



Medical Society of Delaware
LEADING THE WAY TO A HEALTHY DELAWARE

**232nd
Annual Meeting of the Council**

Tuesday, November 9, 2021

Official Meeting Materials
Medical Society of Delaware
Virtual Meeting



The Medical Society of Delaware
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232nd Virtual Annual Meeting Week

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**Annual Meeting of the Council
November 9, 2021
AGENDA**

1. Welcome and Call to Order - Business Meeting of the Council – Stephanie Guarino, MD, Speaker
2. Presentations by Presenting Sponsors
3. Introduction of Southeast Delegation Chair – John W. Poole, MD
4. Presentation by American Medical Association – Gerald E. Harmon, MD, President
5. Greetings from Delaware Governor John Carney
6. Recognition of 50-Year Medical Service Awards – Matthew J. Burday, DO (pg 8)
7. Recognition of Past Presidents (pg. 9)
8. Recognition of 1789 Club Members for 2021 (pg. 10)
9. Moment of Silence for Deceased Members (pg. 11)
10. Procedure Review (pgs. 4-7)
11. Approval of 2021 Interim Council Meeting Minutes (pg. 12-27)
12. Report of the Executive Board (pg. 28-32)
13. Report of MSD Holding Company Board of Directors (pg. 33-34)
14. Report of the Bylaws Committee – Janice Tildon-Burton, MD (pg 35-39)
15. Presentation of Proposed 2022 Budget – Brian J. Galinat, MD, MBA Treasurer (pg. 40-41)
16. Resolution Submissions for Council Consideration
 - a. 01-A2021 “COVID-19 Masking, Vaccinations, Testing” – Matthew Burday, DO (pg. 42-44)
 - b. 02-A2021 “Elimination of Race Correction Factor in eGFR” – Matthew Burday, DO (pg. 45-47)
 - c. 03-A2021 “MSD Support of Engaged Neutrality for Medical Aid in Dying”–Robert Varipapa, MD (pg. 48)
 - d. 04-A2021 “Creation of Licensed Associate Physician Position in Delaware” – Nancy Fan, MD (pg. 49-50)
17. Nominating Committee Report – Robert J. Varipapa, MD, Chair/President-Elect (pg. 51-52)
18. President’s Address – Matthew J. Burday, DO
19. Old Business
20. New Business
21. Absolution Resolution (pg. 53)
22. Informational Reports (pg. 54-136)
 - a. Reports of MSD Committees (pg. 54-96)
 - b. Reports of MSD Subsidiaries (pg. 97-102)
 - c. Reports of MSD Foundations (pg. 103-109)
 - d. Other Reports (AMA/DELPAC) (pg. 110-111)
 - e. Reports of Medical Specialty Societies (pg. 112-126)
 - f. 2021 Committee Membership List (pg. 127-136)
23. Adjournment



2021 MSD COUNCIL

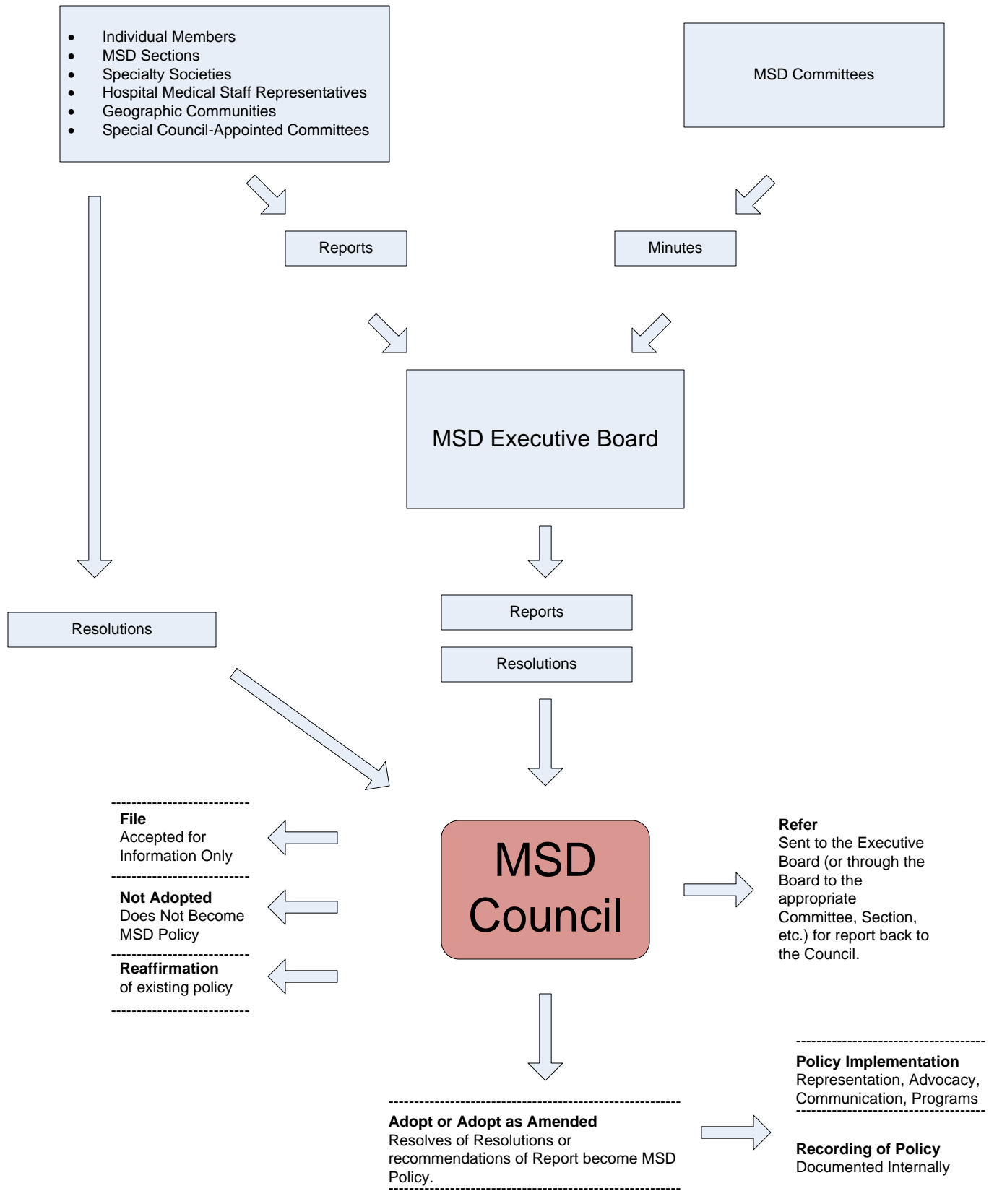
The Medical Society of Delaware's Council is comprised of the members of the MSD Executive Board, representatives from the eight geographic affinity groups, recognized medical specialty societies in Delaware, the Delaware State Osteopathic Medical Society, representation from hospital medical staffs, and a corporate/government employed (non-hospital) physician representative.

This format of representation 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.

COUNCIL POSITION	NAME	TERM
President	Matthew J. Burday, DO	2021
President-Elect	Robert J. Varipapa, MD	2021
Vice President	Bhavin R. Dave, MD	2021
Secretary	Shalini B. Shaw, MD	2021
Treasurer	Brian J. Galinat, MD, MBA	2021
Speaker	Stephanie Guarino, MD	2021
Immediate Past President	Joseph J. Straight, MD	2021
AMA Delegate	Janice E. Tildon-Burton, MD	2020-2021
Resident/Fellow Section Representative	Chelsea G. Hastry, MD	2020-2021
Young Physician Section Representative	Anthony M. Tramontozzi, DO	2021-2022
Physicians Emeritus Section Representative	Thomas Fiss, MD	2020-2021
New Castle County At-Large Representative	James M. Gill, MD	2021-2022
New Castle County At-Large Representative	Michael T. Vest, MD	2020-2021
Kent County At-Large Representative	Cedric T. Barnes, DO	2021-2022
Sussex County At-Large Representative	Mark J. Boytim, MD	2020-2021
Government Affairs Committee/Holding Company Board Rep	Richard W. Henderson, MD	2021-2022
Third Party Payer Committee	Nicholas O. Biasotto, DO	2021-2022
Holding Company Board of Directors Representative	Andrew W. Dahlke, MD	2021
Anesthesiology	Manish Purohit, MD	2021-2021
Dermatology Representative	Christopher M. Conti, MD	2020-2021
Internal Medicine Representative	John H. O'Neill, DO	2021-2022
Interventional Pain Representative	Selina Y. Xing, MD	2020-2021
Obstetrics/Gynecology Representative	Lindsey M. Davis, MD	2020-2021
Oncology Representative	SuJung Park, MD	2021-2022
Ophthalmology	Paula C. Ko, MD	2020-2021
Orthopaedic Surgery Representative	Mark S. Eskander, MD	2021-2022
Otolaryngology Representative	Paul M. Imber, DO	2020-2021
Pediatrics Representative	Vibha Sanwal, MD	2020-2021
Psychiatry Representative	James M. Ellison, MD	2020-2021
Radiology Representative	Steven R. Chmielewski, MD	2021-2022
Osteopathic Representative	Julianne P. Sees, DO	2020-2021
Wilmington Geographic Affinity Group Representative	Nancy Fan, MD	2021-2022
Hockessin/Pike Creek Geographic Affinity Group Rep	Donald Archer, MD	2020-2021
Christiana Geographic Affinity Group Representative	Randeep S. Kahlon, MD	2021-2022
Middletown Geographic Affinity Group Representative	John Kehagias, MD	2020-2021
Nemours Hospital Medical Staff Representative	Stephanie Guarino, MD	2021-2022
Saint Francis Healthcare Medical Staff Representative	James M. Monihan, MD	2021-2022
Bayhealth Kent Hospital Medical Staff Representative	Brintha Vasagar, MD	2020-2021
Beebe Healthcare Medical Staff Representative	Jeffrey E. Hawtof, MD	2020-2021
TidalHealth Nanticoke Hospital Medical Staff Representative	Jona D. Gorra, MD	2021-2022
TidalHealth Nanticoke Hospital Medical Staff Representative	Joseph H. Kim, DO	2021-2022
Corporate/Government Employed (non-hospital) Rep	Avani Virani, MD	2021-2022



How MSD Sets Policy





INSTRUCTIONS TO MEMBERS OF THE COUNCIL VIRTUAL MEETING

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.

Preparing for a Zoom Meeting

Because this meeting is being delivered via Zoom virtual meeting format, it is important that you download the most current version of Zoom prior to the meeting. Go to [Zoom.us/download#client_4meeting](https://zoom.us/download#client_4meeting).

Every registrant should attend the ZOOM meeting through the link provided to access the meeting, however if you have some difficulty, you may attend via phone (although NOT recommended). Council members are strongly encouraged to participate via Zoom video to verify attendance.

When you log into the Zoom meeting, please be sure the name reflected is your name for identification purposes.

Registration

Only those who have properly registered will be sent the link to access the meeting. Please do not share this link with anyone else. It is unique to you and the email address you registered under. The Council Meeting is for Council members and other members of the Medical Society of Delaware.

Voting

Only those who are currently on the roster as a member of the Council are eligible to vote. Voting instructions will be provided separately to those Council members who have properly registered to participate in the Council Meeting. Do not share this information with anyone else. This process is our way to ensure transparency of the voting process and that only eligible Council members are voting.

Voting will be done through a separate login site. Instructions will be given to Council members along with the Zoom meeting instructions. You can access the site either by opening up an additional tab/window on your computer, or you can access the site through your browser on your cell phone. **Please log in to the site prior to the start of the meeting so you are prepared to vote.**

At the appropriate time, Council members will be asked to go to the voting site and make their choices.

Visual/Camera Use

Voting Council members will be validated by use of their web camera at the beginning of the meeting. Be sure it is in a stable position and focused at eye level when participating in the meeting.

Limit visual distractions while participating in the meeting and make sure your background is not disruptive. Create a point of focus – YOU!

Sound Advice

Use wired headphones/earbuds for best sound – computer audio may result in feedback.

Be mindful of background noise (pets, family members, phones, music, street noise, and even shuffling papers) as it can be disruptive.


MUTE YOUR MICROPHONE WHEN YOU ARE NOT SPEAKING to keep background noise to a minimum.

Use the volume function on your computer to adjust your sound.

Meeting Time

The Council Meeting will begin promptly at 6:00 p.m. on Tuesday, November 9, 2021. Participants will be able to log in as early as 5:30 p.m. to ensure proper set up. **Please log in at least 10 minutes prior to 6 p.m. so that your attendance can be properly recorded and Council members can be accounted for voting purposes. Late access can result in not being identified as participating or as a Council member when quorums are required.**

All participants will be muted at the beginning by default. MSD has chosen to use the raise hand feature when questions are being taken. The CHAT function will not be used to collect feedback on items of discussion during the meeting nor used for the voting process. If your hand is raised, you will be called upon in the order that you raised your hand.

The meeting host will format the meeting in speaker view. In this view, only the picture of the person speaking along with any presentation they are giving (i.e., power point slides) will be visible on the computer screen. If you would like to see everyone in attendance, select GALLERY VIEW in the upper right hand corner (series of squares ).

Turn off notifications, close or minimize other apps, and silence your phone during the meeting.

Council Authority

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. Council members are charged with a most important responsibility to see that the Medical Society of Delaware business 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 participate in the virtual meeting. A quorum is required to conduct business and registering prior to the registration deadline will help determine if a quorum will be met.

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 MSD Council.

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. 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 and are considered in order of the numbering. The reports and resolutions will be made available electronically in advance of the meeting for preview. **NOTE: Because this is a virtual meeting, no print format of the Council handbook will be distributed. It is the responsibility of Council members and those MSD members attending the meeting to review the Council handbook prior to 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.***

Duties of the Council

It is important that members of the Council pre-register for the meeting. Those Council members 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; be sure to speak with your constituency to represent its views on the subject matter; 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 there is understanding of 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 Speaker may limit the length of time assigned to each person speaking. **Those addressing the Council 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.

Updated October 2021 for virtual meeting format

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.



50-YEAR MEDICAL SCHOOL GRADUATES

We honor the following MSD members as this year's recipients of the 50-Year Medical Graduate Award, in recognition of graduating from medical school in 1971.

Raafat Z. Abdel-Misih, MD
Brian M. Benson, Jr., MD
Ciriaco G. Bongalos, Jr., MD
John J. Chabalko, MD
Viroon Donavanik, MD
John B. Ferguson III, MD
Thomas W. Fiss, Jr., MD
Edward Goldstein, MD
H. Theodore Harcke, Jr., MD
Moses Hochman, MD
T. Noble Jarrell III, MD

John B. Kramer, MD, MPH
Ira F. Lobis, MD
Marilyn K. Lynam, MD
Michael L. Mattern, MD
Otto R. Medinilla, MD
Louis F. Owens, Jr., MD
Carol A. Owens, MD
Bruce H. Wales, MD
Newell R. Washburn, MD
Stephen Wetherill, MD

The certificate presented to the 50 Year Medical Graduates reads as follows:

"This is presented in recognition of 50 years as a member of the medical profession and in appreciation of dedicated service to the citizens of Delaware."



2021 Annual Council Meeting

RECOGNITION OF PAST PRESIDENTS OF THE MEDICAL SOCIETY OF DELAWARE

1978-79	Anthony L. Cucuzzella, M.D.	2005-07	Janice E. Tildon-Burton, M.D.
1979-80	Robert B. Flinn, M.D.	2007-08	Kelly S. Eschbach, M.D.
1981-82	Rafael A. Zaragoza, M.D.	2008-10	Nicholas O. Biasotto, D.O.
1987-88	Martin J. Cosgrove, M.D.	2010-11	David M. Bercaw, M.D.
1990-91	Ali Z. Hameli, M.D.	2011-12	Randeep S. Kahlon, M.D.
1991-92	James P. Marvel, Jr., M.D.	2012-13	Stephen J. Kushner, D.O.
1992-93	Stephen R. Permut, M.D.	2013-14	Nancy Fan, M.D.
1994-95	Michael J. Bradley, D.O.	2015	Nancy Fan, M.D.
1995-96	Carol A. Tavani, M.D.	2016	Dorothy M. Moore, M.D.
1997-98	Stephen S. Grubbs, M.D.	2017	Prayus T. Tailor, M.D.
1999-00	Michael A. Alexander, M.D.	2018	Richard W. Henderson, M.D.
2001-02	Leo W. Rasis, M.D.	2019	Andrew W. Dahlke, M.D.
2003-04	Joseph F. Hacker III, M.D.	2020	Joseph J. Straight, M.D.
2004-05	James P. Marvel, Jr., M.D.		



2021 Annual Council Meeting

RECOGNITION OF 1789 CLUB MEMBERS

The 1789 Club recognizes the philanthropic investment by physicians in the future of medicine in the state of Delaware and the part the Medical Society of Delaware will play in shaping that future. Individual donors making an annual gift of at least \$1,789 are part of an exclusive cohort and receive invitations to V.I.P. events, are recognized in published works and on our 1789 Club donor wall, and are privileged to wear the special 1789 Club lapel pin that is a reproduction of the Medical Society of Delaware's original Seal.

THANK YOU TO OUR 2021 1789 CLUB MEMBERS

Raafat Abdel-Misih, MD
Damian M. Andrisani, MD
Thomas P. Barnett, MD
Alex B. Bodenstab, MD
Donald C. Cameron, MD
Anthony J. Curci, DO
Andrew W. Dahlke, MD
Kelly S. Eschbach, MD
Nancy Fan, MD
Richard W. Henderson, MD
John H. O'Neill, DO
Patt E. Panzer, MD
Suzanne J. Sherman, MD
Joseph J. Straight, MD
Irene C. Szeto, MD
Carol A. Tavani, MD

IN MEMORY

As a memorial to the members of the Society who were lost through death during the past year since the 2020 Annual Meeting, we pay tribute to the following physicians:

Rafael E. Alzamora, MD
Marvin V. Andersen, MD
Nestor R. Ang, MD
Jose H. Austria, MD
James K. Bouzoukis, MD
Constance A. Cox Wong, MD
Joseph J. D'Amico, Jr., MD
Albert Gelb, MD
Eduardo L. Jiloca, MD
Edwin C. Katzman, MD
Charles L. Miller, MD
Joseph P. Olekszyk, DO
Edward M. Phillips, DO
David E. Saunders, MD
Judith G. Tobin, MD
Stanley Verbit, MD
Andrew G. Weinstein, MD



MEDICAL SOCIETY OF DELAWARE
9th INTERIM MEETING OF THE COUNCIL
Meeting Minutes
Thursday, April 8, 2021

<p>Location: Due to the COVID-19 pandemic, this meeting was held virtually by Zoom.</p> <p>Time: 6:00 p.m.</p>	<p>Council Members Present: Cedric Barnes, DO; Nicholas O. Biasotto, DO; Mark J. Boytim, MD; Matthew J. Burday, DO; Bhavin R. Dave, MD; Lindsey M. Davis, MD; James M. Ellison, MD; Nancy Fan, MD; Brian J. Galinat, MD; James Gill, MD; Jona Gorra, MD; Stephanie Guarino, MD; Richard W. Henderson, MD; Paul M. Imber, DO; Randeep S. Kahlon, MD; John Kehagias, MD; Katherine A. King, MD; Paula Ko, MD; Shalini B. Shah, MD; Joseph J. Straight, MD; Janice E. Tildon-Burton, MD; Anthony Tramontozzi, DO; Robert Varipapa, MD; Brintha Vasagar, MD; and Michael Vest, DO.</p> <p>Other MSD Members Present: Michael A. Alexander, MD; Mehdi Balakhani, MD; Hugh Bonner, MD; Michael J. Bradley, DO; Anna Marie D'Amico, MD; David Donohue, MD; James Fletcher, MD; John J. Goodill, MD; Mary C. McCrossan, MD; Patt E. Panzer, MD; Jonathan Patterson, MD; Stuart Septimus, MD; John Stump, MD; and Deborah Zarek, MD.</p> <p>Guests Present: Mona Sarfaty, MD, Medical Society Consortium on Climate and Health; and Angela Barnes, Barnes Interactive, Technical Consultant.</p> <p>Staff Present: Antje Arnold; Mary Fenimore; Mary LaJudice; Mike Miller; LoriAnn Rhoads; Lynn Robinson; Michelle Seymour; and Mark Thompson.</p> <p>Council Members Absent: Donald R. Archer, MD; Steven R. Chmielewski, MD; Christopher M. Conti, MD; Andrew W. Dahlke, MD; Mark Eskander, MD; Thomas W. Fiss, Jr., MD; Chelsea G. Hasty, MD; Jeffrey E. Hawtof, MD; Joseph H. Kim, MD; James Monihan, MD; Avani K. Virani, MD; and Selina Yingqi Xing, MD.</p>
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ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Welcome	Stephanie Guarino, MD, Speaker of the Council, opened the 9 th Interim Meeting of the Council at 6:00 p.m. and welcomed those present on the virtual Zoom Meeting. This was labeled as the 9 th Interim Council Meeting, as the 2020 meeting was cancelled due to the beginning of the pandemic.		
Procedure Review	<p>Dr. Guarino reviewed the specifics to a well-functioning virtual meeting. This information was provided in the Council Handbook as well.</p> <p>As per MSD Bylaws, those MSD members who are not Council members may have the privilege of the floor only with consent of the Council. Given the nature of the meeting as a virtual meeting, the Council was asked if it was their will to allow MSD members who are non-</p>	There was no opposition by the Council to allow MSD members who are not Council members the privilege of the floor to address the Council	

	<p>Council members the opportunity to address the Council without having consent of the Council each time.</p> <p>Dr. Guarino started with an “ice breaker” to help also test everyone’s ability with the online voting software. Council members were to choose “Who serves the best ice cream in Delaware” with a choice from 7 possible answers.</p> <p>Dr. Burday added these have been uncertain times but the future is bright. There is a lot of work to do at this meeting. We didn’t get much done at the Annual Meeting in November and he was hopeful that business could be accomplished at this meeting. This is the time to discuss issues and it is ok to disagree. Dr. Guarino added not to be afraid of the parliamentary process and that she was there to help everyone navigate through the meeting.</p>	without needing consent each time to speak.	
Presentation	<p>In order to help provide information on the subject matter of climate and health, per the directive of the Executive Board following the 2020 Annual Meeting, it was arranged to have Mona Sarfaty, MD, MPH, FAAFP, Director, from the Medical Society Consortium on Climate and Health provide a brief presentation entitled, “Climate Change, Air Quality and Physician Advocacy.” Her presentation stressed that climate change reduces air quality and that poor air quality increases harm for patients with lung and CV diseases. Air pollution and rising heat also affects Type 2 diabetics and can cause negative birth outcomes like preterm birth and low birth weight. Key messages are that no one in the US has been spared from the growing health harms of climate change. The root cause of climate change and air pollution is the same, and reducing air pollution is just some of the near-term benefits of climate action. Climate change, systemic racism, and the COVID-19 pandemic represent converging crises that need to be tackled in unison.</p>	<p>For patient information: www.medsocietiesforclimatehealth.org and www.docsforclimate.org</p> <p>Per Dr. Kahlon, Delaware has increased its solar rebate from \$5k to \$6k in 2021.</p>	4/15/2021 – Thank you letter sent to Dr. Sarfaty.
Official Call to Order of Business Meeting by Speaker of the Council	<p>Recognizing a quorum, Dr. Guarino officially called the meeting to order. Since this Interim Meeting included items of business relevant to the entire membership, an invitation was extended to the entire MSD membership to attend. This is the second Interim Council meeting having that format, with the first being in 2019 (the 2020 Interim Meeting was cancelled).</p> <p>Dr. Guarino asked if there were any late resolutions to be presented. No one came forward with any late resolutions.</p>	Thirteen Council members constitute a quorum for the transaction of business (one-third of the 37 total Council members).	
Approval of Minutes	<p>The minutes of the November 17, 2020 Annual Meeting of the Council were presented.</p> <p>The online voting mechanism was used to vote for the minutes. A vote to approve, not approve, or abstain from voting was presented.</p>	The online voting results reflected 100% voting to approve the minutes of the November 17, 2020 Annual Meeting of the Council.	
President’s Report	<p>Dr. Guarino invited Matthew J. Burday, DO to provide a President’s Report. He reminded that the Executive Board voted to hold a virtual Interim Meeting and the same business can</p>	The President’s Report was filed.	

	<p>be accomplished virtually as an in person meeting. He talked about the COVID-19 vaccine roll out and the challenges to get the vaccines to vulnerable communities. Physicians are experiencing challenges also, being burned out and tired. Challenges offer great opportunities to bring physicians together to work on issues. Priorities for the balance of the year are: membership engagement, issues on equality and diversity, opioid crisis, primary care reform. The Delaware Medical Journal is being rejuvenated. It will change and represent MSD different. There will be a pause in the publication of the Journal as we work on the changes. Dr. Burday also encouraged donations to the MSD Mission Appeal.</p>		
Treasurer's Report	<p>MSD Treasurer, Brian J. Galinat, MD, MBA presented the Treasurer's report.</p> <p>MSD's audit was completed for 2020. 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 on April 21, 2021.</p> <p>Year to date, MSD is ahead of where it was in 2020 for paid members.</p> <p>Because of the pandemic, MSD was eligible to apply for the Payroll Protection Program (PPP) as a way for companies to help keep their employees on the payroll and working. MSD applied for and received its first PPP loan on April 20, 2020. Since MSD met the governmental requirements, the loan was forgiven on December 24, 2020 in the amount of \$236,000 with no need to pay back. A second wave of PPP loans was available for which MSD applied and received on March 26, 2021 in the amount of \$237,000. It is anticipated this loan will also be forgiven.</p> <p>Individual donations to the Annual Mission Appeal have exceeded \$75k since launching in November 2019. MSD also received at \$150K foundation donation from the Vale Foundation. Funds are given to the Delaware Foundation for Medical Education and/or the Delaware Foundation for Medical Services. A grant consultant has been hired to help with securing additional grant funding for the Mission Appeal. Dr. Galinat encouraged all to help in the MSD mission by contributing to the Annual Mission Appeal. The 1789 Club recognizes those who donate \$1,789 or more annually, with recognition on a donor wall and receipt of a lapel pin. Phase 2 of the program, the Planning Giving, was launched in the fall of 2020.</p>	The Treasurer's Report was filed.	
Advocacy Update	<p>Dr. Henderson, Chair of the Government Affairs Committee (GAC), provided the update.</p> <p>Dr. Henderson began by thanking the members of the Government Affairs Committee and the Byrd/Gomes lobbying team. This legislative session saw a list of new legislators in the General Assembly. Senator David Sokola was elected President Pro Tempore of the Senate, Senator Bryan Townsend is the new majority leader, and Senator Tizzy Lockman is</p>	The report was filed.	

	<p>serving as the new majority whip. As in 2020, the General Assembly continues to meet by virtual format.</p> <p>MSD's Government Affairs Committee (GAC) has been active. While there are many topics getting the attention of the GAC, the most important has been primary care reform. After a year of working diligently on primary care reform, the Primary Care Reform Collaborative is now at a standstill. Legislative Co-Chairs of the Collaborative, Senator Bryan Townsend and Representative David Bentz, have presented a draft legislation for discussion, proposing to push the system to higher primary care reimbursement, to bring Delaware into parity with the rest of the country, and incentivize more primary care doctors to begin and keep their practices in Delaware.</p> <p>HB 33 focuses on scope of practice for physician assistants. MSD has worked with the PAs for more than a year bringing the legislation to a point where MSD can remain neutral on the bill. The bill awaits the Governor's signature.</p> <p>HB 21, if passed, would enter Delaware in a multi-state Advance Practice Registered Nurse compact. The only state in the compact to date is North Dakota. Seven states are required to make the compact effective. MSD is concerned that if enacted, the compact would overrule existing Delaware Statute. One concern in the compact would allow APRNs licensed in another state to enter independent practice in Delaware with a minimum requirement of 2,080 hours of experience. In contrast, current Delaware law requires a minimum of 4,000 hours. This is not a matter of competition, but of quality of care and safety. It is expected MSD will formulate a formal opinion at the upcoming GAC meeting. It is unlikely the GAC will support the legislation.</p> <p>Another issues being discussed are: recreational marijuana, which MSD opposes; physician assisted suicide /medical aid in dying, which has not been introduced; telemedicine in use under the sunset provision with further legislation to come; Office Based Opioid Treatment (OBOT), with no legislation but a new grant program is available; childhood lead poison testing will see new legislation proposal mandating testing which is not consistent with current recommendations; death caused by prescribing opioids proposed by the Attorney General's office; and two bills on epi pens that are acceptable to MSD.</p>		
Nominating Committee Report – Election to AMA Senior Physician Section	<p>Pursuant to the MSD Bylaws, representatives to the AMA are approved and voted upon by the Council. Other than the Delegate and Alternate Delegate, and the Organized Medical Staff Section Delegate and Alternate, all other representatives are elected annually.</p>	<p>There was no opposition to closing floor nominations.</p> <p>The Council voted to elect Dr. Tildon-Burton to this position to serve through 12/31/2021.</p>	<p>4/12/21 – Committee list and database updated.</p>

	<p>On behalf of the Nominating Committee, Dr. Burday, as Chair of the committee, presented the name of Janice E. Tildon-Burton, MD for the position of AMA Senior Physician Section Liaison to serve through 12/31/2021.</p> <p>Nominations were requested from the floor, which none were presented. Dr. Guarino called for any opposition to close nominations and to use the Raise Hand or Chat features to indicate such.</p> <p>After floor nominations were closed, Council members were requested to go to the voting website and cast their vote.</p> <p>After the election, Dr. Tildon-Burton thanked the Council for electing her to this seat. She wanted to make it clear that she agreed to serve in this position through the end of 2021 and encouraged anyone else who was interested in the position to reach out to MSD.</p>	100% of those voting approved Dr. Tildon-Burton for this position.	
Nominating Committee Report - Election of Members to Committee on Ethics	<p>The Committee on Ethics is a Council-elected committee. Dr. Burday presented the nomination slate. There were three member physicians nominated for election to the committee: M. Lisa Attebery, DO; Mary V. Iacocca, MD; and Carol A. Tavani, MD. Committee terms are annual.</p> <p>Nominations were requested from the floor and no further nominations were given. Dr. Guarino call for any opposition in closing the nominations instructing Council members to use the Raise Hand or Chat features to indicate.</p> <p>After floor nominations were closed, Dr. Guarino explained to the Council members that they were to vote once in electing all three names on the nomination ballot for the Committee on Ethics. They were then directed to go to the voting website and cast their vote.</p>	<p>There was no opposition to closing floor nominations.</p> <p>The Council voted to elect the three physicians to the Committee on Ethics. 100% of Council members voting approved the election of the three physicians to the Committee on Ethics.</p>	<p>4/12/21 – Drs. Attebery, Iacocca, and Tavani notified of their election to the Committee on Ethics.</p> <p>4/12/21 – updated committee list and database.</p>
Nominations to the 2021/2002 Nominating Committee	<p>Dr. Guarino explained the MSD Nominating Committee is appointed annually by the MSD Executive Board, following the creation of the nominating slate at the Interim Council Meeting. 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. Guarino reviewed the Nominating Committee's responsibilities, noting the responsibility of the Nominating Committee is to develop the slate of nominees for election by the MSD Council. Volunteers from the Council were requested to serve.</p> <p>After names were presented for nomination from the floor, Dr. Guarino requested if there was any opposition to closing nominations.</p> <p>The Council was directed to the voting website to vote on the nominating slate presented for the candidates to the Nominating Committee.</p>	<p>There was no opposition to closing the nominations.</p> <p>100% of the Council members voting approved the nominating slate to be presented to the Executive Board.</p> <p>The Executive Board is to finalize the appointment at its May 13, 2021 meeting.</p>	<p>5/13/21 – Committee to be finalized at Executive Board meeting</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 13, 2021.</p> <p>The following members were nominated:</p> <p>3 members from: SECTIONS, AT-LARGE, GEOGRAPHIC GROUPS</p> <ul style="list-style-type: none"> • James M. Gill, MD – At Large, New Castle County • Randeep S. Kahlon, MD – Christiana Geographic Group • John Kehagias, MD – Middletown Geographic Group <p>2 members from: SPECIALTY SOCIETIES, OSTEOPATHIC SOCIETY</p> <ul style="list-style-type: none"> • Katherine King, MD – Pediatrics • James Ellison, MD – Psychiatry <p>2 members from: HOSPITALS, PRACTICE TYPE GROUP</p> <ul style="list-style-type: none"> • Shalini B. Shah, MD – Bayhealth Hospital (private) • Brintha Vasagar, MD – Bayhealth Hospital (employed) <p>MSD President-Elect to serve as Chair – Robert J. Varipapa, MD</p>		
<p>Resolution 01 I2021– “Commitment to Ethics”</p>	<p>Resolution 01 was submitted by the MSD Committee on Ethics. Dr. Goodill, Chair of the Committee on Ethics, was requested to present the resolution by reading the resolves. He asked to first make a statement prior to reading the resolves. He indicated this resolution is related to Physician-Assisted Suicide/Medical Aid in Dying. He explained both the MSD and AMA positions were in opposition to PAS/MAID. Two member surveys in prior years were completed reaffirming MSD’s opposition.</p> <p>The Committee on Ethics has discussed this issue over several years. One aspect of the discussion has been the juxtaposition for physicians where PAS/MAID is legal in their state, and still adhere to the AMA Code of Medical Ethics. Dr. Goodill referenced AMA Opinion E-5.7 and Opinion 1.1.7 of the AMA Code of Medical Ethics on Physician Exercise of Conscience indicating physicians have a right to their personal convictions and Opinion 1.1.7 looks for that balance in adhering to personal ethics and putting patients’ needs and preferences first.</p> <p>Dr. Goodill then read the resolves of the resolution as follows:</p>	<p>The Council voted not to accept the secondary amendment presented, showing 14% of those voting supported the amendment, 82% not supporting the amendment, and 5% abstaining from the vote.</p> <p>On the motion to close debate and vote immediately, 78% responded yes to close debate and vote, 22% voted no, and 0% abstained.</p> <p>On the motion to adopt the original resolution 01 in totality, 91% voted yes to adopt, 9% voted not to adopt,</p>	<p>The resolution will be presented at the May 13, 2021 Executive Board meeting as informational.</p>

	<p>RESOLVED, That the Medical Society of Delaware recognizes that responsibility to patient care is paramount, including providing compassionate and supportive palliative care for the dying; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware will continue to support the ethical standards as enumerated in the American Medical Association Code of Medical Ethics; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware allows for ongoing discussion and proposals on the topic of physician-assisted suicide/medical aid in dying.</p> <p>Dr. Guarino reminded anyone who is speaking to introduce themselves and who they are representing (themselves or an organization). She noted that conversation can focus on one, two, or all three resolves, or amendments can be offered. When it comes time to vote, the vote can be on the resolution as a whole or on the resolve clauses individually.</p> <p>Dr. Henderson motioned to accept the resolution as presented, which was seconded.</p> <p>Dr. Varipapa spoke stating that the resolution was redundant, as MSD already follows the AMA Code of Medical Ethics. He noted there is a minority number of AMA members in the state and questioned whether the AMA Code of Medical Ethics represents the thoughts of Delaware physicians. He asked if MSD would consider a position of neutrality on the issue.</p> <p>Dr. Varipapa motioned to amend the resolution by adding the following from the introduction of Opinion E-5.7 of the AMA Code of Medical Ethics as a fourth and fifth resolve: (the 3rd resolve adds “and be it further”)</p> <p>RESOLVED, that the Medical Society of Delaware recognizes thoughtful, morally admirable individuals hold diverging, yet equally deeply held, and well-considered perspectives about physician-assisted suicide. Nonetheless, at the core of public and professional debate about physician-assisted suicide is the aspiration that every patient come to the end of life as free as possible from suffering that does not serve the patient’s deepest self-defining beliefs. Supporters and opponents share a fundamental commitment to values of care, compassion, respect, and dignity; they diverge in drawing different moral conclusions from those underlying values in equally good faith.</p> <p>RESOLVED: That the Medical Society of Delaware (word to be provided) guidance in the AMA Code of Medical Ethics encompasses the irreducible moral tension at stake</p>	<p>and 0% abstained. <u>The original resolution was adopted.</u></p> <p>RESOLVED, That the Medical Society of Delaware recognizes that responsibility to patient care is paramount, including providing compassionate and supportive palliative care for the dying; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware will continue to support the ethical standards as enumerated in the American Medical Association Code of Medical Ethics; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware allows for ongoing discussion and proposals on the topic of physician-assisted suicide/medical aid in dying.</p>	
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	<p>for physicians with respect to participating in assisted suicide. Opinion E-5.7 powerfully expresses the perspective of those who oppose physician-assisted suicide. Opinion 1.1.7 articulates the thoughtful moral basis for those who support assisted suicide.</p> <p>Dr. Guarino asked if Dr. Goodill wanted to comment on the amendment. Dr. Goodill urged the Council not to make this more complicated than it needed to be. He explained the resolution recommits to the AMA Code of Medical Ethics and allows thoughtful, personal, ethical convictions on both sides of the issue for further discussion. There can be a lot of language that can be taken directly from the AMA Code of Medical Ethics and added to the resolution.</p> <p>In discussion with Dr. Varipapa on filling in the appropriate verbs for each resolve, he asked that the two separate new resolves be combined and suggested “RESOLVED, that the Medical Society of Delaware recognizes...” Dr. Guarino indicated this could be done. The amendment now read:</p> <p>RESOLVED, that the Medical Society of Delaware recognizes thoughtful, morally admirable individuals hold diverging, yet equally deeply held, and well-considered perspectives about physician-assisted suicide. Nonetheless, at the core of public and professional debate about physician-assisted suicide is the aspiration that every patient come to the end of life as free as possible from suffering that does not serve the patient’s deepest self-defining beliefs. Supporters and opponents share a fundamental commitment to values of care, compassion, respect, and dignity; they diverge in drawing different moral conclusions from those underlying values in equally good faith. Guidance in the AMA Code of Medical Ethics encompasses the irreducible moral tension at stake for physicians with respect to participating in assisted suicide. Opinion E-5.7 powerfully expresses the perspective of those who oppose physician-assisted suicide. Opinion 1.1.7 articulates the thoughtful moral basis for those who support assisted suicide.</p> <p>Dr. Guarino explained this was a secondary amendment to the main resolution and that all discussion was to be directed at this time only to the amendment. If voted upon and it does not pass, the discussion then goes back to the original language.</p> <p>Dr. Shah expressed her concern that Dr. Varipapa expressed that the original resolution was redundant and she felt this amendment was also duplicative as the original resolution references the AMA Code of Medical Ethics.</p>		
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	<p>Dr. D'Amico supported Dr. Varipapa's amendment as the language in the original resolution was unclear as to whether the resolution was anti-PAS/MAID or pro-PAS/MAID. The amended wording is from the AMA and there shouldn't be a conflict, but that the amendment adds clarification to the resolution.</p> <p>Dr. Henderson asked if the amendment needed to be placed in quotes since the wording was taken directly from the AMA Code of Medical Ethics. Dr. Guarino agreed and was hopeful that Dr. Varipapa would take that as an editorial change to place the amendment in quotes and cite the AMA's website. Dr. Varipapa accepted the editorial change. Dr. Varipapa commented on Dr. Shah's comments in that adding the language characterizes more clearly the AMA position as being torn between pro and con PAS/MAID.</p> <p>Dr. Gill asked if a second to the motion of the amendment was needed. Dr. Guarino agreed and took Dr. D'Amico's supporting position as the second. Dr. Gill indicated that this amendment added redundant, unnecessary verbiage to the resolution. He also gave credit to the Committee on Ethics for an excellent job indicating the importance of the issue, that MSD follows the AMA Code of Medical Ethics which includes the ability to have a difference of opinions, and supports ongoing discussions and additional proposals. The original resolution captures everything in a concise way and he didn't think adding additional language from the AMA where it has already been indicated that MSD supports the AMA Code of Medical Ethics is necessary.</p> <p>Dr. Tildon-Burton indicated the amendment is saying the same thing as the whereas clauses, and in effect taken the whereas and put it in the resolve. An option would be to eliminate the appropriate whereas clause(s), but she thought the amendment was very wordy.</p> <p>Since the amended language was taken directly from the AMA's opinion, Dr. Henderson questioned, should the AMA change its opinion whether MSD would have to then change this. He added that the last resolve in the original resolution indicates MSD would continue to look at the issue, which is broader and provides more flexibility.</p> <p>Dr. Biasotto indicated the amendment was already referred to in the second resolve. He saw the amendment as redundant.</p> <p>Dr. Alexander felt the amendment was redundant and that an explanation for the reference to Opinion E-5.7 and Opinion 1.1.7 would need to be added. He felt it is better to keep it simple. He did not support the amendment.</p> <p>Dr. Goodill stated that if voting on the amendment, it belongs in the second resolve, not as a fourth resolve, since the second resolve refers to the AMA Code of Medical Ethics. Dr.</p>		
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	<p>Guarino explained that the Council would need to first defeat the amendment currently being discussed and then a new secondary amendment would need to be made to the original amendment.</p> <p>Dr. Guarino noted that the chat was very informative but since the meeting was being recorded it was important to voice opinion. For clarity, Dr. Guarino answered parliamentary protocol that was asked in the chat.</p> <p>Dr. Shah stated that, should the AMA change its opinion, MSD would need to change this language, whereas if the amendment is not added and the AMA does change its opinion, the resolution would not have to be changed, unless of course MSD disagrees with the AMA's new opinion. Dr. Varipapa stated the resolution would have to be changed in that case because the whereas reference the AMA Code of Medical Ethics. Dr. Guarino clarified that when a resolution is adopted as policy, the whereas clauses no longer exist and the resolve clauses are all that remain as policy. Dr. Shah added the whereas clauses are an explanation for why the resolves are being presented.</p> <p>Dr. Biasotto motioned to vote immediately on the amendment. Dr. Henderson seconded the motion. Dr. Guarino asked if there was any objections to voting immediately. There were no objections presented.</p> <p>Dr. Guarino directed the Council members to the online voting website, indicating the vote was whether to accept the amendment. Voting options were yes to accept, no to not accept, and abstain.</p> <p>With the motion to amend defeated, the original language was projected.</p> <p>Dr. Biasotto motioned to accept original Resolution 01-I2021, "Commitment to Ethics." Dr. Henderson seconded the motion. Dr. Guarino clarified this was a motion to vote immediately on the resolution, which was affirmed by Dr. Biasotto. Dr. Guarino asked if there was any opposition to voting immediately on original resolution 01, asking to place objections in the chat or to use the Raise Hand feature. Dr. Varipapa requested an online vote rather than ask for objections through chat or Raise Hand on whether to close debate and vote immediately. Dr. Guarino directed the Council members to the online voting website. The vote was worded for closing the debate and voting immediately on the resolution. The options were yes to close debate and vote, no (for more discussion), or abstain.</p> <p>With the motion passing to close debate and vote immediately, Dr. Guarino explained the Council was to vote on accepting original resolution 01 in totality and directed them to</p>		
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	<p>the online voting website. The vote on Resolution was yes to adopt, no to not adopt, or abstain. Resolution 01 was adopted.</p>		
<p>Resolution 02 I2021– “Inclusion and Diversity at MSD”</p>	<p>The MSD Executive Board submitted Resolution 02 and Dr. Matthew Burday, MSD President, was asked to read the Resolves:</p> <p>RESOLVED, That the Medical Society of Delaware examine and update as necessary diversity and inclusion initiatives continuing to enable and encourage participation by present and future members of the Medical Society of Delaware; and be it further</p> <p>RESOLVED, That all committees of the Medical Society of Delaware be encouraged to adopt and implement diversity and inclusion practices to better serve their members; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware evaluate on an ongoing basis opportunities for leadership for present and future members of personal and professional characteristics currently underrepresented in the Medical Society of Delaware.</p> <p>Dr. Burday spoke to the resolution stating diversity among the physician membership is important and is lacking in many organizations, including MSD. MSD is striving to have a diverse membership and working to engage with as many physicians with differing backgrounds. MSD should include as many having a variety of comments and beliefs as we can. The Executive Board put forth the resolution in order to enable moving further on these important issues.</p> <p>Dr. Guarino called for questions and/or discussion on the resolution, using the Raise Hand feature. Seeing none, Dr. Guarino explained the Council would vote on the three resolves of original Resolution 02 and directed the Council to the online voting website. The voting options were yes to adopt the resolution, no for not adopting, and abstain.</p>	<p>On the motion to adopt the original Resolution 02 in totality, 100% voted yes to adopt, 0% voted no, and 0% abstained. <u>Resolution 02 was adopted with no amendments.</u></p> <p>RESOLVED, That the Medical Society of Delaware examine and update as necessary diversity and inclusion initiatives continuing to enable and encourage participation by present and future members of the Medical Society of Delaware; and be it further</p> <p>RESOLVED, That all committees of the Medical Society of Delaware be encouraged to adopt and implement diversity and inclusion practices to better serve their members; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware evaluate on an ongoing basis opportunities for leadership for present and future members of personal and professional characteristics currently underrepresented in the Medical Society of Delaware.</p>	<p>The resolution will be presented at the May 13, 2021 Executive Board meeting as informational.</p>

<p>Resolution 03 I2021- “Physician Age and Competency to Practice”</p>	<p>Dr. Michael Vest, MSD member, submitted Resolution 03 and was asked to read the Resolves:</p> <p>RESOLVED, That the Medical Society of Delaware survey the membership to determine what existing additional requirements older physicians practicing in Delaware have encountered; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware assign appropriate committees to study the fairness, equity, cost, transparency, and due process implications of policies relating to older physicians and to develop principles which could serve as the basis for future advocacy on this issue.</p> <p>Dr. Vest spoke to the resolution referring to a national specialty society presentation indicating the lack of data related to how organizations are addressing this issue, such as having physicians undergoing neuropsychiatric testing in order to continue to be credentialed. He has also read about the use of neuropsychiatric testing in “JAMA.” ChristianaCare has implemented something similar. A test is easy for organizations to give and apply, not necessarily something that is protecting patients. He doesn’t have an answer to the question but the data does not suggest neuropsychiatric testing is the right thing to do. The intent of the resolution is to protect both the physician and patient.</p> <p>Dr. Barnes asked if there was a defined age for an older physician. Dr. Vest commented that many policies identify the age of 70, but he would prefer to leave the age open ended.</p> <p>Dr. Henderson commented that this is a complex issue for those subspecialties with a surgical component. While the resolution is well intended, there are multi-faceted layers to this issue. Insurance companies, as well as hospitals, are looking at this as a way of credentialing and it needs to be looked at carefully.</p> <p>Dr. Dave asked whether neuropsychiatric testing was validated as an appropriate test. He noted he has not encountered any literature that says this testing is appropriate for performance of certain duties. Dr. Vest agreed that this was not what neuropsychiatric testing was designed for. There is no data that show this testing improves patient outcomes.</p> <p>Dr. Bonner commented he is a family medicine physician and the American Board of Family Medicine has ongoing testing and multiple requirements to maintain Board certification and indicated this is “what is actually happening.” The physician can judge their performance and compare to other year’s performance along with age. This is the practical world in being evaluated against peers, regardless of age.</p>	<p>On the motion to strike “fairness, equity, cost, transparency, and” from the second resolve, 90% voted yes to amend by striking the designated wording, 5% voted no and 5% abstained.</p> <p>On substitute resolve 2, 85% voted to adopt the substitute resolve, 10% voted not to adopt; and 5% abstained. The substitute resolve adopted replaces the original and amended 2 second resolve with the following: RESOLVED, That the Medical Society of Delaware assign appropriate committees to study policies related to older physicians, their implication, and possible advocacy positions.</p> <p>On referral to the Executive Board, 95% voted yes for referral, 5% voted no to not refer, and 0% abstained. The resolution is referred to the Executive Board.</p> <p><u>Resolution 03 was referred to the Executive Board.</u></p>	<p>The resolution will be presented at the May 13, 2021 Executive Board meeting as a referral for further discussion.</p>
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	<p>Dr. Goodill indicated the resolution asked for a survey of the members and also for appropriate committees to gather data on the issue. He asked if the thought would be to delegate this to a new or existing committee. Dr. Guarino indicated that if the resolution was adopted, it would become the purview of the Executive Board as to where the task would be assigned, unless there was an amendment adopted that designates a specific committee.</p> <p>Dr. Biasotto indicated this may not be able to be resolved at this meeting. He would oppose the resolution as he felt this issue needed to be reviewed further.</p> <p>Dr. Burday commented on the last resolve of the resolution. The issue is complex, especially with the last resolve directing to study the fairness, equity, cost, and transparency and that it would be difficult to study and take time. He felt it would make more sense to have an amendment that would focus on one of these issues rather than try to address all the directives in the last resolve.</p> <p>Dr. Tildon-Burton agreed with Dr. Burday's comments about the broadness of the second resolve and motioned to amend the resolve:</p> <p>RESOLVED, That the Medical Society of Delaware assign appropriate committees to study the fairness, equity, cost, transparency, and due process implications of policies related to older physicians and to develop principles which could serve as the basis for future advocacy on this issue.</p> <p>Dr. Vest seconded the motion.</p> <p>Dr. Tildon-Burton spoke to the amendment by saying that by simply looking at the due process, some of these other issues will rise to the surface and it cleans up the wording so the committee assigned to this is not overwhelmed by the task.</p> <p>Dr. Guarino reminded the Council that comments are only to be made on the amendment presented.</p> <p>Dr. Henderson indicated that each discipline of medicine will be looking at this issue and their individual specialties and subspecialties and will be making recommendations moving forward. He questioned whether MSD's process need to be amended to agree with those recommended changes by each area of medicine. As an example he indicated the American College of Obstetricians and Gynecologists (ACOG) will be looking at this with regards to both the cognitive and surgical elements of the specialty. Should make recommendations, how asked how that would blend in terms of fairness, equity, cost, and transparency.</p>		
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	<p>Dr. Dave stated he agreed with the amendment. These studies can be very tricky and have legal implications. There needs to be a better way of studying the issue.</p> <p>A vote was taken on the amendment, striking “fairness, equity, cost, transparency, and” from the original resolve. The voting options were yes to strike the wording; no, not to strike the wording; and abstaining from voting.</p> <p>The amended resolve was then projected. Dr. Ellison offered an additional amendment to the second resolve:</p> <p>RESOLVED, That the Medical Society of Delaware assign appropriate committees to study this issue, current policies, implications, and possible advocacy positions.</p> <p>Dr. Guarino reminded that each resolve needs to stand on its own and offered as editorial comment to add context in terms of physician aging or physician competency, which was accepted by Dr. Ellison.</p> <p>RESOLVED, That the Medical Society of Delaware assign appropriate committees to study the due process implications of policies related to older physicians, their implication, and possible advocacy positions. and to develop principles which could serve as the basis for future advocacy on this issue.</p> <p>Dr. Tildon-Burton seconded the motion to amend the resolve. There was no further discussion on substitute resolve 2. A vote was taken on substitute resolve 2 with voting options of yes to adopt; no, do not adopt; and abstain.</p> <p>Dr. Guarino then indicated the Council would be discussing original resolve 1 and substitute resolve 2, prior to voting.</p> <p>Dr. Alexander commented that as far as the second resolve, this needed to be thought out in terms of solicitation of position papers and research studies, which could be incorporated within the <i>Delaware Medical Journal</i> to request the information. He did not think MSD leadership would be putting together a valid study that could be used to change opinions by the hospitals and insurers. He indicated he did not feel the resolution was asking for anything that could be done and suggested striking both resolves.</p> <p>Dr. Burday indicated he believed with the amended wording that MSD would study policies and that beyond that nothing further would occur. He didn't feel resolve 2 made sense. He suggested the Executive Board have further discussion.</p>		
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	Dr. Guarino explained there is an opportunity to motion for referral, usually to the Executive Board, and in that scenario the resolution would not be voted on. Dr. Henderson motioned to refer the resolution to the Executive Board. The motion was seconded by Dr. Biasotto. A vote was taken on referral. The voting options were yes to refer, no not to refer, and abstain.		
Resolution 04 I2021- "Healthy Air Quality for Delaware"	<p>The MSD Environmental Health Subcommittee submitted Resolution 04 and Dr. David Donohue, Chair of the Subcommittee, was asked to read the Resolves:</p> <p>RESOLVED, That the Medical Society of Delaware recognize the severe health impacts of poor air quality for all children and adults in Delaware by calling on state leaders and legislators to immediately enact policies to dramatically reduce the burning of fossil fuels regionally in order to reduce PM2.5 and other pollutants in Delaware; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware call on the AMA to champion legislation and policies at the federal level to shift our energy generation away from polluting sources like fossil fuels and toward affordable and less polluting renewables in order to drive down the generation of PM2.5 and other pollutants both nationally and in nearby upwind states.</p> <p>Dr. Donohue spoke to the resolution. He indicated this follows both presentations made by Dr. Mona Sarfaty, referring the presentations at the November 2020 Annual Council Meeting and the April 2021 Interim Council Meeting. The Environmental Health Subcommittee was very intentional in addressing an aspect of climate change that is less controversial, and more of a win-win for the health of patients and the health of the environment to address health disparities. There is very clear research that PM 2.5 and other pollutants not only impacts communities of color and communities of lower socio-economic status disproportionately, but also impacts the health of all patients. This goes beyond respiratory diseases and is a strong component in cardiovascular disease, general inflammation, and mortality. He noted a study that indicated 18% of deaths world-wide could be attributed to PM2.5 air pollution and there is clear evidence of this in the US.</p> <p>Dr. Galinat favored the resolution and motioned to amend the second resolve to strike "affordable and" indicating MSD's role is not include a financial comment for substitute energy.</p> <p>RESOLVED, That the Medical Society of Delaware call on the AMA to champion legislation and policies at the federal level to shift our energy generation away from polluting sources</p>	<p>On the motion to amend the second resolve by striking "affordable and," there was no opposition and the motion passed.</p> <p>On the motion to adopt the resolution as amended, 100% voted yes to adopt the resolution.</p> <p><u>Resolution 04 was adopted as amended.</u></p> <p>RESOLVED, That the Medical Society of Delaware recognize the severe health impacts of poor air quality for all children and adults in Delaware by calling on state leaders and legislators to immediately enact policies to dramatically reduce the burning of fossil fuels regionally in order to reduce PM2.5 and other pollutants in Delaware; and be it further</p> <p>RESOLVED, That the Medical Society of Delaware call on the AMA to champion legislation and policies at the federal level to shift our energy generation away from polluting sources like fossil</p>	<p>The resolution will be presented at the May 13, 2021 Executive Board meeting for further MSD directive, as well as developing a separate resolution to be submitted to the AMA at its special meeting of the House of Delegates in June related to resolve 2.</p> <p>5/11/2021 – A resolution was submitted to the AMA along with the required statement of priority.</p>

	<p>like fossil fuels and toward affordable and less polluting renewables in order to drive down the generation of PM2.5 and other pollutants both nationally and in nearby upwind states.</p> <p>Dr. Biasotto seconded the motion. There was no further discussion offered on the amendment.</p> <p>Rather than have the online vote, Dr. Guarino asked if there was anyone opposed to the amendment by either raising their hand or using the chat feature. There was no opposition presented.</p> <p>After the amended resolve was accepted, Dr. Guarino asked for additional discussion on Resolution 04. With no further discussion presented, the resolution was voted upon as amended with voting options of yes to adopt, no not to adopt, and abstain.</p>	<p>fuels and toward affordable and less polluting renewables in order to drive down the generation of PM2.5 and other pollutants both nationally and in nearby upwind states.</p>	
Old Business	Dr. Guarino called for any old business. There was no old business presented.		
New Business	Dr. Guarino asked if there was any new business to present. There was no new presented.		
Reminders	Dr. Guarino requested that all Council members who have not yet returned a signed Conflict of Interest form for 2021 to do so as soon as possible, as well as making a contribution to DELPAC and the Mission Appeal. Forms and online links were provided in the Council Handbook.	Those Council members who have not yet signed a Conflict of Interest form are to either complete online and return or fill out the form and return.	
Next Meeting	The next meeting of the Council will be the Annual Meeting tentatively scheduled to be held in person on Saturday, November 20, 2021, barring any state gathering restrictions.		
Adjournment	With no further business, the meeting was adjourned at 8:40 p.m.		

Respectfully submitted,

Shalini B. Shah, MD
Secretary

mml



Executive Board
Report to Council
November 9, 2021

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>Mr. Lincoln Willis attended the AMA State Legislative Advocacy Roundtable meeting in January 7-8, 2021. This meeting aggregates the state association legislative affairs staff.</p> <p>In light of the storming of the U.S. Capitol that took place on January 6, 2021, APAC will be considering the distribution of PAC funds by not supporting candidates who did not stand up against the riot that took place.</p> <p>Delaware participated in the AMA National Advocacy Conference held February 23-24, 2021, which took place virtually. Hill visits were also held virtually on Friday, February 26th with all three federal legislators together with appreciation as to how they all interacted and shared with one another what they are doing.</p> <p>The AMA requested a senior physician be appointed from each state to the AMA Senior Physicians Section. Responsibilities of the representative include identifying emerging issues and concerns of seniors over the age of 65; exchanging relevant information between the Senior Physician Section and senior organizations in the state; and participating in efforts to advance seniors into leadership positions. The seat was not budgeted in 2021. Since Dr. Tildon-Burton is already attending AMA meetings, she volunteered to serve for a one-year term and requested that MSD identify someone for the seat with the 2022 term. Since the Council is responsible for electing representatives to the AMA, this was an agenda item for the April 8, 2021 Interim Council meeting.</p> <p>From the resolution adopted by the MSD Council at the Interim Meeting on April 8, 2021, a subsequent resolution was drafted for submission to the AMA at its special meeting held in June. Because the AMA designated this a special meeting, it was requested that any resolutions being submitted have a statement of priority attached. Unfortunately, the AMA rejected the resolution as not meeting the priority status to be considered by the House of Delegates.</p> <p>The AMA in May announced its three-year strategy plan on racial justice and health disparities.</p>	<p>Dr. Tildon-Burton was elected as Delaware's AMA Senior Physician Section representative for 2021.</p> <p>MSD's resolution on health air quality submitted to the AMA for the June 2021 Annual Meeting did not meet the AMA's priority status for consideration by the House of Delegates.</p>	<p>Dr. Robert Varipapa has been nominated to serve as Delaware's Senior Physician Section representative for 2022.</p> <p>MSD plans to resubmit the resolution on health air quality for the November 2021 Interim Meeting of the AMA.</p>

	<p>The AMA Annual Meeting took place virtually on June 11-16, 2021. The AMA's three-year strategic plan generated intense discussion. Following the meeting the Delegation met to discuss the approach to the strategic plan on racial justice and health equity as it relates to some members of the Southeastern Delegation's opposition. The SE Delegation formed a Task Force to review the plan and draft a response.</p> <p>The November AMA Interim Meeting will be held virtually this year.</p>		
2021 Annual Meeting	In light of the continued COVID-19 cases, it was announced that the 2021 Annual Meeting will once again be held as a virtual event. The Council Meeting will be held on Tuesday, November 9 th , the Holding Company Board Annual Meeting will be held on Wednesday, November 10 th , and the Education Program will be held on Thursday, November 11 th .		
Board Orientations	<p>Board orientations continued in 2021 with presentations from various areas related to MSD. An overview of MSD was presented at the January combined meeting of the Executive Board and Holding Company Board of Directors. Presentations were given on MSD's Multiple Employer Plan (MEP) and the Medical Society of Delaware Insurance Services.</p> <p>For Board orientations, each invited guest presents 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>		
Board Presentation by MSD Member	MSD member Jonathan L. Patterson, MD requested to present to the Executive Board on topics including COVID-19 and things he is seeing in his office. Dr. Patterson was allotted five minutes to address the Board. His main concern was with the proper informed consent with the COVID-19 vaccine and, how informed consent plays a role in a mandatory vaccine.	Dr. Patterson was asked to provide written documentation to share with the Committee on Ethics for further discussion.	
2021 Nominating Committee Appointment	<p>The Executive Board ratified the members of the 2021 Nominating Committee.</p> <p>James M. Gill, MD Randeep S. Kahlon, MD John Kehagias, MD Katherine A King, MD James M. Ellison, MD Shalini B. Shah, MD Brintha F. Vasagar, MD</p> <p>Robert J. Varipapa, MD, MSD President-Elect, will serve as Chair.</p>	Katherine King resigned as a Pediatric representative on the Council, therefore, making her ineligible to serve on the Nominating Committee.	The Nominating Committee has been working in 2021 to develop the nomination slate for the 2021 Annual Meeting of the Council.

COVID-19	<p>With the introduction of COVID-19 vaccine administration in late December 2020, MSD requested to meet with Division of Public Health Director Karyl Rattay, MD and Medical Director Rick Hong, MD in January to discuss DPH's plan for vaccine access for private practice physicians and distribution of the vaccine for those enrolled as a vaccine provider, since the vaccines were not being distributed as quickly as anticipated. With no federal guidance, DPH instituted mass drive thru vaccination events, identifying points of distribution (PODs), and pop-up events. Pharmacy access was through the federal government supply of vaccine. The Board suggested a survey be sent to the membership to obtain information on as to whether physicians who want to be a vaccine provider have received vaccine supply.</p> <p>Discussion was held regarding the underutilization of monoclonal antibody treatment, which was unrelated to any supply issue, but more of the limitations of where patients could go to receive the IV infusion treatment.</p> <p>The recent hot topic surrounding COVID-19 vaccines is the issue of providers spreading misinformation about the vaccine and treatment. Many conversations were held at the Board level, at the Past Presidents meeting, with the Delaware Healthcare Association, and at the meeting with hospital medical staff leadership.</p> <p>COVID-19 updates were provided at each Executive Board meeting.</p>	<p>January 2021 MSD provided a vaccine survey to its membership to gather information on their plans to help with vaccination efforts. 144 physicians responded to the survey.</p> <p>The issue of allowing monoclonal antibody treatment at independent outpatient infusion centers to be a topic of discussion with the Dept of Health and Social Services.</p>	<p>MSD is currently drafting a statement for physicians, as well as patients, regarding trusted resources for information about the COVID-19 vaccine.</p>
Diversity and Racial Disparities Subcommittee	<p>The MSD Committee on Ethics recommended to the Executive Board that its statement on Racism, Intolerance, Social Injustice, and Violence become a more actionable plan with the creation of a Task Force. As a Task Force is time-limited, the Executive Board first adopted a motion to form a Diversity and Racial Disparities Subcommittee under the Committee on Ethics. Since it was foreseen that there were issues for this subcommittee that didn't fall under the purview of the Committee on Ethics, it was eventually decided to form a new standing committee.</p> <p>Board also requested for the MSD Education Program Planning Subcommittee to consider a themed education program on diversity for the November Annual Meeting.</p>	<p>The Committee on Diversity, Equity and Inclusion has been formed and will be formalized with the Council's adoption of the Bylaws Committee's recommendations presented at the Annual Meeting on November 9, 2021.</p>	<p>The Education Program Planning Committee decided on two different topics for the 2021 Annual Meeting: telemedicine and artificial intelligence.</p>
Delaware Medical Journal	<p>Several critical issues facing the Delaware Medical Journal (DMJ) in 2021 were: PubMed status was lost in 2018, which meant that articles published in the DMJ are not indexed nor do they appear in medical searches; and the publishing contract with Today Media showed a significant increase in cost with a reduced ad revenue sharing percentage which was not</p>		<p>In September a contract was signed with the Cureus Journal of Medical</p>

	acceptable moving forward with renewing a contract. The Board agreed with temporarily suspending operations and publication of the DMJ until it could find a suitable publishing contract. In May, members were informed of the temporary suspension of publication.		Science, an open access journal. MSD will have its own Academic Channel where articles will flow through to be credited to MSD. A quarterly digital digest will be distributed via email to members. At the time of the writing of this report, MSD's Academic Channel was being worked on. In October a communication was sent to members announcing the relationship with Cureus.
Executive Board Meeting Format for 2021	The Executive Board felt it was reasonable to continue to hold the balance of the 2021 Executive Board/Holding Company Board meetings virtually due to convenience and decreased expense vs. an in-person meeting		
Medical Society Consortium on Climate and Health	The MSD 2020 Annual Meeting Education Program focused on the topic of climate change and health and we learned of the Medical Society Consortium on Climate and Health. The Executive Board passed a motion for MSD to become a member of the Consortium.	In August 2021, MSD officially was recognized as a member of the Consortium and David Donohue, MD identified as MSD's representative on the Steer Committee, with Patt Panzer, MD as the Alternate Rep.	Objectives from the Consortium fall under the purview of the MSD Environmental Health Subcommittee.
Physician Aging And Competency	A resolution on Physician Age and Competency was presented at the April Interim Council Meeting, which was referred to the Executive Board for further action. The Board adopted a		A Hot Topic CME event was held on

	motion to form a Task Force for the purpose of studying the issue of physician aging and competency.		September 23, 2021 on the “Performance of Late Career Physicians.”
Office-Based Opioid Treatment	Office-based opioid treatment (OBOT) and virtual-based opioid treatment (VBOT) are programs to address substance abuse disorders. MSD was successful in receiving a \$100,000 grant to pilot the program through MedNet. This is a tier 2 federal grant through the Division of substance Abuse and Mental Health. MSD will utilize the same vendor that the North Carolina Medical Society used to assist with the program and help increase awareness of OBOT through the MedNet network of physicians. Physician offices will also be assisted with tools available within their EMR, as well as care coordination for patients to get them to the right resources.		At the time of the writing of this report, MSD was still awaiting the formal letter of acknowledgement.
Strategic Planning Event	With the conclusion of the 2015 five-year strategic plan, the issue was brought to the Executive Board regarding planning for the next strategic initiative, which was not included in the 2021 budget.	Mr. Thompson to obtain quotes and scope on consultants for a strategic planning event.	
2021 Tilton Award Dinner	The Tilton Society and MSD have identified the awardee for the 2021 Tilton Award, which will be held on Thursday, October 28 th at 6:00 p.m. at the University & Whist Club in Wilmington. A small group (no more than 50 people) will attend a social gathering to honor this year’s award winner, Ray Blackwell, MD.		

Respectfully submitted,

Shalini B. Shah, MD
Secretary

mml



MSD Holding Company Board of Directors
Report to Council
November 9, 2021

A summary of topics of significance discussed/acted upon by the MSD Holding Company Board during meetings held November 18, 2020 through October 2021.

ITEM	DISCUSSION	ACTION	STATUS
Annual Meeting	The MSD Holding Company Board of Directors will hold its Annual Meeting this year on Wednesday, November 10, 2021, as a virtual meeting. Subsidiary Board members are elected at the Annual Meeting of the MSD Holding Company Board.		
Appointment of Holding Company Board Members	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).	Andrew W. Dahlke, MD served as the Vice President of the Holding Company Board, as well as the representative to the Executive Board for 2021.	Assuming the MSD elections will reflect a second term for the existing MSD officers, Dr. Dahlke will once again serve as the Holding Company Board representative on the MSD Executive Board for the 2022 term.
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 18, 2020, the Holding Company Board elected the members of the Health Hub, MedNet, and MSDIS Boards for a one year term, commencing January 1, 2021 through December 31, 2021.		The Holding Company Board at its January 14, 2021 meeting adopted a motion electing Joseph J. Straight, MD to the MSDIS Board effective January 1, 2021 through December 31, 2021.
Board Orientations	In each of the two Holding Company Board meeting held this year in conjunction with the Executive Board meetings, the Holding Company Board members have been included in orientation sessions.	January 14, 2021 – Mr. Thompson provided an overview of MSD and its family of companies. July 8, 2021 – Mr. Larry Zutz presented an overview of the Medical Society of Delaware Insurance Services subsidiary.	Orientations will continue through the joint meetings held with the MSD Executive Board.
Subsidiary Updates – Health Hub, LLC	Health Hub has been helping to identify and bring technologies to physician practices, with the focus on telehealth vendors for telemedicine services. Currently, Health Hub has vetted and signed agreements with the six telemedicine vendors: Mend, Vidyo, CareforcetMD, Presence, Dr. First, and Backline. A survey was sent to the members regarding their thoughts on telemedicine. Follow up education was provided on May 4.	Governor Carney signed into law the Telehealth Access Preservation and Modernization Act of 2021, which became effective July 1, 2021. The legislation makes permanent some of the temporary provisions for remote medical care put into place in 2020 to address the needs during the pandemic. Patients are able to access telemedicine services	Members have voiced confusion regarding whether they can still see people via telemedicine in other states as was allowed during the Governor’s emergency orders during the pandemic. In a preliminary review of the new law, MSD’s lobbying team indicates the answer to this question is complex. The Division of Professional Regulation has not provided specific legal advice on the issue. A meeting of the MSD

		even if they've never presented to their provider in person. It also allows telehealth appointments to happen just over the phone, rather than requiring both audio and video technology. The law also brings Delaware into the Interstate Medical Licensure Compact effective July 1, 2022.	Medico-Legal Affairs Committee will be scheduled prior to the MSD Annual Meeting to discuss the issue.
Subsidiary Updates – MedNet of Delaware	<p>MedNet bought out HealthEC's 49% share of minority stock for \$1 and since June 2020, MedNet stock has been 100% solely owned by the MSD Holding Company.</p> <p>The Delaware Care Collaborative (DCC), a Medicare Shared Savings Program (MSSP) Accountable Care Organization and member of the Trinity Health Mid-Atlantic, announced it saved \$2.3 million in health care costs for the Centers for Medicare & Medicaid Services (CMS) in performance year 2020. DCC partners include Saint Francis Hospital and MSD/MedNet. The Collaboration also received excellent quality measure scores in its Performance Year and Quality Results report for 2020. The 2020 measurement years marks the fifth year in a row that DCC has excelled in quality scores with CMS in their MSSP.</p>		
Subsidiary Updates – MSDIS	<p>MSD, MSDIS, and USI Insurance Services are parties to a Cooperative Marketing, Administration, and Servicing Agreement last renewed in five-year term increments. MSD, MSDIS, and USI successfully entered into another five year agreement which began January 1, 2021.</p> <p>USI explored the purchase of another local insurance agency and roll it into the joint venture with MSDIS/Zutz. Delaware is one of only a few affinity groups within USI. However, issues with the current Marketing, Administration, and Servicing Agreement prevented the purchase from taking place.</p> <p>MSDIS is working in conjunction with MSD affinity partner, Diamond State Financial Group, to help promote the group 401k plan.</p>		

Respectfully submitted,

Robert J. Varipapa, MD
Chair



Bylaws Committee
Report to Council
November 9, 2021

The Bylaws Committee considered recommendations referred for changes to the Bylaws. The following proposed changes to the Bylaws are submitted for consideration by the Council. Changes incorporating additional language to the Bylaws are denoted in red font and deletions to the current language are reflected by strikethroughs.

ITEM/TOPIC	DISCUSSION	ACTION
Addition of a new Affiliate Membership classification and qualifying voting privileges for Affiliate Members	<p>As brought to our attention by a current resident, there is no eligibility for an International Medical Graduate (IMG) who has not yet been accepted to a residency program to become a member of MSD. It was noted that an IMG can be a US national or a foreign national and what qualifies for describing an IMG is the location of the medical school and that the person has not yet gone into a residency program in the US. The intent is not to require the IMG to enter into a residency program, but that they are eligible to apply for ECFMG Certification.</p> <p>Under the Affiliate Membership class, it describes the following as eligible for membership:</p> <ul style="list-style-type: none"> • Medical Students • Residents • Members who no longer practice and reside in Delaware • Physicians who reside but are not licensed in Delaware with an unrestricted license to practice in another state • Physician who are licensed in another state, but do not reside or practice in Delaware • Physician Assistants <p>The Committee on Membership is in agreement with adding the opportunity for IMGs (i.e., those who are not in a residency program) to join as members of MSD and recommended changes to the Bylaws to address this.</p> <p>In order to accommodate this group, a new eligibility classification is recommended for addition.</p> <p>Also, since there has been a greater effort over the years to have resident and medical student involvement (and possible anticipated</p>	<p>The Bylaws Committee recommends the following changes to the Bylaws in support of the creation of a new membership classification.</p> <p>ARTICLE III – Membership Section 5 – Affiliate Members Affiliate members may be:</p> <ul style="list-style-type: none"> (a) Medical students enrolled in an educational program provided by a college of medicine or osteopathic medicine accredited by the Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) leading to the MD or DO degree. This includes those students who are on an approved sabbatical, provided that the student will be in good standing upon returning from the sabbatical. (b) Resident physicians or post doctoral trainees who possess the US degree of MD or DO, or a recognized international equivalent, and are serving in residencies or fellowships approved by the American College of Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). (c) Physicians who received their basic medical degree from a medical school located outside the United States and Canada (International Medical Graduates) who are eligible to apply for Educational Commission for Foreign Medical Graduates (ECFMG) Certification. (d) Former members of this Society who no longer practice and reside in Delaware. (e) Physicians who reside but are not licensed in Delaware but who have an unrestricted license to practice in another state. (f) Physicians who are not former members, do not reside or practice in Delaware, and do not hold a medical license in Delaware, but hold an unrestricted license to practice medicine in another state. (g) Delaware licensed physician assistants who are in good standing with their licensing board.

	<p>involvement of IMGs), a blanket statement was added that allows anyone under the Affiliate Membership category who is serving on an MSD committee or governing the body the right to vote only within the boundaries of the role they are serving.</p> <p>BYLAWS COMMITTEE RECOMMENDATION: The addition of a new item (c) under Article III, Section 5, Affiliate Members to read: (c) Physicians who received their basic medical degree from a medical school located outside the United States and Canada (International Medical Graduates) who are eligible to apply for Educational Commission for Foreign Medical Graduates (ECFMG) Certification.</p> <p>The information is also suggested for change to allow any Affiliate member the privilege to vote within the context of serving on an MSD committee or governing body.</p>	<p>Affiliate members may be required to pay membership dues and shall enjoy the privileges of this Society, except as provided in Section 8, without the right to vote or hold office, unless otherwise specified in these Bylaws. Affiliate members under this Section 5(a)-above who serve on MSD committees or governing bodies are provided the right to vote only within the role they are serving. Affiliate members have the right to register, attend, and participate in meetings of the Society subject to the qualifications set by these Bylaws. Non-delinquent members shall be entitled to receive a copy of the Society's official publications as issued.</p> <p>The dues for affiliate members shall be set annually by the Council upon recommendation of the Budget and Finance Committee.</p>
<p>Qualifying voting privileges for Associate Members to correspond with Affiliate Member privileges</p>	<p>As was recommended for Affiliate Members, to be consistent, consideration was also given for allowing Associate Members the opportunity to vote within the context of serving on an MSD committee or governing body. This issue was not referred to the Bylaws Committee by another body.</p> <p>BYLAWS COMMITTEE RECOMMENDATION: Modification of the language under the Associate Members classification to allow an Associate Member the privilege to vote within the context of serving on an MSD committee or governing body. This would bring the process in sync with the Affiliate Member classification, assuming the recommendation is accepted for Affiliate Members.</p>	<p>ARTICLE III – Membership Section 3 – Associate Members Associate members of the Medical Society of Delaware may be physicians under the age of 65 who are not retired and who have voluntarily discontinued licensure to practice medicine and surgery in Delaware, or physicians employed full time in the research field not engaged in patient care, or members of the medical profession serving with the Armed Forces of the United States or employed on a full-time basis by a governmental agency, including but not limited to the Veterans Administration and the United States Public Health Service to include employed physicians of the State of Delaware, provided the required annual dues or special assessments have been received timely by the Treasurer of the Society. Associate members who are in compliance with the provisions of these Bylaws and with the Principles of Medical Ethics of the American Medical Association shall have the right to register, attend, and participate in meetings of the Society but shall not be entitled to vote or hold office subject to the qualifications set by these Bylaws. Associate members who serve on MSD committees or governing bodies are provided the right to vote only within the role they are serving. Non-delinquent members shall be entitled to receive a copy of the Society's official publication as issued.</p> <p>Associate members shall be required to pay membership dues to be set annually by action of the Council upon recommendation of the Budget and Finance Committee.</p>

<p>Recognition of new committee for MSD</p>	<p>At its meeting held on September 30, 2020, the Committee on Ethics discussed the need to expand on and have an actionable outcome from the MSD Statement on Racism, Intolerance, Social Injustice and Violence. The Committee recommended to the Executive Board to form a Task Force to look into opportunities to improve health inequities and to identify community-based partners to join as Task Force members. The Executive Board decided that a Task Force's work has a specific end and recommended that a committee be formed instead, first suggesting as a subcommittee under the Committee on Ethics, but later seeing the need for a stand-alone committee.</p> <p>A small group of physicians involved from the beginning held discussions to determine the focus of the committee, and decided on a committee name, as well as identify members, both from MSD and the community who were willing to serve on the committee. The committee as it has been formed has met once and plans to meet on a frequent basis. A mission statement for the committee has also been developed and approved.</p> <p>BYLAWS COMMITTEE RECOMMENDATION: The addition of a new item (c) under Standing Committee called the Committee on Diversity, Equity, and Inclusion. There is also the addition of a new Section 14 to include the language to describe the committee. The committee or "lay members" are provided the privilege to vote.</p> <p>There is also a housekeeping item change under Section 9 of Article XI to define the proper annual terms of committee service and remove the Council on Medical Specialties, which no longer exists.</p>	<p>ARTICLE XI – Committees of the Society Section 3 – Standing Committees The following committees shall be appointed annually by the President of the Society with the concurrence of the Executive Board:</p> <ul style="list-style-type: none"> (a) Bylaws Committee (b) Committee on Community Health (c) Committee on Diversity, Equity, and Inclusion (d) Committee on Education (e) Editorial Board (f) Government Affairs Committee (g) Third Party Payer Committee <p>Section 9 – Election and Tenure The members of all committees, with the exception of the delegates and alternates to the AMA, and the Judicial Committee, and the Council on Medical Specialties whose terms are otherwise described, shall serve one-year terms beginning January 1 following at the final session of the Annual Meeting and terminating at the corresponding session of the following Annual Meeting. December 31.</p> <p>Section 14 - Committee on Diversity, Equity, and Inclusion The Committee on Diversity, Equity, and Inclusion will be composed of not more than eleven members to include up to eight members from the Society's membership and no more than three lay members appointed by the President with the concurrence of the Executive Board. A quorum for this committee requires at least the presence of five members of the Medical Society participating in a meeting. The committee is charged with working to mitigate health disparities and propose effective strategies for improvement for equality. The committee will also work to build a culture of belonging by actively inviting the contribution and participation of all people; promoting physician and community awareness; and providing education, support, and mentoring programs for health care professionals, patients, community partners, and the public.</p>
<p>Revisions to the Government Affairs Committee to</p>	<p>As recognized by the current Chair of the Government Affairs Committee, Richard Henderson, MD, and the MSD President, Matthew Burday, DO, the current size of the membership of the committee is quite large (27 members). The work gets accomplished, but their goal is to put a plan in place to reduce the committee to a more manageable</p>	<p>ARTICLE XI – Committees of the Society Section 19 – Government Affairs Committee The members of the Government Affairs Committee shall be charged with building relationships with legislators, providing a regular and consistent presence at Legislative Hall when the Legislature is in session, and testifying on health care issues on</p>

<p>outline composition, term limits, the potential for a lay member, and the creation of a Select Subcommittee under the Government Affairs Committee</p>	<p>and reasonable size and add a subcommittee that can be more reactive to issues between meetings of the Government Affairs Committee. Dr. Henderson made his recommendations to the Executive Board and the Executive Board was in support of the changes. The recommendations went through many changes prior to submission to the Bylaws Committee.</p> <p>BYLAWS COMMITTEE RECOMMENDATION: By removal and addition of language to the existing section under the Government Affairs Committee, to outline the committee composition with the ability to include a lay member, define term limits, formally recognize a vice chair and its role, and the creation of a Select Subcommittee under the Government Affairs Committee. This would be the second subcommittee to report to the Government Affairs Committee.</p>	<p>behalf of the Medical Society of Delaware. The committee will also be responsible to develop and draft legislation for the Society, oversee the legislative and regulatory efforts of the Society, and shall take direction from the Society's Council and Executive Board as necessary.</p> <p>The Government Affairs Committee will be composed of not less than 7 9 (nine) members to include the chair of the committee, the Society's President, President-Elect, Vice President, Immediate Past President, the Executive Director, a representative from the AMA Delegation, and at least one representative from a specialty society that has a particularly active governmental affairs program, and the chair and vice chair of the committee identified by the President. The committee may also include one lay member whom the Executive Board may solicit names from the committee chair for appointment. The lay member shall serve a two-year term, coterminous with the two-year General Assembly legislative session. The lay member shall not have voting rights.</p> <p>The chair of the committee shall be a regular member of the Executive Board, and by virtue of being a member on the Executive Board, a member of the Council, and the Delaware Medical Political Action Committee Board of Directors. The chair's term shall be a minimum of two years, coinciding with the two-year term of the General Assembly legislative sessions. The chair may serve no more than two consecutive two-year terms. The vice chair automatically succeeds to the position of chair at the end of the chair's term. Should the chair die, resign, cease to be a member in good standing of this Society, become disabled, or for any other reason not be able to assume or continue to assume the duties of the seat, the rights and duties of the chair devolve to the vice chair for the remainder of the unexpired term. The vice chair elevated to serve the unexpired term of the chair shall not be regarded as having served a term.</p> <p>The President, President-Elect, Vice President, Immediate past President, Executive Director, and AMA Delegation representative shall serve on the committee by virtue of their position, not subject to a term length. The term of one-third of the remaining committee members will expire every two years, co-terminus with the two-year General Assembly legislative session.</p>
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		<p>There shall also be created a Select Subcommittee comprised of the President, President-Elect, Vice President, Immediate Past President, AMA Delegation representative, chair and vice chair of the Government Affairs Committee, and one additional member from the Government Affairs Committee selected by the Chair. The term for the additional member on the Select Subcommittee would be for two years, co-terminus with the two-year General Assembly legislative session. Should the additional member die, resign, or otherwise be unable to fulfill the duties, the chair would appoint a replacement from the remaining members on the Government Affairs Committee to serve out the term, which would not count towards eligibility to serve a full two-year term on the subcommittee. The Select Subcommittee would meet as needed on important issues that arise between scheduled meetings of the Government Affairs Committee.</p> <p>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 General Pediatrics. The Primary Care 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.</p>
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Respectfully submitted,

Janice E. Tildon-Burton, MD, Chair
M. Lisa Attebery, DO
David M. Bercaw, MD
William M. Chasanov II, DO

Jeffrey E. Hawtof, MD
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Joseph F. Rubacky III, DO

Medical Society of Delaware and Subsidiaries
2022 Budget

	2020 Budget	2020 Actual	2021 Budget	Act/Est 2021	2022 Budget	% Change from 2021 budget
Medical Society of Delaware	1,693,800.00	1,817,827.01	1,553,400.00	1,509,371.77	1,400,000.00	-9.9%
MSD Holding Company	51,200.00	16,182.00	17,000.00	12,791.40	30,000.00	76.5%
MSDIS	470,950.00	404,189.90	440,650.00	414,231.67	415,600.00	-5.7%
MedNet	2,660,900.00	572,902.80	588,000.00	1,560,111.10	275,000.00	-53.2%
HEALTHHUB, LLC	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00	0.0%
Total Consolidated Revenues	4,878,890.00	2,813,141.71	2,601,090.00	3,498,545.94	2,122,640.00	-18.4%

Revenue Breakdown:

Medical Society of Delaware

Dues Revenues	550,200.00	514,456.77	526,300.00	506,030.77	528,000.00	0.3%
Grant Revenue	156,000.00	154,481.46	156,000.00	158,538.04	160,000.00	2.6%
Grants - Capital Campaign	-	2,089.46	-	-	-	0.0%
Grants - DFMS	320,000.00	320,000.00	180,000.00	90,000.00	90,000.00	-50.0%
Grants - Planned Giving DFMS	111,000.00	34,756.07	86,400.00	43,569.25	50,000.00	0.0%
Grants - Planned Giving DMEF	27,800.00	83,689.02	84,100.00	10,917.31	75,000.00	0.0%
DCC Contractual Revenue	-	32,000.00	48,000.00	48,000.00	48,000.00	0.0%
Service Revenue	172,800.00	168,356.30	172,400.00	167,696.27	168,100.00	-2.5%
Annual Meeting Revenue	40,700.00	10,184.00	40,000.00	5,000.00	40,700.00	1.8%
Educational Program Revenue	273,500.00	232,093.02	223,000.00	229,551.14	235,500.00	5.6%
Advertising Revenue	30,000.00	19,167.50	27,000.00	7,485.00	-	-100.0%
Subscriptions Revenue	300.00	295.00	200.00	185.00	200.00	0.0%
Foregiveness of Debt	-	236,300.00	-	237,800.00	-	0.0%
Miscellaneous Revenue	11,500.00	9,958.41	10,000.00	4,598.99	4,500.00	-55.0%

MSD Holding Company

Room Rental Revenue	51,200.00	16,182.00	17,000.00	12,791.40	30,000.00	76.5%
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MSDIS

Joint Venture Revenue	410,000.00	343,099.47	380,000.00	353,791.00	355,000.00	-6.6%
Reimbursement Revenue	60,500.00	61,001.20	60,500.00	60,408.73	60,500.00	0.0%
Interest Revenue	450.00	89.23	150.00	31.94	100.00	-33.3%

MedNet

Management Revenue	30,000.00	40,000.00	30,000.00	35,000.00	35,000.00	16.7%
PHM Revenue - AmeriHealth	396,000.00	532,902.80	558,000.00	613,340.10	240,000.00	-57.0%
PHM Revenue - Highmark Comm	600,000.00	-	-	-	-	0.0%
PHM Revenue - Highmark Mcaid	240,000.00	-	-	-	-	0.0%
PHM Revenue - Cigna	324,000.00	-	-	-	-	0.0%
PHM Revenue - Aetna	105,000.00	-	-	-	-	0.0%
Shared Savings - AmeriHealth	965,900.00	-	-	911,771.00	-	0.0%

HEALTHHUB, LLC

Advertising & Affinity Revenue	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00	0.0%
Total Consolidated Revenues	4,878,890.00	2,813,141.71	2,601,090.00	3,498,545.94	2,122,640.00	-18.4%

Medical Society of Delaware and Subsidiaries
2022 Budget

	2020 Budget	2020 Actual	2021 Budget	Act/Est 2021	2022 Budget	% Change from 2021 budget
Expenses						
Personnel	1,221,000.00	1,314,132.88	1,302,840.00	1,244,768.05	1,294,000.00	-0.7%
Grant Personnel	149,500.00	148,416.67	155,000.00	167,193.73	157,700.00	1.7%
Outside Grant Expense	4,800.00	6,064.79	4,800.00	2,630.29	3,000.00	-37.5%
President's Honorarium	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	0.0%
Legislative Specialist	42,000.00	42,000.00	42,000.00	42,000.00	42,000.00	0.0%
Meetings	78,600.00	18,645.38	51,300.00	11,615.29	21,700.00	-57.7%
Legal Fees	32,000.00	88,802.66	48,000.00	25,504.00	48,000.00	0.0%
Accounting Fees	23,800.00	24,125.00	23,900.00	21,750.00	22,400.00	-6.3%
Other Professional Fees	240,875.00	226,401.02	200,850.00	228,624.01	187,030.00	-6.9%
HEC Mgmt Services	796,900.00	10,583.00	-	-	-	0.0%
Shared Savings Providers	436,800.00	-	-	468,682.00	-	0.0%
HealthEC Shared Savings	-	-	-	391,088.11	-	0.0%
Fundraising	3,000.00	1,102.00	1,500.00	1,513.30	1,500.00	0.0%
Insurance	65,510.00	63,659.77	64,710.00	66,642.80	66,570.00	2.9%
Office Rents - MSD for HEC	12,700.00	-	-	-	-	0.0%
Office Rents - HEC	12,150.00	1,058.00	-	-	-	0.0%
Donations	-	100.00	-	600.00	-	0.0%
Interest Expense	100,250.00	103,317.62	95,150.00	93,665.30	88,000.00	-7.5%
Payroll Service Fees	4,700.00	5,058.45	4,900.00	5,425.96	5,400.00	10.2%
Occupancy Expenses	39,300.00	15,922.16	33,200.00	21,828.44	28,500.00	-14.2%
Office Supplies	4,600.00	5,014.17	4,100.00	4,261.34	3,700.00	0.0%
Other Supplies	2,700.00	2,020.67	1,900.00	1,740.50	1,900.00	0.0%
Utility Expenses	37,200.00	30,601.74	31,800.00	41,296.26	38,300.00	20.4%
Telephone	16,450.00	19,990.77	18,630.00	18,600.79	18,730.00	0.5%
Telephone - HEC	11,340.00	-	-	-	-	0.0%
Postage	7,750.00	7,505.75	7,500.00	3,748.09	3,200.00	-57.3%
Printing	700.00	2,634.42	700.00	133.20	600.00	-14.3%
Copying	(1,750.00)	(316.56)	(650.00)	(108.09)	(650.00)	0.0%
Equipment	32,300.00	35,287.56	31,300.00	38,081.77	33,600.00	7.3%
Accredited CME	1,000.00	125.00	1,000.00	499.00	500.00	-50.0%
Workshops	7,000.00	3,458.70	5,400.00	5,122.81	6,800.00	25.9%
Travel	38,900.00	8,659.83	33,000.00	2,820.04	30,700.00	-7.0%
Travel - HEC	14,400.00	-	-	-	-	0.0%
Dues	13,750.00	7,610.06	13,170.00	12,437.28	12,500.00	-5.1%
Subscriptions	500.00	569.30	1,400.00	853.47	900.00	-35.7%
Advertising	-	-	-	252.74	-	0.0%
Depreciation	141,500.00	141,480.00	141,000.00	140,988.74	139,600.00	-1.0%
Website	-	-	-	-	-	0.0%
Other Taxes	31,525.00	34,127.26	36,525.00	35,965.56	36,950.00	1.2%
EDW Setup HealthEC	-	-	-	-	-	0.0%
EMR Integration HealthEC	84,000.00	-	-	-	-	0.0%
EMR Vend. Chrgs HealthEC	138,000.00	-	-	-	-	0.0%
Payor Integration HealthEC	40,000.00	-	-	-	-	0.0%
IT Infrastructure AmeriHealth	370,000.00	180,176.00	186,000.00	2,818.00	-	-100.0%
IT Infrastr. Highmark Comm.	225,000.00	-	-	-	-	0.0%
IT Infrastr. Highmark Mcaid	90,000.00	-	-	-	-	0.0%
IT Infrastructure Cigna	108,000.00	-	-	-	-	0.0%
IT Infrastructure Aetna	52,500.00	-	-	-	-	0.0%
Miscellaneous	-	9,600.00	-	-	-	0.0%
Total Expenses	4,761,250.00	2,587,934.07	2,570,925.00	3,133,042.78	2,323,130.00	-9.6%
Surplus (Deficit)	117,640.00	225,207.64	30,165.00	365,503.16	(200,490.00)	-764.6%
Federal and State Taxes	29,300.00	(1,359.72)	158,300.00	73,885.00	(18,300.00)	-111.6%
Net Surplus (Deficit)	88,340.00	226,567.36	(128,135.00)	291,618.16	(182,190.00)	42.2%
Non-Controlling Int. of MedNet LLC	66,787.00	32,762.30	-	-	-	0.0%
Net Surplus (Deficit) after NCI	21,553.00	193,805.06	(128,135.00)	291,618.16	(182,190.00)	42.2%

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 01
(A-2021)

Introduced by: Executive Board

Subject: COVID-19 Masking, Vaccinations, and Testing

1 Whereas, Coronavirus disease 2019 (COVID-19) has been recognized as the cause of the
2 global pandemic; and

3
4 Whereas, COVID-19 variants continue to arise and lead to significant morbidity and mortality in
5 many individuals; and

6
7 Whereas, It has been shown that surgical and home-made face masks can reduce the burden
8 of COVID-19 disease in populations^{1-3,4,5,7}; and

9
10 Whereas, When vaccination is not an option due to a personal decision or allergy to one of the
11 components of the COVID-19 vaccine that masking is even more critical⁸; and

12
13 Whereas, Face masks have been recognized and supported by multiple groups including the
14 Centers for Disease Control and Preventions (CDC), President Joseph Biden/The White House,
15 various mandates by Governor John Carney of the State of Delaware, and a variety of peer
16 reviewed articles^{1-7,9-13}; and

17
18 Whereas, When used in conjunction with widespread testing, contact tracing, quarantining of
19 anyone that may be infected, hand washing, and physical distancing, face masks are a valuable
20 tool to reduce community transmission²; and

21
22 Whereas, All of the measures noted above have the potential to reduce the number of COVID-
23 19 infections; now therefore be it

24
25 RESOLVED, That based on current scientific evidence, the Medical Society of Delaware
26 strongly supports the wearing of a proper facial covering in all public settings during the COVID-
27 19 pandemic for all citizens over the age of two who can medically tolerate doing so, in
28 accordance with the recommendations by the Centers for Disease Control and Prevention
29 (CDC) and the Delaware Division of Public Health (DPH) which are subject to change; and be it
30 further

31
32 RESOLVED, That the Medical Society of Delaware supports all scientific, evidence-based
33 protocols outlined for COVID-19 protection to include vaccination, testing, hand washing,
34 physical distancing, masking, and quarantining to reduce the spread of COVID-19 disease; and
35 further be it

36
37 RESOLVED, That our Medical Society of Delaware does not support physicians or caregivers
38 who knowingly generate COVID-19 misinformation or disinformation, as physicians have an
39 ethical and professional responsibility to share information that is factual and scientifically
40 grounded.

41
Fiscal Note: Undetermined

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- ¹⁰ State of Delaware, Office of the Governor. Governor Carney announces mask requirement in K-12 schools, child care centers, state facilities. Available at: <https://news.delaware.gov/2021/08/10/governor-carney-announces-mask-requirement-in-k-12-schools/>. Accessed October 14, 2021.
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- ¹² State of Delaware. Delaware's (COVID-19) response we're in this together. Available at: <https://coronavirus.delaware.gov/testing/>. Accessed October 14, 2021.

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MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 02
(A-2021)

Introduced by: Executive Board

Subject: Elimination of the Race Correction Factor in eGFR

1 Whereas, The mission of the Medical Society of Delaware is to guide, serve and support
2 Delaware physicians, promoting the practice and profession of medicine to enhance the health
3 of our communities; and
4

5 Whereas, The Medical Society of Delaware's interest in promoting health equity in our
6 communities has been acknowledged in the Delaware Division of Public Health publication
7 entitled "Health Equity Guide for Public Health Practitioners and Partners" in June 2015¹ and is
8 further evident through the creation of the Diversity, Equity and Inclusion Committee in 2021;
9 and
10

11 Whereas, Race based algorithms in clinical medicine, have resulted in inequities in access to
12 and delivery of healthcare¹⁰; and
13

14 Whereas, Kidney disease affects 1 in 9 Americans and disproportionately affects the African
15 American community²; and
16

17 Whereas, The main method of estimating kidney function is eGFR (estimated glomerular
18 filtration rate) laboratory value which has for the last 2 decades been adjusted upwards,
19 reflecting better than expected kidney function for the African Americans compared to non-
20 African Americans, despite known increased risk for kidney disease³⁻¹³; and
21

22 Whereas, This overestimation of kidney function has led delayed referral to nephrologists for
23 appropriate care to delay progression of kidney disease and delays in referral kidney
24 transplantation, the gold standard treatment for end-stage kidney disease³⁻¹³; and
25

26 Whereas, In July of 2020¹¹, the National Kidney Foundation (NKF) and the American Society of
27 Nephrology (ASN), the two largest organizations in the United States advocating for the care of
28 kidney patients created a task force on addressing the inclusion of race in diagnosing chronic
29 kidney disease; and
30

31 Whereas, This task force gathered the input from a diverse group of stakeholders including
32 physicians, researches, statisticians and patients to carefully review the scientific evidence; and
33

34 Whereas, In September of 2021, both the American Journal of Kidney Disease and the Journal
35 of the American Society of Nephrology published "A Unifying Approach for GFR Estimation:
36 Recommendations of the NKF-ASN Task Force on Reassessing the Inclusion of Race in the
37 Diagnosing Kidney Disease"¹²; and
38

39 Whereas, The NKF-ASN Task Force recommends immediate implementation of the Chronic
40 Kidney Disease-Epidemiology (CKD-EPI) creatinine equation refit without the race variable in all
41 laboratories in the U.S¹²; and
42

43 Whereas, The NKF-ASN Task Force also recommends national efforts to facilitate routine and
44 timely use of cystatin C, especially to confirm eGFR in clinical decision-making¹²; and

Whereas, The NKF-ASN Task Force further recommends funding research on GFR estimation with new endogenous filtration markers and on interventions to eliminate racial and ethnic disparities¹²; now therefore be it

RESOLVED, That the Medical Society of Delaware fully supports the NKF-ASN Task Force recommendations to immediately implement the CKD-EPI creatinine equation with elimination of race as the standard for eGFR reporting in all laboratory facilities operating in the State of Delaware; and be it further

RESOLVED, That the Medical Society of Delaware advocates for approaches to address and eliminate race as a factor in medical decision making as regards laboratory and other clinical information; and be it further

RESOLVED, that the Medical Society of Delaware calls upon the American Medical Association to work with laboratory companies and directors of laboratories of health care organizations operating nationally and in the State of Delaware to strongly advocate for the removal of any race-based formulas or adjustments that may lead to unequal and biased laboratory results for any individual or group.

Fiscal Note: Undetermined

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MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 03
(A-2021)

Introduced by: Robert J. Varipapa, MD; Matthew J. Burday, DO; Nancy Fan, MD; Randeep S. Kahlon, MD; Andrew W. Dahlke, MD; Bhavin R. Dave, MD; and Cedric T. Barnes, DO.

Subject: MSD Support of Engaged Neutrality for Medical Aid in Dying

1 Whereas, Engaged neutrality (which is defined as the ability to educate and discuss
2 complex issues surrounding Medical Aid in Dying) is neither in support of nor in opposition
3 of this issue, but acknowledges that ethical physicians may disagree; and
4

5 Whereas, The Medical Society of Delaware and American Medical Association have
6 recognized that there are valid opinions on both sides of this issue and that principled and
7 ethical physicians and patients hold a broad range of positions and opinions on this subject;
8 and
9

10 Whereas, A position of engaged neutrality by the Medical Society of Delaware would be
11 most effective in protecting its members' freedom to discuss end-of-life options in the
12 context of the doctor-patient relationship and in accordance with each physician's and
13 patient's personally held values, beliefs, and ethical standards; and
14

15 Whereas, A position of engaged neutrality toward Medical Aid in Dying would reaffirm the
16 Medical Society's role as an unbiased, expert resource to physicians, patients, and
17 legislators regarding end of life options; now therefore be it
18

19 RESOLVED, That the Medical Society of Delaware rescind its policy of opposition
20 to "Physician-Assisted Suicide" and adopt a position of engaged neutrality regarding Medical
21 Aid in Dying.
22

Fiscal Note: Undetermined

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 04
(A-2021)

Introduced by: Nancy Fan, MD
Delaware Organized Medical Staff Section (OMSS) Delegate and
OMSS Alternate Delegate to the AMA House of Delegates

Subject: Creation of a Licensed Associate Physician Position in Delaware

Whereas, every year medical school graduates who do not match with an internship/residency must wait an entire year to reapply to internship/residency programs; and

Whereas, the average debt of a medical school graduate is \$200,000 to \$400,000; and

Whereas, some of these individuals are never able to complete their residencies and are burdened with significant debt, and yet are not able to practice as a physician except in states that have an associate physician program; and

Whereas, the Association of American Medical Colleges had projected that by 2025, there will be a shortfall of between 14,900 and 35,600 physicians¹, yet the U.S. matching system turns away thousands of applicants each year because of a shortage of residency positions; and

Whereas, a few states, such as Missouri² and Arkansas³, have created a new license type known as “assistant physicians” or “associate physicians” for individuals who have completed medical school and are nationally ECFMG/ACGME certified but who did not match with a residency; and

Whereas, the Association of Medical Doctor Assistant Physicians website⁴ includes more details about this license type, including recent state legislation, collaborative agreement structure, and licensure requirements; and

Whereas, the development of an Associate Physician position will help address patient access needs in the state of Delaware and ensures that patients have access to providers with the highest level of professional training; now therefore be it

RESOLVED, That the Medical Society of Delaware work with interested stakeholders to establish Associate Physician positions for those who have completed medical school and are nationally ECFMG/ACGME-certified but have not yet matched with a residency program; and be it further

RESOLVED, That the Medical Society of Delaware support qualified applicants for active practice in an Associate Physician position, who would otherwise be eligible to begin their Postgraduate Year 1 but do not match with a residency program, and have met the following minimum requirements:

1. Graduated from an ACGME-accredited medical school;
2. Successfully completed Step 2 of the USMLE or COMLEX within the immediately preceding three-year period;
3. Willfully enters into a collaborative agreement with a licensed physician; and be it further

41 RESOLVED, That if there is created a licensed Associate Physician position within the state of
42 Delaware, it would include but not be limited to, the following requirements for Associate Physician
43 licensure:
44

- 45 1. An initial license for an Associate Physician be granted for one-year with the option to renew
46 the license annually for an additional two years for a maximum of three years;
47
- 48 2. A collaborative agreement with a licensed physician may be limited to providing only primary
49 care services in medically underserved rural or urban areas; and be it further
50

51 RESOLVED, that the Medical Society of Delaware continues to advocate for solutions to the
52 physician workforce shortage in Delaware, such as increasing the number of state-funded residency
53 positions and increases to the Graduate Medical Education Board Medical Residency Education
54 Grants.
55

Fiscal Note: Undetermined

References

- 1 Sarah Mann. Association of American Medical Colleges. AAMC research confirms looming physician shortage. Available at: <https://www.aamc.org/news-insights/aamc-research-confirms-looming-physician-shortage>. Accessed October 20, 2021.
- 2 Missouri Division of Professional Registration. Assistant physicians. Available at: <https://pr.mo.gov/assistantphysicians.asp>. Accessed October 20, 2021.
- 3 Association of Medical Doctor Assistant Physicians. The Arkansas Graduate Registered Physician Act (An Equivalent to the Assistant Physician) and application. Available at: <https://assistantphysicianassociation.com/news/2017/11/27/the-arkansas-graduate-registered-physician-act-an-assistant-physician-equivalent>. Accessed October 20, 2021.
- 4 Association of Medical Doctor Assistant Physicians. Assistant Physicians & Associate Physicians: The Future of Healthcare. Available at: <https://assistantphysicianassociation.com/>. Accessed October 20, 2021.
- 5 American Academy of Physician Assistants. Title Change. Available at: <https://www.aapa.org/title-change/>. Accessed October 20, 2021.



Nominating Committee
2021 Report to Council
November 9, 2021

POSITION	NOMINATION	ACTION
OFFICERS (1/1/2022 – 12/31/2022)		
President	Matthew J. Burday, DO	
President-Elect	Robert J. Varipapa, MD	
Vice President	Bhavin R. Dave, MD	
Secretary	Shalini B. Shah, MD	
Treasurer	Brian J. Galinat, MD	
Speaker of the Council	Stephanie Guarino, MD	
AT-LARGE REPRESENTATIVES TO EXECUTIVE BOARD (1/1/2022 – 12/31/2023)		
New Castle County	Michael T. Vest, DO	
Sussex County	William M. Chasanov II, DO	
AMERICAN MEDICAL ASSOCIATION		
Delegate (1/1/2022 – 12/31/2023)	Janice E. Tildon-Burton, MD	
Young Physician Representative (1/1/2022-12/31/2022 – one year term)	Brintha F. Vasagar, MD	
Organized Medical Staff Section Alternate Delegate (1/1/2022 – 12/31/2023)	Selvam Mascarenhas, MD	
Senior Physicians Section Representative (1/1/2022-12/31/2022 – 1-yr term)	Robert J. Varipapa, MD	
MSD HOLDING COMPANY – BOARD OF DIRECTORS		
MSDIS Representative (For 1 year term: 1/1/2022 – 12/31/2022)	Dorothy M. Moore, MD	
MedNet Representative (For 1 year term: 1/1/2022 – 12/31/2022)	Michael J. Bradley, DO	
Health Hub Representative (For 1 year term: 1/1/2022 – 12/31/2022)	Suzanne J. Sherman, MD	
At-Large Representative – 1 year term slot (For 1 year term: 1/1/2022 – 12/31/2022)	Sarah J. Matthews, MD	
Young Physician Representative (For 2 year term: 1/1/2022 - 12/31/2023)	Mushmoom Khan, MD	
DELAWARE FOUNDATION FOR MEDICAL SERVICES– BOARD OF DIRECTORS (3 yr term: 1/1/2022-12/31/2024)		
Member	Suzanne J. Sherman, MD	
Member	Edward R. Sobel, DO	
Member	Robert J. Varipapa, MD	
Member	Deborah T. Zarek, MD	
JUDICIAL COMMITTEE (3 year term: 1/1/2022 – 12/31/2024)		
New Castle County Member	Dorothy M. Moore, MD	
Kent County Member	Michael J. Bradley, DO	
Kent County Member	Brian J. Walsh, DO	
Sussex County Member (complete the term of J. Olekszyk 1/1/2021-12/31/2023)	Paul C. Peet, MD	
Sussex County Member	David M. Bercaw, MD	

BUDGET & FINANCE COMMITTEE (Committee Elected Annually)		
Member, one-year term	Michael A. Alexander, MD	
Member, one-year term	John F. DeCarli, DO	
Member, one-year term	Patrick Q. Eckert, MD	
Chair/Treasurer	Brian J. Galinat, MD	
Member, one-year term	Ali Z. Hameli, MD	
Member, one-year term	Randeep S. Kahlon, MD	
Member, one-year term	Vinod Kripalu, MD	
Member, one-year term	Dorothy M. Moore, MD	
Member, one-year term	Prayus T. Tailor, MD	
MSD President-Elect	Robert J. Varipapa, MD	
COMMITTEE ON ETHICS (Committee Elected Annually)		
Member, one-year term	M. Lisa Attebery, DO	
Member, one-year term	Mehdi Balakhani, MD	
Member, one-year term	Cedric T. Barnes, DO	
Member, one-year term	Louis E. Bartoshesky, MD	
Member, one-year term	Neal B. Cohn, MD	
Member, one-year term (Chair)	John J. Goodill, MD	
Member, one-year term	Mary V. Iacocca, MD	
Member, one-year term	Stephen J. Kushner, DO	
Member, one-year term (lay person)	Marvin J. H. Lee, PhD	
Member, one-year term	Brian W. Little, MD	
Member, one-year term	Stephen J. Rodgers, MD	
Member, one-year term	Corinna L. Schultz, MD	
Member, one-year term	Stuart Septimus, MD	
Member, one-year term	Carol A. Tavani, MD	
Member, one-year term (lay person)	Stephen C. Taylor, PhD	
Member, one-year term	Avani K. Virani, MD	
COMMITTEE ON MEMBERSHIP (Committee Elected Annually)		
Member, one-year term – YPS	Jeremie M. Axe, MD	
Member, one-year term - SC	Jay J. Dave, DO	
Member, one-year term – “Other” specialty	Tony Francis, MD	
Member, one-year term – Primary Care	John Kehagias, MD	
Member, one-year term – NCC	John H. O'Neill, DO	
Member, one-year term – “Other” specialty	Hersh D. Patel, MD	
Member, one-year term – KC	Sangeetha Satyan, MD	
Member, one-year term – Primary Care	Cydney T. Teal, MD	
Member, one-year term – Resident/Fellow	Nwando Tony-Onugu, MD	

Respectfully submitted,

Robert J. Varipapa, MD, Chair
James M. Ellison, MD
James M. Gill, MD
Randeep S. Kahlon, MD

John Kehagias, MD
Shalini B. Shah, MD
Brintha F. Vasagar, MD



Budget & Finance Committee

Report to Council

November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Audit Report – 2020	<p>Mr. Eric Williams of Cover & Rossiter, Certified Public Accountants, presented the Draft of the Medical Society of Delaware and Subsidiaries Consolidated Financial Statements for the fiscal year ended December 31, 2020. He stated that the Audited Financial Statements had an Unmodified Opinion with no audit adjustments except for Tax Entries. The highlights are as follows:</p> <p><u>Consolidated Statements of Financial Position</u></p> <ol style="list-style-type: none"> 1. Accounts Receivable - Commissions of \$97,141 at 12/31/20 compared to \$119,090 at 12/31/19 represents the fourth quarter Commissions from USI to MSDIS. 2. Accounts Receivable – Other of \$63,749 at 12/31/20 compared to \$100,515 at 12/31/19 represents CME, Specialty Societies, etc. 3. Property and Equipment decreased \$141,480 compared to 2019 due to Depreciation Expense in 2020. 4. Long Term Debt of \$1,517,385 represents the long term portion of the Loan from PNC. \$111,125 of the PNC Loan is classified as short term. The 12/31/20 Long Term Debt Balance is \$111,125 less than the 12/31/19 amount due to the continued pay down of the PNC debt of \$111,125. More detail of this is addressed in the Notes to the Financial Statements. 5. Line of Credit is \$0 at 12/31/20 compared to \$170,000 at 12/31/19. The PNC Line of Credit was paid off in 2020. 6. Non-controlling interest of \$0 at 12/31/20 compared to \$108,000 at 12/31/19 represents the minority interest of the MedNet partner which was liquidated in July, 2020. <p><u>Consolidated Statements of Activities</u></p> <ol style="list-style-type: none"> 1. Overall Revenues decreased from \$3,048,936 in 2019 to \$2,772,375 in 2020. 2. Commissions decreased from \$413,637 in 2019 to \$343,099 in 2020 as the MSDIS Joint Venture Revenues decreased in 2020. 	<p>Motion was made, seconded and approved to accept the Audit Report and Management Letter as presented.</p>	

	<ol style="list-style-type: none"> 3. Fees Revenue decreased from \$1,081,182 in 2019 to \$710,757 in 2020 primarily due to MedNet Shared Savings received in December, 2019 from AmeriHealth. 4. Forgiveness of debt – PPP Loan Revenue of \$236,300 in 2020 was due to the forgiveness of the PPP Loan received from the Federal Government during the pandemic. 5. Grants Revenue increased from \$509,588 in 2019 to \$595,015 in 2020 primarily due to Planned Giving Grants from DFMS and DMEF. 6. Memberships decreased slightly to \$512,558 in 2020 compared to \$532,335 in 2019. 7. Rental Income decreased from \$65,728 in 2019 to \$19,732 in 2020 primarily due to COVID-19 pandemic. Rentals were shut down in March, 2020. 8. Overall Expenses decreased from \$3,214,477 in 2019 to \$2,547,167 in 2020 primarily due to Shared Savings Expenses in MedNet LLC. 9. Net Income Before Provision For Income Taxes was \$225,208 in 2020 compared to a Net (Loss) of (\$165,541) in 2019. 10. Provision for Income Taxes decreased from \$116,480 in 2019 to (\$1,360) in 2020. 11. Net Income (Loss) Attributable To Non-Controlling Interest Of MedNet, LLC which represents 49% of MedNet’s Net Loss is \$32,762 in 2020 compared to (\$82,208) in 2019. <p><u>Consolidated Statement of Functional Expenses</u></p> <p>This statement breaks out the Non Profit functional expenses only. The categories are Membership Services, HCC/VIP, CME, and Association Management. Mr. Williams also noted that the majority of Professional Fees were with MedNet which is the Management Services purchased by MedNet from HealthEC for the seven months ending 7/31/20.</p> <p><u>Consolidated Statement of Cash Flows</u></p> <ol style="list-style-type: none"> 1. The Consolidated Statements of Cash Flows reflected an overall decrease of (\$79,560) in 2019 compared to a decrease of (\$13,843) in 2020. This reflects a comparable increase of \$65,717. 		
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	<ol style="list-style-type: none"> 2. Income Taxes (paid) increased from (\$17,619) in 2019 to (\$23,388) in 2020. This represents State income taxes for MSDIS only and there is no Federal Taxes. 3. Proceeds from PPP Loan was \$236,300. 4. Payments on the PNC Line of Credit was \$170,000. 5. Payments on Notes Payable in 2020 & 2019 was \$111,125 which represents the principal payments on the PNC Building Loan. <p><u>Notes To Financial Statements</u></p> <ol style="list-style-type: none"> 1. Non-Controlling Interest – In July, 2020, the unrelated party sold their 49% interest in MedNet, LLC to MSD Holding Company, Inc. for \$1 and as of December 31, 2020, MSD Holding company, Inc. owned 100% of MedNet, LLC. 2. Subsequent Events – MSD applied and was approved for a Second Draw Paycheck Protection Program (PPP) loan which is related to COVID-19 relief efforts. 3. Availability and Liquidity of Financial Assets – New Disclosure that started in 2018. This section detailed the financial assets available for general expenditure for the MSD separate entity which are without donor or other restrictions limiting their use within one year of the balance sheet date. Cash and Cash Equivalents stated at 12/31/20 was \$338,172. 4. The Property and Equipment Note to Financial Statements reflected \$141,480 of Depreciation Expense in 2020 compared to \$141,640 in 2019. 5. The Long-Term Debt Note reflects the detail of the PNC loan in both 2020 and 2019 along with the Short Term portion of \$111,125. It also included Interest Expense on the loan of \$69,204 in 2020 compared to \$74,528 in 2019. The Society entered into a fixed-rate contract with PNC Bank on December 4, 2015. The fair value of the swap obligation at December 31, 2020 and 2019 was an asset in the amount of \$61,587 and \$22,574, respectively. This amount has not been reflected in the Statement of Financial Position as of December 31, 2020 and 2019. Future maturities of the long term debt reflected \$1,406,260 due in 2023 which will be refinance prior to the maturity date. 6. Mr. Williams briefly commented about the Restricted Stock issued by MSDIS and the Related Party Transactions. 		
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	<ol style="list-style-type: none"> 7. The Pension Plan Note reflects the discretionary contribution of 0% in both 2020 and 2019. Total expenses were \$37,400 in 2019 compared to \$45,606 in 2020. 8. Commitments reflected the renewal twelve month contract with American Philanthropic at a cost of \$4,330 per month in November, 2020. The Copier lease expense was \$26,475 for the years ended December 31, 2020 and 2019. A tenant renewed a two year agreement in May, 2020 ending in April 30, 2022. The rental income is \$7,600 for the first and second year ending April, 2021 and April, 2022. 9. The Provision for Income Taxes Note reflects the Current and Deferred Provisions for both Federal and State with the Current Provision broken down between the appropriate organizations. The deferred Tax Asset is based on federal tax rates of 21% and state tax rate of 8.7% for the years ended December 31, 2020 and 2019. 10. Concentrations – Stated that the Society’s cash and cash equivalents were maintained at one financial institution and each account is insured by the FDIC up to \$250,000. This note also stated the percentage of total revenue for insurance commissions received through MSDIS and also membership dues. 11. Risks and Uncertainties – Mr. Williams stated the extent of the impact of COVID-19 on MSD’s operational and financial performance will depend on certain developments, including the duration and spread of the outbreak which cannot be determined at present. Accordingly, MSD’s financial position and changes in net assets and cash flows are uncertain and the accompanying financial statements include no adjustments relating to the effects of this pandemic. 12. Paycheck Protection Program – Mr. Williams reviewed the background and details of the PPP loan program. MSD received the proceeds of the loan in the amount of \$236,300 on April 17, 2020. MSD was approved for total forgiveness of the loan which resulted in the \$236,300 being recorded as revenue as of December 31, 2020. 13. Mr. Williams then reviewed the Consolidating Statements on Pages 23 through 26. <p>Mr. Williams presented the Management Letter Comments to the Committee, stating that there were no material deficiencies in internal control encountered during the audit.</p>		
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	<p>Mr. Williams reviewed Additional Information for Your Consideration:</p> <ol style="list-style-type: none"> 1. Taxpayer Certainty and Disaster Tax Relief Act of 2020 – Signed into law on December 27, 2020. 2. Paycheck Protection Program (PPP) 2.0 - The Society applied for and received a second PPP loan subsequent to 2020. There were also items included with the Act that included Payroll Tax Credits, Charitable giving in 2020, and Retirement Plan Changes. 3. Employee Retention Credit for 2021. 4. Accounting Standards Updates. 5. New 401(k) Plan Participant Eligibility Rules in 2021. – Signed into law in December, 2019 as the SECURE Act. <p>Mr. Williams stated that they encountered no difficulties in dealing with management in performing and completing their audit. They also thanked Mr. Thompson, Mr. Miller, Ms. Williams, and other members of the Society’s staff for their assistance in the audit process.</p> <p>Messrs. Thompson and Miller were excused for an Executive Session with Cover & Rossiter and the Committee.</p>		
Paycheck Protection Program (PPP) Loans and Forgiveness	Mr. Miller informed the Committee that MSD successfully applied for and received forgiveness in December, 2020 of the PPP Loan received in April, 2020 in the amount of \$236,300.00. MSD then applied for PPP Loan #2 in the amount of \$237,825.00 and was approved and deposited on March 29, 2021. We are confident that we will qualify to have the PPP Loan #2 also forgiven.	No Action necessary.	
Annual Mission Appeal Update	Mr. Miller gave the Board a brief update on the MSD Annual Mission Appeal. He reported that currently there has been a total of \$92,118.00 received with \$65,595.50 deposited to DFMS and the balance of \$26,522.50 deposited to DMEF. The DFMS portion represents 71% of the total received. In coordination with American Philanthropic, we will be sending out correspondence to a number of Foundations that have a history of contributing to healthcare related organizations. Mr. Miller stated the amounts do not include the \$150,000.00 received from the Vale Foundation in 2020 which was deposited to DMEF.	No Action necessary.	
Staff Reorganization	Mr. Miller reviewed the overall MSD staff Reorganization effective 4/19/21. The reorganization was reviewed and approved by the Personnel Committee on 4/11/21. The reorganization included Community Relations and Communications Functions,	No Action necessary.	

	Membership, Website Design, and Facilities. Mr. Miller also presented the overall annual net cost reduction of \$20,641 to the reorganization.		
Budget 2022	<p>Mr. Miller presented the 2022 budget for committee review. A detailed Budget package was delivered the Committee prior to the meeting. Mr. Miller presented a slide presentation that reviewed the main parts of the 2022 Budget as follows: Mr. Miller initially stated the importance of the MSD Mission Appeal and encouraged members to contribute if they haven't yet at this point.</p> <p>The Key Factors of the 2022 Budget were initially reviewed. They were Membership, MedNet LLC, Education Revenue, MSDIS Joint Venture Revenue, Conference Center, COVID-19 Impact, and Planned Giving/Mission Appeal.</p> <p>A recap of the consolidated revenue and expense assumptions for the major line item changes were then presented and reviewed. This included the membership dues for 2022 remaining the same as 2021 even though the Philadelphia CPI increased 4.6% at 6/30/21. The 2022 Budgeted membership is projected to be the same as 2021 at 745 paid members. The 2021 membership of 745 was compared to 2020 of 744. Overall Dues Revenue for the 2022 Budget is increasing slightly by .3% or \$1,700 compared to the 2021 Budget.</p> <p>Mr. Miller then reviewed other MSD Revenue line items including Grants – DFMS, Grants – Planned Giving – DFMS & DMEF, Service Revenue, Annual Meeting Revenues, Education Revenue, and DCC Contractual Revenue. He stated that the Grants – Planned Giving has Budgeted Revenue of \$125k as a conservative estimate for the upcoming third year. Service Revenue is budgeted at \$168k which is in line with the 2021 Projected and the 2021 Budget. Education Revenue continues to be strong even though it decreased in 2020 and 2021 due to COVID-19 which includes the CME Christiana Care contract. DCC Contractual Revenue of \$48k for the 2022 Budget and Projected 2021 due to a new contractual relationship with MSD effective 5/1/20.</p> <p>MSDHC Room Rental Revenue is budgeted at \$30k for 2022 and projected 2021 of \$12.8k due to the Conference Center being shut down in March, 2020 due to COVID-19. 2022 reflects a modest opening during 2022.</p> <p>The MSDIS Joint Venture Revenue is budgeted at \$355k compared to Projected 2021 of \$354k. This compares to 2021 Budget of \$380k and 2020 Actual of \$343k.</p>	<p>A motion was made, seconded, and approved to accept the 2022 budget as presented and will be recommended to the Executive board. Management will also return to the DFMS Board for approval of the \$90k carryover of the MSD Grant from 2021 to 2022.</p>	<p>Recommended to the Executive Board.</p>

	<p>The MedNet 2022 Budget reflected Total Gross Revenue of \$275k. This included \$35k for Management Revenue generated from the four Physician Organizations and \$240k from the current Medicaid contract with Amerihealth Caritas. This is compared to Projected 2021 of \$35k for Management revenue and \$613k for Amerihealth Caritas Revenue. Mr. Miller stated that the Amerihealth contract will change in 2022 where the covered lives will decrease from 17,000 to 10,000 due to pediatrics moving to A.I. DuPont and DCC handling St. Francis lives. The contract will be direct with DCC so the pmpm paid to MedNet will decrease from \$3 to \$2.</p> <p>Total Expenses reflect an increase of \$49.9k or 2.2% compared to 2021 projected amount and a decrease of \$247.8k or 9.6% compared to the 2021 Budget. These decreases were primarily due to decreases in Meeting costs, Professional Fees and Travel.</p> <p>Mr. Miller the reviewed the Assumptions for the 2022 Personnel Budget. The Budget includes a 3.0% aggregate increase in salaries and a 0.0% increase in the Stipend which is used for various Cafeteria Plan benefits including Health Insurance. There is also a 0.0% amount budgeted for the 401k Profit Sharing contribution compared to a 0.0% amount for the 2021 Budget. The 2022 Budget includes 16 full time employees which is 1 less part time employee at the end of 2021. The total Personnel Budget for 2022 is \$1,294,000 compared to the 2021 Actual of \$1,244,800 and 2021 Budget of \$1,302,800. Dr. Kahlon initiated a discussion regarding contributing a Profit Sharing amount for the staff to the 41k Pension Fund since it has been years since there has been a contribution. Management will definitely look at this if funds are available. Dr. Kahlon also inquired as to what the PPP Loan funds were used for. Management will put this together and report back to the committee.</p> <p>Interest Expense for the 2022 Budget is \$88k versus \$93.7k for 2021 Projected and \$95.1k for the 2021 Budget. The Building Loan remains at a fixed rate of 3.95%. . The slight decrease in the 2021 Budget is due to the decrease in the PNC Loan principal. There was also a discussion regarding the refinancing of the building loan with PNC that will mature in February, 2023. Dr. Kahlon suggested the possibility of using a broker.</p> <p>Mr. Miller also reviewed other major expense line item variances including Legislative Specialist fees, Meetings, Legal Fees, Professional Fees, Insurance</p>		
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	<p>Expense, Travel Expense, Utility Expenses, Equipment Maintenance, MedNet Shared Savings and Depreciation Expense. Depreciation Expense of \$140k for the 2022 Budget is in line with the 2021 Budget and Projected.</p> <p>Mr. Miller reviewed an Operational Snapshot of the Net Income (Loss) for MSD Consolidated and for each subsidiary comparing the 2022 Budget to the 2021 Budget, 2020 Actual, and 2021 Projected. This reflected the 2022 Consolidated Budgeted Net Loss of (\$182k) to be \$54k more than the 2021 Budget and \$474k less than the 2021 Projected primarily due to the revenue decrease in MedNet.</p> <p>A Cash Flow Analysis was reviewed reflecting a budgeted Deficit of (\$182k). After deducting principal debt service payments, and then adding back Depreciation expense, the Net Cash Deficit for the 2022 Budget is (\$154k). This is compared to a Projected Cash Surplus for 2021 of \$84k. 2020 included deducting the PPP Loan Forgiveness of \$237.8K.</p> <p>Mr. Miller stated that there are a number of potential items that cannot be quantified at this time which would eliminate the Net Loss. Management will review the Personnel Budget with the Personnel Committee at their annual meeting. In addition, Management will go back to the DFMS Board for a request to carryover the remainder of the 2021 Grant of \$90k to 2022. The DFMS Board meets on November 3, 2021.</p>		
Committee - 2022	<p>A new member to the Finance Committee in 2022 will be Vinod Kripalu, M.D. who was accepted by the Nominating Committee. Drs. Hacker and Francis will not be returning to the Committee in 2022. Mr. Thompson would like to replace Dr. Hacker with another MSDIS representative. He will approach Dr. Moore who is the current MSDIS Treasurer. Dr. Galinat has agreed to remain on the Committee in 2022 as the MSD Treasurer and the Finance Committee Chair.</p>	No Action Necessary.	

Respectfully submitted,

Brian J. Galinat, M.D., MBA
Chair



Committee on Diversity, Equity, and Inclusion

Report to Council

November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Creation	<p>MSD adopted a statement in June 2020 on Racism, Intolerance, Social Injustice and Violence. The COVID-19 pandemic unveiled health inequities to a larger extent and how systemic racism also plays into health inequities. As a professional society and practicing physicians advocating and dedicating to helping communities, health inequities cannot be ignored.</p> <p>The Committee on Ethics recommended to the Executive Board that a Task Force be formed to look into opportunities to improve health inequities, identify community-based partners to collaborate on this project, and create a survey for the membership to identify and develop priorities for direction of the project under the oversight of the Task Force.</p> <p>The Executive Board eventually determined that a standalone committee on diversity, equity and inclusion would be the best path forward. It was recognized that a change to the Bylaws would be required to formalize the committee. In the meantime, a small working group met several times to determine the committee's name, identify a chair of the committee, outline committee composition, and develop a mission statement. Since the idea of a group to study diversity emanated from the Committee on Ethics, the initial group was comprised mainly of members from the Committee on Ethics.</p>	<p>A formal committee name was identified: Committee on Diversity, Equity, and Inclusion (DEI)</p> <p>A mission statement was agreed upon: <i>To recognize and assist in eliminating health care disparities. The committee is charged with working to mitigate health disparities and propose effective strategies for improvement for equality. The committee will also work to build a culture of belonging by actively inviting the contribution and participation of all people; promoting physician and community awareness; and providing education, support, and mentoring programs to health care professionals, patients, community partners, and the public</i></p> <p>Refer to the Bylaws Committee report for further details of the committee.</p>	<p>MSD and community members have been identified. The group has met officially as a committee for its first meeting in September to start the initial work. A presentation by a representative of the AMA Center on Health Equity was given.</p> <p>Meetings will be scheduled on a frequent basis (monthly).</p>
Members	Members on the committee include: Cedric T. Barnes, DO, Chair; Allyssa M. Abel, MD; John J. Goodill, MD; Mr. Tyrone Jones, Bloom Energy; Sarah J. Matthews, MD; Cindy Siu, MD; Janice E. Tildon-Burton, MD; and Mary Jo Vazquez, Delaware Breast Cancer Coalition.		
Initial Areas to Focus	Immediate areas for the committee to focus were COVID-19 vaccinations, race correction factors used in health care; and racial differences in end of life care.		
Presentation by AMA Center for Health Equity	To launch the first meeting of the committee, which was held on September 27, 2021, Emily Cleveland-Manchanda, MD from the AMA Center for Health Equity provided a presentation for the group, "Approaches to Embedding Racial Justice and Advancing Equity." The committee members were quite pleased with the presentation that suggested to first start looking internally at policies and ask why those policies are in place (with similarities to viewing race correction factors and asking the question why they are in	The committee plans to ask the membership to voluntarily participate in an online Implicit Association Test (IAT) created by Harvard University. The IAT serves as an awareness building tool, giving	

	place), and consideration of collecting additional information on members (such as race and ethnicity to help ensure a more diverse membership).	a snap shot on how closely they align with stereotypical ideas. The IAT is not indicative of a behavior or action, but helps one to know how they think about an image vs the real image.	
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Respectfully submitted,

Cedric T. Barnes, DO
Chair



Committee on Education (Parent Committee)

Report to Council

November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
MSD Leadership Institute	MSD continues to use grant funds from the Physicians Foundation for the “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. Coronavirus information will be incorporated into the program.	No action necessary.	Complete
MSD Practice Management & Leadership Education Series	MSD hosted four virtual education sessions under the Practice Management and Leadership Series. MSD worked with speakers to develop relevant and timely education sessions to help physicians and practices. The virtual sessions were accredited for CME. Topics included: <ul style="list-style-type: none"> Insurance Payer Workshop Cyber Security Hot H.R. Topics for Right Now HIPAA – Are you Compliant 	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>Public Education Subcommittee</p> <ul style="list-style-type: none"> No report <p>School Health Committee</p> <ul style="list-style-type: none"> Dr. Jayshree Tailor will provide a report 	No action necessary.	Complete

Respectfully submitted,

Matthew Burday, DO
Chair



Committee on Ethics
Report to Council
November 9, 2021

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>		All current members on the committee wish to be nominated for another annual term in 2022 to serve on the committee.
Commitment to Ethics Resolution	The Committee submitted this resolution at the April 8, 2021 Interim Meeting of the Council. The resolution is in line with MSD's current position of opposition of Physician-Assisted Suicide/Medical Aid in Dying and also aligns with the AMA's action that addresses those states where PAS/MAD is legal. The Committee reaffirmed its support of the resolution.	The resolution was adopted by the Council at the April 2021 Interim Meeting.	
Health Inequities and Racism	<p>MSD developed a statement in 2020 on Racism, Intolerance, Social Injustice and Violence. The COVID-19 pandemic unveiled health inequities to a larger extent and how systemic racism also plays into health inequities. As a professional society and practicing physicians advocating and dedicating to helping communities, health inequities cannot be ignored.</p> <p>The Committee recommended to the Executive Board that a Task Force be formed to look into opportunities to improve health inequities, identify community-based partners to collaborate on this project, and create a survey for the membership to identify and develop priorities for direction of the project under the oversight of the Task Force.</p>	<p>Because of the circumstances of the ongoing issues around health inequity, racism, intolerance, etc. the idea of a Task Force was changed to forming a standalone committee, called the Committee on Diversity, Equity, and Inclusion. A Bylaws change will formalize this committee.</p> <p>Refer to the report of the Executive Board for further details.</p>	MSD and community members have been identified. The group has met officially in September to start the initial work. A presentation by a representative of the AMA Center on Health Equity was given.
Aging Physicians and Competency	The committee discussed whether physicians should be evaluated as they age, attempting to balance between public safety and the rights of the physician.	The committee had no defined resolution, but felt that self-regulation was important. For any evaluation system, it would need to be fair and respectful.	

COVID-19 Vaccine	In July 2021 the Federation of State Medical boards issued a statement, “Spreading COVID-19 Vaccine Misinformation May Put Medical License at Risk” in response to a dramatic increase in the dissemination of COVID-19 vaccine misinformation and disinformation by physicians and other health care professionals. Although there may be a small number of health care professionals who are doing this, they are trusted by the public and there is an ethical and professional responsibility to practice medicine in the best interests of the patient.	The committee recommended this statement for adoption by MSD: <i>Physicians have an ethical and professional responsibility to share information that is factual and scientifically grounded. The Medical Society of Delaware Committee on Ethics does not support physicians or caregivers that generate COVID-19 misinformation or disinformation.</i>	At the time of the writing of this report, the Executive Board had not yet met to consider the recommendation.
Statewide Ethics Consortium	A statewide ethics committee was previously formed by a nurse as part of a thesis project. Since the nurse’s project has been completed, the committee no longer met. Dr. Goodill was interested in resurrecting a similar statewide ethics consortium.	Dr. Goodill is looking into existing ethics group from various organizations to see if there is any synergy.	
General Comments	Several committee members brought up issues of the composition of the Board of Medical Licensure and Discipline, as well as the CARES Act and information blocking. Individual physicians will be researching issues independently.		

Respectfully submitted,

John J. Goodill, MD
Chair



Committee on Membership

Report to Council

November 9, 2021

ITEM	DISCUSSION	ACTION	STATUS
Committee Responsibilities and Composition	<p>The charge of the Committee on Membership is the promotion of recruitment and retention of members of the Medical Society of Delaware, the review and approval of new prospective members, and the development, review, and approval of policies pertaining to membership in MSD.</p> <p>The Committee is an annually elected committee of the Council, currently comprised of nine members. Seats on the committee represent the three counties, the early career physicians, residents and fellows, primary care, and specialties.</p>	<p>The Committee has vacancies for the following seat: Sussex County Resident Section.</p> <p>In 2021, the Committee welcomed the following new members:</p> <ul style="list-style-type: none"> • Tony Francis, MD • Hersh D. Patel, MD, MBA • Taylor M. Phillips, DO <p>Early in the year, a Committee on Membership PowerPoint was provided via email to familiarize new members about the committee.</p>	<p>The orientation presentation will be reviewed each year as new member join the committee.</p>
AMA Partnership for Growth	<p>The 2022 dues year AMA Partnership for Growth (PfG) Agreement was submitted to the AMA in July 2020. 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.</p>	<p>MSD will begin billing for AMA dues in the 2022 dues billing cycle on November 29, 2021. The PfG requires three invoices to be sent by January 15th. The other two invoices are planned for mailing on December 13, 2021 and January 10, 2022. The initial invoice will be emailed to those members that have confirmed they would like it to be sent electronically; subsequent invoiced will be sent via mail. MSD has confirmed with the AMA that emailing invoices is acceptable.</p>	<p>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.</p>
Changes to the Physician Membership Application	<p>As a result of the input provided by a workgroup of MSD members who met on May 6, 2021, to discuss the topic of gender, and efforts to be put in place to be more inclusive on our MSD membership applications, the following changes were approved and added to the membership application: “male, female, self-describe and prefer not to answer” are new options in the gender section. Significant other was also added to the biographical section</p>	<p>The membership application was updated to allow for more options to self-describe gender.</p>	<p>The application will be reviewed and updated as needed.</p>

Engagement Strategy for Recruitment/Retention	<p>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> <p>The Engagement Strategy was updated for 2020 and MSD continues to update the strategy with new ideas each year. MSD tracks recruitment of new members through a coding process.</p> <p>The COVID-19 pandemic has prevented all in-person recruitment and retention strategies, however personalized letters, emails and engagement activities via zoom were utilized to outreach to physicians.</p> <p>Postcards and personalized letters continue to be mailed to all newly licensed physicians who are found to be working in Delaware.</p>	<p>As of the date of this report, 101 new members have joined (with 5 pending approvals to be active. This is an increase of 7 additional new members compared to this time last year. The reasons for joining and count are as such:</p> <ul style="list-style-type: none"> • MSD Leadership spoke to Bayhealth Medical Staff : 1 • Activities associated with COVID: 2 • To participate group discount (new to practice): 2 • To participate in a committee/group: 2 • MEP/401(K): 1 • MSDIS recruitment: 2 • Practice requested: 4 • Referred by another member: 40 • Rejoined (was a member prior over 1 year ago): 3 • Residency Coordinator referred: 16 • Residency fair: 7 • MSD staff: 21 • Self-Directed: 3 • Postcard/recruitment letter campaign: 5 <p>47 Resident Members and 16 Medical Student Members have joined as of the date of this report.</p> <p>As of the date of this report, 156 physicians received membership postcards, letters, emails and applications. 115 postcards have been mailed. 20 personalized letters along with an application, benefits sheet and testimonials sheet were mailed</p>	
Member Spotlight	<p>Member Spotlights continue to be offered to all new members and also current members. MSD staff interview each member and the spotlight is included in the weekly newsletter <i>eNews & Views</i> and posted to MSD's Facebook page.</p>	<p>24 physician members have participated so far in 2021.</p>	

<p>Group Memberships</p>	<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 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 2020 membership year saw an increase of 5 new members through the program, with a continued net loss in revenue. One additional practice participated bringing the total to 20 for this year.</p>	<p>The program will continue for the 2021 dues billing cycle. There are 15 confirmed practices enrolled for the group discount billing program and 9 additional practices pending at the time of writing this report.</p>	
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	<p>For the 2021 dues billing cycle, there were 21 practices participating (2 new and 19 renewed.) 4 new members joined as a result of the program with a net loss in revenues due to the discount provided.</p> <p>The program continues to be 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 this report was done, the results showed the following breakdown (based on 1,310 current members):</p> <ul style="list-style-type: none"> • Retired – 26% (337) • Resident/Fellow – 14% (185) • Medical Students - ~1% (16) • Private Practice –72% (524) • Employed –28% (219) <p>Employed members broken down further:</p> <ul style="list-style-type: none"> • Nemours (13) • Bayhealth (17) • Beebe (22) • Christiana (89) • TidalHealth (8) • Saint Francis (23) • FQHC/VA (5) • State of DE/Univ of DE (4) • Other (38) 	<p>These numbers do not necessarily represent the status of the state of Delaware, only MSD's membership composition.</p>
Requests for Dues Waivers	<p>Members may request a waiver of full or partial dues based on reduced practice hours, financial hardship, or health concerns.</p>	<p>The Committee recommended approval of the following requests for the 2021 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"> • 13 from New Castle County • 3 from Kent County • 2 from Sussex County <p>There was one hardship request approved for financial concerns for the 2021 membership year</p>	

Retention Efforts	The committee was apprised during the year of the status of 2021 dues collections. The Committee on Membership was requested to contact those on the non-payment list.	32 members were dropped in June of 2021 due to unpaid membership dues.	
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>In 2019 there were 1 dentist, 1 podiatrist, and 1 physician practice from Washington, DC that joined MSD as supporting members.</p> <p>In 2020, there were 4 dentists, 4 podiatrists, 1 nurse practitioner and 1 physician from Texas who are Supporting Members in MSD.</p>	One additional supporting member renewed their membership during the 2021 membership year after a lapse in 2020. There are currently 12 supporting 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 October 1, 2021</p> <p><u>Total Membership Breakdown – 1,310</u></p> <p>Physician Assistants: 7 Physician Members: 1,102 Resident Members: 185 Med Student Members: <u>16</u> 1,310</p> <p>Supporting Members: 12 (Dentists, podiatrists, nurse practitioner, out-of-state physicians) Pending: 6</p> <p><u>2021 Resident Conversion to Active Membership</u> 35 Resident members completed training in 2021 22 Left the state 13 Will be billed for 2021 dues</p>	<p>In 2020, 113 new members joined:</p> <ul style="list-style-type: none"> • 49 designated as dues paying members • 64 designated as non-dues paying members (residents) <p>In 2019, 109 new members joined:</p> <ul style="list-style-type: none"> • 43 designated as dues paying members • 66 designated as non-dues paying members (residents) 	

<p><u>Average Age of Membership:</u> 57.3</p> <p><u>2021 New Members (as of the date of this report)</u></p> <p>110 new applications received</p> <p>103 submitted dues if required to proceed with application process</p> <p>101 completed process for membership/are active</p> <p>9 are still in the application process (pending active)</p> <p><u>Drop Statistics (January 1 – September 30, 2021)</u></p> <table><tr><td>Moved out of state:</td><td>29</td></tr><tr><td>Deceased:</td><td>15</td></tr><tr><td>Non-payment of MSD dues:</td><td>32</td></tr><tr><td>Financial hardship from COVID:</td><td>1</td></tr><tr><td>Strong refusal/disagreement:</td><td>1</td></tr><tr><td>Employer no longer pays:</td><td>1</td></tr><tr><td>No value:</td><td>1</td></tr><tr><td>Weak Refusal:</td><td><u>3</u></td></tr><tr><td></td><td>83</td></tr></table>	Moved out of state:	29	Deceased:	15	Non-payment of MSD dues:	32	Financial hardship from COVID:	1	Strong refusal/disagreement:	1	Employer no longer pays:	1	No value:	1	Weak Refusal:	<u>3</u>		83		
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Respectfully submitted,

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



MEMBERSHIP STATISTICS

A comparison of the Society's membership in 2021 and 2020

2021 Membership (As of 10/12/2021)

	Dues Paying	Dues Paying Not Billed (End of Yr)	Dues Exempt	Affiliates	Associates	Physician Assistants	Supporting Members	Medical Students	Residents	Pending Applications	Totals
Kent County	82	0	21	0	1	1	0	6	21	0	132
New Castle County	467	0	183	0	1	4	5	10	161	3	834
Sussex County	127	0	50	1	0	2	3	0	0	1	184
Out of State/No County	<u>2</u>	<u>0</u>	<u>127</u>	<u>4</u>	<u>0</u>	<u>0</u>	<u>4</u>	<u>0</u>	<u>3</u>	<u>2</u>	<u>142</u>
	678	0	381	5	2	7	12	16	185	6	1,292

2020 Membership (As of 12/31/2020)

	Dues Paying	Dues Paying Not Billed (End of Yr)	Dues Exempt	Affiliates	Associates	Physician Assistants	Supporting Members	Medical Students	Residents	Pending Applications	Totals
Kent County	86	1	18	0	1	1	0	0	0	1	108
New Castle County	502	6	176	0	1	3	5	0	164	4	861
Sussex County	132	2	47	1	0	2	3	0	0	2	189
Out of State/No County	<u>3</u>	<u>0</u>	<u>121</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>3</u>	<u>0</u>	<u>1</u>	<u>0</u>	<u>131</u>
	723	9	362	3	3	6	11	0	165	7	1,289

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 not include Supporting Members. Residents are not billed for membership dues during residency or fellowship training.

Dues Paying Not Billed are those who joined MSD in the last quarter of the year and are not billed dues for that year.

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.



Editorial Board
Report to Council
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Contract with Today Media for Publishing the Delaware Medical Journal (DMJ)	<p>The 2021 contract was provided to MSD in the early fall of 2020. The proposed contract reflected a rate increase as well as a decreased advertisement revenue sharing agreement. The MSD Executive Board did not approve moving forward with the contract.</p> <p>The DMJ has been a “loss leader” as a member benefit, but was a tangible member benefit and formerly had PubMed status, which MSD lost in 2019.</p> <p>The Editorial Board was keen on identifying a publisher that will streamline the publishing process, most likely through automated software, as well as improving the quality of the DMJ and pursuing PubMed status.</p>	<p>A small task force was formed to do research on other publishing opportunities, as well as outreach to other state medical societies regarding details if they produced a similar publication.</p> <p>In research it was discovered that many of the societies contacted no longer have medical journals.</p>	<p>At the time, the Executive Board recommended the publication of the DMJ be paused until a suitable publisher could be identified.</p> <p>Any pending advertisers were notified of the contract termination by Today Media.</p> <p>Authors of pending articles that were not yet published were also contacted.</p> <p>A communication was shared on May 7, 2021 with the membership announcing the pause in the publication of the DMJ.</p>
Cureus Journal of Medical Science	<p>An exploration of the Cureus Journal of Medical Science was done by the DMJ task force that was formed. Cureus publishing is fully digital and crowd-sourced with secondary peer-review. It operates on a “freemium” model: no submission or subscription fees. Revenue could be generated through web advertising, publishing competition sponsorship, or mini journals housed on academic channels. Open access is a drastic change from the traditional publishing model. It is efficient, low cost, and has a faster publication time. Cureus is predominantly in the U.S., but is growing internationally.</p>	<p>The Editorial Board agreed to eliminating the print journal and moving to an open access publishing format with Cureus.</p> <p>In September 2021, MSD signed a contract with Cureus, formatted for automatic annual renewal. Up to 25 articles will be accepted during a 12-month period for publishing. Should MSD determine that more than 25 articles are being submitted</p>	<p>The Academic Channel is pending going live on building the content for the Channel, as well as scheduling training for the editors. At the time of the writing of this report, all information except articles for upload were submitted. The Editorial Board is working with authors who submitted articles that are pending to provide</p>

	<p>Cureus's Academic Channel concept began several years ago. An Academic Channel is digital space online within the broader Cureus journal. It provides a publishing platform for members. MSD pays the annual subscription fee for a defined number of articles published annually, which covers hosting, support, and editing expenses. Academic Channels can show case research, researcher, news of the organization, etc.</p> <p>Articles go through a peer-review process. A plagiarism checker is used to assure no copyright infringements, patient confidentiality, and whether it meets HIPAA requirements. CME can be provided for articles published.</p> <p>The Editorial Board reviewed the proposal from Cureus and the consensus was that it is a major departure from the DMJ as we know it, however, it is a reasonable consideration and is innovative, as well as having immediate access to indexing in PubMed. In consideration of the amount of money that was being spent to produce the DMJ, MSD could not sustain that financial drain.</p>	<p>in a 12-month cycle, it will reconsider the level of the agreement and whether a change in the contract is needed. Articles that meet all the criteria are eligible for indexing in PubMed.</p> <p>Along with the Academic Channel and publishing capabilities, MSD has included the purchase of a quarterly digital digest that will be emailed to the membership. Cureus assembles the digest.</p> <p>Authors retain copyright of their work and have access to use Creative Commons copyright licensing for open access publication. Previously, MSD owned the copyright for work submitted for publication in the DMJ.</p> <p>Academic Channel Editors have been identified who have oversight of the channel content from submission to publication.</p>	<p>guidance. Authors of articles that are ready to be uploaded will be contacted with instructions for upload.</p> <p>The annual Statement of Ownership for the mailing of the DMJ was filed with the US Post Office in October 2021, with the anticipated publishing on either the Academic Channel or the MSD Website by November 15, 2021. Because of the rules of the postal permit held by the DMJ for mailing the publication, a letter of termination will need to be sent to the US Post Office.</p> <p>On October 13, 2021, an announcement of the new relationship with Cureus was announced to the members.</p>
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Respectfully submitted,

Bhavin R. Dave, MD
Editor



Committee on Education
Education Program Planning Subcommittee
 Report to Council
 November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
231th Annual Meeting	The Education Program Planning Subcommittee meets to determine the education session for the MSD Annual meeting. The 232 th MSD Annual Meeting education session is scheduled virtually on November 11, 2021. Attorney Adam Balick will present on “The Legal Side of Telemedicine in the Practice” and Dr. Winston Liaw will present on Artificial Intelligence in the Medical Practice”.	No action necessary.	Resolved
Hot Topic CME	<p>“Hot Topic” sessions are scheduled by MSD when topics arise with an urgent need to present important information to the medical community.</p> <p>Hot Topic CME events held in 2021 have included:</p> <ul style="list-style-type: none"> • Physician Assisted Suicide, Medical Aid in Dying Pros and Cons on April 7, 2021. • COVID-19 in the Pediatric Population with Focus on Cardiac Manifestations on June 22, 2021. • COVID-19 & Cardiac Myocarditis Updates on August 3, 2021. • Performance of Late Career Physicians on September 23, 2021 	No action necessary.	Resolved
OBVIOUS	<p>Dr. Kushner continues to work with the School Health Committee to provide educational sessions under OBVIOUS “Campaign for Kids”. OBVIOUS is an acronym for Obesity, Bullying, Violence, Intelligent Decisions, Obesity, Underage Drinking and Suicide.</p> <p>Presentations in 2021 included:</p> <ul style="list-style-type: none"> • The Future of Food is Plants presented on March 3, 2021. • Dangers of Vaping presented on March 29, 2021. • Mental Health in School Aged Children scheduled on November 16, 2021. 	No action necessary.	Resolved
Premier Educational Partner Program	The Premier Educational Partner Program (PEP) continues with 11 partners in 2021. For an annual fee, those organizations who enrolled to become a Premier Educational Partner have opportunities to exhibit at educational sessions, prominent placement of log on MSD website, highlights in weekly newsletters and article in the Delaware Medical Journal, co-branding of promotional materials, display of company logo in MSD lobby and poster board in MSD reception area.	No action necessary.	Resolved

Respectfully submitted,

Stephen J. Kushner, D.O.
 Chair



Environmental Health Subcommittee

Report to Council
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Committee Responsibilities and Composition	<p>The main responsibility of the Environmental Health Subcommittee is to focus on environmental issues affecting the health of Delaware citizens and may overlap with public health issues.</p> <p>The Subcommittee is a standing committee under Community Health, and is currently comprised of six members. The current chair also serves as the MSD representative to the Medical Society Consortium on Climate & Health.</p> <p>Member include:</p> <ul style="list-style-type: none"> • David P. Donohue, MD, Chair • James M. Fletcher, DO • Christian Kasianko, MD • Stephen T. Lawless, MD • Patt E. Panzer, MD, MPH • Cindy W. Siu, MD 		
Resolution 04-I2021 Healthy Air Quality for Delaware - Adopted with Amendments	<p>The MSD Environmental Health Subcommittee introduced a Healthy Air Quality for Delaware resolution that was adopted with amendments in 2021.</p> <p>It was formally resolved that the Medical Society of Delaware recognize the severe health impacts of poor air quality for all children and adults in Delaware by calling on state leaders and legislators to immediately enact policies to dramatically reduce the burning of fossil fuels regionally in order to reduce PM2.5 and other pollutants in Delaware; and secondly, that the Medical Society of Delaware call on the AMA to champion legislation and policies at the federal level to shift our energy generation away from polluting sources like fossil fuels and toward less polluting renewables in order to drive down the generation of PM2.5 and other pollutants both nationally and in nearby upwind states.</p>	<p>The committee members will research ways to effectively educate and communicate about the health impacts of clean air and offer ways to combat air pollution.</p>	

Medical Society Consortium on Climate and Health	<p>MSD was approved for membership as a member of the Medical Society Consortium on Climate and Health, a coalition of 36 medical societies, which represent over 600,000 physicians, 62 affiliated public health and state clinician organizations, and over 1100 individual “climate and health advocates.”</p> <p>Dr. David Donohue has been added to the Steering Committee and Dr. Patt Panzer has also joined this group.</p> <p>The Medical Society of Delaware has signed several letters of endorsement in support of the Medical Society Consortium on Climate and Health, which was addressed to heads of state worldwide, their ministers of health, and their representatives at COP26, asking them to take all necessary actions to avert the climate crisis and save millions of lives each year.</p>		
Mid-Atlantic Health Professionals Alliance for Climate and Health (MAHPACH)	<p>The first meeting of the Local Coalition for Climate Change and Environmental health, now formally named the Mid-Atlantic Health Professionals Alliance for Climate and Health (MAHPACH) formed by Dr. Alan Greenglass, was held on July 28, 2021. The meeting was attended by many local physicians in DE, PA and NJ, including Dr. Patt Panzer and Dr. David Donohue.</p> <p>Additional meetings have been scheduled and held with a focus to formalize a mission statement that will allow each participating organization to maintain its autonomy while also collaborating and relying on one another as a resource to put activities in place that focus on improving the environment and health of our communities.</p>		

Respectfully submitted,

David P. Donohue, MD
Chair



Government Affairs Committee
Report to Council
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
COVID-19 Pandemic and Legislative Overview	<p>Unlike last year, this was a busy session. The pandemic curtailed a lot of activity in 2020, but things returned to a brisk pace as the legislature learned to operate in a virtual world. Committee meetings were held via Zoom. The legislature met virtually until June where the month began with only legislators and staff present in Legislative Hall. Eventually, a limited number of visitors were allowed into the galleries. The Governor signed the Operating Budget, Bond Bill, Grants in Aid, and a supplemental budget on the afternoon of June 30th. Each chamber met in person to work a limited number of bills on the 30th and then returned to their homes and conducted their midnight formalities via Zoom.</p> <p>The State of Emergency remained in place, but the Governor announced an end date of July 13th. Cases and hospitalizations rose again in late summer/early fall but rates began to fall again in October.</p> <p>The legislature is expected to go into special session in the fall to finalize redistricting with a deadline of November 7th.</p>		
Primary Care Reform—SS 1 for SB 120	<p>After three years of work by the Primary Care Reform Collaborative, Senator Townsend and Representative Bentz introduced this Primary Care Reform bill. While the collaborative did not propose the bill, the legislation was heavily informed by their efforts.</p> <p>The bill seeks to strengthen the primary care system in the State by doing the following: (1) Directing the Health Care Commission to monitor compliance with value-based care delivery models and develop, and monitor compliance with, alternative payment methods that promote value-based care. (2) Requiring rate filings limit aggregate unit price growth for inpatient, outpatient, and other medical services, to certain percentage increases. (3) Requiring an insurance carrier to spend a certain percentage of its total cost on primary care. (4) Requiring the Office of Value-Based Health Care Delivery to establish mandatory minimums for payment innovations, including alternative payment</p>	<p>Work closely with the Insurance Commissioner and the Department of Insurance in implementation of the bill.</p>	<p>Signed by Governor</p>

	<p>models, and evaluate annually whether primary care spending is increasing in compliance with the established mandatory minimums for payment innovations. (5) In Sections 2 and 3 of this Act, revising the appointment process for members of the Primary Care Reform Collaborative who are not members by virtue of position to comply with the requirements of the Delaware Constitution.</p> <p>The bill passed and was signed by the Governor. While a significant amount of work ensured drafting and passage of the legislation, even more work remains in the implementation of Primary Care Reform. Working with the Insurance Commissioner and the Department of Insurance will be critical. Adjustments to Primary Care spend will be necessary as lessons are learned over the five-year process.</p>		
APRN Interstate Compact—HB 21	<p>This bill makes Delaware the second state to adopt the Advanced Practice Registered Nurse Compact. It allows for APRN licensure portability and gives the interstate commission of APRN Compact Administrators to adopt rules relating to its operation when seven states have enacted the compact.</p> <p>While the bill literally states that state licensure law is not overridden, MSD believes and testified to the fact that it actually does overturn existing state law that was agreed to and modified over the last six years.</p> <p>MSD opposed this bill as it would effectively take the currently required 4,000 hours of APRN practice under a collaborative agreement before independent practice down to 2,080 hours. MSD believes in license portability but believes patient safety dictates more experience is required before independent practice is appropriate.</p>	Signed by Governor	Monitor Implementation
APRN Compact “Companion” Bill—HB 141	<p>Billed as a “companion” bill to HB 21, the bill seeks to align the Delaware Board of Nursing statute with the APRN Compact. The Act removes the requirement for a collaborative agreement for licensure purposes although employers and health care organizations may still require one. The Act amends the definitions of “APRN” and “full practice authority” so that they are consistent with national standards. The Act also removes the definition of “independent practice” since, nationally, “independent practice” means having “full practice</p>	Signed by Governor	Monitor Implementation

	<p>authority”. This Act grants full practice authority in conjunction with licensure and removes the current requirements for obtaining independent practice. The Act changes the composition of the APRN Committee to include 9 APRNs and clarifies the Committee’s purpose which is to make recommendations to the Delaware Board of Nursing regarding: APRN practices, the Compact and licensure.</p> <p>MSD opposed this bill for the same reasons as HB 21. Further, MSD argued that the bill goes well beyond making the changes necessary under the compact and is premature as the Compact still needs to be ratified by 5 other states. The earliest 5 other states could conceivably adopt the compact is in 2022.</p>		
Telehealth and Adopting the Interstate Medical Licensure Compact—HB 160	<p>This bill continues and enhances Delawareans’ access to telehealth and telemedicine services and, through the adoption of the Interstate Medical Licensure Compact, ensures that telehealth services can be provided through qualified medical practitioners in a streamlined and efficient pathway to licensure that meets the health care delivery system needs of the 21st century. With respect to telemedicine and telehealth, this Act consolidates the existing law relating to telehealth within a single new chapter applicable to all health-care providers authorized to practice telemedicine and participate in telehealth and makes permanent the telehealth flexibilities put in place for the Covid-19 pandemic. The Act carries through many of the changes embodied in the Covid-19 telehealth legislation passed by the 150th General Assembly in 2020 (HS 1 for HB 348 with HA1, signed 7/17/20), which would otherwise have expired on July 1, 2021.</p> <p>MSD supported the legislation.</p>	Signed by Governor	Monitor Implementation
Physicians Assistants—HB 33 w/HA1 and SA 1	<p>This bill changes the relationship between physicians and physician assistants from supervisory to collaborative, in recognition of the evolving role of physician assistants and reflecting the education, training, and experience required for licensing, which emphasizes the team-based practice model. The bill retains a 1:4 ratio of physician assistants to physicians, unless a regulation of the Board increases or decreases the number. This limit of 1:4 does not apply to physicians and physician assistants who practice in the same physical office or facility building, such as an emergency department. This bill adds 2 physician</p>	Signed by Governor	Monitor Implementation

	<p>assistants members recommended by the Regulatory Council for Physician Assistants to the Board of Medical Licensure and Discipline in lieu of 2 public members. The bill authorizes physician assistants to participate as uncompensated volunteers in public or community events. MSD worked to ensure that the physician remains ultimately responsible to the patient for medicine delivered in a team setting.</p> <p>MSD worked with the PA's on amendments to similar legislation, HB 169, last year. Those changes were incorporated into the new bill.</p>		
Lead Poisoning Testing--HB 222 w/ HA 1	<p>This bill mandates testing for lead poisoning. Specifically, it: (1) Defines "screening" and "testing" for clarity. (2) Mandates screening, defined as a capillary blood test, at or around 12 and 24 months of age. (3) Clarifies insurance coverage for the costs of compliance with the Act. And, (4) Directs the Division of Public Health to report on elevated blood lead levels to the General Assembly annually and to develop regulations to implement and enforce the Act within 12 months of being enacted.</p> <p>MSD continues to oppose mandatory testing.</p>	Signed by Governor	
Physician Assisted Suicide/Medical Aid in Dying--HB 140	<p>The bill was introduced on June 30th but saw no activity. This continues to be a hot topic in Delaware with public debate churning a difficult issue. MSD reaffirmed its opposition after multiple discussions of the Government Affairs and Executive Committees. Last year, dueling Op-Eds were published in the News Journal.</p> <p>Introduced on final day of legislative session. It will remain an active bill in 2022.</p>	Bill to be considered in 2022	Monitor
Health Care Provider Loan Repayment Program—HB 48 w/ HA 1	<p>This Act establishes a Health Care Provider Loan Repayment Program for new primary care providers to be administered by the Delaware Health Care Commission. Under the loan repayment program, the Health Care Commission may award education loan repayment grants to new primary care providers of up to \$50,000 per year for a maximum of four years. Priority consideration may be given to DIMER-participating students and participants in Delaware based residency programs. Sites eligible to apply for grants on behalf of their new primary care providers must be located in underserved areas or areas of need and must accept Medicare and Medicaid participants. Grants to hospital sites must be matched on a dollar-for-dollar basis by the applicant hospital and the</p>	Signed by Governor	

	<p>disbursement of grants from the program is contingent upon an initial, one-time contribution to the Health Care Provider Loan Repayment Program, in an amount Fiscal Year 21 appropriation of State funds up to a maximum of \$1 million, from Delaware health insurers. This Act also provides that the Delaware Healthcare Commission may award Health Care Provider Repayment grants on a prorated annual basis.</p> <p>MSD supports.</p>		
Definition of Hospitals—HB 161 w/HA 1	This bill adds surgical hospitals—specialized hospitals providing surgical services at a level of care higher than freestanding surgery centers but whose patients do not require all of the services provided by “General” acute care hospitals.	Signed by Governor	
Pharmacist Distribution of Contraceptives—SB 105	This Act allows pharmacists to administer or dispense contraceptives under a standing order from the Division of Public Health. At least 11 states, the District of Columbia, and the U.S. Virgin Islands allow pharmacists to dispense contraceptives without a prescription from another health-care practitioner. This practice is supported by the American College of Obstetricians and Gynecologists.	Signed by Governor	
Repealing Certain Provisions Relating to Abortion—HB 31	<p>This bill codifies existing case law by repealing certain provisions relating to abortion including provisions which treat abortion differently than other medical procedures, and provisions which criminalize women and the sale of medical devices and medicines.</p> <p>DE Chapter of ACOG supports.</p>	Signed by Governor	
Medical Marijuana Recommendations—SB 60 w/SA 1	As amended, this bill allows APRN’s and PA’s to recommend medical marijuana for adult patients. It also adds pediatric psychiatrists and developmental pediatricians to the list of specialists authorized to recommend medical marijuana for pediatric patients.	Signed by Governor	
Lead Poisoning Prevention—HB 63	This bill requires the Department of Health and Social Services to provide support staff for the Childhood Lead Advisory Committee.	Signed by Governor	
Medication Diversion—SB 84	This Act elevates medication diversion out of the definition of abuse for the sake of clarity and is not intended to change existing reporting obligations for facilities under Subchapter III of Chapter 11 of Title 16 of the Delaware Code (“Subchapter III”). This Act ensures reporting requirements are triggered for facilities and hospitals covered by Subchapter III if medication diversion occurs in the facilities or hospitals. Reporting is essential to the Department of Justice’s ability to	Signed by Governor	

	prosecute and recommend treatment, when appropriate, for the person committing medication diversion.		
Epinephrine Autoinjectors—SB 55	This Act creates emergency access to epinephrine that allows an institution of higher education to acquire and stock a supply of epinephrine autoinjectors if an employee or agent has completed a training program. This Act allows the individual who has completed the training program to provide an epinephrine autoinjector to someone experiencing anaphylaxis for immediate self-administration or administer an epinephrine autoinjector to someone experiencing anaphylaxis. Before an individual administers an epinephrine autoinjector under this Act, the individual must notify EMS immediately, and after administration, must report the administration to the prescribing health-care provider.	Signed by Governor	
Electronic Submission of Death Certificates—SB 69	This bill removes the sunset provision passed in HB 354 last year and makes permanent the ability to electronically file death certificates.	Signed by Governor	
Covid-19 Vaccination Restrictions—SB 58	This Act removes the State’s authority to forcibly isolate, quarantine, vaccinate, or treat individuals against their will for COVID-19 during a state of emergency relating to COVID-19. Assigned to committee in February. No action is anticipated.	No Action Anticipated	
Excessive and Unconscionable Prices for Prescription Drugs—HB 62	This bill prohibits manufacturers from raising the price of prescription drugs outside of certain market conditions that might justify a price hike. It is specifically limited to the prices charged to consumers in the State of Delaware for generic and off-patent drugs. It authorizes the Attorney General to investigate price increases identified by State agencies above a certain threshold. Manufacturers or distributors may be fined up to \$10,000 per day for sales which violate the Act. Each sale of a drug excessively and unconscionably priced constitutes a separate violation. A manufacturer or distributor is prohibited from withdrawing a generic or off-patent drug for sale in this State to avoid application of the Act. Passed House. Awaits consideration in the Senate.	Awaits Consideration in Senate	
Proposed Changes to GAC Composition	Proposed structural changes to the GAC were reviewed by the GAC and proposed to the Executive Committee. Those changes are: 1) Form a new subcommittee that can respond to issues quickly in between the regular GAC meetings. Proposed composition:	To Executive Committee	Awaits Consideration

	<p>President, Pres-Elect, VP, one regular member from the GAC committee, GAC Chair, GAC Vice Chair, AMA Delegate, and Executive Director. The regular committee member would rotate every two years, co-terminus with the General Assembly.</p> <p>2) GAC Chair would serve a two-year term, up to two consecutive terms.</p> <p>3) Limit size of GAC (currently at 27). Rotate 6-8 seats every two years, co-terminus with the General Assembly. If no replacements available, sitting members may stay.</p> <p>4) Creation of a seat for a Public Member.</p> <p>This will be worked on over the break.</p>		
Next Year Legislative Priorities	The GAC selected two legislative priorities to pursue in the upcoming year: 1) Truth in Advertising Legislation and 2) Prior Authorization Legislation.	Draft Bills Based on Model Legislation & Find Bill Sponsors	Bills being drafted

Respectfully submitted,

Richard Henderson, MD
Chair
/ldw



Medico-Legal Affairs Committee
Report to Council
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Draft Legislation on Physician Liability of Opioid Prescriptions Relating to Drug Delivery Resulting in Death	<p>The committee met in March to discuss this subject. The Attorney General circulated draft legislation regarding drug delivery resulting in death. Discussions prior to and after the March meeting with the AG's office indicated that the intent of the legislation is to target "pill mill" prescribers. The AG's office said that the current statutes were designed to prosecute drug dealers, not physicians who abuse the system.</p> <p>Question was raised why the current statutes were insufficient, especially because several "bad actor" physicians have been successfully prosecuted under existing statutes. AG's office stated that they wanted more.</p> <p>Members of MSD leadership and the committee met with the AG's team in April to discuss the issue more in depth. AG's team assured MSD that this was not a top priority for her office in 2021 and that they would like to work with MSD to work on the legislation. MSD stance is that the legislation is not needed. A subject matter expert from the AMA was present at the meeting and outlined the extent of the unintended consequences of the bill. In fact, it may be the most extreme bill presented in the nation in its current form.</p> <p>MSD will continue to work on this legislation if the AG intends to pursue it. It remains unclear why the legislation is necessary.</p>	MSD Leadership and Medico-Legal Affairs Committee members met with the AG's team on April 14, 2021 to review concerns with the bill. Concerns were heard and agreement to not run the legislation in 2021 was reached, as well as an agreement to work together on the legislation.	
Telehealth	<p>Telemedicine has provided many valuable benefits and the current COVID-19 pandemic has tested this. Telemedicine has shown it increases access to care and has been utilized to help patients in rural areas. The temporary measures for telehealth passed in 2020 were codified in 2021 legislation.</p> <p>Questions remain on the specifics of how telehealth should be practiced considering the legislation. The legislation also incorporated the Interstate Physician's Compact. Due to the complexities of which states are or are not part of that compact and other factors, a meeting of this Committee will be held in late October or early November of this year.</p>	Meeting to be held for further discussion of the real-world implications of telemedicine in late fall.	At the time of the submission of this report, a meeting was being scheduled of the committee.

Respectfully submitted,

Mehdi Balakhani, DDS, MD, FACS
Chair



**Physician Relations Advisory Committee
Report to Council
November 17, 2020**

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 is currently exploring Affinity relationships with the following companies: <ul style="list-style-type: none">• Healthcare Management Services – Providing billing and auditing services.• Heartland – Providing payroll services.	Pending
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



Government Affairs
Primary Care Subcommittee
 Report to Council
 November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Primary Care Reform—SS 1 for SB 120	<p>2021 was a very successful year for Primary Care Reform. After years of work of the Subcommittee, the Primary Care Reform Collaborative, the Delaware Health Care Commission, and the Office of Value Based Health Care, the General Assembly passed SS 1 for SB 120. Senator Bryan Townsend and Representative Bentz were key players in advancing the legislation.</p> <p>It is extensive legislation. The Synopsis states: “This Act is a substitute for Senate Bill No. 120. Like Senate Bill No. 120, this Substitute continues recent efforts to strengthen the primary care system in this State by doing the following: (1) Directing the Health Care Commission to monitor compliance with value-based care delivery models and develop, and monitor compliance with, alternative payment methods that promote value-based care. (2) Requiring rate filings limit aggregate unit price growth for inpatient, outpatient, and other medical services, to certain percentage increases. (3) Requiring an insurance carrier to spend a certain percentage of its total cost on primary care. (4) Requiring the Office of Value-Based Health Care Delivery to establish mandatory minimums for payment innovations, including alternative payment models, and evaluate annually whether primary care spending is increasing in compliance with the established mandatory minimums for payment innovations. (5) In Sections 2 and 3 of this Act, revising the appointment process for members of the Primary Care Reform Collaborative who are not members by virtue of position to comply with the requirements of the Delaware Constitution.</p> <p>While a significant amount of work ensured drafting and passage of the legislation, even more work remains in the implementation of Primary Care Reform. Working with the Insurance Commissioner and the Department of Insurance will be critical. Adjustments to Primary Care spend will be necessary as lessons are learned over the five-year process.</p>	Work closely with the Insurance Commissioner and the Department of Insurance in implementation of the bill.	Meetings have already begun and are expected to continue.
Medicaid Payments	Medicaid was not included in SS 1 for SB 120. The sunset provision of HB 227 was removed and those reforms remain in effect.	Continue to work with the main players (Secretary Magarik, Senator Townsend, Representative Bentz, etc).	

Primary Care Grants	Highmark and others have grant programs that might be pursued to sustain the Primary Care system as SS 1 for SB 120 is implemented. MSD has met with Highmark to see what these grants may look like. Ideas are broad in scope including incentive payments for new Primary Care physicians and capital upgrades.		
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Respectfully submitted,

James Gill, MD
Chair



Committee on Education
Professional Education Subcommittee
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Education Sessions Approved for CME	<p>The Committee reviewed and approved a total of 110 education sessions in 2021:</p> <ul style="list-style-type: none"> • Regularly Scheduled Series – 44 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 44 ○ Performance – 8 ○ Patient Outcomes – 8 ○ ABIM MOC - 2 • Live Sessions – 31 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 31 ○ Performance – 0 ○ Patient Outcomes – 0 ○ ABIM MOC – 3 ○ Pharmacy CE – 2 <p>Two live session applications were denied for accreditation due to lack of clinical educational content.</p> <ul style="list-style-type: none"> • Enduring Material – 9 Desired results chosen: <ul style="list-style-type: none"> ○ Competence – 9 ○ Performance – 0 ○ Patient Outcomes – 0 ○ ABIM MOC – 0 <p>A large number of scheduled sessions were cancelled or postponed in 2021 due to the pandemic. The MSD Professional Education team is working closely with hospitals and organizations to reschedule as virtual programs.</p> <p>Our Professional Education department continues to encourage Performance measures and Patient Outcomes as desired results. We also work closely with planning committees to evaluate outcomes in order to continue the development of valuable and meaningful educational programming.</p>	No Action Necessary	Complete

Rievent	MSD Professional Education continued to roll-out Rievent, a Learning Management System (LMS). 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 6884 learners are using the LMS platform for various CME activities.	No Action Necessary	Complete
Subcommittee Participation	<p>This Subcommittee reviews all CME applications for appropriate criteria in order to meet ACCME accreditation guidelines.</p> <p>Two new physicians have joined the Subcommittee; Jeffrey Komins, MD and Hersh Patel, MD.</p> <p>A Committee meeting was held via conference call on March 16, 2020. The following was reviewed with new Subcommittee members:</p> <ul style="list-style-type: none"> • ACCME criterion requirements • MOC guidelines • Outcomes evaluations on accredited programs • CME Application review 	No Action Necessary	Pending

Respectfully submitted,

Hugh Bonner III, MD
Chair



Public Health Subcommittee
Report to Council
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Committee Responsibilities and Composition	<p>The main responsibility of the Public Health Subcommittee is to focus on public health and wellness issues affecting the health of Delaware citizens.</p> <p>The Subcommittee is a standing committee under Community Health, and is currently comprised of eleven members. The current chair will step down effective December 31, 2021.</p>	A new chair will be identified to lead the committee effective 1/1/2022.	
State Opioid Response (SOR) Grant and Office-Based Opioid Treatment (OBOT)	<p>The Division of Substance Abuse and Mental Health (DSAMH) Opioid Response Team (ORT) has selected the Medical Society of Delaware to participate as a Tier 2 participant in a technical assistance program supported by the State Opioid Response (SOR) Team. The Medical Society of Delaware is still awaiting a formal Letter of Agreement that will outline the grant information along with the requirements to accept the funding.</p> <p>As a Tier 2 participant, MSD, in conjunction with their subsidiary Medical Network Management Services of Delaware (“MedNet”), will become part of Delaware’s Opioid Response Provider Network (ORPN). MSD and MedNet intend to engage with the North Carolina Medical Society’s “Recovery Platform” organization who has proven success in this space. The mission of this project is to continue to develop a sustainable statewide system of care for individuals with Opioid Use Disorder (OUD) and Stimulant Use Disorder (STUD). Tier 2 participants will implement projects that:</p> <ul style="list-style-type: none"> Strengthen the initial and ongoing engagement of individuals with OUD/STUD, including those who are actively using substances, to link or retain them into care and promote their safety; and 	The Public Health Subcommittee will serve in a consulting roll to MedNet for this grant project.	Upon receipt and approval of a Letter of Agreement from the State, MSD/MedNet and the Recovery Platform will begin recruiting and educating practices on this important project.

	<ul style="list-style-type: none"> • Expand access to evidence-based services – including Medications for Opioid Use Disorder (MOUD) – to individuals with OUD/STUD • Implement programming with a special focus on those with elevated overdose risk and underserved populations, such as individuals with justice involvement, pregnant and postpartum women, transition-aged youth, and individuals with past overdose. <p>Upon receipt and approval of a Letter of Agreement from the State, MSD/MedNet and the Recovery Platform will begin recruiting and educating practices on this important project.</p>		
COVID-19 Vaccines	<p>During the course of 2021, particularly in early 2021 during the State COVID-19 vaccine roll out, the leadership of the committee, including co-chairs Drs. Panzer and Bartoshesky, met on a regular basis with leadership of MSD and DE Dept of Public Health.</p> <p>The Medical Society of Delaware continues to work closely with the Department of Public Health, with MSD playing a large role in communication and vaccine messaging for physicians across the state.</p>		MSD continues to communicate vaccine messages and other important COVID-19 information.

Respectfully submitted,

Patt E. Panzer, MD, MPH
Chair



**Committee on Education
School Health Subcommittee**
Report to Council
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Committee Meetings	School Health Subcommittee meetings were held on 3/30/21, 7/8/21 and 10/6/21.	No Action Necessary.	Complete
Presentations	<p>This committee continues to work closely with Dr. Stephen Kushner to organize OBVIOUS presentations.</p> <p>Presentations in 2021 included:</p> <ul style="list-style-type: none"> • The Future of Food is Plants presented on March 3, 2021. • Dangers of Vaping presented on March 29, 2021. • Mental Health in School Aged Children scheduled on November 16 2021. <p>The Committee will continue to work closely with Dr. Kushner to schedule important educational sessions under OBVIOUS for the community.</p>	No Action Necessary.	Pending
School Lunch Resolution	<p>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. Tina Hu.</p> <p>The Task Force is currently researching a Red Clay School District television channel that holds a cooking contest. This platform could be used for a plant based competition.</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 made updates to the slide presentation in order to keep it relevant and allow time for Q&A on COVID-19. MSD reached out to school districts for interest in a virtual session during Healthy Living Week of November 15-19. Sabra Collins, a representative from the Department of Education reached out to request significant changes to the slides advising that she could not recommend the current presentation. Sabra attended the October 6 th Committee meeting to review the slides and make recommended changes. The school presentations will be postponed until spring of 2022.	The Committee will continue to update the Healthy Living slides based on recommendations made by the Sabra Collins.	Pending
Mental Health Talks	The School Health Committee is working with NAMI Delaware and Nemours to present a Mental Health discussion panel under OBVIOUS campaign for Kids on 11/16 as previously noted above. Additionally, Dr. Jayshree Tailor is meeting with the Principal of Charter School of Wilmington, Dr. Vanessa Patel and a NAMI representative to see if they can set up a Mental Health talk for the South Asian and Asian Student union groups.	Additional talks with be scheduled.	Pending
Coronavirus Return to School	The Committee continues to closely monitor school protocols and will provide guidance as requested.	No Action Necessary.	Resolved

International Conference on Nutrition in Medicine	MSD agreed to be a promotional partner and received two complimentary registrations for the conference held 7/15-7/17. Residents and the Young Physicians group were invited to submit their names for a drawing. Congratulations to Dr. Katelyn Fritzges and Dr. Elizabeth Ebueng who attended the conference. Dr. Tailor shared that MSD President, Dr. Matthew Burday approved to continue the partnership annually.	No Action Necessary.	Resolved
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Respectfully submitted,

Jayshree Tailor, MD
Chair



Third Party Payer Committee

Report to Council

November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Insurance Payers Policy Review	The committee will continue 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.
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 23, 2020. Discussion included:</p> <ul style="list-style-type: none">• COVID-19 response and telemedicine coverage.• Pre-Authorization – No statics from insurance payers to support that pre-authorizations are saving money.• Primary Care reform. <p>The Committee will meet again on October 27, 2021.</p>	Discussions are ongoing.

Respectfully submitted,

Nicholas A. Biasotto, DO
Chair

Health Hub, Inc.
Report to Council
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Health Hub Board of Directors Meetings	<p>Health Hub Board of Directors meetings were held on 6/30/21 and 8/19/21. The next meeting will be scheduled for November, 2021.</p> <p>At the 8/19/21 Board meeting, in addition to the virtual update by CareForceMD, the board agreed unanimously to pursue the following possible educational opportunities in coordination with other MSD committees, the DMEF and Health Hub Boards:</p> <ul style="list-style-type: none"> • Technology associated with wearable devices (Apple watch, etc.) and how to extract patient information from these (BP, Pulse, Fitness, etc.) was discussed as a possible best practices education opportunity (CareForceMD) • Improving direct patient contact while utilizing new technologies. • Augmenting technology solutions within prison health in coordination with the Prison Health Committee 	The Health Hub Board is encouraged to bring technology based possibilities to this Board for consideration.	Resolved
Telemedicine Committee	<p>A Telemedicine Committee researched vendors seeking a platform that will keep the physician/patient continuity of care intact. The following Telemedicine vendors were approved by the Board for MSD to execute an Agreement:</p> <ul style="list-style-type: none"> • Backline • DrFirst • CareForceMD <ul style="list-style-type: none"> ○ CEO, Dr. Ashok Subramanian provided a virtual update on new services to include remote monitoring to the Board on October 	Vendors approved to execute agreements: Backline, DrFirst, CareforceMD, and Presence.	Pending

	<p>7, 2021. A motion was made and approved by the Board to explore a pilot program under MedNet.</p> <ul style="list-style-type: none"> • Presence 		
Blockchain Technology	Blockchain initiative continues to remain stalled due to the payers across the county. Looking at legislation with prior authorization.		Pending
OBOT Program	<p>This initiative has been moved to the MSD Public Health Subcommittee. MSD was notified that it was approved for Level 2 funding from the DSAMH Opioid Grant. She advised that the pilot will run through MedNet for the Medicaid patient population. MSD is waiting to receive the Letter of Agreement, which will need to be reviewed and signed.</p> <p>The project is aligned with the North Carolina VBOT project and is expected to start very soon, but no definitive dates have been announced.</p>	No action necessary.	Resolved
Telemedicine Usage	MSD physician members were polled to gauge their use of Telemedicine technology after Dr. Panzer advised that during a Delaware Telehealth Steering Committee meeting, it was reported that a low percentage of physicians are using Telehealth in their practices. Based on feedback, a Telemedicine Best Practices and Regulations education session was held on May 4, 2021, presented by Dr. Joanne Brice, ChristianaCare.	No action necessary.	Resolved

Respectfully submitted,

Patt E. Panzer, MD
Chair

**Medical Network Management Services of Delaware, LLC
(MedNet)**

Report to Council
November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Physician Organization Mergers/Consolidation	<p>As mentioned in last year's report, preliminary work started in 2019 in an effort to merge two of the Sussex County Physicians Organizations: The Eastern Sussex Physicians Organization (ESPO) and the Nanticoke Physicians Organization (NPO). It was agreed upon by the MedNet Board of Directors as well as the Physician Organization(s) Board of Directors to include the Central Delaware Physicians Organization (CDPO) into the merger to further consolidate the three Downstate POs into one PO.</p> <p>Consolidation of the POs will help to expand Board engagement while also streamlining administrative functions and contracting structures. Due to the fact that MedNet's AmeriHealth Caritas Medicaid Contract is still being negotiated for 2022, and our contract revenue is unknown at this time, the MedNet Board decided to take a slight pause on completing the PO mergers. This is solely based upon the legal expenses that will be incurred due to the merger and being conservative with the remainder of the 2021 budget. Should a sufficient revenue stream from the AmeriHealth Caritas contract or other revenue continue for 2022, the PO merger work should commence.</p> <p>Although there is a slight pause on the PO merger work, PO physician leadership have identified a physician in Kent County who is interested in serving on the Board of Directors for the newly formed/consolidated Southern Delaware PO, James Fletcher, DO. Dr. Fletcher is a Primary Care Physician who works for Dover Family Physicians. There is intent to nominate Dr. Fletcher to first serve on the Board of Directors for the Central Delaware Physicians Organization in 2022 and to evolve into the Board of Directors for the newly formed Southern Delaware Physicians Organization. Dr. Fletcher has been attending MedNet Board Meetings as an observer to learn more about the business operations of MedNet and the POs.</p>	The MedNet Board and Corresponding Physicians Organization Boards have agreed to include the Central Delaware Physicians Organization (CDPO) into the PO merger.	PO merger work will commence once a defined contract management revenue stream has been secured for 2022.
Physician Organization Statistics	<p>The following are statistics for the Physician Organizations as of September 2021:</p> <p><u>New Castle County Physicians Organization (NCCPO):</u></p> <ul style="list-style-type: none"> • 349 Providers 	There are 764 Active Members throughout the	

	<ul style="list-style-type: none"> • 98 Primary Care • 251 Specialists • 0 Hospital Employed Physicians <p><u>Eastern Sussex Physicians Organization (ESPO):</u></p> <ul style="list-style-type: none"> • 194 Providers • 49 Primary Care • 145 Specialists • 80+ Hospital Employed Physicians <p><u>Central Delaware Physicians Organization (CDPO):</u></p> <ul style="list-style-type: none"> • 131 Providers • 26 Primary Care • 105 Specialists • 0 Hospital Employed <p><u>Nanticoke Physicians Organization (NPO):</u></p> <ul style="list-style-type: none"> • 90 Providers • 23 Primary Care • 67 Specialists • 70+ Hospital Employed <p><u>PO Dues Collection for 2021:</u> As of September 30, 2021, MedNet has had a successful year in obtaining PO dues payments for 2021. Less than a dozen PO members' dues are still outstanding, and most of these are providers who recently joined a PO.</p>	<p>Four Physician Organizations.</p> <p>PO Dues collection for 2021 is exceptional with only a few PO members that have owe dues.</p>	
Value-Based Contracting	<p>MedNet has entered into its 4th year of the AmeriHealth Caritas Medicaid Contract. At this time, 272 providers are aligned with the MedNet-AmeriHealth contract, covering approximately 17K lives.</p> <p>Aggressive work was performed by MedNet in conjunction with the practices in the 2020 measurement year in an effort to close open care gaps for patients. This resulted in MedNet's network of practices satisfying three out of the six quality measures aligned with the value-based contract. Satisfaction of at least three quality measures resulted in a quality bonus incentive. Adherence to the quality measures is also the gateway to shared savings incentives (total cost of care reduction). Distribution of the incentive payments for the participating primary care practices occurred the week of October 11, 2021.</p>	<p>The 2020 measurement year of the AmeriHealth Caritas Medicaid Contract resulted in financial incentives for quality and cost reduction despite the COVID-19 pandemic.</p>	<p>MedNet continues to work with AmeriHealth Caritas and the Delaware Care Collaboration in an effort to launch a 2022 Medicaid ACO Contract.</p>

	<p>Preliminary reports for the 2021 measurement year indicate a strong pathway towards adherence to quality measures. MedNet still awaits data related to any cost reduction for 2021.</p> <p>MedNet continues to work with AmeriHealth Caritas and the Delaware Care Collaboration (DCC) to secure a Medicaid ACO contract for 2022. Unfortunately, there have been significant delays in this effort, despite the due-diligence performed by MedNet and the DCC.</p> <p>MedNet continues discussions with Highmark Health Options and Highmark Commercial for a value-based contract in 2022. Contract discussions with Cigna Commercial were placed on hold until post-pandemic.</p>	<p>For the 2021 measurement year, quality scores are trending in the right direction. MedNet does not have cost data to share at this time.</p>	<p>Discussions continue with Highmark Health Options Medicaid and Highmark Commercial for 2022.</p> <p>Contract discussions with Cigna Commercial were placed on hold until post-pandemic.</p>
The Delaware Care Collaboration (DCC)- Medicare Shared Savings(MSSP) Accountable Care Organization (ACO)	<p>Results from the 2020 measurement year for the DCC's MSSP ACO resulted in the entity falling short of meeting earned shared savings payments by a mere \$248K, despite the savings they generated for CMS/Medicare of \$2.3 million dollars. Impressively, the DCC maintained their stellar and consistent quality scores of 97.8% for 2020, despite the COVID-19 pandemic. The DCC has 5 consecutive years of high quality scores in their MSSP ACO.</p> <p>For the 2022 contract year, the DCC MSSP practices plan to enter into a new MSSP ACO model under their parent company, Trinity, by way of the Trinity Health Integrated Care Model, also referred to as the "THIC". The THIC MSSP practices, which include other regional ACOs/practices, saved CMS/Medicare \$68 million dollars in 2020. The DCC is eager to enter into the THIC model in 2022 for more opportunity to earn shared savings for their participating practices.</p>	<p>The Delaware Care Collaboration intends to move into a new MSSP ACO Model in 2022.</p>	
Grant Funding for Opioid Pilot Program	<p>The Division of Substance Abuse and Mental Health (DSAMH) Opioid Response Team (ORT) has selected the Medical Society of Delaware to participate as a Tier 2 participant in a technical assistance program supported by the State Opioid Response (SOR) Team. The Medical Society of Delaware is still awaiting a formal Letter of Agreement that will outline the grant information along with the requirements to accept the funding</p>	<p>MSD was informed of their approval for a 100K grant to support practice's identification and</p>	

	<p>As a Tier 2 participant, MSD, in conjunction with their subsidiary MedNet, will become part of Delaware’s Opioid Response Provider Network (ORPN). MSD and MedNet intend to engage with the North Carolina Medical Society’s “Recovery Platform” Organization who has proven success in this space. The mission of this project is to continue to develop a sustainable statewide system of care for individuals with Opioid Use Disorder (OUD) and Stimulant Use Disorder (STUD). Tier 2 participants will implement projects that:</p> <ul style="list-style-type: none"> • Strengthen the initial and ongoing engagement of individuals with OUD/STUD, including those who are actively using substances, to link or retain them into care and promote their safety; and • Expand access to evidence-based services – including Medications for Opioid Use Disorder (MOUD) – to individuals with OUD/STUD • Implement programming with a special focus on those with elevated overdose risk and underserved populations, such as individuals with justice involvement, pregnant and postpartum women, transition-aged youth, and individuals with past overdose. <p>Upon receipt and approval of a Letter of Agreement from the State, MSD/MedNet and the Recovery Platform will begin recruiting and educating practices on this important project.</p>	<p>referral support for patients need assistance with opioid abuse or substance abuse disorders.</p>	
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Respectfully submitted,



Michael J. Bradley, DO
Chair

Delaware Foundation for Medical Services, Ltd.

Report to Council

November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Election of Officers	The election for the 2021 DFMS officers took place at the February 3, 2021 Board of Directors meeting.	Officers were elected as follows: Chair – Michael A. Alexander, M.D. Vice Chair – Edward R. Sobel, D.O. Treasurer – Richard Menkiewicz Secretary – Andrew Willet, M.D.	
Annual Mission Appeal Update	<p>2/3/21 - Mr. Miller updated the Board on the Annual Mission Appeal. Since the soft launch of the inaugural Mission Appeal at the MSD Annual Meeting and Gala November 23, 2019, There has been a total of \$74,778.00 received from individual donors. Donors had the choice of donating either to DFMS or DMEF or both. To date, there has been \$49,301.00 contributed to DFMS.</p> <p>5/12/21 - Mr. Miller gave the Board a brief update on the MSD Annual Mission Appeal. He reported that currently there has been a total of \$92,618.00 received with \$66,096.00 deposited to DFMS and the balance deposited to DMEF. The DFMS portion represents 71% of the total received. Mr. Miller also stated that MSD had contracted with a Grant Writer to assist with Foundation requests. The Grant Writer is Betsy Wheeler who has worked with MSD and DFMS in the past with the VIP Program. In addition, a Mission Appeal Spring Request was going out in the mail this week.</p>	No Action Necessary.	
DFMS Investments	Mr. Jeremy Gajowski of PNC presented a Market Outlook and Performance data for the DFMS Investment Fund at each of the four (4) DFMS Board meetings in 2021. The Fund continued to be in line with the Investment Policy Statement which reflects a revised asset	Motions were made, seconded and approved to accept the Investment Reports as presented.	Accepted.

	allocation of 70% Equities and 30% Fixed Income. As of September 30, 2021, the Market Value of the Investment fund was \$1,843,714.		
New Business – Grant Request – Joseph Kim, M.D.	Mr. Miller presented a grant proposal from Joseph Kim, M.D. for his charitable foundation, the Kim and Evans Family Foundation. Their main project for this year is to deliver food and supplies directly to local disadvantaged families each month. They are hosting their first gold outing fund-raising event scheduled for April 19, 2021. Dr. Kim was requesting a possible sponsorship from DFMS. After discussion, the Board voted unanimously not to sponsor the golf outing. The Board did recommend that Dr. Kim's Foundation present a formal Grant proposal to support his foundation.	A motion was made, seconded and voted unanimously to turn down Dr. Kim's proposal for DFMS to provide a sponsorship for his foundation's gold outing. It was recommended that Dr. Kim's foundation present a formal grant proposal to DFMS to support his foundation.	Request declined.
Grant Request - Rosa Health Center	A grant request from The Rosa Health Center was presented to cover Medical Malpractice Insurance for their physicians. The amount of the request is \$6,114.00. The Board approved an amount of \$6,113.00 in 2020. The 2021 Budget included \$6,200.00 for this request. MSDIS has confirmed the actual amount.	There being no further discussion, a motion was made, seconded and approved to award The Rosa Health Center in the amount of \$6,114.00.	Approved
Grant Request - Hope Medical Clinic	A grant request from the Hope Medical Clinic, Inc. was presented to cover Medical Malpractice Insurance for their physicians and dentists. The amount of the request is \$11,870.00. The Board approved an amount of \$2,697.00 in 2020. The 2021 Budget included \$3,000.00 for this request. MSDIS has confirmed the actual amount. Mr. Miller stated the Board's original guidelines were that any individual grant would be capped at \$10,000.00. The total request of \$11,870.00 included coverage for all Medical and dental providers. After discussion regarding the total dollar amount, the Board approved the grant for a max of \$10,000.00 with one Opposition vote. The Board recommended that Management inform the Dental Society that DFMS was funding a portion of the Dental malpractice insurance for the Hope Clinic.	There being no further discussion, a motion was made, seconded and approved with one opposition vote to award the grant request to Hope Medical Clinic in the amount of \$10,000.00.	Approved
Planned Giving Consultant Proposal	Mr. Thompson and Mr. Miller presented a grant request for DFMS to fund the 80% of the Renewal of the Consulting agreement for American Philanthropic who will continue to assist with the second	There being no further discussion, a motion was made, seconded and	Approved

	<p>year Planned Giving and Mission Appeal endeavor. The fees will be paid over a 12 month period. A large amount of the projected donations will be deposited to DFMS along with the Delaware Medical Education (DMEF). The estimated total fees and expenses for the 12 month period is \$60,000 for an average of \$5,000 per month. The request is for 80% of the fees to be funded by DFMS or \$48,000.</p> <p>After discussion, The Board agreed to fund the 80% of the Annual Giving fees for the second year pending a Matrix from American Philanthropic including a target amount to be raised in the second year. Mr. Miller agreed to email to the Board members once received.</p>	<p>approved to award the grant request to MSD to fund 80% of the Annual Giving Fees or \$48,000 for the second year of the Annual Giving agreement. The approval was dependent on American Philanthropic presenting a Matrix including a Target amount to be raised. Mr. Miller agreed to share with the Board once received.</p>	
VIP/HCC Update	<p>The Board received updates from MSD throughout the year on the progress of the VIP/Health Care Connection (HCC) referral program for the uninsured for the twelve months ending June 30, 2021 compared to the twelve months ending June 30, 2020:</p> <p><u>Client Interviews or Other Communications:</u> July 1, 2020 to June 30, 2021 compared to July 1, 2019 to June 30, 2020:</p> <ul style="list-style-type: none"> • 2,786 patients were assigned to primary health homes and/or scheduled for medical sub-specialty services compared to 4,138. • During this period, VIP staff tracked general calls of patient assistance provided and logged 8,471 calls compared to 11,329 or a 25.2 % decrease. <hr/> <ul style="list-style-type: none"> • Total number of patients assisted since onset of program in 2001 is 72,108. <p><u>Overview of Work Activities</u> July 1, 2020 to June 30, 2021 compared to July 1, 2019 to June 30, 2020:</p>	<p>Reports were Accepted as presented.</p>	<p>The current Health Care Connection (HCC) contract year is July 1, 2021 – June 30, 2022.</p>

	<ul style="list-style-type: none"> At present there are 425 participating physician sites compared to 434. <p>Mr. Miller reported the following data for the twelve months ending June 30, 2021 compared to the Twelve months ending June 30, 2020:</p> <ul style="list-style-type: none"> 517 Patients accessed pharmacy assistance compared to 716 for a 27.8% decrease. A total of 1,920 prescriptions were researched compared to 2,921 for a 34.3% decrease. Resulting in 1,908 filled or discounted prescriptions compared to 2,906 for a 34.3% decrease. An estimated retail savings of \$303,860 compared to \$687,563 for a 55.8% decrease. The program's projected cumulative savings is nearly \$6,822,093. <p>Mr. Miller also reported the following regarding the Diabetes Clients:</p> <ul style="list-style-type: none"> 1 request for glucose testing meters compared to 154. This was due to the pandemic. The program's estimated cumulative savings since 2011 is \$233,215. 		
New Business – Grant Request – Tilton Award Bust	<p>Mr. Thompson presented a request for a grant of \$1,750.00 for the annual Tilton Award sculpture to be presented to a Delaware physician. Due to the pandemic, the Tilton Society does not have the funds to pay for the sculpture this year. Since time was of the essence, MSD paid the Tilton Society the \$1,750.00 so the sculpture would be completed in time for the award presentation. MSD is requesting that DFMS award this grant for the Tilton sculpture. After much discussion centered around if this grant is in line with the DFMS mission, the Board held a vote which resulted in 4 yes votes, 3 no votes and 1 abstention from the Board chair. Based on the vote, the grant was awarded. It was agreed that this is a one-time approval and not binding for future Awards.</p>	<p>After much discussion, a motion was made, seconded and approved to award MSD \$1,750.00 as reimbursement for the Tilton Award Sculpture. The vote for approval was 4 yes, 3 no and 1 abstention. It was also agreed this is not binding for future awards.</p>	<p>Approved.</p>

MSD Grant - 2022	A grant request will be presented by Mr. Miller for a one-time grant for the Medical Society of Delaware (MSD) for the calendar year 2022 at the November 3, 2021 Board meeting. The request will be to carryover the unused 2021 Grant of \$90,000.	To be determined at the November 3, 2021 Board Meeting.	
MSD Grant - 2021	A grant request was presented by Mr. Miller for a one-time grant not to exceed \$180,000.00 for the Medical Society of Delaware (MSD) for the calendar year 2021. The current Grant Request of \$180,000 for 2021 compared to the previous two grants of \$320,000 each is due to increased revenue generated from the Annual Mission Appeal and various expense reductions, some as a result of the Pandemic. Dr. Willet reminded the Board of our previous commitment to attempt to only spend 5% of the Fund's value annually on order to protect the fund over the long term. Mr. Miller stated that MSD will do its best to only draw down what is needed during 2021.	There being no further discussion, a motion was made, seconded and approved to award MSD a one-time Grant not to exceed \$180,000.00 for calendar 2021 with draws being requested on a quarterly basis if needed.	Approved.

Respectfully submitted,

Michael A. Alexander, M.D.
Chair



Delaware Foundation for Medical Services, Ltd.

Report to Council

November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Meetings/Elections	<p>DMEF Membership and Board meeting was held on 2/22/21 with additional Board meetings held on 6/30/21 and 10/11/21.</p> <p>The Membership unanimously approved the election of the following Board members for 2021:</p> <p>2019-2022 Term</p> <ul style="list-style-type: none"> • Michael Alexander, MD • Nancy Fan, MD • John Goodill, MD • Brian Levine, MD <p>2020-2023 Term</p> <ul style="list-style-type: none"> • Jeremie Axe, MD • Hersh Patel, MD • Michael Pushkarewicz, MD <p>2021-2024 Term</p> <ul style="list-style-type: none"> • Morganne Castiglione, MD • Justin Connor, MD • Ryan Holton, MD <p>The Board unanimously approved the election of the following officers for 2021:</p> <ul style="list-style-type: none"> • Chair – Brian Levine, MD • Vice Chair – Hersh Patel, MD • Treasurer – Michael Pushkarewicz, MD • Secretary – Jeremy Axe, MD 	No action necessary.	Resolved
Nominating Committee	<p>The Board unanimously approved the following members to be appointed on the 2021-2022 Nominating Committee:</p> <ul style="list-style-type: none"> • Stephani Guarino, MD 	No action necessary.	Pending

	<ul style="list-style-type: none"> • Brian J. Levine, MD • Jon McGhee, MD • Hersh D. Patel, MD • Carol Tavani, MD <p>Two Board seats will term in 2021 to include Dr. Michael Alexander and Dr. Nancy Fan. This Committee will be tasked with submitting nominations of interested physicians to the membership for voting at the first meeting in 2022.</p>		
Grant Applications	The Board approved at the 10/11/21 meeting, a grant application request by Dr. Cedric Barnes to attend the “Proximity Project”, 8 week course on Diversity and Inclusion pending documentation outlining goals following the completion of the course.	The grant will be processed once the additional goals documentation is received and approved by Dr. Brian Levine.	Pending
Planned Giving	Mike Miller, MSD Chief Financial Officer reviewed a Planned Giving Consultant Proposal with the Board. Mr. Miller reported that total individual donations collected to date was \$76,000 with a second year target of \$110,000. MSD requested 20% of the Consultant’s second year fees be funded by DMEF or \$12,000. This is similar to the first year Grant for Planned giving. DFMS has already approved to fund 80% of the fees. MSD contracted with a grant writer for future assistance with obtaining grants.	No action necessary.	Resolved
DMEF Membership	Due to a drop in membership, the Board is exploring ways to reinvigorate interest in DMEF. The option to join/renew DMEF membership was previously dropped from the MSD membership letter but will be added back for 2022. A personal letter from this Board along with an accomplishments flyer will also be mailed to physicians along with posts on social media and outreach to outside physician organizations.	Lynn Robinson will work with MSD membership to include DMEF letter and flyer.	Pending

Respectfully submitted,

Brian Levine, MD
Chair



American Medical Association
Senior Delegate Report
 Report to Council
 November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
AMA Interim Mtg Nov 13-17, 2020 (Virtual)	<p>MSD was represented by Janice Tildon-Burton, MD, Delegate; Stephanie Guarino, MD, Alternate Delegate, Joseph Straight, MD, MSD President and Mark Thompson, Executive Director.</p> <p>The 2020 AMA Interim Meeting in November was via Zoom, with lively discussions on many topics. Most discussed were disparities in health care. The AMA Board is committed to address inherent bias.</p> <p>MSD member and Past President, Janice E. Tildon-Burton, MD was appointed to the AMPAC Board of Directors and began her term of service as of December 2020.</p>		See AMA website for final reports: www.ama-assn.org
AMA State Advocacy Summit January 6-8, 2021 (Virtual)	MSD was represented by Lincoln Willis, Principal, The Willis Group at this virtual meeting.		
AMA National Advocacy Conference February 23-24, 2021 (Virtual)	<p>The AMA National Advocacy Conference took place virtually on February 23-24. Dr. Tildon-Burton commented that this was one of the better NAC meetings. Delaware Delegation's Hill visits were held virtually on Friday, February 26th. They took place with Sen Carper, Sen Coon and US Rep. Blunt-Rochester together and there was an appreciation of how they all interacted and shared with one another what they are doing.</p> <p>The AMA requested a senior physician be appointed from each state to the AMA Senior Physicians Section. Responsibilities of the representative include: identifying emerging issues and concerns of senior over the age of 65; exchanging relevant information between the Senior Physician Section and senior organizations in the state; and participating in efforts to advance seniors into leadership positions.</p> <p>Challenges for Delaware in having a Senior Physicians Section representative include that travel and any other expenses are not budgeted for 2021 and that the Bylaws require the Council to elect</p>	Dr. Tildon-Burton was elected as the Senior Physicians Section representative from Delaware by the Council at its April 8, 2021 meeting.	

	<p>this representative on an annual basis. Since the seat is not budgeted for 2021 and Dr. Tildon-Burton is already attending AMA meetings, she volunteered to serve for a one year term and requested that MSD consider someone for the position next year.</p>		
<p>AMA Special Meeting, June 11-16, 2021, (Virtual)</p>	<p>MSD represented by Janice Tildon-Burton, MD, AMA Delegate, Stephanie Guarino, MD, Alternate Delegate, Nancy Fan, MD (OMSS), Brintha F. Vasagar, MD (YPS), Matthew Burday, DO, MSD President and Mark Thompson, MSD Executive Director.</p> <p>MSD submitted a resolution from a resolution directive adopted at its April 8, 2021 Council Meeting. The resolution was on action items for health air quality. A letter of priority was included; however, the AMA did not accept the resolution as meeting the level of priority to be included on its agenda for this meeting.</p> <p>Discussed was an approach to AMA's strategic plan on racial justice and health equity as it relates to the Southeastern Delegation.</p>	<p>Gerald Harmon, MD was inaugurated as AMA President</p>	<p>See AMA website for final reports: www.ama-assn.org</p> <p>The resolution on healthy air quality will be submitted again to the AMA with a letter of priority for consideration at the November 2021 AMA Interim Meeting.</p>
<p>AMA Special Meeting of HOD Nov 12-16, 2021 (virtual)</p>	<p>The meeting will be held November 12-16, 2021 and the report will be included in next year's report.</p>		<p>10/28/21 – Health air quality resolution along with letter of priority submitted to the AMA for consideration at the November 2021 AMA Interim Meeting.</p>

Respectfully submitted,

Janice E. Tildon-Burton, MD
Chair



Delaware Chapter of the American Academy of Pediatrics

Report to MSD Council

November 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Leadership	The chapter will hold officer elections in 2022. The DEAAP Representative to MSD Council is Vibha Sanwal, MD.	President – Kirk Reichard, MD Vice President – Nemishh Mehta, MD, FAAP Treasurer – Stacey Fox, MD, FAAP Secretary – Katherine King, MD, FAAP Immediate Past President – Laura Lawler, MD, FAAP Members-at-Large – Lynn Fuchs, MD, FAAP Allen R. Friedland, MD, FACP, FAAP Judith Gorra, MD Jonathan Miller, MD	Officer Terms: July 1, 2020 - June 30, 2022
Grant - Developmental Screening	<p>The Delaware Chapter of the AAP continued their existing Developmental Screening Initiative grant with the State of Delaware, Division of Public Health. This work with the state has been a successful partnership for several years to increase the number of Delaware children receiving developmental screening during well-child visits.</p> <p>The AAP recommends developmental surveillance at every well-child visit and developmental screening using formal, validated tools at 9, 18 and 30 months, or whenever a parent or provider concern is expressed. The partnership includes providing training and tailored technical assistance (TA) for new practices, as well as, current practices experiencing challenges in the implementation process. Assisting current practices with their referral procedures to improve follow through, especially in the most “at-risk” populations. Helping practices connect with community referral</p>	In addition to practice recruitment and training the grant team continued to work in collaboration with other community partners and stakeholders to promote literacy as a means to increase developmental screening and support developmental milestones. Other grant activities included work to address gaps in the referral process for early intervention and community services and follow through for at-risk and high-risk children. A CHADIS care coordination pilot is currently being piloted in 3 pediatric practices in the state to address gaps in the referral system.	The current contract term is July 1, 2021- June 30, 2022

	services in Delaware and follow through with the process with physicians and parents of children identified as moderate to “high-risk” through the PEDS Online screening tool.		
Grant – State of Delaware Child Death Review	The overall goal of this project grant, titled "Increased Delaware American Academy of Pediatrics (AAP) and Child Death Review Commission (CDRC) Collaboration and Prevention Action Plan" is to establish a sustainable, collaborative partnership between these two organizations that will provide data and prevention information to medical professionals, community members, and parents in an effort to prevent future deaths of children.	Grant activities include forming a collaborative committee tasked with: <ul style="list-style-type: none"> • Creating a sustainable action plan for next three years • Contributing to a joint biannual newsletter • Increasing AAP participation at child fatality reviews • Increasing Legislative partnership • Planning for a 2021 training – to provide CDRC and DE AAP members an opportunity to learn about the overlap in each organizations goals and mission 	The CDRC/AAP collaborative committee has been formed. The committee is working on grant activities as outlined to include creating short, interactive training webinars on topics that providers can watch on-demand and per their area of interest.
Early Literacy	<p>The American Academy of Pediatrics (AAP) recommends literacy promotion in primary care beginning as soon as possible after birth in support of early brain development. Reach Out and Read (ROR) is an American Academy of Pediatrics (AAP) endorsed program for pediatric primary care practices that promotes early literacy during well-child visits from birth to 5 years.</p> <p>To support early literacy in Delaware, DEAAP recently formed an Early Literacy Committee (ELC). The ELC is tasked with engaging and supporting primary care pediatricians to implement the evidence-based ROR program in their practices.</p>	The committee is currently working on three pilot projects to promote ROR in pediatric practices. These include pilots with two community pediatric practices, Beacon Pediatrics to fund books from age ranges 0-5 months and Rainbow Pediatrics, with support from Sussex County Health Coalition, to implement ROR in their practice. The third pilot is with the Bureau of Oral Health and promotes literacy and a dental home by age one. As part of this pilot, ROR providers can request copies of the ‘Brush, Brush, Brush’ book as well as other oral health resources and training.	To continue to support practices and expand Reach Out and Read in Delaware the committee is working to form collaborative relationships with other stakeholders and partners in the community. The intent is replicate the oral health pilot model with other partners to promote important well-child topics such as: lead safety, nutrition, behavioral health, and diversity, equity and inclusion and kindergarten readiness.

Diversity, Equity and Inclusion (DEI)	The chapter created a Diversity, Equity and Inclusion taskforce to address the impact of racial injustice on the health of Delaware children, while also considering how chapter members and leaders and area pediatric providers can appropriately represent children and families.	The DEI taskforce is chaired by Rituparna Deb, MD. Dr. Deb has been working with AAP and other Delaware pediatric providers to address this issue.	DEI resources and videos are shared with chapter members monthly to help facilitate DEI in their practices.
Advocacy Highlights	<p>The chapter participated in several sign on letters in support of such issues as COVID-19 immunizations, safe sleep, firearm safety and pediatric mental health.</p> <p>The 2021 White Coats in the Hall Advocacy Day was cancelled due to COVID-19. Plans for a 2022 Advocacy Day are being considered with a possible round table virtual option.</p>	The chapter works in collaboration with AAP as well as Medical Society of Delaware around legislative issues impacting children both nationally and locally.	The chapter will continue to work in collaboration with AAP and MSD to advocate for both federal and local advocacy work.
COVID-19	The chapter has worked to support the pediatric community in Delaware by providing COVID-19 resources and education.	The chapter collaborated with the Delaware Division of Public Health to host a Pediatric Primary Care Enrollment in COVID-19 Vaccine Administration Town hall event. In addition, DEAAP leaders participated in a meeting with DPH officials to discuss COVID-19 vaccination strategies for those currently 12 - 17 years and also in preparation of future vaccination approval for children 5 - 11 years.	The chapter will continue to work in collaboration with AAP and the state to provide COVID-19 resources, education and support to pediatric providers.
Conference – <i>Advocating for Health Equity for Children</i>	The Delaware Chapter of the American Academy of Pediatrics held its annual conference on April 22, 2021. The half-day conference was held virtually and included two keynote speakers and two panel discussions with round table discussions on legislative issues impacting children's health and diversity, equity and inclusion. Unfortunately not all invited speakers were able to participate as the legislature was in session that day.	<p><u>CONFERENCE AGENDA</u></p> <p><u>Keynote Address</u> U.S. Senator Chris Coons accompanied by staffer, Carter Thompson</p> <p><u>Legislative Landscape</u> Senator Sarah McBride, First State Senate District was represented by staffer Jeremy Berryhill</p>	

		<p><i>“Resident Education: Engaging the Next Generation in the Legislative Process”</i> presented by Sarah Cohen, MD, Pediatric Resident, Thomas Jefferson University / A.I. duPont/Nemours Hospital for Children</p> <p>Legislative Roundtable Discussion</p> <p><u>Diversity, Equity and Inclusion</u></p> <p><i>“Interactive sessions on Implicit Bias and Microaggression”</i> presented by Kirk Dabney, MD and Patricia A. Oceanic, MS, CDM, Director, Office of Health Equity and Inclusion, of Nemours/Alfred I. duPont Hospital for Children</p> <p><u>Keynote Address</u> <i>“At the Intersection of Equity, Science and Social Justice: An Inflection Point for Organized Medicine”</i> presented by Joseph Wright, MD, MPH, FAAP, AAP Board of Directors, Senior Vice President & Chief Medical Officer, Capital Region Health, University of Maryland Medical System; Professor (adjunct), Pediatrics and Health Policy & Management, University of Maryland Schools of Medicine and Public Health</p> <p>DEI Roundtable Discussion</p> <p><u>CONFERENCE LEARNING OBJECTIVES</u></p> <p>Upon completion of this CME event, attendees will be able to:</p>	
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		<ul style="list-style-type: none"> • Discuss state and federal legislation processes and child health legislation; • Discuss community child health issues and advocacy opportunities to support optimal child health; • Discuss equity-based clinical care, child advocacy, and child- and family-centered public policy; • Identify ways to promote the delivery of culturally effective health care for optimal child health outcomes. 	
Community Outreach/Public Education	The chapter has a sustained effort to enhance our outreach to the community, including Delaware families, our neighboring community organizations, local advocates and legislators, state health care organizations including hospitals and practices, educators and others.	<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 community and agency forums • 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 	DE AAP will continue its efforts to reach the community to promote health care services that provide optimal physical, mental and social health and well-being for all infants, children, adolescents and young adults in Delaware.
Community Partnerships	The chapter continues its efforts to collaborate with community stakeholders and build and grow partnerships that promote optimal child health.		
Membership Updates	The Delaware Chapter continues to prioritize recruitment of new members and engagement of existing members. We strive to support members' professional satisfaction and personal growth through programs and initiatives that are inclusive	<p>The chapter engaged members in the following ways:</p> <ul style="list-style-type: none"> • Education Events • Fundraisers • Monthly Newsletter 	

	and promote collaboration, communication and education.	<ul style="list-style-type: none"> • Programs/Initiatives • Resources for Practice • Social Media 	
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Respectfully submitted by:

Kirk Reichard, MD, DE AAP President

Vibha Sanwal, MD; DE AAP Liaison to MSD Council



Delaware Radiological Society (DRS)

Report to MSD Council

November 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
DRS Leadership	<p>DRS Officers for the two year term 6/1/2020-5/31/2022:</p> <ul style="list-style-type: none"> • President, Andrew Dahlke, MD • Vice President, Joshua Kyle, MD • Secretary, Alberto Iaia, MD • Treasurer, Mohammed Ali, MD • Immediate Past President, Sara Gavenonis, MD • 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 2022) • Young Professional Alternate Councilor to ACR, Bharath Surapaneni, MD (one year term ending in 2022) <p>Steve Chmielewski, MD is the DRS Representative to MSD Council for the two year term ending 12/31/2022.</p>		
Legislative/Advocacy	<p>DRS engaged with Medical Society of Delaware (MSD) on such issues as APRN Interstate Compact (HB21 and HB141) and Physicians Assistants (HB 33 w/HA 1 and SA 1). DRS opposed both bills which were passed in the first session of the 151st General Assembly. The issue of advanced practitioner scope expansion and the push to eliminate supervision is a topic of concern. COVID-19 has perhaps accelerated the issue of scope expansion with health professionals practicing at the top or beyond their licenses. Patient safety and access to high quality healthcare must be prioritized as these health professionals become more targeted and organized in their scope expansion efforts. Advocacy around scope expansion is crucial at both the national and the state level. The American College of Radiology (ACR) is looking at ways to support Chapters, such as Delaware Chapter, that lack the funds to hire their own lobbyist.</p> <p>At the national level, as a result of advocacy by the ACR, its membership and other physician organizations, the Consolidated Appropriations Act, 2021 (Omnibus and Coronavirus Relief Bill) passed by Congress on December 21, 2020 includes a significant reduction in anticipated Medicare provider payment cuts due to evaluation and management (E/M) coding changes and a phased-in implementation of these E/M adjustments. In addition, there will be a one-year delay of the radiation oncology payment model. The legislative modifications to the Consolidated Appropriations Act, 2021 offer a reprieve from the more significant cuts that were slated to begin</p>		

	on January 1, 2021. It also provides an opportunity to continue to address these cuts with the Centers for Medicare & Medicaid Services and the new Congress.		
DRS Annual Chapter Meeting	The DRS Annual Chapter Business meeting was held virtually on Tuesday, May 11, 2021. Howard Fleishon, MD, FACR, Associate Professor and Division Director, Emory University; ACR Vice Chair, Government Relations Commissions and Board of Chancellors was to present, “ <i>Current Issues in Radiology</i> .” The 2022 DRS Annual Chapter Business meeting is scheduled for Tuesday, May 10 th .	The next DRS Annual Chapter Business meeting is scheduled for Tuesday, May 10, 2022.	
ACR Annual Meeting	ACR 2021 was held virtually, May 15-18, 2021. A significant part of the meeting was dedicated to governance with the ACR Council meeting to review and vote on Resolutions. Other activities included lectures on health equity and imaging economics and an open microphone session post-Council.	ACR 2022 is currently scheduled April 24-28, 2022 in Washington, DC.	
Resident Engagement	Residents are invited and encouraged to participate in all Chapter activities. DRS was not able to offer any sponsorship opportunities for residents to attend ACR 2021 because the meeting was held virtually. We will continue to encourage residents to engage and participate in ACR and Chapter events.		

Respectfully submitted,

Andrew Dahlke, MD
President



Delaware Society for Clinical Oncology (DSCO)

Report to MSD Council

November 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Leadership	<p>DSCO Officers for the two year term 6/1/2021-5/31/2023:</p> <ul style="list-style-type: none">• President: Dhaval Shah, MD• President-Elect: Lindsay Romak, MD• Secretary/Treasurer: Su Jung Park, MD• Member At Large: Lydia Clement, MD• Immediate Past President: Timothy Manzone, MD <p>DSCO Representative to MSD Council (2021-2022): Su Jung Park, MD</p>		
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 2021:</p> <ul style="list-style-type: none">• Megan Lee, PA-C• Dawn Leonard, MD• John Smyles, MD• Valerie Staradub, MD• Leslie Verucci, APN		
Legislative	<p>Advocacy priorities of the organization include: ensuring access to affordable health care for cancer patients and survivors promoting quality and efficiency of care and supporting patient participation in clinical research.</p>		

Education	<p>The 2021 DSCO CME Lecture Series was a robust virtual series with multiple speakers and topics. Speakers and education topics that were held as part of the 2021 DSCO CME Lecture Series are noted below.</p> <p>1/28/21: Elizabeth Mittendorf, MD, PhD and Sara Tolaney, MD, MPH, “Best Of San Antonio Breast Cancer Symposium 2020”</p> <p>2/25/21: Charles Schneider, MD, “Practice Changing Update from GI ASCO 2021”</p> <p>3/16, 3/24 & 4/15/2021: Steven Ludlow, PharmD, Alicia K. Morgans, MD, MPH and Scott Tagawa, MD, MS, FACP, Managing Advanced Prostate Cancer in the COVID-19 Era: What Do Oncologists Need to Know?”</p> <p>3/18/21: Alfred Garfall, MD and Shannon Mccurdy, MD, “Update in Hematologic Malignancies”</p> <p>4/22/21: Heidi Nelson, MD, “Gut Microbiome and Environmental Colon Cancer – The Missing Link?”</p> <p>5/10/21: David Palma, MD, PhD, MSc, FRCPC, “Management of Oligometastatic Disease”</p> <p>5/18/21: Rebecca Heist, MD “It’s Precisely the Time for More Precision in Genomic Testing and Targeted Treatment of NSCLC)</p> <p>6/17/21: Eric Liu, MD, “Neuroendocrine Tumors Update”</p> <p>9/7/21: Daniel Spratt, MD, “Genomics and Prostate Cancer”</p> <p>10/7/21: Joshua Sabari, MD, “Hitting the Right Spot: Advances in the Treatment of NSCLC with Uncommon EGFR Mutations”</p>	DSCO plans to continue to utilize online webinars moving forward to provide quality education in a safe and cost effective format.	
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Respectfully submitted,

Dhaval Shah, MD
President



Delaware Society of Orthopaedic Surgeons (DSOS)

Report to MSD Council

November 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
DSOS Leadership	<p>DSOS Officers for the two year term 2020-2022:</p> <p>President: Randeep Kahlon, MD Vice President: Steven Dellose, MD Treasurer/Membership: Matthew Handling, MD Secretary: Mark Eskander, MD Program Chair: Brian Galinat, MD Board of Councilors Representative to the American Academy of Orthopaedic Surgeons (AAOS): Peter Townsend, MD (three year term, 2020-2023)</p> <p>DSOS Representative to Medical Society of Delaware (MSD) Council: Mark Eskander, MD (two year term, 2021-2022)</p>		
Membership	<p>DSOS memberships remains steady at 75 members.</p>		
Advocacy/ Legislative	<p>DSOS supports advocacy at both the local and national level on issues of importance to our profession and patients. We encourage our members to contribute to the American Association of Orthopaedic Surgeons' Orthopaedic Political Action Committee (OrthoPAC) and the Delaware Medical Political Action Committee (DELPAC) as mechanisms by which the voice of orthopaedic surgeons and physicians are heard.</p> <p><u>OrthoPAC</u> DSOS continued to waive dues for the 2020 dues year for any member that contributed at least \$100 to the Orthopaedic PAC and \$100 to Orthopaedic Research and Education Foundation (OREF). We will continue to promote member participation in OrthoPAC and to encourage member support of orthopaedic education.</p> <p><u>National</u> The American Academy of Orthopaedic Surgeons (AAOS) National Orthopaedic Leadership Conference (NOLC) and the Fall Meeting were combined into a single annual event so that Board of Councilors and Board of Specialty Society members could efficiently conduct organizational business and engage in Hill visits. The 2021 AAOS Combined NOLC and Fall Meeting was held in Washington, DC, September 26-29. The following healthcare policy issues were discussed: Payment policy changes; Prior authorization and Orthopaedic research funding.</p>		

	<p>DSOS signed on to several comment letters throughout the year providing feedback on the Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Request for Information on Rural Emergency Hospitals and CY 2022 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; Provider and Supplier Prepayment and Post-payment Medical Review Requirement.</p> <p><u>Local</u></p> <p>DSOS received a second grant from the AAOS Health Policy Action Fund to help support legislative action to address the issue of Physician Owned Physical Therapy Services (POPTS). DSOS has a PT Parity bill that is working its way through the legislature with plans to pass this legislation in 2022. With the recent advances in bundled care/coordinated care and the corporate acquisition of multiple PT practices, integrating PT providers with orthopaedic providers has been clinically beneficial to patients. However, nearly two decades ago, an ambiguous provision of Delaware's physical therapy practice act was interpreted to prevent physicians from integrating physical therapy into their practices. Physical therapy is fundamental to providing high-quality care for musculoskeletal disease and injury, and orthopaedic surgeons who integrate and employ physical therapists are promoting cost-effective care coordination across the nation. In fact, Delaware is the only state in the country in which physical therapists cannot work with physicians in the same practice. To legislatively reverse these restrictions on employment of physical therapists, DSOS hired Lincoln Willis to provide direct representation on the PT Parity issue.</p>		
Annual Orthopaedic Symposium	<p>The 13th Annual Delaware Orthopaedic Symposium scheduled to be held on Saturday, October 30, 2021 at the John H. Ammon Medical Education Center at Christiana Hospital was cancelled due to COVID-19. The symposium is a collaborative effort by the Delaware Society of Orthopaedic Surgeons and the ChristianaCare Division of Orthopaedic Surgery and accredited by the Medical Society of Delaware. To learn more visit the symposium website at: www.delawareorthopaedicsymposium.org.</p>		

Respectfully submitted,

Randeep Kahlon, MD
President

Psychiatric Society of Delaware (PSD)

Report to Council

November 9, 2021

ITEM/TOPIC	DISCUSSION	ACTION	STATUS
Leadership	<p>PSD Officers for the Two-Year Term 2021-2023:</p> <ul style="list-style-type: none"> • President, Ayesha Silman, MD • President-Elect, James Ellison MD • Secretary, Nisha Withane, MD • Treasurer, Peter Zorach, MD • Immediate Past President, Dyanne Simpson, DO <p>Representatives to the American Psychiatric Association (APA) for the Three-Year Term (2020-2023):</p> <ul style="list-style-type: none"> • Shruti Nadkarni, DO • Sherry Nykiel, MD <p>Councilor at Large Three-Year Term (2020-2023):</p> <ul style="list-style-type: none"> • Charles Jin, MD <p>Councilors at Large Two-Year Term (2021-2023):</p> <ul style="list-style-type: none"> • Dyanne Simpson, MD • Robert Gorkin, MD <p>Councilors at Large One-Year Term (2021-2022):</p> <ul style="list-style-type: none"> • Narpinder Malhi, MD • Carol Tavani, MD • Kevin Walsh, MD <p>PSD Representative to MSD Council (2020-2021): James Ellison, MD</p>		
Membership	<p>Member recruitment and engagement continue to be top priorities for our organization. We serve the professional needs of our members through programs and initiatives that are inclusive and promote collaboration, communication and education. Our annual symposium, biannual digital newsletter, <i>The Delaware Psychiatrist</i> and our monthly business meetings are all opportunities for interaction and sharing that support our recruitment and</p>	PSD will continue to focus its efforts on recruitment and engagement.	

	<p>engagement goals. Although the COVID-19 pandemic has forced us to change the format of our symposium and monthly meetings to online only, we continue to meet and we also have expanded our education offerings to include a second symposium in the spring.</p> <p>We actively encourage psychiatry residents at ChristianaCare and Delaware Psychiatric Center (DPC) Residency Programs to participate in organized psychiatry. Psychiatry residents have the opportunity to attend meetings, hold office, submit articles and news for inclusion in our biannual newsletter and submit research posters for consideration of an award. We support an informal mentorship program which gives attending psychiatrists the opportunity to volunteer a few hours a month to meet with psychiatry residents from both DPC and ChristianaCare. The program was put on hold last year but was revived this year as a virtual mentorship opportunity.</p> <p>We continue to work collaboratively with the Delaware Council of Child and Adolescent Psychiatry (DCCAP) to engage members of both organizations on issues that impact Delaware psychiatrists. The annual joint PSD/DCCAP meeting will be held on Tuesday, November 16, 2021 and members of both organizations are encouraged to participate.</p>		
Legislative	<p>PSD continues to work in collaboration with the Medical Society of Delaware (MSD) and other stakeholders on legislative and regulatory issues of importance in the 151st General Assembly. PSD opposed several legislative bills that were ultimately passed to include the APRN Interstate Compact (HB 21) and its “Companion” bill (HB 141) as well as the Physicians Assistants bill (HB 33 w/HA 1 and SA 1). Other bills of particular interest were the Physician-Assisted Suicide bill (HB 140) which did not pass and the School Mental Health Services (HB 100) which did pass and will expand mental health services in Delaware elementary schools.</p> <p>In addition, PSD members continue to support psychiatry around the state, participating in meetings such as the Drug Utilization Review (DUR) Board. Drs. Borer and Ellison recently attended the meeting on 9/30/21.</p>	PSD will continue to collaborate with MSD and other organizations to support or oppose legislation in the 151st General Assembly.	
Education	<p>The 10th Annual Psychiatric Society of Delaware Symposium was held on Saturday, September 25, 2021 as a live virtual event. The symposium included 4 presentations and a virtual research poster opportunity. A total of 27 PSD member physician and psychiatry residents and non-member physicians and invited speakers were in attendance. Speakers and topics included: David Rosmarin, MD, “Violence Assessment: Focus on Firearms”; Kenneth Sakauye, MD, “Tool Kit for Spreading Racism Like a Virus”;</p>		

	<p>Charles A. Sawchenko, III MSW, “Law Enforcement Response to Behavioral Health” and Commissioner Lynne M. Parker, “Mental Health in the Criminal Justice System.” A virtual research poster opportunity was offered to encourage psychiatry resident participation and the primary authors of the top three posters were awarded a prize. The winners are: 1st Prize “Ketamine Treatment for Borderline Personality Disorder: Case Report” by Venkat Mokkapati, MD, PGY-II, Delaware Psychiatric Center (DPC); 2nd Prize “Rapid Excessive Weight Gain in DPC Patient”, Amber Green, MD, PGY-I Psychiatry Resident, DPC; “Bucinnazine Overdose”, Shashi Prabha, MD, PGY-II Psychiatry Resident, ChristianaCare Psychiatry Residency Program (CCHS).</p>		
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Respectfully Submitted,

Ayesha Silman, MD
President

**MEDICAL SOCIETY OF DELAWARE COMMITTEES
2021**

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Hersh D. Patel, MD
Stephen J. Rodgers, M.D.
Philip L. Rothbart, M.D.
Leonard H. Seltzer, M.D.

Legal Members (appointed by Bar Association):

Adam Balik, Esq. (added
8/2020)
Dawn Becker, Esq.
Patricia Davis, Esq.

Joseph Rhoades, Esq.
Ben Schwartz, Esq.

Danielle Yearick, Esq.
Jeffrey Young, Esq.

PHYSICIAN RELATIONS ADVISORY COMMITTEE

Irene C. Szeto, MD, Chair
Julia M. Pillsbury, DO

**MSD HOLDING COMPANY
2021**

Robert J. Varipapa, MD (MSD Pres-Elect/Chair of HC)
Andrew W. Dahlke, MD (MSD Prior Past Pres/VC of HC/Exec Bd Rep)
Bhavin R. Dave, MD (MSD Vice Pres/Secretary of HC)
Brian J. Galinat, MD (MSD Treasurer/Treasurer of HC)
Matthew J. Burday, DO (MSD President)
Shalini B. Shah, MD (MSD Secretary)
Stephanie Guarino, MD (MSD Speaker)
Joseph J. Straight, MD (MSD Immediate Past President)
Mark B. Thompson (MSD Exec Dir)
Dorothy M. Moore, MD (MSDIS Rep)
Michael J. Bradley, DO (MedNet Rep)
Patt E. Panzer, MD (Health Hub Rep)
Avani Virani, MD (YPS Rep)
Randeep S. Kahlon, MD (At-Large, 2 year term; 1/1/2021 – 12/31/2022)
William M. Chasanov II, DO (At-Large, 1 year term; 1/1/2021-12/31/2021)

MEDICAL SOCIETY OF DELAWARE SUBSIDIARY ORGANIZATIONS

January 1, 2021 – December 31, 2021

HEALTH HUB, LLC BOARD OF DIRECTORS

NAME	BOARD POSITION
Beth Duncan, MD	Member
James M. Gill, MD	Member
Patt E. Panzer, MD	Chair
Suzanne Sherman, MD	Member
Mark B. Thompson	Member (MSD Executive Director)

**MEDICAL SOCIETY OF DELAWARE INSURANCE SERVICES, INC. (MSDIS)
BOARD OF DIRECTORS**

NAME	BOARD POSITION
Cedric T. Barnes, DO	Practicing Physician, Kent County Rep
Andrew W. Dahlke, MD	Practicing Physician, Sussex County Rep
Dorothy M. Moore, MD	Practicing Physician, New Castle County Rep
Joseph F. Kestner, Jr., MD	Director Emeritus, Voting
Matthew J. Burday, DO	MSD President
Robert J. Varipapa, MD	MSD President-Elect, Without Vote
Mark B. Thompson	MSD Executive Director
Joseph F. Hacker, MD	At-Large
Pawan Rastogi, MD	At-Large
Joseph J. Straight, MD	At-Large
Janice E. Tildon-Burton, MD	At-Large
Erik Underhill, MD	At-Large
Michael R. Zaragoza, MD	At-Large

**MEDICAL NETWORK MANAGEMENT SERVICES OF DELAWARE (MED-NET)
BOARD OF DIRECTORS**

BOARD POSITION	NAME	REPRESENTATION
Manager (Voting)	Nicholas O. Biasotto, DO	President of NCCPO
Manager (Voting)	Michael J. Bradley, DO	President of CDPO
Manager (Voting)	Andrew W. Dahlke, MD	President of ESPO
Manager (Voting)	Richard P. Simons, DO	President of NPO
Manager (Voting)	Mark B. Thompson	Executive Director of MSD
Manager (Voting)	Matthew J. Burday, DO	President of MSD
Manager (Voting)	Joseph J. Straight, MD	Immediate Past President of MSD
Observer (non-voting)	Robert J. Varipapa, MD	President-Elect of MSD

MEDICAL SOCIETY OF DELAWARE FOUNDATIONS

**DELAWARE FOUNDATION FOR MEDICAL SERVICES, LTD. (DFMS)
BOARD OF DIRECTORS**

NAME	Board Term
Justin Eldridge, MD	1/1/2019-12/31/2021
Suzanne J. Sherman, MD	1/1/2019-12/31/2021
Edward R. Sobel, DO	1/1/2019-12/31/2021
Andrew Willet, MD	1/1/2019-12/31/2021
Andrew W. Dahlke, MD	1/1/2020-12/31/2022
Nancy Fan, MD	1/1/2020-12/31/2022
Stephanie Guarino, MD	1/1/2020-12/31/2022
Michael A. Alexander, MD	1/1/2021-12/31/2023
Richard Menkiewicz	1/1/2021-12/31/2023

**DELAWARE MEDICAL EDUCATION FOUNDATION, LTD. (DMEF)
BOARD OF DIRECTORS (2021-2022) – elected at 2/22/2021 meeting**

NAME	Board Term	Officer Position
Jeremie M. Axe, MD	2020-2023	Secretary
Hersh D. Patel, MD	2020-2023	Vice Chair
Michael J. Pushkarewicz, MD	2020-2023	Treasurer
John J. Goodill, MD	2019-2022	
Brian J. Levine, MD	2019-2022	Chair
Michael A. Alexander, MD	2016-2019; 2019-2022	
Nancy Fan, MD	2016-2019; 2019-2022	
Morganne Castiglione, MD	2/22/2021-2024	
Justin Connor, MD	2/22/2021-2024	
Ryan Holton, MD	2/22/2021-2024	

POLITICAL ACTION COMMITTEE

**DELAWARE MEDICAL POLITICAL ACTION COMMITTEE (DELPAC)
BOARD OF DIRECTORS**

Bhavin R. Dave, Chair (MSD Vice President)

Barry L. Bakst, D.O.
Andrew W. Dahlke, MD
Nancy Fan, MD
Richard W. Henderson, MD
Stephen J. Kushner, DO
Dorothy M. Moore, MD

Joseph F. Rubacky, D.O.
Joseph J. Straight, MD
Prayus T. Tailor, MD
Mr. Mark B. Thompson (Treasurer)
Robert J. Varipapa, MD

Lobbyists:
Rebecca L. Byrd
Robert Byrd
Kimberly B. Gomes
Lincoln Willis

MEDICAL SPECIALTIES

Delaware Academy of Dermatology
Delaware Academy of Family Physicians
Delaware Academy of Ophthalmology
Delaware Academy of Otolaryngology and Head and Neck Surgery
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 Prostate Cancer Coalition (March 1, 2015)
Delaware Radiological Society
Delaware Section, American College 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