1) Welcome/Introductions: Dr. Dracker welcomed new committee members.

2) Adoption of Minutes: January 24, 2018 adopted as written.

3) Setting 2018 Priorities for Committee:
   - Revisit and Revise MSSNY Policy 125.996 Screening Programs and interventions most beneficial to improving the overall public health - Ms. Clancy sent out the revised policy to the committee, which included insertions and deletions as per the committee members. It was stated that committee members should state any public health impediments in order to make recommendations that will make these interventions more effective.

   Tobacco Cessation Counseling – Tobacco cessation counseling on a regular basis is recommended for all persons who use tobacco products. Providers are advised to use
the 5-A approach (Ask, Advise, Assess, Assist, Arrange). Information on how to access free support services should be provided, and nicotine replacement, nicotine receptor agonist (varenicline) or bupropion therapy should be offered. Pregnant women and parents with children living at home also should be counseled on the potentially harmful effects of smoking on fetal and child health. (US Preventive Services Task Force; http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/5steps.html).

Healthy Diet and Nutritional Intervention Counseling – Dietary counseling is recommended for adults and parents of children over the age of 2, to emphasize fiber-rich produce (i.e., fruits and vegetables) and minimally-processed grains, limiting the dietary intake of refined sugar and saturated fats, encouraging intake of mono-unsaturated fats, (http://www.cochrane.org/CD009825/VASC_mediterranean-diet-for-the-prevention-of-cardiovascular-disease; http://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/mediterranean-diet/art-20047801; http://www.nhlbi.nih.gov/health/health-topics/topics/dash/)

Exercise Promotion - General recommendations for adults are to do 150 minutes of aerobic physical activity a week, preferably at moderate-to-vigorous intensity but at light-to-moderate intensity for persons with chronic conditions who are unable to do moderate intensity activity; strength training of all large muscle groups is recommended for two days a week. These recommendations are based on the proven benefits of regular physical activity (Department of Health and Human Services, Centers for Disease Control and Prevention, American College of Sports Medicine, National Physical Activity Plan, National Center for Education in Maternal and Child Health, American Academy of Family Physicians, American Academy of Pediatrics, The American Heart Association, and The American College of Obstetricians and Gynecologists).

It was stated that the committee should work on formulating a recommendation on how they could implement both nutritional, interventional and exercise activity.

Hypertension Screening and Treatment

Blood pressure categories are:

- Normal: Less than 120/80 mm Hg;
- Elevated: Systolic between 120-129 and diastolic less than 80;
- Stage 1: Systolic between 130-139 or diastolic between 80-89;
- Stage 2: Systolic at least 140 or diastolic at least 90 mm Hg;
- Hypertensive crisis: Systolic over 180 and/or diastolic over 120, with patients needing prompt changes in medication if there are no other indications of problems, or immediate hospitalization if there are signs of organ damage.
It was stated the guidelines do not change with age and there is access to care in regard to treatment of hypertension with every class of drug. It was suggested that MSSNY host some type of Health Fair. Ms. Clancy agreed to look into this.

Diabetes Screening and Treatment

The US Preventive Services Task Force recommends screening for abnormal blood glucose as part of the cardiovascular risk assessment in adults 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet or physical activity. (US PSTF Recommendation: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes?ds=1&s=diabetes

Primary Prevention of CVD in Adult

Journal of the American College of Cardiology
March 2018 DOI: 10.1016/j.jacc.2018.01.004

Prostate Cancer Screening and Treatment in high risk individuals and populations (African-Americans and Men with a first degree affected relative)

Physicians should have an informative discussion about the risk of prostate cancer with their male patients at age 40 and identify those patients who are at higher than average risk based on family history, race, ethnicity, lifestyle factors and other chronic illnesses. Physicians should offer male patients, at age 45 who are at higher risk and age 50 or average or low risk, yearly testing, including but not limited to, serum PSA and the digital rectal exam. Patients should be referred to a specialist if findings suggest the possibility of prostate cancer. ACS Recommendation 2010–present Dr. Fogerty stated that she would review this to make sure it’s accurate.

Immunizations – Influenza, tetanus, diphtheria, acellular pertussis, measles, mumps, rubella, varicella, zoster, HPV male and female, pneumococcal, hepatitis A and B.
meningococcal, and Haemophilus Influenzae type B immunizations. CDC Recommended
Immunization Schedule for Adults Aged 19 Years or Older, United States, 2018
https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html

All Cancer patients deemed at risk for having inherited a recognized cancer
predisposition mutation should be seen pre- and post-test by a board-certified genetic
counselor or board-certified MD geneticist appropriately trained in cancer genetics.
Risk Assessment should include at minimum:
- Full three generation pedigree
- Evaluation of Hereditary cancer syndromes and which test is
  appropriate/indicated
- Discussion/education of risks, benefits and limitations of genetic testing
- Coordination of optimal individualized specific genetic testing if and when
  appropriate
- Discussion of genetic test results and all other cancer related implications for
  patient and at-risk family members

Ms. Clancy asked for volunteers to help identify protocols for the following (deadline
May 5, 2018)....

Primary Prevention of Stroke - Dr. Louis
Breast Cancer Screening Mammography and Appropriate Treatment – Dr. Bradley
Colon Cancer Screening and Appropriate Treatment – Dr. Bradley
Cervical Cancer Screening and Appropriate Treatment – Dr. Bradley

4) Setting of 2018 Priorities:
The committee agreed to 2018 proposed priorities.
  1) Revision of MSSNY Policy 125.996
  2) Advocate for Insurance coverage on issues such as cardiology, pulmonary
     rehabilitation, nutritional counseling, genetic counseling, tests, and exercise
     program.

5) MSSNY Council Referral: Resolution 150 is about changing a portion of MSSNY
   policy 125.996 which the committee began working on as a priority in 2017. There was
   discussion on this at the HOD and it was referred to council. The authors of the
   resolution did not agree with the US Preventive Services Task Force recommendations.
   In an effort to strike a balance, the reference committee settled for the American
   Cancer Society’s recommendations. This resolution will be incorporated into the
   discussion and revision of MSSNY Policy 125.996.

6) Discussion of Late HOD Resolution on Mammography: The House of Delegates did
   not bring this to the floor because the information is not new. There was discussion
   regarding ERISA and the need to seek federal changes to the ERISA law. Ms. Clancy
   suggest that Dr. Adams, who is a MSSNY Council member, bring this forward at the next
   council meeting.

7) Adjournment – Next Meeting October 17, 2018: