**TO: NYSAFP Commission Chairs**

**Board Chair**

**Vaccine Committee Chair**

**FROM: Bob Ostrander, MD, President**

**RE: Summer Cluster Agendas**

**DATE: July 20, 2016**

Please include the items below in your, respective, agendas for the summer cluster. These items include resolutions passed by our COD this year which have been assigned to commissions following discussion thereof by the executive committee. Additionally, the items include elements of the strategic plan that were referred to commissions by the board at its 10/18/15 meeting.

**Board of Directors:**

No elements of the strategic plan were retained by the board.

**Resolution 12**

SUBJECT: Medicare Drug Price Savings

SUBMITTED BY: Public Health Commission: Heather Paladine, MD

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) will submit a resolution to the AAFP COD that directs the AAFP to advocate for seniors and the disabled by supporting legislation that empowers Medicare to directly negotiate drug prices with manufacturers with the intent of producing lower drug prices for patients.

**Recommendation: The board should retain this since the only action is to introduce a resolution at the AAFP COD.**

**Resolution 19**

SUBJECT: Support Paid Parental Leave in the Newborn Period

SUBMITTED BY: New York County Chapter: Linda Prine, MD

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) will adopt a policy that supports a minimum of 12 weeks of publically funded paid leave for the primary caregiver for a newborn, including family physicians and residents, and support an optional extension of this leave as unpaid time off and, be it further

RESOLVED, that the NYSAFP will write a resolution calling on the AAFP to advocate that the Family Medicine ACGME Review Committee develop a standardized parental leave policy for the primary caregiver of a newborn that provides them with the option of 12 weeks of publically funded paid leave, be it further

RESOLVED, the NYSAFP will include in the resolution that the AAFP support legislation that provides for 12 weeks of publically funded paid caregiver leave for newborns that our delegates will bring to the COD in 2016.

**Recommendation: This resolution was referred to the board.**

**Advocacy Commission:**

The board assigned the following elements of the strategic plan to Advocacy:

**STREAMLINE CREDENTIALING**

Completing separate credentialing applications for each insurance plan with which a physician contracts has become a redundant and time-consuming task. The Council for Affordable Quality Healthcare (CAQH is a national consortium of insurers) has developed a single credentialing application and common application database. The problem is that few health plans are using it.

**Strategies**

1. Develop legislation that would create a centralized or uniform application; or, as an alternative, develop legislation requiring insurers to complete credentialing within a fixed time period.

4. Explore whether credentialing could occur in conjunction with the issuance of a license in which case SED would be the repository of the “sole source” credentialing system for all NY licensed physicians. SED could use (or could be required to use) CAQH for this purpose. This arrangement would not impose any additional burden on the physicians since the physician would apply to CAQH anyway. It would create a statutory framework for using a sole source of credentials and would vest that authority in the agency that already vets physicians through the licensure process.

**Objective 1: THE STATEWIDE HEALTH INFORMATION NETWORK FOR NEW YORK (SHIN-NY)**

SHIN-NY is a network of information transmitted between users. As more users connect, it grows, evolves, and becomes more secure, efficient, and easy to use.

As an increasing number of private practices, nursing homes, clinics, and hospitals begin to digitize their records, they have the option to connect to information hubs also known as Regional Health Information Organizations. RHIO’s collect health record data from the providers in their area, and, with patient consent, allow this information to be shared securely with other providers in the region.

The [SHIN-NY](http://nyehealth.org/resources/glossary) connects these regional hubs to create a private and secure network spanning the entire State of New York.

**Strategies**

1. Work on legislation regarding SHINY, if necessary.

The executive committee assigned the following resolutions to Advocacy:

**Resolution 2**

Subject: Increase Access to Comprehensive Reproductive Health Care Services for Incarcerated Women

Submitted by: Public Health Commission: Linda Prine, MD

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) advocate that the standards and recommendations created by the National Commission on Correctional Health

Care on health care for women in jails, prisons, and juvenile detention and confinement facilities be honored in New York State and where their recommendations differ from the United States Preventive Services Task Force guidelines, we support the task force guidelines, and be it further

RESOLVED, that the NYSAFP’s delegates to the AAFP Congress of Delegates present a resolution to the AAFP to support comprehensive and appropriate health care to incarcerated women including but not limited to reproductive health.

**Recommendation: Refer to Advocacy.**

The committee felt this resolution requires affirmative action by the NYS Department of Correctional Services or by the Legislature and that such action is within the normal jurisdiction of Advocacy.

**Resolution 4**

SUBJECT: Oppose Discrimination Against Transgender People

PRESENTED BY: Public Health Commission

AUTHOR: Linda Prine

RESOLVED, that New York State Academy of Family Physicians (NYSAFP) endorse existing anti-discrimination laws protecting people from discrimination based on gender expression and identity

RESOLVED, that the NYSAFP oppose restroom restrictive laws that compromise the safety and health of transgender people, and be it

RESOLVED, that the NYSAFP supports adding gender expression and gender identity to the protected categories within New York State’s anti-discrimination laws and be it further,

RESOLVED, that the NYSAFP delegates take a resolution to the AAFP Congress of Delegates (COD) asking the AAFP to oppose laws that compromise the safety and health of transgender people.

**Recommendation: Refer to Advocacy.**

The committee will direct Advocacy to determine whether there are any groups or coalitions we could work with on this subject and to collaborate with any such group or coalition in devising specific plans and proposals.

**Resolution 9**

SUBJECT: Physician Protection Under Single Payer

SUBMITTED BY: Andrew Merritt, MD

RESOLVED, that NYSAFP only support single payer models in this state that include protections for practicing physicians from unilateral decisions by the payer, and be it further

RESOLVED, that NYSAFP delegates to AAFP COD seek to incorporate protections for practicing physicians from unilateral decisions by the payer in resolutions regarding single payer brought to AAFP COD.

**Recommendation: Refer to Advocacy.**

Advocacy will evaluate the Gottfried bill regarding how it protects the rights and interests of physicians and will report its findings to the Board and to 2017 COD. The report will define what constitutes “protection of physicians” and will establish minimal standards for legislation to satisfy the requirement that physicians be protected. Advocacy will also be tasked with reconciling this resolution with the PHC resolution on single payer.

# Resolution 11

SUBJECT: The Role of Medically Supervised Safer Injection Facilities as a Harm Reduction Strategy in New York State

SUBMITTED BY: Public Health Commission: Ray Harvey, MD & Scott Hartman, MD

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) will send a letter to the Department of Health supporting a pilot of safe injection facilities in New York State.

**Recommendation: Refer to Advocacy.**

**Resolution 16**

SUBJECT: Mandated NYSIIS Reporting for Adult Vaccine Doses

PRESENTED BY: Ad Hoc Committee on Vaccine Policy

AUTHOR: Phil Kaplan, MD

RESOLVED, New York State Academy of Family Physicians (NYSAFP) shall advocate for mandated reporting of adult vaccine doses by all vaccinators in NYS to the NYSIIS or the NYC CIR, which are administered after the effective date of such amendment to law or regulation.

**Recommendation: Refer to Advocacy.**

Advocacy will work with the vaccine committee to develop arguments in support of mandated reporting. The commission will also determine whether implementation of this resolution requires legislation, regulation or both, and to identify other groups that might support this endeavor.

**Education Commission:**

No elements of the strategic plan were referred to Education.

The following resolution was referred to Education by the executive committee:

**Resolution 15**

SUBJECT: Increase Point of Care Ultrasound (POCUS) Education in Family Medicine

SUBMITTED BY: New York County Chapter: Linda Prine, MD

RESOLVED, that the New York State Academy of Family Physicians (NYSAFP) encourage every New York State family medicine residency program to include Point of Care

Ultrasound (POCUS) training, and BE IT FURTHER

RESOLVED, that the NYSAFP offer POCUS at the NYSAFP CME courses and BE IT FURTHER

RESOLVED, that the NYSAFP brings a resolution to the AAFP COD that directs it to work with credentialing organizations on a POCUS for primary care credentialing framework and BE IT FURTHER

RESOLVED, that the NYSAFP bring a resolution to the American Academy of Family Physicians (AAFP) to direct it to increase continuing professional development opportunities and faculty development programs regarding POCUS ultrasound (for, at example, its scientific meetings and CME courses).

**Recommendation: Refer to Education.**

**Leadership Commission:**

No elements of the strategic plan were assigned to Leadership.

No resolutions were referred to Leadership.

**Membership:**

The following element of the strategic plan was referred to Membership:

**Objective 3: STREAMLINE CREDENTIALING**

Completing separate credentialing applications for each insurance plan with which a physician contracts has become a redundant and time-consuming task. The Council for Affordable Quality Healthcare (CAQH is a national consortium of insurers) has developed a single credentialing application and common application database. The problem is that few health plans are using it.

**Strategies**

1. Promote this issue as one that helps address the health shortage issue.

No resolutions were assigned to Membership.

**Operations Commission:**

The board assigned the following item from the strategic plan to Operations:

**Objective 1: THE STATEWIDE HEALTH INFORMATION NETWORK FOR NEW YORK (SHIN-NY)**

SHIN-NY is a network of information transmitted between users. As more users connect, it grows, evolves, and becomes more secure, efficient, and easy to use.

As an increasing number of private practices, nursing homes, clinics, and hospitals begin to digitize their records, they have the option to connect to information hubs also known as Regional Health Information Organizations. RHIO’s collect health record data from the providers in their area, and, with patient consent, allow this information to be shared securely with other providers in the region.

The [SHIN-NY](http://nyehealth.org/resources/glossary) connects these regional hubs to create a private and secure network spanning the entire State of New York.

**Strategies**

1. Identify the State Workgroup or Advisory Commission that is developing the SHIN-NY and appoint the appropriate, knowledgeable person to represent NYSAFP on the Group.
2. Assign a Commission (or create an Ad Hoc Workgroup) to coordinate and address NYSAFP-related concerns regarding the SHIN-NY.
3. Find out the cost to participate in a uniform data set that has different interfaces.
4. Collect information and routinely distribute to our membership via newsletter, web site, journal, conferences, etc.

The board approved a motion that strategies 1-3 be replaced with something else regarding statewide information sharing and health information networks.

**IV. PRIORITY AREA: LIABILITY REFORM**

**Objective 1: BINDING ARBITRATION**

Binding arbitration offers many benefits to physicians and patients in contrast to lengthy, costly litigation.

**Strategies**

1. Publicize the binding arbitration option at the 2014 Congress of Delegates.
2. Promote binding arbitration among our Members. Emphasize not only the benefits to Members but also to their patients.
3. Explore an alliance with 3rd party payers to promote binding arbitration to patients, e.g., 3rd party payers could offer some sort of a discount to patients who agree to binding arbitration.
4. Send a letter to MLMIC regarding binding arbitration.

Assign to Operations.

The commission determined that strategy 1 has been completed.

**The commission requested board approval of a motion to delete strategy 1, change strategy 2 from promote to inform and consider strategy 4 to be completed. The motion carried unanimously.**

No resolutions were referred to Operations.

**Public Health:**

No elements of the strategic plan were assigned to Public Health.

The following resolutions were referred to Public Health:

**Resolution 1**

SUBJECT: Resolution to Increase Awareness of School-Based Vaccination Rates

PRESENTED BY: Public Health Commission

AUTHOR: Emily Holt, DO

RESOLVED, that NYSAFP advocate that New York State make available those data collected about vaccine exemption rates and about vaccine preventable disease rates for each school and that such data be distributed through existing mechanisms such as the school report cards. These data will be provided to parents and guardians along with how this information relates to herd immunity.

**Recommendation: Refer to PHC.**

The PHC will identify a specific mechanism whereby to transmit information regarding a school’s immunization and vaccine exemption rates to parents and to identify any NYS policies which may preclude or hinder providing such information to parents. The commission will also produce a sample of the information which parents would receive.

**Resolution 3**

SUBJECT: Oppose Policing within Medical Care and Facilities

PRESENTED BY: Public Health Commission

AUTHOR: Linda Prine

Resolved, that the NYSAFP oppose medical facilities reporting immigration status.

Resolved, that the NYSAFP advocates that security personnel working in medical facilities receive training that emphasizes de-escalation techniques.

**Recommendation: Refer to PHC.**

The committee would like the PHC to identify the audience(s) to communicate with and to produce a white paper and executive summary to define the issue and describe the proposed remedies.

**Resolution 18**

SUBJECT: Require Influenza Immunization for Preschool Attendance

PRESENTED BY: Robert Ostrander, MD and Philip Kaplan, MD

AUTHOR: Robert Ostrander, MD and Philip Kaplan, MD

 RESOLVED, NYSAFP shall advocate for mandated influenza immunization as a criterion for attendance at licensed daycare centers throughout New York State, similar to the requirement currently existing in New York City, New Jersey and Connecticut.

**Recommendation: Refer to PHC.**

PHC will develop a background paper and talking points in consultation with the vaccine committee. PHC will also work with Marcy to find legislative sponsors and to identify other organizations who might collaborate with us on this.

**Vaccine Committee:**

No elements of the strategic plan were referred to the vaccine committee.

**Resolution 13**

SUBJECT: Expanding Vaccine Coverage Access for Adults

PRESENTED BY: Public Health Commission

AUTHOR: Scott Hartman

RESOLVED, That the New York State Academy of Family Physicians (NYSAFP) advocate expansion of current state-funded adult vaccine programs to include coverage of all Advisory Committee on Immunization Practices recommended vaccines given within the office of the primary care clinician, specifically for patients who are uninsured or whose insurance plans do not offer full vaccine coverage.

**Recommendation: Refer to vaccine committee.**

The vaccine committee will produce a document to support the recommendation, to identify potential partners in advocacy and to establish a plan to promote this proposal.

**Resolution 17**

SUBJECT: School Based Influenza Immunization

PRESENTED BY: Robert Ostrander, MD and Philip Kaplan, MD

AUTHOR: Robert Ostrander, MD and Philip Kaplan, MD

RESOLVED, New York State Academy of Family Physicians (NYSAFP) shall advocate for availability of school based influenza immunization in NYS.

**Recommendation: Refer to vaccine committee.**

The vaccine committee will develop a background paper and talking points and will also identify appropriate individuals at DOH, SED and the Legislature to communicate with regarding this.