



2016 HOUSE OF DELEGATES DELEGATES HANDBOOK

*THE 66TH ANNUAL MEETING OF
THE NEW JERSEY ACADEMY OF FAMILY PHYSICIANS*

JUNE 10, 2016
SHERATON ATLANTIC CITY
CONVENTION CENTER HOTEL
ATLANTIC CITY, NJ

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Mission Statement

The mission of the NJAFP is to advance the specialty of Family Medicine through education and advocacy for the benefit of the public at large and our membership.

To promote high standards of Family Medicine, the New Jersey Academy of Family Physicians:

1. Promotes the importance of the patient/physician relationship
 2. Assists young men and women entering the practice of Family Medicine
 3. Promotes and supports continuing medical education
 4. Enhances the image of Family Medicine in the State of New Jersey
 5. Promotes Family Medicine objectives before various legislative bodies
 6. Promotes and increases interest in the practice of Family Medicine to medical students and college graduates
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HOUSE OF DELEGATES OFFICERS

President	Robert Gorman, MD
President Elect	Adity Bhattacharyya, MD
Vice President	Peter Carrazzone, MD
Treasurer	Lauren Carruth Mehnert, MD
Secretary	Maria Ciminelli, MD
Chair of the Board of Trustees	Krishna Bhaskarabhatla, MD
Speaker/Parliamentarian	Richard Cirello, MD

AGENDA

1. Welcome	Robert Gorman, MD
2. Call to Order and Introductions	Robert Gorman, MD
3. Moment of Silence for Deceased Members	Richard Cirello, MD
4. Roll Call	Richard Cirello, MD
5. Address of the Board Chair	Krishna Bhaskarabhatla, MD
6. Address of the President	Robert Gorman, MD
7. Report of the Treasurer	Lauren Carruth, MD
8. Report of the AAFP Delegates	Mary Campagnolo, MD; Arnold Pallay, MD
9. Greeting from the AAFP	Mike Munger, MD
10. Confirmation of the Degree of Fellow	Mike Munger, MD
11. Greetings from Guests	Richard Cirello, MD
12. Report of the Executive Vice President	Ray Saputelli, MBA, CAE
13. Elections of Officers and Board Trustees	Richard Cirello, MD
a. Report of the Nominating Committee	Adity Bhattacharyya, MD
b. Nominations from the Floor	Richard Cirello, MD
c. Election of Officers and Trustees	Richard Cirello, MD
14. Presentation of Resolutions	Richard Cirello, MD
a. Acceptance of Emergency Resolutions	Richard Cirello, MD
15. Election of the Nominating Committee	Richard Cirello, MD
a. Members from Bergan, Burlington, Camden	
16. Committee Reports	
a. Annual Meeting	Peter Carrazzone, MD
b. Communications	Theresa J. Barrett, PhD, CMP, CAE
c. Government Affairs	Peter Carrazzone, MD; Claudine Leone, JD
d. Membership	Ray Saputelli, MBA,
e. Resident Trustees	
f. Student Trustees	
g. New Physicians	Sara Leonard, MD; Lisa Lucas, DO
17. Address of the Incoming President	Adity Bhattacharyya, MD
18. Discussion and Action on Resolutions	Richard Cirello, MD
19. Old Business	Richard Cirello, MD
20. New Business	Richard Cirello, MD
21. Adjournment	Richard Cirello, MD

2015-2016 BOARD OF TRUSTEES

Board Chair	Krishna Bhaskarabhatla, MD	Woodland
President	Robert T. Gorman, MD	Verona
President Elect	Adity Bhattacharyya, MD	Trenton
Vice President	Peter Carrazzone, MD	Newton
Treasurer	Lauren Carruth, MD	Hammonton
Secretary	Maria Ciminelli, MD	Freehold
Board of Trustees	Michael A. Cascarina, MD	Manasquan
	Vikram Gupta, MD 2018	Wayne
	Frank Iannetta, MD 2018	Montville
	Christina Medrano-Phipps, MD 2016	Newark
	Anthony G. Miccio, MD 2017	Port Murray
	Jeffrey S. Rosenberg, MD 2017	Berkley Heights
	Kathleen Saradarian, MD 2018	Branchville
	Everett Schlam, MD 2016	Verona
	Kelly G. Ussery-Kronhaus, MD 2017	Trenton
New Physician	Sara Leonard, MD	Freehold
Trustees	Lisa Lucas, DO	Freehold
Resident Trustees	Robert Kruse, MD	Freehold
	Krishanna Takemoto-Gentile, MD	Asbury Park
Student Trustees	Cheryl Monteiro	Scotch Plains
	Sadé Diahann Randall	Roselle
Voting Past	Thomas S. Bellavia, MD	Hasbrouck Heights
Presidents	Joseph W. Schauer III, MD	Farmingdale
AAFP Delegates	Arnold I. Pallay, MD	Montville
	Mary F. Campagnolo, MD	Bordentown
AAFP Alternate	Terry Shlimbaum, MD	Glen Gardner
Delegates	Salvatore Bernardo, MD	Freehold
NJAFMRD	Michael DeLisi, MD	Clifton
Representative		
Executive Vice	Ray Saputelli, MBA, CAE	Trenton
President	Theresa J. Barrett, PhD, CMP, CAE	Trenton

PAST PRESIDENTS

*Deceased

1949-1950	Samuel L. Kaman, MD*	1990-1991	Sofia H. Anthony, MD
1950-1951	Aaron H. Horland, MD*	1991-1992	Robert J. Maro, Sr., MD
1951-1952	Sidney D. Becker, MD*	1992-1993	Lawrence A. Rosen, MD
1952-1953	Edwin Resner, MD*	1993-1994	Frank L. Kane, MD
1953-1954	Vincent Campana, MD*	1994-1995	Joseph W. Schauer, III, MD
1954-1955	Samuel Diech, MD*	1995-1996	Robert M. Pallay, MD
1955-1956	Harry Taff, MD*	1996-1997	Richard Cirello, MD
1956-1957	R. R. Chamberlain, MD*	1997-1998	Kenneth Faistl, MD
1957-1958	R. R. Chamberlain, MD*	1998-1999	Mary Willard, MD
1958-1959	Robert E. Verdon, MD*	1999-2000	Richard Corson, MD
1959-1960	Charles H. Calvin, MD*	2000-2001	Mary F. Campagnolo, MD
1960-1961	Benedict B. Scassera, MD*	2001-2002	Arnold I. Pallay, MD
1961-1962	A. Guy Campo, MD*	2002-2003	David E. Swee, MD
1962-1963	Philip R. D'Ambola, MD*	2003-2004	Terry E. Shlimbaum, MD
1963-1964	George C. Parell, MD*	2004-2005	Caryl J. Heaton, DO
1964-1965	Edward M. Coe, MD*	2005-2006	Robert Spierer, MD
1965-1966	Louis Kosminsky, MD*	2006-2007	Jeffrey A. Zlotnick, MD
1966-1967	Harry P. Goodman, MD*	2007-2008	Thomas S. Bellavia, MD
1967-1968	Edward A. Schauer, MD*	2008-2009	Marty Dawn Sweinhart, MD
1968-1969	Nathan J. Plavin, MD*	2009-2010	Stephen A. Nurkiewicz, MD
1969-1970	Nicholas E. Marchione, MD*	2010-2011	Thomas R. Ortiz, MD
1970-1971	Victor Boogdanian, MD*	2011-2012	Robert Eidus, MD
1971-1972	Gustav L. Ibranyi, MD	2013-2014	Salvatore Bernardo, Jr. MD
1972-1973	Edward H. Weiser, MD*	2015-2016	Krishna Bhaskarabhatla, MD
1973-1974	Nelson C. Walker, MD*		
1974-1975	Carl A. Restivo, MD		
1975-1976	Seymour Taffet, MD*		
1976-1977	Harold Kallman, MD		
1977-1978	Daniel N. Burbank, MD*		
1978-1979	John J. Pastore, MD		
1979-1980	Robert J. Keene, MD*		
1980-1981	Thomas E. Mattingly, Jr., MD		
1981-1982	Salvatore V. Dallio, MD*		
1982-1983	Frank C. Snope, MD		
1983-1984	Michael J. Doyle, MD		
1984-1985	George L. Triebenbacher, MD*		
1985-1986	S. Thomas Carter, MD*		
1986-1987	Joseph A. Lieberman, III, MD		
1987-1988	John C. Brogan, MD		
1988-1989	George Leipsner, MD		
1989-1990	Alan S. Schurman, MD*		

NECROLOGY REPORT

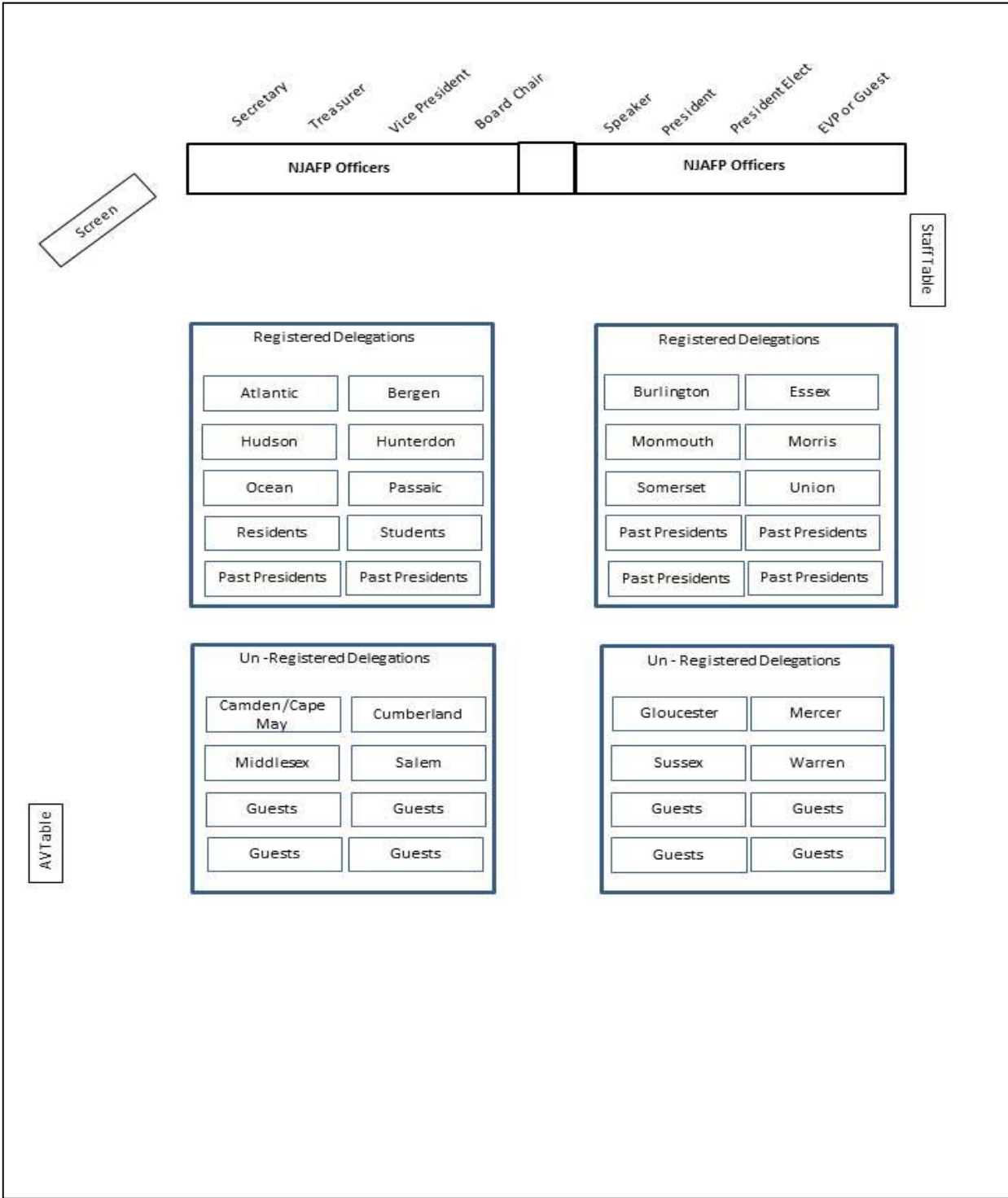
Jerry J. Aquino, MD

Bernard Harold Sklar, MD

DELEGATES TO THE HOUSE OF DELEGATES

COUNTY	DELEGATES	ALTERNATES
Atlantic	Steve Nurkiewicz, MD	
Bergen	Elizabeth Liu, MD	
Burlington	Mary Campagnolo, MD Indira Maharaj-Mikiel, MD	
Essex	Thomas Ortiz, MD	
Hudson	Robert Eidus, MD	
Hunterdon	Patricia Kroth, DO	
Monmouth	Kenneth Faistl, MD	
Morris	Anthony Miccio, MD	
Ocean	Michael Cascarina, MD	
Passaic	Peter Carrazzone, MD Vikram Gupta, MD	
Somerset	Lucille Len, MD Donna Kaminski, DO, MPH	Thomas Shaffrey, MD
Union	John Tabachnick, MD	
Residents		
Students		

SEATING: HOUSE OF DELEGATES



VISITING REPRESENTATIVES

Michael Munger, MD, FAAFP **AAFP Board of Directors**



Michael L. Munger, MD, FAAFP, a family physician in Overland Park, Kansas, is a member of the board of directors of the American Academy of Family Physicians. The AAFP represents 120,900 physicians and medical students nationwide.

As an AAFP board member, Munger advocates on behalf of family physicians and patients nationwide to inspire positive change in the U.S. health care system.

Munger has been a practicing family physician in the Kansas City metropolitan area for 29 years. He is currently in practice at Saint Luke's Medical Group in Overland Park, where he also serves as vice president of medical affairs for primary care. The group has 105 members at 14 different sites, all of which have received Level 3 patient-centered medical home designation from the National Committee for Quality Assurance. He formerly served as medical director for Sweet Life at Grand Court Assisted Living, also in Overland Park. Previously he practiced for 16 years at Group Practice Hickman Mills Clinic, Inc., in Kansas City, Missouri.

Munger also served as a volunteer clinical assistant professor at the University of Kansas, School of Medicine in Kansas City, Kansas, and as associate faculty at both the Baptist Medical Center Family Practice Residency in Kansas City, Missouri, and the University of Missouri – Kansas City School of Medicine.

A member of the AAFP since 1986, Munger has served on numerous commissions and committees, including the Commission on Education and the Commission on Education's Subcommittee on National Conference Planning, both of which he also chaired. He also served on the Commission on Health of the Public and Science. He served three years as the Kansas Academy of Family Physicians delegate to the AAFP Congress of Delegates. Previously, he served three years as Missouri's delegate to the Congress of Delegates. Munger deepened his Congress of Delegates involvement by serving as a member of the Reference Committee on Education, the Reference Committee on Public Health and as chair of the Credentials Committee.

At the state level, Munger is an active member of the Kansas Academy of Family Physicians, having held key leadership positions, including secretary, president and board chair. When practicing in Missouri, Munger was actively involved in the Missouri Academy of Family Physicians, where he served in every board position, including president and board chair. He also served as president of the Kansas City Academy of Family Physicians.

An active member of his local community, Munger served as spokesperson for the Clean Air Kansas City initiative and as a member of the Overland Park Chamber of Commerce's Public Smoking Restriction task force. For nearly a decade, Munger also volunteered at the Kansas City Free Health Clinic.

Munger earned his Bachelor of Arts and medical degrees from University of Missouri – Kansas City. He completed his family medicine residency at what was then the Goppert Family Practice Residency Program at Baptist Medical Center, also in Kansas City, Missouri.

Munger is board certified by the American Board of Family Medicine and has the AAFP Degree of Fellow, an earned degree awarded to family physicians for distinguished service and continuing medical education.

Assemblyman Herb Conaway, MD



Dr. Herb Conaway was recently elected to a tenth term representing the Seventh Legislative District in New Jersey's General Assembly. In the Assembly, Dr. Conaway serves as the Chairman of the Health and Human Services Committee, Vice Chairman of the State and Local Government Committee, and member of the Appropriations Committee.

Dr. Conaway is the only member of the New Jersey Legislature with both a medical and a law degree. A Burlington County native, he received his Bachelor's Degree in Politics from Princeton University, earned his medical degree at Jefferson Medical College in Philadelphia, and earned his law degree from Rutgers Law School, Camden. After graduating medical school, the Assemblyman served as a United States Air Force Captain, a general medical officer, and an assistant director of the Primary Care Clinic at McGuire Air Force Base. Currently, he practices internal medicine in Trenton.

Dr. Conaway wrote the Health Information Technology Promotion Act which established the state's electronic medical records infrastructure and created a commission to oversee the development, implementation and oversight of the program. The Assemblyman sponsored New Jersey's Primary Seat Belt Law, expanded the list of crimes for collecting DNA samples, and added technology to New Jersey schools core curriculum standards

Steven Peskin, MD



**Senior Medical Director Clinical Innovations
Horizon Healthcare Services
Horizon Blue Cross Blue Shield New Jersey
Senior Governor – American College of Physicians,
NJ Chapter**

Dr. Steven R. Peskin is the Senior Medical Director Clinical Innovations at Horizon Healthcare Services Inc. His expertise encompasses physician leadership, medical delivery management, performance improvement in health care, and payment innovation. Dr. Peskin's primary responsibilities at Horizon Healthcare Services focus on the Patient-Centered Medical Home program that is transforming the relationship with primary care practices in New Jersey. He leads the collaboration to improve population health, enhance patient experience and mitigate cost of care. He also works as part of the leadership team that is advancing provider payment innovations to reward value versus volume.

Dr. Peskin is a Diplomat of the American Board of Internal Medicine and a Fellow of the American College of Physicians, serves as Governor for the Southern Region of the ACP in New Jersey, Board of Trustees for Friends of the National Library of Medicine, editorial advisory boards of The Journal of Population Health Management and Managed Care and is a Senior Scholar in the School of Population Health at Thomas Jefferson University. His community service includes the Boards of the Greater Donnelley Neighborhood Initiative and Young Audiences of New Jersey.

DEGREE OF FELLOW

The following members are being conferred as Fellows of the
American Academy of Family Physicians

Jesse Kayal, MD, FAAFP

Ana Gomes, DO, FAAFP

Douglas Bishop, MD, FAAFP

Monica Meyer, MD, FAAFP

REPORT OF THE CHAIR OF THE BOARD

It had been a great honor and privilege to have served in various capacities and as your President and your Board Chair for the past several years. Our academy is in the best hands and we have a nice transition process to support Dr. Adity Bhattacharya as she moves ahead with her agenda. I congratulate Dr. Robert Gorman for his excellent leadership over the last year.

Our Academy is truly a great organization which has demonstrated its leadership and expertise in developing state of art resources in patient-centered care, continuing education and quality improvement. Change is always challenging and I am very confident that our Academy is there to support us all with resources and tools to navigate the complicated health care arena.

Every President brings in his or her ideas and plans to make our Academy strong. During my term, I did put forward mine as well as launch taskforces on preserving small practices, newer models of communications (blog, social media) and outreach programs (Town Hall style regional meetings) so as to communicate more effectively with our members and educate our people in the communities. These networking opportunities shall help us understand the issues so that we can shape our Academy's pathways and future directions. I do realize that many of these plans bring necessary outcomes incrementally and sometimes in invisible ways. Whether we are in an employed position working for a hospital or a large group or in small independent practices, our patients know us as doctors only. We want to listen to their problems and provide the best quality care. We, family physicians, are best positioned to make a difference in our patients' lives.

Our academy provides a platform to present ideas and more importantly opportunities to network and feel that we are all family members. I urge all members to actively take part in our Academy activities. Your active participation in committees and task forces would provide strength and relevance. We can work together and unleash the power of digital communication, and social media, in addition to our grassroots networks. This is your Academy and it is my desire that we all strive to further advance Family Medicine. We should use as many pathways as possible to educate our people and communities about what Family Medicine is and why everyone needs a family doctor and to have integrated care... because without a family doctor, care is always fragmented!

Coming to the annual Scientific Assembly should be a ritual for all family physicians in our state and beyond. Every year it has been a rich experience always better than the previous years. After having served on the Board, I realized how much hard work goes in to making this so successful. There is a team of fine and diligent individuals working silently behind the scenes to make the annual event a phenomenal and memorable experience. I leave the Board with great satisfaction in the realization that I met some of the finest people in family medicine; the individuals who organize these high quality events, respond to our emails, phone calls and personal requests. These are the silent heroes behind the Family Medicine revolution that is underway. Please join me in saluting them. Thank you all again for the opportunity to serve you.

REPORT OF THE PRESIDENT

Greetings to our honored guests, delegates, board members and officers. I will tell you that it has been a very exciting, and interesting year. Who knew how much free time there was when you only practice medicine full time.

During the past year we worried about, prepped for, and then survived ICD-10. We celebrated the end of the SGR and then spent the rest of the year trying to figure out MACRA (Medicare Access and CHIP Reauthorization Act). We are still working on it and trying to understand all of its implications and effects. Much effort from your Academy has gone into trying help shape it into something that keeps as its focus a strong primary care base to lead to better healthcare and in a more cost effective way.

A number of practices developed their skills collaborating with the NJAFP and have effectively worked with the CPCI program and are now looking forward to extending that with the CPC plus program that we hope will follow it here in New Jersey. We are thankful for the support from Horizon that allows innovative programs like this to occur in our state. Just a few days ago we learned that United Healthcare is planning to join as well.

Our work continues on monitoring scope of practice issues involving us and other licensed practitioners in NJ. We have learned the benefits of team based care and share this with our members. We make adjustments to market forces such as retail clinics and telemedicine keeping our eye on good patient care and practice sustainability.

We are keeping our focus on the quadruple aim by trying to provide our members the tools to succeed in delivering excellent care to their patients, but doing so in a way that their own health and professional satisfaction is preserved.

I have met recently with Dean Bonita Stanton who will lead the new Seton Hall Hackensack University Medical School. She states she will have a strong focus on producing high quality primary care physicians and I am working with the planning committees to try ensure that happens.

As I conclude my year as president and pass the baton to Dr. Adity Bhattacharyya, your incoming president, I do so with a sense of pride and satisfaction. I will continue to work with a wonderful group of leaders as Chairman of the NJAFP Board of Trustees. Our Academy is strong and well respected around the country. There is energy and enthusiasm that you derive from interacting with the talented physician colleagues and staff like those we have at the NJAFP. I want to thank you very much for giving me the privilege of serving as your president.

Robert T Gorman, MD

REPORT OF THE TREASURER

See Exhibit A

**REPORT OF THE
DELEGATES TO THE AAFP
CONGRESS OF DELEGATES**

No report submitted at time of publication.

REPORT OF THE RESIDENT TRUSTEES

No report submitted at time of publication.

REPORT OF THE STUDENT TRUSTEES

No report submitted at time of publication.

REPORT OF THE ANNUAL MEETING COMMITTEE

On behalf of NJAFP, I would like to welcome you to the 2016 Annual Meeting and Scientific Assembly at the Sheraton Atlantic City Convention Center Hotel. Our goal is to provide a setting where you can network with colleagues and friends from around the state, learn from experts and leaders from around the country, and recharge your enthusiasm for the practice of Family Medicine.

We kicked off Thursday with a pre-conference symposium titled ***Evidenced-based Health Coaching for Brief Clinical Encounters***. The symposium addressed health coaching in the primary care practice for improved outcomes. The Town Hall meeting on Thursday evening focused on our changing healthcare landscape; especially the dramatic and complicated changes coming for healthcare reimbursement (MIPS and MACRA).

Here, at the House of Delegates, members from around the state have the opportunity to share ideas, voice concerns and succeed in some problem solving regarding important issues that affect Family Medicine in the State of New Jersey. You will also be electing new members for the Board of Trustees as well as the 2016-2017 officers. Thank you for your active role in the HOD and we hope to inspire you and your colleagues to become even more involved with your Academy in the future.

This year's Scientific Program will showcase some nationally renowned speakers and new and engaging topics from our in-state experts. We will be hearing topics of current importance from Zika virus to opiate addiction. We will have updates on basic medical fare from Alzheimer's disease to Diabetes Mellitus and ADHD in adults to E-cigarettes and trying to understand payment reform. The SAM study hall will be on hypertension. There will be workshops on IUD placement and another on Quality Improvement. It is not too late to sign up for these sessions.

Friday evening we will have the Resident's Knowledge Bowl. This year all 13 residency programs are represented. Be sure to come and cheer them on as well as test your own knowledge.

Saturday night is the President's Gala. Come and recognize the installation of the Board Members and Officers you elect today and especially to celebrate with our friend and colleague, Adity Bhattacharyya, MD as she begins her term as our President. At the Gala we will also be presenting many prestigious awards such as the Chair award, the award for the Family Physician of the Year, and the Family Medicine Resident of the Year award.

We have a lot of organizations and companies who support our annual meeting, which includes providing educational grants. Many of them have booths on the exhibit floor. Please thank them by visiting the booths during your break times and attending the exhibitor's reception this evening.

It has been an honor to work with our Academy to put this exciting program together for you. We hope you enjoy this year's Assembly. We are looking for your feedback throughout the meeting, which will help us make next year's program even better. Please be sure to take an opportunity to thank our wonderful staff at the NJAFP, especially Theresa Barrett, and the volunteers who make this meeting possible.

Respectfully submitted,

Peter Carrazzone, MD
Vice President
Chair Annual Meeting Committee

REPORT OF THE COMMUNICATIONS COMMITTEE

Perspectives: A View of Family Medicine in New Jersey continues to be the signature communications vehicle for the NJAFP. *Perspectives* is an accredited CME journal now in its 15th year. Your journal is always looking for your input, whether it be Letters to the Editor, CME articles, or your own thoughts about practicing family medicine in New Jersey. Please consider this volunteer opportunity. If you are interested, you may reach out to the Communication Committee's Staff liaison, Theresa Barrett, PhD, CMP, CAE at theresa@njafp.org.

In addition to our print journal, NJAFP also produces an online newsletter every two weeks. This newsletter features timely information that is relevant to your practice in New Jersey. Look for *Your Academy in Action* in your inbox.

Finally, we also have an active social media, as well as traditional media, presence. Our Facebook posts and Twitter feeds keep the NJAFP in the forefront of the online world. Television and radio appearances position NJAFP as experts in primary care and family medicine. So, like us on Facebook and follow us on Twitter. Following is a summary of social media activity featuring NJAFP:

- Media coverage June 1, 2015 – May 31, 2016
 - Content includes NJAFP news, statements on legislation, subject-matter experts to current trending topics and reaction to news
 - Print, radio and online
- July 7, 2015 – Robert Gorman, MD, was featured on MyCentralJersey.com and MyVeronaNJ.com as being named President of the Board of Trustees of NJAFP. <http://www.mycentraljersey.com/story/life/wellness/2015/07/06/health-urgent-care-center/29633901/>
<http://www.myveronanj.com/2015/07/08/gorman-elected-president-nj-academy-family-physicians/>
- July 8, 2015 – Robert Gorman, MD, spoke with Kelly Waldron of NJ101.5 about results of study on healthcare providers working while sick
<http://nj1015.com/most-doctors-admit-they-work-sick/>
- July 10, 2015 – Claudine Leone, director of policy and advocacy was featured on Moorestown Patch and other local Patch websites for receiving this year's President's Award. <http://patch.com/new-jersey/moorestown/claudine-m-leone->

[esq-presented-new-jersey-academy-family-physicians-presidents-award](#)

- July 14, 2015 – Martha Lansing, MD, was featured on MyCentralJersey.com and local Patch.com websites as the 2015 Family Physician of the Year.
<http://patch.com/new-jersey/lawrenceville/martha-lansing-md-named-family-physician-year-0>
<http://www.mycentraljersey.com/story/life/wellness/2015/07/13/health-family-physican-year/29960125/?hootPostID=7054d67740de2d09831aaa96327e73b9>
- July 20, 2015 - Joan N. Medina, MD was featured in the News Transcript, Examiner, Freehold Patch and other local Patch.com sites in recognition of being named NJAFP's Resident of the Year.
http://exa.gmnews.com/news/2015-07-23/Business/BUSINESS_BRIEFS.html
<http://patch.com/new-jersey/freehold/joan-n-medina-md-named-resident-year-new-jersey-academy-family-physicians-0>
http://nt.gmnews.com/news/2015-07-30/Business/BUSINESS_BRIEFS.html
- July 31, 2015 – Adity Bhattacharyya, MD, spoke to NJ.com on potential reasons why New Jersey has one of the six lowest rates for vaccination against the human papilloma virus.
http://www.nj.com/healthfit/index.ssf/2015/07/nj-teens-arent-getting-the-hpv-vaccine-and-thats-alarming-health-workers.html#incart_email
- August 20, 2015 - Joseph W. Schauer III, MD, was featured in the News Transcript as recipient of NJAFP's Chair Award. http://nt.gmnews.com/news/2015-08-20/Business/BUSINESS_BRIEFS.html
- October 1, 2015 - NJAFP President Robert Gorman, MD, was interviewed by Politico New Jersey on the concerns family physicians have about ICD-10 and the potential impacts on patients
<http://www.capitalnewyork.com/article/new-jersey/2015/10/8578254/health-care-payers-providers-brace-new-coding-system>
- November 1, 2015 – Sandra Selzer's appointment as vice president of healthcare transformation was included in Philadelphia Inquirer's People in the News.
http://www.philly.com/philly/business/20151102_People_in_the_News.html
- November 25, 2015 – Theresa Barrett, PhD, was featured on NJ.com for publishing a chapter in a medical textbook. <http://www.nj.com/mercerc-community/index.ssf/2015/11/njafp-executive-published-in-m.html>

- December 2, 2015 – The hiring of Angie Halaja-Henriques, Suzanne Hockenberry and Kris Samara was included in NJBiz and NJ.com.
http://www.nj.com/mercerc-community/index.ssf/2015/12/njafp_announces_new_hires.html
<http://www.njbiz.com/article/20151202/NJBIZ01/151209944/new-jersey-academy-of-family-physicians-adds-three>
- Robert Gorman, MD, NJAFP President, and Lauren Carruth Mehnert, MD, were interviewed with Dr. Oz’s The Good Life magazine for an article entitled “Doctors Anonymous,” which ran in the January 2016 issue.
- NJ.com and DelawareBusinessNow.com covered NJAFP selected to provide practice transformation services in Delaware
http://www.nj.com/mercerc-community/index.ssf/2015/12/njafp_selected_to_provide_prac.html
<http://delawarebusinessnow.com/2016/01/family-physicians-turn-to-new-jersey-for-practice-transformation-project/>
- March 14, 2016 - Past NJAFP President Thomas R. Ortiz, MD, was interviewed by WNYC about the lack of influx of patients in primary care offices following Medicaid’s expansion in New Jersey <http://www.wnyc.org/story/primary-care-doctors-newark-still-looking-patient-influx>
- May 2016 –Lauren Carruth, MD, was interviewed for a story to appear in *Inside Jersey*, the Star-Ledger’s monthly magazine.
- **Social Media**
 - Social media strategy implemented in early May 2015
 - Over the past year, content has evolved to a heavy focus in the past few months on Health is Primary, Zika virus and, more recently, Scientific Assembly, in addition to general “articles of interest” and informational posts.
 - **Facebook (Stats for June 1, 2015 – May 31, 2016 unless otherwise noted)**
 - LIKES: 475 fans increased to 1,089 fans
 - UNLIKES: 7
 - POST REACH (*how many people see post*): Average Organic* Reach in September - 10; Average in February – 111; Average Paid* Reach in September – 33; Average in February – 552)
**organic – unique people shown post through unpaid distribution, no extra effort on NJAFP’s part; *paid – unique people show post through paid ads*
 - **Twitter**

- FOLLOWERS: 378 followers (May 29, 2015) – 650 followers (June 9, 2016)

- **Doctor Features**

- Doctor features have been included in all but one issue of Perspectives over the past year.
- Dr. Carruth featured in the most recent 2016 *Perspectives*
- Three additional features have been written and approved.

Respectfully Submitted:

Theresa J. Barrett, PhD, CMP, CAE
Deputy Executive Vice President

Claudine Leone, JD
Government Affairs Director

Caitlin Lasko
Thomas Boyd Communications

REPORT OF THE GOVERNMENT AFFAIRS COMMITTEE

2015-2016 -State Advocacy Achievements

NJAFP continues to work on your behalf to monitor, promote and oppose legislation that impacts the practice of family medicine, the education and training of family physicians and your patients' access to health care. NJAFP regularly works on the issues below with other physician specialty societies with common advocacy goals as NJAFP.

Health Insurance

- **Out of Network Legislation (monitor/amend)**
NJAFP continues to ensure that in-network family physicians and primary care physicians are not impacted with additional administrative responsibilities in the "disclosure" section on this new bill. NJAFP is promoting disclosures as it relates to your network status, but not supportive of family physicians and their staff providing detailed explanations or educating patients on their insurance benefits. The NJHA has been working with providers to get amendments to the OON bills, but has recently (June 2016) decided to break from the Coalition of providers and proposed a solution that would require all physicians providing services in the hospital and emergency departments to be in the same network as the hospitals or accept in network rates and prohibit balance billing.
- **OMNIA/Tiered Network Bills (monitor)**
After the approval and announcement of Horizon's OMNIA product a package of bills were introduced to update the regulatory structure at DOBI to address tiered networks. The primary focus on the bill is on disclosure – in terms of what criteria was used to tier a provider. Horizon is not supportive of these bills as originally introduced.
- **Standard Explanation of Benefits Forms (support)**
This is bill that NJAFP has supported for many legislative sessions. The Assembly Financial Institutions Committee approved this bill, which requires health insurance carriers to use a standard explanation of benefits form. NJAFP will continue to support this bill and other similar measures.

Scope of Practice

- **Advanced Practice Nurses**
Independent Practice (oppose) - After many legislative sessions, NJAFP has been able to stall this bill. We understand this will likely come back this session. The APNs remain intent to eliminate the requirement for a joint protocol with a collaborating physician through the regulatory process.
- **Psychologists Prescribing (oppose)**
Psychologists have been seeking prescriptive authority through legislation for several years now. This bill continues to get reintroduced and move a bit, but never through the whole legislative process.

- Physician Assistants (neutral in the end)
In 2015 the PAs were promoting legislation that would provide some flexibility in the supervisory relationship between MD/DO and PA. Physician Assistants will continue to have an enumerated scope of practice, but this new law allows a supervising physician discretion to delegate certain tasks to a PA. The law also lightens the load for chart review/sign offs for supervising physicians. Regulations are still in the works to implement this new law.

Primary Care Workforce

- Primary Care Loan Redemption
We lost the legislative battle a few years ago, so we decided to test out the current program by having several practices apply as approved sites. The intent of this exercise was to see what the barriers to the program are from the perspective of the hiring practice and the physician applicant side. Unfortunately, no practices volunteered to apply to the program. We are still looking for volunteers!
- Physician Workforce Data Collection
This was a big success last year for the data geeks. There were new mandatory survey questions on your NJBME license renewal that are intended to provide the state (and private organizations, including NJAFP) with data related to the state's physician workforce. This is information previously not collected by the state. This data will allow the state to get more federal dollars for programs, including the loan redemption program, possibly. While the state now has this data in hand, we are working with the NJ Council of Teaching Hospitals to push the state along to share this data.

Physician Mandates

- Hepatitis Testing (oppose)
Legislation continues to be pushed that would require all physicians and hospitals to offer testing for Hep C for all adults born 1945-1965. The bill would require that the test be offered at every patient encounter unless the patient confirms that he/she has already been tested. NJAFP will continue to oppose this state mandate and encourage the Legislature to defer to the CDC and USPSTF guidelines.
- Suicide Prevention CME (oppose)
The Legislature continues to try to impose additional education on physicians for the issue of the day. Suicide prevention for adolescents remains a hot topic. NJAFP has worked with the sponsors to get them focused on access and insurance coverage for treatment, however, the issue of mandated CME on all topics remains a constant challenge.
- Mandated CME for Opiate Prescribing (oppose)
This is also another topic where the Legislature is looking to impose CME mandates on physicians. NJAFP is watching these proposals and educating legislators and policymakers on the work that professional associations, like NJAFP, are doing in this area to offer voluntary CME to family physicians.

Public Health

- Limiting Exemptions for Vaccinations (support)
NJAFP continues to support legislation that would narrow the religious exemptions for childhood vaccinations.

Prescription Drug /Opiate Abuse

- Limitations on prescriptions of Schedule II CDS
Several bills have been introduced that would limit the prescription of Schedule II CDS for the treatment of pain to a 3-day or 7-day supply. Some apply to all patients, others apply to just minors. We are working with the sponsors on these bills to address the practice implications and issues patients may have (additional co-pays, as an example) that they have not considered. We are also educating them on the CDC guidelines that came out in March 2016 limiting prescription to 7-day supply, but allowing discretion for the physician to exceed that 7-day supply limit with medically appropriate.
- Prescription Drug Monitoring Program (oppose – neutral)
The PMP was amended to mandate prescribers check the PMP prior to prescribing a schedule II pain medication for a NEW patient and quarterly thereafter if the prescriber continues that course of treatment. The original language was a full blanket mandate for all medications at every prescription - not just for pain. The law also will now allow medical assistants or other delegates to check the PMP in your practice, however, the regulations are still not finalized and we are waiting for that authority to be finalized.
- Informed Consent (oppose)
We continue to successfully oppose legislation that would require health care practitioners (physicians, PAs, APNs) to inform patients - in writing – on a form developed by the state and based on guidelines developed by the state - of addictive potential of CDS prior to issuing the prescription. Enough said. While NJAFP is not opposed to the concept, the requirements of this bill and the legal implications of the proposal, as written, interfere with the practice of medicine.
- Addiction Treatment (support)
NJAFP is supporting legislation that would prohibit utilization management review for behavioral health treatment.

Respectfully Submitted,
Claudine Leone, JD

Peter Carrazzone, MD
Government Affairs Committee Chair

MEMBERSHIP REPORT

NJAFP	Active	Honorary	Inactive	Life	Resident	Students	Supporting FP	Supporting Non-FP	Total
2016	1015	1	14	104	194	706	3	2	2039
2015	1008	1	11	101	192	780	3	3	2099
	+7	0	+3	+	+2	-74	0	-1	-60

REPORT OF THE INCOMING PRESIDENT

I am honored and humbled to be standing here before you as the new president of the New Jersey academy of Family Physicians. I come from a background of education and I hope to bring with me another way of looking at problems that face Family Physicians in our state today. Every year for the past 10-12 years I have been going to Kansas City and have heard the great educators of Family Medicine talk about their passion, hard work and vision for the future of our specialty. What really inspired me about them was their resilience and optimism in the face of so many obstacles, for that is what Family Physicians do. We take care of our patients first, even under the most trying circumstances.

Talking about obstacles that we face, there are many. We work in a health system where profits are put before care and access to basic health needs is denied to all our citizens. Our health care spending is astronomical and our health outcomes are poor. Many are talking about these issues but meaningful change is hard to come by when non physicians are making health care laws and the pharmaceutical industry rules the game as they have more money and lobbying power. Change is also hard to come by in a fee for service model that exists today which encourages unnecessary testing and procedures for profit.

But there is hope and there is data to support what we have been saying all along.

1. Having Family Physicians at the core of health care reduces costs and improves outcomes as many of the other developed countries have shown.
2. Family Physicians with their emphasis on prevention are key to keeping populations healthy and out of hospitals leading to lower health care costs.
3. Family Physician run hospitalist services have the lower length of stays
4. We take care of patients of all ages in all situations and have excellent patient satisfaction scores.

The list goes on. How can we bring this message to New Jersey? How do we fulfill the mission of this academy to advance the specialty of Family Medicine through education and advocacy for the benefit of the public and its members? Over the next year I hope to continue some of the great work started by my predecessors which are still ongoing. I would also like to work with the academy on new things on the horizon that will soon affect our practices:

1. The academy would like to educate our members about the new payment reforms from CMS that are being rolled out. To that end we have officials from AAFP at this meeting to talk to us about MACRA and its ramifications to our practices and reimbursements. As more details come in we will attempt to bring in the latest information. For practices that are looking for Alternative Payment Models (APM), the academy can help with specific information to help them utilize current resources for maximum reimbursements. For small practices that will fall under the Merit Based Incentive Payment System (MIPS) the academy can help with practice transformation to increase Clinical Practice Improvement Scores for maximum reimbursements.

2. The Academy continues to work on advocacy with the State Legislature, thanks to our Government Affairs Committee and Claudine Leone's excellent work over the years. Scope of practice and loan repayment are some of the topics we are working on.
3. The Academy continues to provide excellent Continuing Medical Education through the annual meeting and the monographs thanks to the work done by our Executive Vice President Dr. Theresa Barrett, PhD. I would like feedback from all our members about how we can better meet their CME needs.
4. I would like to spend this year meeting with department of Family Medicine Chairs across the state to find out how we can help them increase the involvement of practicing family physicians in their individual departments and with the academy. I would also like to meet with the deans of our four medical schools to find ways to increase medical student entry into our specialty.
5. I would like to help in any way I can with the work on physician burnout that was started by my predecessor Dr. Robert Gorman. This is an important problem facing physicians especially our specialty.

I joined this Academy to have a voice. I wanted Family Medicine to have a voice. My voice alone may not make a difference but if I can inspire a few more of you to join us then our united voice will be stronger. As your new president I pledge to continue working on our Academy's mission for the benefit of our members and the people of New Jersey. I am looking forward to working with our excellent staff under the leadership of our Executive President Ray Saputelli and with my predecessors Drs. Gorman and Bhaskarabhatla and our President Elect Dr. Carrazzone.

“The mission of NJAFP is to advance the specialty of Family Medicine through education and advocacy for the benefit of the public at large and our membership”

Adity Bhattacharyya, MD

REPORT OF THE NOMINATION COMMITTEE

Biographical Information 2016-2017 Candidates

Position: President-Elect

Name: *Peter Carrazzone, MD, FAAFP*

Address: 535 High Mountain Rd
North Haledon, NJ 07508-2665

BioSketch:

Dr. Carrazzone is a board certified family physician and a fellow of the American Academy of Family Physicians. He has been in practice since 1985 starting as a solo practitioner, then a principal and founding partner in High Mountain Health, PA in 1997. High Mountain Health grew to 17 practitioners in 2014; nine of which were physicians and eight mid-levels. He acted as the medical director for the organization for much of the time, and became president of the corporation before the group disbanded. He, along with four physicians and three mid-levels from the High Mountain Health practice, joined Vanguard Medical Group in 2014 sharing a common vision of value based medicine within a large, independent primary care group. He is one of three principals in High Mountain Management that formed in 1997 and currently partners with St. Joseph's Hospital in managing University Imaging, an awarded full service hospital based out-patient radiology center. Carrazzone has been active in teaching, being a founding preceptor for the Department of Family Medicine at New Jersey Medical School and was awarded the Alpha Omega Honor Society Volunteer Faculty award in 2000. He also has been involved in St. Josephs Wayne Hospital acting as department chairman for five years. Dr. Carrazzone has been politically involved for his specialty serving on the board of the New Jersey Academy of Family Physicians and currently treasurer of the organization. He has served as the chairman of the government affairs committee for the last three years. Dr. Carrazzone has prioritized throughout his career quality and compassionate primary care to his patients and has been awarded Vitals "Patient Choice Award" yearly for the last six consecutive years. Dr. Carrazzone received his Bachelor of Science in Engineering at the University of Michigan, graduated from St. George's University College of Medicine and did his residency in Family Medicine at St. Joseph's Hospital and Medical Center.

Position: President-Elect

Name: *Lauren Carruth, MD*

Address: 408 Chris Gaupp Dr, Suite 100
Galloway, NJ 08205-9438

BioSketch:

Lauren Carruth, MD of Linwood, NJ received her medical degree from Robert Wood UMDNJ, Piscataway, NJ and completed a residency in family medicine at Hunterdon Medical

Center in Flemington, NJ. She currently practices at the AtlantiCare Physician Group in Galloway, NJ. She was lead physician for AtlantiCare with the NJAFP PCMH pilot project and has served on committees within AtlantiCare including EMR provider committee and the Physician Advisory Council to AtlantiCare's ACO model. She initially served on the NJAFP board as a resident trustee and then was a Board Trustee from 2008-2014.

Position: Treasurer

Name: *Maria Ciminelli, MD, FAAFP*

Address: 1001 W Main St Ste. B
Freehold, NJ 07728-2579

BioSketch:

Dr. Ciminelli is the director of the Centrastate Family Medicine Residency program in Freehold. She is a graduate of New Jersey Medical School completed her residency in Family Medicine at the UMDNJ-RWJ Medical School/St. Peter's Family Medicine Residency program. She has been a member of the NJAFP Board since 2013, served as the board liaison to the executive committee in 2014, and has been active as a Monmouth County delegate to the NJAFP HOD since 2009.

Position: Secretary

Name: *Michael Cascarina, MD*

Address: 1899 Route 88
Brick, NJ

BioSketch:

Dr Cascarina was born and raised in New Jersey, and did his residency training in Mount Holly at Memorial Hospital of Burlington County (now part of the Virtua system). After graduation Dr Cascarina spent an additional 2 years at the residency as years as clinical faculty. He later moved to Brick New Jersey where he has practiced for the past 17 years with his wife Dr Laura Tesoriero.

Position: Board Trustee

Name: *Kevin James Berg, MD, FAAFP*

Address: 300 Gorge Rd.
Cliffside Park, NJ

BioSketch:

Born in Michigan, and his mother would be happy to tell you that he's half Canadian, eh? He studied Microbiology at Michigan State University, and after a two-and-a-half-year stint as Quality Control Supervisor at a fluid milk processing plant in Flint, Michigan, attended Ross University School of Medicine. Kevin settled in Cliffside Park, NJ, about 12 years ago to complete his clinical rotations, and fell in love with this State. Later, he completed residency in Family Medicine at the now Rutgers-Robert Wood Johnson Medical School at

CentraState Medical Center Program where he was co-chief resident. After residency, Kevin completed a fellowship in Geriatrics at the same CentraState program, and he has CAQs in Geriatrics and Hospice and Palliative Medicine.

Kevin started his career in a small, hospital owned, full spectrum group practice, that included inpatient medicine and assisted living/long term care patient panel. Currently, he's a Faculty Attending at HackensackUMC Mountainside Family Practice Residency Program. To the NJAFP Trustee position, Kevin would bring the blended perspective of an academic and community practicing physician. A person who strives to inspire residents and medical students alike, and shares his love of Family Medicine. As one who made the decision himself, he's invested in training and especially retaining resident physicians here in New Jersey. He's someone who enjoys being in the trenches. Kevin is one of many physicians with student loan debt, someone who spends his spare time moonlighting as a hospitalist on weekends, and struggles along as many of us do. He believes the Trustee position will enable him to continue to grow as a physician, advocate for our specialty and assist the role of the NJAFP to improve the quality of primary care in New Jersey. Kevin also believes that by sharing his experiences and dedication he can help make positive contributions to the health-systems that we belong to, and we'll keep Family Medicine the foundation of medicine today and tomorrow.

Position: Board Trustee

Name: Sally Mravcak, MD

Address: 3934 Bloomingdale Dr
Hillsborough, NJ

Dr. Sally Mravcak is a graduate of Rutgers, Robert Wood Johnson Medical School and completed a residency in Family Medicine at Somerset Medical Center. She also completed a fellowship in Women's Health at Rutgers Robert Wood Johnson Medical School and training in Medical Acupuncture at Helm's Medical Institute. She is board certified in Family Medicine, Integrative Medicine, and Medical Acupuncture. Dr. Mravcak began her clinical career in a Federally Qualified Health Center, where she was dedicated to patient care, quality improvement and the development of a behavioral and physical health integration program. She was appointed as an Assistant Professor in the Department of Family and Community Medicine at Rutgers, Robert Wood Johnson Medical School and remains active in providing education to medical students as part of the Patient Centered Medicine Human Sexuality Course. Prior to joining Vanguard Medical Group, Dr. Mravcak practiced full time at the Capital Health Center for Women's Health, providing comprehensive primary care, office gynecology, and acupuncture. She has authored multiple articles and has presented on both the local and national level on a variety of women's health and behavioral health topics. Dr. Mravcak believes in providing evidence based whole person care that includes all aspects of lifestyle and draws from all appropriate therapies, conventional and alternative.

Position: Board Trustee

Name: Sara Leonard, MD

Address: 18 Mackenzie Ct
Freehold, NJ

Dr. Leonard is a family physician in Monmouth county and has served for the last 5 years as both a resident trustee and a new physician trustee.

New Physician Trustee

Name: Neha Sachdev, MD (2 year term)

Address: Vorhees, NJ

BioSketch:

Dr. Sachdev is a faculty physician at Virtua Family Medicine Residency. Her specific interests are women’s health, office procedures and weight management. Dr. Sachdev graduated from Northwestern McGaw Family Medicine Residency in Chicago, IL in 2015. She received her medical degree from Thomas Jefferson Medical College in Philadelphia, PA.

New Physician Trustee

Name: Donna Kaminski, DO, MPH (1 year term)

Address: Sommerville, NJ

BioSketch:

Dr. Kaminski is a lifelong resident of new Jersey with a many year history of community service. She is interested in administrative medicine and she serves as junior faculty at Somerset Family Medicine Residency. Her pre-residency experience as a patient educator and her on-going work with at-risk patients groups gives her an excellent background for work as a Trustee.

Position: AAFP Delegate

Name: Arnold Pally, MD, FAAFP

Address: Montville, NJ

BioSketch:

Dr. Pally is a founding partner and director of practice development for newly formed Vanguard Medical Group, a multi-site regional primary care provider group and remains as the medical director of its Changebridge Medical division in Montville, N. J. (www.changebridgemed.com). Dr. Pally is the founding director of The Jacobs Levy Equity Management Personalized Genomic Medicine Program at Atlantic Health System - Morristown & Overlook Medical Centers. He has served as president of the New Jersey

Academy of Family Physicians, the Morris County Medical Society and the New Jersey Association of Medical Specialty Societies. He is the current NJ Delegate to the American Academy of Family Physicians and recently served 4 years on the national AAFP Commission on Finance and Insurance. He writes for the Core Content of Family Practice on Medical Genetics and has been chosen to provide curriculum oversight for the medical genetics component of all allopathic family practice residencies. Dr. Pally did his undergraduate and medical school work at Boston University in the accelerated program in Medicine. He completed his training in family practice as chief resident of the Mountainside Hospital / UMDNJ residency program in 1986. He lectures extensively both locally and nationally on issues in primary care, health care reform and medical genetics.

Position: AAFP Alternate Delegate

Name: Terry Shlimbaum, MD

Address: Glen Gardner, NJ

BioSketch:

Dr. Shlimbaum received his Medical Degree from New York Medical College. He completed his residency in Family Practice at Hunterdon Medical Center in Flemington, NJ. He currently holds the positions of Medical Director at both Phillips Barber Family Health Center and Delaware Valley Family Health Center, which are the outpatient teaching sites for the Hunterdon Family Practice Residency Program. Dr. Shlimbaum also serves as a Clinical Assistant Professor of Family and Community Medicine at UMDNJ, Robert Wood Johnson Medical School. His interests are in health care screening, practice management, chronic disease management, and healthcare systems reform.

Position: Student Trustee

Name: Michael Cacoilo (1 year term)

Address: 16 Sheryl Dr
Edison, NJ

BioSketch:

Mr. Cacoilo is a rising 4th year medical student at Rutgers New Jersey Medical School in Newark. He has done a scholar's year between 3rd and 4th year in academic education, has been involved with primary care and has wanted to be a family physician ever since he started medical school.

Position: Student Trustee

Name: James Kahn (1 year term)

Address: 15 Harvard St

Closter, NJ

BioSketch:

Mr. Kahn is a rising 4th year medical student at Rutgers New Jersey Medical School in Newark.

INSTRUCTIONS TO THE HOUSE OF DELEGATES

The following positions will be elected by the delegates in 2016:

President Elect
Vice President
Treasurer
Secretary
AAFP delegate
AAFP alternate delegate
Three (3) Active member Trustees

In the event of contested elections, upon the close of Nominations, a ballot will be distributed for contested elections and Delegates will be instructed to vote for the same number of candidates in a particular category as there are open positions in that category. Additional election procedures will be announced on site as needed.

The tellers will tally the vote.

The results will be announced by the speaker upon final validation by the tellers.

INSTRUCTIONS TO THE 2016 HOUSE OF DELEGATES

See Appendix B

GENERAL INSTRUCTIONS TO THE MEMBERS OF THE HOUSE OF DELEGATES

As a member of the House of Delegates of the New Jersey Academy of Family Physicians, you are charged with a most important responsibility. It is your responsibility to see that the business of the House of Delegates is conducted in a manner that will best serve the interests of the Academy membership.

Under the terms of the Bylaws of the New Jersey Academy of Family Physicians, the House of Delegates is the legislative body of NJAFP and shall transact all business of the Academy not otherwise specifically provided for in the Constitution and Bylaws and shall elect the officers.

REGISTRATION: Your first responsibility as a delegate is to register. This will occur from 7:00am – 8:00am on *Friday, June 10, 2016*. A registration area for this purpose will be in the House of Delegates Meeting Room.

MEMBERSHIP OF THE HOUSE OF DELEGATES: The House of Delegates shall be composed of Active members, who are delegates, officers, members of the Board of Trustees and Past Presidents. Past Presidents who are not Active members and past members of the Board of Trustees shall be members of the House of Delegates without the right to vote. There shall in addition be two delegates with votes representing the Family Practice Residents within the State and two delegates with votes from the Student Interest Groups of the University of Medicine and Dentistry of New Jersey - New Jersey Medical School and Robert Wood Johnson Medical School.

QUORUM: A quorum of the House of Delegates shall be 20 members eligible to vote.

SEATING IN THE CONGRESS: The House of Delegates is set up in classroom fashion with tables and county delegations as arranged specifically by the Speaker of the House of Delegates. To facilitate the work of the House, you are expected to occupy the same seat you take at the opening session for each subsequent session. If for some reason a Delegate is compelled to leave the session before adjournment, his/her seat can be filled by an alternate or substitute upon approval of the Speaker of the House, if that substitute is an Academy member in good standing.

QUALIFICATIONS: To be eligible for membership in the House of Delegates, a physician must be an Active member of the Academy and must have been so for the year immediately preceding the session of the House of Delegates in which he is to serve. The Student representatives and the Resident representatives to the House of Delegates must be members in good standing of the New Jersey Academy of Family Physicians.

Delegates and alternate delegates elected by the component chapters and those elected by the Active members in counties without a component chapter shall be elected for two (2) years and shall assume office immediately upon election provided, however, that at the first election following adoption of this Constitution and Bylaws, one-half of the delegates and one-half of the

alternate delegates shall be elected for one (1) year and the other half of the delegates and alternate delegates shall be elected for two (2) years. All elections by the Board of Trustees for delegates and alternate delegates shall be for one (1) year.

APPORTIONMENT: Each component chapter of each county shall have at least two delegates. If two or more counties combine to form a region they shall not have fewer delegates than they are entitled to individually. There shall be two delegates for the first twenty (20) members; one for each 30 members thereafter. No county shall have more than five delegates. Apportionment is to be determined by members on record as of December 31.

RESOLUTIONS: Resolutions to be considered by the House of Delegates shall be presented in writing to the Secretary at least forty-five (45) days before the annual meeting. Resolutions deemed emergent or extremely timely may be accepted at the discretion of the Speaker provided they are presented in writing prior to the noon recess on the day of the meeting of the House of Delegates. A negative decision by the Speaker may be appealed to the House of Delegates.

SPECIAL SESSIONS: Special sessions of the House of Delegates may be called by the Board of Trustees, by the House of Delegates while they are in session, or by the Secretary upon written request of ten percent of the membership of three (3) component chapters, at a time and place determined by the Board of Trustees.

The only business to be considered at a special session is that for which the session has been called. Only germane resolutions from component chapters shall be accepted.

ORDER OF BUSINESS: The agenda for the House of Delegates will be published for the annual meeting. A majority of the House of Delegates may change the order of business.

MEMBERSHIP ATTENDANCE: All members may attend the meetings of the House of Delegates except when in executive session. The House of Delegates may meet in open, closed or executive sessions.

PARLIAMENTARY PROCEDURE: A parliamentarian shall be appointed to serve the House and Sturgis Standard Code of Parliamentary Procedure, most recent edition, shall govern the House. A summary of the Sturgis Rules of Order follow these instructions.

DELEGATES HANDBOOK: The Speaker and the Executive Vice President of the NJAFP will provide each delegate with a list of reports and resolutions in the form of a Delegates' Handbook. This will be posted to the NJAPF website and distributed prior to the House of Delegates for perusal before the Congress convenes.

STURGIS RULES OF ORDER

YOU WANT TO:	YOU SAY:	INTERRUPT?	2ND?	DEBATE?	AMEND?	VOTE?
Close meeting	I move that we adjourn	No	Yes	No	No	Majority
Take break	I move to recess for ...	No	Yes	Yes	Yes	Majority
Register complaint	I rise to a question of privilege	Yes	No	No	No	None
Lay aside temporarily	I move that the main motion be postponed temporarily	No	Yes	No	No	Varies
Close debate and vote immediately (“call the question”)	I move to close debate or I move to call the question	No	Yes	No	No	2/3
Limit or extend debate	I move to limit debate to ...	No	Yes	Yes	Yes	2/3
Postpone to a certain time	I move to postpone the motion until ...	No	Yes	Yes	Yes	Majority
Refer to committee	I move to refer the motion to ...	No	Yes	Yes	Yes	Majority
Modify wording of motion	I move to amend the motion by ...	No	Yes	Yes	Yes	Majority
Bring business before assembly (a main motion)	I move that ...	No	Yes	Yes	Yes	Majority
Submit matter to assembly	I appeal from the decision of the chair	Yes	Yes	Yes	No	Majority
Suspend rules	I move to suspend the rule requiring...	No	Yes	No	No	2/3
Enforce rules	Point of Order	Yes	No	No	No	None
Parliamentary question	Parliamentary inquiry	Yes	No	No	No	None
Divide motion	I request that the motion be divided . . .	No	No	No	No	None
Demand a rising vote	I call for a division of the assembly	Yes	No	No	No	None

NJAFP 2016 Resolution #1
Proposed by Lauren Mehnert, MD

Accessibility of Lab Reports

1 **Whereas:** many patients see multiple specialists including their family physicians and often get
2 duplicate lab orders from different doctors, and

3
4 **Whereas:** patients are increasingly getting billed or fear of bills for duplicate tests not paid for
5 by their insurer, and

6
7 **Whereas:** we as family physicians are trying to coordinate care and decrease unnecessary testing
8 but do not consistently get cc'd on labs ordered by all providers, and

9
10 **Whereas:** two large national lab companies Labcorp and Quest offer access to physicians to look
11 up labs, however Quest does not allow access to labs ordered by other physicians. Now
12 therefore be it

13
14 **RESOLVED:** that the NJAFP promote legislation and/or regulation to improve physician access
15 to labs ordered for their patients by other physicians, and be it further

16
17 **RESOLVED:** that the NJAFP request, through a resolution to the AAFP Congress of Delegates
18 or other appropriate channels, that the AAFP advocate for improved physician access to labs
19 ordered for their patients by other physicians.

20

NJAFP 2016 Resolution #2
Proposed by Robert Eidus, MD

Confidence Intervals in Performance Reports

- 1 **Whereas:** the US Congress enacted the Medicare and Chip Reauthorization Act (MACRA) to
2 among other things, lower the cost of care for Medicare beneficiaries; and
3
- 4 **Whereas:** the Centers for Medicare and Medicaid Services (CMS) is charged with carrying out
5 that legislation. And
6
- 7 **Whereas:** two models were created called the Merit Incentive Payment Model (MIPS) and the
8 Advanced Payment Model (APM); and
9
- 10 **Whereas:** both MIPS and APM have payment incentives and penalties to providers based on
11 quality and cost of care; and
12
- 13 **Whereas:** transparency and credibility of reporting is essential to garner provider trust and also
14 for providers to use reports as improvement tools; and
15
- 16 **Whereas:** the initial reports that have been issued to not have confidence intervals or any other
17 index of statistical validity or reliability; now therefore be it
18
- 19 **RESOLVED:** that the AAFP strongly advocate to CMS that all provider performance reports
20 on quality or cost of care for programs that tie performance to payment include confidence
21 intervals and other indices of validity and reliability
22
23

MINUTES OF THE 2015 HOUSE OF DELEGATES

June 12, 2016
Caesars Atlantic City
Atlantic City, NJ

WELCOME AND CALL TO ORDER

The 65th Annual Meeting of the New Jersey Academy of Family Physicians House of Delegates was called to order by Krishna Bhaskarabhatla, MD, President.

ROLL CALL

Speaker Richard Cirello, MD conducted the roll call. Present were:

ATLANTIC/ CAPE MAY BERGEN	Steve Nurkiewicz, MD Thomas Bellavia, MD, FAAFP; George Leipsner, MD, FAAFP; Elizabeth Lui, MD
BURLINGTON	Max Burger, MD, FAAFP; Mary Campagnolo, MD, MBA, FAAFP; Indira Maharaj-Mikiel, MD
CAMDEN/ GLOUCESTER	No representative
CUMBERLAND	No representative
ESSEX	Tom Ortiz, MD, FAAFP
HUDSON	Robert Eidus, MD
HUNTERDON	Terry Shlimbaum, MD
MERCER	No representative
MIDDLESEX	Arthur Miller, MD, FAAFP
MONMOUTH	Ken Faistl, MD, FAAFP; Joshua Raymond, MD, FAAFP
MORRIS	Frank Iannetta, MD, FAAFP; Mrunalini Gopalam MD; Anthony Miccio MD
OCEAN	Kenneth Kronhaus, MD, FAAFP
PASSAIC	Vikram Gupta MD
SALEM	No representative
SOMERSET	Lucille Len, MD, FAAFP
SUSSEX	No representative
UNION	John Tabachnick, MD
WARREN	No representative
RESIDENTS	Gerald Banks, MD; Robert Kruse, MD
STUDENTS	Cheryl Monteiro; Sade Randall

A quorum was present.

REPORT OF THE CHAIRMAN OF THE BOARD

M1: No report submitted at time of publication.

ADDRESS OF THE PRESIDENT

M2: No report submitted at time of publication.

TREASURER’S REPORT

Submitted as Appendix A

EXECUTIVE VICE PRESIDENT’S REPORT

Incorporated by attachment “M4”

AAFP DELEGATE AND ALTERNATE DELEGATE REPORT

Incorporated by attachment “M5”

REPORT OF THE RESIDENT TRUSTEES

M6: No report submitted at the time of publication.

ANNUAL MEETING COMMITTEE REPORT

Incorporated by attachment “M7”

COMMUNICATIONS COMMITTEE REPORT

Incorporated by attachment “M8”

GOVERNMENT AFFAIRS COMMITTEE REPORT

Incorporated by attachment “M9”

MEMBERSHIP REPORT

Incorporated by attachment “M10”

NOMINATING COMMITTEE

The Nominees for 2015-2016 are:

President Elect_____	Adity Bhattacharyya, MD
Vice President_____	Peter Carrazzone, MD
Treasurer_____	Lauren Carruth Mehnert, MD
Secretary_____	Maria F. Ciminelli, MD
AAFP Delegate_____	Arnold I. Pallay, MD
AAFP Alternate Delegate_____	Terry Shlimbaum, MD

Recommendations for the Board of Trustees positions:

Frank Iannetta, MD, FAAFP
 Everett Schlam, MD
 Kathleen Saradarian, MD, FAAFP
 Robert Kruse, MD, MPH
 Krishanna Takemoto-Gentile, MD

Resident Trustees:

Student Trustees:

Cheryl Monteiro
Sadé Diahann Randall

ELECTION OF OFFICERS

The following were elected to office for 2015-2016:

President: Robert T. Gorman, MD
President Elect: Adity Bhattacharyya, MD
Vice President: Peter L. Carrazzone, MD
Treasurer: Lauren Carruth Mehnert, MD
Secretary: Maria F. Ciminelli, MD
AAFP Delegate Arnold I. Pallay, MD
AAFP Delegate Mary F. Campagnolo, MD
Alternate Delegate Terry E. Shlimbaum, MD
Alternate Delegate Salvatore Bernardo, MD
Board of Trustees: Jeffrey Rosenberg, MD
Kelly Ussery-Kronhaus, MD, FAAFP
Anthony Miccio, MD, FAAFP
Resident Trustees: Robert Kruse, MD
Student Trustees: Cheryl Monteiro
Sadé Diahann Randall

ACTIONS AND RESULTS OF 2015 RESOLUTIONS:

Presented by attachment M12 “Actions of the 2015 House of Delegates”

OLD BUSINESS

None

NEW BUSINESS

None

Hearing no New Business, the House was recessed at 3:00 PM.

M1: REPORT OF THE CHAIR OF THE BOARD

No report was submitted at the time of publication.

M2: REPORT OF THE PRESIDENT

No report was submitted at the time of publication

M3: TREASURERS REPORT

SEE APPENDIX A

M4: REPORT OF THE EXECUTIVE VICE PRESIDENT

As I sit to write this report, the 16th of which I have been blessed enough to write, I am struck by the fact that the greatest testament to our accomplishments is, perhaps, the brevity of what I will write. As a young association executive I was taught that every association or professional society has only three basic areas in which they might provide value: Advocacy, Education, and Member Services. Review the reports herein carefully. Note the activity, and the successes.

In the advocacy arena it is sometimes difficult to feel successful when you are forced to play defense so often, but I'd challenge you to imagine what the landscape might have looked like if NJAFP was not "in the trenches" to often make what would have a very bad legislative or regulatory outcome a little better. While we often equate advocacy to governmental affairs, we have also had a very good year in public advocacy. Our strategic plan called for a renewed focus on public relations and social media. In the past year we've seen our efforts pay off in more media mentions, interviews, quotes, and placements than ever before and the momentum continues to build. Our social media efforts, while still in the early stages, are also paying dividends across all areas of our work (have you "liked" NJAFP on Facebook yet? Are you tweeting here with #NJAFP15???) The work that Claudine Leone has guided in these areas is exemplary.

We often think of our educational efforts as strictly our work in CME, led by Dr. Theresa Barrett, and that is the certainly the foundation of this area of operation. In addition to this meeting, we provided more than 40 opportunities for free, high-quality education. By the end of the year we anticipate earning our ACCME accreditation, which will solidify and validate our position as a leader in continuing medical education and continuing professional development. This aligns with our strategic objective to maintain and grow our CME/CPD enterprise and the revenue it generates. Theresa and the team she guides are an invaluable asset to the academy.

That said, our work in practice management and consulting, led by Cari Miller, continues to grow and assist our members across the state. As this body debates the value of programs like CPCI and PCMH (and, as Dr. Saradarian says, all the “other” bad acronyms) Cari’s team positions practices to take the most full advantage of these programs possible and provides unmatched support for those practices who attempt to navigate what are often very unstable waters. If all that team did all year was to provide the wonderful “Advanced Topics” symposium that many of you attended yesterday, many would consider it enough. Clearly, there is much, much more. The work we do in this area of CPD truly helps practices along the transformative journey and aligns with our strategic objective to ensure that New Jersey family physicians continue to improve and demonstrate superior outcomes, as well as our objective to ensure that New Jersey has an ample and satisfied primary care workforce – again, before you object to that last statement, imagine what the world will look like without our efforts in this arena. Cari and her team deserve our highest praise.

In the area of member services, I’d like to ask each of you to think about your interactions with our office. The work that Candida Taylor and your office support staff does in support of our members, from the mundane such as helping you change a membership record with AAFP or update your CME profile, to the highly visible and “feel good” work like organizing Tar Wars, the proof is in the pudding (as my grandmother used to say). This year our membership grew for the 16th consecutive year and I am proud to say that we crossed the line from what the AAFP designates as a medium sized chapter to a large chapter as our Active category of membership passed 1,000 members.

While not easily categorized in one of the three buckets (advocacy, education, member services), none of our efforts are possible if we are not financially stable and productive. I am proud to report that once again your financial position is strong. While our industry support and dues continue to be our primary sources of income, our strategic objective to diversify our revenue streams beyond these traditional areas led us first to our consulting work discussed earlier, and in the past year to the creation of an association management division. Today we manage several other societies (The Delaware chapter of the AAFP, the American College of Physicians NJ Chapter, and the Athletic Trainers Society of NJ). This work is both revenue producing and has the added benefit of providing stronger collaborative opportunities for the NJAFP. This work is not possible without the efforts of the whole staff team, including the immeasurable contribution of Robbin Comiski and the newest member of her team, Natalie Gillette.

As always, I close with a thank you to you, the members and leaders of this wonderful academy. The work you do allows us to do the work we do and I am grateful for the continued opportunity to serve you.

Passionately submitted,

Ray Saputelli, MBA, CAE
Executive Vice President

M5: REPORT OF THE DELEGATES TO THE AAFP CONGRESS OF DELEGATES

Your AAFP delegates Arnold Pally, MD and Mary Campagnolo, MD with Alternate Delegates Terry Shlimbaum, MD and Sal Bernardo, MD attended the AAFP Congress of Delegates meeting in Washington from October 20-22, 2014. A good number of NJAFP members also attended, in part as a result of the close proximity to New Jersey.

Much debate centered on a number of issues including:

- The Coca Cola AAFP alliance, suggesting it be terminated. The motion was not adopted.
 - That AAFP work with the Centers for Medicare and Medicaid Services and private payers to recognize ambulatory family medicine physicians as specialists for the purposes of consulting on their hospitalized patients. This motion was adopted.
 - Request that AAFP work with insurers to reduce the Administrative Burden for Medication Prior Authorization. The motion was adopted and reaffirmed by Commission on Quality and Practice.
 - Adopting a New Medicare Chronic Care Management Fee and that the AAFP create a model letter that its members may use to explain the Medicare management fee to their patients.
 - That AAFP encourage federal policymakers and the Centers for Medicare and Medicaid Services to create significant and compelling incentives and disincentives for all electronic health record (EHR) vendors to enhance their current EHR's.
 - AAFP support ending the sale of tobacco products in all pharmacies and stores that contain a pharmacy department.
 - That the AAFP support mechanisms that encourage the uploading of advanced directives, durable power of attorney (DPOA) directives, physician order scope of treatment forms (POLST) and do not resuscitate (DNR) orders to centralized registries of individual's preferences as to end-of life care, and advocate for the development to centralized HIPAA registries of an individual's preferences as to end-of-life care.
 - That the AAFP support policies to reduce health disparities borne by immigrants, refugees or asylees.
 - The AAFP actively advocate to the Centers for Medicaid and Medicare Services to recommend that Zoster vaccine and all other Advisory Committee on Immunization Practices recommended vaccines are paid under Medicare Part B and this payment be retroactive to the time of the ACIP recommendation.
 - That the AAFP request the U.S. Food and Drug Administration to require labeling certain methods of emergency contraception (EC) such as levonorgestrel and ulipristal acetate as less effective for obese women.
 - That the AAFP supports a woman's access to reproductive health services and opposes non evidence-based restrictions on medical care and the provision of such services.
 - That the AAFP advocate that the same age restrictions that apply to the purchase of cigarettes also apply to electronic cigarettes.
-

- That the AAFP include in its legislative advocacy efforts the development of a system for the AAFP to collect, maintain, develop, and disseminate models of legislation to the chapters for use in their home states.
- AAFP work with medical specialty societies and others on prevention of gun violence and other firearm safety issues, inform interested state chapters on regulations and legislation dealing with access to firearms by children. Examine evaluations of currently available firearm safety training programs and determine if the AAFP should express support for any of them or recommend them to physicians and patients.
- The AAFP work with the Office of Diversion Control and/or the Office of the Administrator of the Drug Enforcement Administration to change the current rules for electronic prescribing of controlled substances so that the prescriptions can more easily be sent electronically directly to the pharmacy in a safe and secure manner.
- AAFP educate other states about rapid diagnostic testing in pharmacies and similar initiatives, and develop a general strategy to mitigate the national procurement of this effort.
- AAFP advocate for nursing pumping rooms at commercial transportation hubs as defined by the U.S. Department of Transportation in a non-restroom space that has at a minimum a chair, counter, sink, and power for equipment use.
- AAFP advocate for the elimination of mandatory waiting periods for sterilization procedures for Medicaid patients.
- AAFP advocate that the Department of Health and Human Services (DHHS) amend the list of preventive services provided under the Affordable Care Act (ACA) to include all contraceptive services for patients, regardless of gender, including vasectomies.

At the Congress, members from NJAFP provided testimony and input at various reference committees. Dr. Arnold Pallay chaired the Reference Committee on Advocacy in Washington, D.C. that reviewed gun control, women's reproductive rights, and other complex issues relevant to AAFP.

Reid Blackwelder, MD completed his tenure as President and Robert Wergin, MD was sworn in as the new AAFP President. After the electioneering events were completed, Wanda Filer, MD from neighboring Pennsylvania was elected as President-Elect of AAFP. Also unveiled was the "Family Medicine for America's Health" Presentation by its director, Glen Stream, MD.

This coming year, AAFP Congress of Delegates will be held in Denver, Colorado from Sunday September 27-30, 2015.

Respectfully submitted,

Arnold Pallay, MD; AAFP Delegate
 Mary Campagnolo, MD; AAFP Delegate
 Terry Shlimbaum, MD; AAFP Alternate Delegate
 Salvatore Bernardo MD; AAFP Alternate Delegate

REPORT OF THE RESIDENT TRUSTEES

M6: No report was submitted at the time of publication.

M7: REPORT OF THE ANNUAL MEETING COMMITTEE

On behalf of NJAFP, I would like to welcome you to the 2015 Annual Meeting and Scientific Assembly at Caesars Atlantic City. Our goal is to provide a setting where you can network with colleagues and friends from around the state, learn from experts and leaders from around the country, and recharge your enthusiasm for the practice of Family Medicine.

We kicked off Thursday with a pre-conference symposium titled, Advanced Topics in Healthcare Delivery. The symposium focused on critical information necessary for delivery of advanced patient centered care in today's health care milieu, as well as on practice and payment transformation. The Town Hall meeting on Thursday evening also focused on our changing healthcare landscape and talks from our local healthcare leaders.

Here, at the House of Delegates, members from around the state have the opportunity to share ideas, voice concerns and succeed in some problem solving regarding important issues that affect Family Medicine in the State of New Jersey. You will also be electing new members for the Board of Trustees as well as the 2015-2016 officers. Thank you for your active role in the HOD and we hope to inspire you and your colleagues to become even more involved with your academy in the future.

This year's Scientific Program will showcase some nationally renowned speakers as well as some new and engaging topics from our in-state experts. A nationally known social media expert will be speaking on the role of social media in medicine. We will also hear from experts on sleep disorders, global spread of Ebola, skin diseases, menopause and diabetes to name a few. Glen Stream MD from AAFP will be bringing us updates from the "Health is Primary" campaign. After last year's successful workshop, we have two procedure workshops scheduled on Sunday, one on "Office Dermatology Procedures" and the other one on "Splinting and Casting." Our ABFM self-assessment module this year is on mental health disorders.

Friday evening we will have the Resident's Knowledge Bowl. This year ten of the state's residency programs will be represented. Be sure to come and cheer them on as well as test your own knowledge.

Saturday night is the President's Gala. Come and recognize the installation of the Board Members and Officers you elect today and especially to celebrate with our friend and colleague, Robert Gorman, MD as he begins his term as our President. At the gala we will also be presenting many prestigious awards like the Chairs award, the award for the Family Practitioner of the year and the Family Medicine Resident of the year award.

We have a lot of organizations and companies who support our annual meeting including providing educational grants. Many of them have booths on the exhibit floor. Please thank them by visiting the booths during your break times and attending the exhibitor's reception.

It has been an honor to work with our Academy to put this exciting program together for you. We hope you enjoy this year's Assembly. We are looking for your feedback throughout the meeting, which will help us make next year's program even better. Please be sure to take an opportunity to thank our wonderful staff at the NJAFP and the volunteers who make this meeting possible.

Respectfully submitted,

Adity Bhattacharyya, MD
Vice President
Chair Annual Meeting Committee

M8: REPORT OF THE COMMUNICATIONS COMMITTEE

I am pleased to be able to report that the communications strategies for NJAFP continue to grow in strength. *Perspectives: A View of Family Medicine in New Jersey* carries content that is relevant to you as a physician and a member of the NJAFP and it is one of the few journals among the AAFP State Chapters to carry continuing medical education credit. Please consider writing a clinical article for *Perspectives* or contributing your insights on practicing family medicine in New Jersey. Feel free to contact me for more information.

Your Academy in Action, our bi-monthly electronic newsletter, is in its second year. Along with news of the Academy, we bring you news that is relevant to the practice of family medicine in New Jersey and in the U.S. The advertising in the newsletter brings additional revenue into the Academy.

We also have significantly geared up our media presence. With the help of Thomas Boyd Communications, we have accomplished the following:

Media coverage since June 1, 2014

- Content includes statements on legislation, subject-matter experts to current trending topics and reaction to news
- 22 clips – print, radio and online
 - June 26, 2014 – Hunterdon County Democrat – Jeremy C. Hewens, M.D., was featured in the Hunterdon County Democrat as the 2014 Family Physician of the Year. http://www.nj.com/hunterdon-county-democrat/index.ssf/2014/06/milford_physician_named_the_fa.html
 - July 9, 2014 – NJBiz.com and NewsIndiaTimes.com – Krishna Bhaskarabhatla, M.D., was featured on NJBiz.com and NewsIndiaTimes.com as being named President of the Board of Directors of NJAFP. http://www.njbiz.com/article/20140709/NJBIZ01/140709796/Krishna-Bhaskarabhatla?utm_source=Listrak&utm_medium=Email&utm_term=http%3a%2f%2fwww.njbiz.com%2farticle%2f20140709%2fNJBIZ01%2f140709796%2fKrishna-Bhaskarabhatla&utm_campaign=Health+Care+Weekly%3a+Private+exchanges+gaining+popularity+in+health+plan+world
<http://newsindiatimes.com/bhaskarabhatlaelected-president-of-physicians-academy/>
 - July 22, 2014 – NJSpotlight.com – Claudine Leone, government affairs director, spoke to NJSpotlight regarding awareness of naloxone. <http://www.njspotlight.com/stories/14/07/21/survivors-of-overdose-victims-call-on-doctors-to-prescribe-opioid-antidote/>
 - August 4, 2014 – The Star-Ledger – Robert Gorman, M.D., NJAFP President-Elect, was interviewed about the importance of vaccinations on overall health. http://www.nj.com/healthfit/index.ssf/2014/08/doctors_say_vaccines_are_crucial_to_staying_healthy_over_a_lifetime.html
 - August 8, 2014 – The Star-Ledger - Donna Marie Kaminski, D.O., was featured in The Star-Ledger as recipient of the 2014 New Jersey Family Medicine Resident of the Year. http://www.nj.com/essex/index.ssf/2014/08/cedar_grove_medical_resident_honored.html
 - September 18, 2014 – Inside Jersey Magazine - Robert Gorman, M.D., was interviewed about the Affordable Care Act and its impact on physician practices and patients. http://www.nj.com/inside-jersey/index.ssf/2014/09/the_affordable_care_act_turns_1_how_njs_medical_landscape_is_changing.html
 - November 24, 2014 - NJ Advance Media for NJ.com – Krishna Bhaskarabhatla, M.D., was interviewed about whether or not temperature swings can really make you

sick.

<http://www.nj.com/healthfit/index.ssf/2014/11/can-temperature-swings-make-you-sick-docs-weigh-in-on-old-wives-tale.html>

- December 16, 2014 – NJBiz – Claudine Leone provided a statement on PlanCompass.com, a recently-launched website with the goal of helping health insurance shoppers see who is in-network and who isn't.
<http://www.njbiz.com/article/20141216/NJBIZ01/141219828/Website-aims-to-help-health-insurance-shoppers-see-whos-in-network-and-who-isnt>
- January 5, 2015 – NJBiz – Ray Saputelli provided comment on health care predictions for the upcoming year.
<http://www.njbiz.com/article/20150105/NJBIZ01/150109985/Health-care-predictions-for-2015>
- January 15, 2015 – NJBiz – Ray Saputelli was included in story on the health care industry's reaction to the news of a new Hackensack University Health Network – Seton Hall medical school -
<http://www.njbiz.com/article/20150115/NJBIZ01/150119858/1040/Updated:-Health-care-industry-reacts-to-news-of-new-medical-school>
- January 28, 2015 – NJSpotlight.com – Ray Saputelli interviewed about CPC initiative and payment models - <http://www.njspotlight.com/stories/15/01/27/new-medicare-targets-seen-as-big-step-in-restructuring-healthcare-costs/>
- January 29, 2015 – NJBiz – Ray Saputelli was included in NJBiz article about CPC initiative and payment models. He spoke about NJAFP's role in helping physicians transform practices.-
<http://www.njbiz.com/article/20150129/NJBIZ01/150129703/Medicare-initiative-is-paying-off-in-terms-of-cost-and-care-particularly-in-New-Jersey>
- February 3, 2015 – Philadelphia Inquirer – NJAFP member Dyanne Westerberg responded to media inquiry on vaccinations -
http://www.philly.com/philly/health/20150203_Vaccine_controversy_takes_unpredictable_turn.html
- March 22, 2015 – Thomas Bellavia, M.D., was interviewed as part of a about doctors receiving medical treatment - <http://www.northjersey.com/news/health-news/docs-tell-ales-from-the-other-side-of-the-examining-table-1.1293570?page=all>
- March 29, 2015 - WHYY/Newsworks.org –Claudine Leone was interviewed about Senate Bill 1998 <http://www.newsworks.org/index.php/local/new-jersey/80102-proposed-nj-law-requires-doctors-to-talk-with-patients-about-drug-addiction>

- March 30, 2015 – KYW1060 – Claudine Leone was interviewed for an on air piece about Senate Bill 1998
- April 1, 2015 - Big Talker 1210 WPHT-AM – Claudine Leone was interviewed live on The Gary R’Nell Show on Senate Bill 1998 and the impact of laws mandating physicians to discuss drug addiction - <http://philadelphia.cbslocal.com/audio/gary-rnel/lets-talk-drug-addiction-the-gary-rnel-show/>
- May 4, 2015 – The Star-Ledger/NJ.com – A letter to the editor, signed by Krishna Bhaskarabhatla, M.D., president of NJAFP, appeared in response to an editorial by the Star-Ledger about Senate Bill 1998 and the PMP - http://www.nj.com/opinion/index.ssf/2015/05/physicians_are_patients_allies_in_managing_pain_me.html
- May 14, 2015 - Claudine Leone, director of policy and advocacy for NJAFP, shared comments with NJBiz on the out-of-network reform bill introduced by state legislators. http://www.njbiz.com/article/20150514/NJBIZ01/150519877/health-care-leaders-offer-mixed-reaction-to-outofnetwork-reform-bill?utm_source=Listrak&utm_medium=Email&utm_term=http%3a%2f%2fwww.njbiz.com%2farticle%2f20150514%2fNJBIZ01%2f150519877%2fhealth-care-leaders-offer-mixed-reaction-to-outofnetwork-reform-bill&utm_campaign=News+Alert%3a+Lawmakers+unveil+out-of-network+health+care+reform+bill%3b+industry+reacts
- May 22, 2015 – NJAFP statement on out-of-network health care bill included in NJBIZ article <http://www.njbiz.com/article/20150522/NJBIZ01/150529917/outofnetwork-health-care-bills-creators-are-hearing-from-stakeholders>
- May 28, 2015 - Robert Gorman, M.D., spoke to Tim Darragh from the Star Ledger about doctor-patient relationships, in light of the Lassa Fever case in No. Jersey where the patient may not have disclosed that he had been traveling in a Lassa Fever hot zone. http://www.nj.com/healthfit/index.ssf/2015/05/communication_failures_contributed_to_essex_mans_d.html

Social Media

- began posting within the past year with a concerted effort to post clips in early 2015

- Social media strategy implemented in early May 2015

Facebook

- LIKES: 199 fans (June 1, 2014) – 447 fans (May 29, 2015)
- UNLIKES: Six since January 1
- POST REACH (*how many people see post*): 2 organic* (June 1, 2014) – 64 organic and 56 paid* (May 28, 2015)
**organic – unique people shown post through unpaid distribution, no extra effort on NJAFP’s part; *paid – unique people show post through paid ads*
- ADS - April 24 – May 29:
 - Reach (*# of people that saw ad*)– 4,563
 - Clicks (*clicked on ad*)– 144
 - Click through Rate (*clicks divided by impressions*) – 1.306240929 (2.0 is above average)
 - Web Clicks (*followed ad to website*) – 39
 - Page Engagement as Result of Ad (*liked post, became fan, etc.*) – 94

Twitter

- FOLLOWERS: 282 (December 2014) – 378 followers (May 29, 2015)
- [RETWEETS: Six tweets since May have been re-tweeted one or more times; two have been “favorited,” which indicates it’s a well-liked or popular post](#)

	Tweets	Impressions	Profile Visits	New Followers	Mentions
January	2	547	55	20	8
February		344	67	14	2
March		276	50	22	2
April		356	65	12	7
May*	16	1776	75	21	9

**social media strategy implemented*

Doctor Features

- Dr. Land featured in the most recent 2015 *Perspectives*
- Two additional features completed, a third drafted and awaiting approval

Thank you to everyone who helps make the NJAFP a presence in New Jersey.

Respectfully submitted,
 Theresa J. Barrett, PhD, CMP, CAE
 Managing Editor
Perspectives: A View of Family Medicine in New Jersey

M9: REPORT OF THE GOVERNMENT AFFAIRS COMMITTEE

2014-2015

State Advocacy Achievements

NJAFP continues to work on your behalf to monitor, promote and oppose legislation that impacts the practice of family medicine, the education and training of family physicians and your patients' access to health care. NJAFP regularly works on the issues below with other physician specialty societies with common advocacy goals as NJAFP.

Health Insurance

- Out of Network Legislation (monitor/amend)
NJAFP continues to ensure that in-network family physicians and primary care physicians are not impacted with additional administrative responsibilities in the "disclosure" section on this new bill. We have been successful with the sponsors thus far in concept, but the bill continues to have language that impacts family physicians. NJAFP remains active on behalf of its members and patients.
- Patient Data (support)
The Governor signed S562/A3322, which was a response to the Horizon data breach of patient information on laptops. The law requires health insurance carriers to encrypt certain information. NJAFP supported this bill through the legislative process.
- Standard Explanation of Benefits Forms (support)
This is bill that NJAFP has supported for many legislative sessions. The Assembly Financial Institutions Committee approved A-1447, which requires health insurance carriers to use a standard explanation of benefits form. NJAFP will continue to support this bill and other similar measures.

Scope of Practice

- Advanced Practice Nurses
Independent Practice (oppose) - After many legislative sessions, NJAFP successfully stalled the bill, indefinitely. Although, the APNs remain intent to eliminate the requirement for a joint protocol with a collaborating physician through the regulatory process – as recent as last week they approached us to work with them on this instead of against them to "change with the times."
- Diagnosis of Cause of Death* (oppose) – After two successful vetoes in four years and continued NJAFP opposition, the Governor, unfortunately, signed this bill this spring. However, when the writing was on the wall, we were

able to get amendments to narrow the circumstances under which an APN can make a diagnosis of death for the death certificate.

- **Psychologists Prescribing (oppose)**
Psychologists have been seeking prescriptive authority through legislation for several years now. This bill with physician opposition has failed to pass in the Assembly or move in the Senate.
- **Physician Assistants (oppose – then neutral)**
PAs sought to eliminate any scope of practice in this legislation. They were seeking to have their scope exclusively delegated by their supervising physician. NJAFP worked to bring the bill down to reality and they maintained their enumerated scope in the current law, but left some flexibility for delegation at the supervising physician's discretion and lighten the load for chart review/sign offs for supervising physicians.

Primary Care Workforce

- **Primary Care Loan Redemption**
We continue to work with the Program to improve access, increase approved sites and utilization. We are still working to increase funding for the program, particularly by accessing additional matching funds from the federal government, previously untapped by the state. To do this New Jersey needs key workforce data that we do not have . . . see below
- **Physician Workforce Data Collection**
HUGE win. Working with the NJ Council of Teaching Hospitals, we worked with the NJ BME to eliminate the ridiculously worded voluntary survey included in their license renewal and streamlined the license renewal questionnaire so that it complied with federal requirements necessary to access additional federal funds for teaching hospitals/residency programs and loan redemption.

Physician Mandates

- **Hepatitis Testing (oppose)**
S876 would require physicians and hospitals to provide testing for Hep C for all adults born 1945-1965. The bill would require that the test be offered at every patient encounter unless the patient confirms that he/she has already been tested. NJAFP opposes this mandate, which goes beyond the CDC and Preventive Care Task Force recommendations. The bill barely passed the Senate and is stalled in the Assembly Health Committee. NJAFP will continue to oppose this legislation and recommend the state continue to follow the PCTF recommendations.
- **Sports Physical Cardiac Module**
NJAFP had a physician seat on the Student Athlete Cardiac Health Working Group charged with developing an educational module for physicians. While

well intended the legislation that established this Working Group and the module needed to be reined in at every turn. NJAFP made sure that this was a one-time requirement and we have continued to monitor how the Department of Education is implementing this requirement. Effective 2015-2016 school year when you fill out a student's sports physical form you will have to attest that you completed the module on the bottom of the form.

- **All Physicals Cardiac Module (oppose)**
NJAFP had to jump into action again when the Legislature wanted to extend the requirements for sports physicals (module) to all physicals. When we saw there was no stopping this bill, we were able to reduce the impact of this bill, which, as proposed, would have required physicians, PAs, and APNs to take this module as condition of their license renewal and file their completed certificates with the BME. NJAFP narrowed the bill to be a one-time requirement and you will only have to attest on your BME license that you completed it – that's it. This bill was signed by Governor Christie.
- **Suicide Prevention CME (oppose)**
A bill was considered by the Assembly Education Committee with a whole lot of requirements on suicide prevention CME for physicians. We successfully worked with the sponsor to recognize that the bill, while well intended, wasn't quite right. The bill has been stalled in the Assembly to date, but we have captured the interest of the sponsor to address some other mental health care issues and, particularly, insurance barriers and coverage for mental illness.

Public Health

- **Limiting Exemptions for Vaccinations (support)**
NJAFP continues to support legislation that would narrow the religious exemptions for childhood vaccinations. With the recent measles outbreaks, we finally have the Legislature's ear on the concept of herd immunity and importance of vaccinating according to CDC guidelines.

Prescription Drug

- **Naloxone and Civil Immunity (support)**
NJAFP supported legislation that authorized physicians to prescribe naloxone in the name of the person receiving the prescription (not just the end user). NJAFP has supported the BME's waiver of the physical examination requirement for prescribing naloxone as well as advocated for clarification on the provider immunity provisions of the law, including immunity from disciplinary action – not just liability.
- **Prescription Drug Monitoring Program (oppose – neutral)**
Legislation was introduced to improve the functionality of the PMP. We expect the Governor to sign the bill, as amended. As introduced, it was

terrible. After two years of negotiating, the PMP changes are much better, and while we did prevent the bill's "mandate to check" provision, we limited the circumstances where the mandate to check it is required. As it stands, employees of physician offices and residents will now be able to access the PMP database, there will be increased operability with other states databases, it increases the AGs ability to send reports to physicians and pharmacies, and reduces the pharmacy data submission timeline from one month to one week to make the PMP more current. The mandate to check will be for prescribing a schedule II pain medication for a NEW patient and quarterly thereafter if the prescriber continues that course of treatment. The original language was a full blanket mandate for all medications at every prescription - not just for pain.

- Medication Disposal (support with amendments)
This bill requires physicians and pharmacies when dispensing CDS to inform patients about proper and safe disposal. With clarification that this was only for CDS dispensing from a physician practice and pharmacy, this has very limited impact on family physician practices.
- Informed Consent (oppose)
We continue to successfully oppose legislation that would require health care practitioners (physicians, PAs, APNs) to inform patients - in writing - on a form developed by the state and based on guidelines developed by the state - of addictive potential of CDS prior to issuing the prescription. Enough said. While NJAFP is not opposed to the concept, the requirements of this bill and the legal implications of the proposal, as written, interfere with the practice of medicine.
- Addiction Treatment (support)
NJAFP is supporting legislation that would prohibit utilization management review for behavioral health treatment.
- Mental Health Services (support)
The Governor signed two bills that require Department of Human Services and Corrections to coordinate to ensure provision for mental health services to inmates. The Governor also signed a bill that requires the Department of Human Services to make public an annual report on substance abuse providers.

Respectfully submitted,

Claudine Leone, Esq.
Director of Government Affairs

Peter Carrazzone, MD
Chair – Government Affairs Committee

M10: MEMBERSHIP REPORT

Overall Net Gain/Loss in Membership

NJAFP	Active	Honorary	Inactive	Life	Resident	Students	Supporting FP	Supporting Non-FP	Total
2015	1008	1	11	101	192	780	3	3	2099
2014	1002	1	13	97	194	771	3	2	2083
	+6	0	-2	4	-2	+9	0	1	+16

M11: REPORTS AND ACTIONS FROM THE 2015, 2014, 2013, 2012, 2011, AND 2010 NJAFP HOUSE OF DELEGATES

2015 HOUSE OF DELEGATES

The Following Resolutions HAVE BEEN ADOPTED:

NJAFP 2015 Resolution #4 (K. Saradarian, MD)

RESOLVED: That the NJAFP ask the AAFP to help create a less burdensome Practice Transformation model which will require less redesign and documentation than the current NCQA and CPCI models. And be it further

RESOLVED: That the NJAFP ask the AAFP to strongly and actively advocate for their new transformation model and assist members and their practices to become involved in this prospective new model.

NJAFP 2015 Resolution #5 (T. McCarrick, MD and R. Gorman, MD)

RESOLVED: That the NJAFP be asked to investigate a method in which the rules governing the release of information from New Jersey hospitals to the primary care physician be clarified and enforced so that necessary records are made available in time for the transition of care visit with primary care providers in NJ, and therefore be it further

RESOLVED: That the AAFP be asked to investigate a method in which the rules governing the release of information from hospitals to the primary care physicians be clarified and enforced so that necessary records are made available in time for the transition of care visit with primary care providers throughout the country, and be it further

RESOLVED: That NJAFP should work with all appropriate stakeholders to ensure that the IMPACT act is implemented in NJ.

The following resolution was REFERRED TO THE BOARD OF TRUSTEES:

NJAFP 2015 Resolution #3 (K. Saradarian, MD)

RESOLVED: That the NJAFP Board of Trustees be tasked with advocating, promoting and requesting legislative changes required to make possible Universal Vaccinations for Children and Adults and be it further

RESOLVED: That the rules and regulations for vaccine storage be based on hard science not recommendations of the ideal storage solution (minimum recommendations not maximum) and documentation be easy.

The following Resolution WAS NOT ADOPTED:

NJAFP 2015 Resolution #1 (R. Thompson, MD)

RESOLVED: That NJAFP go on record that the current CMS Chronic Care Management fee plan is ill conceived and due to underfunding it will not properly promote the desired goals of enhanced proactive primary care and that NJAFP advocates a review of this program and its goals as well as consideration of prospective CCM payments to primary care doctors, and be it further

RESOLVED: That NJAFP promote a resolution to the 2015 AAFP Congress of Delegates in Denver requesting AAFP Advocacy with CMS to review the CCM program and its goals as well as provide consideration of prospective CCM payments to primary care doctors.

2014 HOUSE OF DELEGATES

NJAFP 2014 Resolution #1 (K. Saradarian, MD)

RESOLVED: that the Board of Directors of the NJAFP recommend that the Government Affairs Committee look into the feasibility of getting laws changed or new laws written, and the cost of same, and be it further

RESOLVED: that the NJAFP develop a tool for NJ Family Physicians that spells out what practice structures are legal in the state of New Jersey.

NJAFP 2014 Resolution #2 (K. Saradarian, MD)

RESOLVED: that the NJAFP approach, specifically, the Department of Human Services-Division of Developmental Disabilities offering to help them upgrade their forms and requirements be in alignment with current USPSTF recommendations and guidelines, and be it further

RESOLVED: that the NJAFP create a pre-employment physical form that follows current USPSTF recommended guidelines, keep it updated, and investigate the feasibility of using the form as a revenue generator by offering it to employers for purchase.

NJAFP 2014 Resolution #3 (K. Saradarian, MD)

RESOLVED: that the NJAFP Board of Directors be tasked with developing a method to allow for virtual participation and voting at business meetings of the Board of Directors, House of Delegates, and or committee meetings, and be it further

RESOLVED: that the NJAFP bylaws be rewritten to allow the same if necessary.

NJAFP 2014 Resolution #5 (M. Burger, MD)

RESOLVED: that the NJAFP submit a resolution to the 2014 AAFP Congress of Delegates with resolved clauses which: instructs the AAFP to strenuously protest to lawmakers the continued use of high deductible insurance plans within the ACA, and to vigorously advocate for a lower cost, more transparent alternative to high deductible plans; and that the AAFP create a task force to monitor the impact of this predatory practice of health insurers on physicians and patients reporting back to the COD annually until such high deductible plans are discontinued.

The Following Resolutions WERE NOT ADOPTED:

NJAFP 2014 Resolution #4 (T. Shaffrey, MD)

RESOLVED: that the NJAFP reaffirm that the patient-physician relationship, not the insurer-patient relationship, is the fundamental foundation of providing healthcare; and be it further

RESOLVED: that the NJAFP seek federal and state regulatory relief from the restrictive insurance practices of selectively applying deductible requirements on patients for care delivered by non-contracted physicians and be required to reimburse the patient, or their designated agent, that portion of the incurred expense at a minimum of local Medicare rates, for any medical service provided by the patient's chosen physician, and to do so without a discriminatory deductible; and be it further

RESOLVED: that the NJAFP delegation to the AAFP Congress of Delegates present a resolution with corresponding resolved clauses to the 2014 Congress in Washington, D.C. this October.

2013 HOUSE OF DELEGATES

The Following Resolutions WERE ADOPTED:

NJAFP 2013 Resolution #1 (K. Saradarian, MD)

RESOLVED: that the NJAFP ask the AAFP to form a new Special Interest Group to assure that the needs and concerns of Solo and Small Group Family Physicians continue to be a priority, focus and consideration of the AAFP.

NJAFP 2013 Resolution #2 (K. Saradarian, MD)

RESOLVED: that the NJAFP Board explore the issue of virtual meetings and report back to the House of Delegates in 2014.

NJAFP 2013 Resolution #6 (T. Shlimbaum, MD)

RESOLVED: That the NJAFP Board of Trustees form a task force whose mission is to plan a strategy to advocate for the formation of an Office of State Healthcare Planning and Policy, the purpose of which would be to prioritize and integrate healthcare resources, and establish a consistent, focused healthcare policy in the state of New Jersey.

NJAFP 2013 Emergency Resolution #1 (R. Cirello, MD)

RESOLVED: that the House of Delegates express its deepest sympathy on the passing of our colleague, Edward A. Schauer, MD, FAAFP and the high regard in which he was held. Be it further

RESOLVED: that a copy of this Resolution be sent to his family.

The following resolutions were REFERRED TO THE AAFP BOARD OF DIRECTORS

NJAFP 2013 Resolution #3 (T. Shaffrey, MD)

Resolved, that the NJAFP and AAFP be instructed to seek governmental and regulatory relief of such insurance company practices and protect the rights of independent physician practices from such practices which result in restraint of trade by requesting the following provisions be applied for all health insurance companies, regardless of exemptions or provisions of any federal or state law:

1. That health insurance companies be specifically prohibited from denying payment to a patient, or with their approval directly to their physician, by specifying a deductible on any healthcare policy for out-of-network physician benefits, for healthcare services provided by their chosen out-of-network physician, and further that such companies be required to cover for such services at a minimum of the greater of the local Medicare rate or the median amount for such services for which the company has paid;
2. That insurers institute effective and timely internal mechanisms to process and pay patient claims and perform all referral or any such prior approval requests for patients who choose to see an out-of-network physician, and within the same time frame as would be done for services and prior approval requests as provided by a contracted physician.

The following resolutions WERE NOT ADOPTED:

NJAFP 2013 Resolution #4 (M. Burger, MD)

Resolved that the NJAFP recommend to the AAFP to consider and speedily implement the following redress for these limitations:

1. Begin any and all legislative means to abolish antitrust legislation that restricts negotiating as a group with government and private entities that determine our pay;
2. Initiate a class action suit to prevent unilateral reductions in payments and arbitrary changes in contracts without negotiations and remove all wording in contracts that demand binding arbitration of providers and limit the right of providers to sue.

NJAFP 2013 Resolution #5 (M. Burger, MD)

Resolved that the NJAFP recommend the AAFP support an increase in primary care payments to immediately match the reimbursement of specialty care for the same Evaluation and Management (E/M) services.

NJAFP 2013 Resolution #7 (K. Saradarian, MD)

Resolved: that the NJAFP supports the AAFP in continuing conversations with CMS and to continue to push CMS on the matter of requesting a streamlined process for the prescribing of diabetic supplies and not let it drop, and be it further

Resolved: that the NJAFP recommends that the AAFP request CMS to present proposed rulings to a Physician Advisory Council prior to adoption

2012 HOUSE OF DELEGATES

The Following Resolutions WERE ADOPTED:

NJAFP 2012 Resolution #1 (R. Eidus)

RESOLVED that the NJAFP HOD direct our delegation to the AAFP Congress of Delegates to present a resolution requesting that the AAFP prioritize relief from these burdensome and non-value added rules in its private sector advocacy agenda. This relief should include but not be limited to allowing physicians to write prescriptions for diabetic supplies that do not require a brand to be specified.

NJAFP 2012 Resolution #2 (NJAFP Board)

RESOLVED that the NJAFP HOD express its appreciation for the efforts of the AAFP to achieve reimbursement reform, our solidarity with the AAFP's decision to remain in the RUC, and our appreciation for the AAFP's efforts with CMS to define what constitutes primary care, and be it further

RESOLVED that the NJAFP HOD also wishes to convey to the AAFP our strong belief that any system of reimbursement which is based on work rather than value is fundamentally flawed, and request that this be communicated to the RUC, and be it further

RESOLVED that a new system of payment based on value must be created and that the AAFP should reconsider staying in the RUC if it determines that remaining in the RUC facilitates a change to a value based system of reimbursement, and be it further

RESOLVED that the NJ HOD encourages the AAFP to educate all constituents that true reimbursement reform must include payments for care coordination and other aligned incentives

NJAFP 2012 Resolution #3 (M. Burger)

RESOLVED, that the NJAFP proposes a commission be formed by the AAFP to study the economic impact of the PCMH on the future viability of small practices and in the meantime, support those practices by all means available to it to protect the integrity of the individual doctor-patient relationship.

NJAFP 2012 Resolution #4 (C. Heaton)

Resolved: The NJAFP House of Delegates strongly affirms that The UMDNJ- School of Osteopathic Medicine is a strong producer of primary care graduates and it is imperative for New Jersey's publicly funded medical schools support the training of family physicians and other primary care, and be it further

Resolved: Keeping the UMDNJ-School of Osteopathic Medicine together with its sister medical, dental, graduate, nursing, public health and health professions schools as they move under the auspices of Rutgers, the State University, is the best way to achieve the overarching goal of excellence in primary care higher education in New Jersey

2011 HOUSE OF DELEGATES

The Following Resolutions WERE ADOPTED:

NJAFP 2011 Resolution 2 (A. Tallia):

RESOLVED, that the New Jersey Academy of Family Physicians, on this 17th day of June 2011 at its annual meeting of the House of Delegates, extends its condolences to Dr. Starfield's family on the occasion of her passing, and expresses its appreciation on behalf of all the family physicians of the State of New Jersey for her many outstanding contributions to the health and well-being of our nation and its citizens.

NJAFP 2011 Resolution 3a (M. Campagnolo):

RESOLVED, that NJAFP present this resolution to the 2011 AAFP COD for firm commitment for withdrawal from the RUC.

NJAFP 2011 Resolution 3b (M. Campagnolo):

RESOLVED, that AAFP must develop and lobby for payer implementation of a separate value-based primary care payment methodology (i.e. comprising E+M encounter codes, care coordination, and quality metrics, and shared savings components) within 6 months of adoption of this resolution by the COD.

NJAFP 2011 Resolution 4 (M. Campagnolo):

RESOLVED, that NJAFP bring a resolution to AAFP to petition CMS, and any other appropriate federal entities, for abolishment of the Medicare Home Care 30 day Face-to-Face, and every 90-day Face-to-Face for home care and hospice encounter regulation.

NJAFP 2011 Emergency Resolution 1 (K. Faistl):

RESOLVED, that the NJAFP request a commission to be established by the Legislative or Executive branch to review, advise and recommend a plan to recruit, train and retain family physicians, and be it further

RESOLVED, that this commission utilize data regarding physician manpower needs and create a formula for funding to create incentives to train, attract and retain family physicians for the people of New Jersey.

The following Resolution WAS REFERRED TO THE BOARD:

NJAFP 2011 Resolution 1 (C. Barter):

RESOLVED, that NJAFP become a partner with ShapingNJ.

2010 HOUSE OF DELEGATES

The Following Resolutions WERE ADOPTED:

NJAFP 2010 Resolution 1 (R. Eidus):

RESOLVED, that the NJAFP should direct its delegation to the AAFP to submit and support a resolution to the 2010 AAFP Congress of Delegates requiring that the AAFP reaffirm its commitment for a 50-state strategy by creating a task force, with action and report due back at the next AAFP COD, to develop AAFP strategies and tactics to address the issues encountered in Family Medicine distressed states including but not limited to commercial insurance reimbursement for primary care, PCMH programs and grant funding support, and the creation of new care delivery systems which are better positioned to meet the needs of patients and practitioners.

ACTION: *Resolution 314, titled AAFP 50-State Strategy, was submitted to 2010 AAFP COD. Resolution was referred to the AAFP Board who reported the following:*

“At is December 2010 meeting, the Board of Directors held discussions regarding the intent of this resolution to assist “distressed” states and the notion that it was challenging to define what constituted such a state. The Board acknowledged the work of the Chapter Relations Staff and State Advocacy staff in serving all chapters as appropriate. The Board accepted this resolution as current policy. No further action necessary.”

NJAFP has followed up with a letter to the current AAFP Leadership clarifying our position, defining “distressed state/chapter,” and asking for renewed attention to the issue as well as specific actions. The AAFP has confirmed that it is on their July, 2011 agenda for discussion.

NJAFP 2010 Resolution 2 (C. Catania):

RESOLVED, that the NJAFP President, in consultation with the Resident trustees, appoint a Board mentor on a yearly basis to the Resident trustees during their tenures, and be it further

RESOLVED, that the NJAFP Board mentor be chosen from the current or past pool of NJAFP leadership, and be it further

RESOLVED, that the mentor should encourage continued development from the NJAFP Resident trustees throughout their tenures.

***ACTION:** NJAFP President created the Membership, Resident and Student Liaison Committee added these activities to their charge.*

NJAFP 2010 Resolution 3 (M. Burger):

RESOLVED, that the NJAFP urge the AAFP to consult with the NCQA to streamline the PCMH recognition process with simpler assessment and documentation tools, increase transparency and feedback, and lower the cost of the process.

***ACTION:** Resolution 313, titled NCQA PCMH Recognition, was submitted to 2010 AAFP COD. Resolution ADOPTED. Action reported by AAFP as of 4/2011 is as follows:*

“The Commission on Quality and Practice considered and received information from members and staff regarding the level of involvement in the development of this program. It was decided that the current level of activity with NCQA meets or exceeds the requirements of the resolution.”

NJAFP 2010 Resolution 4 (M. Campagnolo):

RESOLVED, that NJAFP will instruct its delegation to the AAFP Congress of Delegates to present a resolution to the 2010 COD requesting that AAFP petition CMS, other regulatory bodies, or Congress, to reduce the hospital stay requirement for Sub-Acute/Long Term Care Medicare benefits to less than or equal to a one day admission or observation.

***ACTION:** Resolution 511, titled Medicare Hospital Stay, Long-Term Care/Rehabilitation, was submitted to 2010 AAFP COD. SUBSTITUTE Resolution ADOPTED.*

RESOLVED, That the American Academy of Family Physicians (AAFP) petition the Centers for Medicare and Medicaid Services (CMS), other regulatory bodies, or U.S. Congress, to reduce or eliminate the hospital stay requirement for sub-acute/rehabilitation/skilled/long term care Medicare benefits.

Action reported by AAFP as of 4/2011 is as follows:

“The commission recommended and the Board of Directors will consider at its May 2011 meeting that the AAFP petition the Centers for Medicare and Medicaid Services (CMS), other

regulatory bodies, or the US Congress, to reduce or eliminate the three-day hospital stay requirement to receive sub-acute, rehabilitation, skilled, or long term care Medicare benefits.”

NJAFP 2010 Resolution 5 (J. Tabachnick):

RESOLVED, that the NJAFP formally request that benefits verification intermediaries require insurance companies participating to provide uniform insurance cards with standardized readable magnetic strips that will allow EMRs to interface and input the insurance information electronically and verify coverage at point of service; and be it further

RESOLVED, that if benefits verification intermediaries are unable to require these cards that the NJAFP petition for rulemaking with the Department of Banking and Insurance to require the uniform cards; and be it further

RESOLVED, that if DOBI is unable or unwilling to do so, that we request legislation to require the same.

***ACTION:** NJAFP was successful in having DOBI require standard information on ID cards. We were not successful in moving the magnetic strip issue forward as the plans were able to successfully argue that cost would be prohibitive and ultimately passed on to the insured. The Department was also hopeful that as Navinet would now provide instant verification of benefits, the need for cards with mag strips would be mitigated. Given this reality, there was no effort to obtain a legislative sponsor as there is no current potential for movement of such a bill.*

NJAFP 2010 Emergency Resolution 1 (T. Shaffrey):

RESOLVED, that the NJAFP HOD forward this resolution to AAFP Congress of Delegates through the NJAFP delegation, requesting that the AAFP be charged with routinely gathering national, regional and statewide information on insurer rules and practices that impede and impair the ability of primary care physicians and their practices to remain viable and functioning, and to petition for the immediate discharge from any organization, such as PCPCC of which the AAFP is part, any insurance member that imposes conditions on primary care physicians that are directly in opposition to the stated goals of these organization.

***ACTION:** Resolution 315, titled Payer Policies and Membership in the PCPCC, was submitted to the 2010 AAFP COD with 3 resolved clauses:*

RESOLVED, That the American Academy of Family Physicians (AAFP) direct the Board and staff leadership of the AAFP to routinely gather national, regional and statewide information on insurer rules and practices that impede and impair the ability of primary care physicians and their practices to remain viable and functioning, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) share national, regional and statewide information routinely gathered on insurer rules and practices that impede and impair the ability of primary care physicians and their practices to remain viable and functioning with all stakeholders in the Patient-Centered Primary Care Collaborative (PCPCC) and similar organizations, as well as the constituent chapters of the AAFP, and be it further

RESOLVED, That the American Academy of Family Physicians (AAFP) utilize its seat on the Patient-Centered Primary Care Collaborative (PCPCC) executive committee to establish membership policies that will disqualify any member that imposes conditions on primary care physicians that are directly in opposition to the stated goals of the PCPCC.

The first resolved clause was adopted and referred to the Commission on Quality and Practice. The 2nd and 3rd clauses were NOT adopted. The AAFP lists progress on the first resolved as of 4/2011 as follows:

“The Commission on Quality and Practice considered and received information that indicated that the AAFP currently does what the resolution asks (i.e., collects information from payers). The commission discussed how that information may be found on the AAFP web site and /or distributed to members and decided that the AAFP should continue collecting the data and that enhancement of the AAFP web site to make it more effectively searchable at the time of need should be made a priority as part of the broader effort to improve information delivery to members.”