

NAME OF MSSNY COMMITTEE		Total Number of Members
COLLECTIVE NEGOTIATION & INTEGRATION AD HOC WORKGROUP		21
<u>Chair</u> Michael Goldstein, MD	<u>MSSNY Committee Goals Responses</u> The first goal is to analyze the current healthcare situation in NY regarding the status of collective negotiation. Most employed physicians benefit from the collective negotiating power of their employer. The independent physicians who provide lower cost care cannot negotiate collectively and this is forcing them to seek employment. The committee should be based on this trend of declining independent practice generate a report showing the economic benefit to healthcare costs in New York that would result from the passage of a collective bargaining law. The second goal of the committee should be to identify collective negotiating opportunities available in the state for independent physicians to join organizations with bargaining power. The committee should also determine which of these organizations would welcome MSSNY members. A third issue that should be discussed is whether or not employed physicians should consider forming collective bargaining units within their hospitals. We could survey employed physicians to determine if there sufficient interest to pursue this option.	
FEDERAL CANDIDATE EVALUATION COMMITTEE		31
<u>Chair</u> John Kennedy, MD	<u>MSSNY Committee Goals Responses</u> No Response	

HEALTH INFORMATION TECHNOLOGY		25
Chair Donald Moore, MD	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <p>Here are some suggestions for HIT Committee based upon the recent activities of the Committee:</p> <ol style="list-style-type: none"> 1) Assist physicians in the adoption and implementation of electronic health record systems with the goal of improving patient care delivery 2) Advocate for policies and government and commercial interventions to reduce the administrative burdens associated with EHR use 3) Develop educational programming for physicians and, where appropriate, the public, on the benefits and pitfalls of EHR use. 	
LEGISLATIVE & PHYSICIAN ADVOCACY COMMITTEE		34
Chair Paul Pipia, MD	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <p>No Response</p>	
LEGISLATIVE PHYSICIAN ADVOCACY EXECUTIVE COMMITTEE		82
Chair Paul Pipia, MD	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <ol style="list-style-type: none"> 1) Collective Negotiation 2) Medical Liability Reform/Rate Relief 3) Regulatory Relief <ul style="list-style-type: none"> • Reducing insurer administrative hassles • Slow down implementation of VBP • More seamless implementation of EHR • Network Adequacy 	

MSSNYPAC OFFICERS AND EXECUTIVE STAFF		27
Chair Joseph Sellers, MD	<u>MSSNY Committee Goals Responses</u> No Response	
QUALITY IMPROVEMENT & PATIENT SAFETY COMMITTEE		20
Chair Willie Underwood, MD	<u>MSSNY Committee Goals Responses</u> <ol style="list-style-type: none"> 1. Practice Transformation : <ul style="list-style-type: none"> • Changes in health care system • Practice Transformation and relationship with value based payments DSRIP, Medicare and MACRA • Variation in Care 2. Physician Wellness and Impact on Quality <ul style="list-style-type: none"> • Triple Aim à Quadruple Aim • Addressing Stress and Burnout and developing a Quality Indicator 3. Changes to CME/MOC Program 4. Safe Pain Management 	
STATE CANDIDATE EVALUATION COMMITTEE		38
Chair Thomas Lee, MD	<u>MSSNY Committee Goals Responses</u> No response	

LONG TERM CARE SUBCOMMITTEE		12
<p>Chair Jay Slotkin, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <ol style="list-style-type: none"> 1. Recognize trends and challenges in long-term care and to prepare medical community to care for patients in settings such as nursing homes, community and assisted living. 2. Promote long term care education in medical schools, post graduate medical education and to community based physicians and to prepare physicians and institutions for an interdisciplinary approach to long term care, including barriers to interdisciplinary care. 3. Improve access and implementation of tools to improve palliative care and end of life care 4. Understand the prevention aspects related to long term care. 	
ADDICTION & PSYCHIATRIC MEDICINE COMMITTEE		25
<p>Chair Edmond Amyot, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <ul style="list-style-type: none"> • Continue to respond to the opioid public health crisis. • Monitor the state’s medical marijuana program and changes and regulations including the expansion of treatment for pain, PTSD and the proposed legalization of marijuana. • Monitor state and federal insurance coverage related to parity and continue to advocate that such coverage for mental health, psychiatric conditions and substance abuse services continue. 	
BIO-ETHICS COMMITTEE		24
<p>Chair Jeffrey Berger, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <ol style="list-style-type: none"> 1. Issues related to physician assisted suicide/aid in dying—including Cessation of Oral Intake and the Implications. Also issues from the newly created Task Force on End of Life Care. 2. Ethical issues related to patient care and the use of medical marijuana; review of MSSNY’s positions. 3. Is Healthcare a Right—discussion related to undocumented immigrants? 	

COMMITTEE TO ELIMINATE HEALTH CARE DISPARITIES		25
Chair Linda Clark, MD	<u>MSSNY Committee Goals Responses</u> 1. Development of CME Programs—Perhaps an annual conference around various topics related to health disparities, possibly at the MSSNY HOD. 2. Establish a linkage with NYS Department of Health on infant and maternal mortality and other disparate health issues. 3. Understand and support other committees and the possible overlap with the Health Disparities Committee. 4. The Impact of Aid in Dying on the disparate population. 5. Outreach to all ethnic groups.	
EMERGENCY PREPARDNESS & DISASTER/TERRORISM RESPONSE COMMITTEE		19
Chair Arthur Cooper, MD	<u>MSSNY Committee Goals Responses</u> Committee goals are physician education and is based on a work plan that was submitted last week to DOH.	
FORENSIC MEDICINE AD HOC COMMITTEE		6
Chair Mary Jumbelic, MD	<u>MSSNY Committee Goals Responses</u> Committee only meets when needed	

HEART, LUNG AND CANCER COMMITTEE		16
<p>Chair Robert Dracker, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <ol style="list-style-type: none"> 1. Revise MSSNY Policy 125.996 screening programs and interventions most beneficial in improving the overall public health. 2. Advocate for insurance coverage on issues such as cardiology and pulmonary rehabilitation, nutritional counseling, genetic counseling and testing, exercise programs. 	
INFECTIOUS DISEASES COMMITTEE		12
<p>Chair William Valenti, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <ol style="list-style-type: none"> 1. Prevention of Infectious Diseases by Immunization—Ensure that immunizations continue to be covered by NYS and Federal insurance products, and ensure that public policy on immunization continues to evidence-based. 2. Pre-existing infectious diseases conditions remain a standard of insurance coverage. This includes infection prevention and treatment that is aligned with New York State initiatives to end infectious diseases epidemics for HIV and hepatitis C: <ul style="list-style-type: none"> • For individuals with transmissible infections such as HIV, for which ongoing medical treatment is also a prevention strategy (treatment as prevention) • For HIV prevention (pre-exposure prophylaxis; PrEP) for high risk HIV-negative people. • For hepatitis C which is curable. 3. Environmental Protection: <ul style="list-style-type: none"> • Ensuring the safety of public water supplies, and considers the effects of climate change and migration of vectors like mosquitos (Zika virus, malaria, West Nile virus, and related vector-borne infections) • Address other environmental factors that contribute to the spread of infectious diseases. 	

MEDICAL EDUCATION AD HOC COMMITTEE		20
Chair Mark Lema, MD	<u>MSSNY Committee Goals Responses</u> Only meets when needed. There are no meetings scheduled	
PREVENTATIVE MEDICINE & FAMILY HEALTH COMMITTEE		22
Chair Geoffrey Moore, MD	<u>MSSNY Committee Goals Responses</u> <ol style="list-style-type: none"> 1. Development of “white paper” on the effects of climate change on health. 2. Development of “white paper” on senior citizens at risk. 3. Liaison with Addiction and Psychiatric Medicine Committee on the substance use and substance use disorders on promoting the use of Naloxone to the general public and state policies on the use of MAT within the correctional facilities. 4. Continued Implementation of Youth at Risk paper. 	
CME ACCREDITATIONS APPEALS ADHOC COMMITTEE		4
Chair Leslie Blum, MD	<u>MSSNY Committee Goals Responses</u> I propose the following primary goal for your consideration: <ul style="list-style-type: none"> • Determine if MSSNY’s Subcommittee of Continuing Medical Education Accreditation Appeals continues to be needed by MSSNY or its membership. I propose the following secondary goals for your consideration: <ul style="list-style-type: none"> • If MSSNY’s Subcommittee of Continuing Medical Education Accreditation Appeals is needed, determine if there is any action we should take, or continue to await the possibility of an accreditation appeal. Consider any preparedness we would need to engage in an appeals process. • If MSSNY’s Subcommittee of Continuing Medical Education Accreditation Appeals is no longer needed, determine how to disband the committee 	

COMMITTEE ON EDUCATION		19
<p style="text-align: center;">Chair E. Kenneth Freiberg, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <p>Oversees the two subcommittees that fulfill MSSNY's dual role in CME: Recognized Accreditor (Subcommittee on Surveys) and Accredited Provider (Subcommittee on Educational Programs). They also approve proposed updates in CME policy, to keep MSSNY aligned with ACCME policy changes (such as updates in accreditation criteria, standards for commercial support, etc.). MSSNY periodically needs to update forms used for planning and implementing CME activities (accredited provider) or surveyor and self-study forms (recognized accreditor). CME Committee also meets quarterly, on the same day that the Subcommittee on Surveys meets. The chairs of the two subcommittees present reports to the full CME Committee, which ratifies the decisions of the subcommittees. As described above, they also make decision on updating policies and procedures, as required by the ACCME.</p>	
CME EDUCATIONAL PROGRAMS SUB-COMMITTEE		11
<p style="text-align: center;">Chair Sheldon Putterman, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <p>Meets monthly via conference call, in support of MSSNY's role as an accredited provider. The subcommittee approves CME activities as well as performing post-activity analysis to determine whether CME activities achieved the learner changes for which the activities were designed.</p>	
CME SURVEY SUB-COMMITTEE		13
<p style="text-align: center;">Chair Pauline Hecht, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <p>Meets quarterly to make decisions on CME Provider accreditation, reaccreditation, or progress reports. Progress reports are requested from CME Providers that were found to have noncompliance issues in ACCME criteria and/or policies.</p>	

MEMBER BENEFITS COMMITTEE		19
Chair Michael Simon, MD	<u>MSSNY Committee Goals Responses</u> 1. Launch a survey to assess what is of value to members 2. Monitor the success our newest member benefit app—Abenity 3. Seek out meaningful member opportunities for everyday living	
COMMITTEE ON INTERSPECIALTY Appointed by Specialty Societies ONLY		61
Chair Steven Schwalbe, MD	<u>MSSNY Committee Goals Responses</u> <p>The Interspecialty Committee seeks to discuss and address State related issues brought up for consideration by the representatives of the MSSNY recognized specialty societies. The bulk of our work over the years has involved discussion and debate of policies promulgated by the Medicare contractor (contractors in the past) for New York State. Other items addressed have involved commercial insurance policies, Workman’s Comp, scope of practice issues, pending changes to State law or regulation that may be specialty specific, etc. When appropriate (as with Medicare) the committee submits public comments. At other times we may bring resolutions to the MSSNY House of Delegates for consideration and debate.</p> <p>We are fortunate in that MSSNY counsel is almost always available to provide us with a legislative review regarding activities of the State Legislature. This update, as with all other matters discussed at the Committee, is part of the information that the Committee members are expected to bring back to their specialty societies.</p> <p>Going forward, I would like to increase the number of non-Medicare issues that we address in the Committee. I believe that there are an increasing number of specialty specific issues which can be helped by either being brought to the attention of the House or by guidance from other specialty representatives who have had similar experiences.</p>	

HEALTH INSURANCE COMMITTEE		35
<p>Chair Andrew Merritt, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <ol style="list-style-type: none"> 1. Our goals are to address any resolutions forwarded to us and address concerns that arise during the coming year. 2. We would address issues that occur during the year as forwarded from MSSNY leadership. 	
WORKERS' COMPENSATION COMMITTEE		32
<p>Chair Jay Weiss, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <ol style="list-style-type: none"> 1. Oversee the production of the new workers compensation fee schedule including fee increases. Address the very few areas that are scheduled to receive cuts (primarily EMG and Nerve Conduction studies). 2. Continue the progress we've made on eliminating the C4 forms, and making sure its replacements are simpler and easier without any new burden. Make sure the move to electronic claims submission by No Fault and Worker's Comp. does not create increased fees to the physicians and that it protects the doctors by documenting a date of submission and that it leads to quicker electronic payment. 3. C4 forms are finally being implemented by the web and our next goal is to monitor how it's implemented. We are continuing our relationship with the Board to make sure changes are not overly burdensome to physicians. 4. Evaluate the feasibility of contracting with the WCB Board to produce instructional CME on NYS WCB guidelines, forms, processes, etc. 	

GENERAL MEMBERSHIP COMMITTEE		42
<p>Chair David Podwall, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <p>Medical students</p> <ul style="list-style-type: none"> • Have spoken to students at the meeting on how we use our new free membership to energize this membership category. Our committee will add students and create a formalize process of going to leadership in each institution, helping with the recruitment process, make connections with local MSSNY or county leadership. Afterwards we will review best practices to both help struggling schools but also try to find ways to keep this sustainable. <p>Group membership</p> <ul style="list-style-type: none"> • Our committee will be kept updated and allow input into the onboarding process for the new members in the Northwell deal. (I am on the committee overseeing implementation chaired by Carol Moodhe). This implementation is very important for us to reach our membership goals. The lessons learned from this will be helpful when we have to implement similar deals to come. • Pilot for discounted new membership and affiliation with groups for which cannot provide 100% membership. 	
EMPLOYED PHYSICIANS SUB-COMMITTEE		13
<p>Chair Maria Basil, MD</p>	<p style="text-align: center;"><u>MSSNY Committee Goals Responses</u></p> <p>No Response</p>	

INTERNATIONAL MEDICAL GRADUATES COMMITTEE		24
Chair Sumir Sahgal, MD	<u>MSSNY Committee Goals Responses</u> No Response	
INDEPENDENT PRACTICE & IPA		31
Chair Willie Underwood, MD	<u>MSSNY Committee Goals Responses</u> No Response	
CPH ADVISORY COMMITTEE		22
Chair Donald Moore, MD	<u>MSSNY Committee Goals Responses</u> Implement issues which would reduce MSSNY liability from the CPH program. Work with Government Affairs on legislation to provide MSSNY immunity for CPH Coordinate grant or other funding applications for burnout project Implement new five-year contract for CPH with Department of Health	
MSSNY COMMITTEE FOR PHYSICIAN WELLNESS AND RESILIENCE		17
Chair Michael Privitera, MD	<u>MSSNY Committee Goals Responses</u> Hope to have consensus this month	

TOTAL

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