

**MEDICAL SOCIETY OF THE STATE OF NEW YORK**  
**Committee on Quality Improvement and Patient Safety**  
**Clare Bradley, MD, Chair**  
**February 9, 2022**  
**Via Zoom**  
**Draft Minutes**

**Present**

Clare Bradley, MD Chair  
Maria Basile, MD Vice-Chair  
Julia Faller, DO  
Patricia Gagliano, MD  
Victor Klein, MD  
Thomas T. Lee, MD Asst.  
Commissioner  
Liana Leung, MD  
John Maese, MD  
Lawrence Melniker, MD  
Rifka Schulman, MD  
Charles LoPresto, DO

**Absent**

Keisha Benn, MD  
Brian Blaufeux, MD  
Natalie Schwartz, MD  
Gregory L. Pinto, MD Commissioner  
Danielle Wales, MD  
Daniel Nicoll, MD  
Charles Wiles III, MD  
Roy Korn, MD  
Arthur Wise, MD  
Kenneth Eckert III, MD  
Willie Underwood, MD  
Barry Rabin, MD

**Excused**

**Invited Guest**

**MSSNY Staff**

Troy Oechsner, Executive VP  
Pat Clancy, Senior VP/Managing  
Director  
Moe Auster, Senior VP & Chief  
Legislative Counsel  
Cayla Lauder, MPH, Public Health  
Associate  
Zina Cary, VP Legislative Affairs  
Michael Bartlett, Legislative Associate  
Miriam Hardin, PhD, Manager, CME  
Maureen Ramirez, Admin Associate  
Jennifer LaRose, Admin Associate

**1) Welcome –**

Pat Clancy - We are in the process of getting recommendations for new committee members so if anybody has an idea for someone that they think would be willing to serve on this committee, let me or Jennifer know and also ask that you inform us if you have any address/phone number/e-mail address/information updates.

**2) Review of October 27, 2021 Minutes – Approved**

10 **3) Telehealth Legislation and Budget Discussion– Moe Auster, Sr. VP,**  
11 **Chief Legislative Counsel and Zina Cary, VP for Legislative Affairs**

12 Dr. Bradley - MSSNY has been very active in advocating for changes and making  
13 things permanent that were put in place during Covid. Ms. Cary reported that the  
14 bulk of work right now is centered on the state, and we are still engaged with  
15 legislation A.6256/S.5505. A new opportunity presented itself to us with language  
16 Governor Hochul included in her budget that requires payment parity. We are  
17 feeling cautiously optimistic. There is one point we are trying to sort through, we  
18 received clarification from the Governor's staff on the language around facility  
19 fees and other rates related to sites so the insurers wouldn't pay for these. Some  
20 of our partners are ok with that language, we're still sorting out where we're going  
21 to land on it. There's support for this bill in the Assembly and in the Senate. If we  
22 can get this in the budget, that may be the best vehicle for accomplishing our goal  
23 this year. Mr. Auster indicated that the challenge, like the challenge last year, is  
24 the chair of the Assembly Insurance Committee, Kevin Cahill raising issues with  
25 doctors seeing patients virtually when they can be seen in person. The chair of  
26 the Assembly Health Committee, Dick Gottfried, is a very strong component of it.  
27 Dr. Bradley asked Zina to review each piece of legislation. – They are companion  
28 bills and are very straight forward. They provide for payment parity for telehealth  
29 services, they don't have language around facility fees. Mr. Auster indicated what  
30 we're referring to is, payment parity would not need to take place in situations  
31 where someone is working outside that facility providing telehealth services, but  
32 what it's referring to is telehealth services by Article 28 services.

33  
34 **4) ABMS PORTFOLIO Program—Miriam Hardin, Manager, Office of**  
35 **Continuing Medical Education**

36 Miriam Hardin spoke about the ABMS – The ABMS Portfolio Program recognizes  
37 the quality and safety improvement activities that ABMS member board certified  
38 physicians and medical specialists to help earn credit for continuing certification.  
39 Ms. Hardin explained in depth, the overview of the ABMS program and  
40 organizational requirements and the requirements for the projects themselves and  
41 mentioned that if anyone from this group would like someone from ABMS to  
42 address at meeting, she could ask them to join the next meeting if there's a desire  
43 for it. Pat Clancy – Mentions relevant topics of quality improvement activity and  
44 of some of the CME courses and what they offer and how they can tie into quality  
45 improvement activity. Dr. Bradley – Asked if there's an overlap between what Pat  
46 just presented and the changes that have been made by CMS and is there and  
47 costs associated with participation. Miriam Hardin – My understanding is that  
48 there's no cost ABMS does not charge to be portfolio sponsors. Dr. Basile – Is  
49 there a deliverable that would be responsible for our members including them in  
50 the portfolio, does it give them some sort of certification or credit towards ABMS  
51 maintenance of certification, what is our role if we become a portfolio provider.  
52 Miriam Hardin – Yes, it is my understanding this is a vehicle for diplomats of  
53 various boards to get their continuous certification points. Dr. Basile – Would we  
54 be responsible for seeing that they meet the criteria for that type of credit. Dr.  
55 Bradley – Miriam you mentioned that the recommendation is that an MD lead and  
56 manage this so if we were to move forward, would that be with a member as  
57 opposed to a staff person. Miriam Hardin – We could choose someone from MSSNY

58 leadership that we felt appropriate. Dr. Bradley – Suggested we could have Tina  
59 Nelson from ABMS join one of the future committee meetings. Miriam Hardin –  
60 said she will reach out to Tina Nelson. Dr. Leung – Which specialties require this  
61 as part of their MOC, is this optional or a requirement for many members. Miriam  
62 Hardin – mentioned she has a list of boards this applies to: Anesthesiology,  
63 Dermatology, Emergency Medicine, Family Medicine, Internal Medicine, Genetics  
64 and Genomics, OBGYN, Ophthalmology, Otolaryngology, Pathology, Pediatrics,  
65 Physical Medicine, Rehabilitation, Preventative Medicine, Psychiatry, Neurology,  
66 Radiology Surgery, Thoracic Surgery. Dr. Leung – States that this sounds like a  
67 lot of work for MSSNY to take on if it's not a requirement and asked what's the  
68 extent of their responsibility to manage such a program and suggested it would  
69 be helpful to talk to ABMS on what the time requirements are and what is optional  
70 versus required for MOC. Miriam Hardin – We can bring those questions to ABMS  
71 when we have them present at one of these meetings. Dr. Lee – Says that MOC  
72 has been subject to many MSSNY policies and that a large number of our members  
73 don't support the MOC process in general. Pat Clancy – Says she thinks it's  
74 important for someone from ABMS to come and address the committee, but we  
75 wanted to begin to lay the groundwork.

## 76 77 **5) MSSNY/AMS Practice Transformation Initiative and Telehealth** 78 **Initiative, Cayla Lauder, Public Health Associate** 79

80 Pat Clancy – Explained that MSSNY has been involved in a practice transformation  
81 initiative with the AMA and the Physicians Foundation for about a year now and  
82 have engaged with six practices regarding the PTI program. They did a pre-  
83 survey, launched an intervention and now are in the process of a post-survey.  
84 They recently agreed to participate in a telehealth initiative again with previous  
85 practices throughout New York State. Cayla Lauder, MSSNY Public Health  
86 Associate that's been involved and has led both of these projects. Cayla Lauder –  
87 MSSNY has been working with six practice sites on this initiative and all practice  
88 sites have administered Pre Mini Z assessment surveys about a year ago amidst  
89 the Covid surges. Each have implemented interventions tailored to their specific  
90 results to address systemic stressors and joint in the workplace. Each practice  
91 was invited to attend various educational webinars in which the AMA hosted  
92 professional personnel for various topics. The practice sites started deploying their  
93 Post Mini Z Surveys, which aim to measure overall change of workplace  
94 satisfaction. Given the surges, some practice sites have opted to postpone the  
95 survey until spring but have been encouraged by our physician wellness  
96 committee to complete the survey as soon as possible to better understand  
97 burnout in the workplace due to covid. Some practices have not started the survey  
98 and are a little bit behind due to administrative changes but actually hope to utilize  
99 our Peer-to-Peer program as one of their interventions as well. Pat Clancy – The  
100 pre and post survey results will be shared with MSSNY and the Quality  
101 Improvement and Physician Wellness committees. Cayla Lauder – Discussed the  
102 Telehealth Initiative they are working on and stated that MSSNY and the AMA are  
103 going to be working together to develop educational content, resources  
104 measurement tools and evaluation support to help practices with telehealth  
105 implementation. MSSNY as a part of the program, will be part of a national

network and support needed to establish and maintain strong relationships with physicians, practices and health systems interested in implementing, optimizing, or sustaining telehealth. In addition to provide ongoing support, this year's program will emphasize the importance of realizing the true value of virtual care. We will be working with Hudson Headwaters Health Network; they are a leader in the telehealth realm in New York State to create a CME program around their success using telehealth. This program is going to seek to discuss evidence-based strategies to implement and optimize telehealth programs recognizing resources to ensure physician practice sustainability and payment and identity solutions that are available to alleviate systemic challenges to telehealth implementation. Dr. Maese – Commented that what's nice about the program is the ability to get sub specialists into nursing homes so they can elevate the care that's delivered at a lower cost and delivering care to our oldest citizens. Pat Clancy – We have heard from other groups about the use of telehealth and how it has helped in the rural areas of New York – Hudson Headwaters, a practice in upstate New York, has utilized telehealth over many years and we're very excited that they've agreed to do an educational program about nuances implementing telehealth. Dr. Maese – Stated that his office was able to utilize telehealth and deliver care when they were shut down for a couple days due to an Omicron breakout. He says he's amazed at how much you can do from telehealth but does realize there are limitations. Dr. Bradley – Stated telehealth has real value and thinks this discussion and activities of MSSNY could be very helpful in discussions at the state level in terms of getting their bills passed. Pat Clancy – Mentioned that MSSNY is utilizing in the application to the AMA for this because they want to change the telehealth policy in regard to payment and payment parity and believes it will be helpful in anything that they advocate for in the legislature. Moe Auster – One of the chief questioners has been misaligned with incentives that doctors have an incentive to not see patients in person and my thought, I'd be interested in your own thoughts on why a doctor would ever not want to see a patient in person given the risk associated with misdiagnosis that is prevalent every time – I would be interested in any of your thoughts on that point.

Dr. Basile – One of the advantages of telemedicine, is that you actually do see the patient in person in the context of their own home. You get a much clearer and more robust sense of the patient in their own context. Dr. Maese – You're gaining different information than in an office visit because you're seeing a patient in their environment which is incredibly valuable to understand. It's much harder to do a telehealth visit especially with an elderly patient who have less facile with technology, there's no real financial incentive to do it. It's really about access to care, it's a good tool. Moe Auster – This is the kind of thing that is a really good point for everyone to make as part of our March 8<sup>th</sup> Lobby Day. Dr. Lee – Advocacy does take resources so if you're a MSSNY member, thank you and encouraging to do more, if you're not a MSSNY member please consider it, there's a lot of work to be done and this is an election year and it's very important we support our advocacy team any way we can.

154 **6) 2016 MSSNY Survey Results – Maria Basile, MD a) HOD Policies**

155 Dr. Basile went through executive summary power point – MSSNY Task Force on  
156 Physician Stress and Burnout. Dr. Lee – Asked if there are any additional data  
157 points to present and to push for solutions. Pat Clancy – We don't have any New  
158 York State specific data- there is a survey that the AMA did back in spring 2020  
159 in the middle of the pandemic, but it's national data. We had asked them if they  
160 could pull out New York specific data, they were unable to do so. We have been  
161 using the new AMA survey as a result of that data and we could actually share  
162 with the committee the results of that survey. Dr. Bradley – That would be a great  
163 next step, the data she presented was eye-opening. To the last speaker's point, I  
164 think it's probably worse now and there might be other issues that clinicians are  
165 raising in terms of major stressors, so that might be a next step to see what AMA  
166 data showed. Pat Clancy – We will have the results of the PTI and it's a snapshot  
167 of urban and rural areas which is important. Having the PTI data soon, will be  
168 very helpful and we can do that in comparison to New York, compare that with  
169 the AMA's data.  
170

171 **7) Mary T. Bassett, MD, MPH—New York State Health Commissioner –**  
172 **Discussion of Quality Initiatives, Clare Bradley, MD**

173 Dr. Bradley – We have a new State Health Commissioner, Dr. Mary Bassett, many  
174 know her from her work in the city as the City Health Commissioner – I want to  
175 have people start thinking about anything that we would like to advocate for  
176 directly with her. Pat Clancy – I will offer up to the committee, just as a point of  
177 information, we have a monthly call with the DOH to talk about the vaccines,  
178 Covid, the pandemic, everything from vaccine supply, test supplies. Dr. Bradley  
179 –

180 **Next meeting, May 11<sup>th</sup> at 7:30 AM.** Pat Clancy – We will work with Miriam to  
181 get someone from ABMS to be on that call. If there are any issues that come up,  
182 forward to me.  
183

184 **Adjourned**  
185