



Medical Society of Delaware
LEADING THE WAY TO A HEALTHY DELAWARE

Annual Meeting of the Council

Saturday, November 23, 2019

Official Meeting Materials
Medical Society of Delaware
Building and Conference Center
900 Prides Crossing, Newark, Delaware 19713



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230th Annual Meeting



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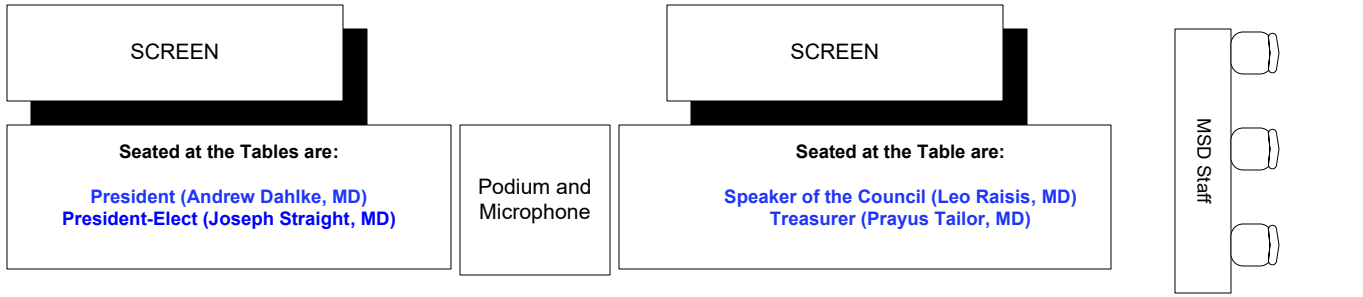


Annual Meeting of the Council
11:15 a.m. - 12:30 p.m.
Saturday, November 23, 2019

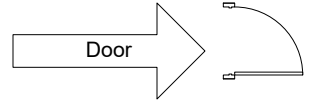
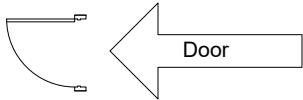
AGENDA

1. Welcome by MSD President – Andrew W. Dahlke, MD
 - a. Introduction of Guests
 1. Patrice A. Harris, MD – President, AMA
 2. Michele Manahan, MD – President, Maryland Medical Society
 3. Lawrence R. John, MD – President, Pennsylvania Medical Society
 - b. Recognition of Past Presidents (pg. 6)
 - c. President Address to Council
2. Call to Order of the Business Meeting of the Council – Leo W. Rasis, MD, Speaker
 - a. Procedure Review (pg. 7-10)
3. Approval of Interim Council Meeting Minutes – April 11, 2019 (pg. 11-20)
4. Report of the Executive Board (pg. 21-28)
5. Report of MSD Holding Company Board of Directors (pg. 29-30)
6. Proposed 2020 Budget – Prayus T. Tailor, MD, Treasurer (pg. 31-35)
7. Resolutions
 - a. Resolution 01-A2019 – Commitment to Ethics (pg. 36)
 - b. Resolution 02-A2019 – MSD Support of Medical Aid in Dying (pg. 37-38)
8. Nominating Committee Report – Joseph J. Straight, MD, Chair & President-Elect (pg. 39-40)
9. Address of Incoming President – Joseph J. Straight, MD
10. Old Business
11. New Business
12. Memorial for Deceased Members (pg. 41)
13. Absolution Resolution (pg. 42)
14. Informational Reports (pg. 43-117)
 - a. Reports of MSD Committees (pg. 43-67)
 - b. Reports of MSD Sections (pg. 68)
 - c. Reports of MSD Subsidiaries (pg. 69-72)
 - d. Reports of MSD Foundations (pg. 73-74)
 - e. Other Reports (AMA/DELPAC) (pg. 75)
 - f. Reports of Medical Specialty Societies (pg. 76-106)
 - g. Membership Lists (pg. 107-117)
15. Late Reports (pg. 118)
16. Adjournment

**ANNUAL MEETING OF THE MSD COUNCIL – November 23, 2019
MEDICAL SOCIETY OF DELAWARE CONFERENCE CENTER
SEATING CHART (Not to scale)**

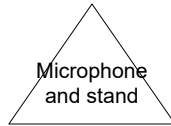


Overflow seating



Council Seating –
Meeting Materials Available at Tables

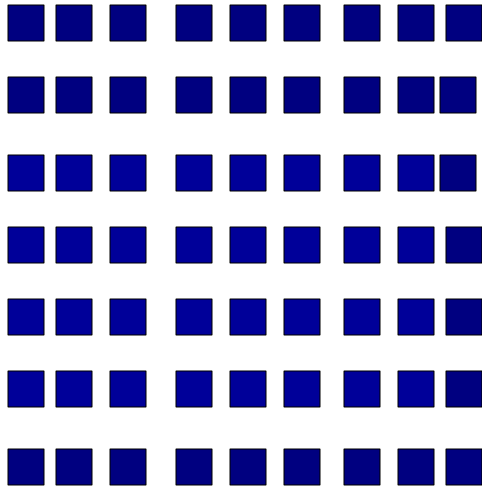
Council	Council	Council
Council	Council	Council
Council	Council	Council
Past Pres	Past Pres	Past Pres



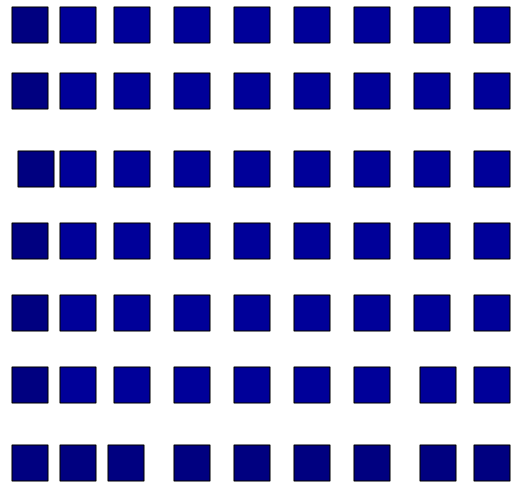
Those wishing to address the Council must do so at the microphone.

Council Seating -
Meeting Materials Available at Tables

Council	Council	Council
Council	Council	Council
Council	Council	Council
VIP/Guest	VIP/Guest	VIP/Guest

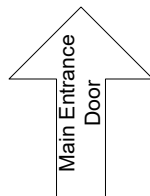


General Membership
Seating

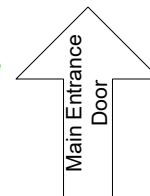


**Council Meeting Materials–
General Membership Pick Up**

*Seating at the first three rows of tables is for designated Council members only.
The last row of tables is reserved for Past Presidents and designated guests.
Please refer to pages 4 and 5 of the Meeting Materials Packet for a list of MSD Council members.*



For Illustration Purposes Only – Not Drawn to Scale





2019 MSD COUNCIL

At its meeting on October 22, 2011, the Medical Society of Delaware House of Delegates adopted a new governance and restructuring proposal (Resolution 11-1, "Proposal for Reorganizing the County Medical Societies and MSD Governance Structures"). In essence, the formal corporate structure of the county medical societies have been dissolved and the governance structure of MSD has been reorganized. The original structure of a House of Delegates, Board of Trustees, and Executive Committee has been streamlined into a Council and Executive Board format. While the former governance structure served the organization well over these many years, the House recognized the need to modernize and streamline to effectively and efficiently represent the needs and wishes of the membership.

The Council has replaced the former House of Delegates. It is smaller in size to enable the members to meet more readily and more frequently, as required. The Council provides an opportunity to have representation from various groups. It will convene a minimum of two meetings a year, one of which would be an annual meeting in the fall and the other would be the interim meeting held in the spring. Any further special meetings of the Council can be scheduled based upon business requiring immediate attention.

As part of the governance structure, **eight geographic affinity groups** have representation on the Council. Each identified geographic group represents a cohesive community of local physicians. The geographic groups do not have an organizational structure, but rather the structure will be defined by the appointed representative within each geographic designated area. MSD will rely on this leader to advise on methods to achieve member engagement within a small community of physicians to address their specific needs. No matter the size of the geographic area, each geographic area is allotted one representative.

Recognized **medical specialty societies**, as well as the **Delaware State Osteopathic Medical Society**, also have representation on the Council. As is with the geographic groups, these specialty groups are allotted one representative each to the Council.

Hospital medical staffs are requested to appoint two representatives each to the Council. From those two representatives, one physician is to represent the private practice physicians and the other to represent the hospital employed physicians of the hospital medical staff.

Currently, one **practice type affinity group** has been identified for representation on the Council: Corporate/Government Employed (non-hospital) physicians. Other affinity groups may be identified over time and afforded opportunity for representation on the Council.

The balance of the Council members is comprised of the **MSD Executive Board** members.

This format provides the highest level of opportunity for physician-driven engagement within MSD. MSD encourages its members to not only communicate with its leadership, but also within the subgroups which represent them on the Council.

The composition of the MSD Council is listed on the following pages.



MSD COUNCIL (65 Seats Identified)
2019

OFFICERS	*TERM	NAME
President	Elected Annually by Council	Andrew W. Dahlke, MD
President-Elect	Elected Annually by Council	Joseph J. Straight, MD
Vice President	Elected Annually by Council	Matthew J. Burday, DO
Secretary	Elected Annually by Council	Robert J. Varipapa, MD
Treasurer	Elected Annually by Council	Prayus T. Tailor, MD
Speaker of the Council	Elected Annually by Council	Leo W. Rasis, MD
Immediate Past President	-----	Richard W. Henderson, MD
AMA DELEGATE	TWO-YEAR TERM, NO TERM LIMIT	Janice E. Tildon-Burton, MD
MSD SECTIONS (3)	LIMITED TO THREE, TWO-YEAR TERMS	Appointed by the individual Sections of MSD.
Resident and Fellow Section	7/1/2018 – 12/31/2019	Bryan A. Haimes, MD
Young Physician Section	1/1/2019 – 12/31/2020	Selvam J. Mascarenhas, MD
Physicians Emeritus	1/1/2018 – 12/31/2019	Thomas W. Fiss, MD
AT LARGE REPRESENTATIVES (4)	LIMITED TO THREE, TWO-YEAR TERMS (term count begins 10/20/12)	
(1) New Castle County	1/1/2019 – 12/31/2020	James M. Gill, MD
(1) New Castle County	1/1/2018 – 12/31/2019	John J. Goodill, MD
(1) Kent County	1/1/2019 – 12/31/2020	Bhavin R. Dave, MD
(1) Sussex County	1/1/2018 – 12/31/2019	Paul C. Peet, MD
GOVERNMENT AFFAIRS COMMITTEE REP	TWO-YEAR TERM, NO TERM LIMIT	Representative is determined by Government Affairs Committee
	1/1/2019 – 12/31/2020	Richard W. Henderson, MD
THIRD PARTY PAYER COMMITTEE REP	TWO-YEAR TERM, NO TERM LIMIT	Representative is determined by Third Party Payer Committee
	1/1/2019 – 12/31/2020	Nicholas O. Biasotto, DO
MSD HOLDING CO. EXECUTIVE BD. REP	ONE-YEAR TERM, NO TERM LIMIT	Representative is the Vice Chair of the Holding Company Board of Directors
	1/1/2019 - 12/31/2019	Prayus T. Tailor, MD
SPECIALTY SOCIETY REPS	LIMITED TO THREE, TWO-YEAR TERMS (term count begins 10/20/12)	
Anesthesiology	2018 - 2019	VACANT
Asthma, Allergy & Immunology	2019 - 2020	VACANT
Cardiology	2018 - 2019	VACANT
Child & Adolescent Psychiatry	2019 - 2020	VACANT
Dermatology	2018 - 2019	Christopher M. Conti, MD
Emergency Physicians	2019 - 2020	John T. Powell, MD
Family Physicians	2018 - 2019	VACANT
Internal Medicine (ACP)	2019 - 2020	Alfred E. Bacon III, MD
Interventional Pain Physicians	2018 - 2019	Selina Xing, MD
Neurological Surgeons	2019 - 2020	VACANT
Obstetricians & Gynecologists	2018 - 2019	Kirsten M. Smith, MD
Oncology	2019 - 2020	Timothy A. Manzone, MD
Ophthalmology	2018 - 2019	Richard L. Sherry, MD
Orthopaedic Surgeons	2019 - 2020	Brian J. Galinat, MD
Otolaryngology/Head & Neck Surgery	2018 - 2019	VACANT
Pediatrics	2018 - 2019	VACANT
Physical Medicine & Rehabilitation	2019 - 2020	VACANT
Psychiatry	2018 - 2019	Carol A. Tavani, MD
Radiology	2019 - 2020	Michael Hewitt, DO
Rheumatology	2018 - 2019	VACANT
Surgeons	2018 - 2019	VACANT
Urology	2019 - 2020	VACANT
OSTEOPATHIC SOCIETY	LIMITED TO THREE, TWO-YEAR TERMS (term count begins 10/20/12)	

	2018 - 2019	Anna Marie Sullivan, DO
GEOGRAPHIC AFFINITY GROUPS	LIMITED TO THREE, TWO-YEAR TERMS (term count begins 10/20/12)	Appointed by individual Geographic groups
Wilmington	2019 - 2020	Nancy Fan, MD
Hockessin/Pike Creek	2018 - 2019	Michael A. Alexander, MD
Christiana	2019 - 2020	Randeep S. Kahlon, MD
Middletown	2018 - 2019	John Kehagias, MD
Dover	2019 - 2020	Thomas P. Barnett, MD
Milford	2018 - 2019	John R. Stump, MD
Western Sussex	2019 - 2020	VACANT
Eastern Sussex	2018 - 2019	VACANT
HOSPITAL MEDICAL STAFF (employed and private)	LIMITED TO THREE, TWO-YEAR TERMS (Both representatives will be on the same term cycle, which begins 10/20/12)	Appointed by Hospital Medical Staff One private practice physician and one hospital employed physician are appointed.
Al duPont Hospital (2)	2019 - 2020	VACANT (employed) VACANT (private practice)
Christiana Care/Wilmington (2)	2018 - 2019	VACANT (employed) William B. Funk, MD (private practice)
St. Francis (2)	2019 - 2020	VACANT(employed) James Monihan, MD (private practice)
Bayhealth - Kent (2)	2018 - 2019	VACANT(employed) Stephen G Manifold, MD (private practice)
Bayhealth - Sussex (2)	2019 - 2020	VACANT (employed) VACANT (private practice)
Beebe (2)	2018 - 2019	Jeffrey Hawtof, MD (employed) VACANT (private practice)
Nanticoke (2)	2019 - 2020	Janet T. Pedro, MD (employed) Jona D. Gorra, MD (private practice)
VA (1)	2018 - 2019	VACANT
PRACTICE TYPES	LIMITED TO THREE, TWO-YEAR TERMS	Determined at end of the term limit whether an affinity group will continue to have representation.
Corp/Gov't Employed (non-hospital)	2019 - 2020	Suzanne J. Sherman, MD

*Other than officers, staggered terms began as of the October 2012 Annual Meeting.



2019 Annual Council Meeting

RECOGNITION OF PAST PRESIDENTS OF THE MEDICAL SOCIETY OF DELAWARE

1978-79	Anthony L. Cucuzzella, M.D.	2003-04	Joseph F. Hacker III, M.D.
1979-80	Robert B. Flinn, M.D.	2004-05	James P. Marvel, Jr., M.D.
1981-82	Rafael A. Zaragoza, M.D.	2005-07	Janice E. Tildon-Burton, M.D.
1987-88	Martin J. Cosgrove, M.D.	2007-08	Kelly S. Eschbach, M.D.
1990-91	Ali Z. Hameli, M.D.	2008-10	Nicholas O. Biasotto, D.O.
1991-92	James P. Marvel, Jr., M.D.	2010-11	David M. Bercaw, M.D.
1992-93	Stephen R. Permut, M.D.	2011-12	Randeep S. Kahlon, M.D.
1994-95	Michael J. Bradley, D.O.	2012-13	Stephen J. Kushner, D.O.
1995-96	Carol A. Tavani, M.D.	2013-14	Nancy Fan, M.D.
1997-98	Stephen S. Grubbs, M.D.	2015	Nancy Fan, M.D.
1999-00	Michael A. Alexander, M.D.	2016	Dorothy M. Moore, M.D.
2001-02	Leo W. Rasis, M.D.	2017	Prayus T. Tailor, M.D.
2002-03	Joseph P. Olekszyk, D.O.	2018	Richard W. Henderson, M.D.



INSTRUCTIONS TO MEMBERS OF THE COUNCIL

The following information is intended as a guide for members of the Medical Society of Delaware Council and those who are attending the Council Meeting. Its purpose is to explain some of the procedures designed to promote maximum efficiency in the work of the Council.

According to the Society's Bylaws, all legislative powers of the Society are vested in and reside in the Council, which alone has the authority to determine the policies of the Society. As a member of the Council, you are charged with a most important responsibility. It is your responsibility to see that the Medical Society of Delaware is conducted in a manner that will best serve the interests of the medical profession and the citizens of Delaware.

Registration and Presentation of Credentials

Your first official responsibility is to timely register to attend the meeting. A quorum is required to conduct business and registering prior to the registration deadline will help determine if a quorum will be met. Your badge will have been prepared in advance so that there will be a minimum of delay upon check-in.

The Council is composed of the MSD Officers; AMA Delegate; MSD Section Representatives; four At-Large Representatives; Government Affairs Committee Representative; Third Party Payer Committee Representative; Specialty Society Representatives; Delaware State Osteopathic Medical Society Representative; eight Geographic Group Representatives; 15 Representatives from the Hospital Medical Staffs (each hospital is allotted two representatives, with the exception of the Veterans Administration Hospital having one employed physician representative); an MSD Holding Company Representative; and one Practice Type Representative (currently identified as a Corporate or Government Employed physician, non-hospital). To serve as a Council member, one must be a member of MSD and in good standing and of the organization being represented (e.g., a specialty society, the Delaware State Osteopathic Medical Society, hospital medical staff).

Most representatives on the Council are appointed from the individual group or section they represent. Officers, the AMA Delegate, and the At-Large Representatives are all elected by the Council.

Seating

Seating will be identified for the Council members. Other MSD members and guests attending the Council meeting may be seated in areas not designated for the Council. **It is important that Council members are seated in the appropriate section designated for Council members in order that any vote counts taken appropriately reflect the votes of the Council members present.** *Council will be seated at the front tables. Seating cards may be placed in alpha order for those Council members registered to attend. Past Presidents will be seated behind the Council members at tables. Refer to the seating chart at the beginning of the book.*

Conduct of Business

The Council in its deliberations shall be presided over by the Speaker of the Council. In the Speaker's absence, the President may serve. **One-third majority of the members on the Council constitute a quorum for the transaction of business.** The Annual Meeting proceedings shall be recorded. Please utilize the microphone when addressing the Council. The Council, whether in regular or special session, shall proceed with the order of business set by the Secretary. At any meeting, however, the Council by specific motion may change the order of business previously set by the Secretary and proceed thereunder in accordance with the terms of the motion.

Conflict of Interest

Members of the Council or their family members who have financial interests, which may be materially affected by a matter before the Council, must publicly disclose that interest before speaking on the floor and abstain from voting on the matter.

Code of Conduct for Members of the Council

Each member of the Council affirms a commitment to be courteous, respectful, and collegial in the conduct of Council actions, characteristics which should exemplify the members of the profession.

Standing Rules of the Council

Sturgis Standard Code of Parliamentary Procedure shall govern except when it is in conflict with the MSD Charter and/or Bylaws.

Reports and Resolutions to the Council

Reports are requested from the chairs of committees, foundations, and subsidiaries of MSD with an established deadline for submission. Reports are also requested from the recognized medical specialty societies, the Delaware State Medical Osteopathic Society, DELPAC, Delaware AMA Delegation, and MSD representatives serving on the State's Boards and Commissions. The deadline is established to ensure a complete meeting packet for distribution and review prior to the Council meeting. Reports are submitted to outline the activities of that particular committee, foundation, subsidiary, or group. Should a committee, foundation, subsidiary, or group not submit a report in writing, there will be no documentation within the handbook. A representative may make a verbal presentation, but it is preferable to have a timely written submission for prior review by the Council. Resolutions are numbered in the order in which they are received. The reports and resolutions will be made available electronically in advance of the meeting for preview from the MSD website through the member's secure MSD login and password. This information will be made available in print form at the meeting.

Sponsors of **late resolutions** must submit a written statement of justification to be considered by the Council. ***A three-fourths vote on acceptance or rejection of the resolution decides if the resolution is heard by the Council.*** Late reports may be distributed at the meeting. Information is provided in advance to those who pre-register for the meeting.

Duties of the Council

It is important that members of the Council pre-register for the meeting. Council members should evaluate each report and resolution prior to the convening of the Council meeting. Those not able to be present at the Council meeting are urged to submit comments on reports and resolutions, which will be considered by the Council. Comments must be submitted one week prior to the Council meeting in order to prepare distribution of said comments.

The Council members should evaluate each resolution and report, especially if the report suggests a recommendation or proposal; consider all relevant comments or recommendations on it that are sent to the Council; weigh all statements made during the session of the Council; obtain as much available information and advice as possible; and recommend the best course of action to be taken by the voting body.

During discussion of a report or resolution, the Speaker of the Council may ask questions to be sure to understand the opinions being expressed, or may answer questions if a member seeks clarification. The Council listens carefully and evaluates all opinions presented so that it may vote after careful consideration of all comments and opinions.

All members of MSD may attend and participate in the Annual Meeting of the Council, except when the Council is in executive session and subject to reasonable parliamentary rules as may be adopted. **Those members who are not Council members may have privilege of the floor only with consent of the Council.** The Council may limit the length of time assigned to each speaker. **Those addressing the Council must utilize the audio system (i.e., use the microphone available) to ensure all present can hear comments and the business of the Council is properly recorded, and must identify themselves by stating their name and whether they are speaking on behalf of themselves or a group.**

The Council may call on officers, committee chairs, staff members, or experts in order to gain as much information as possible. Amendments to proposals may be suggested and the Council may submit proposals of its own. Items of business will be handled in one of five ways: Adopt (with or without amendments); Not adopt; File; Refer; or Postpone. Purely informational items without recommendations should be filed. It is not appropriate to file resolutions. A vote will then be taken on approving, approving with recommendations, approving with amendments, or rejecting the reports and resolutions presented to it.

STANDARD CODE OF PARLIAMENTARY PROCEDURE

Sturgis

PRINCIPAL RULES GOVERNING MOTIONS

<i>Order of precedence¹</i>	<i>Can interrupt?</i>	<i>Requires second?</i>	<i>Debat-able?</i>	<i>Amend-able?</i>	<i>Vote required?</i>	<i>Applies to what other motions?</i>	<i>Can have what other motions applied to it?⁴</i>
PRIVILEGED MOTIONS							
1. Adjourn	No	Yes	Yes ³	Yes ³	Majority	None	Amend
2. Recess	No	Yes	Yes ³	Yes ³	Majority	None	Amend ³
3. Question of privilege	Yes	No	No	No	None	None	None
SUBSIDIARY MOTIONS							
4. Postpone temporarily (Table)	No	Yes	No	No	Majority ²	Main motion	None
5. Close debate	No	Yes	No	No	2/3	Debatable motions	None
6. Limit debate	No	Yes	Yes ³	Yes ³	2/3	Debatable motions	Amend ³
7. Postpone to a time certain	No	Yes	Yes ³	Yes ³	Majority	Main motion	Amend ³ , close debate, limit debate
8. Refer	No	Yes	Yes ³	Yes ³	Majority	Main motion	Amend ³ , close debate, limit debate
9. Amend	No	Yes	Yes	Yes	Majority	Rewordable motions	Close debate, limit debate, amend
MAIN MOTIONS							
10. a. The main motion	No	Yes	Yes	Yes	Majority	None	Restorative, subsidiary
b. Restorative main motions							
Amend a previous action	No	Yes	Yes	Yes		Main motion	Subsidiary, restorative
Ratify	No	Yes	Yes	Yes		Previous action	Subsidiary
Reconsider	Yes	Yes	Yes ³	No	Majority	Main motion	Close debate, limit debate
Rescind	No	Yes	Yes	No	Majority	Main motion	Close debate, limit debate
Resume consideration	No	Yes	No	No	Majority	Main motion	None
INCIDENTAL MOTIONS							
<i>No order of precedence</i>	<i>Can interrupt?</i>	<i>Requires second?</i>	<i>Debat-able?</i>	<i>Amend-able?</i>	<i>Vote required?</i>	<i>Applies to what other motions?</i>	<i>Can have what other motions applied to it?</i>
MOTIONS							
Appeal	Yes	Yes	Yes	No	Majority	Decision of chair	Close debate, limit debate
Suspend rules	No	Yes	No	No	2/3	None	None
Consider informally	No	Yes	No	No	Majority	Main motion	None
REQUESTS							
Point of order	Yes	No		No	No	None	Any error
Parliamentary inquiry	Yes	No		No	No	None	All motions
Withdraw a motion	Yes	No		No	No	None	All motions
Division of question	No	No		No	No	None	Main motion
Division of assembly	Yes	No		No	No	None	Indecisive vote

¹ Motions are in order only if no motion higher on the list is pending. Thus, if a motion to close debate is pending, a motion to amend would be out of order; but a motion to recess would be in order, since it outranks the pending motion.

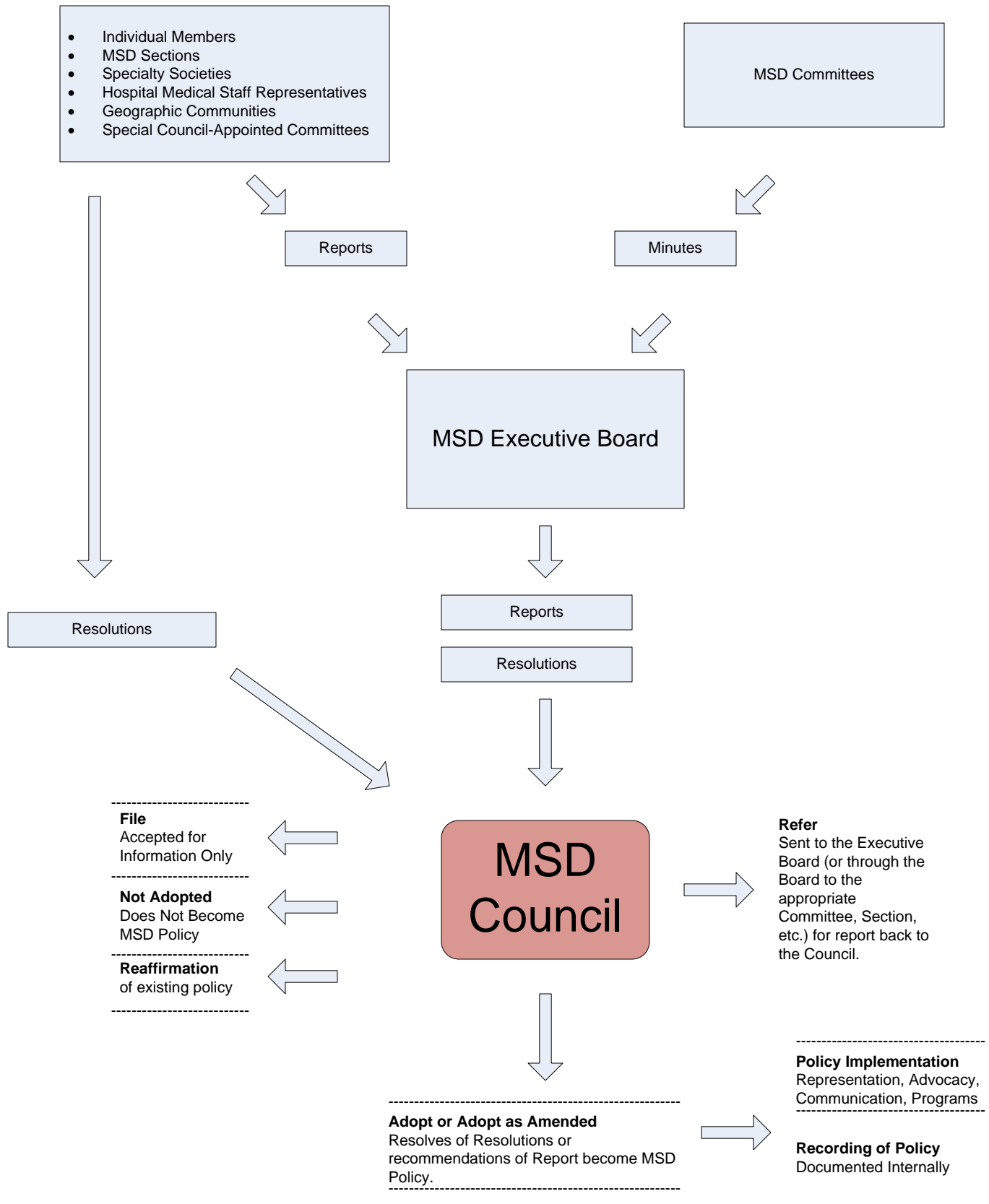
² Requires two-thirds vote when it would suppress a motion without debate.

³ Restricted.

⁴ Withdraw may be applied to all motions.



How MSD Sets Policy





MEDICAL SOCIETY OF DELAWARE
8th INTERIM MEETING OF THE COUNCIL
Meeting Minutes
Thursday, April 11, 2019

<p>Location: Maple Dale Country Club, Dover, DE Time: 6:00 – 6:30 p.m. – Social 6:30 - 8:00 p.m. – Business Meeting</p>	<p>Present: Michael A. Alexander, MD; Thomas Barnett, MD; Andrew W. Dahlke, MD; Bhavin R. Dave, MD; Nancy Fan, MD; Brian Galinat, MD; James Gill, MD; John J. Goodill, MD; Richard W. Henderson, MD; Randeep S. Kahlon, MD; John Kehagias, MD; Stephen Manifold, MD; Timothy Manzone, MD; James Monihan, MD; Paul Peet, MD; John T. Powell, MD; Leo W. Rasis, MD; Richard Sherry, MD; Kirsten Smith, MD; Joseph J. Straight, MD; John R. Stump, MD; Prayus T. Tailor, MD; Janice E. Tildon-Burton, MD; and Robert J. Varipapa, MD.</p> <p>MSD Members (Non-Council Members) in Attendance: Mark S. Borer, MD; Michael J. Bradley, DO; Margaret Conte, MD; Anna M. D'Amico, MD; Neil S. Kaye, MD; Mary McCrossan, MD; Stuart Septimus, MD; and Michael Vest, DO.</p> <p>Staff In Attendance: Ms. Mary Fenimore, Manager of Community Relations; Ms. Mary LaJudice, Senior Director of Corporate Services; Mr. Mike Miller, Director of Finance; Mr. Mark Thompson, Executive Director; and Mr. Andrew Wilson, Legal Affairs.</p>
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ITEM/TOPIC	DISCUSSION	ACTION	STATUS
<p>Welcome by Speaker and Official Call to Order of Business Meeting by Speaker of the Council</p>	<p>Recognizing a quorum, Leo W. Rasis, MD, Speaker of the Council, called the meeting to order at 6:35 p.m. and welcomed those in attendance to the 8th Interim Meeting of the Council. Dr. Rasis requested that all present be sure to sign in. He then went through “housekeeping” information.</p> <p>Dr. Rasis indicated this was the first Interim Council meeting where an invitation was extended to the entire MSD membership. He indicated those MSD members who are not Council members may have the privilege of the floor only with consent of the Council.</p> <p>Dr. Henderson motioned to allow MSD members who are Non-Council members the opportunity to address the Council. The motion was seconded.</p> <p>Senator Bryan Townsend and Representative David Bentz, Chairs of the Senate and House Health Care Committees, were invited to provide a brief presentation on health care legislation. Dr. Rasis indicated the legislators were not able to come due to activity in Legislative Hall.</p>	<p>Fourteen Council members constitute a quorum for the transaction of business.</p> <p>The motion was adopted to allow MSD members who are not Council members the privilege of the floor to address the Council.</p>	
<p>Approval of Minutes</p>	<p>The minutes of the November 17, 2018 Annual Meeting of the Council were presented.</p>	<p>The minutes of the November 17, 2018 Annual Meeting of</p>	

	A motion was made by Dr. Tavani and seconded by Dr. Henderson for approval of the minutes.	the Council were unanimously approved.	
President's Report	<p>Dr. Rasis invited Dr. Dahlke to the dais to provide the President's Report.</p> <p>Dr. Dahlke thanked everyone for attending the meeting. He discussed SB 227, the "Accessing Primary Care" legislation which passed in 2018 and the continued work on primary care access through the Primary Care Collaborative. He discussed maternal and child mortality issues and the designation of a fourth trimester, the period after giving birth, as recognized time for maternal health. Benchmarking implementation was also mentioned. He reviewed legislation that has been recently been introduced in the General Assembly.</p>	The President's Report was filed.	
Treasurer's Report	<p>MSD Treasurer, Prayus T. Taylor, MD, presented the Treasurer's report.</p> <p>MSD's audit was completed for 2017-2018. The auditors' opinion was that MSD's financial statements are in accordance with standard accounting principles. The auditors will be presenting the report to the Budget and Finance Committee at its meeting at the end of April.</p> <p>The paid dues report reflects 16 members shy compared to last year at this same time and 77 less at the end of 2018. There are 117 paid AMA members.</p> <p>Membership dues comprise a large portion of the total revenue and help to offset much of the MSD operating expenses. Membership has been declining over the years. The Budget and Finance Committee recommended creation of a Task Force, comprised of MSD physician leaders and staff and which was approved by the Executive Board, to help address revenues and expenses.</p> <p>To help balance the 2019 budget, a grant was requested from the Delaware Foundation for Medical Services (DFMS), which was approved. This serves as the fourth year in a row that there was a necessity to request grant funding from DFMS. The focus of the Task Force will be those areas that generate revenue and/or cause expense.</p> <p>MSDIS will need to become more aggressive with marketing other lines of insurance and utilize physician testimonials. A more robust marketing plan is needed.</p> <p>Membership should support the goals of MSD and have other revenue generating activities. The Membership Department has been tasked with attaining a net increase of 50 new members in 2019. The goal is to retain current members while bringing on new members to increase membership. The most effective way to accomplish this is by peer</p>	The Treasurer's Report was filed.	4/8/2019 – Task Force recommended by Budget & Finance Committee met for the first time.

	<p>to peer communication and explaining the important work MSD does on the physician's behalf.</p> <p>There will be a focus on increasing sponsorships from other organizations, and example given was partnering with the car dealership association. Although expenses have been reduced, increasing the Annual Gala sponsorships will be beneficial.</p> <p>Currently, there are 16 full-time employees of MSD, reflecting a decrease of five full-time employees over the past several years. This staffing will remain stable and leadership will need to determine the issues of importance to members.</p> <p>Enhanced revenue streams are expected, such as the work being done on the electronic prior authorization initiative. The MedNet/HealthEC partnership is expected to bring valuable payer contracts to physicians.</p> <p>The Annual Planned Giving Program will be launched soon to bring in revenue to support the MSD building.</p> <p>The Task Force identified many of the same ideas outlined in the five-year roadmap created as a result of the 2015 Strategic Plan.</p> <p>The 2019 budget is balanced with a \$9k surplus projected. This includes the DFMS grant that was provided.</p>		
Advocacy Update	<p>Dr. Henderson, Chair of the Government Affairs Committee (GAC), provided the update. He explained that the GAC works on behalf of all physicians in the State. He mentioned issues that MSD has been involved with, including, but not limited to: Prior authorization, step therapy, pharmacy benefit managers, the reinsurance program, codifying the ACA, increasing the age for tobacco purchase, lead screening, vision screening, Lyme disease, mental health access, all electronic prescribing, and medical and recreational marijuana.</p> <p>He mentioned the efforts to educate on alternative options for Maintenance of Certification (MOC) and that discussion continues, preferring to work with hospital medical staffs.</p>	The report was filed.	
Acceptance of Late Resolution	<p>Dr. Rasis informed a late resolution (#02 "Prior Authorization Reform") was submitted for Council consideration. Late resolutions require a three-fourths vote of the Council members present and voting to accept the resolution as business.</p>	The motion passed to accept the late resolution "Prior Authorization Reform" as business of the Council.	

	A motion was made and seconded to accept the late resolution as business.	There was one vote in opposition.	
Resolution 01 – “MSD Support of Physician-Assisted Suicide/Medical Aid in Dying”	<p>Dr. Robert Varipapa submitted Resolution 01 and was asked to read the Resolve:</p> <p>“RESOLVED, That the Medical Society of Delaware rescind its policy position of opposition to “Physician-Assisted Suicide” and, instead, adopt a position of engaged neutrality toward Medical Aid in Dying.”</p> <p>There was much discussion from both sides of the issue, with many citing statistics, how physician burnout can affect care of the patient, the pledge of the Hippocratic Oath, the “slippery slope” effect, the inability to effectively determine amount of time until death, and how a position of neutrality suggests MSD does not have an opinion.</p> <p>There was mention of MSD Survey on Physician Assisted Suicide performed in April 2018, citing between 35-40% of the respondents were in support of legalizing Physician Aid in Dying and that the survey was biased because it did not ask the question of support for a position of neutrality.</p> <p>Dr. Goodill provided a chronological background of the Committee of Ethic’s consideration of the subject matter. In 2017 the committee sustained the position of opposition with an emphasis that MSD support efforts to expand hospice and palliative care and improve end of life care. He noted there is a small number of health care professionals who work in end of life care. The MSD survey performed in April 2018 showed that 60% were opposed with 40% in favor of Physician-Assisted Suicide, which emphasized MSD’s need to continue to reassess the issue. In February 2019, the Committee on Ethics invited Representative Paul Baumbach, co-sponsor of the End of Life legislation, and other guests to have a discussion for which the committee reconsidered MSD’s current position of opposition and whether it should change to neutral. Dr. Goodill agreed there is an organized effort around the country to legalize Physician-Assisted Suicide, also reflecting a shift in the Committee on Ethic’s opinion to support engaged neutrality. He noted discussion of this issue emphasizes the reality of End of Life (EOL) care but that Physician-Assisted Suicide will not affect most in EOL. He suggested that MSD focus on how to help each patient at EOL.</p> <p>Dr. Fan questioned the second Whereas in the resolution indicating an increase in hospice utilization and hospice referral. Dr. Varipapa noted that he did not have the data to speak to the question. Dr. Fan noted that hospice and palliative care is one tool. There has been no progress from 2017-2019 in increased utilization of hospice and palliative care that she was aware of and was unsure if there was a net positive impact as the Whereas suggests.</p>	<p>A motion <u>did not pass</u> to accept the resolution with the adopted amended resolve:</p> <p>“RESOLVED, That the Medical Society of Delaware rescind its policy position of opposition to “Physician-Assisted Suicide” and, instead, adopt a position of engaged neutrality toward Medical Aid in Dying if greater than 50% of the membership approves by referendum.”</p>	<p>May 31, 2019 – A second survey on Physician-Assisted Suicide/Medical Aid in Dying was sent to the MSD membership. Results mirrored the survey in 2018, showing 60% support MSD’s position of opposition to the PAS legislation and 40% not in support of MSD’s current position (308 total responses – 31% participation). Of those not in support of MSD’s current position of opposition, it was an exact split in the middle of 50% (62 responses) in favor of MSD changing to a position of “engaged neutrality” and 50% (62 responses) in support of Physician-Assisted Suicide/Medical Aid in Dying.</p>

	<p>Dr. Kahlon stated that hospice use has a record state by state. He noted of all the states participating, 4,300 prescriptions for aid in dying were written over the past 20 years. Two-thirds of those having prescriptions went through with the process, showing there is data showing how this is a patient option.</p> <p>Dr. Taylor introduced an amendment to the resolve, to read (amendment in red font):</p> <p>“RESOLVED, That the Medical Society of Delaware rescind its policy position of opposition to “Physician-Assisted Suicide” and, instead, adopt a position of engaged neutrality toward Medical Aid in Dying <i>if greater than 50% of the membership approves by referendum.</i>”</p> <p>Dr. Rasis read from the MSD Bylaws (Article IX, Section 2) regarding a referendum on questions before the Council: “A general meeting, by two-thirds vote of the active members present and voting, provided that at least 50 active members vote, may order a general referendum on any question pending before the Council or on any action taken by the Council, and when so ordered the Council shall submit such question to the active members of the Society who may vote by mail, in person, or electronically within 15 days. If the members voting comprise a majority of all the active members of the Society, a majority of such vote shall determine the question and be binding on the Council. The Council may, by a two-thirds vote of its own members submit any question before it to general referendum in the above specified manner and it shall be bound by the results.”</p> <p>In discussion, Dr. Alexander urged that resolution be voted down and referendum called for with discussion and education to look at both sides of issue before making decisions.</p> <p>Dr. Goodill stated that this issue is driven by the patient's fear and need for control. Dying is difficult and physicians “don't get it right” every time because “we're” not good at it. There are horrific stories driving the issue. He stated there is room for improvement and provided the example that physicians don't know the difference between hospice and palliative care, questioning how physicians can lead for patients. He recommended maintaining the current position and working towards improving end-of-life care.</p> <p>Several Council members spoke in support of a referendum through a survey.</p> <p>Dr. Tildon-Burton stated with both sides being heard she called for the question.</p>		
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	<p>Dr. Tailor read the resolution with amendment.</p> <p>With Dr. Tailor's motion to amend, Dr. Tildon-Burton seconded the motion.</p> <p>Dr. Rasis asked for any further discussion</p> <p>Dr. Alexander presented an amendment to the existing amended resolution to read:</p> <p>"RESOLVED, That the Medical Society of Delaware perform a referendum on the subject and policy and let people decide later what those numbers mean."</p> <p>This amendment was not accepted.</p> <p>Dr. Rasis called for a vote on the amendment presented by Dr. Tailor by show of hands. There were 14 who voted in favor of the amended resolution, which allowed Dr. Tailor's modified resolve to be adopted.</p> <p>Dr. Henderson noted that "our universe is our membership" to clarify the body from which the resolution will pull from. Discussion continued to clarify "50% of the membership" as stated in the amended language, questioning whether 50% is of the total membership or 50% of the number responding to a survey.</p> <p>Dr. Kahlon motioned to modify the accepted resolution to read:</p> <p>"RESOLVED, That the Medical Society of Delaware rescind its policy position of opposition to "Physician-Assisted Suicide" and, instead, adopt a position of engaged neutrality toward Medical Aid in Dying <i>if greater than 50% of the voting members approves by referendum.</i>"</p> <p>Dr. Rasis clarified that what was voted on is intended to mean 50% of the membership and with the modification that is being suggested to now read: "50% of the voting members," it may be misconstrued as 50% of those responding to the survey.</p> <p>Dr. Bradley rose to request a vote for reconsideration to rescind the recent action by the Council for adopting the modification to the original amendment if consideration is being given to now modify the resolution as was amended. He added that a survey can also be sent to the membership which would include three possible options to responding to Physician Assisted Suicide: oppose, support, or remain neutral.</p>		
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	<p>Dr. Rasis explained that the Resolution constituted a main motion and the amendment superseded the main motion and was required to be acted upon prior to the main motion.</p> <p>Dr. Fan indicated Dr. Kahlon can make a second amendment motion to the resolve and amend by wordsmithing the original resolution, or make another resolution.</p> <p>Dr. Kahlon made a second amendment to the original motion to read:</p> <p>“RESOLVED, That the Medical Society of Delaware rescind its policy position of opposition to “Physician-Assisted Suicide” and, instead, adopt a position of engaged neutrality toward Medical Aid in Dying <i>if greater than 50% of the members that vote approve by referendum.</i>”</p> <p>With Dr. Kahlon’s motion for a second amendment and with it being seconded, Dr. Rasis asked the Council to vote by raising hands. There were 11 in support of this second amended motion, which did not pass. Dr. Fan clarified that because this motion did not pass, Dr. Taylor’s original amendment passed.</p> <p>Dr. Tildon-Burton raised the question of whether the Council actually voted on the entire resolution, stating that the Council voted on the resolve with the amendment.</p> <p>Dr. Rasis indicated the resolution is main motion, and an amendment supersedes main motion. As of right now Dr. Taylor’s amendment is in place.</p> <p>Dr. Rasis informed that the general understanding in the room was that the vote taken and passed was on the entire resolution with the amendment. Since there was question about this, Dr. Rasis called for a motion to vote on the entire resolution to include the amended resolve.</p> <p>Motion was made to vote on entire resolution with Dr. Taylor’s amended resolve. Dr. Rasis called for a hand vote. There were 9 voting in favor, which meant the resolution did not pass.</p>		
Resolution 02 – “Prior Authorization Reform”	<p>The MSD Executive Board submitted Resolution 02 and Dr. Andrew Dahlke, MSD President, was asked to read the Resolve:</p> <p>“RESOLVED, That our AMA explore emerging technologies, such as what the Medical Society of Delaware is working on, to automate the prior authorization process for medical services and evaluate their efficiency and scalability, while advocating for</p>		

	<p>reduction in the overall volume of prior authorization requirements to ensure timely access to medically necessary care for patients and reduce practice administrative burdens.”</p> <p>With Dr. Dahlke’s motion presenting the resolve, Dr. Taylor seconded the motion. The motion passed by voice vote.</p>		
Bylaws Committee Report	<p>Dr. Tildon-Burton presented the Bylaws Committee report on behalf of the committee. The changes presented represent a change to the Bylaws which accommodate the addition of a new subcommittee under the oversight of the Government Affairs Committee. This would allow the current ad hoc primary care committee to be a more formal committee.</p> <p>Dr. Kahlon indicated he has heard both sides of the issue that, MSD advocates more for primary care issues and the other side that MSD advocates more for specialists. He asked why the Bylaws Committee is naming this a primary care committee.</p> <p>Dr. Henderson explained that the subcommittee is an extension of the work of SB 227 legislation that passed for primary care access. SB 227 focuses only with primary care reimbursement and access, and there was a desire to have a group of the best primary care physicians to continue the work on primary care issues. MSD has other specialty and subspecialty groups that meet on a regular basis that gives balance to the organization. This action will transition the existing group from an ad hoc committee to be a more formalized and recognized structure. The subcommittee will be comprised entirely of primary care physicians. Dr. Gill, who would be named chair of the subcommittee, spoke to focus of the subcommittee being on primary care issues.</p> <p>Dr. Rasis explained a Bylaws change requires 2/3 vote of the Council. Dr. Rasis asked for hand vote. There were 16 who voted in favor of the bylaws change, passing the recommendation by the Bylaws Committee.</p>	<p>The Council adopted the recommended Bylaws changes from the Bylaws Committee and the following changes will be made to the MSD Bylaws.</p> <p>Article XI, Section 18 (to be inserted after the definition of the Government Affairs Committee in Article XI, Section 18):</p> <p><i>The Government Affairs Committee shall also oversee the Primary Care Subcommittee. The Primary Care Subcommittee will be considered a subcommittee of the Government Affairs Committee. It will be composed of not less than seven members to include the Chair of the Government Affairs Committee, an additional member of the Government Affairs Committee who shall serve as Chair of the Primary Care Subcommittee, a representative from the Third Party Payer Committee, a representative from the Medical Network Management Services of Delaware, LLC (MedNet), and representatives from the three main primary care specialties: Family Medicine, General Internal Medicine, and</i></p>	4/12/19 – Bylaws updated with changes.

		<i>General Pediatrics. The subcommittee shall be charged with making recommendations to the Government Affairs Committee on issues that are of interest to members of the Medical Society of Delaware in the three main primary care specialties. This includes, but is not limited to legislative and policy issues and payment and reimbursement issues.</i>	
Election of Members to Committee on Ethics	<p>The Committee on Ethics is a Council-elected committee. There were two member physicians who requested to be members on the committee: Neil S. Kaye, MD and Rachael A. Latshaw, DO.</p> <p>Motion made and seconded to approve the two physicians as members on the Committee.</p>	The motion was adopted to accept Dr. Kaye and Dr. Latshaw as members of the Committee on Ethics.	4/12/19 – Drs. Kaye and Latshaw notified of their election to the Committee on Ethics.
Appointment of Nominating Committee	<p>Dr. Rasis explained the MSD Nominating Committee is appointed annually by the MSD Executive Board. The Nominating Committee consists of seven members, who are chosen from the members on the Council. An outline of the composition of the Nominating Committee was presented. Dr. Rasis reviewed the Nominating Committee's responsibilities, noting the responsibility of the Nominating Committee is to develop the slate of nominees for election at the Annual Council Meeting. Volunteers from the Council were requested to serve.</p> <p>After names were presented for nomination from the floor, it was moved to close the nominations, which was seconded.</p> <p>A motion was made to accept the nomination slate for presentation to the Executive Board at its meeting in May.</p> <p>Six physicians will serve on the Committee, with the MSD President-Elect serving as the Chair and seventh member of the Nominating Committee. The Executive Board will formalize appointment of the Nominating Committee members at its meeting to be held on May 9, 2019.</p>	<p>The Executive Board is to finalize the appointment at its May 9, 2019 meeting. The following members of Council were nominated:</p> <p><u>2 members from: SECTIONS, AT-LARGE, GEOGRAPHIC GROUPS</u></p> <ul style="list-style-type: none"> • Bhavin Dave, MD – At-Large, Kent County • John J. Goodill, MD – At Large, New Castle County <p><u>2 members from: SPECIALTY SOCIETIES, OSTEOPATHIC SOCIETY</u></p> <ul style="list-style-type: none"> • Brian Galinat, MD – Orthopaedic Surgery Society • Timothy Manzone, MD – Oncology Society 	Nominating Committee members appointed by Executive Board at its May 9, 2019 meeting and members notified following the meeting. Committee updated in iMIS.

		<u>2 members from:</u> <u>HOSPITALS, PRACTICE TYPE</u> <u>GROUP</u> <ul style="list-style-type: none"> • Jeffrey Hawtof, MD – Beebe Hospital • Robert Varipapa, MD – Bayhealth Medical Center MSD President-Elect serves as Chair – Joseph J. Straight, MD	
Open Discussion	Dr. Rasis thanked Ms. LaJudice for her assistance in preparations for the Interim Council Meeting.		
For Information	Dr. Rasis requested that all Council members who have not yet returned a signed Conflict of Interest form for 2019 do so as soon as possible, as well as making a contribution to DELPAC. Forms were distributed at registration.	Those who were not present to sign a Conflict of Interest form will be emailed the form for signature.	
Next Meeting	The next meeting of the Council will be the Annual Meeting held on Saturday, November 23, 2019 at the MSD Building and Conference Center in Newark. The Inaugural Gala will be held Saturday evening at the Deerfield in Newark.		
Adjournment	With no further business, the meeting was adjourned at 8:45 p.m.		

Respectfully submitted,

Robert J. Varipapa, MD
Secretary

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Executive Board
Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
AMA Update	<p>The Board received reports throughout the year on the activities of the AMA and the Delaware AMA Delegation.</p> <p>Delaware participated in the AMA National Advocacy Conference held February 11-13, 2019 in Washington, DC. The conference format is half day lectures with opportunities in the afternoon of February 12th to meet with Congressional Delegations to advocate for both national and state issues. Discussion of interest included opioids, surprise billing, prescription drug pricing, Medicare for all, and gun control.</p> <p>The AMA Annual Meeting was held in Chicago from June 8-12, 2019. MSD submitted two resolutions for the AMA House of Delegates' consideration at the AMA Annual Meeting in June 2019. Existing policy was reaffirmed in lieu of Resolution 701, "Coding for Prior Authorization Obstacles." Resolution 704, "Prior Authorization Reform," was recommended for adoption by the AMA House and was passed without modification.</p> <p>The AMA Interim Meeting will be held November 15-19, 2019, in San Diego, CA.</p> <p>MSD has nominated Governor John Carney for the 2020 Dr. Nathan Davis Award for Outstanding Government Service.</p> <p>As of January 1, 2019, Janice E. Tildon-Burton, MD assumed the seat as Delaware's AMA Delegate. She also serves as Treasurer of the Southeastern Delegation, the largest Delegation of the American Medical Association.</p>		
Board Orientations	<p>Representatives from the various MSD subsidiaries, foundations, committees, and selected partners were invited to give brief informational presentations. Each invited guest presented at separate Executive Board meetings. These orientations are meant to be beneficial not only to the new members on the Executive and Holding Company Boards, but also those who have already been serving on each of the Boards.</p>		
Elsie B. Moore Scholarship	<p>Each year, the President of MSD is one of three members on a selection committee responsible for awarding medical scholarship funding to students. PNC Bank manages the scholarship program.</p>		

Guidelines for Medical Records, 2019	The Executive Board adopted the 2019 Guidelines for Medical Records, proposed by the Medico-Legal Affairs Committee.	July 2019 – Communications sent to MSD membership announcing updated guidelines.	
Human Trafficking Victim Identification Protocol	<p>The Healthcare Association announced in May 2019 that a coordinated victim identification protocol was adopted by all hospitals throughout the state.</p> <p>The Human Trafficking Medical Committee was formed by the Healthcare Association out of the success of MSD’s educational program at its Annual Meeting held November 18, 2017. It was recognized that human trafficking is taking place in Delaware and that there was no hospital in the state at that time that had a protocol in place for handling a human trafficking victim. Robert Varipapa, MD and Margaret Chou, MD represented MSD in the initial stages of this committee. Julia Pillsbury, DO currently is serving on the committee as MSD’s representative. The committee is currently working on fine tuning the guidelines created and educating the provider community more broadly to identify and respond to human trafficking.</p>		
Legalization of Recreational Marijuana	The Medical Society of New Jersey initially contacted the Medical Society of Delaware about signing on to a multi-state statement (Northeast Coalition Against Recreational Marijuana) that would move marijuana from a Schedule I drug to a Schedule II drug to permit increased research opportunities on marijuana. The statement also stated each organization’s opposition to the legalization of marijuana.		
Maintenance of Certification	<p>The American Board of Medical Specialties (ABMS) established a Vision Commission in 2018 to look at the process and the feedback provided by the medical profession over the past few years regarding the current Maintenance of Certification (MOC) process. The Vision Commission published its 96-page report on December 11, 2018. In response to this, the National Board of Physicians and Surgeons (NBPAS), a direct competitor with ABMS Member Boards for MOC, created a national communication asking medical professionals and the public to sign on to a petition-like document that outlined concerns with the Vision Commission’s report.</p> <p>A “Call to Action” communication was sent in January 2019 to MSD members asking to respond to a survey on the Vision Commission’s report. MSD member response was sent to the co-chairs of the Vision Commission, outlining what MSD recognizes as the issues within the Commission’s report.</p> <p>MSD hosted Dan Morhaim, MD in March 2019 who provided information on the NBPAS and its alternative to the ABIM MOC process.</p>		<p>The following hospital medical staffs have voted to allow for National Board of Physicians and Surgeons (a choice) as a pathway for MOC:</p> <ul style="list-style-type: none"> • Bayhealth • St. Francis • Sun Behavioral Health • Post Acute Medical <p>Currently, Eden Hill Skilled Nursing Facility and Nanticoke Hospital do not require MOC.</p>

Membership	<p>Dues Reduction Requests – The MSD Executive Board is required by the Bylaws to consider recommendations made by the Committee on Membership regarding members’ requests for dues reductions. Requests for dues reductions can vary from the physician migrating to a part-time practicing status and working 20 hours or less a week justifying a reduction in full dues; or a hardship request due to health or financial concerns. The Executive Board is to accept, amend, or reject the recommendations as presented to them.</p> <p>Supporting Membership – In 2016, MSD introduced a new membership category for supporting members. Supporting members are corporations or individuals who embrace the ideals of the medical profession and the mission of the Society. Qualifications of applicants are reviewed by the Committee on Membership with recommendation to the Executive Board. The rights and privileges of supporting membership shall be limited to the purchase of products and services through the Society’s Affinity Partner Program as offered to other members in good standing of MSD. Supporting membership can be withdrawn by the Executive Board at its sole discretions. Supporting members are required to pay membership dues to be set annually.</p> <p>Membership Reports – Membership reports are provided at each meeting of the Executive Board. For membership details, please refer to the Committee on Membership 2019 report to Council.</p>	<p>The Executive Board has given approval for 18 part-time status requests for the 2020 dues year to date.</p> <p>The Executive Board approved three Supporting Members in 2019.</p>	
Mission Appeal	<p>MSD will be launching an annual Mission Appeal campaign. The goal of the campaign is to sustain operations of Delaware’s Home for a Healthy Tomorrow. Campaign funds received will go to either the Delaware Medical Education Foundation or the Delaware Foundation for Medical Services, both are 501©(3) charitable organizations.</p> <p>A “soft” launch will happen at the November 2019 Annual Meeting.</p>		
Non-Members Attendance at Annual Meeting	<p>The Executive Board approved a recommendation by the Committee on Membership that, for the next three years, members in leadership positions on Boards and committees are to extend an invitation to up to five non-members to attend the morning program of the Annual Meeting. The registration fee of \$100 would be waived for these non-members to attend. This is a three-year proposal to measure return on investment.</p>		<p>Annual Meeting 2019 is the first year this initiative was implemented.</p>
Pew Charitable Foundation	<p>MSD met with representatives of the Pew Charitable Foundation and Lt. Governor Bethany Hall-Long in May 2019. The meeting was called for Pew representatives to present their report on recommendations to alleviate Delaware’s opioid crisis.</p>		

	<p>One recommendation was to allow for physician assistants to write for Medication Assisted Treatment (MAT); however, this could create issues if the physician assistant's supervising physician does not write for MAT. The report recommended that all primary care physicians write for MAT.</p> <p>There is a barrier for primary care physicians to write for MAT due to less than appropriate reimbursement for time and effort of MAT.</p>		
Physician Assistant Scope of Practice	The physician assistants have made the MSD Governmental Affairs Committee aware of a bill they plan to introduce to expand their scope of practice. MSD assumed the responsibility of coordinating meetings between the physician assistant organization in Delaware and recognized specialty societies in Delaware. MSD currently holds a neutral position on this matter.		MSD is scheduling meetings between physician assistants and interested specialty societies to understand the pending legislation.
Physician – Assisted Suicide/Medical Aid in Dying	A survey was sent to the MSD membership in May 2019 asking two questions: 1) does the member support MSD's current position of opposition to physician-assisted suicide; and 2) if so, would they prefer MSD take a position of engaged neutrality or full support of physician-assisted suicide.	Survey results showed almost 60% (59.74%) supported MSD's position of opposition and 40% did not support MSD's position. Of those who did not support MSD's position, 50% favored MSD changing to a position of engaged neutrality and the other 50% favored supporting physician-assisted suicide.	
Physician Wellness	MSD has met several times with Dr. Heather Farley, Director of Provider Wellbeing at ChristianaCare. Part of these discussions focused on the current physician impairment program run by the State of Delaware.		
Price Transparency	MSD member, Dr. Joel Chodos, requested and was granted time to present to the MSD Executive Board on the subject of price transparency, which is a national issue.	September 2019 a communication was sent to MSD membership asking to email their comments on the President Trump's Price Transparency Executive Order of June 24. Comment deadline was 9/27/19.	
State Loan Repayment Program	The SLRP focus is on attracting primary care and psychiatry physicians to the designed professional shortage areas in the state. The SLRP has a federal matching program for funds that place challenges on those physicians who are part of SLRP, one being the requirement to work for a nonprofit organization to		

	continue eligibility in the program. Most physicians do not work in a nonprofit environment. Delaware is looking into the possibility of having its own state run program and whether it can be sustainable. Eligibility criteria would be to work in a designated health shortage area.		
Working for You!	<p>MSD is represented at a variety of events throughout the state and through other opportunities during the year. Not only do these opportunities provide a way for MSD branding with other organizations, but also as a way for community outreach and membership engagement. A few from 2019 are:</p> <p>Roundtable on Diabetes – Dr. Biasotto represented MSD at the Roundtable Discussion on Diabetes hosted by Congresswoman Lisa Blunt-Rochester.</p> <p>Senator Carper Roundtable Discussion – MSD hosted Senator Carper on September 16, 2019 focusing discussion on surprise billing. Member and non-member physicians were invited to attend.</p> <p>Delaware State Chamber of Commerce Annual Dinner – This event was held on January 7, 2019. Joshua W. Martin III, Esq. and Cynthia Primo Martin were the recipients of the Josiah Marvel Cup Award.</p> <p>Delaware Way – On February 4, 2019 Dr. Dahlke was interviewed by Larry Mendte on the “Delaware Way” cable television program. Dr. Dahlke discussed how Delaware is helping to change the practice environment for primary care physicians in Delaware. The program can be viewed on YouTube at: https://www.youtube.com/watch?v=ZUCw3Y4US0A&list=PL34rgshOI3i8hrXr-3jmAVDmx6zGtilCs&index=2.</p> <p>Primary Care Collaborative Meetings – Meetings were established throughout the year. The Primary Care Collaborative was formed with the passage of SB 227, the “Access to Primary Care” legislation.</p> <p>International Women’s Day Luncheon – MSD was represented at a luncheon event held on March 8, 2019 recognizing Women’s Day and honoring Attorney General Kathleen Jennings.</p> <p>Delaware Healthcare Association – The leadership of MSD and the Delaware Healthcare Association are scheduled to meet two times per year. This year’s meeting was held on January 24, 2019 with discussion topics that included: MOC, primary care legislation, physician-assisted suicide, recreational marijuana, Delaware’s benchmarking initiative, immigration and health care, and smart prior authorization. There is collaboration with regard to physician wellness/impairment. Since the Executive Directors of both MSD and DHA have</p>	<p>Nicholas Petrelli, MD was chosen as the 2019 recipient of the Tilton Award.</p> <p>MSD has extended a complimentary invitation to the President and Executive Director of the Delaware Academy of Medicine to attend MSD’s Annual Meeting and Inaugural Gala beginning with the 2018 Annual Meeting and Gala.</p>	

	<p>regular, ongoing meetings, it was decided that the semi-annual meetings will be changed to a once-a-year frequency for meetings with the leadership of both organization.</p> <p>Hospital Medical Staff Leadership – MSD leadership met with the Presidents and Vice Presidents of the Delaware hospital medical staff on September 5, 2019. Hospitals represented were: Bayhealth Sussex, Beebe, Nanticoke Memorial, and Saint Francis. Dr. Nancy Fan, Delaware’s AMA Organized Medical Staff Section (OMSS) representative, shared information presented at the AMA OMSS meetings. The hospital medical staff leadership was asked to provide monetary support for OMSS travel. They were also provided a list of the hospital medical staff representatives currently on the MSD Council and asked to provide appointments to those seats which remain vacant.</p> <p>Hospital Medical Staffs – MSD leadership is invited to attend a meeting of hospital medical staffs throughout the year to present information about MSD activities, advocacy, and embracing membership in the organization. MSD attended medical staff meetings at: AI duPont/Nemours, Bayhealth, Bayhealth Ambulatory Staff, Beebe Healthcare, Nanticoke, and Saint Francis Healthcare.</p> <p>Division of Public Health – MSD leadership meets semi-annually with the leadership of the Division of Public Health. At the meeting held in April 2019, there was discussion regarding Lyme disease testing legislation. Also discussed was increasing the number of physicians in Delaware to qualify and prescribe Medication Assisted Treatment (MAT), and that medical marijuana use is not documented in the Prescription Monitoring Program nor the DHIN.</p> <p>Delaware Health and Social Services – MSD met with Secretary Kara Odom Walker on October 8, 2019, serving as the routine meeting of the leadership of DHSS and MSD.</p> <p>Tilton Foundation Meeting – MSD was represented at the planning discussions held with representatives of the Tilton Foundation to identify the next recipient of the Tilton Award, in honor of James Tilton, MD, the first President of the Medical Society of Delaware. The Tilton Foundation, run through the University and Whist Club, is responsible for the Annual Tilton Gala where the Tilton award is presented. Eligibility award criteria was established to help guide in choosing the appropriate recipient of the Tilton Award. This year’s gala was held on October 4, 2019.</p>		
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	<p>Highmark Delaware – The leadership of MSD and Highmark usually meet two times per year, outside of any other meetings called to discuss a specific matter. A meeting was held on August 6, 2019.</p> <p>MSD did meet with Highmark representatives on August 12 regarding primary care.</p> <p>Medical Society of New Jersey Annual Meeting and Gala – Dr. Dahlke attended the MSNJ Annual Meeting and Gala which took place May 3-4, 2019.</p> <p>Pennsylvania Medical Society Annual Meeting and Gala – Dr. Dahlke attended the PA Medical Society Annual Meeting and Gala which took place October 25-27, 2019.</p> <p>Maryland Medical Society (MedChi) Annual Meeting and Gala – Dr. Dahlke attended the MedChi Annual Meeting on November 2, 2019 and plans to attend their Gala scheduled for December 7, 2019.</p> <p>Geographic Affinity Groups – MSD scheduled two combined meetings of the MSD Geographic Affinity Groups. The four northern Geographic Affinity Groups met on June 18, 2019 at the MSD Conference Center. The meeting was planned to be more social with time carved out for socializing, a corn hole competition, and a competition to bring the most non-members to the event. The four southern Geographic Affinity Groups were scheduled to meeting on September 26, 2019 at JD Shuckers in Georgetown but was ultimately cancelled due to low registration.</p> <p>Delaware Academy of Medicine Annual Meeting – The MSD President and Executive Director of the respective organizations are provided complimentary invitations to attend each organization’s Annual Meeting. The Delaware Academy of Medicine held its Annual Meeting on May 7, 2019. The Academy’s President and Executive Director have been extended a complimentary invitation to MSD’s event in 2019.</p> <p>Council on Committee Chairs – MSD President meets annually with the chairs of all MSD committees. The chairs report on their respective committee’s activities. This also provides opportunity for the MSD President to provide direction to the committees.</p> <p>Specialty Society Leadership – MSD meets annually with the leadership of the recognized specialty societies in Delaware. This year the meeting was held on May 15, 2019.</p>		
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	Past Presidents Meeting – MSD meets annually with the past presidents of MSD to inform them of current initiatives. This is also the opportunity for past presidents to provide counsel to the new president. The meeting this year was held on May 22, 2019.		
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Respectfully submitted,

Robert J. Varipapa, MD
Secretary

mml



MSD Holding Company Board of Directors
Report to Council
November 23, 2019

A summary of topics of significance discussed/acted upon by the MSD Holding Company Board during meetings held November 17, 2018 through October 2019.

ITEM	DISCUSSION	ACTION	STATUS
Annual Meeting	The MSD Holding Company Board of Directors will hold its Annual Meeting on Saturday, November 23, 2019, following the adjournment of the MSD Council meeting. Subsidiary Board members are elected at the Annual Meeting of the MSD Holding Company Board.		
Appointment of Holding Company Board Members	<p>The Holding Company Board has representation on the Executive Board, which is designated as the Holding Company Vice Chair (i.e., the MSD Prior Past President).</p> <p>The Board also appoints a physician to serve annually as the Vice President on the Board, traditionally falling to the prior past president of the Medical Society.</p>	Prayus T. Tailor, MD served as the Vice President of the Holding Company Board, as well as the representative to the Executive Board for 2019.	
Election of Subsidiary Board Members	The subsidiary Board of Directors are elected annually by the Holding Company Board of Directors. At its Annual Meeting held on November 17, 2018, the Holding Company Board elected the members of the Health Hub, MedNet, and MSDIS Boards for a one year term, commencing January 1, 2019 through December 31, 2019.		
Subsidiary Updates – Health Hub	A formally executed agreement was accomplished between Health Hub, LLC and Haven Health Solutions. Haven Health Solutions has been inverting the prior authorization paradigm with a physician-led initiative for the benefit of physicians on behalf of patients. The initiative incorporates a relationship with the Delaware Health Information Network (DHIN).	Additional members were added to the Health Hub Board of Directors in 2019: James M. Gill, MD and Beth R. Duncan, MD.	
Subsidiary Updates – MedNet of Delaware	<p>MedNet was converted to a Limited Liability Corporation (LLC) at the end of 2017. Along with this change, HealthEC is a 49% owner of MedNet, with MSD having a 51% ownership. The current agreement reflects a five year commitment by HealthEC to financially support back office work.</p> <p>MedNet’s Physician Organizations provided a physician network for the AmeriHealth Caritas Medicaid contract for the State of Delaware.</p> <p>The Delaware Health Care Commission awarded MedNet/HealthEC a \$200,000 grant at the end of December 2018. The grant was to be used for integrating a practice’s EMR with HealthEC. The grant was to be completed by January 31, 2019.</p>		

	HealthEC and MedNet are actively engaged in discussions with various payers to secure contracts.		
Subsidiary Updates – MSDIS	<p>MSDIS contracted with the Zutz Group for the day to day marketing and administration of the MSDIS subsidiary in 1996. The Zutz Group had been acquired by USI October 1, 2014. As part of the Cooperative Marketing and Service Agreement between MSDIS and the Zutz Group, USI is responsible for a five percent growth in new business in exchange for a one percent decline in revenue share in each year of the five year contract term, starting in 2016.</p> <p>MSD, MSDIS, and USI Insurance Services are parties to a Cooperative Marketing, Administration, and Servicing Agreement last renewed in 2015 for a five year term. This renewal term is for January 1, 2016 through December 31, 2020.</p> <p>MSDIS is working in conjunction with MSD affinity partner, Diamond State Financial Group, to help promote the group 401k plan.</p> <p>MSDIS continues to work on promoting its personal lines of insurance products.</p>		The team will begin discussions in 2020 on another five year renewal for the Marketing, Administration, and Servicing Agreement.

Respectfully submitted,

Joseph J. Straight, MD
Chair

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 01
(A-19)

Introduced by: Psychiatric Society of Delaware
Neil S. Kaye, MD, DLFAPA

Subject: Commitment to Ethics

1 Whereas, The medical profession has adhered to a Code of Ethics since the 5th Century BCE;
2 and

3
4 Whereas, Such Codes have included the Oath of Hippocrates and the Oath of Maimonides; and

5
6 Whereas, In 1803 Thomas Percival introduced our country's first medical ethics standards; and

7
8 Whereas, These codes were adopted by the AMA in 1847; and

9
10 Whereas, The Code of Medical Ethics has been revised continuously, most recently in 2016;
11 and

12
13 Whereas, Forces from both within the house of medicine and outside of the house of medicine
14 continually try to influence the practice of medicine; and

15
16 Whereas, What has never changed in any of these ethical codes is the requirement that
17 physicians focus 100% of their efforts on healing; therefore be it

18
19 RESOLVED, That the Medical Society of Delaware will continue to recognize the AMA Code of
20 Medical Ethics as binding on all decisions made by the organization and its members; and be it
21 further

22
23 RESOLVED, That the Medical Society of Delaware will actively resist all attempts to lessen its
24 ethical standards as enumerated in the AMA Code of Medical Ethics.

Fiscal Note: Undetermined

¹American Medical Association. *Code of Medical Ethics of the American Medical Association*. Chicago, IL: American Medical Association; 2017

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 02
(A-19)

Introduced by: Robert J. Varipapa, MD

Subject: MSD Support of Medical Aid in Dying (MAID)

1 Whereas, Medical Aid in Dying (MAID) is an established practice in nine states (Oregon,
2 Washington, Montana, Vermont, California, Colorado, Hawaii, New Jersey, and Maine) and the
3 District of Columbia that authorizes terminally ill adults with decision-making capacity and less
4 than six months to live to request a prescription medication which they may self-administer to
5 bring about a peaceful death if and when their suffering becomes intolerable; and
6

7 Whereas, Medical Aid in Dying, if legalized in Delaware, would become an option in the care of
8 the terminally ill; and
9

10 Whereas, A change in the Medical Society of Delaware's position on this issue would protect its
11 members' freedom to decide which end-of-life options to provide to patients in the context of the
12 doctor-patient relationship and in accordance with each physician's personally held values,
13 beliefs, and ethical standards; and
14

15 Whereas, The Medical Society of Delaware has recognized that there are well-meaning people
16 on both sides of this issue and that principled and ethical physicians hold a broad range of
17 positions and opinions on this subject; and
18

19 Whereas, A position of engaged neutrality can allow for diverse views while ensuring
20 safeguards, educating members, and protecting physicians' and patients' freedom to participate
21 or opt out of Medical Aid in Dying according to their own personal values; and
22

23 Whereas, Studies indicate that Medical Aid in Dying has had a net positive effect on hospice
24 utilization through more open conversation about end-of-life options¹; increased referrals to
25 hospice²; reduced patient worry about future pain, discomfort, or loss of control³; and
26

27 Whereas, 12 state medical societies and the District of Columbia⁴, the American Academy of
28 Family Physicians⁵, the American Academy of Neurology⁶, and the American Academy of
29 Hospice and Palliative Medicine⁷ have adopted positions of engaged neutrality toward Medical
30 Aid in Dying; and
31

32 Whereas, Engaged neutrality is neither in support of nor in opposition to Medical Aid in Dying,
33 but acknowledges that ethical physicians may disagree; and
34

35 Whereas, A position of engaged neutrality the Medical Society of Delaware to serve as an
36 expert resource to lawmakers to ensure appropriate safeguards, educate its members about the
37 legislation, and defend physicians' freedom to participate in or opt out of Medical Aid in Dying
38 according to their own conscience without consequence; now therefore be it
39

40 RESOLVED, That the Medical Society of Delaware rescind its policy position of opposition to
41 “Physician-Assisted Suicide” and instead adopt a position of engaged neutrality toward Medical
42 Aid in Dying; and be it further
43
44 RESOLVED, That while “Physician-Assisted Suicide” and “Medical Aid in Dying” are commonly
45 used interchangeably, the term “Medical Aid in Dying” will be the term utilized upon passage of
46 this resolution.

Fiscal Note: Undetermined

¹Wang, S, Aldridge, MD, Gross, CP, Canavan, M, Cherlin, E, Johnson-Hurzeler, R, et al. (2015) Geographic Variation of Hospice Use Patterns at the End of Life. *Journal of Palliative Medicine*. 18(9), 775.

²Ganzini, L, Nelson, HD, Lee, MA, Kraemer, DF, Schmidt, TA, Delorit, MA. (2001) Oregon Physicians' Attitudes About and Experiences with End-Of-Life Care Since Passage of the Oregon Death With Dignity Act. *JAMA*. 285(18): 2365.

³Ganzini, L, Harvath, TA, Jackson, A, et al. (2002) Experiences of Oregon Nurses and Social Workers with Hospice Patients Who Requested Assistance with Suicide. *The New England Journal of Medicine*. 347(8): 585.

⁴California Medical Association, Colorado Medical Society, Connecticut State Medical Society, Medical Society of the District of Columbia, Hawaii Society of Clinical Oncology, Maine Medical Association, Maryland State Medical Society, Massachusetts Medical Society, Minnesota Medical Association, Nevada State Medical Association, New Mexico Medical Society, Oregon Medical Association, and Vermont Medical Society.

⁵<https://www.aafp.org/news/2018-congress-fmx/2018101cod-hops.html>

⁶n.neurology.org/content/90/9/420

⁷aahpm.org/positions/pad



Nominating Committee
2019 Report to Council
November 23, 2019

POSITION	NOMINATION	ACTION
OFFICERS (1/1/2019 – 12/31/2019)		
President	Joseph J. Straight, MD	
President-Elect	Matthew J. Burday, DO	
Vice President	Robert J. Varipapa, MD	
Secretary	Bhavin R. Dave, MD	
Treasurer	Prayus T. Tailor, MD	
Speaker of the Council	Leo W. Rasis, MD	
AT-LARGE REPRESENTATIVES TO EXECUTIVE BOARD (1/1/2020 – 12/31/2021)		
New Castle County (2 year term)	Michael Vest, MD	
Sussex County (2 year term)	Mark J. Boytim, MD	
Kent County (to complete 2 year term of Dr. Dave 1/1/2019-12/31/2020)	Shalini Shah, MD	
AMERICAN MEDICAL ASSOCIATION		
Delegate (1/1/2020 – 12/31/2021)	Janice E. Tildon-Burton, MD	
Organized Medical Staff Section Alternate Delegate (1/1/2020 – 12/31/2021)	Selvam Mascarenhas, MD	
MSD HOLDING COMPANY – BOARD OF DIRECTORS		
MSDIS Representative (For 1 year term: 1/1/2020 – 12/31/2020)	Dorothy M. Moore, MD	
MedNet Representative (For 1 year term: 1/1/2020 – 12/31/2020)	Michael J. Bradley, DO	
Health Hub Representative (For 1 year term: 1/1/2020 – 12/31/2020)	Patt E. Panzer, MD	
Young Physician Representative – 2 year term slot (For 2 year term: 1/1/2020 – 12/31/2021)	Avani Virani, MD	
At-Large Representative – 1 year term slot (For 1 year term: 1/1/2020 – 12/31/2020)	Jeremie Axe, MD	
DELAWARE FOUNDATION FOR MEDICAL SERVICES– BOARD OF DIRECTORS (3 yr term: 1/1/2020-12/31/2022)		
Member	Andrew W. Dahlke, MD	
Member	Nancy Fan, MD	
Member	VACANT	
JUDICIAL COMMITTEE (3 year term: 1/1/2020 – 12/31/2022)		
New Castle County Member	Michael A. Alexander, MD	

BUDGET & FINANCE COMMITTEE (Committee Elected Annually)		
Member, one-year term	Michael A. Alexander, MD	
MSD President-Elect	Matthew J. Burday, DO	
Member, one-year term	John F. DeCarli, DO	
Member, one-year term	Tony Francis, MD	
Member, one-year term	Joseph F. Hacker, MD	
Member, one-year term	Ali Z. Hameli, MD	
Member, one-year term	Randeep S. Kahlon, MD	
Chair/Treasurer	Prayus T. Tailor, MD	
COMMITTEE ON ETHICS (Committee Elected Annually)		
Member, one-year term	Mehdi Balakhani, MD	
Member, one-year term	Louis E. Bartoshesky, MD	
Member, one-year term	Vincent F. Carr, DO	
Member, one-year term	Neal B. Cohn, MD	
Member, one-year term	John J. Goodill, MD	
Member, one-year term	Neil S. Kaye, MD	
Member, one-year term	Stephen J. Kushner, DO	
Member, one-year term	Rachael A. Latshaw, DO	
Member, one-year term	Brian W. Little, MD	
Member, one-year term	Stephen J. Rodgers, MD	
Member, one-year term	Stuart Septimus, MD	
COMMITTEE ON MEMBERSHIP (Committee Elected Annually)		
Member, one-year term - YPS	Jeremie Axe, MD	
Member, one-year term - SC	Cedric Barnes, DO	
Member, one-year term – “Other” specialty	Thomas Barnett, MD	
Member, one-year term – “Other” specialty	Wesley Emmons, MD	
Member, one-year term – Primary Care	Ionnis (John) Kehagias, MD	
Member, one-year term - NCC	John H. O'Neill, DO	
Member, one-year term – KC	Sangeetha Satyan, MD	
Member, one-year term – Primary Care	Cydney Teal, MD	
Member, one-year term – RFS	VACANT	

Respectfully submitted,

Joseph J. Straight, MD, Chair
 Bhavin R. Dave, MD
 Brian J. Galinat, MD

John J. Goodill, MD
 Jeffrey E. Hawtofi, MD

Timothy A. Manzone, MD
 Robert J. Varipapa,

IN MEMORY

As a memorial to the members of the Society who were lost through death during the past year since the 2018 Annual Meeting, we pay tribute to the following physicians:

Robert G. Altschuler, MD

Aydin Z. Bill, MD

Felix J. Boffa, MD

Mark G. Cohen, MD

Anthony J. DiMaio, MD

William H. Duncan, MD

Lennart Fagraeus, MD

John F. Gehret, MD

C. Edward Graybeal, MD

Edward Hagopian, MD

Galicano B. Inguito, Sr., MD

Yakov Koyfman, MD

Stuart A. Narrod, MD

John T. Oglesby II, MD

Mustafa Oz, MD

Francis P. Parker, Jr., MD

James F. Reamer, MD

ABSOLUTION RESOLUTION

RESOLVED, that each and all the resolutions, acts, and proceedings of the Executive Board of the Medical Society of Delaware heretofore adopted since the last meeting of the Council of the Medical Society of Delaware as shown by the records of the minutes and all the acts of the officers and Executive Board of the Society in carrying out and promoting the purposes, objectives, and interests of this Society since the last Council meeting are approved and ratified and hereby made the acts and deeds of the Medical Society of Delaware.



Committee on Ethics
Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
General	<p>The Committee meets two times per year. Lay persons on the Committee include Stephen C. Taylor, Ph.D., an ethicist from Delaware State University, and Marvin Lee, Ph.D., clinical ethicist for ChristianaCare and Co-Chair of the hospital's Ethics Committee. The Committee has not reached the maximum number of physician members allowable on the committee, and we welcome interested physicians to join.</p> <p>Although the Committee had discussion on several topics during this past year, this report outlines the Committee's recommendations to the MSD Executive Board.</p>	Former Judge Susan Del Pesco participated as a lay member on the committee until her recent resignation in September 2019.	All current members on the committee wish to be nominated for another annual term in 2020 serving on the committee.
Physician-Assisted Suicide	<p>The committee has discussed this topic over the past several years. The Medical Society developed a position statement on this topic in March 2015 and has remained consistent over the years in opposition to physician-assisted suicide.</p> <p>State Representative Paul Baumbach has introduced several bills on end of life legislation. MSD has surveyed its membership twice, one in 2018 and again in 2019, both resulting in similar outcomes: 60% of the respondents support MSD's position of opposition, with 40% not in support. In the most recent survey performed in 2019, those 40% who did not support MSD's position of opposition were asked if they supported a position "engaged neutrality" (defined as MSD will neither support nor oppose physician-assisted suicide/medical aid in dying, recognizing the right of each physician to act in accordance with his/her personally-held ethical principles and values within the patient-physician relationship based on shared decision making between the physician and the terminally-ill patient, while monitoring and informing our membership on this issue) or were supportive of physician-assisted suicide/medical aid in dying. The response to this question was split 50% - 50%.</p> <p>The Committee on Ethics invited State Representative Paul Baumbach and State Representative Ray Seigfried to discuss the legislation with the committee members, as well as other interested MSD members on the subject matter.</p>	<p>The committee recommended that MSD change its current position of opposition and to also consider a position of neutrality. The committee supported repeating a survey to the membership which was completed in 2019, with similar results to the 2018 survey, having a majority of the respondents in support of MSD's current position of opposition.</p> <p>A resolution was presented at the 2019 Interim Council meeting asking that MSD rescind its policy position of opposition and adopt a position of engaged neutrality. The resolution did not pass.</p>	<p>The committee held discussion at its September 25, 2019 meeting on end of life care. With MSD holding a position of opposition for physician-assisted suicide, educating health care professionals and patients, and promoting the use of hospice and palliative care needs to be addressed.</p> <p>The committee favored improving positive efforts in end of life care education for training and supporting palliative care physicians.</p>

	<p>The American Medical Association Council on Ethical and Judicial Affairs (CEJA) was charged with contemplating changing the national organization's position from one of opposition to neutral, recognizing that there are states that allow physician-assisted suicide and place physicians in those states in a difficult position with AMA's opposition to the practice. Modified language was presented to the AMA allowing a conscious right in those states where Physician-Assisted Suicide is legal, but was referred back to CEJA for further consideration. It is anticipated to hear a report from CEJA at the AMA Interim Meeting in November 2019.</p>		
<p>Updating the Health Care Decisions Act for Delaware</p>	<p>The Health Care Decisions Act was created in the early 1980s and speaks to the idea of advance directives, projecting one's autonomy for the future. However, in present day, the statute presents problems, one being a form built into the statute for use that does not work well at the bedside.</p> <p>At the November 17, 2018 Annual Meeting of the Council, a resolution was adopted to work with the legal profession to update and improve the existing Health Care Decisions Act Statute. Dr. Goodill was tasked with drafting a proposal outlining the needed changes.</p>		<p>Dr. Goodill continues to be intent on updating the statute and will work with the MSD Medico-Legal Affairs Committee on this matter.</p>

Respectfully submitted,

John J. Goodill, MD
Chair



Committee on Membership
Report to Council
November 23, 2019

ITEM	DISCUSSION	ACTION	STATUS
Committee Responsibilities and Composition	<p>The main responsibility of the Committee on Membership is the recruitment and retention of members in the Medical Society of Delaware.</p> <p>The Committee is an annually elected committee of the Council, currently comprised of eight members. Seats on the committee represent the three counties, the early career physicians, residents and fellows, primary care, and specialties.</p>	The committee has vacancies for the following seats: Sussex County and Resident Section.	In 2020, with resignation and status changes, there will be additional seats to be filled: Primary Care, Sussex County, Resident Section, and Young Physician Section.
AMA Partnership for Growth	The 2020 dues year AMA Partnership for Growth (PfG) Agreement was submitted to the AMA in June 2019. The PfG requires MSD to bill AMA dues with the dues invoice provided to MSD members. AMA membership is optional and not required for MSD membership. In return, MSD receives commissions on the AMA dues collected through its billing efforts. MSD averages approximately \$4,000 in commission revenues each year from this partnership.	MSD will begin billing for AMA dues in the 2020 dues billing cycle on November 25, 2019. The PfG requires three invoices to be sent by January 15 th . The other two invoices are planned for mailing on December 16, 2019 and January 15, 2020.	MSD encourages its members to submit their AMA dues payments directly to MSD. This will benefit MSD by way of return commissions. Members who submit through MSD do not pay a different rate than submitting directly to the AMA.
Disciplinary Actions by the Board of Medical Licensure and Discipline	The Committee is apprised of action by the Board of Medical Licensure and Discipline (BMLD) on the medical license of physicians. The Committee has guidelines as to what constitutes consideration for action for physicians who are members.	In 2019, it was not necessary for the Committee to consider any action to be taken on membership based on BMLD disciplinary actions.	
Engagement Strategy for Recruitment/Retention	A 2018 Engagement Strategy was approved by the Committee and shared with the MSD Executive Board. The document helps to guide the activities for membership recruitment and retention, and provide measurable goals where applicable.		

	<p>In July 2019, the Executive Board adopted the committee's recommendation to initiate a 3-year project to invite non-members to the MSD Annual Meeting.</p>	<p>Members of the Executive Board, MSD committees, and other appropriate MSD leadership were requested to invite up to five non-members to the morning educational program of the MSD Annual Meeting. This is a three year pilot to measure ROI (transition from non-member to member and for how long membership lasts) determining if the Annual Meeting education is of value to non-members by measuring conversion to membership.</p>	
Group Memberships	<p>Beginning with the 2015 dues billing cycle, MSD instituted a group dues invoicing program whereby those groups who have 100 percent of their practicing physicians as members of MSD can be granted a ten percent discount for those in the group who pay the full dues rate.</p> <p>Initially, the program was a recruitment strategy and in 2015 MSD saw 21 new members join through the group discount program from a total of nine practices and one hospital participating, having a net gain in dues revenue of \$4,000.</p> <p>For the 2016 dues billing cycle, we began to see a quick leveling off of any gain in new membership with a net gain of four new members through the program and a net loss in dues revenue; however, there was an increase in the number of practices participating to 15.</p> <p>The 2017 membership year also only saw an increase of four new members through the program with a net loss in revenues due to the discount provided. The number of practices participating increased to 18 for the 2017 dues billing year.</p> <p>The 2018 membership year showed a drop in the total number of practices enrolled in the program. Two of the 2017 practices that did not re-enroll in 2018 were closed (physicians retired, practice bought by hospital). There were two new groups enrolled in 2018. There was a gain of 4 new</p>	<p>The program will continue for the 2020 dues billing cycle. There are 18 confirmed practices enrolled for the group discount billing program and two additional practices pending at the time of writing this report.</p>	

	<p>members through the program, but a net loss in total dues revenue collected through the program.</p> <p>For the 2019 dues billing cycle, there were 19 practices participating (6 new and 13 renewed.) Seven new members joined as a result of the program with a net loss in revenues due to the discount provided.</p> <p>The program has become a retention strategy.</p>		
Membership Composition	<p>MSD continues to update its database information, trying to keep up with the changes in physician practices and employment type, i.e., privately practicing vs. employed. MSD's definition of an employed physician is one whose practice is primarily based within a non-physician owned entity.</p> <p>Utilizing what information we have available in the database, we performed an exercise in determining the number of member physicians who are employed and in private practice.</p>	<p>At the time the report was done, the results showed the following breakdown:</p> <ul style="list-style-type: none"> • Retired – 26% (322) • Resident/Fellow/Student – 11% (136) • Private Practice –80% (630) • Employed –20% (153) <p>Employed members broken down further:</p> <ul style="list-style-type: none"> • Nemours (27) • Bayhealth (26) • Beebe (18) • Christiana (58) • Nanticoke (8) • Saint Francis (16) 	<p>These results most likely have changed since the report was done, as we are seeing a continuous change from private practice to employment.</p> <p>These numbers do not necessarily represent the status of the state of Delaware, only those physicians who are members of MSD.</p>
MSD Membership Coordinator	<p>MSD welcomed an addition to the staff serving as a full-time Membership Coordinator. Michelle Seymour joined MSD in September 2019. Michelle returned to MSD, having been employed from 2014 to 2018, and working for HealthEC for MedNet from January to September 2019.</p>		
Mentoring Program	<p>In 2018 the Committee recommended that a Mentoring Program be implemented. Current MSD members would be matched with new members having similar characteristics/demographics (ex. Specialty, location, etc.) to serve as mentors to those newly approved members. An outline of expectations of engagement between mentor and mentee was approved, showing a minimum of two meetings during a 12-month period. The first meeting should be an in-person meeting within the first four to six weeks of being</p>	<p>MSD staff has requested those from MSD leadership who are interested to become a mentor.</p> <p>The challenge is there has been only seven volunteers to be mentors. With the few number of volunteers to mentor, it would not be effective to implement the program at this time.</p>	<p>The program remains on hold until such time as we are able to secure at least a minimum of 20 mentors. Currently there are 9 who have volunteered to be a mentor.</p>

	paired. It is also encouraged that the mentor and mentee attend one or more MSD events together.		
Requests for Dues Waivers	Members and those applying for membership may request a waiver of full or partial dues based on reduced practice hours, financial hardship, or health concerns.	<p>The Committee recommended approval of the following requests for the 2019 dues year, which were approved by the Executive Board:</p> <p>Approvals of part-time membership status (50% reduction of regular dues membership amount) :</p> <ul style="list-style-type: none"> • 14 from New Castle County • 1 from Kent County • 3 from Sussex County 	In preparation for the 2020 dues billing cycle, the Committee recommended and the Executive Board has approved 18 part-time membership status requests to date.
Retention Efforts	The committee was apprised during the year of the status of 2019 dues collections. The Committee on Membership was requested to contact those on the non-payment list.		
Supporting Membership	In 2016, the MSD Council approved recommended Bylaws changes to incorporate a new membership category for Supporting Membership. Supporting members are corporations or individuals who embrace the ideals of the medical profession and the mission of MSD. The qualifications of applicants for supporting membership shall be reviewed by the Committee on Membership with recommendation to the Executive Board. The rights and privileges of supporting membership is limited to the purchase of products and services through the Society's Affinity Partner program. Supporting membership is conferred upon qualified candidates and can be withdrawn by the Executive Board at its sole discretion. Supporting members pay annual membership dues in the amount of \$200. The first supporting members joined in 2017.		<p>In 2017, there were 3 dentists who joined as supporting members.</p> <p>In 2018, there were 3 podiatrists and one physician practice from Texas who joined as supporting members.</p> <p>As of October 31, 2019 there were 1 dentist, 1 podiatrist, and 1 physician practice from Washington, DC that joined MSD as supporting members.</p> <p>There are currently a total of 12 Supporting Members in MSD.</p>

Retirement Status	In 2019, the committee adopted a motion to bill retiring physicians on a quarterly pro-rated basis in the year they are retiring. The pro-rated dues amount is to include the quarter in which they retire. If after several attempts are made to the retiring physician requesting submission of the Notification of Retirement form and there is no response, the physician will be dropped from membership, similar to dues paying members.		
Statistics	<p>As the membership team continues its work on the database, more information is being made available to obtain a picture of the MSD membership. The statistics provided below are as of the September 12, 2019 Membership Report.</p> <p><u>Total Membership Breakdown – 1,263</u></p> <p>Physician Assistants: 8 Physician Members: 1,119 Resident Members: 135 Student Members: <u>1</u> 1,263</p> <p>Supporting Members: 10 (Dentists, podiatrists, out-of-state physicians) Pending: 2</p> <p><u>2019 Resident Conversion to Active Membership</u> 21 Resident members completed training in 2019 12 Left the state 1 Resigned (did not want to continue membership) 9 Will be billed for 2020 dues</p> <p><u>Average Age of Membership: 58.9</u></p> <p><u>2019 New Members</u> 114 new applications received 99 completed process for membership</p> <p><u>Drop Statistics (January 1 – September 12, 2019)</u> Nonpayment of dues: 45 Moved out of state: 23 Deceased: 8 Resigned: 7</p>		

	Cost of dues too high: 2 Strong refusal/disagreement: 2 Employer no longer pays: 1 No value: 1 License not valid: 1 <u>Market Share</u> As we continue to populate the MSD database and search to match practice locations for nonmembers, we are also attempting to determine the membership market share in the State. We are honing in on a market share between 16% and 25%.		
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Respectfully submitted,

John H. O'Neill, D.O.
Chair



MEMBERSHIP STATISTICS

A comparison of the Society's membership in 2018 and 2019

2018 Membership* (As of 12/31/2018)

	<u>Dues Paying</u>	<u>Dues Exempt</u>	<u>Affiliates</u>	<u>Associates</u>	<u>Physician Assistants</u>	<u>Medical Students</u>	<u>Residents</u>	<u>Pending Applications</u>	<u>Totals</u>
Kent County	90	23	0	2	1	0	0	1	117
New Castle County	541	318	3	2	5	1	85	1	956
Sussex County	<u>131</u>	<u>48</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>185</u>
	767	389	4	5	8	1	85	4	1,258

2019 Membership* (As of 11/1/2019)

	<u>Dues Paying</u>	<u>Dues Exempt</u>	<u>Affiliates</u>	<u>Associates</u>	<u>Physician Assistants</u>	<u>Medical Students</u>	<u>Residents</u>	<u>Pending Applications</u>	<u>Totals</u>
Kent County	96	21	0	1	2	0	0	0	120
New Castle County	510	311	1	2	4	1	135	0	964
Sussex County	<u>132</u>	<u>51</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>186</u>
	738	383	2	3	8	1	135	0	1,270

Dues Paying members are comprised of those who pay annual dues with the exception of those physician members classified as Affiliates, Associates, Residents, Physician Assistants, or those in an active military status. This category includes those members who have been granted a partial waiver of dues (such as part-time status) and do not pay full dues rates. This category does include Supporting Members. Residents are not billed for membership dues during residency or fellowship training.

Dues Exempt members are those who are members of the MSD but do not pay dues (Life status, retired members, permanent dues waiver). This category also includes anyone who has been granted a full annual dues waiver (i.e., hardship status).

Affiliates are those physician members who: no longer live or practice in Delaware; live in Delaware and are licensed in another state; or who were never members and do not live or practice in Delaware and hold a license to practice in another state. Affiliate members pay a significantly reduced membership rate.

Associates are those physician members who are employed full time in the research field and not engaged in the active practice of medicine, members of the medical profession serving with the Armed Forces, or employed on a full-time basis by a governmental agency (Veterans Administration and US Public Health Service). Associate members have a dues rate that is equivalent to 50% of the full dues rate.



Committee on Education (Parent Committee)

Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
MSD Leadership Institute	MSD received a new grant from the Physicians Foundation to allow for the continuation of our “Excellence in Physician Leadership Series,” a certificate program in leadership development. The twelve week online program is comprised of five courses to include; Quality Leadership for Physicians, Practical Tools of Leadership, Leading Improvement, The Business of Leadership and Secrets of Great Presentations.	The first Cohort began on January 22, 2019. The grant will run through October 27, 2020.	Complete
MSD Practice Management & Leadership Education Series	<p>Six Practice Management education sessions were scheduled at MSD over the past year with videoconference to Kent & Sussex county hospitals. Topics included:</p> <ul style="list-style-type: none"> • Active Shooter Response in a Health Care Setting • ADA Guidelines • An HR Check-Up • Final Rule 2019 Medicare Physician Fee Schedule • 2019 Insurance Payer Workshop • Emotional Formation 	MSD Physician Relations will continue to coordinate educational programming on topics relevant to our practices.	Complete
Subcommittees	<p>Educational Program Planning Subcommittee</p> <ul style="list-style-type: none"> • Dr. Stephen Kushner will provide a report <p>Professional Education Subcommittee</p> <ul style="list-style-type: none"> • Dr. Hugh Bonner will provide a report <p>Physician Relations Advisory Committee</p> <ul style="list-style-type: none"> • Dr. Irene Szeto will provide a report <p>Public Education Subcommittee</p> <ul style="list-style-type: none"> • No report <p>School Health Subcommittee</p> <ul style="list-style-type: none"> • Dr. Jayshree Tailor will provide a report 		Complete

Respectfully submitted,

Matthew Burday, DO
Chair



Committee on Education
Education Program Planning Subcommittee
 Report to Council
 November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
230th Annual Meeting	<p>The 230th Annual Meeting will be held November 23, 2019 at the MSD Conference Center. The Program Agenda will include presentations on:</p> <p>LEWIS B FLINN LECTURE - Sleep: The Neglected Vital Sign Speaker: Karl Doghramji, MD, <i>Professor of Psychiatry, Neurology, and Medicine, Director, Jefferson Sleep Disorders Centers</i> Objectives: 1) Describe the neurophysiological processes underlying sleep and wakefulness; 2) Recognize the consequence of disrupted sleep quality and quantity; and 3) Restate an evidence-based approach to manage sleep-related difficulties in clinical settings.</p> <p>Care for the Caregiver Speaker: Kathryn Godfrey, PhD, <i>Behavioral Medicine Researcher and Clinical Psychologist</i> Objectives: 1) Identify the second victim phenomenon in health care: symptoms, prevalence, and risk factors; 2) Recognize <i>Care for the Caregiver</i>, the peer support program at ChristianaCare which supports “second victims” experiencing stress associated with patient care; and 3) Discuss how you can support second victims, including yourself or a colleague.</p> <p>Nutrition Update: What’s New in 2020? Speakers: Marijane Hynes, MD, <i>Clinical Professor, General Internal Medicine, Director, Weight Management Program, George Washington University Medical Faculty Associates</i> Objectives: 1) Recognize what the current evidence-based nutritional principles are and how to counsel patients; 2) Describe what makes a healthy diet and also how it relates to weight management and exercise prescriptions; and 3) Discuss and counsel vitamin supplementation, especially Vitamin D, Calcium, and Omega 3s.</p> <p>Health screenings will be provided by LabCorp.</p>		
Hot Topic CME	<p>Two Hot Topic CME events were held in 2019.</p> <ul style="list-style-type: none"> • Pathogens in the News: Measles was presented by Dr. Stephen Eppes on May 23, 2019 • “Protecting the Public” What the Delaware Gun Law HB302 Requires of Physicians was presented by Dr. Neil Kaye and Andrew Wilson, Esq. on November 7, 2019 		

Premier Educational Partner Program	<p>The Premier Educational Partner Program continued in 2019. For an annual fee, those organizations who enrolled to become a Premier Educational Partner have the following opportunities:</p> <ul style="list-style-type: none"> • Display of company logo in the MSD lobby; • Display of company logo and link on the MSD website as a Premier Education Partner; • Co-branding of pre-approved marketing materials; • Display of company logo on the HD color monitors of the MSD Conference Center Lobby, where all members and guests enter and exit our beautiful building; • Inclusion of company logo on poster size signage at MSD events and meetings, including those open to the public, and signage permanently displayed in the Frelick Gallery of the MSD Conference Center; • Exclusive opportunities to exhibit throughout the year at MSD-sponsored educational events, such as the new Hot Topic CME and others; • Prominent placement of logo on the MSD website as Premier Education Partner with a link directly to your own company website; • Publicity for the company in the MSD e-news and views newsletter with a link to your company; • MSD membership labels at no charge; and • Highlighting the partner company in an ad listing all our Premier Educational Partners the monthly Delaware Medical Journal. 	<p>Premier Education Partners for 2019:</p> <ul style="list-style-type: none"> • Cover & Rossiter • Delaware Hospice • Diamond State Financial Group • LabCorp • MSDIS • PNC Bank • ProAssurance 	
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Respectfully submitted,

Stephen J. Kushner, D.O.
Chair



**Committee on Education
Historical Subcommittee**
Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Moment of Silence	A moment of silence was observed in honor of William H. Duncan, MD who contributed much to the committee and MSD.		
Shelving of History books	The committee and staff is working to centralize the books that have been received by MSD.		MSD looking into bookcases and/or shelving
Videotaping Project	<p>Ms. Jane Maroney’s interview and Dr. Hameli’s presentations and Dr. Davies presentation to the Physician Emeritus were videotaped.</p> <p>Representative Maroney explained her life in office and dedication to health care initiatives.</p> <p>Dr. Hameli presented twice to the Physician Emeritus on the following topics: “The Establishment of Medicolegal Investigation of Death and Forensic Sciences in the State of Delaware” and “Identifying Dr. Josef Mengele: The Angel of Death.”</p> <p>Allen Davies, MD also presented to the Physician Emeritus Group in 2019 on his experiences as a surgeon in Vietnam. His presentation was also videotaped.</p> <p>The committee established criteria to qualify for an interview as being a past president of MSD, a hospital department head, or hospital chief of services.</p>	The list of MSD Past Presidents was sent to committee members.	
Items Donated (or for consideration)	<p>Dr. Bonnie Field donated a one-hundred year old Ultraviolet Ray Machine.</p> <p>Dr. Karyl Rattay donated an antique infant scale for newborns.</p>	The donations are on display in the MSD Building and Conference Center.	
Interested in being on Committee	Resident member Alejandro Garces, MD showed an interest in membership on the committee.	Dr. Garces was approved for membership on the committee by the Executive Board at its meeting on July 11, 2019.	

Respectfully submitted,

Anthony L. Cucuzzella, MD
Chair



Committee on Education
Professional Education Subcommittee
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Education Sessions Approved for CME	<p>The Committee reviewed and approved a total of 110 education sessions in 2019:</p> <ul style="list-style-type: none"> • Regularly Scheduled Series – 61 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 60 ○ Performance – 15 ○ Patient Outcomes – 9 ○ ABIM MOC - 3 • Live Sessions – 40 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 40 ○ Performance – 5 ○ Patient Outcomes – 3 ○ ABIM MOC - 4 • Enduring Material – 9 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 9 ○ Performance – 0 ○ Patient Outcomes – 1 ○ ABIM MOC – 0 <p>Our Professional Education department continues to work closely with the hospitals and organizations to whom we provide Joint Sponsorship and encourage Performance measures and Patient Outcomes as desired results. We also work closely with the Activity Directors and support staff to evaluate outcomes in order to continue the development of valuable and meaningful educational programming.</p>	No Action Necessary	Complete
Rievent	MSD implemented Rievent, a Learning Management System (LMS) in January, 2019. The new platform allows for a more streamlined electronic process to include an online education catalog, registration, activity sign-in, claiming CME and transcript access. Currently 3263 learners are using the LMS platform for various CME activities.	No Action Necessary	Complete

Committee Participation	<p>This committee reviews all CME applications for appropriate criteria in order to meet ACCME accreditation guidelines.</p> <p>Three new physicians have joined the committee; Alejandro Garces, MD; Jonathan Li, MD; and Steven Chmielecki, MD.</p> <p>A Committee meeting will be scheduled in December, 2019 to review the ACCME criterion requirements with the new Committee members.</p>	<p>If you are interested in participating or need more information, please contact Lynn Robinson, Director of Physician Relations and Professional Education at 302-224-5198 or lynn.robinson@medsocdel.org</p>	Pending
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Respectfully submitted,

Hugh Bonner III, MD
Chair



**Committee on Education
School Health Subcommittee**
Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
New Committee Members	Dr. Jayshree Tailor accepted the position of Chair for 2019 replacing Dr. Tony Bianchetta who resigned as Chair. New committee members include Dr. David Donohue, Dr. Tina Hu, Dr. Sara Moghadamm, and Dr. Shannon Pan. School Health Committee meetings were held 2/19, 4/1 and 6/25.	The School Health Committee will meet again in December.	Complete
Presentations	<p>Dr. Tailor and committee organized several important presentations.</p> <ul style="list-style-type: none"> 9/19/19 - “Using The Power of Nutrition for Health” was presented by Dr. Neal Barnard, leader in Nutrition Preventive Medicine. Dr. Barnard spoke about benefits of plant-based eating and delivered into often misunderstood physiology of cause of diabetes and also discussed programs implemented in the US with plant-based eating in public schools and resources that can be used to move this forward. “Screenagers”: <i>Growing Up in the Digital Age</i> film was presented on 10/19. Screenagers filmmaker and physician Delaney Ruston reveals how tech time impacts kids’ development. “Hot Topic” session on “Protecting the Public” <i>What the Delaware Gun Law HB302 Requires of Physicians</i> was presented by Dr. Neil Kaye, Board Certified Forensic Psychiatrist and Andrew Wilson, Attorney at Law, Morris James, LLP. 	No Action Necessary.	Pending
School Lunch Resolution	<p>7/11/19, a School Lunch Reform & Nutrition Task Force within the School Health Subcommittee was formed. Members include Dr. Jayshree Tailor, Dr. David Donohue, Dr. Giovanna Uzelac, Dr. Shannon Pan and Dr. Tinu Hu.</p> <p>9/14/19 - Dr. David Donohue and Dr. Jayshree Tailor met with Brandywine School District Nutrition Supervisor and Jason Hale Brandywine School district CFO along with some of the school dieticians to understand better finances behind school meals. We also learned about programs that this school district is doing to make plant based meals more readily available to students.</p>	The committee continues to collect data on successful programs to assist in the development of a plan for Delaware.	Pending
Healthy Living Talks	The committee has modified the slide presentation to explain the benefits of high fiber diet and plant-based eating. Presentations are scheduled for middle school students across the state during “Healthy Living Week” in November 2019.	No Action Necessary.	Pending

Respectfully submitted,

Jayshree Tailor, MD
Chair



Government Affairs Committee
Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Prior Authorization Reform	The Medical Society continues to fight hard against the restrictive practice of prior authorization. Legislatively, the Society pushed for and passed step therapy reform (HB 105), to give tools to physicians to better advocate for their patients to fast track or avoid fail-first entirely. The Society is also closely tracking the a component of the Protecting Access to Medicare Act (PAMA) which is piloting a way do away with prior authorization by instead using appropriate use criteria. MSD is working with the Department of Insurance to see if parallel work can be done at the state level. The society also continues to work with a blockchain initiative to seek to remove prior authorization through a gold star-like process.	The Society will continue to engage on multiple fronts to fight against onerous prior authorization requirements.	Ongoing
Pharmaceutical Costs & Pharmacy Benefit Managers	Pharmaceutical costs are crushing patients and burdening the system. Most of the necessary steps to curb the cost trend line need to be taken at the state level, but several steps were taken in Delaware with MSD's support. First, Pharmacy Benefit Managers have long operated in the dark, away from the oversight of Department of Insurance. The Society supported HB 194 which requires PBM's to register with the Department and keep records. House Bill 24 prohibited PBM's from engaging in "clawbacks" which was a PBM practice of keeping copayment dollars that exceeded the cost of the pharmaceutical dispensed. Additionally, legislation is ongoing that considers requiring that all pharmacies be owned by pharmacists and legislation which would prevent patient-steerage by PBM's (SB 71)	The society continues to engage with legislators on behalf of patients and against spiraling costs.	Ongoing
Substance Use Disorder Treatment (HB 220)	While prescription rates for opiates has dropped, the overdose rate continues to climb. The federal and state governments continue to direct resources and attention to this issue. Many bills and regulations ranging from insurance payment to an opiate fund to data flow to greater scheduling were passed. The Society has been involved to some degree in nearly all, but three are ongoing that need additional engagement: (1) engaging	The committee will continue to work with the legislature as it proposes legislation aimed at increasing access to addiction	Ongoing

	additional physicians in treating substance use disorder; (2) evidence-based PMP regulations and Substance scheduling (HB233); and (3) reimbursement for MAT (HB220).		
DHSS Restructure (SB 163)	After concerns from the disability community that efforts and focus had moved from the delivery of services, a task force has been convened to determine if DHSS should be restructured or even broke in to two cabinet-level agencies. The discussions are early, but the Society is monitoring their progress.	The committee will engage if requested on behalf of the physician community.	Ongoing
Reinsurance Program	The state obtained a 1332 waiver from CMS to use a reinsurance program in the individual market, which successfully dropped rates 19%. The funding for the program was achieved through an assessment on other health insurance products.	Insurance premiums continue to be a cause for concern for both patients and physicians.	Passed
Primary Care (SB 116)	Building on SB227, which created the primary care reimbursement floor, the Society spearheaded the codification of an expanded Primary Care Collaborative and the creation of a new office in the Department of Insurance dedicated to health care costs. Senate Bill 227 will sunset in two years, so the Collaborative is working diligently for a sustainable plan to support an independent primary care system in Delaware. The Society was also a critical partner in drafting student loan forgiveness legislation and is hopeful it will be funded in the coming year.	The committee pushed and will push for a sustainable primary care system for Delawareans.	Ongoing
Medicaid Adult Dental Coverage (SB 92)	Delaware has discussed for decades the inclusion of adult dental coverage in the Medicaid program. It is one of only a handful of states without such a benefit. This year, in a strong budget year, the money was set aside to provide this benefit.	The committee provided strong support for dental coverage citing the evidence of dental care being important to whole-person care.	Successful Passage
Women's Health (HB 52, HB 53, SB 19, SB 21, HB 239)	The committee opposed four pieces of legislation which were not based on best-available evidence regarding the termination of a pregnancy. None of the four bills moved forward. The committee is also engaged with the Delaware Chapter of ACOG in pathways to address disparities in maternal mortality. The Society also supported legislation (HB 239) designed to prevent an old practice of medical students performing pelvic exams without	The committee supports evidence-based policies for the practice of medicine.	Successful Defeat

	patient consent, although this has not been a practice in Delaware.		
Tobacco 21 (SB 25)	The Society joined a large stakeholder coalition including several specialty societies in pushing to increase the purchase age of tobacco to 21 and also including vape products in the prohibition.	The committee addressed the scientific evidence around tobacco use and nicotine addiction in youth.	Successful Passage
Kids Menus (HB 79)	The Committee worked with the Delaware Chapter of American Academy of Pediatrics in their support of legislation which required that kids menus offer as a default a “healthier option” other than soda, such as water, juice, or milk.	The committee addressed the scientific evidence around increased sugar intake in youth.	Successful Passage
Lead Screening (HB 166)	Legislation was proposed to require mandatory blood testing for lead of all Delaware children at ages 1 and 2. The current requirement is for screening using a risk tool at age 1. After concerns that the legislation was not evidence-based and the need for a broader approach to the issue of lead screening and abatement, the Society is engaged in a Lead Screening Committee which is due to report its findings in 2021.	The society will engage with the work of the lead advisory committee.	Ongoing
Lyme Disease (SB 15)	The Society opposed the legislative requirement for a Lyme disease warning that lab results may be misleading for patients. After robust discussion, the Society dropped its opposition in agreement for a three year sunset and softer language at the point of blood draw.	The Committee remains concerned about the legislation and the encroachment into the physician-patient relationship.	Passed
Scope of Practice for Physician Assistants (HB169)	Draft legislation was shared with the Society concerning a change to the scope of practice of Physician Assistants by their PA Association. It proposes to enter PA’s into collaborative practice as opposed to the statutory arrangement of a supervisory relationship. It also seeks to remove the ratio in facility practice settings and adds two PA members to the Board of Medical Licensure and Discipline, under which the current PA Council sits.	The Medical Society is engaging with Specialty Societies to help answer questions and concerns.	Ongoing
Physician Assisted Suicide (HB140)	A third iteration of the physician assisted suicide legislation was filed by Rep. Baumbach. The new legislation retains the previous content, remaining substantially the same to the previous versions of the bill. The Society remains opposed to the newest version of the physician assisted suicide legislation.	The Society continues to oppose the legislation in partnership with the Disabilities Community. It is seeking to engage the sponsor and legislature on how to improve end-of-life care overall.	The Society will continue to work to better end-of-life care and oppose physician assisted suicide.

Electronic Prescribing (HB115)	Medicare will require all controlled substances to be e-prescribed by 2021. The state has taken a parallel path to require all prescriptions – with liberal waivers and the continued honoring of paper prescriptions – to be electronically prescribed.	The committee express the concerns of the physician community about a draconian roll-out and received on-the-record assurances that it would not be a punitive approach.	Passed
Medical Marijuana (HB 141, SB 24, HB 243)	<p>Pressure is mounting on the medical marijuana program to provide additional access to patients who seek to use marijuana. Not all recent additions to the qualifying conditions have been evidence-based. The committee has worked with specialty societies and pediatrics to assure that the medical marijuana statute retains as much integrity as possible on the evidence available. A narrow expansion in HB 141 was passed after physician amendments to allow a child with chronic debilitating migraines access while in the proper care. A “compassionate use” bill was also passed, SB 24, which would allow a physician who has exhausted treatment options an ability to give a limited-duration marijuana card to a patient still in their care.</p> <p>Legislation was also introduced late in the session to allow for the home-growing of medical marijuana (HB 243).</p>	Additional movement on the topic is expected in both legislation and proposed regulation.	Responses back from the Departments and stakeholders will guide further actions.
Marijuana Legalization	Despite continued push from advocates, the Medical Society’s stance to legalization of recreational marijuana remains opposed. The Society is part of a large opposition coalition spearheaded by AAA. The Society also joined three sister Societies on a strong joint protest against putting “profits ahead of patients” which received national coverage.	The Society will remain an active participant in the discussions, advocating for evidence-based policy.	Ongoing
School-Based Wellness (HB 100, HB 101)	The legislature is considering how to expand care inside of the elementary school setting, with an emphasis on behavioral health. The Society supports access to care for all children, but has concerns about breaking continuity of care and disrupting the medical home. The legislation has not moved, instead being held for further discussion.	The Society will continue to support the pediatric medical home.	Ongoing
Urgent Care Licensing (SB 171)	Legislation was filed at the end of session which would require urgent care facilities to undergo licensing. Confusion emerged when it was unclear if the target was	The Society will engage in the conversation on how and where licensing and	Ongoing

	urgent care or medical aid units. The legislation was held over for further discussion.	accreditation lead to greater patient safety.	
Behavioral and Mental Health (SB 111)	The Lt. Governor, Bethany Hall-Long, is spearheading efforts to combat behavioral and mental health issues in Delaware. The Behavioral Health Consortium was formed with the support of the Society. Modeled after the Cancer Consortium, the goal is to unify and organize efforts.	The Society continues to engage in this important health issue area.	Ongoing
Medical Records & PHI	As medicine becomes more interconnected and practices become not only medical homes, but health neighborhoods, data issues are inevitable as we balance efficiencies with patient privacy. The monetization of the data has also created concerns. The Society is engaged in working through better processes for ensuring that data flows freely within the continuity of care and the front-and back-end of practices, to ensure it does not get either intentionally or unintentionally ensnared to the detriment of patient care.	The Society is working with the Attorney General's office to discuss this important landscape as well as engaging with the AMA following newly proposed ONC rules.	Ongoing

Respectfully submitted,

Richard Henderson, M.D.
Chair



Government Affairs
Primary Care Subcommittee
Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Senate Bill 116	Following on the successful passage of SB227 in 2018 which created a reimbursement floor for primary care services, the Subcommittee worked diligently with the Government Affairs Committee on the next-step legislation which codified and expanded the state's Primary Care Collaborative under the Health Care Commission and created a new office inside of the Department of Insurance that will be dedicated to tracking and oversight of insurance-based primary care spending in Delaware.	No Further Action Required	Legislation Passed
SB227 Compliance	The Subcommittee has been working to collect data from practices concerning insurer compliance with the law. There has been inconsistent and delayed implementation from the payers which has required ongoing attention from the physician community.	Continued data collection and engagement with the Medical Society's primary care members.	Ongoing
Primary Care Spend	The Subcommittee has engaged with the Delaware Health Information Network (DHIN) on behalf of the Collaborative to ascertain what information is available from the All-Payer Claims Database and what methodologies are necessary to get the best estimate on what the current investment levels are in Delaware.	The Subcommittee will continue to work with the Collaborative and the DHIN to ascertain the best data possible.	Ongoing

Respectfully submitted,

James Gill, MD
Chair



Medico-Legal Committee
Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Adoption of Medical Records Fee Guidance	Medical Records' fees has been a point of friction between the medical and legal professions for some time. Changes to federal law have only added to the confusion, often leaving patients in the middle. To present a united front to the attorney and physician communities, the Medico-Legal Committee officially became a joint committee of the Medical Society and the Bar Association this year: physician members are appointed by the Society and attorneys by the Bar Association. As a joint committee with equal representation, the members voted to ratify guidance which suggests a universal following of the workers comp fee schedule for medical records. This document was approved by the executive committees of both the Medical Society and the Bar Association.	No further action necessary	Final approval achieved June 20, 2019.

Respectfully submitted,

Mehdi Balakhani, DDS, MD, FACS
Chair



Physician Relations Advisory Committee
Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Affinity Partner Services Review	The committee reviews background and service information on various companies under consideration for potential Affinity relationships. The committee evaluates potential service benefits for MSD members.	MSD entered into an Affinity relationship with ID Shield effective August, 2019. ID Shield is an identity theft protection service providing a discount to MSD employees, physician members and their staff.	Resolved
Committee Participation	This committee is in need of new members.	If you are interested in participating or need more information, please contact Lynn Robinson, Director of Physician Relations and Professional Education at 302-224-5198 or lynn.robinson@medsocdel.org	Resolved

Respectfully submitted,

Irene Szeto, MD
Chair



Third Party Payer Committee

Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Insurance Payers Policy Review	The committee continues to review shared insurance payer policies and provide feedback prior to implementation.	Most of the short-term issues reported to this committee were resolved favorably.	Policy review is ongoing.
Health Insurance Company Audits – Resolution 02-A2018	Resolution 02-A2018, approved by the MSD Council, outlines issues with the process by which insurance payers conduct a medical records audit. More information than necessary is transferred to electronic devices without assurances that PHI is protected. The committee is surveying insurance payers to include Highmark and Aetna to learn their protocols during a medical records audit. Unfavorable response received from Highmark. Dr. Biasotto supports the resolution and has requested discussion at the 11/4 Government Affairs Committee meeting.	Updates will be provided at future meetings.	Ongoing
Chief Medical Officer Meetings	Dr. Biasotto continues to convene meetings on a quarterly basis, with the Chief Medical Officers of the Delaware health insurance plans.	<p>The committee met on September 17, 2019. Discussion included:</p> <ul style="list-style-type: none">• SB 227 – Insurance payers are to reimburse Primary Care physicians at a rate of at least 100% of Medicare effective 1/1/19. MSD Government Affairs is researching ways to keep PCP's in Delaware.• Surprise Billing Bill – Addresses patient being charged when member of care team is out of network.• Pre-Authorization – No statics from insurance payers to support that pre-authorizations are saving money.	The next meeting will be scheduled in September, 2018.

Respectfully submitted,

Nicholas A. Biasotto, DO
Chair



MSD Physician Emeritus Section

Report to MSD Council

November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
April 9, 2019 <i>Social Lunch and Learn Series</i>	A presentation on “Applications of Modern Surgery During the Vietnam War: Testing Skills and Mental Stability” was given by Allen L. Davies, MD, Retired Thoracic Cardiovascular Surgeon	Dr. Davies described the 2 nd and 27 th Army Surgical Hospitals where he was assigned in Vietnam and reviewed the surgeries that were performed, as well as the living conditions on the hospital base.	This presentation was videotaped and can be accessed at: https://www.youtube.com/watch?v=Z1zeRH4TIBc&feature=youtu.be
June 11, 2019 <i>Social Lunch and Learn Series</i>	Ali Z. Hameli, MD, Former Chief Medical Examiner and Former Director of the Forensic Sciences Laboratory of the State of Delaware, presented “Establishment of Medicolegal Investigation of Death and Forensic Sciences in the State of Delaware.”	Dr. Hameli told the story of his struggles in eliminating Delaware’s coroner system, which was in existence since the early 1600s in the US, to the establishment of a medical examiner’s system in Delaware under his leadership.	This presentation was videotaped and can be accessed at: https://www.youtube.com/watch?v=-vHY55jHovg&feature=youtu.be
October 8, 2019 <i>Social Lunch and Learn Series</i>	“Identifying Dr. Josef Mengele: The Angel of Death” was presented by Ali Z. Hameli, MD	Dr. Hameli was selected as a member of an international team of forensic scientists to identify the exhumed remains thought to be those of Nazi doctor, Josef Mengele. Mengele conducted inhumane medical experiments on concentration camp prisoners, mostly children, focusing on twins, and was the subject of an international manhunt following World War II. Upon his death, Mengele was buried under the assumed identity of Wolfgang Gerhard.	This presentation was videotaped and can be accessed at: https://www.youtube.com/watch?v=GGXpOpoY-og&feature=youtu.be
Leadership and Representation	Ali Z. Hameli, MD was reaffirmed to continue as Chair of the Section beginning January 1, 2020 and will serve a one-year term. Thomas Fiss, MD was reaffirmed as the Physician Emeritus Section representative on the MSD Executive Board for the two year term 1/1/2020 - 12-31/2021.	An Educational Planning Committee was created in October 2019 comprised of Allen Davies, MD; Anna Marie D’Amico, MD; and M. Diana Metzger, MD. The committee met on October 28, 2019 and began planning the 2020 educational program.	

Respectfully submitted,

Ali Z. Hameli, MD
Chair

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Health Hub Board of Directors Meetings	Health Hub Board of Directors meetings were held on 2/26/19 & 5/13/19.	The Health Hub Board is encouraged to bring technology based possibilities to this Board for consideration.	Resolved
Vetting Vendors	<p>A Telemedicine Committee continues to research vendors seeking a platform that will keep the physician/patient continuity of care intact. MSD performed due diligence and contracted with MEND and Vidyo for their telemedicine software services.</p> <p>The Committee viewed a demo on Asthma Adherence Pathways presented by Dr. Edward Weinstein on 10/30/19. Dr. Weinstein is seeking physicians to test his new software. A recommendation was made to provide an overview to physicians via a lunchtime webinar with CME and request volunteers to test the software and products.</p> <p>The Telemedicine Committee will continue to present vendors who meet the MSD criteria to this Board for approval in order to establish preferred partner contracts. Vendors will be invited to provide product demonstrations at the request of the Board.</p> <p>This Board continues discussions on CarePort MD. This software was originally presented to the Telemedicine Committee as an urgent care platform. The Committee reviewed and determined that the original model did not address primary care physicians and record keeping was the responsibility of the patient.</p>	<p>The Telemedicine Committee will continue to vet vendors.</p> <p>Continued discussions as this progresses.</p>	<p>Ongoing</p> <p>Pending</p>

	<p>Kiosks are being placed in supermarkets, managed by a nurse with equipment available to take vitals. The vendor's goal is to develop a network of physicians.</p> <p>Blockchain technology is making real traction in Delaware to help expedite the prior-authorization process. Mr. Thompson advised that a meeting is scheduled this month with Delaware Insurance Commissioner's office, Haven Health, Evicore and insurance payers to map out a path forward. Market research by point-of-care survey is planned to get impressions on successful model. Hoping to secure grant funding for a pilot program. Delaware will be the lead to develop the model and launch a pilot. Maryland, DC, West Virginia, and other states are interested in a regional collaboration. The DHIN is interested as they have capabilities with their vendors, Haven Health and MedNet as well as hospitals. The goal is to prepare a pilot, look at pre-authorization burden and evaluate payer challenges to include financial and administrative challenges. Highmark Delaware advised that their Navinet system is not being utilized efficiently. Technology should be utilized to streamline the process.</p>	<p>Mark Thompson will provide future updates.</p>	
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Respectfully submitted,

Patt E. Panzer, MD
Chair

Medical Network Management Services of Delaware, Inc. (MedNet)

Report to Council

November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Value Based Contracting	<p>MedNet has entered into its 2nd year of the AmeriHealth Caritas Medicaid Contract. AmeriHealth continues to have challenges as it relates to data reporting in a manner in which is meaningful in the HealthEC population health platform. However, even based on limited or lack of data, it is anticipated that an estimated shared savings bonus of 495K was generated during the 2018 contract year period. MedNet is undergoing contract negotiations with AmeriHealth for the 2019/2020 contract years. At this time, 274 physicians are aligned with the MedNet-AmeriHealth contract, covering approximately 10K lives. However, the providers performance on quality measures included in the agreement were extremely low, resulting in the network only receiving 30% of the eligible quality bonus.</p> <p>MedNet is in end-stage negotiations with Cigna Commercial for a value-based contract. It is anticipated that the contract will commence January 1, 2020. There are approximately 9K lives associated with this contract. The model will layer on a shared savings component in addition to the physicians existing fee-for-service schedule. The shared savings potential is based upon successful achievement of quality and cost measures.</p> <p>MedNet is also in concluding contract negotiations with Highmark Delaware (Commercial). Both MedNet and Highmark are working diligently towards a January 1, 2020 contract launch. The model's foundation will be Highmark's True Performance Program, with a shared savings component added for MedNet, based on achievement of quality and cost metrics. This value-based agreement will layer on top of the physicians existing fee-for--service contract with Highmark. The number of lives that would be aligned to this contract range from 18k to 58k. In addition, the health plan is eager to discuss contracting options for their Medicaid line of business, Highmark Health Options.</p> <p>MedNet continues discussions with Aetna (Commercial) for a value-based contract. Realistically, this contract is likely to commence mid-2020. The potential number of lives covered under this contract could range from 5k-9k.</p>		<p>The 2019/2020 Contract renewal is underway.</p> <p>A contract effective date of January 1, 2020 is anticipated.</p> <p>A contract effective date of January 1, 2020 is anticipated along with more discussions around a Medicaid model.</p> <p>A Q2 contract effective date is anticipated.</p>

	MedNet has had multiple discussions with Cigna Medicare Advantage , and continues to evaluate whether this contract will be a viable option for MedNet. There are only 750 lives attributed to this Medicare Advantage plan that could be modeled into a MedNet contract.		The contract viability is under review.
Electronic Medical Records (EMR) Integration	As of November 2019, 40 practices have been interfaced with the HealthEC population health platform. This compares to 3 practices as reported in 2018. As more practices become aligned with the value-based contracts that MedNet is to manage, the EMR participation should increase as participation in the MedNet value-based contracts will now require the practice to share clinical data.		Significant progress in 2019 with an anticipated increase in engagement for 2020.
Legal	MedNet has retained two law firms to assist with legal needs for 2019 and forward. Morris James will assist MedNet in broader legal items and Saul Ewing will assist with value-based contract reviews. Morris James' first project will be to complete a merger of two physician organizations: Eastern Sussex and Nanticoke Physician Organizations.		Legal work will commence for MedNet with two reputable law firms.
MedNet as a Clinically Integrated Network (CIN)	As additional value-based contracts are secured for 2020, MedNet will work on any necessary restructuring to support a true CIN environment and the required governance operations to support the CIN.		Infrastructure development of the CIN is underway.
Collaborations	<p>MedNet has partnered with the Pennsylvania Medical Society's Clinically Integrated Network: The PACIN, in an effort to find synergies and leverage with value-based contracting and other services for our respective physicians. The teams are investigating Group purchasing offerings which could include vaccination and medical liability group discounted options.</p> <p>MedNet is exploring to continue to a collaboration with LabCorp. LabCorp could provide data that would populate into the HealthEC population health platform to help identify areas that might assist in our value-based contract goals.</p>		<p>Exploration of services and synergies occurring between the two medical societies.</p> <p>Researching potential collaboration between MedNet and LabCorp.</p>
Other	There are 829 providers (includes allied health professionals) that are aligned with our 4 statewide Physician Organizations.		Membership within our 4 Physician Organization continues to grow.

Respectfully submitted,

Michael J. Bradley, DO
Chair

Delaware Medical Education Foundation

Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Meetings/Elections	<p>DMEF Membership and Board meetings were held on 2/11/19. The Board reviewed the DMEF History & Purpose as well as the Background, Mission & Fundraising pages. The Board agreed to postpone elections until the May quarterly meeting.</p> <p>The Membership and Board met again on 5/19/19 and unanimously approved the election of the Board members for 2019.</p> <p>The Board unanimously approved the election of the Officers for 2019.</p> <p>The Vice Chair position was vacated by Dr. Carole Guy. The Board recommended Dr. Michael Zaragoza or Dr. Harry Lehman to fill the position.</p> <p>A Board meeting was held on 8/20/19. The following Grant applications were approved:</p> <ul style="list-style-type: none"> • Apollo – Youth in Medicine <ul style="list-style-type: none"> ▪ Request for \$3,770 to continue program that educates high school students on topics such as HIPAA, Types of medicine, pathways to becoming a physician and DIMER. • MSD Planned Giving <ul style="list-style-type: none"> ▪ Request for \$12,000 to cover expenses to initiate a Planned Giving program in order provide long term financial reserves supporting MSD and also future grants that will support DMEF's overall mission. <p>The Board unanimously agreed to approve the grant.</p>	<p>Board members: 2018-2021 Term</p> <ul style="list-style-type: none"> • Matthew Burday, DO • Stephen Kushner, DO • Ross Megargel, DO <p>2019-2022 Term</p> <ul style="list-style-type: none"> • Michael Alexander, MD • Nancy Fan, MD • John Goodill, MD • Brian Levine, MD <p>2019 Officers:</p> <ul style="list-style-type: none"> • Chair-Matthew Burday, DO • Secretary-Javed Gilani, MD • Treasurer-Drew Brady, MD 	Vice Chair position still needs to be confirmed.
Nominating Committee	<p>The following members received Board approval at the 5/20/19 meeting to sit on the 2020 Nominating Committee:</p> <ul style="list-style-type: none"> • Drew Brady, MD • Vincent Carr, DO • John Goodill, MD • Ronald Mercer, MD 		

Membership & Fundraising	<p>A discussion was held on the availability of state grant funding. However, there are typically restrictions on use of grant funds. The role of DMEF will need to be better defined before applying for grant funding.</p> <p>A suggestion was made to join efforts with a different stake holder than MSD such as the Delaware Academy of Medicine.</p> <p>The Board members discussed making DMEF available to all physicians in the state. DMEF members do not have to be MSD members. Therefore, the DMEF membership could be expanded to non-MSD physicians and a more proactive approach should be taken to partner with hospitals throughout the state. DMEF needs more representation from the southern counties of Delaware. Additional suggestions were made to expand DMEF membership as follows:</p> <ul style="list-style-type: none"> • Host a journal club or similar ground rounds • Recruit Residents at Bayhealth • Sponsor medical education throughout the state • Host a series of medical talks <p>Promotional materials are needed to highlight the important initiatives DMEF has supported over the years such as the “It’s OBVIOUS Campaign for Kids” and “Apollo Youth in Medicine.” DMEF can also be represented at public events.</p>		
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Respectfully submitted,

Matthew Burday, DO
Chair



American Medical Association
Senior Delegate Report
 Report to Council
 November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
AMA Interim Mtg Nov 10-13, 2018 <i>National Harbor, MD</i>	MSD represented by: Kelly Eschbach, M.D., Delegate; Janice Tildon-Burton, M.D., Alt Delegate; Richard W. Henderson, M.D., MSD President; Nancy Fan, M.D., Organized Medical Staff Section(OMSS) representative; and Mark Thompson, MSD Executive Director.	AMA House of Delegates (HOD) discussed and debated resolutions and reports focused on advocacy topics.	Completed. See AMA website for final versions of adopted policies and reports at www.ama-assn.org
AMA National Advocacy Conference February 2019 <i>Washington, DC</i>	MSD represented by: Andrew W. Dahlke, M.D., MSD President; Janice E. Tildon-Burton, M.D., AMA Delegate; and Mark Thompson, MSD Executive Director.	Attendees participated in multiple sessions led by AMA leadership re- advocacy, and sessions led by special guests who offered political updates. The Delaware contingent then visited the offices of Sen. Carper, Sen. Coons, and US Rep. Blunt-Rochester to advocate re- issues of importance to physicians and patients.	Completed.
AMA Annual Mtg June 7-12, 2019 <i>Chicago, IL</i>	MSD represented by: Janice Tildon-Burton, M.D., Delegate; Stephanie Guarino, MD, Alternate Delegate; Andrew W. Dahlke, M.D., MSD President; Nancy Fan, M.D., OMSS Delegate; Selvam Mascarenhas, MD, OMSS Alternate Delegate; and Mark Thompson, MSD Executive Director. Other Delaware physicians also in attendance: MSD Member and former AMA Board member, Stephen R. Permut, MD; Russell C. Raphaely, MD, representing critical care medicine; Enrica Arnaudo, MD, representing neuromuscular and electro-diagnostic medicine; and Siri Holton, MD, a resident member from the American College of Obstetrics and Gynecology.	<u>Meeting Highlights:</u> -AMA HOD elected, Susan R. Bailey, M.D., from Texas, as AMA President-Elect. -AMA held Inauguration of Patrice A. Harris, M.D. as President of AMA for 2019-2020. - Many resolutions and reports were discussed and debated by the AMA HOD, including Physician-Assisted Suicide and opioid addiction.	Completed. See AMA website for final versions of adopted policies and reports at www.ama-assn.org
AMA Interim Mtg Nov 16-19, 2019 <i>San Diego, CA</i>	At the time of this report, the Interim Meeting had not yet occurred. Information will be included in next year's report.		

Respectfully submitted,

Janice E. Tildon-Burton, MD
 Chair, Delaware Delegation to the AMA

Delaware Academy of Dermatology (DAD)

Report to MSD Council

November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Leadership	<p>DAD Officers for the one year term 6/1/2019-5/31/2020:</p> <ul style="list-style-type: none">• President, Gina Caputo, MD• Vice President, Helen Mashek, MD• Secretary/Treasurer, Matthew Hanson, MD• Representative to the American Academy of Dermatology (AAD) Advisory Board: Gina Caputo, MD <p>Christopher Conti, MD is the DAD Representative to Medical Society of Delaware (MSD) Council for the two year term ending 12/31/2021.</p>		
Membership	<p>The following were approved for DAD membership in 2019:</p> <ul style="list-style-type: none">• Elizabeth Jones, MD• Monte S. Meltzer, MD		
Annual Spring Chapter Meeting	<p>DAD hosted its Annual Chapter Business meeting on Thursday, May 23, 2019. Elections for officers for the 2019-2020 term were held at this meeting.</p>		

Respectfully submitted,

Gina Caputo, MD
President



Delaware Academy of Ophthalmology

Report to MSD Council

November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Governmental Activities	<p>DAO leadership is anticipating another scope of practice legislative issue. The exact particulars of the issue are not known; however, leadership will take preparatory steps:</p>	<ul style="list-style-type: none"> • Provide list of legislators to DAO members to maintain contact • Continue one-on-one outreach with district legislators • Keep rapport with Lt. Governor, who has been an advocate of the state society • Re-educate targeted Senators and Speaker of the House on the training and education requirements for both ophthalmology and optometry • Keep good relations with First State Strategies, LLC (the hired lobbyists during the first scope battle) 	<ul style="list-style-type: none"> • Participate on quarterly district conference calls to keep abreast of legislative activity and emerging trends in surrounding states.
Major Initiatives for the Year	<p>DAO will continue to closely monitor any movement on optometric legislation.</p> <p>DAO will continue to work with the state medical society to stay informed of legislative concerns/issues that impact the ophthalmology field.</p> <p>DAO members are being encouraged to increase their involvement and presence in the Delaware Medical Political Action Committee (DELPAC) and the AAO OPHTHPAC.</p>		

Annual Eye Screening	<p>Our community service efforts are evident through the Annual Eye Screening, held in conjunction with Henrietta Johnson Medical Center, a Federally Quality Health Center providing a range of medical and dental services.</p>	<p>The yearly event services community members who are uninsured or underinsured.</p> <p>Previous Participating Organizations:</p> <ul style="list-style-type: none"> • Christiana Care Health Services • Delaware Academy of Ophthalmology • Eye Clinic, Wilmington Hospital Health Center • Help Me Grow 2-1-1 • Henrietta Johnson Medical Center • Westside Family Health Care <p>Health Screenings</p> <ul style="list-style-type: none"> • Certified diabetes educators were on site • Flu shots • Blood sugar, cholesterol screenings and cancer risk assessments by Christiana Care Health Services 	<p>The Eye Screening is tentatively scheduled for March 2020.</p>
EyeCare America Activities	<p>The American Academy of Ophthalmology's (AAO) Public Relations team develops template materials for use by state societies in promoting eye health issues. These materials are offered as part of the Academy's continuing effort with its EyeSmart public education program to provide tools to help disseminate important information to the public about eye injuries, disease, and infection, and to raise the visibility of ophthalmology.</p>	<p>DAO has sent press releases to area publications in an effort to educate the public on eye health.</p> <p>Subject matter included:</p> <ul style="list-style-type: none"> • Senior Independence Month - discussed the need for older adults to have a comprehensive eye exam to identify signs of low vision • Back to School – provided six important tips for eye safety while in college • Halloween Costume Contacts – offered tips for protecting eyes from decorative lens for Halloween 	<p>The DAO will continue this public education initiative on a monthly basis.</p>

Public Service Activities	The Medical Society of Delaware's Voluntary Initiative Program (VIP) is a statewide program offering primary and specialty services to the medically uninsured. Ophthalmologists play an integral role in the health education and disease management components of the program.	Since its inception, VIP has provided assistance to thousands of uninsured patients. DAO members in New Castle County who have privileges at Christiana Care Health System also participate in the VIP program by providing non-reimbursed surgical services to this population of patients over and above their voluntary clinic services.	Currently 15 DAO members participate in the program.
Membership Activities	Membership recruitment will continue to be an important focus for the remainder of 2019. However, our primary focus will be to provide value to our existing membership, advocate for members' interest and to encourage members to be more actively involved in the society and take on leadership roles.	DAO continues to do outreach to new area ophthalmologists to invite potential members to join the state society.	Currently, the DAO has 39 active members.
Annual Meeting and Educational Activities	<p>The DAO continues to offer continuing medical education programs to our membership. The 2018 CME Lecture Series includes:</p> <ul style="list-style-type: none"> • <i>Temple Ophthalmology Update</i> with Jeffrey Henderer, MD; Temple University Hospital • <i>Washington, DC Update</i> with Michael Repka, MD, MBA; Professor of Ophthalmology, Johns Hopkins University School of Medicine • <i>Grand Rounds</i> with Temple School of Medicine ophthalmology residents • <i>Pigmented Lesions: When to Refer</i> with Joan O'Brien, MD, Chair, Department of Ophthalmology, University of Pennsylvania/Scheie Eye Institute • <i>Great Expectations: Liability Risks of Unrealistic Surgical OCT Lecture</i> with Christopher Rapuano, MD; Chief, Wills Eye Cornea Service Professor of Ophthalmology 		The target audience is ophthalmologists; ophthalmic residents
2020 CME Planning	Planning for the 2019 CME Lecture Series is underway.	<p><u>Potential topics include:</u></p> <ul style="list-style-type: none"> • ICD-10 Training • Neuro-ophthalmology • Risk management • Temple Residents Graduation Celebration/Grand Rounds 	The target audience is ophthalmologists; ophthalmic residents; practice billing coders

DAO Leadership	President: Carolyn Glazer-Hockstein, MD Vice President: Jonathan Salvin, MD Secretary/Treasurer: Paula Ko, MD Director of Social/Public Affairs: Neil Kalin, MD Third Party Liaison: Erwin Suh, MD Representative at Large: Jeffrey Minkovitz, MD Councilor to AAO: Dorothy Moore, MD Membership Coordinator: Richard Sherry, MD Young Ophthalmologist – Brian Toussaint, MD <u>Appointed Positions:</u> Legislative Chair: Dorothy Moore, MD Downstate Liaison: David Robinson, MD MSD Council Representative: Richard Sherry, MD Federal Advocacy Coordinator: Constance Cox-Wong, MD		
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Respectfully submitted,

Carolyn Glazer-Hockstein, MD
President

Richard Sherry, MD
DAO Council Member to MSD

Delaware Academy of Physical Medicine and Rehabilitation

Report to MSD Council

November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Disparity in Workers Compensation Reimbursement for members in Kent and Sussex Counties	It is felt that there may have been a significant disparity in terms of costs for delivering health care in New Castle County vs Kent and Sussex Counties in the past, but that has pretty much disappeared.	Members are looking for ways to persuade the Workers Comp Task Force to reassess reimbursement in Kent and Sussex Counties.	Pending
The State of Delaware has contracted with Quality Insights to visit physician practices to review opioid.	Delaware PM&R physicians have been meeting with Quality Insight representatives where they are providing them with tools for effective management of patients on opioids including effective use of the Prescription Monitoring Program (PMP)	Delaware PM&R members are currently meeting with Quality Insight representatives.	Ongoing
Call for changes/additions to the Workers Comp Guidelines for various diagnoses.		Being reviewed by members	Ongoing
Issue of prescribing opioids and regulatory conflict of patients also being on marijuana.		Looking towards regulatory or legislative changes.	Ongoing

Respectfully submitted,

Ross M. Ufberg, MD
Secretary/Treasurer

Delaware Chapter

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American Academy of Pediatrics

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Delaware Chapter of the American Academy of Pediatrics

Report to MSD Council

November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Leadership	The chapter's vice president, Sam Stubblefield, MD, FAAP announced his resignation for the Vice President position. Dr. Stubblefield has been a valuable resource and dedicated leader through his advocacy work on behalf of the chapter and Delaware children.	The Executive Board appointed Nemishh Mehta, MD, FAAP; former Member-at-Large as the Vice President to complete the current term, ending June 30, 2020. Succession planning is underway to identify new leadership.	President – Laura Lawler, MD, FAAP Vice President – Nemishh Mehta, MD, FAAP Treasurer – Lynn Fuchs, MD, FAAP Secretary – Sara R. Slovin, MD, MSPH, FAAP Immediate Past President – Katherine King, MD, MPH, FAAP Members-at-Large – Stacey Fox, MD, FAAP Allen R. Friedland, MD, FACP, FAAP Hagop Poshoghlian, MD, FAAP
Grant - Developmental Screening	<p>The chapter's 2018 activities focus on improving healthy brain development early on, with long-term aims at better health outcomes into adolescents and adulthood. This initiative focuses on various aspects of our work with impact on early brain development.</p> <p>The Delaware Chapter of the AAP continued their existing Developmental Screening Project grant from the State of Delaware, Division of Public Health. This work with the state has been a successful partnership for the past several years. The project works to increase the number of Delaware children getting developmental screening by distributing iPads to practices, so families and practices can use PEDS Online software for developmental screening.</p>	<p>The grant team developed and implemented a plan for outreach and recruitment of physician practices focused on underserved practices and populations. Practices of focus included St. Francis, Henrietta Johnson, Westside, Wilmington Hospital and La Red.</p> <p>We utilized our partnership with Medical Society of Delaware (MSD) to reach practices that were engaged with MSD Practice Transformation work. This collaboration facilitated meetings</p>	<p>In addition to practice recruitment, the grant team:</p> <ul style="list-style-type: none">• Created and updated PEDS material and resources.• Collaborated with University of Delaware (Building Bridges) on M-CHAT pilot project, which led to the M-CHAT pilot site, Dover Family Physicians, implementing PEDS Online.• Researching possibility of using project for Maintenance of Certification Part 4/ Quality Improvement project.

	<p>The grant's goals are to:</p> <ul style="list-style-type: none"> • Increase the number of practices implementing PEDS Online by one practice per quarter. • Improve the number of children 0-5 years who had developmental screen by 10-15%, by June 18. 	with ABC Pediatrics, Kent Pediatrics, First State Pediatrics, Center for Pediatric & Adolescent Medicine and Just Kids Pediatrics.	
Grant - Healthy People 2020	<p>The chapter secured funding from national AAP for Healthy People 2020 Grant: Substance Abuse Across the Lifespan: Decreasing Exposure to Fetal and Infant Marijuana (DEFIM).</p> <p>The objective of this 18-month grant (\$20,000) was to increase abstinence from illicit drugs among pregnant women by decreasing marijuana use during pregnancy. The project aimed to decrease the rates of newborns reported to the Delaware Division of Family Services for marijuana exposure. With all delivery hospitals in Delaware doing routine maternal urine drug screen on admission for labor, the grant recipients also sought hospital data on maternal and neonatal urine drug screens.</p>	<p>The live CME event, “Marijuana, Pregnancy and Breastfeeding in the 21st Century”, occurred on 4/6/18.</p> <p>The event sold out with 110 attendees were present and more attending via teleconference. The 6-hour event was free to attendees and approved for 4.5 continuing education credits.</p> <p>The event featured 2 keynote speakers and 3 panels, which addressed legal issues, understanding addiction, and the patient-centered approach to treatment. The conference was recorded with permission of speakers.</p> <p>The grant committee partnered with the Delaware Division of Public Health to produce public education materials focusing on the effects of marijuana during pregnancy and breastfeeding. Materials are available through dethrives.com.</p>	<p>By the end of 2018, DEFIM materials reached over 56,000 views over social media. DE Thrives enabled the campaign to reach 30,941 views on Facebook.</p> <p>DEFIM print materials have been distributed throughout the state. So far, 4500 trifold brochures in English, 1000 trifold brochures in Spanish, 500 11” x 14” fact sheets in English, and 125 11” x 14” fact sheets in Spanish have been distributed.</p> <p>To date, all hospital-based and hospital-owned OB/GYN, Pediatric, and Family Medicine practices in all counties, our largest substance abuse treatment programs, and a number of private practices and lactation consultants have received materials. A second printing of the same size was completed for distribution to more private practices.</p> <p>These materials are also available in PDF format on the Delaware DPH website dethrives.com for free download.</p>

<p>Advocacy Day 2019</p>	<p>On May 8, 2019 the Delaware AAP traveled to Legislative Hall in its first independent advocacy outreach event. Branded as “White Coats in the Hall,” chapter leadership, members, residents and guests met with select state representatives to advocate for children’s health in Delaware.</p> <p>Legislators were presented with a 2019 Chapter Blueprint that identified priorities and recommendations to optimize outcomes, foster child health and well-being, strengthen families, support our communities, and enhance the position of Delaware as a leading state for children.</p>	<p>The chapter took the following positions on bills that impact children’s health during the legislation session:</p> <ul style="list-style-type: none"> • <u>Supports House Bill 100</u>, which will assist the mental health and wellness needs of Delaware children. • <u>Opposes Senate Bill 24</u>, which would allow a physician regardless of specialty to certify a patient for medical marijuana for any condition the physician deems the patient could benefit from medical marijuana. • <u>Opposes Senate Bill 59</u>, which would allow the expansion of certifying providers to nurse practitioners. • <u>Supports House Bill 62 and Senate Bill 2</u>, which make it an offense if a firearm is stored unsafely and an unauthorized person (such as a child) takes it, regardless whether or not someone is later injured or killed. • <u>Supports Senate Bill 68</u>, which would ban the manufacture, sale, purchase or possession of assault weapons in Delaware, subject to certain exceptions. 	<p>Representative Heffernan and Lt. Governor Bethany Hall Long were appreciative of our role as advocates for children and their families and of the information we provided from the collective experience of the DE AAP members.</p> <p>DE AAP leadership continues to work with the legislative concerns that will affect the pediatric population.</p>
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Advocacy Highlights	The chapter provided support for House Bill 79. The bill, sponsored by Representative Melissa Minor Brown (D), maintains that the State food safety standards for restaurants must include a system for requiring healthy beverages to be offered as the default beverage with a combination children's meal inclusive of a drink. The chapter's support aligns with the AAP's partnership with the American Heart Association addressing the issue of sugary drinks for children.		House Bill 79 was signed by Gov. Carney on July 17.
Legislation	The chapter is dedicated to federal advocacy work. We were engaged with the national AAP's work to #PutKidsFirst, #KeepKidsCovered and #ExtendCHIP. Chapter leaders have successfully engaged members to support this important advocacy work, including AAP Days of Action.	Chapter leaders and members have utilized multiple methods to contact our federal legislators, Senators Carper, Coons and Rep. Blunt-Rochester. Sen. Carper follows our Chapter and Chapter VP on Twitter, facilitating good communications & relationship. Supporting this federal advocacy work has also been shown by Chapter President's attendance at the DC "fly-in" and presence at Legislative Conference.	Our advocacy committee is also re-energized, and has started talking with other District III Chapters about how we can partner and work together.
Conference – <i>First Chance DE: Helping Delaware Kids on a Path toward Health and Success</i>	<p>The Delaware AAP planned a CME event which focused on Pediatric Nutrition and undernutrition, by concentrating on adverse childhood experiences (ACEs) and food insecurity. Inadequate access to nutrition impacts short- and long-term child health, and as an Adverse Childhood Experience, this inadequacy can further impact health into adulthood. One in six children in Delaware struggle with hunger, according to Feeding America.</p> <p>The event featured speakers from the medical, community agency and educational industries to provide a well-rounded perspective of the identified components.</p> <p>The targeted audience was community and hospital-based pediatricians, pediatric specialists, and trainees, as</p>	<p><u>Conference Topics</u></p> <ul style="list-style-type: none"> • Food Insecurity • Adverse Childhood Experiences and its impact on food insecurity • Developmental screening and state resources/programs <p><u>Conference Learning Objectives:</u> Upon completion of this CME event, attendees will be able to:</p> <ul style="list-style-type: none"> • Describe the health impact of food insecurity and adverse childhood experiences. 	The conference was well attended with 64 health professionals and children's advocates at the Medical Society of Delaware.

	<p>well as social workers, dietitians, nurses and community based professionals with focus in this important area. We partnered with the First Lady of Delaware, Tracey Carney, who is focusing on these issues in her advocacy capacity, in an initiative called First Chance Delaware.</p> <p>The conference included time for local exhibitors and resource centers to meet with participants in an informal setting, didactic sessions, a panel discussion, and provided opportunities for the audience to interact and have their questions answered.</p>	<ul style="list-style-type: none"> • Explain when and how to screen pediatric patients for food insecurity, and where to refer families if food insecurity is identified. • Recognize when and how to screen pediatric patients for adverse childhood experiences, and how respond effective when ACEs are identified. 	
Community Outreach/Public Education	<p>The chapter has had a sustained effort to enhance our outreach to the community, including our Delaware families, our neighboring community organizations, our local advocates and legislators, our state health care organizations including hospitals and practices, our educators and others.</p>	<p>Outreach includes:</p> <ul style="list-style-type: none"> • Public education through social media, using both chapter Facebook page and chapter Twitter account • Chapter presence at local public health events • Public and financial support of other local efforts to improve child health and wellness • Engaging the community and community organizations to promote share interests and goals • Representing the Delaware AAP throughout the state 	<p>DE AAP will continue to grow the chapter's social media presence with its Facebook and Twitter accounts.</p>
Community Partnerships	<p>The chapter identified pediatric mental health needs as a key priority at our strategic planning meeting in late 2017.</p> <p>With support of the Delaware Chapter of the AAP, the state of Delaware Department of Services for Children, Youth, & Families (DSCYF) applied for a grant from Health Resources & Service Administration (HRSA).</p>	<p>Improving mental health care access for Delaware children, and supporting Delaware pediatric providers to address mental health needs, are areas of strategic focus for the Chapter, making the Chapter very interested in supporting DSCYF's</p>	<p>The Chapter has also been invited to have a representative sit on the DCPAP Grant Advisory Committee.</p>

	<p>HRSA, an agency of the US Department of Health and Human Services, focuses on providing health care to people who are geographically isolated and/or economically or medically vulnerable. The funding opportunity focused on child and maternal mental health programs.</p>	<p>HRSA grant application. The strategic partnership between the Chapter and DSCYF began after the above referenced mental health collaborative event in May 2018.</p> <p>The project, Delaware Child Psychiatry Access Program (DCPAP), addresses pediatric mental health access by developing consultative relationships between behavioral health specialists and Delaware pediatricians and pediatric providers.</p>	
Membership Updates	<p>The Delaware Chapter was awarded with the American Academy of Pediatrics <i>2018 Award of Chapter Excellence</i> for excellence in programs that promote the health and welfare of children. In addition, chapter members Siobhan Irwin, MD, FAAP, Hagop Poshoghlian, MD, FAAP and Catherine Zorc, MD, FAAP each received a Special Achievement Award from the national AAP for championing the protection of early brain development through grant and advocacy work; countless volunteer service hours to the chapter; and tireless advocacy efforts.</p>	<p>The chapter engaged members in the following ways:</p> <ul style="list-style-type: none"> • Monthly newsletter • Chapter socials • Participation in the Ronald McDonald House 5K Run and 1K Walk • Facebook and Twitter pages • Conferences 	<p>The Executive Board held a fall planning session on October 1 to discuss chapter succession planning, leadership development continued membership engagement, cultivating community partners and topics for the spring 2020 conference.</p>
National AAP News	<p>The national AAP held elections for President-Elect. The winner, Lee Beers, MD, FAAP is from Washington DC, Washington, DC, along with Delaware, is a part of the Dynamic District III of the national AAP.</p>		

Respectfully submitted by:

Laura Laurel, MD
DEAAP President



Delaware Radiological Society (DRS)
Report to MSD Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
DRS Leadership	<p>DRS Officers for the two year term 6/1/2019-5/31/2020:</p> <ul style="list-style-type: none"> • President, Sara Gavenonis, MD • Vice President, Alberto Iaia, MD • Secretary, Samson Wong, MD • Treasurer, Michael Hewitt, DO • Councilor to American College of Radiologists (ACR), Min-Chul Shin, MD (three year term ending in 2022) • Alternate Councilor to ACR, Mandip Gakhal, MD (one year term ending in 2020) • Young Professional Alternate Councilor to ACR, Joshua Kyle, MD (one year term ending in 2020) <p>Michael Hewitt, DO is serving a second term as DRS Representative to MSD Council for the two year term ending 12/31/2020.</p>		
Legislative/Advocacy	<p>DRS continues to collaborate with Medical Society of Delaware (MSD) in support of legislative and regulatory efforts that support patient care in Delaware. DRS worked with ACR to schedule a site visit with Congresswoman Lisa Blunt Rochester, who serves on the House Energy and Commerce Committee. On August 7, 2019, Congresswoman Blunt Rochester met with DRS leaders and toured the Department of Radiology at ChristianaCare Hospital in Newark.</p> <p>DRS also participated in 2019 Capitol Hill Day meetings with staff from Senators Coons and Carper and Representative Blunt Rochester's offices and discussed Surprise Billing, Protecting Access to Lifesaving Screenings Act (PALS), Medicare Access to Radiology Care Act (MARCA) and Resident Education Deferred Interest (REDI) Act of 2019.</p>		
DRS Annual Chapter Meeting	<p>DRS hosted its Annual Chapter Business meeting on Tuesday, April 30, 2019 at Medical Society of Delaware Building and Conference Center. The business portion of the meeting was immediately followed by the presentation "Radiology's Role in Quality and Safety: Clinical Decision Support and More!" by Jacqueline Bello, MD, Professor of Clinical Radiology and Neurosurgery and Director of Neuroradiology at Albert Einstein College of Medicine, Montefiore Medical Center and Chair of the ACR Commission on Quality and Safety.</p>	<p>The 2020 DRS Annual Chapter Business meeting is scheduled for Wednesday, May 6, 2020.</p>	

Joint CME Dinner Meeting	DRS hosted a joint continuing medical education (CME) dinner meeting with the Delaware Society for Clinical Oncology (DSCO) titled, “Mini symposium on Liver-Directed therapy with 90Y Microspheres” on Thursday, October 10 at Medical Society of Delaware Conference Center in Newark, Delaware. Steven Cohen, MD, Vice-Chair, Department of Medical Oncology, Sidney Kimmel Cancer Center and Professor of Medical Oncology at Thomas Jefferson University and Victor Navarro, MD, Medical Director, Liver Transplantation and Co-Chair, Department of Transplantation and Digestive Disease with Einstein Division of Hepatology were the faculty presenters.		
ACR Annual Meeting	ACR 2019 was held May 18–22, 2019 in Washington, DC. DRS leaders, Sara Gavenonis, MD and Min-Chul Shin, MD attended along with Chapter sponsored Members-in Training (MIT), Mona Shahriari, MD and Rachael Latshaw, DO. Dr. Shin represented DRS at ACR Council and participated, along with the two sponsored MITs, in Capitol Hill Day meetings.	ACR 2020 will be held May 16–20, 2020 in Washington, DC.	
Resident Engagement	Residents were invited and encouraged to participate in the Chapter Annual Business meeting and the joint CME dinner meeting as well as the ACR annual meeting. Each year DRS sponsors 1-2 residents to attend ACR annual meeting and participate in the Resident-Fellow Section meeting.		

Respectfully submitted,

Sara Gavenonis, MD
President

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Maternal Health Awareness Day – January 23, 2019	<p>The Delaware Section hosted the inaugural Maternal Health Awareness Day to promote maternal health awareness, encourage continued communication between health providers and patients and recognize the need to address maternal health and mortality issues at the local, state and national levels.</p> <p>Maternal Health Awareness Day was initiated in New Jersey and signed as a proclamation by former Governor Chris Christie in 2017. “The Delaware Section of ACOG is excited to be holding our first Maternal Health Awareness Day, in conjunction with our neighboring states, Pennsylvania and New Jersey,” said Nancy Fan, MD, FACOG, vice chair, DE Section ACOG. “We look forward to this educational opportunity and working with our legislators, colleagues and patients in improving maternal health.” The goal is to declare 1/23 as a national observance for Maternal Health Awareness Day.</p>	<p>Senator Thomas Carper and Senator Christopher Coons provided opening comments for the program scheduled on January 23, 2019 from 4-6 p.m. at the Medical Society of Delaware.</p> <p>The keynote speaker for the event is Haywood Brown, MD, FACOG, Vice President for Diversity, Inclusion & Equal Opportunity and Title IX Administrator with the University of South Florida System and Immediate Past President of the American College of Obstetricians & Gynecologist. Dr. Haywood focused on the “Fourth Trimester,” which is defined as the three months following birth.</p> <p>Additional speakers for the evening include Garrett Colmorgen, MD, FACOG, obstetrician and gynecologist from Bayhealth and Perinatal Cooperative board member, Liz O’Neill, Executive Director for Delaware CAN and Plan Director for Upstream Delaware, and testimonial experiences from a</p>	<p>Governor Carney provided a proclamation observing January 23 as Maternal Mental Health Day.</p> <p>The event was well attended with 64 health professionals and achieved earned publicity through local media interviews.</p>

		patient panel. State legislators are also expected to attend.	
Maternal Health Awareness Day – January 23, 2020	Plans are underway for the 2 nd Annual Maternal Health Awareness Day at the Medical Society of Delaware. One of the key topics will include the kickoff for the Alliance for Innovation on Maternal Health (AIM).		
Congressional Leadership Conference, March 2019	The Delaware Section leadership attended the ACOG Congressional Leadership Conference in March in Washington, DC.	Topics during the CLC included maintaining current coverage, including pre-existing conditions and reproductive rights; ensuring the establishment of maternal mortality review committees.	Those in attendance included: ACOG Fellows: <ul style="list-style-type: none"> • Dr. Mickey Ostrum, Chair of DE Section • Dr. Nancy Fan, Vice Chair and Legislative Chair • Dr. Larry Glazerman, incoming Treasurer • Dr. Janice Tildon Burton, immediate past Chair • Dr. Alexander Walker Junior Fellows: <ul style="list-style-type: none"> • Residents: • Dr. Caitlin Ingraham • Dr. Helen Gomez • Dr. Siri Holton • Dr. Jhennette Lauder • Dr. Kerry Campbell

<p>Legislative Activities</p>	<ul style="list-style-type: none"> • HB 239 - An Act to Amend Title 16 of the Delaware Code Relating To Informed Consent. This Act prohibits a pelvic, rectal, or prostate examination by a health care practitioner or professional on an individual who is anesthetized or unconscious. This Act provides exceptions and they are if informed consent is provided, the examination is for diagnostic or treatment purposes, an emergency exists and the examination is necessary, or the examination is ordered by a court. • SB 21/HB 52 - An Act to Amend Title 24 of the Delaware Code Relating to Unborn Children SB 21. The Act protects the life of the unborn child at a time when the potential for the child to survive outside the womb increases, especially with the advancement of medical procedures. • Physician Assisted Suicide/Medical Aid in Dying The Section Advisory Council discussed whether to adopt a resolution concerning Physician Assisted Suicide/Medical Aid in Dying <ul style="list-style-type: none"> ○ <i>Delaware Section of ACOG (American College of Obstetricians and Gynecologists) resolves to take a stand of engaged neutrality in the matter of medical aid in dying. We believe both patients and physician participants should have the right to freely and voluntarily follow their individual consciences</i> • Dr. Nancy Fan and Andrew Wilson attended the ACOG Legislative Round Table. This event brings together section leaders to discuss advocacy efforts and identify legislative trends. 	<ul style="list-style-type: none"> • HB 239 - The Section supported this bill. • SB 21/HB 52 - Dr. Margaret Chou provided testimony to counteract misconceptions and false information pertaining to the “Pain-Capable Unborn Child Protection Act.” • PAS/MAID - A poll was distributed to members to provide direction on the Section’s position on this subject. 	<ul style="list-style-type: none"> • HB 239 - The bill was signed by Governor Carney on 9/10/19. • SB 21 - The bill is currently awaiting consideration in the Sunset Committee. • The engaged neutrality is reflective of a survey of members asking whether they would support or oppose legislation for PAS/MAID.
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Legislative Day 2019	<p>Each spring, the members of the Delaware Section visit Legislative Hall to discuss issues concerning women's health. The 2019 visit was scheduled for Wednesday, May 16 and included the following talking points:</p> <ul style="list-style-type: none"> • Work of the Delaware Perinatal Quality Collaborative Support: IVF Coverage • Possible future legislation to expand coverage of patients for the postpartum period to 1 year post-delivery <p>In addition, the Section hosted a Legislative Meet & Greet at the Duncan Center for the larger group of evening attendees. Legislators were invited and encouraged to stop in as their schedule allowed.</p>	<p>The Section met with the following legislators:</p> <ul style="list-style-type: none"> • Governor John Carney • Lt. Governor Bethany Hall-Long • Representative Paul Baumbach • Representative Nnamdi O. Chukwuocha • Representative Debra Heffernan • Representative Melissa Minor-Brown • Representative Bryon Short • Representative Raymond Seigfried • Representative Michael Smith • Senator Cathy Cloutier • Senator Stephanie Hansen • Senator Nicole Poore • Senator Bryan Townsend 	<p>The Section will continue to work with legislators on women's health bills and concerns.</p>
Evening Program 2019	<p>The annual evening program was held on Wednesday, May 16 2019 at the Duncan Center and focused on Maternal Mental Health and Mood Disorders. The format for this educational event featured an exhibitor reception, followed by lectures with Lt. Governor Bethany Hall-Long had interactive Q&A on the State's efforts on substance use and Dr. Lee Cohen of Mass General Hospital Center for Women's Mental Health spoke to use of medications for maternal mental health.</p> <p>Featured speakers were Zohra Ali-Khan Catts, MS, LCGC, Director of Genetic Counseling and Gene Testing, Helen Graham Cancer Center and Mitchell Dillon, MS, LCGC, Senior Laboratory Genetic Counselor, Icahn School of Medicine at Mount Sinai.</p>	<p>The target audience included OB/GYN, family physicians, pediatricians, nurses, midwives and women's health professionals.</p>	<p>45 health professionals attended the event.</p>

	Following the lectures there was an opportunity for both speakers to answer questions from the audience as they relate to the presentation.		
Member Highlights	<p>Congratulations to the following Section members who received the awards at the Annual Clinical Meeting:</p> <ul style="list-style-type: none"> • Dr. Matthew Hoffman, the Marie E. Pinizzotto, M.D., Endowed Chair of Obstetrics and Gynecology for ChristianaCare received the Louis M. Hellman Midwifery Partnership Award • Dr. Greg DeMeo, received the Distinguished Service Award for District 3 (Delaware, Pennsylvania, New Jersey, Dominican Republic) 		
DE Section Leadership	<p>Current Section Officers as of October 2019</p> <p>DE Chair: Nancy Fan, MD DE Vice Chair: Vanita Jain, MD DE Treasurer: Larry Glazerman, MD DE Secretary: Margaret Chou, MD</p> <p>District Chair: Anthony Sciscione, MD</p>		The Section thanks Dr. Gordon “Mickey” Ostrum for his dedication and service as the immediate past chair.

Respectfully submitted,

Nancy Fan, MD
Delaware Section Chair

Kirsten Smith, MD
Delaware Section, ACOG Council Member to MSD



Delaware Society for Clinical Oncology (DSCO)

Report to MSD Council

November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Leadership	<p>DSCO Officers for the two year term 6/1/2019-5/31/2021:</p> <ul style="list-style-type: none">• Timothy Manzone, MD, President• Dhaval Shah, MD, President-Elect• Maria de Souza Lawrence, MD, Secretary/Treasurer• Lindsay Romak, MD, Member-At-Large		
Membership	<p>Delaware Society for Clinical Oncology membership consists of medical and radiation oncologists, surgeons and other specialist physicians and nurses involved in a multidisciplinary fashion in the care of our cancer patients.</p> <p>The following were approved for DSCO membership in 2019:</p> <ul style="list-style-type: none">• Timothy J. Dambro, MD• Evan M. Lapinsky, MD• Amy E. McGhee-Jez, MD		
Legislative/ Advocacy	<p>DSCO is deeply committed to supporting legislative and regulatory efforts that support patient care and address road blocks affecting access to care. DSCO worked in collaboration with Medical Society of Delaware (MSD) and the American Society of Clinical Oncology (ASCO) to provide written comments in support of Senate Bill (SB) 25 which restricts access to tobacco products and substitutes to individuals under age 21. DSCO also supported the following Delaware legislation:</p> <ul style="list-style-type: none">• House Bill (HB) 105 which creates a Step Therapy Exception Process whereby patients who are required by their insurance company to go through step therapy protocols can, under certain circumstances, bypass step therapy to obtain the initially-prescribed medication• HB 194 which is designed to provide enhanced oversight and transparency as it relates pharmacy benefits manager (“PBM”) networks. <p>In addition to its efforts locally, DSCO joined MSD, ASCO and numerous other organizations to support <i>Improving Seniors’ Timely Access to Care Act of 2019</i> (H.R.</p>		

	<p>3107) bipartisan legislation which would help protect patients from unnecessary delays in care by streamlining and standardizing prior authorization under the Medicare Advantage program, providing much-needed oversight and transparency of health insurance for America's seniors.</p> <p>DSCO also joined ASCO and other stakeholders in support of Covering Life-saving Investigations Needed in Cancer and Other Life-threatening Conditions through Timely use of Resources for Easy and Affordable Treatment from Medicaid for Enrollees in Need Today Act or the <i>CLINICAL TREATMENT Act</i> (H.R. 913) which would guarantee coverage of the routine care costs of participation in an approved clinical trial for Medicaid enrollees with a life-threatening condition.</p>		
Education	<p>Education is an organizational priority for DSCO and our robust continuing medical education (CME) lecture series is a popular member benefit that encourages collaboration, communication, and engagement among our members. Speakers and education topics for the 2019 DSCO CME Lecture Series are as noted below. DSCO was pleased to partner with the Delaware Radiological Society on the October 10, 2019 CME meeting.</p> <p>2/28/19: Jennifer Matro, MD, "2018 San Antonio Breast Cancer Symposium Review"</p> <p>4/11/19: Michael Birrer, MD, PhD, "Grand Rounds Ovarian Program"</p> <p>6/19/19: Charles Schneider, MD, "ASCO 2019: GI Oncology Review"</p> <p>9/5/19: Bridget Koontz, MD, "Oligometastatic Prostate Cancer: Options and Evidence"</p> <p>10/10/19: Steve Cohen, MD and Victor Navarro, MD, "Mini symposium on Liver-Directed therapy with 90Y Microspheres"</p> <p>11/4/19: Silvia Formenti, MD, "Radiation to convert the tumor into an in situ vaccine"</p>		

Respectfully submitted,

Timothy Manzone, MD
President



ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Nominations/ Election of Officers	A call for nominations was distributed to membership.	The chapter elected new officers.	Officers <ul style="list-style-type: none"> • President <ul style="list-style-type: none"> ○ Jose Guzman, MD • President-Elect <ul style="list-style-type: none"> ○ Michael Hall, MD • Secretary/Treasurer <ul style="list-style-type: none"> ○ Fred Panico, MD • ASA Director <ul style="list-style-type: none"> ○ Rob Olszewski, MD • ASA Alternate Director <ul style="list-style-type: none"> ○ Tetsu Uejima, MD • Members at Large: <ul style="list-style-type: none"> ○ Neil Brickhouse, MD ○ Sophia Cisler, MD • Delegate and Immediate Past President <ul style="list-style-type: none"> ○ Michael Thorogood, MD
Membership	Increasing membership and strengthening membership engagement continues to be a focus of the DSA.		Currently, there 134: 108 members active, 20 retired members, 3 medical students and 3 educational members in the DSA.
General Body Membership Meeting	Discussion on a fall annual meeting and CME conference will be planned as a component goal.	The General Body Membership Meeting will be held on March 3, 2020 at the Medical Society of Delaware.	

Legislative Conference – May 2019	<p>The member exclusive event provides a unique opportunity to advocate for the specialty.</p> <p>The event offers the following:</p> <ul style="list-style-type: none"> • The latest information about federal and state legislative, regulatory and political issues affecting anesthesiology today. • Learn from ASA leaders about the society's legislative, political, grassroots and regulatory agenda for 2020. • Gain insight from policymakers about recent developments in health care legislation and regulation. • Learn how to influence legislative and regulatory efforts both locally and in Washington. • Meet with elected officials on Capitol Hill to advocate for the specialty. 	<p>The following members represented the Delaware component:</p> <ul style="list-style-type: none"> • Daphne Florence, MD • Michael Katz, MD • Jesal Parikh, MD 	Legislative Conference 2020 will be held on May 11-13.
The Anesthesiology Annual Meeting	More than 14,000 global anesthesia professional to discover the latest advances in the specialty, grow your professional network and learn about innovative technology.	<p>The 2019 meeting was held in Orlando, FL.</p> <p>Component leadership (Dr. Guzman, President; Dr. Olszewski, ASA Director; and Dr. Thorogood, Delegate) were in attendance.</p>	The 2020 Annual Meeting will be held on October 3-7 in Washington, DC.
Component Task Force	<p>In April 2019, the American Society of Anesthesiologists (ASA) partnered with association research and consulting firm McKinley Advisors (McKinley) to undertake an objective research effort to inform the evolution of its component service and support mechanisms.</p> <p>The Component Collaboration Task Force, comprised of a diverse representation of component volunteer leaders and staff, was charged with advising the development of an action plan for enhancing component</p>	<p>Associate Director, Angela Warren serves on the task force and has identified the following goals as a critical part of the Task Force's success:</p> <ul style="list-style-type: none"> • Development of an "opportunity statement" that further defines the need this project and its recommendations aim to address 	A survey was distributed to key stakeholders (component leadership, operation staff and external partners) to gauge component needs, areas of inefficiencies and best practices.

	<p>services, support and collaboration in the future. This collaborative process between Task Force members, ASA staff and McKinley involved a series of key research inputs and stakeholder involvement.</p>	<ul style="list-style-type: none"> • Identification of current “pain points” experienced by members and component leaders that are highest priority to solve through increased services or support structures • Creation of an action plan for enhancing component services, support and collaboration in the future, including potential commitments to be made from both the ASA and components to achieve a more consistent member experience • Suggestions relative to gaining buy-in and navigating a successful change management process among the components 	
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Respectfully submitted,

Jose Guzman, MD
President



Delaware Society of Orthopaedic Surgeons (DSOS)

Report to MSD Council

November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
DSOS Leadership	<p>DSOS Officers for the two year term 2018-2020:</p> <p>President, Brian Galinat, MD, MBA Vice President, Randeep Kahlon, MD Treasurer/Membership, Steven Dellose, MD Secretary, Matthew Handling, MD Program Chair, Randeep Kahlon, MD Board of Councilors Representative to the American Academy of Orthopaedic Surgeons (AAOS), Peter Townsend, MD (three year term, 2017-2020)</p>		
Membership	<p><u>New Member</u></p> <p>DSOS welcomed one new members in 2019:</p> <p>Patrick Kane, MD</p>		
Advocacy/ Legislative	<p>Advocacy is crucial to orthopaedic surgeons having their voice heard on issues that impact our patients and profession at both the local and national level. DSOS encourages its members to contribute to the American Association of Orthopaedic Surgeons' Orthopaedic PAC and the Delaware Medical Political Action Committee (DELPAC).</p> <p><u>OrthoPAC & NOLC recognition</u></p> <p>DSOS elected to waive annual membership dues in 2016, 2017, 2018 and 2019 for any member who made a contribution of at least \$100 during the dues year to the Orthopaedic PAC. Our efforts to increase member participation in OrthoPAC have been very successful and continue to earn us acclaim at the national level. In 2015, Delaware was recognized for having the most improved PAC participation. In 2016, 2017 and 2018 DSOS was recognized for having the highest PAC participation at 60%, 57% and 68% respectively. In 2018, DSOS was also recognized for having the most improved PAC participation. Our goal for 2019 is 100% PAC participation. DSOS was at 63% participation as of October 24, 2019.</p> <p>The 2019 AAOS National Orthopaedic Leadership Conference (NOLC) was held June 5-8, 2019 in Washington, DC. This annual leadership event provides legislative and regulatory education, brings visibility and attention to important advocacy initiatives and strengthens relationships with key decision makers in Washington. DSOS leaders attended the conference and participated in Capitol Hill Day meetings with staff from the Offices of Senator's Thomas Carper and Christopher Coons</p>		

	<p>and Representative Lisa Blunt Rochester. Discussion focused on the following priority issues: The Hospital Competition Act, The Competitive Health Insurance Reform Act of 2019, and The Protecting People from Surprise Bills Act.</p> <p>The Hospital Competition Act (H.R. 506): This bill would combat the rising cost of health care by increasing choice among hospital providers and addresses several AAOS priorities including: lifting restrictions on physician-owned hospitals, discouraging hospital consolidation and certificate of need laws, expanding site neutral payments, and increasing price transparency.</p> <p>The Competitive Health Insurance Reform Act of 2019 (H.R. 1418 and S. 350): This legislation would amend the McCarren-Ferguson Act to ensure that federal antitrust laws apply to the business of health insurance. The bill will increase competition in health insurance, safeguard consumers, and lower the cost of health care.</p> <p>The Protecting People from Surprise Bills Act: This draft legislation does not yet officially been introduced and therefore does not yet have a bill number. It is the physician community's preferred response to a barrage of proposals that would prevent balance billing for patients in emergency situations. The bill models the New York State, setting up a "baseball-style" arbitration process for disputes between physicians and providers. The bill directs the arbiter to consider 80% of an independent database of charges. AAOS supports this proposal as an alternative to proposals that would benchmark out-of-network payments to a percentage of Medicare or to median in-network rates.</p> <p>DSOS also signed on to several comment letters throughout the year addressing such issues as reducing administrative burdens relating to paperwork and the use of Health IT and EHRs; Bundled Payments for Care Improvement Advanced (BPCI Advanced); Physician-owned hospitals (POHs); Outpatient Prospective Payment/Ambulatory Surgical Center Payment System and Medicare Physician Fee Schedule, 21st Century Cures Act, and advancing interoperability and patient access to health information.</p> <p><u>Local</u> DSOS continues to collaborate with Medical Society of Delaware and other stakeholders on such important issues as opioid abuse and safe prescribing of opioids and the development of orthopaedic specific guidelines.</p>		
Bone Bash	<p>The Arthritis Foundation's 10th Annual Bone Bash was held the evening of Friday, October 25, 2019 at the Chase Center on the Riverfront in Wilmington. The 2019 Bone Bash honored orthopaedic surgeon and DSOS member, Michael Axe, MD and Lynn Snyder Mackler, PT, ScD, FAPTA. This year's event attracted over 225 attendees and raised close to \$90,000 making it the most successful Bone Bash Delaware ever!</p>		

	<p>DSOS is a long term sponsor of the Bone Bash which benefits the Arthritis Foundation and its many efforts on behalf of the arthritis community. In lieu of hosting an annual business dinner, DSOS encourages its members to attend the Bone Bash and offers each member a complimentary ticket to the event.</p>		
Annual Orthopaedic Symposium	<p>The 12th Annual Delaware Orthopaedic Symposium was held on Saturday, October 26, 2019 at the John H. Ammon Medical Education Center at Christiana Hospital. This year's program was videoconferenced to Bayhealth Sussex in Milford, Delaware. The symposium is a collaborative effort by the Delaware Society of Orthopaedic Surgeons and the ChristianaCare Division of Orthopaedic Surgery and is accredited by the Medical Society of Delaware. 2019 educational tracks included orthopaedic surgery, primary care orthopaedic medicine, and orthopaedic physical therapy. Approximately 120 physicians, surgeons, residents, NPs, PAs, PTs, OTs and medical students attended or participated by videoconference from Bayhealth Sussex.</p> <p>2019 visiting speakers included: Kevin Reilly, inspirational speaker, author, former broadcaster for Philadelphia Eagles Network, former professional football player and author of <i>Tackling Life</i>; Philip McClure, PT, Ph.D., Chair, Department of Physical Therapy and Professor of Physical Therapy, Arcadia University; and Samir Mehta, MD, Chief, Division of Orthopaedic Trauma and Fracture Care and Associate Professor of Orthopaedic Surgery Perelman School of Medicine, University of Pennsylvania The giveaway for registered attendees this year was an autographed copy of <i>Tackling Life</i>.</p>		

Respectfully submitted,

Brian Galinat, MD, MBA
President

Delaware Urological Society
Report to MSD Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Hereditary Cancer Testing in Urology	Presented on November 15, 2018 by Larry Geier, MD; Assistant Professor of Medicine, Division of Oncology, University of Kansas School of Medicine.		
Update on Genomic Testing	Presented on October 17, 2019 by David Albala, MD; Chief of Urology, Crouse Hospital, Syracuse, NY		

Respectfully submitted,

Michael R. Zaragoza, MD
President

Psychiatric Society of Delaware (PSD)

Report to Council
November 23, 2019

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Leadership	<p>PSD Officers for the Two-Year Term 2019-2021:</p> <ul style="list-style-type: none"> • President, Dyanne Simpson, DO • President-Elect, Ayesha Silman, MD • Secretary, Adrienne Yourek, MD • Treasurer, Peter Zorach, MD • Immediate Past President, Mary Diamond, DO <p>Representatives to the American Psychiatric Association (APA) for the Three-Year Term (2017-2020):</p> <ul style="list-style-type: none"> • Ranga Ram, MD • Sherry Nykiel, MD <p>Councilor at Large Three-Year Term (2017-2020):</p> <ul style="list-style-type: none"> • Neil Kaye, MD <p>Councilors at Large Two-Year Term (2019-2021):</p> <ul style="list-style-type: none"> • Parth Viroja, MD • Carol Tavani, MD <p>Councilors at Large One-Year Term (2019-2020):</p> <ul style="list-style-type: none"> • Zarrah Keshwani, MD • Robert Gorkin, MD • Charles Jin, MD 		
Membership	<p>Member recruitment, retention and engagement remain top priorities for our organization. We continue to encourage psychiatrists to be engaged in PSD as well as other health-related initiatives within the State. Resident engagement and support has been a long-standing priority of our organization. PSD has been working in collaboration with the Delaware Psychiatric Center (DPC) Residency Program to identify opportunities that support and engage our psychiatry residents and early career psychiatrists.</p>	PSD will continue to focus its efforts on recruitment and engagement.	

	<p>An informal mentorship program was launched in May 2019 which provides attending psychiatrists the opportunity to volunteer a few hours a month to meet with residents from DPC as well as ChristianaCare Psychiatry Residency Program. We support this initiative and other residency training volunteer opportunities that engage our members at all points in their career.</p> <p>We have several members who serve and represent psychiatry on health-related councils and committees in Delaware to include:</p> <p><u>PSD Member Appointments</u></p> <p>Medical Society of Delaware Council Representative: Carol Tavani, MD</p> <p>Advanced Practice Registered Nurse (APRN) Committee: Mark Borer, MD</p> <p>Delaware Behavioral Health Consortium Committees: Family and Community Readiness Committee: James Ellison, MD Access and Treatment Committee: Sherry Nykiel, MD</p> <p>Delaware Contractor Advisory Committee (CAC): Psychiatry Rep: James Ellison, MD</p> <p>Drug Utilization Review (DUR) Committee: Psychiatry Rep: James Ellison, MD</p> <p>Governor’s Adult Healthcare Review Committee: Mustafa Mufti, MD</p>		
Legislative	<p>PSD continues to work in close collaboration with the Medical Society of Delaware (MSD) and other stakeholders on legislative and regulatory issues of importance in the 150th Delaware General Assembly (GA). Efforts to reform the mandatory reporting laws as well as repairing our Tarasoff Duty to Warn statute are ongoing. Legislative activities of interest that passed in the first session of the 150th GA include: Insurance Coverage for Medication Assisted Treatment (HB 220) & Access to Prescribers (HJR 6), Adult Healthcare Review Committee (HB 173 w/ HA 1); Behavioral and Mental Health Commission (HB 104 w/HA 1); Psychology Interjurisdictional Compact (PSYPACT) (HB 172); and Prior Authorization Reform: Step Therapy (SS1 to HB 105). A major legislative priority for PSD is to continue</p>	<p>PSD will continue to collaborate with MSD and other organizations to support or oppose legislation in the 150th General Assembly.</p>	

	<p>to fight efforts to pass Physician Assisted Suicide (HB 140) legislation in Delaware.</p> <p>We have submitted a Commitment to Ethics Resolution for consideration by MSD Council resolving that MSD will continue to recognize and abide by the AMA Code of Medical Ethics in all of its decisions.</p>		
Education	<p>PSD partnered with the American Psychiatric Association (APA) to host an integrated care training on July 31, 2019.</p> <p>In addition, the 8th Annual Psychiatric Society of Delaware Symposium was held on Saturday, September 21, 2019 at MSD Conference Center in Newark, Delaware. A total of 47 PSD members, non-member physicians, psychiatry residents, nurses, psychologists and social workers attended the event. Speakers and topics included: Jeffrey Geller, MD, MPH, “Is a Rational, Reliable, Remission-Focused, Reasonably Reimbursed, Readily Accessible Mental Health Care System Achievable?”; Kenneth Weiss, MD, “Mental State and Self-Determination”; Chris Streeter, MD, “Vagal-GABA Theory and the Treatment of Depression with Yoga”; and Michele Angello, PhD, “Mental Health Considerations for Gender Diverse Communities.” We added a research poster display opportunity to this year’s event to encourage resident participation.</p>	<p>Save the Date! The 9th Annual PSD Symposium is scheduled for Saturday, September 26, 2020.</p>	

Respectfully Submitted,

Dyanne Simpson, DO
President

**MEDICAL SOCIETY OF DELAWARE COMMITTEES
2019**

ELECTED COMMITTEES

(Elected by the Council upon nomination by the Nominating Committee)

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Sharad C. Patel, MD
Ashish P. Shah, MD

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Janice E. Tildon-Burton, MD
(1/1/2018-12/31/2019)

Serving out Kelly Eschbach, MD term / beginning 1/1/2019)

Alternate:

Stephanie Guarino, MD
(1/1/2019-12/31/2020)

Organized Medical Staff Section (OMSS):

OMSS Delegate

Nancy Fan, MD
(1/1/19-12/31/2020)

OMSS Alternate

Selvam J. Mascarenhas, MD
(1/1/18-12/31/19)

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(Appointed annually by the President of the Society with the concurrence of the Executive Board.)

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Anis K. Saliba, MD
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(Appointed annually by the President of the Society.)

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Patricia Davis, Esq.

Joseph Rhoades, Esq.
Ben Schwartz, Esq.

Andrew Wilson, Esq.
Danielle Yearick, Esq.
Jeffrey Young, Esq.

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Julia M. Pillsbury, DO

(The committee is utilized, as needed, for review of potential Affinity relationship proposals with various companies under consideration.

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Richard W. Henderson, MD (MSD Immediate Past President)
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Michael J. Bradley, DO (MedNet Rep)
Patt E. Panzer, MD (Health Hub Rep)
Eun Kim, MD (YPS Rep; 1/1/2018 – 12/31/2019)
Randeep S. Kahlon, MD (At-Large, 2 year term; 1/1/2019 – 12/31/2020)
Stephanie Guarino, MD (At-Large, 1 year term 1/1/18-12/31/18)

MEDICAL SOCIETY OF DELAWARE SUBSIDIARY ORGANIZATIONS**January 1, 2019 – December 31, 2019****HEALTH HUB, LLC
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Gerard Gallucci, MD	Member
James M. Gill, MD	Member
Carlos Machado, MD	Member
Patt E. Panzer, MD	Chair
Mark B. Thompson	Member (MSD Executive Director)

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NAME	BOARD POSITION
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Dorothy M. Moore, MD	Practicing Physician, New Castle County Rep
Pawan Rastogi, MD	At-Large
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VACANT	Practicing Physician, Sussex County Rep
VACANT	At-Large
VACANT	At-Large
VACANT	At-Large

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Voting Member	Michael J. Bradley, DO	President of CDPO
Voting Member	Andrew W. Dahlke, MD	President of ESPO
Voting Member	Richard P. Simons, DO	President of NPO
Voting Member	Mark B. Thompson	Executive Director of MSD
Observer (non-voting)	Joseph J. Straight, MD	President-Elect of MSD
Observer (non-voting)	Curt D. Blacklock, DO	At-Large (NCC)
Observer (non-voting)	VACANT	
Observer (non-voting)	VACANT	

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Voting Member	Sita Kapoor
Voting Member	Sanjay Seth, MD
Voting Member	Patrick Kennedy

HealthEC chose not to appoint "Observers"

MEDICAL SOCIETY OF DELAWARE FOUNDATIONS

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Justin Eldridge, MD	1/2016-12/2018; 1/2019-12/2021
Nancy Fan, MD	1/1/2017-12/31/2019 (Assumed seat 1/1/2018)
Mr. Richard Menkiewicz	1/1/2014-12/31/2016; 1/1/2017-12/31/2019
Patt E. Panzer, MD	1/1/2018-12/31/2020
Edward R. Sobel, DO	1/1/2019-12/31/2021
Andrew Willet, MD	1/2016-12/2018; 1/2019-12/2021
Suzanne J. Sherman, MD Advisory Member	1/1/2019-12/31/2019
VACANT	1/1/2017-12/31/2019
VACANT Appointed by Speaker of the House	1/1/2019-12/31/2021
VACANT Appointed by President ProTempore of Senate	1/1/2018-12/31/2020
VACANT Appointed by DHCC/Governor Appointment	1/1/2017-12/31/2019

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BOARD OF DIRECTORS**

NAME	Board Term	Officer Position
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Nancy Fan, MD	2019-2022	
Javed Gilani, MD	2017-2020	Secretary
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Stephen J. Kushner, DO	2018-2021	
Brian Levine, MD	2019-2022	
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VACANT	2018-2021	

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Nancy Fan, MD

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MEDICAL SPECIALTIES

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Delaware Academy of Ophthalmology
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Delaware Academy of Physical Medicine and Rehabilitation
Delaware Association of Neurological Surgeons
Delaware Chapter, American Academy of Asthma, Allergy and Immunology
Delaware Chapter, American Academy of Pediatrics
Delaware Chapter, American Academy of Cardiology
Delaware Chapter, American College of Emergency Physicians
Delaware Chapter, American College of Physicians
Delaware Chapter, American College of Surgeons
Delaware Chapter, American Society of Interventional Pain Physicians
Delaware Council of Child and Adolescent Psychiatry
Delaware Radiological Society
Delaware Section, American Congress of Obstetricians and Gynecologists
Delaware Society for Clinical Oncology
Delaware Society of Anesthesiologists
Delaware Society of Orthopaedic Surgeons
Delaware State Osteopathic Society
Delaware Urological Society
Psychiatric Society of Delaware
Rheumatology Society of Delaware