergeant(s) at Arms:**

Heather Paladine, MD

### **Tellers:**

Christine Doucet, MD

## Schedule of Events

### Saturday, June 23

5:30 – 6:15 am	Walk/Run Groups	Lobby
7:00 – 8:30 am	Breakfast	Garden Foyer
7:15 – 8:00 am	New Member / Student Orientation	Patio
8:00 am	Annual Meeting Congress Opens Announcement from floor Late Resolutions Nominations from floor	Amphitheater
8:15 am	Update from AAFP President Mike Munger	
8:30 – 9:45 am	Reference Committee on Operations	Hoff Room
9:45 – 10:00 am	Break/Vendors	Garden Foyer
10:00 – 11:30 am	Reference Committee on Policy	Tomlinson Room
11:3 – 12:15 pm	Break/Vendors	Garden Foyer
12:15 – 1:15 pm	Awards Luncheon 25 & 50 Year Certificates Family Doctor of the Year Family Medicine Educator of the Year Convocation of Degree of Fellow	Ferris Ballroom B
1:30 – 3:00 pm	Town Hall Forum – <b>Paul Mahoney</b> , Assistant Deputy Attorney General of the Medicaid Fraud Control Unit <b>Timothy Hoff, Ph.D.</b> is Professor of Management, Healthcare Systems, and Health Policy in the D’Amore-McKim School of Business and School of Public Policy and Urban Affairs, Northeastern University, in Boston, Massachusetts. <b>Dr. Amy Mullins</b> of the American Academy of Family Physicians to update us on payment reform	Amphitheater
3:00 – 3:30 pm	Break/Vendors	Garden Foyer

3:30 – 4:30 pm	Students Meet AAFP President	Tomlinson Room
3:30 – 5:00 pm	Elections	Amphitheater
5:00 – 5:30 pm	Walk/Run Groups	Lobby
6:00 – 7:00 pm	Cocktails and hors d'oeuvres	Ballroom Foyer
7:00 pm	New Board Picture	
7:00 – 9:30 pm	Dinner & Installation of Officers	Ferris Ballroom
9:30 – 11:30 pm	President's Reception	President's Suite

### **Sunday, June 24**

5:30 – 6:15 am	Walk/Run Groups	Lobby
7:30 – 9:00 am	Continental Breakfast	Garden Foyer
7:30	New Board Meets (select Chair)	
8:00 am	Congress Reconvenes	Amphitheater
	Introduction of Guests	
	AAFP Update	
8:30 am	President's Remarks	Amphitheater
8:45 am	Reference Committee Reports	Amphitheater
10:00 am	Refreshment break	Garden Foyer
12:00 Noon	Adjournment	
1:00 – 4:00 pm	Residents/Students Leadership Training Program Learn about different avenues of leadership in your Academy from experienced, active NYSAFP members. <u>Bring a current version of your CV and get tips from experienced physicians on how to build a professional CV.</u>	Roebling Library

## 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	Sarah C. Nosal, MD, FAAFP	2017-2018

## **President's Annual Report**

Sarah C. Nosal, MD, FAAFP

71<sup>st</sup> President NYSAFP

@NYSAFP\_Prez

@SCNosalMD

June 2018

It has been my privilege to serve you as New York State Academy of Family Physicians (NYSAFP) President over this last year.

Shortly after our June 2017 Congress of Delegates our family medicine community experienced great sorrow. A shooting at the Bronx Lebanon Hospital resulted in the death of NYSAFP member and journal contributor Dr. Tracey Tam. We spent early July reaching out as your Academy and countless members offered support to both program leadership, residents and students touched by this tragedy.

Early August found me in Florida presenting at and participating in the Women in Government Learning Exchange on Adult Vaccine Policies and Planning, meeting with state legislators from across the country and collaborating on developing successful vaccine policies. Soon after, we gathered for our Summer Cluster for the first in-person meeting of our NYSAFP Commissions to begin executing our Academy's work on Advocacy, Education, Leadership, Membership, Operations, and Public Health. Thanks to all who joined our presidential celebration which took place at the Bronx Museum of Art just down the street from my South Bronx practice.

Along with your NYSAFP delegates, alternates, and leadership, I could be found in San Antonio, TX in September for the Annual AAFP Congress of Delegates. Our team proudly spoke in support of NYSAFP policy to becoming our national policy and we continue to be a progressive voice pushing for a strong representation in difficult times from our national Academy during difficult times.

In October I had the pleasure of representing our NYSAFP as a guest of the Tennessee Academy of Family Physicians at their Annual Scientific Assembly. Learning from best practices of other chapters has been a NYSAFP tradition. In November we had our fall NYSAFP cluster meeting in Albany, NY, and in December I was asked by the Medical Society of the State of New York (MSSNY) to assume the role of Chair of MSSNY's their Primary Care Caucus to help focus attention on the needs of our communities, patients, and providers in the realm of primary care.

In early January we held our successful NYSAFP Winter Weekend in Lake Placid, NY. Thank you to our local chapters who support our many students and residents who attend Winter Weekend. It is a joy to see their enthusiasm as they get hands on experience at the fun of family medicine. In Late January was the brought the first meeting of 2018 for our AAFP national commissions, and we were well represented by NYSAFP members and staff: Dr. Marc Price (2018)- Quality and Practice; Kelly Madden (2018)- Education; Dr. Scott Hartman (2019)- Health of the Public and Science; Dr. Tochi Iroku-Malize (2018) and Donna Denley (2020)- Membership and Member Services; and Dr. Rachelle Brilliant (2021)- Continuing Professional Development.

In February I represented you along with key NYSAFP leadership at 'Ten State' in Hartford, CT. Ten State is, in fact, a gathering of slightly more than 10 state chapters coming together to teach and learn best practices from each other and collaborate on the work of our academies.

In early March it was a pleasure to gather with NYSAFP members from across New York State in Albany first for our Winter Cluster commission meetings followed closely by and our annual Lobby Day in which we when we meet with our state legislatures on behalf of our Academy. Key priority issues included the inclusion of executive budget inclusion of enhanced reimbursement for care in a Patient Centered Medical Home in the executive budget, funding for Doctors Across New York funding, the Excess Medical Malpractice Program, and the Governor's Women's Agenda. In late March I once again represented our NYSAFP at the Medical Society of the State of New York, where I also served as Chair of the primary care caucus meeting - the first of its kind at an annual MSSNY meeting.

In early April the AAFP Commission on Finance and Insurance met and our NYSAFP Treasurer, Dr. James Mumford was there serving our AAFP and represented our Academy in his final year on this commission. In late April, NYSAFP was represented at the National Conference of Constituency Leaders in Kansas City by a full delegation (Women, Minority, New Physician, International Medical Graduate, and LGBT) at the National Conference of Constituency Leaders where they lobbied for resolutions to be brought forward as policy to our national Academy. Held concurrently, NYSAFP chapter leaders and I attended the Annual Chapter Leadership Forum, strengthening our chapters skills in governance, membership retention, and health policy.

In early May I was called upon asked to testify at the Assembly Standing Committee on Health on behalf of our Academy's support of medical aid in dying legislation, and in late May NYSAFP leadership represented NYSAFP and AAFP in Washington, DC at the AAFP Family Medicine Advocacy Summit. We rallied with chapter leaders from around the country and lobbied for our

national legislative priorities including the rural physician workforce, maternal health, the opioid crisis and related legislation, primary care protection and the Congressional Primary Care Caucus.

The first weekend of June we were again well represented by NYSAFP members on national commissions by all who attended the AAFP Summer Cluster in Kansas City, MO. Now And finally, as my term comes to a close we travel full circle by hosting a press conference in Albany with our state legislators, including Senator Funke and Assemblywoman Joyner whose district includes Bronx Lebanon where family physician Dr. Tam's life came to a tragic end. This legislation pushes for the addition of physicians to the assault bill which results in an , which already includes nurses, EMS, firefighters, etc., as automatic second degree assault felony charge if violence occurs against a health care provider engaged in patient care. While the bill includes nurses, EMS providers, firefighters, etc., Surprisingly this bill it does not currently include physicians among those currently protected, nor all care environments at this time.

I want to express my thanks to our NYSAFP staff, especially Vito, Donna, Kelly and Penny who make possible all that we accomplish as an Academy each year. Thank you to our NYSAFP Board of Directors and our many Commission members who volunteer their time to better the health of our patients, communities and execute the good work of our Academy. And 'thank you' to Marcy Savage, Padraic Bambrick and their team at Reid, McNally & Savage who along with Vito make sure our voices get heard and amplified on the state and national stage.

Also, thank you to the Institute for Family Health who has been so supportive, and to my teams for keeping our Health Information Technology Systems work and Urban Horizons Family Health Center on track during this presidential year. Finally, a special thank you to my family, most importantly, my husband James Mumford, MD, FAAFP, an accomplished family physician in his own right who has supported me throughout.

It has been a great honor to serve you as your president. I am so proud to be a family physician and I look forward to many more years of service to the Academy and much more good work together.

Respectfully submitted,  
Sarah C. Nosal, M.D. FAAFP

## **Secretary's Annual Report**

Russell Perry, MD, FAAFP

Secretary NYSAFP

In 2017-2018 I attended and participated in all the NYSAFP Commission Clusters and Board Meetings throughout the year. As Secretary I took part in the Board Meetings Agenda, discussion and voting. In support of our state academy endeavors I attended NYSAFP sponsored activities including Winter Weekend as well as advocacy activities on Lobby Day. During Winter Weekend I was a speaker on Hepatitis C and Primary Care.

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

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

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

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



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

Bronx-Westchester

New York

Onondaga

Rensselaer – closed Spring 2018

Saratoga

Schenectady

Suffolk

Tompkins

Ulster

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

We have an annual audit conducted by Slocum, DeAngelus & Associates, PC. Their opinion 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, 2017 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, 2018. 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 \$1,206,937.69. 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 04/30/2018 we have the following balances in our operating and investment accounts. Amounts from 04/30/2017 have been included for comparison:

	<u><b>4/30/2017</b></u>	<u><b>4/30/2018</b></u>
General Fund Checking	\$41,576.56	\$20,106.81
Money Market Account	\$57,573.26	\$308,202.65
Manning & Napier investment fund	\$701,867.01	(\$3,048.65)
AAFP Pooled Investment		\$550,000.00
PAC	\$3,504.61	\$3,763.58
Foundation Checking	\$10,191.44	\$5,267.62
Foundation Money Market Account	\$2,607.31	\$2,607.75
Foundation Manning & Napier	\$32,817.46	\$35,745.04
County chapter accounts	<u>62,128.42</u>	<u>\$81,818.98</u>
<b>TOTAL:</b>	<b>\$912,266.07</b>	<b>\$1,004,463.78</b>

We have \$1,004,463.78 on hand to support operations through the remainder of the year. Since our entire budget for the year is just over a million dollars, we are in excellent shape from an operational perspective. Our dues income tends to decrease dramatically from February until October when next year’s invoices are generated by the AAFP.

On the last page of this report, you will find a table showing our Balance Sheet from 2016 and 2017 side by side for comparison. Overall our total assets are about \$7,000 more than last year.

**Revenues**

We have received \$355,301.35 in dues. This is almost 40% of the 2018 dues budget of \$904,395.00. Total revenues are \$513,303.43

**Expenses**

Expenses through April 30 total \$336,702.72 which is almost 30% of the \$1,102,257.45 budget for operating expenses. Our operating surplus through April 30 is \$176,600.71.

**Accounts Payable & Accounts Receivable**

We have a positive cash balance of \$87,735.70 in our accounts payable and receivable: \$308.31 payables and \$88044.02 (exhibitor, NYSAFP Foundation) in receivables.

**Conclusion**

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

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

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

	<u>Dec 31, 16</u>	<u>Dec 31, 17</u>
<b>ASSETS</b>		
<b>Current Assets</b>		
<b>Checking/Savings</b>		
1072-00 · Manning & Napier	701,867.01	-2,877.36
1073-00 · AAFP Pooled Investment Fund		250,000.00
1001-00 · NYSAFP Money Purchase Plan Trus	54.55	54.55
1000-00 · General Fund Checking	9,768.09	66,952.86
1010-00 · Money Market Account	32,566.29	402,578.32
1180 · Tompkins County Local Chapter		5,183.95
1175 · Onondaga County Chapter		9,232.46
1100 · Ulster County	3,275.50	3,816.25
1110 · Suffolk County	4,261.05	4,302.61
1130 · Bronx-Westchester County	23,233.22	26,951.23
1140 · New York County Chapter	7,293.20	5,385.64
1150 · Schenectady Local Chapter	5,109.66	5,197.16
1160 · Saratoga Local Chapter	11,639.94	14,068.34
1170 · Rensselaer Local Chapter	2,447.41	2,447.41
<b>Total Checking/Savings</b>	<u>801,515.92</u>	<u>793,293.42</u>
<b>Accounts Receivable</b>		
1200 · Accounts Receivable	58,613.44	73,937.77
<b>Total Accounts Receivable</b>	<u>58,613.44</u>	<u>73,937.77</u>
<b>Other Current Assets</b>		
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
<b>Total Other Current Assets</b>	<u>163,066.45</u>	<u>163,066.45</u>
<b>Total Current Assets</b>	<u>1,023,195.81</u>	<u>1,030,297.64</u>
<b>Fixed Assets</b>		
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
<b>Total Fixed Assets</b>	<u>5,859.55</u>	<u>5,859.55</u>
<b>TOTAL ASSETS</b>	<u><b>1,029,055.36</b></u>	<u><b>1,036,157.19</b></u>
<b>LIABILITIES &amp; EQUITY</b>		
<b>Liabilities</b>		
<b>Current Liabilities</b>		

<b>Accounts Payable</b>		
2000 · *Accounts Payable	12,923.55	1,551.24
<b>Total Accounts Payable</b>	<b>12,923.55</b>	<b>1,551.24</b>
<b>Credit Cards</b>		
Visa Hyatt Chase x3212	1,396.45	262.27
MC	1,071.31	
Amex	708.09	1,646.83
<b>Total Credit Cards</b>	<b>3,175.85</b>	<b>1,909.10</b>
<b>Other Current Liabilities</b>		
2300-00 · Pension Loan	15.40	15.40
2000-10 · Accrued Payable	-25,665.04	-53,384.19
2100-00 · County Dues Payable	80,375.61	116,178.62
2100-75 · Tompkins County Payable		603.39
2100-90 · Onondaga Local Chapter Payable		2,363.61
2100-10 · Suffolk County Payable	7,314.37	7,355.93
2100-20 · Bronx-Westchester Payable	30,081.91	33,715.62
2100-40 · Ulster County Payable	3,872.60	5,117.15
2100-50 · New York County Payable	14,528.98	14,621.42
2100-60 · Schenectady Local Chapter Payab	5,839.16	5,926.66
2100-70 · Saratoga Local Chapter Payable	15,404.34	17,832.74
2100-80 · Rensselaer Local Chapter Payabl	2,437.41	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
2220-00 · NYS Income Tax		-358.23
<b>Total Other Current Liabilities</b>	<b>524,808.87</b>	<b>543,029.66</b>
<b>Total Current Liabilities</b>	<b>540,908.27</b>	<b>546,490.00</b>
<b>Total Liabilities</b>	<b>540,908.27</b>	<b>546,490.00</b>
<b>Equity</b>		
3999-00 · Opening Bal Equity		10,240.91
3999-99 · Retained Earnings	482,287.01	488,147.09
Net Income	5,860.08	-8,720.81
<b>Total Equity</b>	<b>488,147.09</b>	<b>489,667.19</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>1,029,055.36</b>	<b>1,036,157.19</b>

## Executive Vice President's Annual Report

Vito F. Grasso, MPA, CAE

### Membership

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

### Membership

	1/1/2014	1/1/2015	1/1/2016	1/1/2017	1/1/2018
Active	2577	2613	2670	2760	2770
Supporting	21	17	18	19	19
Resident	691	699	727	728	726
Student	1715	2138	2254	2388	2372
Life	281	273	268	273	283
Inactive	28	30	30	30	35
Honorary		1	1	1	2
Total:	5313	5771	5968	6199	6207

Our Active membership has grown by 9.3% over the last 5 years.

Overall membership has increased by 16.8% since 2014.

Our 2017 Active Member retention rate was 91.4% (down from 92.5% in 2016). The National Active Member Retention is 93.8% (down from 94.4% in 2016).

For 2017 we converted 61.6% (down from 65.6% in 2016) of our Resident Membership to Active (residency completion 2016). Our Resident membership has increased by 9.5% over the last five years. National average conversion rate is 72.3%.

Retention rate of 2017 New Physicians is 81.7% (down from 82.6% in 2016). AAFP retention rate is 87.3% (down from 88.6% in 2016).

The AAFP estimates that we have 73.4% (no change from 2017) of the market share in New York. The national average is 77% (up from 76.8% in 2016).

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### Finances

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

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

### **Advocacy**

Our Advocacy efforts continue to produce results and serve the interests of members and their patients. We had 8 members attend the 2017 Family Medicine Advocacy Summit – one of the largest delegations at the conference. Our own lobby day in March continued to attract support and participation by members. More than 30 members attended this year. We lobbied successfully for continued funding in the Medicaid budget for the primary care enhancement program, funding for the Doctor Across NY program and continuation of the excess malpractice pool.

We have remained actively engaged in aggressive advocacy across a wide spectrum of policy issues. We have worked closely in conjunction with other medical societies in joint advocacy on matters of general concern to the medical community. We have expanded our advocacy efforts to include active participation in a primary care caucus within the MSSNY House of Delegates. We have also increased our public relations activities to support our policy advocacy.

We were successful in obtaining introduction of legislation to significantly reform the use of prior authorization by insurers. We have obtained the support of other major medical societies for our initiative.

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. Attendance increased for the first time in several years as 229 people registered for the Saratoga conference. The conference also attracted 27 vendors and generated more than \$9,000 in profits. The 2018 WW returned to Lake Placid. Attendance, participation by vendors and profits all declined: 188, 16 and \$5,000 but the program was well received. The Commission will continue experimenting with WW next year when the conference will be in Rochester.

### **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;

William Klepack, MD; and Louis Verardo, 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:

Continuing Professional Development:	Rachelle Brilliant, DO
Education:	Ms. Kelly Madden, MS (NYSAFP staff)
Finance & Insurance:	Jim Mumford, MD
Health of the Public & Science:	Scott Hartman, MD
Membership & Member Services:	Tochi Iroku-Malize, MD Donna Denley (NYSAFP staff)
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.

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

### **Governance**

Our commission structure continues to provide an effective and efficient vehicle for member involvement in directing the affairs of the Academy. More than 80 members served on commissions this past year. Our commissions dealt with a broad range of issues and concerns on behalf of members and were expertly managed by our team of volunteer chairs and



professional staff. I appreciate the efforts of those individuals and would like to acknowledge them here:

<b>Commission</b>	<b>Chair</b>	<b>Staff</b>
Advocacy:	Rachelle Brilliant, DO	Marcy Savage
Education:	Heather Paladine, MD	Kelly Madden
Leadership:	Jose Tiburcio, MD	Penny Richmond-Ruhm
Membership:	Jason Matuszak, MD	Donna Denley
Operations:	Marc Price, DO	Vito Grasso, MPA, CAE
Public Health:	Scott Hartman, MD	Ron Rouse

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

### **Conclusion**

Dr. Nosal 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. She has managed to balance the needs of her 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 her. She has been consistently available and resourceful in fulfilling her duties as chapter president. She has been gracious and cooperative and has effectively cultivated relationships with other medical organizations and health policy stakeholders in New York and nationally, and among various Academy constituencies. Her stature as a leader within the AAFP has been a positive factor in sustaining our chapter's influence among other chapters and with the AAFP leadership. Our growing stature nationally is reflected in the disposition of NY resolutions introduced at the 2017 AAFP COD and reported elsewhere in our 2018 COD Handbook. In particular, we were successful in obtaining adoption of our resolution declaring health to be a human right with the corollary conclusion that this right implies the right to have a health care delivery system that is accessible, affordable and patient centered.

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**

Marc Price, DO, Chairman

### Members:

Herbert, MD, Bess

Ho, MD, Wesley

Keber, MD, Barbara – Vice President

Khan, MD, Naz

Lam, DO, Lily

Merritt, MD, Andrew

Molnar, MD, Tom

Mumford, MD, James - Treasurer

Nosal, MD, Sarah - President

Ostrander, MD, Bob – Immediate Past President

Peterson, Marten (Student)

Price, DO, Marc – President-Elect & Chairman

The Commission met in person on August 5, 2017, October 19, 2017 and March 11, 2018.

### 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 2018 budget proposal and submitted it to the Board for approval.

The commission approved the new investment policy developed by the Finance Committee.

The committee agreed to move the remainder of our investment account to the AAFP Pooled Investment Fund. The primary reason was that the AAFP Fund is aggressively monitored by the AAFP Commission on Finance and Administration. There was discussion about whether to consolidate our investment funds immediately or to wait until after obtaining board approval on 11/12.

The commission decided to recommend that we close the M&N account and move the funds to our account with the AAFP.

### AAFP Commission Appointments

The Commission received reports on NY members who applied for AAFP commissions and disposition of NY sponsored resolutions by the AAFP COD. NY remains a national leader within the AAFP. We have nine members on AAFP commissions:

Continuing Professional Development:	Rachelle Brilliant, DO
Education:	Ms. Kelly Madden, MS (NYSAFP staff)
Finance & Insurance:	Jim Mumford, MD
Health of the Public & Science:	Scott Hartman, MD
Membership & Member Services:	Tochi Iroku-Malize, MD Donna Denley (NYSAFP staff)
Quality & Practice:	Marc Price, DO

### Calendar

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

### New Business

The Commission approved continuation of legal counsel Lawrence Kobak, DPM, JD. Dr. Kobak advised the Commission during the summer that he was leaving Kern Augustine to affiliate with Frier Levitt, a national law firm which exclusively practices in health law. Dr. Kobak offered the same discounted services and initial free consultation for Academy members which he previously provided as legal counsel during his affiliation with Kern Augustine.

The Commission approved a \$10,000 allocation in the 2018 budget for costs associated with a campaign for election to the AAFP board for Dr. Iroku-Malize.

### 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 Vito Grasso for agenda and minutes preparation and Dr. Mumford for preparation of the financial reports with assistance from our finance director, Donna Denley.

## Commission on Family Practice Advocacy

The Advocacy Commission met during the summer and fall clusters in 2017 and the spring cluster in 2018. We discussed and acted upon resolutions passed at the 2017 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). A Physician Assault bill was introduced by Assemblywomen Joyner and Senator Funke. A bill to stream line and simplify the prior authorization process has also be introduced. The bill to curb fail first step therapy was passed. We continued our support of legislation regarding a single-payer health care system in New York. We have supported Medical Aid in Dying resolutions at MSSNY and AAFP COD and in the State Senate and Assembly.

On Lobby Day in March 2018 more than 35 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 were successful at keeping Patient Centered Medical Home funding at its current level. The budget this year included an increase to funding for Doctors Across New York.

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  
Philip Kaplan, MD, Advisor - Past President  
Jenna Butner, MD, Member  
William Klepack, MD, Member  
Daniel Neghassi, MD, Member  
Paul Salzberg, MD, Member

David Silverstein, MD, Member  
Martha Simmons, MD, Member  
Orlando Sola, MD, Member  
Laure Hobbs, MD, Resident  
Ben Shuham, Student member  
Elizabeth George, Alternate Student  
Marcy Savage, Staff

## Commission on Education

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

### 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. Conferences and Faculty Development:

#### 1) Continuing Medical Education

- Conference events remain a central piece of our strategy to fulfill the mission of the Education Commission. We continue to support a single statewide meeting and scientific assembly held during Winter Weekend, in addition to Regional Family Medicine Conferences. In 2017-18, a successful RFMC conference was held in Albany. We try to have an Education Committee member on each such conference committee. We decided not to have a Downstate regional conference this year but will reconsider if there is more member interest in the future.

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. In an effort to try to reach more members and different parts of our membership, the commission made the decision to move the Winter Weekend CME Conference and Scientific Assembly to the western part of the state for 2019. The conference will be in Rochester in January 2019.

Winter Weekend 2018 was held in Lake Placid with strong attendance and a small profit.

Details on conference registrations and profits are summarized in table 1 below:

Table 1: Conferences 2015-2018

Year	Conference	Number of Guests (including faculty, students & residents)	# of faculty	# of students	# of residents	Profit / Loss	Date
2015	Winter Weekend 2015	187	39	47	25	-2800	1/22/2015
2015	Capital RFMC - 2015	61	8	0	4	\$1,085	9/12/2015
2015	Rochester RFMC	38	6	3	0	-\$750	10/10/2015
2016	Winter Weekend - 2016	206	31	58	26	\$9,000	1/26/2016
2016	ALSO IC - May '16	28	6	0	0		5/27/2016
2016	Capital RFMC - 2016	54	8	2	3		9/17/2016
2017	Winter Weekend - 2017	229	32	48	38		1/26/2017
2017	Pain Management Webinar	239	5	NA	NA	NA	5/22/2017
2017	Capital RFMC - 2017	35	7	1	1		9/16/2017
2018	Winter Weekend - 2018	188	37	41	19	\$5,000	1/11/2018
2018	CME at COD						6/23/2018
2018	Capital RFMC - 2018						9/15/2018

Table 2: Total number of all conference participants per year over the last 5 years:

Year	2013	2014	2015	2016	2017	2018
Number of participants	470	488	286	288	503	pending

## 2) Preceptor Education

- Improving the skills and numbers of community Family Medicine student preceptors has been a focus of the Education Commission over the past year. The Education Commission received an update from Annie Rutter of Albany Family Medicine on the Preceptor Expansion Action Plan that is sponsored by the national Family Medicine organizations. In the future, the NYSAFP may be able to sponsor a program for community preceptors to earn ABFM QI credit by having students do projects in their offices.
- The commission supported a faculty development conference for community preceptors through the Rural Medical Scholars Program which took place on October 21 in Canandaigua. NYSAFP contracted with CMI to video capture content. Content included: a Brief Overview of Utilization of Community Preceptors, What Methods Work Best for What Types of Learning and What Types of Learner, Feedback Versus Evaluation, and Teaching the Whole Person. The four presentations will be available via link and uploaded to the NYSAFP website as a member benefit.
- Preceptor education was highlighted at Winter Weekend as a round table discussion on Sunday morning.



- The Education Commission has put forward a resolution to the NYSAFP COD (written by member Margarita DeFedericis) to send a resolution to the AAFP COD to increase the amount of CME that the AAFP allows members to claim for precepting students and residents.

### **3) Other**

The Education Commission co-sponsored a resolution that was developed by the New York county chapter to improve education and statewide focus on maternal mortality.

#### **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 at NYSAFP conferences.
- The Commission reviewed student externship applications and selected 2 students to receive the NYSAFP student scholarship. The scholarship aims to have participants perform clinical work and research within Family Medicine (develop a research question, formulate a valid methodology with mentor, acknowledge the possible advantages and limitations to certain study designs, implement the study design and aim to complete the research.)
- The commission has approved supporting high school students at the FMEC meeting (October 2018 in Rye, NY) in lieu of distributing two high school scholarships. FMEC will allow these high school students to attend and participate in the conference and will also include the students as poster presenters at the conference.

#### **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 2017. Kelly Madden organized a hospitality reception with NYS residents and students and NY banner which increased visibility to the NY state residency programs. Eleven residency programs participated in the conference and contributed to the NY state reception.
- We continue to organize and support meeting space and lunch for the NY state Program Directors meetings at the Fall FMEC meeting and at the Spring AFMRD conference. These meetings were a valuable forum for NY program directors to discuss residency issues and to work together on common residency initiatives. We actively use the NYRPD list serve and shared file to communicate with program directors and staff.
- The commission reviewed applications and selected the NY State Family Medicine Educator of the Year.
- NYSAFP will have a booth at the FMEC conference in Rye, NY and will use materials to promote student and resident involvement in the Academy. The commission is working on drafting materials for the conference.
- The Commission has drafted an annotated Powerpoint slideshow that could be used to advertise benefits of NYSAFP membership and involvement to Family Medicine Interest

Groups and residency programs. We received input from the student and resident members of the board and will share an updated version with the Membership Commission.

#### **E) Future plans**

The commission approved a pilot effort to produce CME at COD. The CME will target members that are not delegates, enabling these members to see what the Academy does and to become possibly interested in Academy activities. Members that attend the CME day would be able to observe Congress activities. Because of the timeline needed to prepare for this, we plan to trial it at the 2019 COD.

Because of the interest in women's health topics from both attendees and speakers at Winter Weekend, we are considering a separate NY state conference on women's health.

#### 2017 – 2018 Education Commission members

Heather Paladine, MD – Chair  
Samuel Sandowski, DO – Vice Chair  
Mark Krotowski, MD – Advisor, Past President  
Robert Anderson, MD – Member  
Ani Bodoutchian, MD – Member  
Margarita De Federicis, MD – Member  
Cinthia Elkins, MD – Member  
Brenainn Flanagan, MD – Member  
KrisEmily McCrory, MD – Member  
Neubert Philippe, MD – Member  
Rebecca Roach, MD – Resident  
Hilary Schroeder, MD – Alternate Resident  
Valerie Kyser – Student  
Aaditya Kiri – Alternate Student  
Kelly Madden, MS – Staff

## **Commission on Leadership Development and Nominations**

The commission met 3 times this year:

- August 5, 2017 Bronx in conjunction with the summer cluster
- October 17<sup>th</sup>, 2017 by teleconference prior to the fall cluster
- March 11th, 2018 as part of the winter cluster in Albany

### **Summer Cluster Meeting** – August 5, 2017

The Commission worked on the following:

#### **1. Review and approve minutes from March, 2016 meeting**

#### **2. Discussed commission's responsibilities.**

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

#### **3. 2017 Action items Updated**

- Webinar for NYSAFP/ AAFP Leadership re: resolution writing, parliamentary procedure, NCCL orientation
- Mentor Program for first-time NCCL attendees / FAQ
- Permanent slot (earlier) for Leadership training at WW

#### **4. Nominees for 2018 NYSAFP Board Elections:**

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

#### **5. Commission Membership Performances/Participation Review**

Membership commission to provide evaluation of all commission members for incoming NYSAFP president. Are there other ways that we can make this process useful and engage all interested members?

#### **6. Leadership Programs (2017-2018)**

- a. Winter Weekend - Linda Prine will present workshop on storytelling.
- b. Discussed physician burnout, resiliency, and the role of the Leadership

Commission to address these issues with possible collaboration with the Education Commission. Discussed audience for leadership programs – should we focus primarily on residents or broaden focus? Possibly reach out to residency directors to get more involvement

from residents for these programs. Discussed providing chief resident forum for presenting best practices and/or initiating possible award for residency involvement.

### **7. Writing Competition –**

Mrs. Penny Ruhm will send an email to all NYSAFP members requesting submissions to the contest.

### **8. Board/President Assignments to Commission**

- 1) Lunch time 'Quick Win' Leadership program at all cluster lunches
- 2) Leadership component to Student & Resident meeting at each in person cluster

### **Fall Cluster Meeting - Teleconference Fall Cluster, October 15, 2017**

The Commission worked on the following:

- 1. Reviewed and approved of Minutes from August 8, 2017 meeting**
- 2. National Conference of Constituency Leaders (NCCL) – April, 26-28 2018**

Solicitation Results/ Potential 2018 Candidates: Currently have twelve potential representatives for ten slots, including seven first time candidates. Process is underway -

- Bio Sheet & CV – Due October 2; Distribute to Leadership members
- NCCL Candidates Chart showing area(s) of interest
- Survey Monkey poll re: preferred candidates
- Approval/ discussion - Will schedule a short conference call to discuss NCCL candidates and Winter Weekend presentation – mid to late November

### **3. Nominees for 2018 NYSAFP Board Election**

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

### **3. Leadership Programs 2017-2018**

- Winter Weekend - Breakfast MIGS
- Storytelling/ Linda Prine-WW
- Writing Workshop
- June COD - TBD
- Leadership curriculum development

### **4. Student & Resident Leadership Priorities**

- Residency/ job/ work fair
- Member Interest Groups
- Application tips/ selling yourself/ mock interviews

### **5. August 2017 Action Item Update**

- Leadership/ NCCL Resources for website
- Website flowchart/ commission links

### **Winter Cluster - March 11, 2018**

The commission worked on the following:

- 1. Review/ Approval of Minutes – 10/11/18**
- 2. National Conference of Constituency Leaders (NCCL) – April, 2018**

### **2018 Representatives:**

1. Women's Rep – Gina Greco-Tartaglia Alternate – Kristin Mack
2. Minority Rep – Daniel Neghassi Alternate – Micheline Epstein
3. New Physician Rep – Ivonne McLean Alternate – Anita Ravi
4. IMG Rep – Pooja Paunikar Alternate - Brenainn Flanagan
5. LGBT Rep – Virginia Martinez Alternate - Martha Simmons

### **6. Nominees for 2016 NYSAFP Board Election**

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

#### **Nominees below (to date - not final list):**

President -	Marc Price	
Pres. Elect-	Barbara Keber	
Vice Pres. -	Jason Matusak	
Secretary -	Russell Perry	
Treasurer -	James Mumford	Tom Molnar
Speaker -	Andrew Symons	
V. Speaker -	Linda Prine	Wayne Strouse
AAFP Del-	Tochi Iroku-Malize (downstate)	
AAFP Alt -	Sarah Nosal (downstate)	
Directors (3)	Rupal Bhingradia, Daniel Neghassi, Wayne, Venis Wilder, Claudia Lyon	

### **7. Commission Member Evaluations**

Form to evaluate commission member to chairs – mid-March; Form to evaluate commission chairs to members – mid-March. Discussion regarding the need for a consistent/ formal evaluation process for all parts of the organization, including the functioning of the BOD. Investigate current resources, if any, used for this purpose.

### **Respectfully Submitted**

Jose Tiburcio, MD (Chair),

Linda Prine MD (Vice Chair),  
Tochi Iroku-Malize, MD (Past President),  
Jose (Jun) David, MD (Past President)  
Bob Morrow, MD  
Hallie Zwibel, MD  
Sneha Chacko, MD  
Rupal Bhingradia, MD  
Micheline Epstein, MD  
Brooke Lamparello, MD (Resident)  
Scott Hopkins MD (alternate resident)  
Alyssa Farina (Student)  
Stephanie Wu (alternate resident)  
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 5, 2017

November 9, 2017

March 11, 2018

### **Recommended High Priority Actions for 2018-19:**

- **Develop Action Plan for increasing Resident Member and New Physician Retention**
- **Assess the viability of creating a NYSAFP Health Insurance Purchasing Cooperative as a member benefit (practices with fewer than 100 employees able to purchase a plan with a large group rating)**
- **Develop a plan to study participation rates in the NYSAFP Congress of Delegates**

### **Membership Updates**

While total membership has risen **36%** over the last **6 years**, active membership has risen 10%, or at a rate just under 2% per year. Residency membership has increased by 20% over the same period. However, there is a somewhat concerning slowing of the growth over the last 3 years, when total members grew by just **7.6%**, and active membership by 6%, with the last calendar year yielding only 10 net new active members (+0.4%).

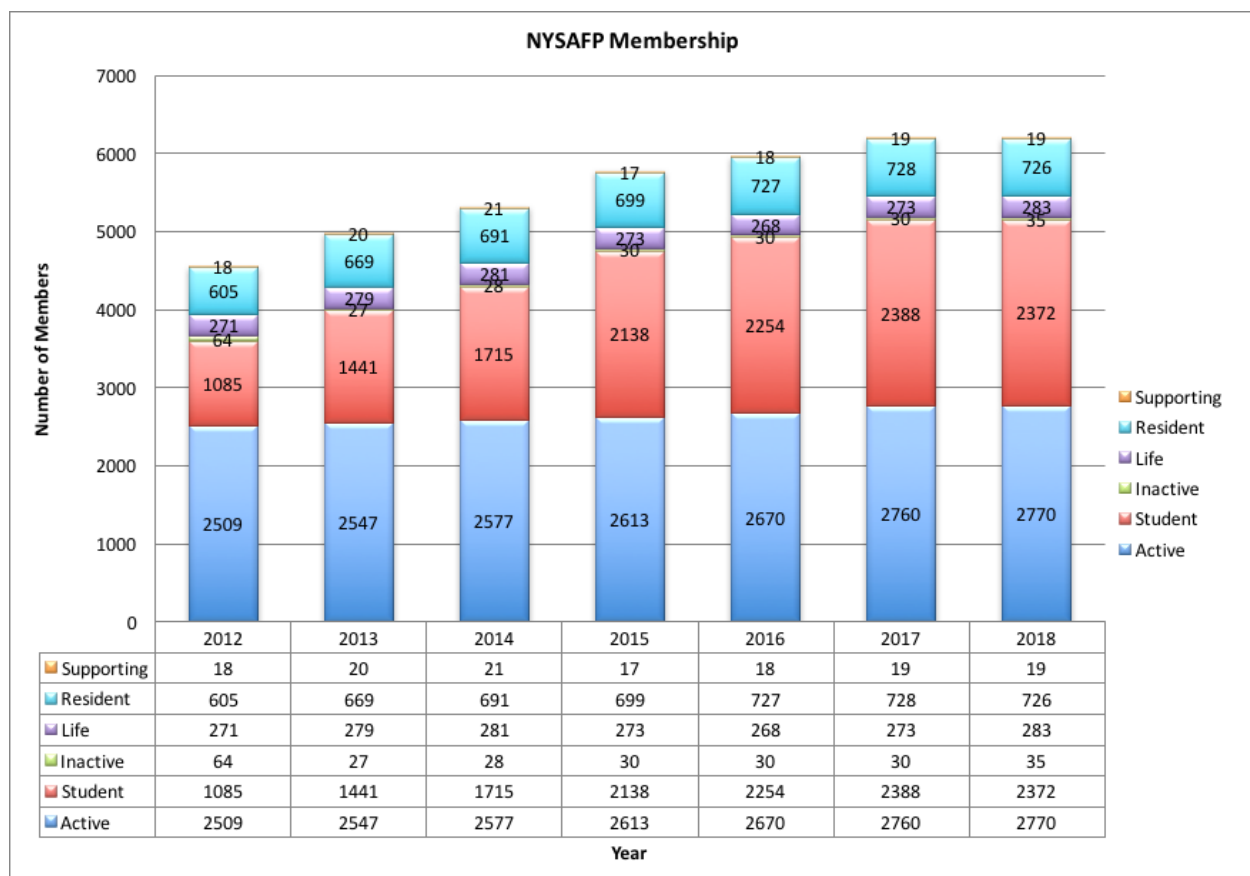
These trends may be reflective of some deficiencies in our pipeline of converting resident members to active members, with a conversion rate of **61.6%** (down from 65.6% in 2016).

These rates are substantially lower than the national conversion rate of 72.3%.

Further, our 2017 Active Member retention rate was 91.4% (down from 92.5% in 2016 and compared with the National Active Member Retention of 93.8%) and our New Physicians retention rate of 81.7% (down from 82.6% in 2016 and compared with AAFP retention rate of 87.3%).

The AAFP estimates that we have 73.4% (no change from 2017) of the market share in New York. The national average is 77% (up from 76.8% in 2016).

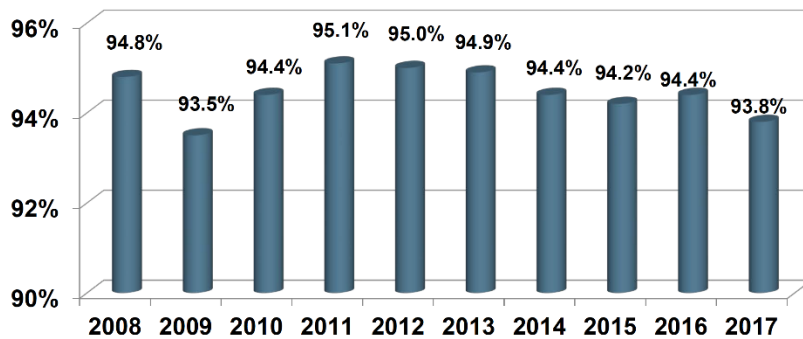
	2012	2013	2014	2015	2016	2017	2018	2012-2018 Trend	3-year trend
Active	2509	2547	2577	2613	2670	2760	2770	10.4%	6.0%
Student	1085	1441	1715	2138	2254	2388	2372	118.6%	10.9%
Inactive	64	27	28	30	30	30	35	-45.3%	16.7%
Life	271	279	281	273	268	273	283	4.4%	3.7%
Resident	605	669	691	699	727	728	726	20.0%	3.9%
Supporting	18	20	21	17	18	19	19	5.6%	11.8%
Total	4552	4983	5313	5770	5967	6198	6207	36.4%	7.6%





## Active Member Retention

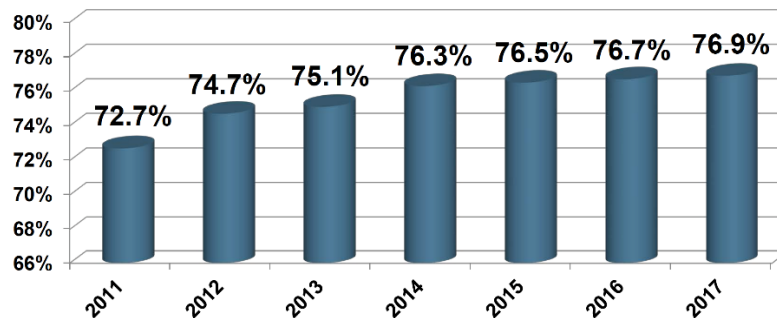
As of December 31



AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Active Member Market Share

As of December 31



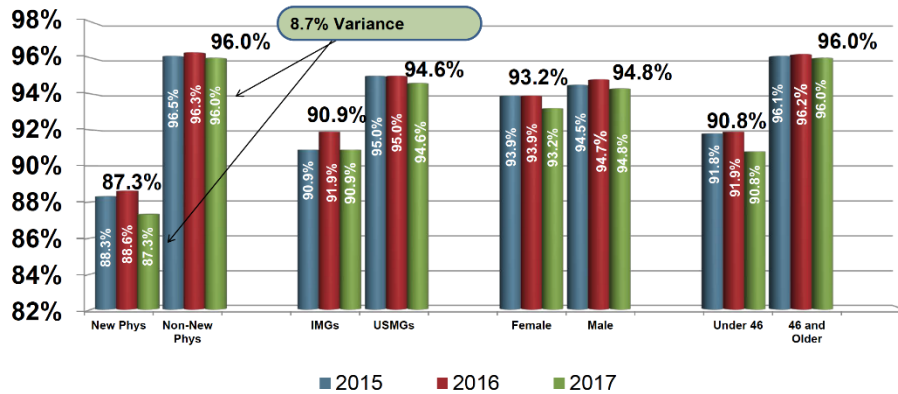
AMERICAN ACADEMY OF FAMILY PHYSICIANS

### AAFP Active Member Demographics, Retention, and Market Share

Nationally, the active member retention rate has fallen steadily since 2011. They have not yet determined the cause of this lower retention. Interestingly, the market share of physicians has steadily grown. This suggests that while the retention rate of active members has dropped, that there are more physicians leaving the workforce who **are not** members than those who are, leading to a net positive change in the market share. It is unclear whether this means that physicians who are members continue to practice longer or if the profile of the AAFP member physicians is substantially different than the profile of all family physicians.

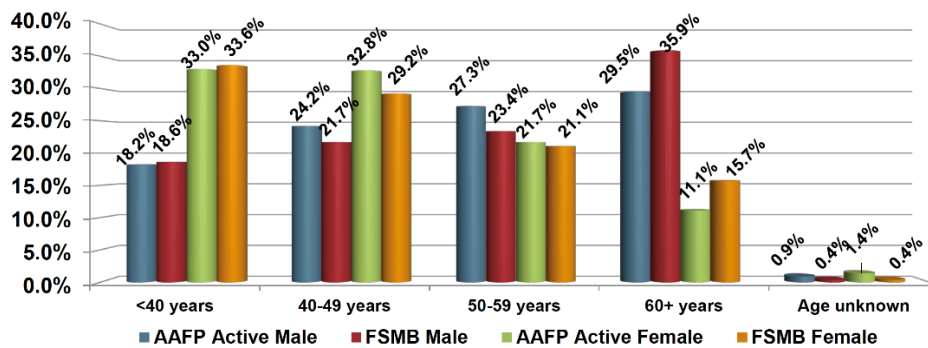
Nearly 2/3 of the female members are under the age of 50, whereas only 42% of males in the academy are under the age of 50 (and 30% are over the age of 60). This reflects trends noted by the Federation of State Medical Boards.

## Retention Rate Breakdown by Segment Comparison



AMERICAN ACADEMY OF FAMILY PHYSICIANS

## Active Physicians by Gender and Age – AAFP and FSMB as of December 31



AAFP gender also includes transgender. Since FSMB did not include transgender, comparison cannot be made.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

## County Chapter Activities

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

## Member Benefits

The commission continues to review and add programs that provide value to the membership and which may offer discounts for member use. It is unclear how much or which members benefits are utilized by members. This may be an area to actively research with an eye toward finding benefits members find truly useful. One consideration would be to study the feasibility of developing a NYSAFP health insurance purchasing cooperative, where multiple member practices (of up to 100 employees) could purchase a health insurance under a large group community rating.

### **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 23<sup>th</sup> and Sunday, June 24<sup>th</sup>, 2017 at the Hilton Garden Inn in Troy. We anticipate a stable 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 that may counteract the increased attendance from this being a special 70<sup>th</sup> anniversary program and efforts made to involve past presidents of the academy.

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, President of the AAFP
  - Amy Mullins, MD, Medical Director for Quality Improvement for the American Academy of Family Physicians
  - Timothy Hoff, Ph.D. is Professor of Management, Healthcare Systems, and Health Policy in the D'Amore-McKim School of Business and School of Public Policy and Urban Affairs, Northeastern University, in Boston, Massachusetts
  - Paul Mahoney, Assistant Deputy Attorney General for NY in the Division of Medicaid Fraud

- We expect the audience to participate in a well-rounded and informative discussion as always.
- Elections
- President's address
  - Marc Price, DO
- Report of the Reference Committees
- Activities of the Congress of Delegates
- Leadership program for residents

## Communications

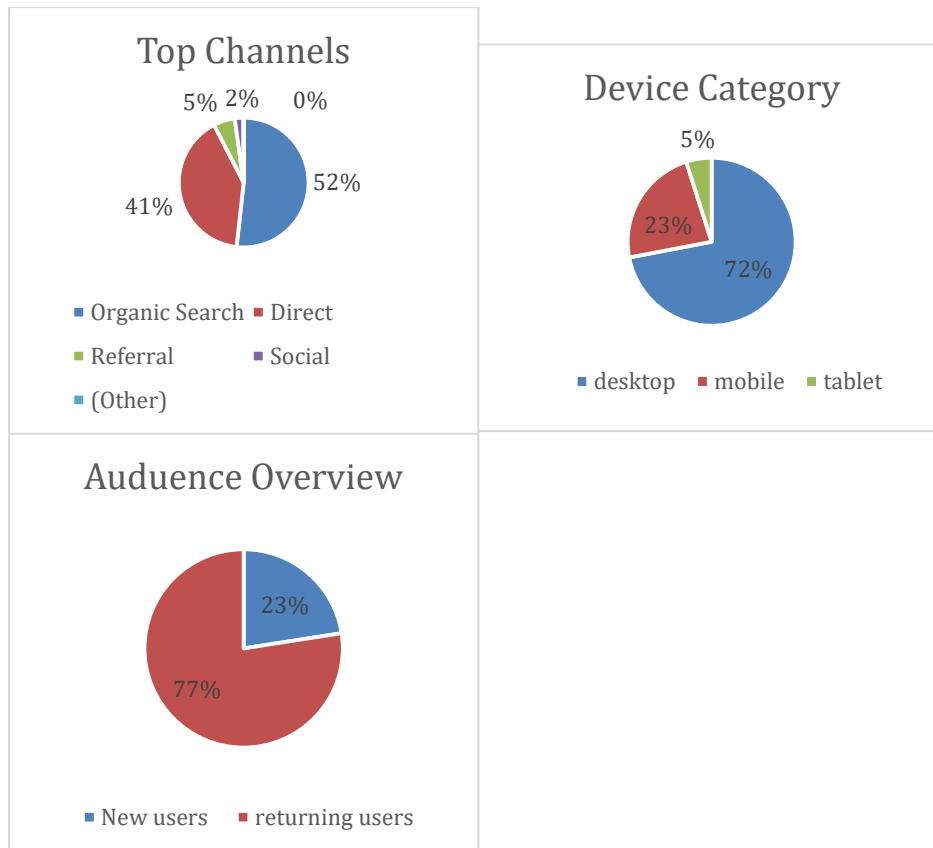
The Quarterly Journal continues to be available online and mailed to all active members. This journal has enduring content for CME credit as well as peer-review items.

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 1,600 page views; and importantly, there have been 446 views of the AAFP Board Candidate page for Dr. Iroku-Malize's candidacy. More than 2/3 of traffic continues to come 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.

Website traffic – Jan. 1 2018 – May 31, 2018

### Top 25 page visits

Page	Pageviews
/	3589
/Conferences/Winter-Weekend-2018-(1)	1640
/News/Family-Doctor-A-Journal-for-the-NYSAFP	803
/Conferences/Winter-Weekend-2018	666
/Member/AAFP-Board-Candidate	446
/News/What-s-New	378
/Contact/Staff	256
/Member/Education	250
/Member/Students	244
/Contact	215
/Member/Governance/Congress-of-Delegates	201
/Events/NYSAFP-Calendar	197
/Member/Membership-Benefits	175
/Member/Residents	155
/cms/getdoc/b60baa26-e2aa-4ce3-bd37-22d39c15	143
/Events/NYSAFP-Events/Congress-of-Delegates ---	140
/Member/Governance/Commissions/Board	132
/News/What-s-New/Funding-for-students-residen	131
/Events/NYSAFP-Events/Congress-of-Delegates	126
/cms/getdoc/aaa03ba5-3a5d-49e5-9478-6a9f2376	113
/Conferences/Winter-Weekend-2018-(2)	112
/Member/About-Us	112
/Non-Member/Benefits-of-Joining	112
/News/What-s-New/High-School-Scholarship	86



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](https://www.facebook.com/NYSAFP)
  - 438 Likes (i.e. friends) up from 400 last year
- Twitter:
  - @NYSAFP
    - 1280 Followers (929 last year)
    - 37% year over year growth
  - Event specific hash tags
- Instagram
  - NYSAFP
    - 77 followers (up from 56)

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.

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

Phebe Alley - Student

Ravilya Caine, MD - Resident

Laurel Dallmeyer, MD - Member

Keasha Guerrier, MD - Member

Nawras Harsouni, MD - Alternate Resident

Mark Josefski, MD - Immediate Past President

Laura Kaplan-Weisman, MD - Member

Marianne LaBarbera, MD Advisor - Past President

Jessica Nguyen - Alternate Student

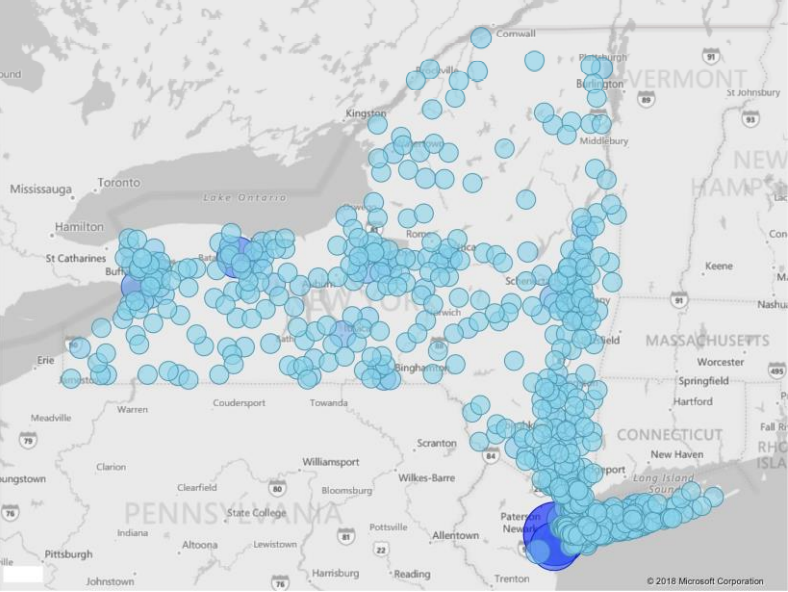
Russell Perry, MD - Member

Manish Saha, MD - Member

Donna Denley - Academy Staff

Geographic Location of New York AFP Members with Primary Address in the State of New York

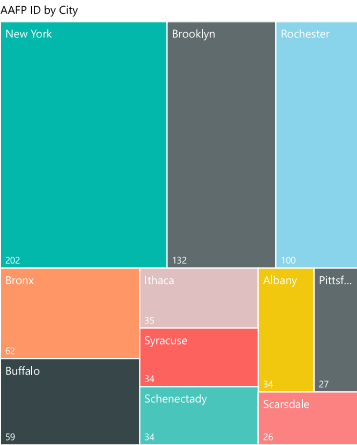
Min of LAT, Min of LNG, AAFF ID and AAFF ID by City



Data Retrieved 3/15/2018

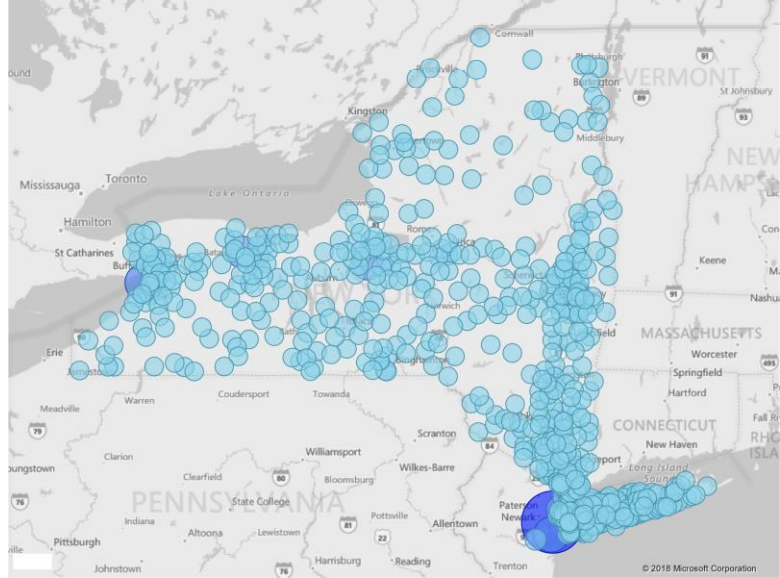
- Member Type
- Member Type Active
  - Member Type Honorary
  - Member Type Inactive
  - Member Type Life
  - Member Type Resident
  - Member Type Student
  - Member Type Supporting

Number of NYAFP Members by City  
(Showing Cities with +25 members)



Geographic Location of New York AFP Members with Primary Address in the State of New York

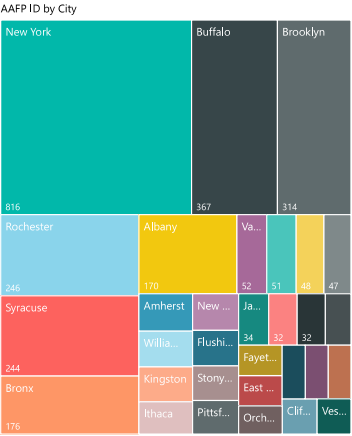
Min of LAT, Min of LNG, AAFF ID and AAFF ID by City



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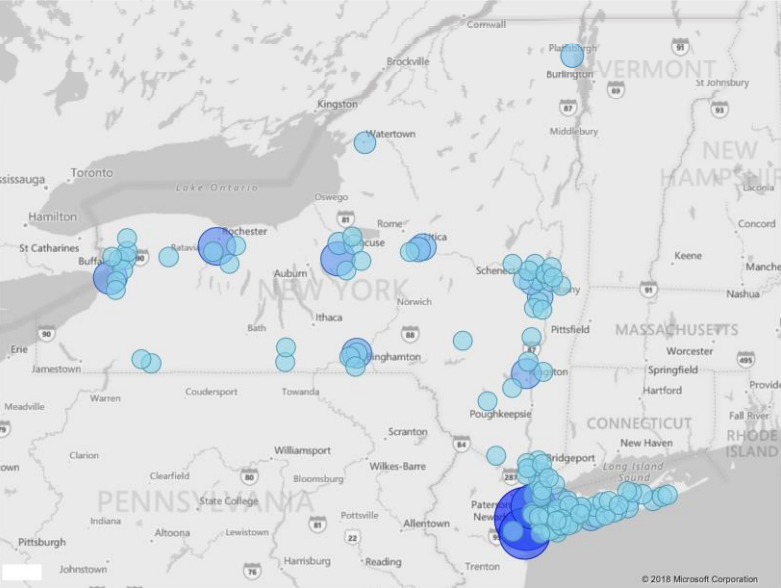
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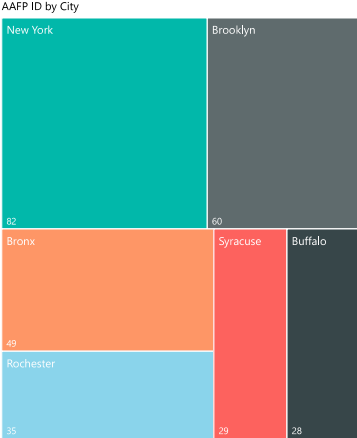
Min of LAT, Min of LNG, AAFP ID and AAFP ID by City



Data Retrieved 3/15/2018

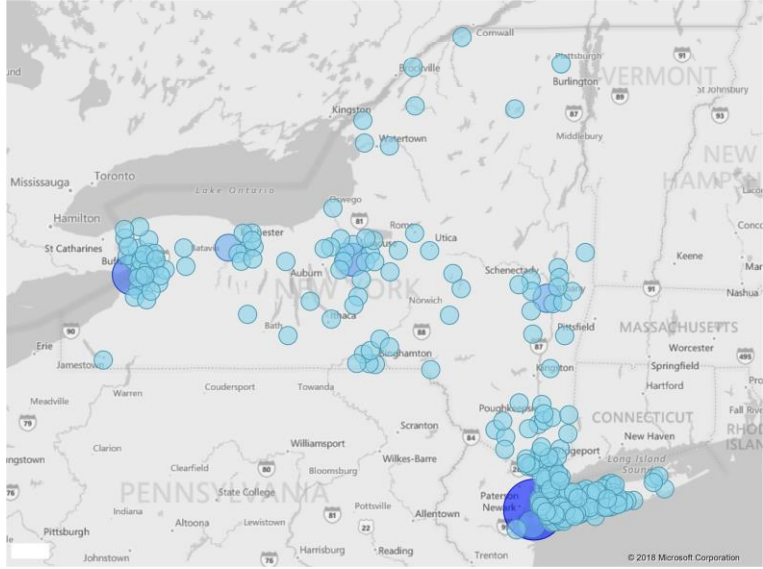
- Member Type
- ☐ Member Type Active
  - ☐ Member Type Honorary
  - ☐ Member Type Inactive
  - ☐ Member Type Life
  - ☒ Member Type Resident
  - ☐ Member Type Student
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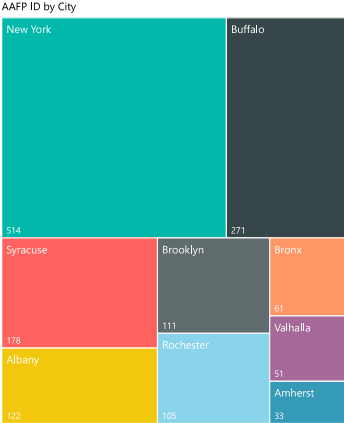
Min of LAT, Min of LNG, AAFP ID and AAFP ID by City



Data Retrieved 3/15/2018

- Member Type
- ☐ Member Type Active
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  - ☐ Member Type Inactive
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Number of NYAFP Members by City  
(Showing Cities with +25 members)





## Commission on Public Health

### 2018 ANNUAL REPORT

This past year has been an extremely productive one because our Commission is blessed with a membership that views improving patient health and population health as a top priority. We also view the products of our efforts as ones that serve Academy Members, whether it is helping them understand Single Payer, offering them important office visit protocols and content, addressing burn-out, or improving patient engagement.

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

#### Single Payer

- *Understanding Single Payer - **The Commission staff (Ron Rouse) wrote a comprehensive background paper*** on how a Single Payer system will work in the United States. It explains the mechanisms for financing universal coverage; reimbursement of physicians, hospitals, and other providers; collective bargaining; cost control including the creation of a healthcare budget; and other components. Portions of this paper will be presented on our web site over time as a series on "How Single Payer Works."
- *Single-Payer Advocacy in New York State – **Commission Members met with*** the New York State Chapter of Physicians for a National Health Plan as well as Campaign for NY Health to discuss promotion of Single Payer. They are pursuing various approaches including seeking petition signatures of physicians to support SP, and working with businesses, college campuses and other groups. Members also will be reaching out to NYS medical residents and students to build support.
- *Single Payer Advocacy by AAFP – AAFP policy currently supports only a pluralistic system as the solution to America's health care crisis. The AAFP Single Payer Member Interest Group is seeking NYSAFP's support to ensure that AAFP does more than just refer to SP in its policy statements and educational programs. Instead, AAFP should interject discussion of single payer into the national debate and actively include support for a single payer national health plan in its advocacy for health system reform, which also will lend credibility to the concept. **We have developed a resolution*** towards that end for introduction at the national Congress of Delegates.

Most patients and many physicians do not understand health care systems in general and single payer systems in particular. Part of the resolution mentioned above would also direct AAFP to promote the single payer concept in educational programs, CME activities, and stage presentations at the appropriate Academy meetings.

- *Streamlining Health Care Administration* – clinicians of all specialties continually express frustration with the multiple-payer system wherein each payer uses different billing forms and procedures, eligibility verification methods, co-payment and deductible levels, and coordination of benefits processes. This lack of standardization is costly, perhaps as much as \$30 billion - \$40 billion per year in New York State. Not only do insurers require health care providers to comply with this burdensome system, but then many insurers are still tardy in paying providers. NYSAFP supports a single payer health care system, and streamlining the insurance market in NYS can drive the market closer to a single payer model. Thus, ***we developed a resolution stating the NYSAFP should advocate*** creation of a state-wide claims clearinghouse that offers a unified and integrated billing and payment system for all insurers regulated by New York State, mandating these specific components:
  - a) Standardized Billing Form
  - b) Standardized Eligibility Verification
  - c) Standardized Co-payments & Deductibles
  - d) Standardized Coordination of Benefits
  - e) Timely and Periodic Payments

#### **Physician Burn-out**

- *Defining the Causes of Physician Frustrations and Feelings of Burn-out* – Family Medicine in particular is having an "epidemic" of physician burnout (>50% reporting burnout) and one of the perennial top 5 reasons for physician frustration and feelings of burnout is the excessive and oppressive administrative burden piled onto Family Medicine physicians. However, the Commission felt that before we can effectively address the problem, NYSAFP needs to first determine more precisely the top 5 - 10 "hassles, frustrations, and causes of their feelings of burnout" by polling our members. The Academy would use that list in working with healthcare insurance companies, State Agencies, and State Legislators to find ways to reduce these top sources of stress facing Family Medicine physicians. ***We developed a resolution regarding this.***
- *Assessing Insurers' Impact on Physician Burn-out* – health insurers are obviously a major source of the administrative burdens mentioned above. ***We developed a resolution asking the Academy to send an annual survey to its members*** in which they rate the degree to which healthcare insurance companies are "Family Physician friendly" and "patient friendly." The results of the survey would be widely shared with members and their patients prior to insurance "open enrollment" periods to better educate them as to what each insurance company may or may not offer them.

#### **6 Office Visit Protocols for Major Health Conditions**

The Commission has developed and posted six office visit protocols on the Academy website – weight-loss, tobacco cessation, alcohol abuse, drug abuse, general anxiety disorder, and depression. These protocols address a major portion of the conditions that we see among our patients. All six provide guidance on diagnosing these conditions and they also provide content that physicians can use to treat and counsel their patients. These protocols were developed in response to Academy Members' requests for assistance. Unfortunately, many of our members

are unaware of the protocols ***so we are writing journal articles, developing an app, and designing attractive hand-outs*** that physicians can use to inform patients that their doctors can help them treat and manage the various conditions covered by the protocols.

### **Gun-Violence**

- *Preventing Gun Violence* – Gun violence is responsible for over 32,000 deaths and 84,000 injuries annually, is one of the top three causes of death in American youth, and costs the U.S. about \$175 billion annually. Gun violence impacts public health by making communities, schools, and households less safe. Stronger gun control laws are associated with a lower rate of gun-related homicides, and laws strengthening background checks have had the strongest effect overall. ***The Commission concluded (via a resolution) that the NYSAFP should advocate*** expanded background checks and restricted gun sales in the cases of people with a history of domestic violence, continued restrictions on types of guns or alterations to guns that make their rate of firing and number of bullets similar to that of an automatic weapon, and measures that would protect children from dangerous or unsupervised gun use. The NYSAFP and local chapters should develop partnerships with law enforcement and community-based organizations to provide education to its members and the general public on the safe use, storage, and disposal of unwanted and illegal firearms.
- *Gun Violence, Education, and Trauma-Informed Care* - ***the Commission determined (via a resolution) that the NYSAFP should develop and provide educational material*** and CME programs to its members on gun violence, safe firearm storage, firearm safety, contribution of alcohol and substance abuse to gun violence, and the role of media violence and gang membership in firearms use. The NYSAFP should work with local and state agencies to develop public health initiatives addressing the effects of gun violence.

### **Reproductive Health**

- *REMS Removal for Mifepristone* –The Food and Drug Administration (FDA) uses the Risk Evaluation and Mitigation Strategies (REMS) classification to impose restrictions on only the most dangerous drugs with known or suspected serious complications or contraindication. The REMS restrictions on Mifepristone are not based on scientific evidence and cause significant barriers to accessing abortion care. Sixteen years of data prove an outstanding safety record for Mifepristone whereas other drugs with higher complication rates, such as acetaminophen, aspirin, loratadine, and sildenafil do not have REMS restrictions. The REMS classification contributes to delays in care, thereby increasing second-trimester and surgical abortions, both of which have increased complication rates. ***Our Commission concluded, via a resolution,*** that the Academy should lobby to overturn the REMS classification on Mifepristone, and it should join the American Civil Liberties Union Foundation lawsuit against the U.S. Department of Health and Human Services and the FDA seeking to end the REMS classification on mifepristone.
- *Opposing “Fetal Personhood” Terminology* – “Fetal personhood” is not a medical term, but elected officials have used terms such as “fetal personhood,” “child in

uterus,” “unborn child,” and “human being at any stage of development” in several proposed bills on the state and national levels. The creation of fetal rights is in direct conflict with the constitutional rights of the pregnant person, and the law has not afforded rights to the unborn as an entity separate from the pregnant person. Fetal personhood language included in legislation is designed to undermine women’s rights and access to abortion. ***Our Commission concluded, via a resolution,*** that the Academy should affirm its opposition of the use of fetal personhood language in policies and legislative initiatives; and, it should call on the AAFP to publicly oppose the use of and the concept of “fetal personhood” language in policies and legislation.

- ***Opposing Criminalization of Self-Induced Abortion*** – self-induced abortion involves women attempting to induce abortion without medical assistance. Laws criminalizing self-induced abortion increase health risks and deter patients from seeking necessary healthcare services related to self-induced abortion or miscarriage. National studies of abortion patients have shown that approximately 2% of patients attempted to self-induce an abortion at some point in their lives. That number is higher in states with stricter legal restrictions on abortion. People of color are disproportionately targeted for prosecution and criminalization related to pregnancy outcomes. ***Our Commission concluded, via a resolution,*** that the Academy should lobby against any State legislative efforts to criminalize self-induced abortion, and the AAFP should advocate and lobby against any national legislative efforts.

#### **Addressing Tick-Borne Diseases**

Tick borne diseases (TBD) cause severe, debilitating disorders, and the treatment for Tick-Borne Diseases cost billions of dollars and the cost of lost productivity is even greater. Sixteen different tick-borne diseases are listed by CDC, and the list is growing. Tick-borne diseases occur in nearly every state. Lyme Disease, one of the better-known TBDs, totals as many as 300,000 new cases per year. No vaccine exists against Tick-Borne Diseases and we are clearly losing the battle with primary prevention. The Federal commitment to funding research for TBD is inadequate, and TBD is one of the least-researched infectious diseases. ***The Commission concluded (via a resolution) that the Academy should direct the AAFP*** to advocate greater federal and private-sector funding for reducing the risk of infection through prevention and environmental measures, developing reliable diagnostic tests for TBD, and for research and production of a hold-harmless vaccine that will block the tick’s ability to transmit disease.

#### **Promoting Physical Therapy as a Nondrug Approach to Pain Treatment**

We are extremely concerned about the overuse of opioids in the treatment of pain, and the majority of patient pain seen in the Family Physician's office is caused by joint and muscle problems and thus amenable to a physical therapy intervention. But, many insurance companies now require a specialty copay per visit, amounting to as much as \$75 per visit, and many patients need to be seen two or three times per week. Thus, the patient’s monthly cost may be as much as \$600 or more, rendering PT unaffordable to most of our patients and perhaps indirectly encouraging the use of drugs. ***The Commission concluded (via a resolution) that the Academy should advocate for legislation*** or regulation to mandate that the patient

copay/coinsurance for a physical therapy visit may not exceed 20% of the cost the insurer pays for that visit.

### **Patient Adherence and Activation/Engagement**

A high percentage of people, even those with insurance coverage, are non-compliant with medications, life-style changes, health screening guidelines, and keeping appointments, and non-compliance seems to be unrelated to socio-economic factors. The consequence is that many people are not getting healthier and certain diseases are not being diagnosed and treated as early as possible. One significant barrier is poor consumer understanding and poor retention of instructions for self-management; according to some estimates, up to 50% of care instructions are forgotten and 30% are not remembered correctly, leaving 20% accuracy. A big part of this problem may be due to low health literacy, which affects people of all education levels. ***We are conducting research on various measures to promote patient adherence, including the role of technology.***

### **Commission Member Recognition**

I would like to thank the members of the Commission for their time, energy, and thoughtfulness on these issues. I particularly would like to thank Wayne Strouse, Vice-chair, and Ron Rouse, staff, and for their expertise and support of the Commission and of me as Chair. We look forward to a productive 2018-19 year.

Scott Hartman, MD, Chair  
Wayne Strouse, MD, Vice-chair  
Ephraim Back, MD  
Cynthia Calixte, MD  
Ray Ebarb, MD, Advisor, Past President  
Elaine Kang, MD  
Stella King, MD  
Kelly Kirkpatrick, MD  
Howard Lanney, Student (MS4)  
Jamie Loehr, MD  
Cheryl Martin, MD

McKinzie Neggers, MD  
Anita Ravi, MD  
Elizabeth Ryan, MD  
Eric Schnakenberg, MD  
David Weiss, MD, MPH  
Shaula Woz, MD  
Ariela Zamcheck, MD  
Ron Rouse, Staff

## **Ad Hoc Committee on Vaccine Policy**

This virtual committee had many email discussions during the past year regarding vaccine resolutions from the 2016 COD, and the 2017 COD resolution regarding a school mandate for HPV vaccine. This committee gathers advice from members who may not otherwise attend formal meetings of the commissions, informing the discussions of the Advocacy and Public Health Commissions and the Board. Progress has been slow in some of these advocacy/public health positions, but there are two items of note:

1. At COD 2017 a resolution advocating a school mandate for HPV vaccine was referred to the Board. Our committee brokered an agreement from the opposing sides in this discussion, agreed to by Advocacy and the Board: NYSAFP will advocate for a school mandate with a liberal parental opt out provision. The goal of improving HPV vaccination rates has been met in jurisdictions which have evolved to such a position.
2. At COD 2016 a resolution to promote universal reporting of adult vaccine doses to NYSIIS was adopted. Discussions with colleagues in other specialties and MSSNY had been disappointing, but a few weeks ago the Infectious Disease Committee of MSSNY agreed to consider such a position and will invite the director of NYSIIS to provide technical advice on feasibility. There is hope that such a resolution could be presented to the next MSSNY HOD by MSSNY ID Committee.

For the coming year this vaccine committee will continue to strategize remaining resolutions from the 2016 COD, preschool flu vaccine requirement, school based flu vaccine clinics, VF-Adults analogous to VFC, and new priorities presented by its members.

Respectfully submitted,

Philip Kaplan, MD with gratitude for the spirited contributions of our members

## **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 2017 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 2017 revenues of \$11,396.63. We had expenses of \$13,895.34 for an operating deficit of \$2,498.71. 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 \$35,745.04 on December 31. This represents a decrease in market value increase of \$2,927.58.

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.

**Jose 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 2018](#)

[Resolutions of 2017 Actions](#)

[Disposition of 2017 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](#)