Meeting of the Council Work Group  
To Develop Guidelines For Collaborating With  
Non-MSSNY Physician Groups Seeking MSSNY Engagement  

Minutes  
With ACTION ITEMS  

February 17, 2016

Howard Huang, MD, Chair  
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Dr. Huang began the call by discussing the charge of the Work Group. Before the meeting, Dr. Huang had put together some example of instances for which specific guidelines should be developed.

Fact Pattern #1) Dr. Huang described the situation where one group, comprised of MSSNY members and non-MSSNY members, had formed outside of MSSNY and was focused on an issue which is part of MSSNY’s Legislative program (preservation of out-of-network (OON) practice and access to OON physicians). The group wanted to formally enter into and be recognized as part of the MSSNY Committee structure but didn’t want to come into MSSNY as a subcommittee of an existing committee or to accept who the MSSNY President would appoint as the Chair of the Committee.

The members of the Work Group discussed the fact that the current Bylaws authorize MSSNY’s President to appoint Committee Chairs and to appoint Committee members. Members of Committees are members of MSSNY. These appointments are ultimately approved by the MSSNY Council. The members of the Work Group felt that this is a good structure which should be continued and applied to the group discussed as part of this fact pattern.

Dr. Geraci noted that of the 200 doctors that were part of the OON group, only 12 were really active and speculated as to whether those active group members should be the Committee. If that would be the case, she expressed her opinion that they should be required to be members of MSSNY. She also noted that committees should be a reasonable size and that clearly a committee with 200 members is too large and could become unwieldy.

Recommendation: That the MSSNY Council Work Group unanimously urges the MSSNY Council to adopt the following resolution:

RESOLVED, That the MSSNY President may decide if a non-MSSNY physician group (such as the Out-of-Network Preservation Work Group) warrants creation of its own special committee within MSSNY. For each special committee created the President shall:  
1. appoint the chairperson and members of such a committee as the Bylaws currently authorize he/she to do for all committees of the Council, thereby determining the size of the Committee, subject to the approval of the Council;  
2. assure that all members of such a committee are members of MSSNY; and  
3. assure that all special committees report to the Council and be subject to the Council unless otherwise instructed by the House of Delegates; and be it further
4. RESOLVED, That each President-Elect of the Medical Society of the State of New York shall continue to analyze on an annual basis MSSNY’s committee structure with an intention to eliminate any committee not felt to be contributing directly to MSSNY’s mission and combining committees wherever possible to reduce duplication, confusion, and cost.

Fact Pattern #2.) Dr. Huang described the history of the NY Specialty Care Coalition which formed as a coalition focused primarily on scope of practice issues. The coalition is independent from MSSNY but wants MSSNY to participate as part of the coalition and wants to access MSSNY resources/lobby staff but does not want to become part of MSSNY.

It was noted that MSSNY leadership and lobby staff attend the Coalition’s lobby day and helps with lobby appointments, etc. The question was asked as to how many of their physicians come to the lobby day? It was noted that some specialties are better than others in bringing their members to MSSNY’s Lobby Day.

It was noted that MSSNY was asked by one of the members of the specialty coalition to temper the survey we did on Health Republic in order to gain traction from the specialty in order that they would distribute it and receive feedback from its members.

A large amount of the discussion which ensued focused on the question as to whether MSSNY should charge them for the use of MSSNY resources whether its advertising or expenses associated with the scheduling of lobby visits, preparing lobby materials and lobbying.

The question was also raised as to whether the Specialty Coalition’s members do not want to be MSSNY members, should we provide MSSNY resources.

Dr. Maldonado noted that there is no written policy on whether and to what extent we provide assistance to this Coalition. When questions arise, they are addressed on a piecemeal basis, usually by well-intentioned staff members who seek to work collaboratively with the Coalition. He provided the following example in which MSSNY was asked to provide the AMA wheels which show and contrast the distinct and differing levels of education and training obtained by non-physicians and physicians. One of the specialty societies asked that MSSNY provide the wheels which some leaders thought was outside the appropriate scope of the parameter of what MSSNY should provide since there is a cost associated with the material.

Questions were raised concerning why should there be a Coalition when our agendas are the same? MSSNY is the umbrella organization. It feels that this is a splinter group. If they all become members then they could form a scope of practice committee. Should each group have a percentage of membership in MSSNY before we lobby with them?

Question was raised as to whether in establishing a policy that requires specialties to pay for certain MSSNY resources used as part of the Coalition’s Lobby Day we are doing more harm than good? It was noted that MSSNY works with separate entities like specialty medical societies, hospital associations and consumer organizations all the time. There are a lot of issues where there is commonality on which we work, in particular, with the specialty medical societies. If there are issues where we may differ and then we should establish parameters for how we work or do not work with the medical specialty society. Otherwise, MSSNY staff should be allowed to participate with these groups if there is commonality of interest.
It was recommended that the question of whether to associate with a coalition of this nature should be assessed by Council on an annual basis.

**Recommendation:** That the MSSNY Council Work Group unanimously urges the MSSNY Council to adopt the following resolution:

RESOLVED, That MSSNY Staff may assist non-MSSNY physician groups in their advocacy efforts insomuch that the activity is consistent with existing MSSNY policy. The Council shall have responsibility for all publications of the Medical Society of the State of New York and their distribution. This shall include whether and when to publicize a non-MSSNY physician group’s event. (Say for example the NYS Coalition of Specialty Physicians would like MSSNY to publicize its lobby day, announcements in MSSNY publications would be subject to Council approval.) Staff can bring these issues to the President, who may then, time permitting, consult with the Council. Apportionment of costs for MSSNY’s work on behalf of a non-MSSNY physician group should be determined by the MSSNY Board of Trustees (BOT). In ascertaining the charges to the non-MSSNY group, MSSNY’s BOT shall take into consideration the percentage of MSSNY membership that the non-MSSNY group has. When collaboration occurs with a non-MSSNY group, this arrangement should be reviewed by Council at least yearly to ensure that the collaboration between MSSNY and the non-MSSNY group continues to align with MSSNY’s mission.

Fact Pattern #3.) Dr. Huang presented the question as to how sign on letter requests should be handled? Throughout the year, MSSNY receives a number of sign-on letter requests from the AMA, specialty medical societies and other non-physician organizations such as the hospital associations. These requests are usually very time-sensitive. Should the President be required to convene the Executive Committee or should the President take Presidential prerogative to sign it if it reflects MSSNY policy and report to Council or to bring to Council.

**Recommendation:** That the MSSNY Council Work Group unanimously urges the MSSNY Council to adopt the following resolution:

RESOLVED, That MSSNY may sign on to letters with non-MSSNY groups when consistent with existing MSSNY policy and at the discretion of the President. In the absence of existing MSSNY policy, letters should be vetted by the President, who may exercise his or her prerogative to act on behalf of MSSNY, convene the Executive Committee of the Council for decision, or address the issue at the next Council meeting as time permits. Where there is a contentious issue or items should be reviewed, items should be brought to the Executive Committee or Council.

The conference call ended at 8:05PM.