

MSSNY PRIMARY CARE CAUCUS

Initial Meeting

May 17, 2017

8:00 pm

MINUTES

Participants:

Susan Baldassari, MD, Chair (IM)
Terrance Bedient
Bruce Berlin, MD (IM)
Deborah Blenner, MD (MPD)
Jennifer Congdon, MD (FM)
Jose David, MD (FM)
Joseph DiPoala, Jr., MD (IM)
John Franco, MD (FM)
Phillip Gioia, MD (PHP)
Nina Huberman, MD (PD)
Steven Kaner, MD (IM)
William Latreille, MD (IM)
Thomas Madejski, MD (IM)

John Maese, MD (IM)
Parag Mehta, MD (IM)
Lidia Mikolaenko, DO ((FM)
Carole Moodhe, MD (IM)
Daniel Nicoll, MD (IM)
Sarah Nosal, MD (FM)
Joseph Sellers, MD (IM)
Eunice Skelly
Daniel Young, MD, Vice Chair (FM)
Jocelyn Young, DO (FM)
Stephanie Zeszutek, DO (OBG)
William Zurhellen, MD (PD)

Introduction

Dr. Baldassari thanked all for participating and explained that MSSNY president Charles Rothberg, MD, wholeheartedly supported the idea of creating a primary care caucus within MSSNY and looks to it to speak to the concerns of primary care physicians and thereby make MSSNY more successful and valuable to them.

Item 1 -- Burnout

Members noted the disproportionate burden of unfunded mandates on physicians in primary care. Specialists are not only paid more for services but are required simply to manage a patient's condition, while the primary care physician must coordinate care and manage numerous functions that are not paid because they are not performed on the day of the patient's visit.

Administrative duties take time from patient care and the volume of services that can be provided is significantly reduced. It was suggested that another element should be noted as part of the top 10 work related stressors identified in the MSSNY Burnout Survey: in addition to dealing with difficult patients, the primary care physician needs to spend a significant amount of time explaining disease processes to patients' families.

It was suggested that the caucus pick five issues important to primary care physicians and their practices and recommend things MSSNY can do to address them that will improve satisfaction and reduce burnout.

Item 2 -- Membership

Comments about the low membership participation rate among primary care physicians led to discussion on ways to remedy the problem. There were suggestions to reduce the cost of membership for those in primary care, but general agreement that while it would be helpful to reduce dues in general, primary care physicians' perceptions of the value of membership must be improved, or price will not matter. Representation of primary care in MSSNY leadership positions was also seen as lacking. It's hard to recruit colleagues into what is viewed as a specialty-dominated organization.

Much discussion focused around the difficulty of convincing colleagues in primary care to join the medical societies when many feel that the societies' main focus is not relevant to physicians who are concerned with providing care to poorer patients. MSSNY does not say things that are important to them. They want the medical societies to be engaged in patient-focused, not payment-focused pursuits.

Some re-branding to identify MSSNY as an organization representing primary care physicians' concerns would be helpful. A webpage can be designed to highlight meaningful activities and policies, particularly those putting patients first. MSSNY might also create a network of primary care members who can help one another stay on top of important rules and deadlines, ways to be successful in practice, and to reduce stress.

Because so many primary care physicians have chosen employment because of the administrative burdens of practice, MSSNY can appeal to them through expert education and services in negotiating primary care employment contracts. Leadership training can be (and has) focused on special skills needed to advance careers through the hierarchies of large institutions.

Scope of practice issues remain an important area of cooperation with the primary care specialty societies. MSSNY should use its clout to convince insurance companies and government that any savings realized by replacing primary care physicians with nurse practitioners are negated by the fact that non-physicians order more tests than are needed and add costs to the systems.

Item 3 – Coordination with Primary Care Specialty Societies in New York State

While primary care specialty societies argue effectively on the national level for their members, they are not large enough on a state level to have much influence. They need the support of MSSNY to achieve changes they seek.

MSSNY should invite the three primary care specialty societies to work with us in a coordinated way to address their biggest issues.

Item 4 – MSSNY's Task Force on Physician Stress and Burnout

Terry Bedient reported briefly on the work of the task force, noting that physician wellness is one of MSSNY President Charles Rothberg's three pillars of focus for his term. Results of the survey conducted by MSSNY are continuing to be studied and with Council permission, will be publicized. Funding is being sought through the Medical Educational and Scientific Foundation to conduct CME programs and provide for peer support programs for physicians experiencing stress and burnout.

Item 5 – Future Activities

Minutes will be distributed and caucus members will be asked if they would like to work on one of 3 main focus areas: Burnout Issues in Primary Care; Adding Value to Membership for Primary Care Physicians; or Coordinating with Primary Care Specialty Societies.

Best venues for future meetings of the group were discussed. There was agreement that meetings during the year are best held remotely, but that a physical meeting each year at the House of Delegates would be important in helping members get to know one another. Scheduling conflicts at the annual meeting will likely make it necessary to plan such a physical meeting for the Thursday evening before the opening session of the House on Friday.

In addition to evening telephone conferences or daytime webinars, it may be possible to set up a listserv for caucus members.

Concluding Remarks

It was noted that Dr. Rothberg wanted to participate in the conference call, but had a meeting conflict. Dr. Young expressed thanks to Dr. Rothberg, an ophthalmologist, for establishing the caucus and having wellness as one of his three pillars.

The meeting concluded at 9:15 pm.

Respectfully submitted,

Susan Baldassari, MD
Caucus Chair