Saturday morning address.

I am going to take just a couple minutes before I turn this over to Dr. Matuszak to open the Congress to share a half dozen frank “bullet point" observations I have made in my year as President

When we offer support for specific legislative program we should expect open-minded dialogue with those legislators about issues that are important to us. Very often those whose efforts we support, especially around access and social determinants of health, are at the same time proponents of regressive medical liability legislation, and "junk science" driven legislation around things like school vaccinations and Lyme disease. My personal experience is that they sometimes have been dismissive of our concerns.

Our journal is stellar, even if not profitable. We should work toward a wider audience.

We need to look at our relationship with MSSNY. My personal interactions with their EVP Regina have been wonderful. However our representatives on the legislative and advocacy committee and at the House of Delegates feel marginalized. Subspecialist do not understand or respect our specialty, and they seem to dominate discussions in areas of policy and advocacy. When we are not included in the discussion, we need to be forward in stating our position publicly, even when it is at odds with MSSNY, and point out that MSSNY, which characterizes itself as the "House of Medicine" does not speak for Family Medicine on that issue.

The effect of mandating quality metrics on patient care clearly functions on a Starling curve. We have fallen off the Starling curve. Not to mention that we are measuring what is easy to measure, instead of what is important.

Thanks to Krishna Kunal, I arranged for a conversation with the head of the VA health system primary care. Although she espouses the same principles that we do, it sounds like these principles are not reliably put into practice in the day-to-day functioning of outpatient clinics. There is a real opportunity for the AAFP to work with the VA system to our mutual benefit, and especially to the benefit of our veterans. I think our state chapter should take the lead in bringing it to their attention. We certainly have members who could carry the banner.

Bob Morrow and the Advanced Primary Care task force that I appointed this year has done some very good work. I refer you to their report in the handbook. I was disappointed about the lack of payer interest in true APC. Although they seem to understand the critical importance of primary care, they do not seem capable of a paradigm shift. I remain skeptical of DSRIP.

Although I am grateful for the AAFP efforts in helping us all meet the challenges of MIPS and MACRA, any program that requires even a small practice to have consultants and a Tool Kit is too complicated. The American Academy has not been nearly vocal enough about that, right from the start, when we traded endorsing this for the repeal of SGR. Dr. Munger will be giving us his thoughts about this and I am looking forward to hearing about the AAFP role in the recent proposed changes to make this less harmful. It is a shame we have to think about “less harmful” and not “more beneficial.”